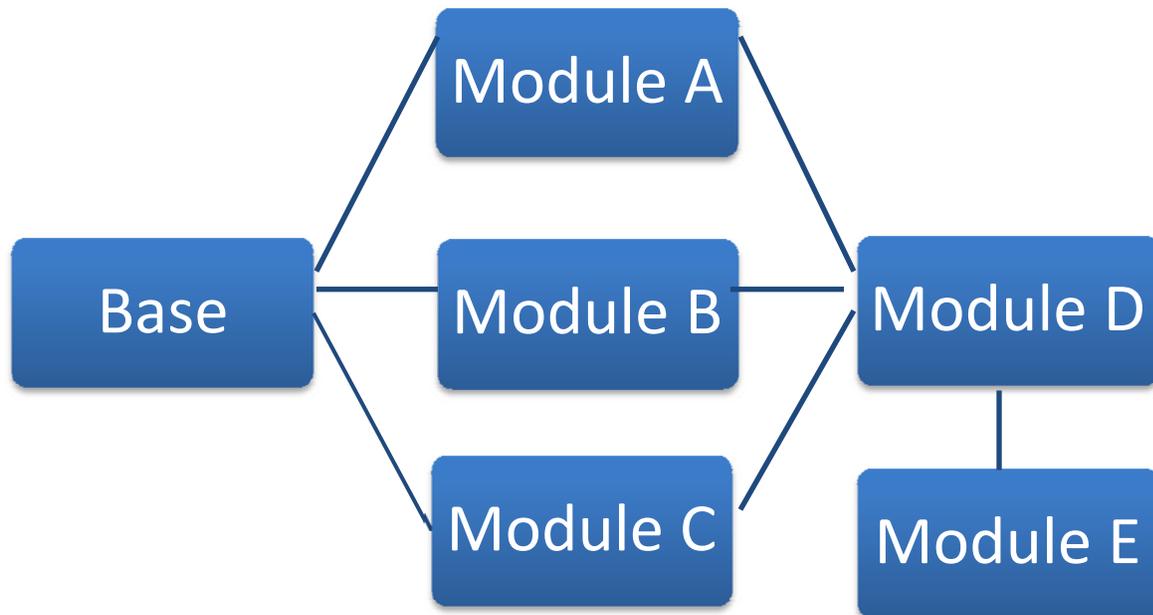


Peer Counselor Survey

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Executive Summary

Since 2005, the State of Washington's Mental Health Division (MHD) has funded several trainings a year for individuals seeking a Peer Counselor certificate to prepare for the certification exam. Primarily, these trainings have been provided by the Washington Institute for Mental Health Research & Training (WIMHRT-West), though some Regional Support Networks (RSNs) have also subcontracted with trainers to provide preparation for the MHD certification exam. As of March 2009, 583 individuals have taken this preparation training with either WIMHRT-West or RSNs.

In the early fall of 2008 the Mental Health Transformation Project's (MHTP) "Peers" Workgroup expressed an interest in funding a research project to find out how and where peers who had taken the peer counselor training were working in and around the State, if they were satisfied with their work, and if they were receiving adequate pay and benefits. In addition, committee members wanted to determine the interest level among certified peers for some type of employee referral service. This service would be used by both certified peer counselors seeking employment and by RSNs and other agencies/organizations seeking to hire peer counselors. Mental Health Division staff also had an interest in employment outcomes of individuals who had taken the peer counselor training.

In November 2008 the Peer Workgroup of the MHTP formally requested that the MHTP fund a Peer Counselor Survey to be conducted by WIMHRT-West. In December 2008 a sub-committee of interested individuals came together. WIMHRT staff developed the survey with consumer and MHD input.

The resulting Peer Counselor Survey consists of six modules. The Base Module includes information about the certification process, Module A has questions for those that have been employed as a peer counselor since participating in the training, Module B has questions for those that have been employed since the training but not as peer counselors, and Module C has questions for those that have never been employed since receiving the training. Module D asks about volunteer services and Module E consists of demographics of survey participants and items that assess participants' perception of consumer recovery potential. The survey instrument appears in Appendix A.

The survey was conducted during March, April, and May of 2009. Data collection was done via WIMHRT's Computer Assisted Telephone Interview (CATI) system. The interviewer team for the survey was comprised of seven temporary, part-time employees. Several of these interviewers are consumers themselves.

The MHD provided a list to WIMHRT of 445 of the 583 consumers that have completed the training. The 138 excluded from the list were those who did not want their information to be shared, those whose cases were “closed,” those with no current contact information, and those that “opted” out of participating in the survey. WIMHRT was able to contact and interview 276 (62%) of the 445 names provided to them.

Summary of Findings

General Characteristics of Peer Counselor Training Participants

The consumers that attend the Peer Counselor Training are generally white women, at least fifty years old, with an average of 14 years of education.

Of those surveyed the highest concentrations of peer counselors are found in King and Clark counties. Western Washington has a higher concentration than does Eastern Washington

Certification

Nearly all respondents completed the Peer Counselor Training (98%). Those that said that they did not complete the training said that they were grandfathered in so it was not necessary.

Ninety percent have taken the certification exam. Most of those not taking the exam cited place and time of the exam as reasons.

Ninety-one percent of those that took the exam passed it. Sixty-five percent of those that did not pass the exam say they plan to retake it.

Employment

Since the Peer Counselor Training, 39% of respondents have been employed as a peer counselor, 29% have been employed as non-peer counselors, and 32% have not been employed.

Many of the survey responses in this report are reported by these three groups: (1) those that have been employed as a peer counselor (39%); (2) those that have been employed *but not as a peer counselor* (29%); and (3) those that have not been employed since taking the peer counselor training (32%).

Over 80% of those that have been employed since the training are *currently* employed. Of those that left their jobs about an even proportion left voluntarily as left involuntarily.

Program Components in the Workplace

Those employed as peer counselors selected “therapeutic recreation/socialization” as the most common workplace component (61%), followed by “independent peer support program “(52%) and “day support” (47%). Many of the program components found in peer counselor positions were also noted by those employed in non-peer counselor positions.

Tasks Performed in the Workplace

For those employed as peer counselors and as non-peer counselors, “one-on-one support “is the most commonly reported task performed in the workplace closely followed by “helping people advocate for themselves.”

A higher percentage of those in peer counselor positions than non-peer counselor positions report working on a treatment team, facilitating support groups, teaching, transportation assistance, housing assistance, and vocational assistance.

Special populations

Those employed as peer counselors serve a greater percentage of forensic and chemical dependency populations than do those that are employed in non-peer counselor positions. However, those in non-peer counselor positions serve a much higher percentage of older adults and youth than do those in peer counselor positions.

Pay and time worked

The average number of months employed by all that have been employed, regardless whether they were employed as peer counselors, is approximately 40 months. Those employed as non-peer counselors have been employed longer on average than those that have been employed as peer counselors.

The number of hours worked is very similar between the two groups as is the pay. They work an average of 28 hours per week and receive an average of about \$13 per hour.

Those working less than full time were asked if they had the option of working full-time and what was the biggest barrier that kept them from working full time. Seventy-three percent did not have the option of working full time. The biggest barriers were health reasons or that funding was not available.

Employment Benefits

Forty-eight percent of the respondents said they received benefits from their employer. A higher percentage of those employed as peer counselors (53%) said they received benefits than did those employed as non-peer counselors (41%). Most received medical insurance, paid vacations and sick leave.

Opportunities for Advancement

More than half of the respondents feel that they have opportunities for advancement and promotion at work. More of those employed as peer counselors feel this as compared with those in non-peer counselor positions. Three-quarters of both groups feel that they have training opportunities to further their knowledge and skills. Seventy-one percent of those employed as peer counselors say that there are other peer counselors in their work place compared to only 23% in non-peer counselor positions.

Satisfaction and Respect in the Workplace

Of those employed, 87% state that they are always or mostly satisfied with their work. Ninety-three percent say that they are respected in the workplace by mental health clinicians (peer counselor employed)/co-workers (non-peer counselor employed). Those with peer counselor positions have slightly higher work satisfaction than those employed as non-peer counselors (91% vs 81%). Eighty percent say that they are frequently supported in the workplace. Those employed as peer counselors feel more frequent support in the workplace than those employed as non-peer counselors (83% vs 76%).

Support Meetings

About half of the respondents say that there are regular meetings in their area to bring together consumers. Over 70% have attended these meetings when available and more than 90% that have attended the meetings say they are helpful. For those that do not have support meetings in their area, 87% say that they would be interested in attending such meetings if they existed.

Value of Personal Experiences

Ninety-five percent of the respondents say that they frequently or sometimes use their personal experiences with mental illness and recovery in the course of their daily work (those employed) or daily living (those not employed). Those that are employed as peer counselors say they *frequently* use their personal experiences in the course of their daily work more often than do those employed as non-peer counselors (84% vs 64%).

The Future of Being a Peer Counselor

Eighty-four percent of all respondents thought that being a peer counselor is what they expected it to be.

Eighty-one percent of all respondents said that the training prepared them adequately for their role as a peer counselor. Sixty-six percent of all respondents feel like there are areas that they need more training.

Seventy-two percent of all respondents say that they expect to remain as a peer counselor for the rest of their career or at least for the next three years.

For those not now working as a peer counselor, 91% of all respondents say that they are still interested in working as a peer counselor at some point and 93% say that they are using the skills learned as a peer counselor.

Interest in Being Contacted for Online Resources

Over 90% of all respondents say that they would like to be contacted for online resources that would help connect them with potential peer counselor employers. Moreover, an equal amount says that they would like to receive additional training or continuing education in topics relevant to peer counselors.

Volunteering

Seventy-five percent of all respondents say that they are doing volunteer work and each respondent contributes an average of 26 hours per month. Respondents say they volunteer because they have a passion for the work and find it rewarding. Helping others is their greatest reward. Seventy-five percent provide peer support services where they volunteer and 96% feel supported where they volunteer.

Part 1: Development

Background: The Peer Support Program in Washington State

Peer Support is a program in which people who have lived with and recovered from mental illness (peer counselors) provide support to others (peers) receiving mental health services. Peer Support strongly promotes a strengths-based and recovery-oriented approach to mental health services, and is gaining increasing attention and support nationwide. The core role of a peer counselor is to provide hope and empowerment by sharing their own recovery stories and help peers identify and use their personal strengths. They encourage personal responsibility and self-advocacy, always working “with” instead of “for” the peers they serve.

Since 2005, the State of Washington’s Mental Health Division (MHD) has been funding several trainings a year for individuals seeking a Peer Counselor certificate to prepare for the certification exam.¹ Primarily, these trainings have been provided by the Washington Institute for Mental Health Research & Training (WIMHRT-West), though some Regional Support Networks (RSNs) have also subcontracted with trainers to provide preparation for the MHD certification exam. As of March 2009, 583 individuals have taken this preparation training with either WIMHRT-West or RSNs.

In order to become certified as a peer counselor in Washington State, a person must: (1) complete the training course which uses the approved state curriculum, and (2) pass a written and oral exam. The training is a five-day, 40-hour course which covers the following concepts and skills: roles and responsibilities of a peer counselor, the core principles and processes of recovery and resilience, listening and communication skills, discovering strengths, sharing your story, working with groups, promoting self-advocacy, natural and formal supports, goal-setting, spirituality, ethics and boundaries, working with families, cultural awareness, maintaining personal safety, an overview of the Washington State mental health system, documentation skills, being a recovery ambassador in clinical culture, resources on the job and next steps to finding employment.

¹ To be eligible for Peer Counselor Training a person must meet the following definition of “consumer:” A person, who has applied for, is eligible for or who has received mental health services. For a child, under the age of thirteen, or for a child age thirteen or older whose parents or legal guardians are involved in the treatment plan, the definition of consumer includes parents or legal guardians.

The Survey Concept

In the early fall of 2008, the Mental Health Transformation Project's (MHTP) "Peers" Workgroup expressed an interest in funding a research project to find out how and where peers who had taken the peer counselor training were working in and around the State, if they were satisfied with their work, and if they were receiving adequate pay and benefits. In addition, committee members wanted to determine the interest level among certified peers for some type of employee referral service. This service would be used by both certified peer counselors seeking employment and by RSNs and other agencies/organizations seeking to hire peer counselors. Mental Health Division staff also had an interest in employment outcomes of individuals who had taken the peer counselor training.

Survey Development

In November 2008 the Peer Workgroup of the MHTP formally requested that the MHTP fund a Peer Counselor Survey to be conducted by WIMHRT-West. MHTP agreed to fund this project. In December 2008 a sub-committee of interested individuals came together that included both Peer Workgroup members and two representatives from MHD. WIMHRT oversaw the development of the survey with consumer and MHD input. Through an iterative process consisting of in-person meetings, email, and phone calls, the survey development sub-committee provided input into the construction of the survey instrument.

The resulting Peer Counselor Survey consists of six modules. The Base Module includes information about the certification process, Module A has questions for those that have been employed as a peer counselor since participating in the training, Module B has questions for those that have been employed since the training but not as peer counselors, and Module C has questions for those that have never been employed since receiving the training. Module D asks about volunteer services and Module E consists of demographics of survey participants and items that assess participants' perception of consumer recovery potential. The survey instrument appears in Appendix A.

Methodology

A list of 445 individuals that completed the Peer Counselor training was obtained from the Washington State Mental Health Division. This list of names provided by the Mental Health Division for the survey was not inclusive of everyone who took the training. Excluded from the list were those who "opted out" of sharing their contact information, those whose cases were "closed," and those with no current contact information. Consumers that are "closed" refers to peers who failed to pass the test one year after taking the training, and those who move away or asked the MHD to close their file.

While an exact record of the numbers omitted from the list was not kept by the MHD approximations were provided. The approximations are as follows:

Closed	83
Bad Contact Information	32
Opted Out	34
Included in Survey List	445
Total	594
(Total Trained)	(583)*

* The total number of consumers reported by the MHD totaled more than the number trained (594 vs 583). The reason for this is that some that were closed, had bad contact information, or opted out may not have received the training. Records were not available as to which of these had or had not received the training.

Since the original list of participants provided by the MHD for the survey contained substantial omissions, *the survey results that follow cannot be generalized to all consumers that participated in the training*. Generalizations can only be made to those that were included in the list that was sent to WIMHRT. This includes those consumers that completed the training and were not closed, had good contact information, and had not opted out of sharing their contact information (N = 445).

Included in the list sent to WIMHRT were each individuals address and telephone number. A letter was sent out to each participant announcing the survey and asking for a telephone number correction if needed. This letter provided a second opportunity to opt out of the survey, a verification of their phone number, and asked the respondents to call a toll-free number to update their contact information (See Appendix B).

Computer Assisted Telephone Interview (CATI) Surveying

The survey was conducted during March, April, and May of 2009. The primary data collection was conducted via a telephone survey. The Washington Institute manages a ten-station Computer Assisted Telephone Interview (CATI) system, which was also used to collect data in the previously cited consumer surveys. The interviewer team for the survey was comprised of 7 temporary, part-time employees. The team consisted of both experienced interviewers who had worked for WIMHRT on previous surveys, as well as new employees. One third of these interviewers were consumers themselves.

All interviewers received six to eight hours of training in two sessions. Interviewer training focused on the process of interviewing clients by phone, as well as discussion of the timeframe and goals of the study. Confidentiality protocols and procedures were covered, and a confidentiality agreement

was signed by each interviewer prior to beginning the study. Additional training for first-time interviewers was conducted or arranged on a one-to-one basis by the Study Coordinators. Following the training periods, supervisors provided daily oversight of interviewer productivity and performed on-the-spot training as context specific issues arose (i.e., disposition assignment, how many messages to leave at a number, how to handle inquiries about the study, etc.) or as interviewers raised concerns that warranted ad-hoc training. Four bilingual interviewers were available during the course of the study, but were not needed.

Disposition of the Sample

Table 1 shows the contact information for the survey, referred to as the “disposition of the sample.” All 445 individuals that received the Peer Counselor Training were included in the survey. We were able to interview 276 (62%) of the 445. Twenty (4.5%) refused to participate. Thirty-nine (8.8%) had incorrect numbers and we were unable to contact an additional 103 (23.1%). Research and Data Analysis (RDA) at DSHS in Olympia assisted us in finding clients that had incorrect numbers.

Table 1: Peer Counselor Survey Disposition Report

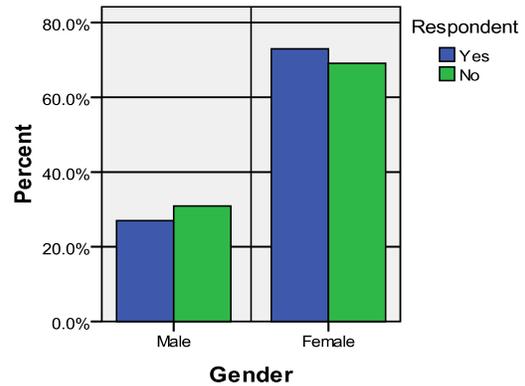
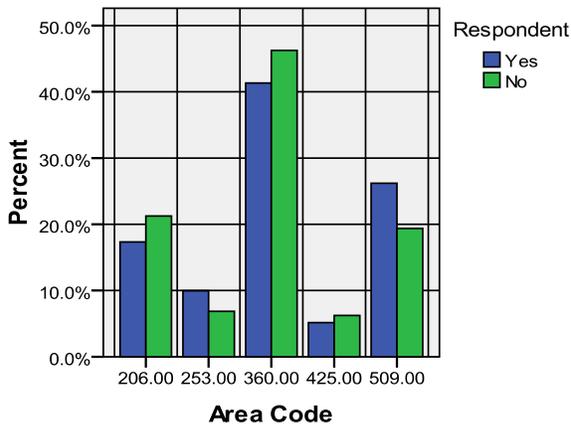
	N	%
Incorrect Numbers	39	8.8%
Disconnect	14	3.1%
Wrong Number(s)	19	4.3%
Left Message with Friend or Relative	4	0.9%
No Longer at this Number	2	0.4%
Completes	276	62.0%
Partial Complete	4	0.9%
Mid-Terminate	2	0.4%
Complete	270	60.7%
Refusals	20	4.5%
Hard Refusal	19	4.3%
Soft Refusal	1	0.2%
Unable to Contact	103	23.1%
No Answer	8	1.8%
Answering Machine	83	18.7%
Busy	3	0.7%
Callback/Not at Home	9	2.0%

Table 1: Peer Counselor Survey Disposition Report (cont.)

	N	%
Other	7	1.6%
Already Responded	2	0.4%
Unavailable	2	0.4%
No Peer Counselor Training	1	0.2%
Deceased	1	0.2%
Mail Survey Request	1	0.2%
TOTAL	445	100%

Representativeness

The two graphs below show the area code and gender by whether or not the consumer responded to the survey. There are only small differences between the two groups indicating good representativeness for these two indicators. Ideally, we would have more demographic variables in which to determine representativeness. These are the only two that were available and they represent only the 445 that were in the survey sample. They do not include the 138 that were omitted prior to the survey. For these 138 we have no demographic information for which to base representativeness.



Part 2: Findings

Characteristics of Survey Participants

Table 2 shows the demographic characteristics of the survey participants.² Fifty-two percent are consumers, 39% are both a family member of a consumer and a consumer, and 9% are family members only. Most are female (73%), white (80%), and over 50 years old (52%). Less than 20% are under 40. Nearly three-quarters report over 12 years of education and one third report 16 or more years. Hence, the consumers that attend the Peer Counselor Training are generally white women, at least fifty years old, with an average of 14 years of education.

Table 3 shows the county of residence for survey participants when the survey was completed.³ The highest concentration is found in King and Clark counties. Western Washington has a higher concentration than does Eastern Washington.⁴

² Note that the survey question numbers are added to the corresponding table items (see the survey instrument in Appendix A). The letter following the "q" indicates the Module in which the question appears (i.e., "qe2" is the second question in Module E. This enables convenient reference for those wanting to look at the actual item from the survey. Those items with no letter following the "q" appear in the Base Module.

³ These data indicate the county of residence of the consumer when the survey was completed, not necessarily where the consumer is employed or where they took the training. The reader should be cautioned that the data represent only the 276 consumers that completed the survey.

⁴ It should be noted that peer counselor training is voluntary and counties are not required to send anyone for training.

Table 2: Demographics

		N	%
qe2 Are you a consumer, family member of a consumer, or both	1 Consumer	136	52.1%
	2 Family member	24	9.2%
	3 Both a consumer and a family member of a consumer	101	38.7%
	Total	261	100.0%
qe3 Are you:	1 Female	197	73.0%
	2 Male	73	27.0%
	Total	270	100.0%
qe4 What is the race or ethnic group you most consider yourself belonging to	1 Native American or Alaskan Native	3	1.1%
	2 Asian or Oriental	4	1.5%
	3 African American or Black	9	3.4%
	4 Hispanic or Latino	4	1.5%
	5 White, non-Hispanic	215	80.2%
	6 Pacific Islander	2	.7%
	7 Other	31	11.6%
	Total	268	100.0%
Qe5 What was the highest grade that you completed? (avg. = 14.3 yrs)	1 < 12 yrs	13	4.8%
	2 12 yrs	60	22.2%
	3 13-15 yrs	100	37.0%
	4 16 yrs	64	23.7%
	5 > 16 yrs	33	12.2%
	Total	270	100.0%
qe6 Which age category do you belong to	1 Under 20	6	2.2%
	2 20 to 29	12	4.4%
	3 30 to 39	29	10.7%
	4 40 to 49	84	31.1%
	5 50 and older	139	51.5%
	Total	270	100.0%

Table 3: County of Residence

		N	%
Qe1. What county do you live in?	Adams	0	.0%
	Asotin	0	.0%
	Benton	10	3.7%
	Chelan	23	8.5%
	Clallam	11	4.1%
	Clark	50	18.5%
	Columbia	0	.0%
	Cowlitz	7	2.6%
	Douglas	8	3.0%
	Ferry	2	.7%
	Franklin	0	.0%
	Garfield	0	.0%
	Grant	2	.7%
	Grays Harbor	2	.7%
	Island	3	1.1%
	Jefferson	2	.7%
	King	64	23.7%
	Kitsap	5	1.9%
	Kittitas	1	.4%
	Klickitat	2	.7%
	Lewis	0	.0%
	Lincoln	0	.0%
	Mason	1	.4%
Okanogan	1	.4%	

Table 3: County of Residence (continued)

Pacific	1	.4%
Pend Orielle	1	.4%
Pierce	20	7.4%
San Juan	0	.0%
Skagit	8	3.0%
Skamania	1	.4%
Snohomish	8	3.0%
Spokane	7	2.6%
Stevens	3	1.1%
Thurston	3	1.1%
Wahkiakum	1	.4%
Walla Walla	2	.7%
Whatcom	13	4.8%
Whitman	1	.4%
Yakima	5	1.9%
Other - Outside the state of Washington	2	.7%
Total	270	100.0%

Peer Counselor Certification

Table 4 shows training and certification information for survey participants. Almost two-thirds of the participants received training from WIMHRT, the remainder received training from an RSN. Nearly all (98%) completed the training. Those that said that they did not complete the training said that they were grandfathered in so it was not necessary (See Q3a in Appendix C for these comments).

Ninety percent have taken the certification exam. Of the 20 that responded as to why they did not take the exam, 70% stated that the exam was not offered at a place that they could attend and 55% said that it was not offered at a convenient time (Table 4a). One-quarter of those that said they did not take the exam gave lack of preparation as a reason and 20% said that they no longer wished to become a peer counselor. No one gave "not knowing how to sign up" as a reason. The "other" comments for Q4a appear in Appendix C. Ninety one percent of those that took the exam passed it. Most of those that did not pass the exam say they plan to retake it (65%). Reasons given for not wanting to retake the exam appear under Q5a in Appendix C.

Table 4: Training and Certification

		N	%
Q2. What type of training did you take	The state-sponsored training provided by WIMHRT	145	64.7
	The state-approved training provided by my RSN or another	79	35.3
	Total N	224	100.0%
Q3. Did you complete the Peer Counselor training	Yes	269	98.2
	No (If No, why?)	5	1.8
	Total N	274	100.0%
Q4. Have you taken the certification exam	Yes	243	89.7
	No	28	10.3
	Total N	271	100.0%
Q5. Did you pass the certification exam	Yes	219	90.9
	No	22	9.1
	Total N	241	100.0%
Q5a. Do you plan to retake the exam	Yes	13	65.0
	No (why?)	7	35.0
	Total N	20	100.0%
Q6. Do you have a valid Registered Counselor credential from the Department of Health	Yes	153	70.5
	No	64	29.5
	Total N	217	100.0%
Q7. Are you currently certified as a Peer Counselor by the Washington State Mental Health Division	Yes	135	93.1
	No	10	6.9
	Total N	145	100.0%

Table 4a: Reasons Given for Not Taking the Certification Exam *

		N	%
Prevent from taking certification exam	<i>I don't feel prepared to take the exam</i>	5	25.0%
	<i>The exam isn't offered at a convenient time</i>	11	55.0%
	<i>The exam isn't offered at a location I can get to.</i>	14	70.0%
	<i>I don't know how to sign up to take the exam</i>	0	.0%
	<i>I do not wish to become certified at this time</i>	4	20.0%
	<i>Other</i>	11	55%
	Total (Respondents)	20	

* The column N's and %'s do not add up to the total respondents or 100% because each respondent can give more than one response.

Employment

A central theme of this survey is to determine the employment outcomes of consumers that have completed the Peer Counselor Training. Participants were asked about their employment history since completing the Peer Counselor Training: were they now, or ever been, employed as a peer counselor? If not, were they now or ever been employed but not as a peer counselor? Table 5 shows their employment status since their Peer Counselor Training: 39% are, or have been, employed as a peer counselor, 29% are, or have been, employed but not as peer Counselors, and 32% have not been employed. As we continue with the findings most tables will be shown by these three categories. This will allow comparisons between these important employment outcomes.

Table 5: Employment since Peer Counselor Training

		N	%
<i>Which of the following best describes your employment history since your Peer Counselor training</i>	I am employed or have been employed as a paid Peer Counselor	107	38.8%
	I am employed or have been employed but not as a Peer Counselor	80	29.0%
	I have not been employed	89	32.2%
	Total	276	100.0%

Current Employment

Table 6 shows the current employment status of those that have been employed since the training. Also shown is the reason they left their employment if they are no longer working. Over 80% of both those that have been employed as peer counselors and as non-peer counselors since the training are *currently* employed. There is no difference in the percentages employed between those employed as peer counselors and those employed as non-peer counselors. Of all those that left their jobs, about an even proportion left voluntarily that left involuntarily. A slightly higher proportion of those employed as peer counselors left their last job involuntarily. Reasons why they left voluntarily are provided in Appendix C under QA1A and QB1A.

Table 6: Current Employment and Reason Left Employment

		Which of the following best describes your employment history since your Peer Counselor training			
		I am employed or have been employed as a paid Peer Counselor		I am employed or have been employed but not as a Peer Counselor	
		N	%	N	%
Qab1 Are you currently employed *	Yes	87	81.3%	66	82.5%
	No	20	18.7%	14	17.5%
	Total	107	100.0%	80	100.0%
Qab1a Why did you leave your last employment	I left involuntarily (I was fired or laid off)	10	50.0%	6	42.9%
	I left voluntarily	10	50.0%	8	57.1%
	Total	20	100.0%	14	100.0%

*Question numbers in the tables correspond to those in the survey (See Appendix A). The “ab” in “Qab” indicate that the item is combined from Module A and Module B.

Type of Work

Participants were asked what their current job title is (Qa5 & Qb5) and to provide a description of what they do at work (Qa6 & Qb6). The responses for their job title (Qa5 and Qb5) are provided in Appendix C. As expected, the job titles for the peer counselor employed consumers are mostly all peer support related. Few of the job titles for non-peer counselors are peer support related. Job descriptions also appear in Appendix C (Qa6 and Qb6).

Job descriptions provided by respondents were rated according to the Barratt Simplified Measure of Social Status (BSMSS) (Barratt, 2006). The BSMSS is a rating of “social status;” those with higher scores are perceived as being in a higher social status than those with lower scores. Those respondents who are currently working as Peer Counselors were categorized as “counselors” on the BSMSS.

Table 7 shows BSMSS categories by whether the respondent is employed as a peer counselor or is employed not as a peer counselor. Those employed as peer counselor appear primarily in category 7 skilled technician/counselor) as expected.⁵ Those employed but not as peer counselors show the highest

⁵ Using this system allowed for consistency in categorization for multiple open ended questions that asked about specific job positions. The limitation of using this system was applying what are likely higher social status scores to respondents based upon

proportion still in category 7 (54%) but with the vast majority of those remaining in lower level occupations (40%).

Program Components in the Workplace

Respondents were asked to select the components that best describe the program in which they work. Table 8 shows those components selected by both those that are employed as peer counselors and those that were employed but not as peer counselors. Those employed as peer counselors selected “therapeutic recreation/socialization” as the most common component (61%), followed by “independent peer support program “(52%) and “day support” (47%). Many of the program components found in peer counselor positions were also noted by those employed in non-peer counselor positions. There are differences such as those not employed as peer counselors had little to do with the PACT program, and had a lesser incidence of independent peer support or vocational rehabilitation compared with those in peer counselor positions.

Tasks Performed in the Workplace

Table 9 shows the tasks performed in the work place. For both groups “one-on-one support “ is the most commonly reported. This is closely followed by “helping people advocate for themselves,” again, by both groups. While these two categories are high on both groups “tasks performed” list, there is considerable discrepancy between the two groups with the remaining tasks. A higher percentage of those in peer counselor positions report working on a treatment team, facilitating support groups, teaching, transportation assistance, housing assistance, and vocational assistance.

Special Populations Served in the Workplace

Table 10 shows the special populations respondent identified as being served in their workplace. Those employed as peer counselors serve a greater percentage of forensic and chemical dependency populations than do those that are employed in non-peer counselor positions. However, those in non-peer counselor positions serve a much higher percentage of older adults and youth than do those in peer counselor positions.

similar job function that require more education (i.e. Peer Counselor was scored the same as a Registered Nurse, Counselor, and Occupational Therapist).

Pay and Time Worked

Table 11 shows the months worked, hours per week, and pay for their current job or the last job that they had if employed since the Peer Counselor Training. The average number of months employed by all that have been employed regardless whether they were employed as a peer counselor is approximately 40 months. Those that have been employed but not as a peer counselor have about double the average number of months employed than those that have been employed as peer counselors. The reason for this discrepancy is that those non peer counselor jobs have been around longer than the peer counselor jobs. Many consumers have had non peer counselor employment long before the Peer Counselor Training and kept these jobs after the training. A few of these long duration jobs act as “outliers” as seen by the maximum months and much larger standard deviations. The median (midpoint of months worked) are more similar between the two groups since the effects of the outliers are minimized. The number of hours worked is very similar between the two groups as is the pay. They work an average of 28 hours per week and receive an average of about \$13 per hour.

Those working less than full time were asked if they had the option of working full-time and what was the biggest barrier that kept them from working full time. Table 11a shows that the vast majority (73% in both groups) did not have the option of working full time. The biggest barriers were health reasons or funding was not available. Other barriers for not working full time appear under Qa11b and Qb11b in Appendix C.

Benefits

Table 12 shows whether benefits are/were received from employers. Forty eight percent of the respondents said that they received benefits from their employer. A higher percentage of those employed as peer counselors (53%) said they received benefits than did those employed as non-peer counselors (41%). Most received medical insurance, paid vacations and sick leave. A smaller percentage received retirement. Fewer receive disability insurance. “Other” benefits received appear under Q a14 and Qb14 in Appendix C.

Table 7: Job Category

Occupation Index		q9 Which of the following best describes your employment history since your Peer Counselor training		
		1 I am employed or have been employed as a paid Peer Counselor	2 I am employed or have been employed but not as a Peer Counselor	Total
qab6 Job Description (Code)	.00 No, None, Don't Know, Not at this time	.0%	1.3%	.5%
	1.00 Day laborer, janitor, house cleaner, farm worker, food counter sales, food preparation worker, busboy	.0%	10.0%	4.3%
	2.00 Garbage collector, short-order cook, cab driver, shoe sales, assembly line workers, masons, baggage porter	.0%	1.3%	.5%
	3.00 Painter, skilled construction trade, sales clerk, truck driver, cook, sales counter or general office clerk	.9%	15.0%	7.0%
	4.00 Automobile mechanic, typist, locksmith, farmer, carpenter, receptionist, construction laborer, hairdresser	.0%	5.0%	2.2%
	5.00 Machinist, musician, bookkeeper, secretary, insurance sales, cabinet maker, personnel specialist, welder	.9%	5.0%	2.7%

	<i>6.00 Supervisor, librarian, aircraft mechanic, artist and artisan, electrician, administrator, military enlisted personnel, buyer</i>	1.9%	3.8%	2.7%
	<i>7.00 Nurse, skilled technician, medical technician, counselor, manager, police and fire personnel, financial manager, physical, occupational, speech therapist</i>	95.3%	53.8%	77.4%
	<i>8.00 Mechanical, nuclear, and electrical engineer, educational administrator, veterinarian, military officer, elementary, high school and special education teacher</i>	.0%	1.3%	.5%
	<i>9.00 Physician, attorney, professor, chemical and aerospace engineer, judge, CEO, senior manager, public official, psychologist, pharmacist, accountant</i>	.9%	3.8%	2.2%
	Total	100.0%	100.0%	100.0%
		106	80	186

Table 8: Program Components in the Workplace

Qab7. Which of the following best describes the program in which you work(ed)? (Check all that apply):		q9 Which of the following best describes your employment history since your Peer Counselor training			
		I am employed or have been employed as a paid Peer Counselor		I am employed or have been employed but not as a Peer Counselor	
		N	%	N	%
	<i>Case Management</i>	43	43.9%	23	44.2%
	<i>PACT Program</i>	19	19.4%	2	3.8%
	<i>Day Support</i>	46	46.9%	23	44.2%
	<i>Inpatient</i>	13	13.3%	11	21.2%
	<i>Vocational rehabilitation (focused on work)</i>	40	40.8%	15	28.8%
	<i>Supported education (helping people with school)</i>	41	41.8%	23	44.2%
	<i>Independent peer support program</i>	51	52.0%	17	32.7%
	<i>Therapeutic recreation/socialization program</i>	60	61.2%	28	53.8%
	<i>Drop-in center</i>	38	38.8%	13	25.0%
	<i>Clubhouse</i>	23	23.5%	9	17.3%
	Total (respondents)	98		52	

Table 9: Tasks Performed in the Work Place

Qab8. What tasks do/did you perform in your work? (Check all that apply):		Which of the following best describes your employment history since your Peer Counselor training			
		I am employed or have been employed as a paid Peer Counselor		I am employed or have been employed but not as a Peer Counselor	
		N	%	N	%
	<i>One-on-one support</i>	102	97.1%	53	86.9%
	<i>Working on a treatment team</i>	73	69.5%	28	45.9%
	<i>Facilitating support groups</i>	77	73.3%	25	41.0%
	<i>Teaching</i>	68	64.8%	30	49.2%
	<i>Transportation assistance</i>	63	60.0%	21	34.4%
	<i>Housing assistance</i>	56	53.3%	19	31.1%
	<i>Vocational assistance</i>	57	54.3%	16	26.2%
	<i>Helping people advocate for themselves</i>	99	94.3%	51	83.6%
	Total (Respondents)	105		61	

Table 10: Special Populations Served in the Work Place

Qab9. Do/did you work primarily with any of the following special populations?		Which of the following best describes your employment history since your Peer Counselor training			
		I am employed or have been employed as a paid Peer Counselor		I am employed or have been employed but not as a Peer Counselor	
		N	%	N	%
	<i>Parents/families</i>	44	47.3%	40	63.5%
	<i>Youth</i>	24	25.8%	33	52.4%
	<i>Older Adults</i>	25	26.9%	41	65.1%
	<i>Forensic</i>	23	24.7%	12	19.0%
	<i>Chemical dependency</i>	67	72.0%	33	52.4%
	<i>Physical disabilities</i>	55	59.1%	44	69.8%
	<i>A cultural or ethnic group (specify)</i>	37	39.8%	33	52.4%
	Total (Respondents)	93		63	

Table 11: Months Worked, Hours per Week, and Amount Paid

		Which of the following best describes your employment history since your Peer Counselor training		
		I am employed or have been employed as a paid Peer Counselor	I am employed or have been employed but not as a Peer Counselor	Total
Qab4. How long have you worked in your current/former position (Months)	Mean	27.61	56.36	39.91
	Standard Deviation	33.45	96.68	69.36
	Median	18.00	24.00	18.00
	Minimum	1.00	.00	.00
	Maximum	240.00	648.00	648.00
	Count	107	80	187
Qab11. On average, how many hours per week do/did you work	Mean	27.41	29.71	28.40
	Standard Deviation	12.92	17.74	15.18
	Median	25.00	25.00	25.00
	Minimum	2.00	.00	.00
	Maximum	60.00	100.00	100.00
	Count	107	80	187
Qab12. How much were you paid?	Mean	13.25	12.81	13.07
	Standard Deviation	3.91	5.65	4.69
	Median	12.00	12.00	12.00
	Minimum	1.01	.00	.00
	Maximum	28.85	33.65	33.65
	Count	107	80	187

Table 11a: Full Time Option

		I am employed or have been employed as a paid Peer Counselor		I am employed or have been employed but not as a Peer Counselor	
		N	%	N	%
<i>Qab11a. Do/did you have the option of working full-time</i>	Yes	17	26.6%	12	26.7%
	No	47	73.4%	33	73.3%
	Total	64	100.0%	45	100.0%
<i>Qab11b. What is/was your biggest barrier to working full-time (Check only one)</i>	Mental health reasons	13	19.7%	5	10.9%
	Physical health reasons	4	6.1%	9	19.6%
	Lack of health benefits	1	1.5%	0	.0%
	Low wages	2	3.0%	0	.0%
	Administrators/managers	2	3.0%	1	2.2%
	Potential loss of SSI/SSDI benefits	5	7.6%	3	6.5%
	Not enough demand for services	6	9.1%	2	4.3%
	Funding (no \$ available)	13	19.7%	9	19.6%
	I am just not interested in working full-time	6	9.1%	2	4.3%
	Other (specify)	14	21.2%	15	32.6%
	Total	66	100.0%	46	100.0%

Table 12: Employment Benefits

		Which of the following best describes your employment history since your Peer Counselor training					
		I am employed or have been employed as a paid Peer Counselor		I am employed or have been employed but not as a Peer Counselor		Total	
		N	%	N	%	N	%
<i>Qab13. Do/did you receive benefits from your employer</i>	Yes	56	52.8%	33	41.3%	89	47.8%
	No	50	47.2%	47	58.8%	97	52.2%
	Total	106	100.0%	80	100.0%	186	100.0%
<i>Qab14. Benefits</i>	Medical Insurance	48	87.3%	30	93.8%	78	89.7%
	Dental Insurance	43	78.2%	27	84.4%	70	80.5%
	Retirement	38	69.1%	23	71.9%	61	70.1%
	Disability Insurance	21	38.2%	17	53.1%	38	43.7%
	Paid Vacations	49	89.1%	26	81.3%	75	86.2%
	Paid Sick Leave	49	89.1%	26	81.3%	75	86.2%
	Total Respondents	55		32		87	

Satisfaction, Support, and Opportunities in the Work Place

Opportunities at Work

Table 13 shows that more than half of the respondents feel that they have opportunities for advancement and promotion at work. More of those employed as peer counselors feel this as compared with those in non-peer counselor positions. Three-quarters of both groups feel that they have training opportunities to further their knowledge and skills. A major difference between the groups is seen in the presence of other peer counselors in the workplace; 71% of those employed as peer counselors say that there are other peer counselors in their work place compared to only 23% in non-peer counselor positions.

Satisfaction and Support at Work

Table 14 shows that the vast majority of respondents state that they are always or mostly satisfied with their work (87%) and that they are respected in the workplace by mental health clinicians (93%). Those with peer counselor positions have higher work satisfaction than those employed as non-peer counselors (91% vs 81%). "Helping others" is by far the most cited reward from their work. Money and "having something to do" are more commonly cited by those non-peer employed (15%) than those that are employed as peer counselors (1%). "Other" rewards are provided in Appendix C under items Qa19_O1 and Qb19_O1. Eighty percent say that they are frequently supported in the workplace. Those employed as peer counselors feel more frequent support in the workplace than those employed as non-peer counselors (83% vs 76%). Only a small percent (5.4%) feel that they are rarely or never supported.

Respect at Work

The items that appear in Table 15 were asked differently to each group. Those employed as non-peer counselors were asked if they were respected by (Qb20) or had conflicts with (Qb21) *coworkers*. For those employed as peer counselors, the questions asked if they were respected (Qa20) or had conflicts with (Qa21) *mental health clinicians*. Because of the difference in wording, caution should be taken when comparing these two groups. Both groups appear to feel respected with approximately 90% or more saying they frequently or sometimes feel respected. Twenty one percent of those employed as peer counselors state that they frequently or sometimes have conflicts with mental health clinicians in the workplace. Fifteen percent of those employed as non-peer counselor say that they sometimes have conflicts with co-workers. Appendix C provides reasons given for the lack of respect and conflicts (see Qa20a, Qa21a, Qb20a, and Qb21a).

Support Meetings

Table 16 shows consumer support within the community. In this and the following table the information is broken down into three categories: those employed as peer counselors, those employed as non-peer counselors, and those not employed since the Peer Counselor Training. A slight difference in wording is used for Q23a, Q23b and Qc4. Those employed were asked if there were meetings to bring together other *employed* consumers (column 1 & 2). Those not employed were asked if there were meetings to bring together other consumers (column 3). Because of the difference in wording, caution should be taken when comparing columns 1& 2 with column 3.

About half of the respondents say that there are regular meetings in their area to bring together consumers (meetings for those that are employed for the employed consumers and meetings for just consumers in general for those that are not employed). Over 70% of those that say there are support meetings have attended these and more than 90% say the meetings are helpful. For those that do not have support meetings in their area, 87% said that they would be interested in attending such meetings if they existed.

Use of Personal Experiences in Daily Work/Living

Table 17 asks if respondents use their personal experiences with mental illness and recovery in the course of their daily work (those employed) or daily living (those not employed). Table 17 shows that 95% say that they frequently or sometimes do. Those that are employed as peer counselors say they *frequently* use their personal experiences in the course of their daily work more often than do those employed as non-peer counselors (84% vs 64%).

The Peer Counselor Experience

The next few questions have to do with the experience respondents have had as a peer counselor and how they feel the experience prepared them for their role as a peer counselor. Table 18 shows that 84% of all respondents thought that being a peer counselor is what they expected it to be. A higher percentage of those employed strongly agreed or agreed with this statement (88%) than did those that were unemployed (74%). When asked if the training prepared them adequately for their role as a peer counselor, 81% of all respondents said that it did. While those employed agreed more with this statement, the differences are small. Sixty-six percent of all respondents feel like there are areas that they need more training. A higher percentage of those employed feel that they need more training than those non-employed. Those employed as peer counselors express the highest interest for more training than the other groups.

Continued Interest in Working as a Peer Counselor and Using the Skills Learned as a Peer Counselor

Table 19 shows that 41% of all respondents say that they expect to remain as a peer counselor for the rest of their career. Another 31% say they will remain a peer counselor for at least the next three years. Those employed as peer counselors and those not employed say that they will remain as peer counselors for a longer period than the non-peer counselor employed.

For those not now working as a peer counselor, 91% of all respondents say that they are still interested in working as a peer counselor at some point. Those that have not been employed have the highest continued interest at working as a peer counselor than those that have been employed as a peer counselor or those that have been employed but not as a non-peer counselor. Over 90% of those respondents that are not now working as a peer counselor feel that they are using the skills learned as a peer counselor.

Interest in Online Resources and Continued Peer Counselor Training

Table 20 shows that over 90% of all respondents say that they would like to be contacted for online resources that would help connect them with potential peer counselor employers. Moreover, an equal amount (over 90%) says that they would like to receive additional training or continuing education in topics relevant to peer counselors. The willingness to be contacted and interest in continued training exists across all three groups: those employed as peer counselors, those employed but not as peer counselors, and those not employed.

Table 13: Opportunities at Work

		q9 Which of the following best describes your employment history since your Peer Counselor training		
		1 I am employed or have been employed as a paid Peer Counselor	2 I am employed or have been employed but not as a Peer Counselor	Total
qab15 Do/did you feel you have opportunities for advancement/promotion at the place you work(ed)	Yes	59.4%	46.1%	53.7%
	No	40.6%	53.9%	46.3%
	Total	100.0%	100.0%	100.0%
		101	76	177
qab16 In your current/former work place, do you/did you have any training opportunities to further your knowledge and skills	Yes (What training have you received?)	75.5%	73.1%	74.5%
	No	24.5%	26.9%	25.5%
	Total	100.0%	100.0%	100.0%
		106	78	184
qab17 Are/were there other paid Peer Counselors on staff at the place where you work(ed)	Yes (How many?)	70.5%	22.5%	51.1%
	No	29.5%	77.5%	48.9%
	Total	100.0%	100.0%	100.0%
		105	71	176

Table 14: Satisfaction & Support at Work

		q9 Which of the following best describes your employment history since your Peer Counselor training		
		I am employed or have been employed as a paid Peer Counselor	I am employed or have been employed but not as a Peer Counselor	Total
qab18 I am/was satisfied with my work.	Always	49.0%	40.0%	45.1%
	Mostly	42.3%	41.3%	41.8%
	Somewhat	6.7%	17.5%	11.4%
	Not at all	1.9%	1.3%	1.6%
	Total	100.0%	100.0%	100.0%
		104	80	184
qab19 The greatest reward from my work is/was (check only one)	The money	1.0%	7.6%	3.8%
	Helping others	85.7%	67.1%	77.7%
	Having something to do	.0%	7.6%	3.3%
	Helping my own recovery	4.8%	2.5%	3.8%
	Other (specify)	8.6%	15.2%	11.4%
	Total	100.0%	100.0%	100.0%
	105	79	184	
qab22 Do/did you feel supported in your workplace	Frequently	82.7%	76.3%	79.9%
	Sometimes	10.6%	20.0%	14.7%
	Rarely	4.8%	2.5%	3.8%
	Never	1.9%	1.3%	1.6%
	Total	100.0%	100.0%	100.0%
		104	80	184

Table 15: Respect and Conflict at Work

		q9 Which of the following best describes your employment history since your Peer Counselor training		
		I am employed or have been employed as a paid Peer Counselor	I am employed or have been employed but not as a Peer Counselor	Total
qab20 Do/did you feel respected in the workplace by mental health clinicians (coworkers)*	Frequently	70.2%	84.2%	76.1%
	Sometimes	19.2%	13.2%	16.7%
	Rarely	6.7%	2.6%	5.0%
	Never	3.8%	.0%	2.2%
	Total	100.0%	100.0%	100.0%
		104	76	180
qab21 Do/did you have conflicts with the mental health clinicians (coworkers)* in your work place	Frequently	4.8%	.0%	2.8%
	Sometimes	16.3%	14.5%	15.6%
	Rarely	38.5%	31.6%	35.6%
	Never	40.4%	53.9%	46.1%
	Total	100.0%	100.0%	100.0%
		104	76	180

* Those employed as non-peer counselors were asked if they were respected by (Qb20) or had conflicts with (Qb21) coworkers instead of mental health clinicians. Because of the difference in wording, caution should be taken when comparing these two groups.

Table 16: Community Support *

		q9 Which of the following best describes your employment history since your Peer Counselor training			
		I am employed or have been employed as a paid Peer Counselor	I am employed or have been employed but not as a Peer Counselor	I have not been employed	Total
qab23_qc4. Are there regular meetings in your area specifically to bring together consumers who are employed/consumers in order to support one another? **	Yes	59.1%	48.4%	44.8%	51.8%
	No	40.9%	51.6%	55.2%	48.2%
	Total	100.0%	100.0%	100.0%	100.0%
		93	64	67	224
qab23a_qc4a. Have you ever attended these	Yes	74.5%	77.4%	63.3%	72.4%
	No	25.5%	22.6%	36.7%	27.6%
	Total	100.0%	100.0%	100.0%	100.0%
		55	31	30	116
qab23b_qc4b. Were they helpful	Yes	89.7%	95.8%	94.7%	92.7%
	No	10.3%	4.2%	5.3%	7.3%
	Total	100.0%	100.0%	100.0%	100.0%
		39	24	19	82
qab23c_qc4c. Would you be interested in attending such a group if one existed	Yes	91.7%	84.8%	83.9%	86.7%
	No	8.3%	15.2%	16.1%	13.3%
	Total	100.0%	100.0%	100.0%	100.0%
		48	46	56	150

* The question numbers match in Modules A and B. Hence, the questions in the tables are combined (e.g., qa15 and qb15 become qab15 to save space). For Module C the question numbers do not match those in Modules A and B so the question number in Module C that corresponds to the question number in Modules A & B appear separately.

** Those not employed were asked if there were meetings to bring together other consumers instead of other *employed* consumers (column 3). Because of the difference in wording, caution should be taken when comparing columns 1 & 2 with column 3.

Table 17: Use Personal Experiences in Daily Work (employed) /Living (not employed) *

		Which of the following best describes your employment history since your Peer Counselor training			
		I am employed or have been employed as a paid Peer Counselor	I am employed or have been employed but not as a Peer Counselor	I have not been employed	Total
qab24_qc5. Do/did you feel you utilize(d) your personal experiences with mental illness and recovery in the course of your daily work/Living	Frequently	83.7%	63.6%	83.0%	77.7%
	Sometimes	11.5%	26.0%	17.0%	17.5%
	Rarely	1.9%	6.5%	.0%	2.6%
	Never	2.9%	3.9%	.0%	2.2%
		100.0%	100.0%	100.0%	100.0%
	Total N	104	77	88	269

* Those that were employed or have been employed since the training were asked if they use their experiences in their daily work (columns 1&2). Those not employed were asked if they used their experiences in their daily lives (column 3). Because of the difference in wording, caution should be taken when comparing columns 1& 2 with column 3.

Table 18: The Peer Counselor Experience

		Which of the following best describes your employment history since your Peer Counselor training			
		I am employed or have been employed as a paid Peer Counselor	I am employed or have been employed but not as a Peer Counselor	I have not been employed	Total
qab25_qc6. <i>Being a Peer Counselor is what you expected it to be.</i>	Strongly Agree	49.0%	52.9%	28.4%	43.9%
	Agree	37.5%	38.2%	45.9%	40.2%
	Disagree	9.6%	7.4%	14.9%	10.6%
	Strongly Disagree	3.8%	1.5%	10.8%	5.3%
	Total N	100.0%	100.0%	100.0%	100.0%
	104	68	74	246	
qab26_qc7. <i>The state-approved Peer Counselor certification training prepared you adequately for your role as a Peer Counselor.</i>	Strongly Agree	43.7%	31.5%	20.8%	33.2%
	Agree	39.8%	47.9%	57.1%	47.4%
	Disagree	11.7%	16.4%	16.9%	14.6%
	Strongly Disagree	4.9%	4.1%	5.2%	4.7%
	Total N	100.0%	100.0%	100.0%	100.0%
	103	73	77	253	
Qab27_qc8. <i>Are there areas you feel you need more training</i>	Yes	72.3%	63.9%	59.8%	65.9%
	No	27.7%	36.1%	40.2%	34.1%
	Total N	100.0%	100.0%	100.0%	100.0%
	101	61	87	249	

Table 19: Continued Interest in Working as a Peer Counselor and Using Skills Learned as a Peer Counselor

		Which of the following best describes your employment history since your Peer Counselor training			
		I am employed or have been employed as a paid Peer Counselor	I am employed or have been employed but not as a Peer Counselor	I have not been employed	Total
Qab28_qc9. <i>I expect to remain a Peer Counselor</i>	For the rest of my career	42.6%	38.2%	40.2%	40.5%
	For at least the next 3 years	34.7%	23.7%	34.5%	31.4%
	Only for the next year or so	3.0%	.0%	4.6%	2.7%
	Until something else comes along	2.0%	1.3%	2.3%	1.9%
	I am no longer interested in working as a Peer Counselor	3.0%	14.5%	4.6%	6.8%
	Other (specify)	14.9%	22.4%	13.8%	16.7%
	Total N	100.0% 101	100.0% 76	100.0% 87	100.0% 264
qabc2. <i>Are you still interested in working as a Peer Counselor at some point (those not currently employed as a peer counselor)</i>	Yes	87.5%	85.9%	95.3%	90.6%
	No	12.5%	14.1%	4.7%	9.4%
	Total % Total N	100.0% 16	100.0% 78	100.0% 86	100.0% 189
qabc3. <i>Since you are not now working as a Peer Counselor, do you feel that you are using the skills you learned as a Peer Counselor</i>	Yes	90.0%	93.8%	92.1%	92.6%
	No	10.0%	6.3%	7.9%	7.4%
	Total % Total N	100.0% 20	100.0% 80	100.0% 89	100.0% 189

Table 20: Interest in an Online Resource and Further Training

		Which of the following best describes your employment history since your Peer Counselor training			
		I am employed or have been employed as a paid Peer Counselor	I am employed or have been employed but not as a Peer Counselor	I have not been employed	Total
qab29_qc10. <i>There has been some discussion about offering an online resource that would help connect certified Peer Counselors with potential employers. Would you like to be contacted?</i>	Yes	89.5%	92.3%	92.0%	91.1%
	No	10.5%	7.7%	8.0%	8.9%
	Total	100.0%	100.0%	100.0%	100.0%
		105	78	88	271
qab30-qc11. <i>Would you be interested in receiving additional training or continuing education in topics relevant to Peer Counselors?</i>	Yes	91.4%	88.6%	94.3%	91.5%
	No	8.6%	11.4%	5.7%	8.5%
	Total	100.0%	100.0%	100.0%	100.0%
		105	79	87	271

Volunteering

Volunteer Experiences

Respondents were asked about their volunteering experience since completing the Peer Counselor Training. Table 21 shows that 75% of all respondents say that they are now doing volunteer work. Each contributes an average of 26 hours per month (table not shown). A higher percentage of those that are employed as a non-peer counselor and those that are not employed volunteer more than do those that are employed as peer counselors.

Reasons for Volunteering and Satisfaction

When asked why they volunteer most respondents (81%) say that they volunteer because they have a passion for the work and find it rewarding (Table 22). Most respondents (88%) also stated that they are “always” or “mostly satisfied” with their volunteer work (Table 23). Those that are employed are more satisfied with their volunteer work than those who are not employed (92% vs 80%).

Rewards

Respondents were asked what was their *greatest* reward from volunteering. Table 24 shows that 69% of those that volunteer replied that helping others was their greatest reward. Open ended responses to this question (attached in Appendix C, under qd6_O) reveal that the “Other” category was often marked to indicate a combination of helping others and helping their own recovery (49%).

Opportunities

Table 25 shows that over half (53%) state that they have had training opportunities to further their knowledge and skills as a peer counselor. Those that are employed as peer counselors have more opportunities than those not employed or employed but not as peer counselors. The types of training received include various conferences, vocational training, and training regarding specific issues and disorders (Appendix C, under Qd7).

Support

Table 26 shows that most respondents who volunteer feel that they utilize their personal experiences with mental illness and recovery in the course of their volunteer work (95%). Seventy-five percent provide peer support services where they volunteer and 96% feel supported where they volunteer (Table 27). Ninety-six percent of the respondents feel supported (either frequently or sometimes) where they volunteer (Table 28).

Table 21: Volunteer Work

		q9 Which of the following best describes your employment history since your Peer Counselor training			
		I am employed or have been employed as a paid Peer Counselor	I am employed or have been employed but not as a Peer Counselor	I have not been employed	Total
qd1 Are you currently doing volunteer work	Yes	65.6%	82.2%	80.0%	75.0%
	No (Why did you stop volunteering?)	34.4%	17.8%	20.0%	25.0%
	Total	100.0%	100.0%	100.0%	100.0%
		64	45	55	164

Table 22: Reasons for Volunteering

	Which of the following best describes your employment history since your Peer Counselor training			
	I am employed or have been employed as a paid Peer Counselor	I am employed or have been employed but not as a Peer Counselor	I have not been employed	Total
Reasons for volunteering I prefer volunteering because it offers more flexibility	21.5%	44.4%	45.5%	35.8%
I am only working as a volunteer or until I can find stable paid employment	10.8%	20.0%	36.4%	21.8%
I have a regular job and choose to work as a volunteer in my spare time.	50.8%	60.0%	.0%	36.4%
Why do you choose to work as a volunteer: I have a passion for the work and find it rewarding	80.0%	82.2%	81.8%	81.2%
Why do you choose to work as a volunteer: Other (explain)	9.2%	20.0%	16.4%	14.5%
Total	65	45	55	165

Table 23: Satisfaction with Volunteer Work

		q9 Which of the following best describes your employment history since your Peer Counselor training			
		I am employed or have been employed as a paid Peer Counselor	I am employed or have been employed but not as a Peer Counselor	I have not been employed	Total
qd5 I am satisfied with my volunteer work.	Always	43.1%	53.3%	47.3%	47.3%
	Mostly	47.7%	40.0%	32.7%	40.6%
	Somewhat	9.2%	6.7%	18.2%	11.5%
	Not at all	.0%	.0%	1.8%	.6%
	Total	100.0%	100.0%	100.0%	100.0%
		65	45	55	165

Table 24: Greatest Reward from Volunteer Work:

		q9 Which of the following best describes your employment history since your Peer Counselor training			
		I am employed or have been employed as a paid Peer Counselor	I am employed or have been employed but not as a Peer Counselor	I have not been employed	Total
qd6 The greatest reward from my volunteer work is (check only one)	Helping others	69.2%	73.3%	63.6%	68.5%
	Having something to do	1.5%	4.4%	5.5%	3.6%
	Helping my own recovery	15.4%	4.4%	14.5%	12.1%
	Other (specify)	13.8%	17.8%	16.4%	15.8%
	Total	100.0%	100.0%	100.0%	100.0%
		65	45	55	165

Table 25: Training Opportunities to further knowledge and skills as a Peer Counselor

		q9 Which of the following best describes your employment history since your Peer Counselor training			
		I am employed or have been employed as a paid Peer Counselor	I am employed or have been employed but not as a Peer Counselor	I have not been employed	Total
qd7 As a volunteer, have you had any training opportunities to further your knowledge and skills as a peer counselor	Yes (What type of training?)	60.9%	47.7%	47.3%	52.8%
	No	39.1%	52.3%	52.7%	47.2%
	Total	100.0%	100.0%	100.0%	100.0%
		64	44	55	163

Table 26: Utilize personal experience in the course of volunteer work

		q9 Which of the following best describes your employment history since your Peer Counselor training			
		I am employed or have been employed as a paid Peer Counselor	I am employed or have been employed but not as a Peer Counselor	I have not been employed	Total
qd8 Do you feel you utilize your personal experiences with mental illness and recovery in the course of your volunteer work	Frequently	83.1%	82.2%	78.2%	81.2%
	Sometimes	15.4%	8.9%	14.5%	13.3%
	Rarely	.0%	4.4%	3.6%	2.4%
	Never	1.5%	4.4%	3.6%	3.0%
	Total	100.0%	100.0%	100.0%	100.0%
		65	45	55	165

Table 27: Provide peer support services where you volunteer

		q9 Which of the following best describes your employment history since your Peer Counselor training			
		I am employed or have been employed as a paid Peer Counselor	I am employed or have been employed but not as a Peer Counselor	I have not been employed	Total
qd9 Do you provide peer support services where you volunteer	Frequently	57.8%	44.4%	56.4%	53.7%
	Sometimes	14.1%	28.9%	23.6%	21.3%
	Rarely	7.8%	4.4%	1.8%	4.9%
	Never	20.3%	22.2%	18.2%	20.1%
	Total	100.0%	100.0%	100.0%	100.0%
		64	45	55	164

Table 28: Support at volunteer location

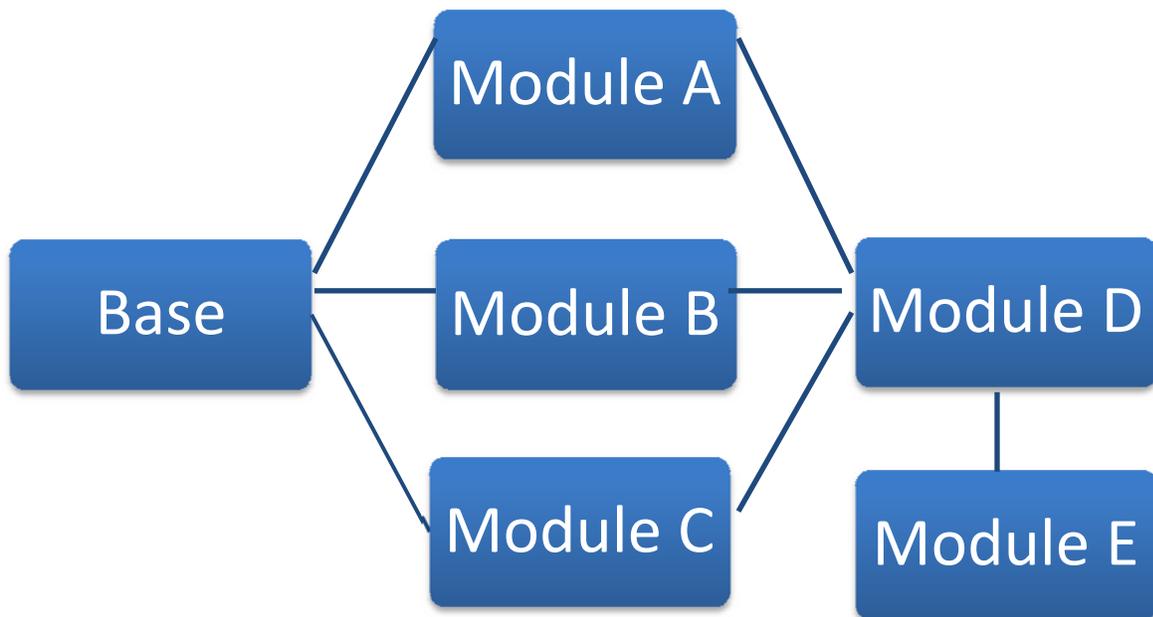
		q9 Which of the following best describes your employment history since your Peer Counselor training			
		I am employed or have been employed as a paid Peer Counselor	I am employed or have been employed but not as a Peer Counselor	I have not been employed	Total
qd10 Do you feel supported where you volunteer	Frequently	90.8%	84.4%	81.1%	85.9%
	Sometimes	9.2%	13.3%	9.4%	10.4%
	Rarely	.0%	2.2%	5.7%	2.5%
	Never	.0%	.0%	3.8%	1.2%
	Total	100.0%	100.0%	100.0%	100.0%
		65	45	53	163

APPENDIX A

Survey Instrument

Peer Counselor Survey

4-22-2009



**The Washington Institute for Mental Health
Research and Training**

**Peer Counselor Survey
Base**

INTRODUCTION: This survey is designed to find out about your experiences since receiving Peer Counselor training. We want to find out about your work and if you have found the training useful. Your name, contact information and survey answers are all confidential and will only be seen by the survey staff at the University of Washington. Results from this survey will be reported in aggregate form and will not identify you in any way. You are free to skip any of the questions, and you can stop the survey anytime you want.

To start, we just have some general questions about the certification process.

Q1. When did you take the Peer Counselor training (for the first time if more than once)?

Month _____, Year _____

Q2. What type of training did you take?

- The state-sponsored training provided by WIMHRT*
- The state-approved training provided by my RSN or another organization*
- Don't know*

Q3. Did you complete the Peer Counselor training?

- Yes*
- No*

Q3a. If No, why? _____

Skip to Q8.

Q4. Have you taken the certification exam?

- Yes*
- No*

Q4a. If No, please tell us what is preventing you from doing so
(check all that apply):

- I don't feel prepared to take the exam.*
- The exam isn't offered at a convenient time.*
- The exam isn't offered at a location I can get to.*
- I don't know how to sign up to take the exam.*
- I do not wish to become certified at this time.*

Other, please explain: _____

Skip to Q8.

Q5. Did you pass the certification exam?

Yes

No



Q5a. If No, do you plan to retake the exam?

Yes

No (*why?* _____).

Skip to Q8.

Q6. Do you have a valid Registered Counselor credential from the Department of Health?

Yes

No



Q6a. If No, please tell us what is preventing you from doing so:

I don't know how to apply for my Registered Counselor credential

The Registered Counselor credential is too expensive

I cannot pass the Department of Health background check

I just haven't gotten around to it

I have applied for my Registered Counselor credential and am waiting for a response from the Department of Health

I received my Registered Counselor credential but it is expired

Other, please explain: _____

Skip to Q8.

Q7. Are you currently certified as a Peer Counselor by the Washington State Mental Health Division?

Yes



Q7a. If Yes, what date did you receive certification?

Month _____, Year _____.

No



Q7b. If No, why not?

I have not submitted all my paperwork to the Mental Health Division

I have submitted all necessary information to the Mental Health Division and am waiting for final approval

Other, please explain: _____

Q8. Have you completed Wellness Recovery Action Plan (WRAP) *facilitator* training?

Yes



No

Q8a. If Yes, what date did you complete the training?

Month _____, Year _____.

Now, we have some questions about your employment since the training.

Q9. Which of the following best describes your employment history since your Peer Counselor training:

I am employed or have been employed as a paid Peer Counselor (Skip to Peer Counselor Employment Module A).

I am employed or have been employed but not as a Peer Counselor (Skip to Non Peer Counselor Employment Module B).

I have not been employed (Skip to Non-employment Module C).

Module A
Peer Counselor Employment

Qa1. Are you currently employed as a Peer Counselor?

Yes (**Skip to Qa4**)

No

Qa1a. Why did you leave your last Peer Counselor employment?

I left involuntarily (I was fired or laid off)

I left voluntarily (why? _____

_____).

Qa2. Are you still interested in working as a Peer Counselor at some point?

Yes

No

Qa3. Since you are not now working as a Peer Counselor, do you feel that you are using the skills you learned at the Peer Counselor training in another capacity?

Yes

No

Qa3. If Yes, How are you using these skills?

If you are currently employed as a paid Peer Counselor, please answer the following questions based upon your current job.

If you were previously employed as a Peer Counselor, please answer questions based upon your most recent paid peer counseling position.

Qa4. How long have you worked in your current/former Peer Counselor position?

Years _____ Months _____

Qa5. What is/was your job title? _____.

Qa6. Please provide a detailed description of your job. In other words, please tell us what you do/did at work.

Qa7. Which of the following best describes the program in which you work(ed)? (Check all that apply):

- Case management
- Day support
- Inpatient
- Vocational rehabilitation (focused on work)
- Supported education (helping people with school)
- Independent peer support program
- Therapeutic recreation/socialization program
- Drop-in center
- Clubhouse
- PACT program
- Other (Specify _____).

Qa8. What tasks do/did you perform in your work? (Check all that apply):

- One-on-one support
- Working on a treatment team
- Facilitating support groups →

Qa8a. What type of group(s)? _____ _____

- Teaching →

Qa8b. What do/did you teach? _____ _____.
--
- Transportation assistance
- Housing assistance
- Vocational assistance
- Helping people advocate for themselves
- Other (Specify _____).

Qa9. Do/did you work primarily with any of the following special populations?

- Parents/families*
- Youth*
- Older adults*
- Forensic*
- Chemical dependency*
- Physical disabilities*
- A cultural or ethnic group (Specify _____)*
- Other (Specify _____)*

Qa10. Do you have any additional certifications or special training that are relevant to your work as a Peer Counselor? (*specify*)

- Yes*
- No*



Qa10a. If yes, specify certifications or special trainings:

Qa11. On average, how many hours per week do/did you work?

_____ *Hours*

If less than 40 hours per week →

Qa11a. Do/did you have the option of working full-time?

- Yes*
- No*

Qa11b. What is/was your biggest barrier to working full-time? (Check only one):

- Mental health reasons*
- Physical health reasons*
- Lack of health benefits*
- Low wages*
- Administrators/managers*
- Potential loss of SSI/SSDI benefits*
- Not enough demand for services*
- Funding (no \$ available)*
- I am just not interested in working full time*
- Other _____*

Qa12. How much are/were you paid? This is to give us a general idea of the current pay range for Peer Counselors in the State of Washington.

___ Hourly at the rate of \$_____ per hour

___ Salary at the rate of \$_____ per Month

___ Salary at the rate of \$_____ per year

Qa13. Do/did you receive benefits from your employer?

- Yes
- No (Skip to Qa15).

Qa14. Which of the following benefits do/did you receive from your employer? (Check all that apply):

- Medical Insurance
- Dental Insurance
- Retirement
- Disability Insurance
- Paid Vacations
- Paid Sick Leave

- Other (Specify _____)

Qa15. Do/did feel you have opportunities for advancement/promotion at the place you work(ed)?

- Yes
- No

Qa16. In your current/former work place, do you/did you have any training opportunities to further your knowledge and skills as a Peer Counselor?

- Yes
- No

→ Qa16a. If yes, what training have you received?

Qa17. Are/were there other paid Peer Counselors on staff at the place where you work(ed)?

- Yes
- No



Qa17a. If yes, how many? _____

Now I have a few questions about how you feel about your job.

Qa18. I am/was satisfied with my work:

- Always
- Mostly
- Somewhat
- Not at all

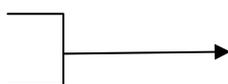
Qa19. The greatest reward from my work is/was (*check one*):

- The money
- Helping others
- Having something to do
- Helping my own recovery

- Other (Specify _____).

Qa20. Do/did you feel respected in the workplace by mental health clinicians?

- Frequently
- Sometimes
- Rarely
- Never



Q20a. Why not? _____

Qa21. Do/did you have conflicts with the mental health clinicians in your work place?

- Frequently
- Sometimes
- Rarely

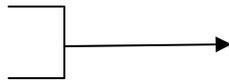


Qa21a. Why? _____

Never

Qa22. Do/did you feel supported in your work place?

- Frequently*
- Sometimes*
- Rarely*
- Never*



Qa22a. Why not? _____

Qa23. Are there regular meetings in your area specifically to bring together consumers who are employed in order to support one another?

Yes

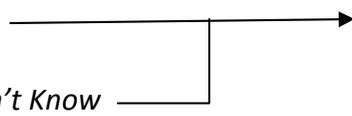


Qa23a. If Yes, have you ever attended these?
 Yes (continue to Q23b)
 No (skip to Q24)

Qa23b. If Yes, were they helpful?
 Yes
 No

No

Don't Know



Qa23c. If No or Don't Know, would you be interested in attending such a group if one existed?
 Yes
 No

Qa24. Do/did you feel you utilize(d) your personal experiences with mental illness and recovery in the course of your daily work responsibilities?

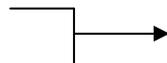
- Frequently*
- Sometimes*
- Rarely*
- Never*



Qa24a. Why not? _____

Qa25. Being a Peer Counselor is what you expected it to be:

- Strongly agree*
- Agree*
- Disagree*
- Strongly Disagree*



Qa25a. Why not? _____

Qa26. Do you feel that the state-approved Peer Counselor certification training prepared you adequately for your role as a Peer Counselor?

- Strongly agree*
- Agree*
- Disagree*
- Strongly Disagree*



Qa26a. Why not? _____

Qa27. Now that you have been working in the field as a Peer Counselor, are there areas you feel you need more training?

- Yes*
- No*



Qa27a. If yes, what? _____

Qa28. I expect to remain a Peer Counselor (check one):

- For the rest of my career*
- For at least the next 3 years*
- Only for the next year or so*
- Until something else comes along*
- I am no longer interested in working as a Peer Counselor*

- Other* _____

Finally, we would like to ask you some questions about your interest in future resources.

Qa29. There has been some discussion about offering an online resource that would help connect certified Peer Counselors with potential employers in their area. Would you like to be contacted if this resource is developed?

- Yes*
- No*

Qa30. Would you be interested in receiving additional training or continuing education in topics relevant to Peer Counselors?

- Yes*
- No*



Qa30a. If yes, what sort of training would be valuable? _____ _____
--

Qa31. Do you have any other comments you would like to make about your experience with the Peer Counselor program in Washington State?

Qa32. Have you done volunteer work since your Peer Counselor training?

- Yes* (Please proceed to the Volunteer Module D)
- No* (Please proceed to the Volunteer Module E)

Module B
Non-Peer Counselor Employment

Qb1. Are you currently employed?

- Yes
- No



Qb1a. Why did you leave your last employment?

- I left involuntarily (I was fired or laid off)
- I left voluntarily (why? _____

_____).

Qb2. Are you still interested in working as a Peer Counselor at some point?

- Yes
- No

Qb3. Since you are not now working as a Peer Counselor, do you feel that you are using the skills you learned at the Peer Counselor training in another capacity?

- Yes
- No



Qb3a. If Yes, How are you using these skills?

If you are currently employed, please answer the following questions based on your current job.

If you were previously employed but are not now employed, please answer questions based upon your most recent paid position.

Qb4. How long have you worked in your current/former position?

Years _____ Months _____

Qb5. What is/was your job title? _____.

Qb6. Please provide a detailed description of your job. In other words, please tell us what you do/did at work.

Qb7. In your job check any of the following that describes the program in which you work or worked?:

- Case management
- Day support
- Inpatient
- Vocational rehabilitation (focused on work)
- Supported education (helping people with school)
- Independent peer support program
- Therapeutic recreation/socialization program
- Drop-in center
- Clubhouse
- PACT program
- NONE OF THE ABOVE

Qb8. What tasks do/did you perform in your work? (Check all that apply):

- One-on-one support
- Working on a treatment team
- Facilitating support groups
- Teaching
- Transportation assistance
- Housing assistance
- Vocational assistance
- Helping people advocate for themselves
- NONE OF THE ABOVE

Qb8a. What type of group(s)? _____

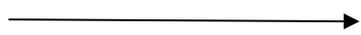
Qb8a. What do/did you teach? _____
_____.

Qb9. Do/did you work primarily with any of the following special populations?

- Parents/families*
- Youth*
- Older adults*
- Forensic*
- Chemical dependency*
- Physical disabilities*
- A cultural or ethnic group (Specify _____)*
- NONE OF THE ABOVE*

Qa10. Do you have any additional certifications or special training that are relevant to your work as a Peer Counselor? (*specify*)

- Yes*
- No*



Qa10a. If yes, specify certifications or special trainings:

Qb11. On average, how many hours per week do/did you work?

_____ *Hours*

If less than 40 hours per week →

Qb11a. Do/did you have the option of working full-time?

- Yes*
- No*

Qb11b. What is/was your biggest barrier to working full-time? (Check only one):

- Mental health reasons*
- Physical health reasons*
- Lack of health benefits*
- Low wages*
- Administrators/managers*
- Potential loss of SSI/SSDI benefits*
- Not enough demand for services*
- Funding (no \$ available)*
- I am just not interested in working full time*
- Other _____*

Qb12. How much are/were you paid? This is to give us a general idea of the current pay range for Peer Counselors in the State of Washington.

___ Hourly at the rate of \$_____ per hour

___ Salary at the rate of \$_____ per Month

___ Salary at the rate of \$_____ per year

Qb13. Do/did you receive benefits from your employer?

- Yes
- No (Skip to Qb15).

Qb14. Which of the following benefits do/did you receive from your employer? (Check all that apply):

- Medical Insurance
- Dental Insurance
- Retirement
- Disability Insurance
- Paid Vacations
- Paid Sick Leave

- Other (Specify _____)

Qb15. Do/did feel you have opportunities for advancement/promotion at the place you work(ed)?

- Yes
- No

Qb16. In your current/former work place, do you/did you have any training opportunities to further your knowledge and skills?

- Yes
- No

Qb16a. If yes, what training have you received?

Qb17. Are/were there paid Peer Counselors on staff at the place where you work(ed)?

- Yes
- No

Qb17a. If yes, how many? _____

Now I have a few questions about how you feel about your job.

Qb18. I am/was satisfied with my work:

- Always
- Mostly
- Somewhat
- Not at all

Qb19. The greatest reward from my work is/was (*check one*):

- The money
- Helping others
- Having something to do
- Helping my own recovery

- Other (Specify _____).

Qb20. Do/did you feel respected in the workplace by your co-workers?

- Frequently
- Sometimes
- Rarely
- Never

Qb20a. Why not? _____

Qb21. Do/did you have conflicts with other co-workers in your work place?

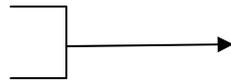
- Frequently
- Sometimes
- Rarely

Qb21a. Why? _____

Never

Qb22. Do/did you feel supported in your work place?

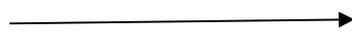
- Frequently*
- Sometimes*
- Rarely*
- Never*



Qb22a. Why not? _____

Qb23. Are there regular meetings in your area specifically to bring together consumers who are employed in order to support one another?

Yes



Qb23a. If Yes, have you ever attended these?

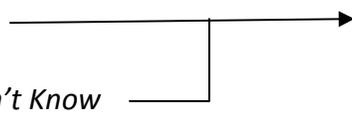
- Yes*
- No (skip to Qb24)*

Qb23b. If Yes, were they helpful?

- Yes*
- No*

No

Don't Know

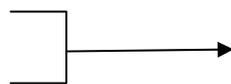


Qb23c. If No or Don't Know, would you be interested in attending such a group if one existed?

- Yes*
- No*

Qb24. Do/did you feel you utilize(d) your personal experiences with mental illness and recovery in the course of your daily work responsibilities?

- Frequently*
- Sometimes*
- Rarely*
- Never*

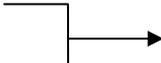


Qb24a. Why or why not? _____

Qb25. Using peer counselor skills is what you expected it to be:

Strongly agree

Qb25a. Why not? _____

- Agree*
 - Disagree*
 - Strongly Disagree*
- 

Qb26. The Peer Counselor certification training prepared you adequately for your role in the workforce:

- Strongly agree*
 - Agree*
 - Disagree*
 - Strongly Disagree*
- 
- Qb26a. Why not? _____

Qb27. Now that you have been working in the field, are there areas you feel you need more training?

- Yes*
 - No*
- 
- Qb27a. If yes, what? _____

Qb28. If you had a choice, would you like to be a Peer Counselor (check one):

- For the rest of my career*
- For at least the next 3 years*
- Only for the next year or so*
- Until something else comes along*
- I am no longer interested in working as a Peer Counselor*
- Other* _____

Finally, we would like to ask you some questions about your interest in future resources.

Qb29. There has been some discussion about offering an online resource that would help connect certified Peer Counselors with potential employers in their area. Would you like to be contacted if this resource is developed?

- Yes
- No

Qb30. Would you be interested in receiving additional training or continuing education in topics relevant to Peer Counselors?

- Yes
- No



Qb30a. If yes, what sort of training would be valuable? _____ _____
--

Qb31. Do you have any other comments you would like to make about your experience with the Peer Counselor program in Washington State?

Qb32 . Have you done volunteer work since your Peer Counselor training?

- Yes (Please proceed to the Volunteer Module D)
- No (Please proceed to the Volunteer Module E)

Module C
Non-Employment

Qc1. Can you share why you haven't worked since completing the Peer Counselor training?

- Did not want to work.*
- Wanted to work but could not find a job.*
- Wanted to work but have poor physical health and was not able to work.*
- Wanted to work but have mental health problems and was not able to work.*
- Wanted to work but risked losing SSI/SSDI benefits.*

- Other reason(s) _____.*

Qc2. Are you still interested in working as a Peer Counselor at some point?

- Yes*
- No*

Qc3. Since you are not now working as a Peer Counselor, do you feel that you are using the skills you learned at the Peer Counselor training in another capacity?

- Yes*
- No*



Qa3. If Yes, How are you using these skills? _____ _____ _____

Qc4. Are there regular meetings in your area specifically to bring together consumers who are employed or want to be employed in order to support one another?

Yes →

Qc4a. If Yes, have you ever attended these?

Yes (continue to Q31b)
 No (skip to Q31)

Qc4b. If Yes, were they helpful?

Yes (skip to Q32)
 No (skip to Q32)

No →

Don't Know →

Qc4c. If No or Don't Know, would you be interested in attending such a group if one existed?

Yes
 No

Qc5. Do/did you feel you utilize your personal experiences with mental illness and recovery in the course of your daily living?

- Frequently
- Sometimes
- Rarely
- Never



Qc5. Why or why not? _____

Qc6. Becoming a Peer Counselor is what you expected it to be:

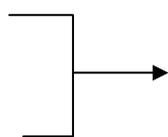
- Strongly agree
- Agree
- Disagree
- Strongly Disagree



Qc6a. Why or why not?

Qc7. The Peer Counselor certification training prepared you adequately for your role in obtaining employment:

- Strongly agree*
- Agree*
- Disagree*
- Strongly Disagree*



Qc7a. Why or why not?

Qc8. Are there areas you feel you need more training?

- Yes*
- No*



Qc8a. If yes, what? _____

Qc9. If you had a choice, would you like to be a Peer Counselor (check one):

- For the rest of my career*
- For at least the next 3 years*
- Only for the next year or so*
- Until something else comes along*
- I am no longer interested in working as a Peer Counselor*

- Other* _____

Finally, we would like to ask you some questions about your interest in future resources.

Qc10. There has been some discussion about offering an online resource that would help connect certified Peer Counselors with potential employers in their area. Would you like to be contacted if this resource is developed?

- Yes
- No

Qc11. Would you be interested in receiving additional training or continuing education in topics relevant to Peer Counselors?

- Yes
- No



Qc11a. If yes, what sort of training would be valuable? _____ _____
--

Qc12. Do you have any other comments you would like to make about your experience with the Peer Support program in Washington State?

Qc13. Have you done volunteer work since your Peer Counselor training?

- Yes (Please proceed to the Volunteer Module D)
- No (Please proceed to the Volunteer Module E)

Module D Volunteering

Qd1. Are you currently doing volunteer work?

- Yes
 No



Qd1a. Why did you stop volunteering?

If you are currently volunteering, please answer the following questions based on your current volunteer position.

If you previously did volunteering but are not now, please answer questions based upon your most recent volunteer position.

Qd2. On average, how many hours per month do/did you work as a volunteer?

_____ Hours

Qd3. Please describe the work you do as a volunteer.

Qd4. Why do you choose to work as a volunteer? (*check all that apply*)

- I prefer volunteering because it offers more flexibility.*
- I am only working as a volunteer or until I can find stable paid employment.*
- I have a regular job and choose to work as a volunteer in my spare time.*
- I have a passion for the work and find it rewarding.*

Other(explain) _____

Qd5. I am satisfied with my volunteer work:

- Always*
- Mostly*
- Somewhat*
- Not at all*

Qd6. The greatest reward from my volunteer work is (check one):

- Helping others*
- Having something to do*
- Helping my own recovery*

- Other (Specify _____).*

Qd7. As a volunteer, have you had any training opportunities to further your knowledge and skills as a peer counselor?

- Yes*
- No*

Qd7a. If yes, what training have you received?

Qd8. Do you feel you utilize your personal experiences with mental illness and recovery in the course of your volunteer work?

- Frequently*
- Sometimes*
- Rarely*
- Never*

Qd8a. If not, why? _____

Qd9. Do you provide peer support services where you volunteer?

- Frequently*
- Sometimes*
- Rarely*
- Never*

Qd9a. If not, why? _____

Qd10. Do you feel supported where you volunteer?

- Frequently*
- Sometimes*
- Rarely*
- Never*



Qd10a. If not, why? _____

Qd11. Do you have any other comments you would like to make about your experience as a volunteer in Washington State?

Please Proceed to Module E

Module E

Demographics

Finally, we have some questions about you. Please be assured that the responses you give to these questions will only be used when comparing the responses of all the people we interview, not to identify you specifically. Your individual responses will be kept strictly confidential.

Qe1. What county do you live in? _____

Qe2. Are you a consumer, family member of a consumer, or both?

- Consumer
- Family member
- Both a consumer and a family member of a consumer

Qe3. Are you:

- Female
- Male

Qe4. What is the race or ethnic group you most consider yourself belonging to?

- Native American or Alaskan Native
- Asian or Oriental
- African American or Black
- Hispanic or Latino
- White, non-Hispanic
- Pacific Islander
- Other [What race/ethnicity do you most consider yourself? _____]

Qe5. What was the highest grade that you completed?

_____grade

Qe6. Which of the following age category do you belong?

- Under 20
- 20 to 29
- 30 to 39
- 40 to 49
- 50 and older

Qe7. Are you aware of the *Healthcare for Workers with Disabilities* (Medicaid Buy-In) program?

- Yes
- No

Qe7a. If Yes, are you participating in the program now?

- Yes
- No (SKIP to Qe8)

Qe7b. If Yes, are you participating in the program as a way to maintain Medicaid benefits while working?

- Yes
- No

To end, we have a few questions about your thoughts about mental illness in general. For the following question answer whether you strongly agree, somewhat agree, somewhat disagree or strongly disagree:

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly Disagree
Qe8. All people with serious mental illness are capable of leading meaningful and productive lives.	1	2	3	4
Qe9. Most people with a serious mental illness will remain in the mental health system for the rest of their lives.	1	2	3	4
Qe10. Most people with a serious mental illness will be able to greatly increase their involvement in the community.	1	2	3	4
Qe11. Most people with a serious mental illness will be able to function well in the community.	1	2	3	4

Qe12. The idea of full recovery from a mental illness like schizophrenia is a myth.	1	2	3	4
Qe13. Most people with a serious mental illness will need to be hospitalized again in the future.	1	2	3	4
Qe14. Most people with a serious mental illness will remain pretty much as they are now.	1	2	3	4
Qe15. Most people with a serious mental illness can sustain work that enables them to be economically self-sufficient.	1	2	3	4

Thank You!!

APPENDIX B

We Need Your Help Letter



The Washington Institute
 The University of Washington
 9601 Steilacoom Boulevard SW
 Tacoma, Washington 98498-7213

WE NEED YOUR HELP!

Date

First Last

Address

City, State Zip

(area) phone

Surveyors from the University of Washington have been asked by the Washington State Mental Health Transformation Project to talk with you about your experiences since receiving **Peer Counselor training**. We want to find out about your work and if you have found the training useful. What you say to us may help us improve the training. We would like to talk to you over the telephone. The interview will take from 15-25 minutes depending on how much you have to say.

One of our telephone interviewers will call you over the next few weeks and remind you that we sent this blue colored letter. That's how you will know it is one of our interviewers who is calling. If our interviewer calls at an inconvenient time, ask them to call back later. If you have any special needs that make a telephone interview difficult, let your interviewer know and we will make special arrangements. *If the telephone number shown below is not correct, please call toll-free to the number provided in the box below and give us your current telephone number.* You may also call this number if you have any questions or comments. What you have to say is important to us.

You don't have to take part in the interview if you don't want to, but we hope you will. If you don't wish to participate, just call the number in the box below and tell them, or tell the interviewer when they call. You may also stop the interview at any time and not answer any questions that you do not want to answer. Nothing will happen to you if you decide not to take part.

The information you give us during the interview is confidential and your name will not be associated with the information you provide.

Is this your correct phone Number? (area) phone

Thanks for Your Help,



Dr. Dennis McBride
 Project Director

*Please call us **toll-free 1-866-538-7611** with any questions or to ask that we not include you in our survey. When calling, please use the following number, so that we can access your record quickly: **PID***

APPENDIX C

Responses to Open-Ended Questions

Number	Question	Response
16	Q3a	Use of experience qualified me.
150	Q3a	I was Grandfathered in took the test
234	Q3a	it grandfathered in due to meeting the various criteria
280	Q3a	I took an exam several years ago and was grandfathered into the program; I never rec'd. the training as it exists now.
393	Q3a	Didn't do training, was grandfathered in.

Number	Question	Response
170	Q4a_O1	I have to many physical problems to overcome right now
190	Q4a_O1	Too complicated and the oral exam was not fair. And could not ask questions. And tough if you don't know the abbv.
210	Q4a_O1	lack of interest
239	Q4a_O1	I don't have the time to retake the training
297	Q4a_O1	Only if they have the test over here.
344	Q4a_O1	Having some physical problems and cannot do it right now

Number	Question	Response
19	Q5A_why?	Several family emergencies that prevented me from taking the exam
142	Q5A_why?	Financial reasons
227	Q5A_why?	I've had five major life changing events.
281	Q5A_why?	in the process of moving
299	Q5A_why?	Haven't been able to get transportation to get to where you take it.
328	Q5A_why?	Had eye surgery
330	Q5A_why?	I'm waiting for the weather to get better, I wish there was test site closer.
378	Q5A_why?	Money
409	Q5A_why?	Have been out of state
436	Q5A_why?	Transportation
446	Q5A_why?	Missed one test due to snow, been having trouble getting transportation to test location.

Number	Question	Response
6	Q6A_O1	Still waiting for it in the mail.
44	Q6A_O1	I need to send in my finger prints
47	Q6A_O1	They need more specific information, which I don't understand about. They need me to go the courthouse and get specific information about each case in my history.
60	Q6A_O1	current job does not require it, if it was less expensive I would do it.
64	Q6A_O1	Mental Health division asked me to wait till Dept. Health has put us on hold as the law is changed no registration for peer councilors so I must

		wait.
77	Q6A_O1	I was told to take law and ethics course through my work, compliance officer said it wasn't good enough. They didn't grant me an extension, permanently suspended my license.
78	Q6A_O1	thought laws had changed so didn't apply because i thought it required a MSW.
120	Q6A_O1	Just sent in the forms as of late.
132	Q6A_O1	don't know how and just haven't gotten around to it
154	Q6A_O1	too much money and no work availability
157	Q6A_O1	I couldn't get employed or use it here. I just didn't follow through.
162	Q6A_O1	No point in getting it since there are not enough jobs.
167	Q6A_O1	I did, but I let it go since I was moving to Ohio.
176	Q6A_O1	just didn't seem useful
177	Q6A_O1	don't know
189	Q6A_O1	Just received letter that he passed the test and is currently going through the process with DOH to apply.
194	Q6A_O1	I don't have the money to register as a counselor, but I plan to soon.
216	Q6A_O1	I had it
238	Q6A_O1	Just received the papers, haven't sent them in yet.
242	Q6A_O1	They sent my paperwork to a wrong address, but now I just got the paperwork in.
246	Q6A_O1	Just been sick.
267	Q6A_O1	need more info for my background check and haven't had time to get the rest
279	Q6A_O1	HIV 4hr. class and I need a signature for sponsor.
284	Q6A_O1	It is going to change in June, so why pay for a bag of air?
312	Q6A_O1	I had arrangements to work off the fee, once completing the work, the fee had gone up and now they are holding the application
323	Q6A_O1	I was being pressed for charges by the secretary of health of WA for applying for a counselor license, since I had criminal records. I sent in needed documents for clearance. I was cleared last year, but set it aside due to financial hardship.
329	Q6A_O1	expired and it's too expensive
338	Q6A_O1	Waiting on the paperwork since I took my time sending them in.
361	Q6A_O1	I didn't get it, but I don't know how to since I was a felon.
371	Q6A_O1	I sent in all my registration documents, but I never got anything back from them. That was 2 years ago. They told me to re-register again. Not able to since it's a little expensive now than before.
388	Q6A_O1	it is hard for me to get around
394	Q6A_O1	it expired
401	Q6A_O1	I have another job and I haven't had another opportunity to work in this field.

Number	Question	Response
13	Q7B_O1	Expired and haven't renewed it.
129	Q7B_O1	Has not been paid for.
186	Q7B_O1	I am not working as a peer counselor
245	Q7B_O1	Because it requires a \$130.00 fee and a form that I don't have.
317	Q7B_O1	I don't have the certificate; I don't know who to talk to or nothing.
374	Q7B_O1	I wasn't able to renew certification.
430	Q7B_O1	passed test and am awaiting certificate

Number	Question	Response
32	QA1A_O1	I was unable to get paid, filed a grievance, was paid , she lost her funding (TRIP) and she laid me off
132	QA1A_O1	left for another job in the field but not as a peer counselor
144	QA1A_O1	To pursue grad studies.
186	QA1A_O1	I was promoted to other positions
199	QA1A_O1	Lack of funds.
214	QA1A_O1	I didn't like the politics of the place.
241	QA1A_O1	Due to family circumstances.
291	QA1A_O1	I broke my wrist.
334	QA1A_O1	I went to work as a mental health specialist
442	QA1A_O1	Promoted to a higher position.

Number	Question	Response
13	QB1A_O1	Because I had an episode and full time work wasn't for me. Just too much for me.
120	QB1A_O1	To travel.
206	QB1A_O1	mutual agreement - car dealership not making sales
283	QB1A_O1	Physical and Medical problems
375	QB1A_O1	I became depressed due to the med change, I took some time off. I decided to quit entirely.
389	QB1A_O1	I moved to Denver to go to school.
399	QB1A_O1	due to issues with supervisors and loss of benefits such as SSI/SSDI

404	QB1A_O1	Scheduling problems with her and boyfriend's work
-----	---------	---

Number	Question	Response
32	QA3A	Peer center in Mt. Vernon as NAMI support groups gave support with empowerment, listened, and gave encouragement.
59	QA3A	just dealing with life, dealing with people
72	QA3A	I can help other people find food or shelter, anything they need, treatment.
77	QA3A	To work with people with dual diagnosis, hooking people up with services, incorporating in my case management.
81	QA3A	When I run into ones I counseled before they sit down and talk to me.
101	QA3A	I help people with their medical applications, housing applications, anybody that needs help from the Rainbow center. I'm available to help people mostly with benefits and just to listen.
119	QA3A	I use them every day as I listen to friends and give them guidance.
132	QA3A	the people I deal with have mental health issues and co-occurring disorder
144	QA3A	Valuable to focus my perspective in client base, been very helpful to me. Worked in previous job.
186	QA3A	I'm in the pact team
199	QA3A	As a volunteer peer counselor.
214	QA3A	I am a member and volunteer at the Rising Sun Club House. I use my skills there.
241	QA3A	I do parent ed.
334	QA3A	right now I have been allowed to do a peer support group and help other patients
335	QA3A	I work with the people here around in the complex, just volunteer like the 2 months I was working in comprehensive mental health.
348	QA3A	I drive for Catholic Community Services, I use the skills with folks who get mentally sick.
423	QA3A	helping friends
442	QA3A	The knowledge of recovery and group facilitation I share on a daily basis. I encourage other parents to become peers.

Number	Question	Response
7	QB3A	using them in NAMI
9	QB3A	I counsel people
13	QB3A	Use it with NAMI, helped me with my stability.
26	QB3A	As a volunteer.
28	QB3A	I am using in them in RSN in the Regional Advisory Board. I volunteer at a certified clubhouse
29	QB3A	Simple things, like not getting upset with my mother when I have told her the same thing several times.

33	QB3A	living life, helping people around me
41	QB3A	I help people with their housing, fill out forms, set up appointments. My communications skills are better.
48	QB3A	Interact with patient all the time. I try to practice my listening skills and understanding as much as I can.
49	QB3A	I use them with my daughter, with personal and business interactions
62	QB3A	By revealing my story.
64	QB3A	assistance @ support for Families with children/at risk
69	QB3A	I work with another therapist outside my job as a peer counselor. As part of job, I work in the psychiatric department in Children's Hospital, I work with parents.
71	QB3A	I work for the school district with special ed students and the general population of students too.
75	QB3A	For self care to keep myself well. Listening to friends and family.
76	QB3A	The working knowledge and the vocabulary I have been doing all along as a natural.
78	QB3A	do online consultations
83	QB3A	The peer counselor training allowed me to feel employable and confident. All the things I learned from counseling translates to my current job.
86	QB3A	I'm still married
91	QB3A	I work as a case aide. I use every day
93	QB3A	I find it helpful when it comes to listening
97	QB3A	I'm using everything that I learned to work with the clientele. I am implementing everything that I learned.
103	QB3A	I work with families who are homeless, just the basic skills of communication.
104	QB3A	currently doing addiction counseling as a CDP
120	QB3A	I'm a psychology student at SU, a lot of what I learned applies to the whole unconditional approach of peer counseling, respecting my peer's ideas, hearing people out. Really helps me overall with my communication among my peers.
129	QB3A	Dual recovery group.
140	QB3A	help out friends
143	QB3A	Because I run a social service program. I use these skills in my job.
145	QB3A	With active listening skills with the client with the communication skills and empowerment skills.
157	QB3A	I used it in my job when I worked with families. I used it as a referral source for families.
159	QB3A	Communication skills, I work with people with physical disabilities. I use the same skills and tools you would in the mental health.
168	QB3A	I'm most recently used it while working with my daughter who went through a severe mental/emotional breakdown who eventually went into the hospital. She came out worse and I knew that my Peer Counseling training was working. I became more stable with my wellness plan when there was a mix up with my medication (bi-polar).
169	QB3A	helping students to become more self sufficient
175	QB3A	the skills come into play in everyday life

176	QB3A	more awareness, rights, terms
198	QB3A	I work with individuals in the mental health system. I apply my skills on a day to day basis.
203	QB3A	I am a mental health counselor, as a peer support counselor it's the same arena.
206	QB3A	I volunteer with the homeless in the city of Olympia
213	QB3A	volunteer work
220	QB3A	Day to day life.
229	QB3A	administrative job in MH
230	QB3A	I work as a house manager for a clean and sober house and I have to use peer counseling training in daily life and have a job lined up as a peer councilor.
238	QB3A	use it socially here and there
240	QB3A	I am a mental health Ombuds; I work with individuals in the mental health system. Lot of advocacy and listening. I have my bachelors in social work.
269	QB3A	I learn how to take my experiences and use those to help and understand clients that I have.
276	QB3A	I learned stuff there that enhanced my job.
278	QB3A	more effective way to communicate with people
283	QB3A	Working with other alcoholics.
290	QB3A	Working with developmentally disabled.
302	QB3A	I deal with 60 people in a daily basis that are dual diagnosed.
308	QB3A	Because I go to a mental health day treatment program. Dealing with the clients.
316	QB3A	home health care, mediating, teaching non violent comm. Skills
323	QB3A	For effective communication dealing with people in society. Life on life terms. All in all I have better self confidence as a consumer.
330	QB3A	My job, I work inpatient residential and inpatient treatment.
336	QB3A	I am using them to better understand myself and my friends and family. I understand the complexity of mental health as a whole.
342	QB3A	I coordinate peer counseling for Clark Co. regional support council. I help people become peer support and am support for them
363	QB3A	with the listening
367	QB3A	I use it intuitively.
373	QB3A	I volunteer at CVAP I teach yoga, meditation, music - reading enjoyment at the center as well. In June will start a DBT skills support group for those who have been thru a DBT training and creating a CVAP course as well.
378	QB3A	With the consumers at the mental hospital where I work.
381	QB3A	I work with Indian child welfare kids and am a peer councilor with them
386	QB3A	People effected with mental health in ministry functions. better listener and not judge
389	QB3A	When I do get chances to do counseling, I've been using it.
390	QB3A	I'm doing peer support counseling full time.
401	QB3A	I do counseling at my church.
404	QB3A	I have a 15 year old sister. I am the oldest
409	QB3A	everyday life

410	QB3A	job is as a MH ombuds
432	QB3A	helping with grief counselor, drug
434	QB3A	My job that I have now is called family support. I use a lot of those skills I learned there.
440	QB3A	I use them as a case manager and as a volunteer
451	QB3A	Skills are handy dealing with emotions of survey respondents; Contribute to Advisory Board for RSN.
452	QB3A	Encourage others to be peer counselors - also train -

Number	Question	Response
4	QA5	Peer Support Specialist
6	QA5	Certified Peer Counselor
12	QA5	Peer Counselor
14	QA5	Peer Support Specialist
16	QA5	Certified. Peer Counselor
32	QA5	Peer Councilor
34	QA5	Peer Supports Services Coordinator
35	QA5	certified peer counselor
40	QA5	Peer Counselor
45	QA5	peer support counselor PACT team
46	QA5	Peer Councilor
51	QA5	Vocational Peer
55	QA5	program asst
59	QA5	Behavioral Health Aide
60	QA5	community support specialist
63	QA5	Peer Support Specialist
68	QA5	Certified Peer Support Specialist
72	QA5	Peer support specialist
77	QA5	Certified Peer Support specialist
80	QA5	Certified Peer Support Specialist, Mental Health Intensive Case Management Staff
81	QA5	President of non-profit organization.
89	QA5	Peer Support Specialist
92	QA5	Peer Counselor/Peer Support
95	QA5	Peer Counselor
96	QA5	Certified Peer counselor and Drop In Coordinator.
99	QA5	Parent coordinator
101	QA5	Peer Support Lead
113	QA5	Peer Specialist
118	QA5	peer support counselor
119	QA5	Adult peer support
122	QA5	Employment specialist
126	QA5	cert. peer counselor

128	QA5	cert peer support specialist
132	QA5	attendant counselor 3
134	QA5	don't know
135	QA5	assistant director of training resource purposes (TRIP)
136	QA5	peer specialist
138	QA5	Community Peer Support Specialist
139	QA5	Peer Support Specialist
144	QA5	family advocate
150	QA5	Case Manager/Peer Councilor
158	QA5	peer specialist
165	QA5	Parent Partner
166	QA5	Peer Support Specialist
174	QA5	peer support spec
180	QA5	peer support counselor
183	QA5	Peer Support Specialist
185	QA5	Engagement Specialist
186	QA5	chemical dependency specialist
188	QA5	Peer Counselor
193	QA5	Peer Specialist
199	QA5	Peer Counselor
200	QA5	benefits planner
214	QA5	Peer Counselor
218	QA5	Parent Partner
219	QA5	A behavioral health aid.
221	QA5	Answer crisis line and work at crisis house.
234	QA5	executive director
236	QA5	Clinical Research Spec. is job title. peer coach
241	QA5	Peer Counselor.
244	QA5	Family support specialist
248	QA5	certified peer support spec.
252	QA5	payee peer assistant
260	QA5	Certified Peer Counsler
261	QA5	Crisis Intervention Specialists
267	QA5	crisis services peer counselor
270	QA5	Certified peer counselor
280	QA5	Peer Support Specialist
291	QA5	Peer Counselor
294	QA5	Peer Specialist
295	QA5	peer support specialist/social services specialist
298	QA5	Community Support Specialist
307	QA5	Peer counselor life skills facilitator
315	QA5	Peer Support Counselor
318	QA5	Peer Counselor
319	QA5	Parent Partner Certified Peer Counselor
321	QA5	behavioral health counselor
322	QA5	community support specialist
329	QA5	Peer support person

334	QA5	mental health specialist
335	QA5	Peer Counselor
340	QA5	Peer Counselor
346	QA5	Peer Counselor for Lords Pact.
348	QA5	Clubhouse facilitator
362	QA5	Team Lead
364	QA5	Peer Support Specialist
368	QA5	Peer Specialist
370	QA5	Certified Peer Counselor
380	QA5	Mental Health Skills Group Teacher and Co-Facilitator
383	QA5	club house coordinator
384	QA5	Peer Counselor
392	QA5	Peer Support Counselor
393	QA5	Family Assistance Specialist
396	QA5	Community Support Specialist
398	QA5	parent partner
405	QA5	Youth educator
408	QA5	Employment Support
415	QA5	Peer Specialist
418	QA5	Peer Support Specialist
420	QA5	Peer advocate
423	QA5	peer counselor
433	QA5	Peer specialist in the resource room at sound mental health
441	QA5	Peer Support Sp.
442	QA5	Family Assistant Specialist. Parent Partner.
443	QA5	Peer Specialist/Case Manager
448	QA5	certified peer support
453	QA5	Parent Coordinator/Peer Counselor

Number	Question	Response
2	QB5	Secretary
7	QB5	Registered Nursing Assistant
9	QB5	counselor
13	QB5	Field Manager
26	QB5	Self-employed as a nail technician.
28	QB5	Custodian of the Church
29	QB5	Home day care provider
33	QB5	Artesian
41	QB5	Peer Advocate
48	QB5	Mental Health Helper
49	QB5	Resident Manager
61	QB5	Director of Parent Program
62	QB5	case manager
64	QB5	Family Support Specialist
69	QB5	Quality Specialist
71	QB5	Para educator
75	QB5	Home maker.
76	QB5	Handler and Maintenance
78	QB5	online psychic adviser
83	QB5	Housing Services Coordinator
86	QB5	care giver
91	QB5	case aide
93	QB5	ex. Director
97	QB5	Program Director.
103	QB5	Family Advocate
104	QB5	Chemical Dependency counselor
116	QB5	youth outreach
120	QB5	Video game tester for XBOX.
129	QB5	Custodian
140	QB5	Gate keeper for the church
143	QB5	Case Manager. Program Director.
145	QB5	Office Manager and Substitute Nurse.
157	QB5	Director for Elementary Religious Education
159	QB5	Rehabilitation Aide
168	QB5	Assistant Telephone Researcher
169	QB5	co-instructor and contracted position eastern state hospital
175	QB5	Retail
176	QB5	mental health screener
192	QB5	Family Advocate
198	QB5	Peer support worker
203	QB5	Mental Health Case Manager, Mental Health Specialist 1
206	QB5	Car Salesmen
213	QB5	admin assistant
220	QB5	Appointment reminder clerk

229	QB5	Social Services Specialist/Quality Review Team
230	QB5	House manager
238	QB5	Courier
240	QB5	President, Owner of own business
269	QB5	Real Estate Agent
276	QB5	Mental Health Counselor
278	QB5	travel agent
283	QB5	Job Coach
290	QB5	Instructor for the developmentally disabled
302	QB5	Staff Lead
308	QB5	Girl Friday office worker.
316	QB5	home health care aide
323	QB5	Retail sales
330	QB5	Residential Facility Staff/Inpatient Intake Coordinator/Front Desk Receptionist/Transportation
336	QB5	Receptionist
342	QB5	Mental Health Recovery Coordinator.
363	QB5	Peer Advocate
367	QB5	Instructor
373	QB5	Surveyor
375	QB5	Caregiver
378	QB5	Cafe assistant
381	QB5	Indian Child Welfare Asst.
386	QB5	director/coordinator of my own ministry
389	QB5	Counselor
390	QB5	Peer Support Counselor
394	QB5	QRT
399	QB5	House Keeper/ Laundry Aid
401	QB5	client service representative
404	QB5	Americore member
409	QB5	massage therapist
410	QB5	ombuds specialist
432	QB5	UA tech
434	QB5	Family Support Specialist
436	QB5	Laundry worker for the Vancouver VA
440	QB5	Case Manager MSW
451	QB5	Interviewer/Research Assistant
452	QB5	Program coordinator

Number	Question	Response
4	QA6	I do peer support with people working on depression, bi-polar, anxiety, living skills, and community garden with clients. Groups and case management.
6	QA6	Work with clients and staff to regulate peer counseling needs within the organization that I belong to.
12	QA6	I do one on one counseling with people and I also help facilitate the operations of the clubhouse.
14	QA6	I work at a drop in center in Mount Vernon, WA. I work 16 hours a week and I'm mostly there to support the people that come in for mental health services.
16	QA6	Peer children and their families.
32	QA6	I led support groups for parents of special needs children, put on by WHYMART, attended connectors conference at Leavenworth. I led the campaign for T>R>I>P>for support groups.
34	QA6	I coordinate 7 Peer Counselors and over see work training program. Coordinate the computer lab and coordinate one on one peer counselor services.
35	QA6	I work with a number of clients at a community health agency helping them find resources in a number of areas.
40	QA6	Teach two classes a week, two AA groups a week, one on one, help in after hour emergencies, write in files.
45	QA6	Peer support counselor, take clients to appointments and teach them bus and life skills and get them active in their community.
46	QA6	I help with arts and craft, help them get clothing, talk about their issues, help find resources in community as housing and food, run a woman's group.
51	QA6	Model healthy behavior, help people with basic care, instill accountability, help to move forward and obtain work, access transportation. Social skills, problem solve.
55	QA6	I run a consumer lounge and that consist of helping homeless eat and take showers. I also do home visits and take people to appointments
59	QA6	Transport clients to medical appointments, take over counseling client when clinician can't do it, writing reports, progress notes
60	QA6	Mostly I help other people on computers and teach computer classes, computer basics, email, Microsoft office.
63	QA6	advocate for people, help them get service, food, classes, cooking, email
68	QA6	I go into homes of consumers or meet them in public. I am a peer support for the consumer or parents/families. Help them find local resources and become a self advocate. So they can feel needed/welcomed/valued.
72	QA6	I had to work with clients and staff. Help them communicate with them. I had to take them to appointments, doctor appointments, for legal staffs. I used a computer and did assessments.
77	QA6	Peer support counselor in PACT dealt with mentally ill people and meth amphetamine dependents.

80	QA6	Peer Counseling: Provide support and encouragement to my clients through my own life experiences and training. Mental Health Intensive Case Management: The same, just different funding grants. I do not interject my personal experiences.
81	QA6	Talk to people, warm-line, talked them down, counseled, talked them out of suicide.
89	QA6	I develop groups, I facilitate groups, I have one on one appointment with my peers.
92	QA6	I work helping get benefits for DSHS or Social Security Office (SSI) help them apply. Also I take them to the food bank. Some people don't have transportation, take them to grocery store. Take them on a walk or more social. Sometimes take them to doctor's appointment for a blood draw or those types of things.
95	QA6	I run a skills and I do individual one on one counseling. I write progress notes and reports. I maintain and do collaboration with mental health professionals. I collaborate in the interests and benefits of my patients.
96	QA6	I work clients in their transition from the street. Coping skills Hygiene skills use WRAP start a journal and find areas to progress in the future
99	QA6	I provide education. I help empower educate and connect families to community resources.
101	QA6	I had to make up outreach forms and in house support forms, taught a lot of information, used information to make reports to the county, to the United Way, so that they could understand what we were doing in the Rainbow Center. Justified the funding for what was being done at the Rainbow Center.
113	QA6	Go on peer outings with clinic clients. Discuss my personal story with the mental health system. Advocate for clients. Write up documentation for every client contact I have on a daily basis. Med monitoring and home visits with clients.
118	QA6	Assist case managers, community support, individual support, a little of everything. I am involved in budget sheets or payee things, I do everything else that the case mgr does.
119	QA6	I was first one through and they did not know what to do with me so for first 2 and a half months I sat and stared at the computer and the wall, I typed letters to client that were not showing up and was yelled at for every mistake as inverted numbers. Did get together with one client in a trial internship. Was sent on a chore that I was not authorized for.
122	QA6	Engage consumers who are not working but want to work, help define skills and strength, encourage to renew their dream, help ass. Skills, build resume, run peer employment support group, recommended by Dartmouth, cover barriers how to overcome, all aspects of employment. Also assist case managers who have difficulty communicating. Job develop with employers
126	QA6	work conf. focus on cultural sensitivity
128	QA6	WRAP fac. 3 times a week at 3 different places. orientation class (how to get around our agency) all the engagement phone calls, sit on committees, speak at conf. as a rep for the agency,
132	QA6	provide and life and soc. skills to people with developmental

		disabilities
134	QA6	leading wellness group on recovery
135	QA6	I facilitate 2 support groups; attend the IEP with parents, web master for TRIP. Done training on IEP and discipline, parent partner training.
136	QA6	Assisting peers who meet a specific criteria for our program, high utilizes of the king co jail, homeless in need of chemical dependency or mental health services and not eligible. Intake, and facilitate two focus group and provide resources.
138	QA6	Exactly what the peer support training is required.
139	QA6	I'm a group leader, along with I support peers. I work with clinicians and one on one with their clients. With high risk clients, I go to the hospital when necessary. I visit institutions, I inspire hope, help other clients identify their strengths and dreams to fulfill.
144	QA6	taught behavioral skills to children
150	QA6	Manage case load, run 2 groups,
158	QA6	Facilitate getting people enrolled in school, help people coordinate life i.e., food, clothing, jobs, etc. Also arrange events and outings.
165	QA6	I help parents with children with mental issues advocate for their child's rights, and help them through the system.
166	QA6	I work in Mental Health Drop-in where we have 50 to 90 peers per day. I answer phone, help with lunch, support to peers and know all their names, give help for volunteer position, provide comm. resources, lot of cleaning, etc.
174	QA6	lead groups for patients
180	QA6	Work at a club-house, working with members as individual and groups, work members with the WRAP program. Facilitate groups.
183	QA6	Work one on one with clients, helping them with resources, computer, housing, DSHS, and the homeless. Go between for client and case manager.
185	QA6	Primary job is a mental health case manager with a small part as a peer counselor.
186	QA6	I organize a co-occurring disorder group one on counseling I'm in med monitoring I do allot of case management work crisis intervention
188	QA6	I work with varied clients with mental issues, work with them in social situations, work with them in improving techniques, daily functions.
193	QA6	I'm involved in med deliver, forensic department, handle groups, one on ones with clients, I do backup office support.
199	QA6	We worked with some homeless people, we worked with people who have mental diagnosis, we provide a safe place for them to talk to us
200	QA6	help people get back to work and explain what will happen to their benefit check and how to hang on to their medical.
214	QA6	I listened to people and their daily struggles. I was able to relate and encourage them that there is hope.
218	QA6	I help parents find resources for their children. And provide encouragement for the parents.

219	QA6	I am a behavioral health aid. I go on out reaches for other case workers. Interim counseling. I am also a trainer facilitator. I also work at the drop in center. Basically I do social activity.
221	QA6	I answer the crisis line; write down name and information/nature of the crisis. If I need to get a hold of the DMHP I call them. At the crisis house I dispense meds and counsel people who are in crisis and spend time with them one on one.
234	QA6	9 people that report to me
236	QA6	Peer coach for Group Health. Study for people living with Bi-Polar disorder on an on-line group.
241	QA6	Case management.
244	QA6	I work with families with kids in the system. Kids in foster care. Give support with education and behaviors with the kids.
248	QA6	News letter for client positive peer .lead group, run consumer resource center, help with paperwork.
252	QA6	work at a column house teaching people life skills, help consumers budgeting,
260	QA6	see clients in office and outreach, counsel, take clients to appointments and other errands
261	QA6	I work with families that are in mental health crisis to prevent hospitalization. Work with families with action plan. Work with individuals with communication with family members.
267	QA6	answer crisis line
270	QA6	I work for Passages, through volunteers of America. I work with the adults with mental health issues. I essentially just meet the clients and make peer support service plans with the clients then we work toward the treatment goals.
280	QA6	I run a consumer tech center (comp. lab) I teach people comp. skills. I help them b/come computer literate, teach them about what a Web presence is, help them set up e-mail addresses and so forth, and I also teach them some job skills.
291	QA6	I called clients and talked to them about whatever they had on their mind. I gave suggestions sometimes for improving their lives. I made phone call reminders to clients about their appointments. Did consumer satisfaction surveys and wrote progress notes.
294	QA6	I work in standard supported housing as they come out of Western State, provide services to help live independent after getting them apt. run recover group, take to bus, and work alongside of a case manager, social worker, MHP. Peer is to relate to them as to my experience help take 1st steps in recovery, do paper work and encourage clients
295	QA6	PACT model, work with project manager with incoming referrals. Act as a consumer advocate, office work. Wrote consumer survey. Special Focus on support peer specialist that use PACT.
298	QA6	I provide peer support services at group settings, individual settings, help people find resources in the community, I help develop recovery groups, working with volunteers to develop and facilitate their own groups.
307	QA6	Co-facilitate the life skills program, teach basic skills, social skills, manner, etc.... offer peer support accessing stuff outside the agency.

315	QA6	I visited foster care parents/parents in their homes to help with organization and parenting, attending school meetings and taking notes.
318	QA6	I work with mentally ill individuals and I help them out with daily living skills and socialization.
319	QA6	I go in and role model. I help parents with difficult children. I go to school meeting, team meetings, juvenile court, DSHS, whatever the needs of the parent are at the time.
321	QA6	See people every day and do a class for WRAP, and crisis response.
322	QA6	Mental health recovery education and direct peer support, help with the drop-in center. Advocate
329	QA6	meet and greet, orientations, peer counseling services, general maintenance,
334	QA6	I work helping other patients, discharge plans, ask about their diagnosis remind patients to take meds, go to their appointments
335	QA6	I don't know what I was doing; I transported people to appointments, charted individual clients that I worked with.
340	QA6	Fulfill all duties of treatment coordinator, bring client from state housing. and orientate to community, supply tran, find housing and all needed, help cover team on PACK team, write treatment plans and on call plans
346	QA6	I usually provide peer counseling to our clients that are also receiving mental services. I tell my story and coping skills and do a lot of recovery oriented discussion. Every two weeks I do a peer to peer group where we discuss recovery and coping skills and things concerning self help.
348	QA6	Got clubhouse program going, supervised clients or the members, get the budget prepared every month, basically run the whole clubhouse program.
362	QA6	I do telephone, peer support, similar to a crisis line but it's not. It's for people to call before they're in crisis.
364	QA6	Case management, transporting clients to and from appointments, meetings, groups, etc... Pro-facilitating groups, one on one individual case management, a little bit of everything. Chemical dependency, mental health, personal experiences when appropriate, role modeling, advocacy.
368	QA6	I work 4 days a week, I work with 2 case managers, we run a group with developmentally delayed mental illness, Mon and Fri I cook a lunch for them, the other two days, Tues and Thurs, they have a store that sells pop or burritos, I'm in charge of the store. I basically help run the group and assigned to do paperwork. What I do is basically is take attendance who is there. I divide between the case managers and do a daily report and turn it in daily. We divide progress reports, between 3 case managers and me. I do progress notes on clients.
370	QA6	I informally counsel adults with chronic mental illness, run clubhouse, support services, socialization training.
380	QA6	One on one peer counseling. Facilitate where we teach life skills, recovery and resiliency skills and personal identification of the cycles of the students mental illness. We teach how to create a recovery plan and we do advocacy for the individual

		students for state and federal agencies. We teach the students self advocacy.
383	QA6	I am the director of our clubhouse
384	QA6	Provide peer counseling services when necessary. On call.
392	QA6	I work with parents of children who are clients of the children center. I work with parents to help them understand the mental issues of their children in their home.
393	QA6	I work for juvenile court for Clark County. I support parents who are raising a child with mental health disorder. We use our WRAPAROUND model.
396	QA6	I provide peer support, help with resources, help break stigma and give hope and can have better life.
398	QA6	Work with parents with different system; help navigate them in the mental health. help find resources, self advocate
405	QA6	I facilitate Youth and Adult Training in Mental Health field also Peer counseling trainer
408	QA6	I'm a peer that has disability and on social security and also certified as a benefits planner. To help people to find out their benefits, work incentives, how to keep their benefits. I run an employment support group and do a wide variety of things.
415	QA6	I support my peers in any area that they need support, whether it be housing, public transportation, doctor's appointment, learning to read. I also help in employment areas and I'm a very active listener.
420	QA6	help access housing and welfare forms, crisis intervention, appreciation board for the members, listening
423	QA6	saw clients, talked to ones that wanted to talk with other then the Dr.
433	QA6	I do computer training as needed. Help them with whatever resources they might need, such as job specialist, resumes, wrap.
441	QA6	It varies greatly 1st mentor with consumers, help with transportation, med. drops, also talk to families @support them, always looking for ways to net work as NAMI, I attend team meetings and I attend 3 meetings.
442	QA6	I worked with parents of children with mental health or behavioral issues in the juvenile court system. Helped parents find resources, accompanied them to appointments. Sat on their wrap around teams to make sure their voice was heard.
443	QA6	I do one on one with clients - checking in with them, how they're doing, doing an outing, helping them get IDs, benefits, grocery shopping, at night med monitoring. - case management stuff.
448	QA6	I do group, life skills wrap training peer support to encourage self advocacy travel training teach people how to get resources
453	QA6	In groups, and one on one with parents of children and youth with complex mental health needs

Number	Question	Response
7	QB6	I work for a company out of Lacey that I do in-home care for one patient who is in ventilator.
9	QB6	I am the counselor for domestic violence, put people thru anger management. also chemical dependency counseling
13	QB6	We were rolling out a support group system across the country. I met with NAMI organization in each state. I would round up people to do a training. In each training, we provided 2 trainings.
26	QB6	Manicurist, I do nails.
28	QB6	I worked do general custodial work.
29	QB6	Provide learning activities/experiences, work on behavior issues, with children.
33	QB6	I create things, beautiful things, things people need and want or just beautiful things to decorate people's lives.
41	QB6	I help make sure that the consumers are getting efficient and fair quality of help.
48	QB6	I do 15 and 30 min. rounds that involves checking each patient, assessing what their mood is and their activity. I help with meals. I help serve the meals and keep track of how much they eat. When patients come in, I go through their belongings to make sure there isn't anything dangerous. I assists patients into locked areas such as showers, bathtubs, and laundry facility. I spend time talking with the clients and mainly assisting the nurses with every capacity that I can.
49	QB6	Resident manager of a self storage facility. Leasing units and collecting payments.
61	QB6	I coordinate for statewide parent organizations to come together and be an effective network of organizations. I provided technical assistance for upcoming parent groups across the state, I partner with transformation work group.
62	QB6	I work with people that come into our shelter. I am an advocate for consumers. Help them troubleshoot their problems.
64	QB6	I meet with parents and care givers individually/ facilitate groups in two counties. I provide support and coordination for Youth in transition group, I run a distribution list, a website, two data bases, have 25 partners I coordinate with.
69	QB6	I am an administrator in the Department of Mental Health/Behavioral Dept. Liaison to the King County Mental Health division for the community health center.
71	QB6	I work with behavioral challenged kids, special ed population, and general population. Aide and supervision, helping with education.
75	QB6	Cook, clean, shop, yard work
76	QB6	Paid jack of all trades goes everything from repair and maintenance of a dozen buildings. Everything from plumbing, basic electrical, and landscaping. Also driving trucks.
78	QB6	I do divination and tarot card reading
83	QB6	I do resident services for a 25 unit low income apartment complex. I coordinate a nurturing parent program, I coordinate several programs, I coordinate a tutoring program.

86	QB6	taking care of an elderly man that is hospice. including house work and meal preparation. take him to doctors and shopping.
91	QB6	as a case aide I supervise family visits or anything a social worker asked me to do
93	QB6	head director of senior center
97	QB6	In charge of the entire program development and implementation of the Clubhouse. I am the supervisor for all of the staff. I totally run the program, employment, social, day to day programs.
103	QB6	I work with families that are in transitional housing.
104	QB6	Outpatient addiction counseling - individual and group counseling
116	QB6	Targeting homeless youth providing supplies, hanging out with them. Resources
120	QB6	Hardware and software testing.
129	QB6	clean, assemble, prepare apartments for new tenants, prepare banquet rooms for police or fire meetings, etc.
140	QB6	I lock up the church and open it up.
143	QB6	We have a transitional housing.
145	QB6	Processing Intake, Financial Reviews, scheduling, inventory, filing, data entry, give injections, teach CPR, do UA drug testing, General office work.
157	QB6	My job was to find, recruit volunteer teachers and train them for pre-K to 8. Hold regular staff and support meeting for the children attending school.
159	QB6	I assists rehabilitation therapist, observe patients, help keep files in order, keep store clean, assist receptionist during their breaks, and other duties.
168	QB6	We use the CATI to interview people with the support of the telephone and the computer. And we input answers to surveys for DSHS to determine whether the agencies are providing adequate services. When I was hired you had to have been a consumer in the mental health field to do this job.
169	QB6	don't know
175	QB6	sales, counter, cashier, inventory, recv/shipping. pretty much everything
176	QB6	process all incoming mental health referrals
192	QB6	I am part of YMCA children outreach crisis system, I facilitate discussions with children and their families, I advocate in the court process, in the schools, government services such as DSHS.
198	QB6	I would prepare meals twice a week. Set the table. We would share our daily activities and what we were grateful for. I would also hand out meds at times.
203	QB6	PACT intense outpatient case management
206	QB6	Training, the job involved greeting visitors at the dealership, determining their interests, demonstrate a car, and sit down and sell a car.
213	QB6	production planning and admin asst.
220	QB6	Called and reminded people of their appointments.
229	QB6	Voice of King County recovery. we review system since we know system. advocate for the MH. See things that might need

		changed in MH system.
230	QB6	I over see five women who are in recovery , make sure they stay on track and continue in sobriety.
238	QB6	Sort out mail, drive to different sites and deliver the mail. I work for about 2-2.5 hours a day, M-F.
240	QB6	I help consumers of public mental health resolve their complaints and concerns with their providers. I help them with their grievances and I'm also a referral services. I do advocacy and public outreach.
269	QB6	I show property, write real estate contracts, and facilitating sales of property.
276	QB6	I work in a psychiatric unit and I'm a mental health counselor there.
278	QB6	customer service
283	QB6	Counselor in Mental Health
290	QB6	I go to the client's houses and drive them places, spend time with them, take them to appointments, and take them shopping.
302	QB6	I oversee all the staff make sure they are doing their job. I triage, I take care night stuff, train new employees.
308	QB6	I input information in the computer. I go get the mail. I file and photocopy.
316	QB6	everything in taking care of an individual in their home.
323	QB6	Cashiering, fitting customers for motorcycle apparel, any type of floor service work (zoning, cleaning, also participated in social events that they hosted).
330	QB6	I monitor 60 clients, inpatients coming in for treatment. I do intake for clients getting into treatment, I transport clients around.
336	QB6	I receive visitors, answer phones, process mail, receive payments and money and work on computer and clerical duties also fill in as dispatcher.
342	QB6	The peer support as stated, promote recovery in Clark Co. and assist in day to day operations.
363	QB6	Help new members, give tours am meeting to inform , make referrals for resources, asst. out reach
367	QB6	I teach English Literature at Bellevue Community College.
373	QB6	I make phone calls to people on a list that I have been given. there's two groups: People who are new to CVAP and the old timers. Once we determine that they are willing to take the survey we have them come in and take the surveys with us. We have them sit down and answer multiple choice type of answers.
375	QB6	Housekeeping, errands running, chauffeuring to doctor's appointment.
378	QB6	Sit behind a cash register. Serve food. Talk with mentally ill customers. Break up fights sometimes.
381	QB6	Administrative duties, supervise visitation, reunification, removal, assistant to guardian of children removed.
386	QB6	bible studies, encouragement support group for mental health, worship once a month, tea for two on Tuesday, and entertain
389	QB6	I facilitated groups and one on one with people in recovery.

390	QB6	I work full time for TACID.
394	QB6	set up appt for sight visits and help write reports and phone other duties
399	QB6	Assisted living facility - cleaned patients bathrooms, scrubbing toilets and mopping the floor. Vacuum carpets in the room and change bed sheets. As a laundry aid - clean bathrooms too, not patient bathrooms, public bathrooms, toilets, bus the tables after breakfast and lunch, mop the table and vacuum the carpets - twice a day for breakfast and lunch. Do laundry - dirty laundry.
401	QB6	I work for a diagnostic lab for veterinarians; they call in and list the results to them, and troubleshoot their problems, secretarial work.
404	QB6	I tutored in reading who were below their grade level but not remedial.
409	QB6	massage people to have them feel better
410	QB6	help Medicaid consumers helps resolves issues
432	QB6	help urinalysis test for drug
434	QB6	Crisis response, deal with acutely mentally ill children, and I work with families.
436	QB6	fold laundry
440	QB6	I do intake interviews , transportation, referral, some focused therapy, case management. Social and emotional support
451	QB6	Interviewer with outpatient clients for service satisfaction (surveys).
452	QB6	Conduct and arrange trains (PC) and workshop, develop curriculum for trainings.

Number	Question	Response
16	QA7_O1	support groups
32	QA7_O1	For parents supporting parents of special needs
118	QA7_O1	ACT
119	QA7_O1	in mental health facility
122	QA7_O1	supported employment services, ongoing individualized support
134	QA7_O1	recovery group I facilitate
135	QA7_O1	phone and email support
150	QA7_O1	drop-in -center is legal name for club house
158	QA7_O1	FACT program
200	QA7_O1	WRAP
219	QA7_O1	WRAP
234	QA7_O1	only lics mH agency
236	QA7_O1	on-line program to design a recovery program with people who live with bi-polar
248	QA7_O1	Adult comm. support.
260	QA7_O1	help clients get services.
294	QA7_O1	supportive housing
329	QA7_O1	mental health self directed recovery center
362	QA7_O1	Phone Panel

396	QA7_O1	consumer run agency
398	QA7_O1	parent support group, educational workshop
405	QA7_O1	Education program
441	QA7_O1	transport for medical and emergency med.
442	QA7_O1	Wrap around program
453	QA7_O1	Resource and support groups, specialized workshops and trainings

Number	Question	Response
4	QA8A	Socialization and living skills
14	QA8A	NAMI connections, Open support group
16	QA8A	Parents
32	QA8A	parent advacy
34	QA8A	Illness management and recovery. D
35	QA8A	creative writing group
40	QA8A	WRAP group, AA
45	QA8A	peer support group
46	QA8A	womens' group /recovery group
51	QA8A	orientation, interview group,
59	QA8A	alcoholics anonymous type, emotional anonymous type group, DD group
63	QA8A	Diag
68	QA8A	WRAP Around, parenting again for grandparents, mini and large WRAP groups. I'm able to go with Parents/Guardians to local support groups as a support for that parent (i.e. NAMI) show them the ropes I can sit with them and help them get into the right support groups for their personal needs.
77	QA8A	MATRIX model
80	QA8A	Creative Expression group, a recovery group
81	QA8A	gay group, crafts group, snack bar for homeless to have a social area.
89	QA8A	Psycho-educational
95	QA8A	Skills Group
96	QA8A	Achievement club, WRAP, Accounting skills Inventory skills and buying skills menu choices . Voice group learn to identify voice and cope with them.
99	QA8A	family resource and support group
118	QA8A	Co-fac. any independent living skills and recovery
119	QA8A	Aspire
122	QA8A	employment, did illness management
132	QA8A	inter disciplinary team
134	QA8A	Recovery
135	QA8A	parent support groups sponsored by TRIP
136	QA8A	mems group, check in group
138	QA8A	trauma group for women only
139	QA8A	orientation, WRAP, Journey to Life Wellness, upcoming is Harm reduction

150	QA8A	WRAP<NOMI,Peer to peer, general facilitating groups
158	QA8A	Balance living
165	QA8A	parent support groups
166	QA8A	Run poetry work shop, open support group
174	QA8A	Wrap
180	QA8A	morning meeting, peer support, membership meeting, work group meetings.
183	QA8A	Wrap, making and keeping friends
185	QA8A	Peer support groups
186	QA8A	#
188	QA8A	Wellness group
193	QA8A	Independent living, vocational, Balanced living
200	QA8A	WRAP
214	QA8A	Women support, WRAP group
234	QA8A	recovery base support groups
236	QA8A	creating chat on line through Group Health
241	QA8A	Parent
244	QA8A	6 to 9 year old social group.
248	QA8A	Positively you(self esteem)
260	QA8A	women's group
261	QA8A	WRAP groups
280	QA8A	job support groups skills-acquisition groups
294	QA8A	Recovery
298	QA8A	wellness and recovery, support, more structured recovery groups
307	QA8A	life skills groups
319	QA8A	MFGT, Multifamily group treatmt
321	QA8A	WRAP group
322	QA8A	WRAP group, recovery support groups, team building and facilitating and educational support groups
329	QA8A	men's support group
334	QA8A	peer support
335	QA8A	art therapy, day treatment, transporting clients to and from appointments
340	QA8A	COD
346	QA8A	Peer to peer support groups our goal is to do WRAP groups
364	QA8A	Outpatient drug and alcohol treatment groups
370	QA8A	problems of daily living, general support
380	QA8A	Day support and skills training groups.
383	QA8A	recovery and support
396	QA8A	open support diabetic, weight loss, employment,
398	QA8A	parent support group
405	QA8A	Allon, Safe Setter
408	QA8A	Benefits training and employment support group
415	QA8A	WRAP
420	QA8A	PTS, elderly, AA
423	QA8A	WRAP
441	QA8A	Carpe diem

442	QA8A	Parent education
443	QA8A	Helped with a WRAP group
448	QA8A	life skills
453	QA8A	Parent network of support

Number	Question	Response
9	QB8A	AA, alenon
13	QB8A	NAMI connection support groups
41	QB8A	AA, NA, Food stamp group. Computer group
48	QB8A	talk about recovery and my own experience that can help them
62	QB8A	women support groups
64	QB8A	Parents and Care givers@ youth
83	QB8A	tenant education group
93	QB8A	nutrition, education, health and socialization
104	QB8A	mental health recovery
143	QB8A	Recovery from addiction. Domestic violence.
157	QB8A	Parent and family
203	QB8A	coping skills art group, alcohol and drug group
229	QB8A	PC pre-training
240	QB8A	consumer voice group and eating disorder support group
276	QB8A	Depression groups, medication groups, bipolar groups, suicide prevention, stress management, sleep hygiene, goal planning, medication maintenance, Co-joints
283	QB8A	Self Esteem, Daily Living, Recovery
367	QB8A	Classroom
381	QB8A	independent living
386	QB8A	encouragement support group, bible study and worship
389	QB8A	substance abuse and mental health groups
390	QB8A	Peer support groups
394	QB8A	consumer voice group
434	QB8A	anger management
440	QB8A	Care giver support gr.
452	QB8A	recovery groups

Number	Question	Response
12	QA8B	job site training
16	QA8B	Parenting
34	QA8B	Independent living skills
35	QA8B	creative and wrap
40	QA8B	WRAP
45	QA8B	Adl
55	QA8B	maintain and clean apartments
63	QA8B	making moccasins
68	QA8B	Not large group - one on one teaching how to use the bus

72	QA8B	ADLs
77	QA8B	Basic life skills
80	QA8B	Life skills, job coaching, residential manager
81	QA8B	crafts, being creative
89	QA8B	I teach these groups, these classes.
95	QA8B	Emotion Identification, Self Advocacy , Boundaries, Behavior Change, Distorted Thinking, Triggers, How to be assertive, Locus of Control, Mood Management
96	QA8B	WRAP, Voice group, Instill that they can move on.
113	QA8B	Diagnosis, symptoms and symptom management. Relapse prevention and recovery skills. Substance abuse.
118	QA8B	Living, community, vocational, social, physical, a lot of classes.
122	QA8B	WRAP plan, employment skills
126	QA8B	support for potential peer counselors
132	QA8B	voc. skills, life skills and social skills
134	QA8B	Recovery
135	QA8B	IEP, discipline, parenting tech. and systems navigation.
139	QA8B	group teaching
144	QA8B	behavioral mnagt
150	QA8B	clients how to be self sufficient
165	QA8B	Parent support classes
166	QA8B	Poetry
180	QA8B	Tutoring
183	QA8B	Wrap
185	QA8B	Variety of social and emotional skills
186	QA8B	Many
188	QA8B	teach in the wellness group about nutrition
200	QA8B	Benefits planning
214	QA8B	I taught people with personalized treatment plan.
219	QA8B	WRAP
234	QA8B	parenting, psycho ed
236	QA8B	teaching skills
241	QA8B	Parenting
252	QA8B	budgeting, life skills
261	QA8B	Symptom management
280	QA8B	computer skills and computer literacy job-seeking skills networking skills
294	QA8B	Recovery
298	QA8B	facilitate and develop their own groups
307	QA8B	various life skills
315	QA8B	assisted parents with behavioral issues and parenting techniques
321	QA8B	WRAP class
329	QA8B	computer lab
334	QA8B	skills training
346	QA8B	I teach mainly coping skills and how to view one's life in spite of being ill going forward. And my story and how to deal it.
348	QA8B	some work skills with computers, cleaning
370	QA8B	Basic living skills, resource of information, how to access needed

		services, how to solve common life problems
380	QA8B	Resiliency skills, recovery skills, life skills, personal identification of the cycles of the students mental illness.
383	QA8B	recovery, wrap, cooking, budget and school class
392	QA8B	Teach parents of children prenatal drug exposure.
405	QA8B	peer counseling, personal boundaries, prof. ethics, mandatory reporting laws, babysitting safety
408	QA8B	Employment support and benefits
415	QA8B	WRAP and reading
433	QA8B	computers, life skills.
442	QA8B	Parenting skills
443	QA8B	about wellness and recovery and WRAP and group sharing
448	QA8B	life skills
453	QA8B	Parenting techniques, systems navigation to parents

Number	Question	Response
9	QB8B	technique of anger management and how to avoid going back to alcohol
13	QB8B	I taught how to facilitate NAMI connections and trained trainers.
29	QB8B	proper behavior, how to develop skills (hopping, skipping, pre-reading/math, letter recognition, Spanish, sign language, simple science).
41	QB8B	Computer class. Journaling
48	QB8B	Recovery
61	QB8B	Technical assistance and training. I do presentations.
69	QB8B	Whatever needs to be taught, a variety of training, ex. Recovery
71	QB8B	All subjects.
83	QB8B	tenant education
97	QB8B	Computer classes
103	QB8B	Parenting skills
104	QB8B	education on drug use and addiction
116	QB8B	safe sex
140	QB8B	Peer to peer counseling.
143	QB8B	Budgeting. Self care. 12 steps.
157	QB8B	Specific to the community at large, family issues.
169	QB8B	getting people to learn reading computer basics
192	QB8B	I teach coping skills, anger management skills, communication skills
203	QB8B	life skills

229	QB8B	recovery skills
240	QB8B	Public speaking
276	QB8B	Same as what we do the groups on
283	QB8B	Aspects of Recovery
290	QB8B	Skills for the developmentally disabled
367	QB8B	English Literature
386	QB8B	teach the word of god
389	QB8B	social skills, job skills, GED skills, computer skills
390	QB8B	Peer support and facilitation skills
404	QB8B	Reading
452	QB8B	active listening, community building, peer support, how to facilitate support groups

Number	Question	Response
4	QA9_ETHNIC	whenever possible
14	QA9_ETHNIC	Spanish
32	QA9_ETHNIC	parents of children with disabilities
34	QA9_ETHNIC	Harbor view has a lot of ethnic groups
40	QA9_ETHNIC	all different nationalities
46	QA9_ETHNIC	multi cultural
51	QA9_ETHNIC	amer indian, african amer, trans gender
55	QA9_ETHNIC	african, hispanic african American
63	QA9_ETHNIC	Latino
68	QA9_ETHNIC	Latino and Slavic
77	QA9_ETHNIC	Samoan
80	QA9_ETHNIC	Asian, some Hispanic
81	QA9_ETHNIC	Gay
89	QA9_ETHNIC	Gay/lesbian population
96	QA9_ETHNIC	African American, Latino
101	QA9_ETHNIC	Native Americans
122	QA9_ETHNIC	Hispanic with interpreter
134	QA9_ETHNIC	Blank
135	QA9_ETHNIC	military families
136	QA9_ETHNIC	all group
139	QA9_ETHNIC	Diverse ethnic groups
150	QA9_ETHNIC	Latino, battered women, DD,
180	QA9_ETHNIC	young adults
200	QA9_ETHNIC	African American and others
214	QA9_ETHNIC	Spanish, Black
298	QA9_ETHNIC	Diverse
307	QA9_ETHNIC	native amer.
319	QA9_ETHNIC	Folks with other nationalities
322	QA9_ETHNIC	deaf, Hispanic and Romanian
346	QA9_ETHNIC	African American and Hispanic and one Vietnamese Client.

362	QA9_ETHNIC	open to all cultural and diverse groups
370	QA9_ETHNIC	Hispanic primarily
396	QA9_ETHNIC	Black ,Asian ,Mexican, multi-cultural
415	QA9_ETHNIC	Asian, African American, Mexican
420	QA9_ETHNIC	Oriental, Russians, Native Amer., Blacks
441	QA9_ETHNIC	indian,Latino,Black,
443	QA9_ETHNIC	East African, Vietnamese, Pilipino,

Number	Question	Response
9	QB9_ETHNIC	All
29	QB9_ETHNIC	black, indian, half-mexican
41	QB9_ETHNIC	Native Alaskan
48	QB9_ETHNIC	people from all different ethnic backgrounds, gays, lesbians, and transgenders.
61	QB9_ETHNIC	Diverse
62	QB9_ETHNIC	Hispanic and native American
64	QB9_ETHNIC	CIELO @ gov. commission on Hispanic affairs
71	QB9_ETHNIC	Hispanic
83	QB9_ETHNIC	homeless women, mixed
86	QB9_ETHNIC	native American
91	QB9_ETHNIC	Hispanic
97	QB9_ETHNIC	African American, Asian, Indian, Hispanic, Korean, Vietnamese,
103	QB9_ETHNIC	Russian, African, Latino, African American, Asian, Native American
104	QB9_ETHNIC	Hispanic
116	QB9_ETHNIC	very diverse
140	QB9_ETHNIC	gay population
143	QB9_ETHNIC	Asian. Hispanic. Indian. Russian. Latin American.
145	QB9_ETHNIC	Russians, Spanish Asians, Native Americans
168	QB9_ETHNIC	Asian population, Vietnamese, able to borderline interview these populations if they had broken English. In my personal life I deal with different ethnicities. Limited personal experience.
198	QB9_ETHNIC	Asian
203	QB9_ETHNIC	Hispanic, Asian, developmentally delayed
276	QB9_ETHNIC	Diverse: Hispanic, Asian
363	QB9_ETHNIC	Native, open population
367	QB9_ETHNIC	Korean, Chinese, Native American
373	QB9_ETHNIC	anybody can come in -it's a drop in center
375	QB9_ETHNIC	Native American
381	QB9_ETHNIC	Indian families,
386	QB9_ETHNIC	many different
389	QB9_ETHNIC	Native American, African American
409	QB9_ETHNIC	Hispanic
432	QB9_ETHNIC	All
434	QB9_ETHNIC	Hispanic, Vietnamese, Asian
440	QB9_ETHNIC	Hispanic, Lesbian, homeless

Number	Question	Response
12	QA9_OTHER	General adult population
46	QA9_OTHER	drug and alcohol along with mental health
118	QA9_OTHER	outpatient chronic disabled
119	QA9_OTHER	with adults
122	QA9_OTHER	employers if client wants
136	QA9_OTHER	homeless
139	QA9_OTHER	Adults, not older adults
158	QA9_OTHER	dual diagnose
219	QA9_OTHER	Homeless
270	QA9_OTHER	primarily adults
291	QA9_OTHER	Women with developmental disabilities.
294	QA9_OTHER	sever and persistent mental illness
318	QA9_OTHER	mentally ill
329	QA9_OTHER	mental health disabilities
348	QA9_OTHER	general mental illness, some Developmentally disabled
364	QA9_OTHER	Mental Health Issues
393	QA9_OTHER	Parents of kids who are on probation
405	QA9_OTHER	domestic violence

Number	Question	Response
4	QA10A	Consumer to provider program
6	QA10A	seminars to meet quotas for becoming a certified peer counselor
12	QA10A	Borderline personality disorder training
14	QA10A	NAMI Connections support group facilitator, I won the Hero Behavioral Award at the WA Behavioral Health Conference, Alternative Conference in New York
35	QA10A	ba in english certificate in web design
45	QA10A	cna, cpr, first aide
46	QA10A	Barber so I cut hair for clients
51	QA10A	mediation, suicide prevention, sensitivity training, in our own voice, visions for tomorrow
55	QA10A	I went through the consumer provider program
59	QA10A	guardian at Lightem
63	QA10A	support class, cpr, first aide, blood pathogens, food handlers permit
68	QA10A	a long history of my own recovery, and I've worked with children in the past and certifications for early learning, and I've in the past worked with a business and could teach groups up to 500 people.
72	QA10A	Social Security and DSHS
77	QA10A	WRAP certified, mental health courses, certificate on speaking for Washington Institute Mental health
81	QA10A	Went to a lot of training and have a whole file.
89	QA10A	Certificate in nutrition, benefits training, motivational interviewing training

92	QA10A	HIV/AIDS training, First Aid CPR, Positive Behavior, and Nursing Assistant
95	QA10A	WRAP Training, Case Management Training, Cognitive Behavioral Training, FX Confidentiality, all required state training.
96	QA10A	The consumer to provider training in the '90's. Behavioral Skills training. Staff trainings in various areas.
99	QA10A	WRAPAROUND training
118	QA10A	a large varied of training to enhance recovery, behavioral
119	QA10A	The RAP, wellness and recovery,
122	QA10A	providing effective employment for persons with disabilities, criminal, peer emp. support group, etc
128	QA10A	two CCER training
134	QA10A	King co. Warm line training
135	QA10A	WRAP, high fidelity WRAP, IEP thru PAVE
136	QA10A	vocational training
138	QA10A	Warm line certification (crisis hotline), continue education credits
139	QA10A	CPR
144	QA10A	mstr of art and counseling
150	QA10A	ethical boundaries, ethical law, many more
158	QA10A	do annual/ bi-annual HIPA training. has an AA in business
166	QA10A	First Aid /CPR, blood born Pathogens, pos behavior support, inclusion, Sunrise orientation
180	QA10A	AA in arts and science
188	QA10A	degree in nutrition, computer certification
193	QA10A	Vocational, CPI, other certification for CNA, HIV, Airborne disease, Dementia certificate
214	QA10A	Dialectical Health Program training, CPR, etc...
218	QA10A	Wraparound training evidence based practice for children and families.
219	QA10A	WRAP program
221	QA10A	peer to peer NAMI, certification in HIV/AIDS course.
234	QA10A	MSW
236	QA10A	extra training for continuing education for peer counselor
241	QA10A	Over 2000 hours in trainings from substance abuse to neglect abuse to childhood trauma.
244	QA10A	Trainings in adhd and Ptsd
248	QA10A	Had work in group homes
260	QA10A	AA in human services
261	QA10A	Continued education, extra training for suicide prevention, benefits employment, DSHS, how to get set up with services, agenda training
270	QA10A	Halfway through MSW
280	QA10A	consumer provider training employment training recovery training in PACT
295	QA10A	Currently going to school to become a CDPT. Motivational interviewing. learning boundaries with clients. peer to peer. train the mentors
298	QA10A	certification from a supported employment class
307	QA10A	employments supports, and different training thru-out the year.
315	QA10A	brain disorder training, iep training, love and logic.

319	QA10A	MFGT facilitation certified, advocacy, King County Drug and Alcohol Mental Health Division for Advocacy 2008
321	QA10A	BA in Social Sciences
335	QA10A	comprehensive mental health training
340	QA10A	steeped in Yunging psychology, Zen Buddhism
346	QA10A	I am a registered nurse assistant
348	QA10A	suicide prevention training, blood borne pathogen training
362	QA10A	Medi-certified and other trainings
364	QA10A	Motivational interviewing, treatment planning, suicidal intervention, co-occurring disorders, personal safety, cultural diversity, general professional development training.
370	QA10A	Certified information and referral specialist (Alliance of Information and Referral Assistance)
380	QA10A	Training in vicarious trauma, sexual disease transmission awareness, food handlers certification.
383	QA10A	family to family
392	QA10A	B.A. in Human development and Family studies
393	QA10A	MSW, but not required for the job.
396	QA10A	suicide prevention, intentional peer support
398	QA10A	pebbles in the pond. go to trainings all the time, WRAP training
408	QA10A	Social Security Benefits training and certification, Human Service training, NAMI interim voice,
415	QA10A	attended conferences, State trainer for NAMI connections, I run a NAMI support group once a week
423	QA10A	Master of Psychology
441	QA10A	process of motivational interviewing, trained in Mental Health 1st aid
443	QA10A	WRAP, A week long creating a WRAP

Number	Question	Response
7	QB10A	registered nursing assistance and mental health training certificates
9	QB10A	domestic violence, perpetrator training, training for volunteer for sexual assault advocacy
13	QB10A	certified life coach, have a B.A.
26	QB10A	NAMI family to family co-instructor
28	QB10A	Advanced Peer Specialist Training.
29	QB10A	BS in elementary ed, reading minor. 10 credits per year for daycare licensing 10 credits for caring for my mother.
33	QB10A	leadership academy, suicide intervention training program, ticket to work program training
41	QB10A	CPR, Safety training
48	QB10A	peer support counseling
61	QB10A	WRAP around Facilitation, Expertise in system of care and transformation
62	QB10A	BA in applied sciences
64	QB10A	State Special Ed. trainer
71	QB10A	highly qualified training, different classes taken
76	QB10A	Extensive medical certifications, first aid, lpn course, medical training for first responder, jack of all trades

78	QB10A	Masters in Counseling, Geriatric Mental Health Specialty.
83	QB10A	peer support training
86	QB10A	NAR,CPR, FIRST AID TO EMT training
93	QB10A	pharmacy training and mental health
97	QB10A	Peer training
103	QB10A	MSW
104	QB10A	WRAP training, peer to peer mentoring, CDP training
116	QB10A	training on at risk youth
140	QB10A	just the peer to peer counseling
143	QB10A	Certified Mental Health and Chemical Dependency. A school psychologist.
145	QB10A	RC, Peer Counselor, Ethics, Hipaa, Therapeutic, Medical Records
157	QB10A	there were regular annual arch-diocesan trainings
159	QB10A	Revised fundamentals of care giving, first aid, CPR, HIV-AIDS training, TB awareness
168	QB10A	Leadership training, Telephone training - medical/dental front/back office, worked in portrait studio and did professional telephone work there, dispatch, 22 years in a variety of retail sales which gave me people skills. Studied telephone skills and ethics in office machine repair. Parts person for a computer company that was international - repair people for the computers. Worked in a Nursing Home and did volunteer work with people with mental illness from 18 to the grave. Worked with a doctor (DDD) My biggest hang up was my mental health issues and my fear of going back to work as a mental health consumer. That changed when I was hired here. Put me in on the ground floor.
176	QB10A	sexual assault, domestic violence, parenting classes
192	QB10A	Mediation
198	QB10A	Certificate of graduation from Fair start restaurant services.
203	QB10A	substance abuse case management, dual diagnosis specialization
206	QB10A	Ordained as a minister, a master's degree of divinity to be a minister, half of the degree was in counseling and clinical training, worked as a chaplain with DD adults for 16 years
213	QB10A	computer skills
229	QB10A	WA ST diversity training, WRAP, Stepping stones to recovery
240	QB10A	Mediation training, my degree in Social Work, I had training with the Onbuds from the mental health division and RSN, 24 hour crisis line training.
269	QB10A	certification from the Y, for domestic violence facilitator.
276	QB10A	Bachelors in Science for mental health counseling
316	QB10A	mediator
323	QB10A	event planning, merchandising, scheduling, large group gatherings, hiring of entertainment, making up games for kids
330	QB10A	CPR class, ART certification, Registered counselor license
363	QB10A	Aids training, several conferences, as tribal ,co-occurring disorder
367	QB10A	Master's Degree
373	QB10A	Took CNA training, courses in College useful as well (in the field - Psychology)
375	QB10A	caregiver training
381	QB10A	several in car unable to identify now

386	QB10A	BA, cpr cert. adv. first aide, food handlers permit, business license, swim instructor, driver licenses, IOOV training and peer to peer
389	QB10A	CACIII, CDP, and registered counselor
394	QB10A	expired counselor lic
399	QB10A	trained to follow the procedures in the facility.
401	QB10A	ten classes away from having BA in psych
404	QB10A	Computer Certifications
409	QB10A	massage therapy
410	QB10A	Ombuds/QRT training.
432	QB10A	admin assistant, peer counselor
434	QB10A	Suicide Prevention training, First Aid, CPR
440	QB10A	certified group facilitator, geriatrics@child schiology, certified DECA@Deca-C etc.
451	QB10A	Interviewer training; BA in Human Health
452	QB10A	Certified WRAP facilitator

Number	Question	Response
6	QA11B_OTHER	Position is only offered as part time.
51	QA11B_OTHER	I'm also a parent partner, mental health and environment and have a 12 son
118	QA11B_OTHER	I am a care giver.
144	QA11B_OTHER	was going to school also
166	QA11B_OTHER	I am single mom with an autistic child can only do part time
241	QA11B_OTHER	I worked full time.
267	QA11B_OTHER	no availability until now
270	QA11B_OTHER	I have my own disability
295	QA11B_OTHER	I am working full time
307	QA11B_OTHER	I am working full-time
322	QA11B_OTHER	mental health and physical health. I know my limits.
362	QA11B_OTHER	it's a pilot program
384	QA11B_OTHER	Licensure.
405	QA11B_OTHER	low wages and in school

Number	Question	Response
41	QB11B_OTHER	Social security
76	QB11B_OTHER	I am working full time.
116	QB11B_OTHER	loss of ssi and physical health
140	QB11B_OTHER	Waiting for employer to get their program together in peer to peer counseling to hire people.
175	QB11B_OTHER	not offered to me
198	QB11B_OTHER	all of the above
213	QB11B_OTHER	have a 10 year old child with mental health issues that prevent from working full time
220	QB11B_OTHER	It was a temporary job.
229	QB11B_OTHER	am working full-time
238	QB11B_OTHER	Busy with school.

278	QB11B_OTHER	I work full time
316	QB11B_OTHER	do work full time
367	QB11B_OTHER	Socio economic discrimination and necessity.
409	QB11B_OTHER	Child
432	QB11B_OTHER	currently bidding for a full time position.

Number	Question	Response
46	QA14_O1	Flex
80	QA14_O1	Vision
128	QA14_O1	paid time off
248	QA14_O1	flash pass(metro/public transp.)
252	QA14_O1	Pto
346	QA14_O1	Vision
396	QA14_O1	Holidays

Number	Question	Response
49	QB14_O1	Housing
157	QB14_O1	mental health
230	QB14_O1	vision and HPA
381	QB14_O1	life insurance
386	QB14_O1	HWD (DSHS) Medicare

Number	Question	Response
4	QA16A	basic training, first aid, cpr, self-defense. Nothing specific to
6	QA16A	seminars and other tests
14	QA16A	Behavior support training (Positive), First Response Training, My Role Becoming in the future, Cultural training
16	QA16A	dvr training, cultural competency, first aid, csp, ssi training, iep, special ed laws
32	QA16A	IEP training, Connectors conference on net working
34	QA16A	Qualify for 6 credits a quarter for any college
35	QA16A	at other places
40	QA16A	Go to trainings once a month, just so I understand chemical dependency and other mental problems.
45	QA16A	chemical dep., many different, motivation, interviewing.
51	QA16A	I have opportunities, but not at this point
55	QA16A	we have ethic training, de-escalation self protection
63	QA16A	facilitator classes, cpr
68	QA16A	always emailing (the RSN) trainings, and even offer to help pay for trainings as much as they can
77	QA16A	law and ethics course, mental health stigma course, motivational interviewing course
81	QA16A	all that were available at the time.
89	QA16A	motivational interviewing training, benefits planning training

92	QA16A	Employer offered various courses such as HIV/AIDS training and sometimes stress management but doesn't feel that there are more trainings regarding to Peer Counselor
95	QA16A	Could receive new training
99	QA16A	Crisis intervention, essential learnings (first aid, blood pathogens, pandemic flu preparedness)
101	QA16A	self training troubleshooting problems
113	QA16A	Illness management and recovery. Medication monitoring. Employment. Diagnosing Clients.
118	QA16A	all the time, supported employment(module from NJ, Francine B). keep ua in loop of what's new.
122	QA16A	monthly case management academy, go over meth, crises, Adult PService etc
126	QA16A	wrap,
128	QA16A	CCER, tele conf. trainings, Wa behavioral health conf. WRAP training
134	QA16A	in service training, behavioral conference
135	QA16A	federation of families, Georgetown training.
136	QA16A	essential education
138	QA16A	training for adolescent children
139	QA16A	group leadership training, UW seminars, Seattle College seminars on bipolar, train on suicide prevention, suicide trauma, Harborview brain trauma post-traumatic disorder and PTSD
144	QA16A	supervision
150	QA16A	help with oral board testing of peer, help teacher/admin. teach curriculum of peer c.
165	QA16A	WRAP around, PAVE training, teen/child training
166	QA16A	the ones mentioned, workshops from venders
180	QA16A	ethics and work environment, cpr, food handler
183	QA16A	employment, crises intervention, psycounsel training
185	QA16A	Training on how to support fathers.
193	QA16A	CPI training, Vocational training
199	QA16A	training in different areas: domestic violence, some on abused children
200	QA16A	Vocational specialist
214	QA16A	WRAP training
218	QA16A	Partnering with parents. (Village project)
234	QA16A	large variety
236	QA16A	DBSA 2008 national conf. for bi-polar disorder alliance
241	QA16A	Any trainings that were open to mental health clinicians.
248	QA16A	conf. WA behavioral in June
252	QA16A	budgeting, CPI,
260	QA16A	health training for new employees 6/7. and reg weekly meetings
261	QA16A	Yearly training advancements (required)
280	QA16A	I have access to continuing education monthly trainings and we have training sessions and the like even beyond the monthly trainings health care conferences
291	QA16A	WRAP facilitator training, supported employment
294	QA16A	they are offering WRAP, state behavioral conference, seminars and a retreat, I learn from Mental Health Professional in informal

		training
295	QA16A	have many opportunities
298	QA16A	in the process: first aid training
307	QA16A	co occurring cast mgnt training.
318	QA16A	I went through a training through the WA Institute, it was the welfare system and how to access it. Safety training (physical safety).
322	QA16A	train for the WRAP, ASISST training
329	QA16A	group facilitation
334	QA16A	none
340	QA16A	a lot as applied suicide intervention training
348	QA16A	Previously what I just said.
362	QA16A	I go to several conferences on mental health and mental illness.
368	QA16A	How to deal with violent people training.
370	QA16A	Currently involved in Ethics class and class on handling dangerous situations
380	QA16A	Peer counselor and vicarious trauma and Disaster Training Nims 100 and Nims 150
393	QA16A	various mental health issues, cultural diversity, suicide interventions, WRAPAROUND trainings
396	QA16A	suicide prevention, intentional peer support, WRAP facilitator
398	QA16A	several
408	QA16A	Benefits training, Job Developers training, Human Service transportation meetings
415	QA16A	NAMI connections training, Facilitator training for NAMI connections, WRAP training, I attend the various conferences, Leadership skills from WIMHRT
420	QA16A	trying to get CERT to come in and first aid.
423	QA16A	anything thru WIMHRT
433	QA16A	the behavioral health conference and I sit in on chemical dependency groups.
441	QA16A	WHIMART on the telephone
442	QA16A	Rap around training, Wellness Recovery training, Family strength
443	QA16A	Thinking about going to another health care conference - other trainings but maybe not specifically peer
448	QA16A	40 hours of training
453	QA16A	6 Essential Learning classes (online) Facilitator Training

Number	Question	Response
7	QB16A	12 hours of continuing education, dementia, HIV
9	QB16A	have to have 20 hours a year retraining
29	QB16A	10 credits that I have to take to maintain my day care license
33	QB16A	living life
48	QB16A	we have people come in for our staff meeting, guest speakers on dbt training, different educational things
64	QB16A	parent empowerment , trippleP pos. parenting,

69	QB16A	Peer counselor training
71	QB16A	drug awareness, alcohol drug awareness, Spanish classes, how to work with behavioral challenged kids
75	QB16A	Tax preparation. Real Estate Assistance.
76	QB16A	basic computer operation
83	QB16A	nurturing parent facilitator certificate, conferences over the state
86	QB16A	nutrition, how to help in a fall situation, vocational
91	QB16A	many
97	QB16A	Clubhouse two week training, Conferences for training
103	QB16A	motivational interviewing, financial training
104	QB16A	Clubhouse trainings for staff, WRAP training, Conf. on mental health
116	QB16A	going to self defense training and at risk youth training
129	QB16A	first aid
143	QB16A	I do my own training to be re licensed.
145	QB16A	Hippa, Assessing Suicide, Ethics, APS (Adult Protective Service)
159	QB16A	Orientation and learning the parameters of my job description.
169	QB16A	first aide/cpr ethical training
192	QB16A	currently in grad school, numerous trainings
198	QB16A	After being let go, I was told what I had been doing wrong.
203	QB16A	dbt training, peer support counselor
206	QB16A	Clinical pastoral education, pastoral counseling
220	QB16A	I had clients talk to me about stuff, since I'm a appointment clerk.
229	QB16A	WA State diversity, WRAP, stepping stone to recovery
230	QB16A	none yet
240	QB16A	Check previous question similar to this one.
269	QB16A	buyer's specialist, repost specialist, HUD specialist, Sweat Hog
276	QB16A	They offer trainings, but the times are inconvenient for me.
283	QB16A	Wellness
290	QB16A	developmental disabilities
302	QB16A	peer counselor training
308	QB16A	Orientation
316	QB16A	have not recv yet.
323	QB16A	for apparel for motorcycle riders, other retail skills
330	QB16A	HIPPA training, CPR class training, germs training
342	QB16A	Internal training for co. staff, we can go to outside training as appropriate. Diversity, recovery
363	QB16A	will be receiving no-violent communication, first air/cpr
367	QB16A	I can take other classes for no costs.
375	QB16A	caregiver training
381	QB16A	multiple related
386	QB16A	depending on money
389	QB16A	service trainings
390	QB16A	Domestic violence
394	QB16A	computer classes and such, workshops
399	QB16A	pay for your education to go to class
404	QB16A	Workshops on how to work with children.

409	QB16A	continuing ed
410	QB16A	Ombuds/QRT
432	QB16A	MH district
434	QB16A	Several seminars on family engagement, suicide prevention, WRAP around training
452	QB16A	CBT training, other

Number	Question	Response
51	QA19_O1	helping others and helping my own recovery
236	QA19_O1	helping others help my own recovery and the money is a plus
280	QA19_O1	all of the above
295	QA19_O1	having opportunity to have advancement in my life.
319	QA19_O1	Paying it forward.
329	QA19_O1	helping others and my own recovery
340	QA19_O1	Helping other, money, aids in my recovery
384	QA19_O1	Reuniting families
398	QA19_O1	by helping others helps me

Number	Question	Response
7	QB19_O1	I get a reward in making his day better.
33	QB19_O1	All the above.
76	QB19_O1	Helping me with my stability, not to be outrageous.
83	QB19_O1	All of the above.
116	QB19_O1	helping others, having something to do, helping my own recovery and the money
198	QB19_O1	all of the above
203	QB19_O1	Just general, a little bit of all the above.
342	QB19_O1	Having something meaningful to do
367	QB19_O1	All the above plus more.
373	QB19_O1	tie between helping others and the money I can't live without money.
378	QB19_O1	All of the above
386	QB19_O1	helping others, having something to do, and help my own recovery.

Number	Question	Response
32	QA20A	I could not get paid. I worked 4months and had to file a grievance. My manager was a peer counselor and too depressed to cut a check, odd behavior toward me, said I could not help anyone in the peer center at the time I had someone who was suicidal that is why I filed the grievance.
40	QA20A	they kind of don't like it when I try to advocate for consumers

46	QA20A	It pertains to new boss and new clinician who is very young and very new , looks, down on me in a big way. The boss is new and the position is not her best fit.
51	QA20A	my job is to share my story to help support my clients and the clinicians can be extremely judgmental about clients and they don't understand what it feels like to be them. and some of clinicians don't have a clue what I do
59	QA20A	Because of the stigma, they have stigma of people who have mental health.
72	QA20A	It probably had to do with me, don't know if it was them.
81	QA20A	it depended on who I was working with.
89	QA20A	The staff isn't aware what we do, there are some staff resistant with peers. Some clinicians are just not on board with it.
92	QA20A	Probably they think I am limited you know? I feel sometimes.
101	QA20A	There was a lot of stigma in the workplace, the director would agree with that. Clinicians don't understand what we do there, since they don't see what we do on a day to day basis. They thought that we weren't capable of doing a lot of things. There seemed to be a disparity that we were overqualified and under qualified.
119	QA20A	Because I was lower than them? I don't know, they did not appreciate me, IO was yelled at. Only one of staff knew what a peer counselor was.
128	QA20A	unsure of potential of peer counselor and not sure how to utilize us
134	QA20A	mostly the clinicians do not know what to do with us
135	QA20A	they are not too hip on peer counselors coming in. they feel their college degree makes them better.
139	QA20A	Sometimes, because I feel they have a lack of knowledge of why a peer is there and how much a peer can help another peer or the benefits of a peer. The reason I say that, because that they went to school, I got in the door by experience. They can't trust me because I didn't go through their own structured experience by the book.
166	QA20A	I don't see them that much, little interaction so hard to tell
218	QA20A	I don't think they fully see the need for what I am doing.
221	QA20A	I take a lot of medications, I come in pretty sedated and they'll say rude comments and have me do a lot of the grunt work. I had a job where I was at a crisis house, I loved my job and they moved me to a place where I hate and there is no way I can get out of it.
234	QA20A	I think peer counselors are de-valued. and some clinicians are jealous and think that they are unhealthy and can't get jobs in other places. viewed as a threat.
291	QA20A	Sometimes: Different people, some were respectful, some were not.
307	QA20A	because I don't have a degree
315	QA20A	Because the case managers never involved me I worked by myself. I went to meetings and sat in the corner because I didn't understand anything. I was working with a family and after I stopped working with them I found out my life could have been in danger.
319	QA20A	Some of the professionals look at us moms and parents. That we don't know what's going on.
335	QA20A	Nobody seemed to know what I was supposed to be doing there

		and they treated me like excess baggage.
348	QA20A	They undermined me after the training, they questioned everything I did. No one helped or given me advice. They tried to blame me for mistakes.
415	QA20A	They still see me as a consumer rather than a co-worker.
420	QA20A	there is a lot of power trip going on. Too many chiefs in the kitchen.
433	QA20A	because I think a lot of our peer specialists don't have degrees, and case managers are seeing us as clients and without degrees. we're so new that we're still on that level in their eyes.
441	QA20A	A lot of times the response is OH, you realize that, well I will have to go see for myself.
443	QA20A	I don't always feel that my input is supported by the staff I work with . If I say something I believe (strongly) about a client I feel like they disagree with me. Not feeling validated. Ex, I hear what you are saying but...
448	QA20A	the peer counselors are supposed to share their stories and clinicians they don't feel

Number	Question	Response
13	QB20A	There was a clear separation between consumers and non-consumers. There was a wall which I felt I couldn't pass. I struggled with the expectations.
75	QB20A	I don't work enough hours.
86	QB20A	because I am know as having mental illness, the opportunity to advance is not given to me.
143	QB20A	There's always politics. Control issues
145	QB20A	They expect too much of me. I always have to know everything and be there for everybody.
198	QB20A	Because I feel that my boss wanted respect, but didn't want to give it.
323	QB20A	I was being lied to.
389	QB20A	Because sometimes I was not respected.
394	QB20A	Because my position is at the bottom
404	QB20A	A lot of us were the same age. there was peer animosity

Number	Question	Response
14	QA21A	We're just all sensitive right now.
32	QA21A	It was basically misunderstandings of money management, did not get paid and had to file a grievance
34	QA21A	Difference in values towards recovery principals
35	QA21A	sometimes it is difficult for clinicians to appreciate a peer counselor
45	QA21A	disagreement on clients
46	QA21A	Lake of understanding I guess. First 2and 1/2 years all was well, in last 6 months there was a change.
51	QA21A	they just don't respect me and that causes conflict for me to do my

		job.
55	QA21A	I think for awhile they did not value our input we had to prove our value
59	QA21A	It was with management.
63	QA21A	we all follow the rules there.
68	QA21A	There are always things for debate... there have been a few times where I've had those staring eyes because I don't understand where they are coming from. I stick up for my consumers - learn how to put their shoes on before they can run. Difference of opinion...
72	QA21A	They felt that somebody was moving too fast or not fast enough to do with the client.
80	QA21A	Just personality conflicts, perhaps lack of understanding for what it is I do.
89	QA21A	Just ignorance, clinicians not knowing what advocacy means.
96	QA21A	It could be the challenge of the recovery model versus the medical model.
99	QA21A	Different perspective.
101	QA21A	We didn't like the case managers doing their work at the Rainbow Center.
113	QA21A	Differing Opinions
118	QA21A	because they don't see me as a peer, but as a client. they don't see me as equal. if they cannot see that people can change, then they need to think about their job and whether they should stay in it.
119	QA21A	Because they did not know what to do with me, and I felt they were higher than I as that is what I was told, as I did not have a degree by several people.
122	QA21A	Was only in the beginning , think it was proving myself or ability as they had a prior bad experience
126	QA21A	Philosophy
128	QA21A	concern over the best interest of the client
132	QA21A	matters of opinions
134	QA21A	Just different demand on needed or different parts of the job
135	QA21A	all the training that I have had manage to keep my from getting too upset. I use the training on them.
136	QA21A	individual perspectives
139	QA21A	Because of the chip on their shoulders.
144	QA21A	disagreement in philosophy
150	QA21A	more with physiatrist, old school thought that peer counselors can't do the job
158	QA21A	defined role/authority. good communication from boss.
166	QA21A	The peers I work with have problems, if I call clinician for them they are rude.
174	QA21A	they have their own agenda and kingdom , or they just don't want me there.
183	QA21A	Miss communication
186	QA21A	on the pact team that I work on, we have strong personalities
193	QA21A	Been difficult to deal with politics in the workplace.
200	QA21A	the safety of benefit vs the risk of going back to work.
218	QA21A	A conflict in the advice that's given by a clinician versus a parent

		partner.
219	QA21A	I forgot that a supervisor cannot be a friend.
221	QA21A	Same as previous answer.
234	QA21A	we use a recovery model and they use a medical model
244	QA21A	Working with the same families. Sometimes you have different opinions.
248	QA21A	once in a blue moon, normally due to miscommunication.
260	QA21A	some people do not understand peer counselors and some are uppity, but now it is a good staff and we all get along very well.
261	QA21A	Productive conflicts, nothing negative.
294	QA21A	A lot is personalities and the stigma of being a peer counselor as we are still breaking ground.
295	QA21A	needing more of a challenge. feel that they think I'm a token peer counselor. what level I am working at
315	QA21A	again it was communication and the respect of not being involved.
340	QA21A	registered nurse, she is critical, respects me but high lights my weaknesses in a neg. way, it's now toned down
348	QA21A	The counselors would complain to the administration for what I did to their clients. I was just trying to get their clients to do their own part.
364	QA21A	I guess personalities, personal conflicts.
370	QA21A	We have a good organization with good communication patterns, excellent supervisory and attitudes. Neat place to work.
393	QA21A	I have conflicts occasionally, because I come from the parent's perspective and they don't.
398	QA21A	Communication
405	QA21A	I don't know
415	QA21A	Because I want to advocate and the managers intervene and don't let me advocate to my fullest wanting to advocate for them.
420	QA21A	I usually confront the situations to prevent conflicts.
423	QA21A	they saw me as a threat.
442	QA21A	Differing perspectives and helping them understand the family perspective.
448	QA21A	they think we cross the boundary.
453	QA21A	We work toward common goals

Number	Question	Response
7	QB21A	Only me and a nurse on staff and we get along.
9	QB21A	it gets pretty hectic
13	QB21A	I worked from home, some conflicts added huge stress.
48	QB21A	I think it's personalities sometimes. We have a particular nurse that is difficult to work. Follows you around and tells you what to do.
49	QB21A	Hard headed co-workers, not easy to reason with.
61	QB21A	We try to be proactive about communicating, expectations, and understanding roles. There are times when conflict arises.
62	QB21A	we are not perfect.
69	QB21A	I'm not a person that gets into a lot of conflicts. I stop that before it

		happens.
75	QB21A	I work with my mom. My mom talks a lot I can't listen to her
76	QB21A	Sometimes it's just miscommunication.
86	QB21A	I speak my mind/ blunt and that is not taken well at times.
93	QB21A	not complying with attendance, take corrective action at times
104	QB21A	miss communication
143	QB21A	There's a large gap between employee education levels. There's a lot of fear over positions.
157	QB21A	They didn't understand my job position and they didn't understand the job I was to do. They had expectations.
168	QB21A	There was someone I knew from Rose House who was trying to mother me in an inappropriate manner. She was trying to coach me. I knew better than she did that what she was doing wrong.
169	QB21A	if somebody was not pulling their weight
192	QB21A	I don't know.
203	QB21A	Normal day to day work process.
213	QB21A	communication, technique, disagreements...normal conflicts
240	QB21A	Miscommunication at times.
283	QB21A	Jealously because I was better with the clients.
330	QB21A	Because situation occurs, attitudes and personalities.
342	QB21A	Typical work place stuff that goes on personality conflicts.
363	QB21A	differing interpretation of policy
373	QB21A	I know that sometimes I misinterpret things and sometimes people don't state things clearly.
381	QB21A	disagreements on what to with children
386	QB21A	because they are not respecting my boundaries
389	QB21A	With just one person.
390	QB21A	Because it's not frequently.
401	QB21A	there ethics weren't the same as mine
404	QB21A	because everyone thinks their own idea is the best.
410	QB21A	difference of opinion
451	QB21A	Grown more than before (positive answer).

Number	Question	Response
32	QA22A	I am 55yrs. old and before I became diagnosed I as an executive adm. ,have a lot of work experience, and was treated like a clerk, entry level and not as an executive. I became paranoid by this Manager.
34	QA22A	Agency is too busy to provide enough supervision on a regular basis.
46	QA22A	The same reason, new boss and new worker that looks down on me.

59	QA22A	Credibility gap from administration and from many of the clinicians. Administration felt that we were dumped on their system, they didn't want to deal with us. That was always the case.
92	QA22A	Because they are more - have a master's degree or something- they have more title.
101	QA22A	It was a challenging job trying to manage a lot people, I didn't think I had the capabilities. I found myself unhappy and people didn't like me.
119	QA22A	I wasn't everyone who were supposed to support me told me to get use to it, use to doing nothing.
180	QA22A	I do not get a lot of support in work, but get support out of work with my own recovery
219	QA22A	I was told to contact people and screen them for the WRAP program. Several of the case workers would not support my decisions. The barrier is that the case workers don't understand what I'm doing.
260	QA22A	my boss does not always give me the support I need. some people try to undermine me and do not listen to me, thinking I don't know anything. they appreciate my help though.
291	QA22A	Sometimes: Because I asked for supervision, I couldn't get supervision from my supervisor. There was no specific way to reach out and try to get clients, it was very informal how I got clients. I wasn't comfortable completely with that. There should have been a better way to get clients.
315	QA22A	what I said before
335	QA22A	I did get some help, but not often.
348	QA22A	I was supposed to be implementing work oriented programs, they turned me down on my ideas. Everything I would say they wouldn't agree upon or they would not contact me back. Program got closed down. They were pressured to do it to get their contract from the state. Animosity towards peer counselors since they don't have degrees.
380	QA22A	Because often the resources we need aren't made available, the resources we need to do the job and because we only see a MHP for an hour a month in supervision for a opposition I seriously doubt they know what we are doing. All they know about what we are doing is what we tell them in that one hour and in the progress notes.
420	QA22A	everyone else is too busy passing the buck. No one will help you.
443	QA22A	Sometimes people say hey I'm glad you spoke up about that
448	QA22A	don't know

Number	Question	Response
13	QB22A	Same barrier with consumers and non-consumers. Different expectations was stressful on me.
28	QB22A	Sometimes the communication wasn't as clear as it should have been.
69	QB22A	I'm just one of the many cog in the wheel.
75	QB22A	My mom is just very busy she doesn't have time.

86	QB22A	I work with another care giver that will not talk to me directly about any issues, but goes directly to supervisor. lack of communication.
143	QB22A	Because I'm new. Most of them employees have been there for awhile. They are not open to new ideas.
145	QB22A	Too much work load.
206	QB22A	Well, partly I was the only person that worked full time as a pastor and the nominal supervisor had other things to do a full time job as well. I was pretty much on my own. I did get support from the superintendent. That wasn't frequent but that authority went a long ways.
278	QB22A	I am on my own a lot
323	QB22A	I felt like I was on a trial basis only, therefore I wasn't considered or valued at all. I was like an experiment, even though I did very well. There was one manager that respected me and tried to put a good word for me.
330	QB22A	So many different departments, each department is different. It depends which area I'm working in. Staff get aggravated with the clients at times.
375	QB22A	I feel supported at times, but I just don't like the administrators/managers in the office.
386	QB22A	someone told me that I was supporting her
389	QB22A	Because I can talk to my supervisor if I needed to and some co-workers.
394	QB22A	because it isn't always
399	QB22A	supported - instance happened once. All of the responsibilities people had their own work to do.
404	QB22A	I am not sure
440	QB22A	Mostly because there is inadequate staffing which leads to me having to do what I can't do to my disability and some of the workers acted unprofessionally, are unable to manage own anger.
452	QB22A	Rules are not clear

Number	Question	Response
32	QA24A	I was doing more administrative work than counseling. No one showed up for the support groups.
34	QA24A	Because I only use it when it's clinically appropriate.
92	QA24A	Because some people don't wanna hear somebody's...their own... but sometimes I can talk, or relate it I had the same feelings... most clients it's hard to hear other people sometimes ya know? If an issue comes out I can talk to my experience. It's invading their privacy type. So that's why. Everybody wants to hear my story type thing.
134	QA24A	sometimes it is not applicable
165	QA24A	Just depends on my client.
221	QA24A	I answer a crisis line and I didn't really get much training and I don't feel like I know the job. it's not really what I want to be doing, maybe my heart is not into it.

241	QA24A	When appropriate, you can't always tell your story all the time. I am a parent of a child with mental illness, not me. It's different when working with an adult with mental illness, I work with the families to help them.
244	QA24A	Because I haven't had to deal with that personally. I've only dealt with raising a girl that had that.
252	QA24A	I work with people in crisis and I have been there and it encourages the people I work with and give them hope
267	QA24A	I answer the crisis line and I have been there and I can offer my experience
291	QA24A	Sometimes: I spent a lot of time just listening to complaints.
315	QA24A	it goes back to not having much contact with any families. when I worked there I only worked with about 3 or 4 families. it was very short.
368	QA24A	The group is not set up for a lot of sharing. I do, when I talk to the people when I talk to one on one. Because they are mentally delayed, most of them are not struggling with that kind of issue.
384	QA24A	The type of work that I do now, it's just not appropriate working with kids. They don't have a grasp of what's going on with them trying to give your life story.
393	QA24A	I'm a parent partner basically. I'm in this position due to my son's disability, not my own. I do sometimes talk to parents about my own experience.
405	QA24A	I do it when it's appropriate

Number	Question	Response
49	QB24A	the setting
76	QB24A	My sense of humor allows me to look at things slightly different.
78	QB24A	I work as a psychic.
93	QB24A	the opportunity doesn't come up...not the kind of work I do
97	QB24A	As appropriate, I haven't been prompted to do so.
104	QB24A	not always relevant to the situation
116	QB24A	my ideas on mental health can be different. sometimes you have to put your personal experience aside because of what I do and where I work because we have an agenda.
120	QB24A	A little bit in just my being aware of other's people's needs helps me communicate with them successfully, but wasn't the goal of my employment.
175	QB24A	never comes up.
176	QB24A	now I'm working with kids and before I was working with adults
192	QB24A	To maintain a stronger boundary, I guess.
220	QB24A	The job that I did was not geared for utilizing my peer counselor training.
238	QB24A	Not part of job description.
278	QB24A	communication skill really come in handy in this line of work
308	QB24A	It's not all the time
330	QB24A	Because I can relate with clients and have been there before.
336	QB24A	There was not a opportunity because I am a receptionist and

		working in mental health.
367	QB24A	Just not in the job description.
381	QB24A	It is not always relevant
386	QB24A	I don't know if I can handle people with other mental illness, don't have the opportunity
389	QB24A	Because I could emphasize with the clients.
394	QB24A	Because it isn't always needed
399	QB24A	Manual labor
432	QB24A	because of the work I do, there is no call to share my experiences

Number	Question	Response
32	QA25A	There is no jobs, no other opportunities so I had no money to pay for registration.
77	QA25A	They make it out to be more glorious than it is. It's down in the gutter type work, not all neat and fancy.
80	QA25A	Financing limits my obligation to see people without Medicaid. It limits who I can help as a peer counselor.
119	QA25A	I was looking to help people more. I felt really let down, I was there to help people and the clinicians, not to be trampled on.
136	QA25A	my understanding would be more like 12 step and this is more clinical based. took over a year for my background check and my employer supported me. I am just now finally coming into the position.
193	QA25A	I thought I would be doing more paperwork, but in fact I'm doing more outreach.
221	QA25A	I thought I would be able to excel in what I'm doing and move forward in the work place I didn't think I'd be doing grunt work and general stuff like that.
291	QA25A	Because I didn't think I'd be doing so much calling people. I didn't expect to be doing administrative stuff, which was half what I was doing. I expected to be working with individuals. I wasn't motivated to do my job and my supervisor was of no help.
315	QA25A	once I got into peer counseling I encountered a lot of restrictions.
335	QA25A	Because I was there for two months and I still didn't have an idea of what I was supposed to be doing. Furthermore, I don't think they did either.
348	QA25A	It was a great job, but the way I was treated was totally trash.
364	QA25A	I don't know. Going into it we weren't sure what to expect. I thought it was a little more glamorous. Really was not glamorous work at all, but it's rewarding. I didn't think it was going to be rewarding as it is.
384	QA25A	I think the system plays games with it. I'm talking about the agency.

433	QA25A	It's a lot more rewarding than I ever thought it would be.
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Number	Question	Response
61	QB25A	Skills that were being trained were way more specific to adult peer counselors weren't nearly relevant for peer parents.
169	QB25A	don't know
192	QB25A	It just wasn't something that really stuck and would really benefit me with my work.
323	QB25A	Dealing with regular people unlike you, it's very difficult how people treated you compared to a recovery environment. Being in a recovery environment was totally better.
394	QB25A	Because I'm not working as a peer counselor
451	QB25A	There are no jobs for us.

Number	Question	Response
12	QA26A	Because they didn't teach me how to deal with people who are difficult clients.
51	QA26A	it was my experience that gave me the ability to support my clients. the terminology didn't help and charting wasn't helpful because I'm not allowed to use these. being a part of the peer was helpful.
89	QA26A	You can't cram all the information you need into one week. I was fortunate enough to have two peer counselor training.
99	QA26A	I disagree, because there was no parent component to it. I agree what I learned was helpful. It was all focused on adult consumers vs family.
113	QA26A	I think it was great information. It just didn't apply to our clients because we work with the most ill clients in the county.
119	QA26A	I did not expect to sit behind a computer. every place is different, so what they told us was not what I experienced at my place of employment.
165	QA26A	The training from my agency is more towards my need, than the peer counselor training.
218	QA26A	I don't concentrated enough on parents helping other parents. And, most of the value I provide comes from personal experience rather than training.
234	QA26A	doesn't focus and children and families and PC need retrained once getting jobs.
260	QA26A	I don't think there was enough information given that applies to the job, no role playing, no counseling skill, lack a lot.
261	QA26A	Four years ago, it didn't adequately prepare me. The extra training that Clark County provided me really helped.
291	QA26A	There should have been more emphasis on actually talking with the people, more role play about different problems.
335	QA26A	I didn't know what a peer counselor was supposed to do when I started working.
348	QA26A	They need to tell you realistically how the clinical community will

		react to you.
364	QA26A	The training, there was a pretty good emphasis on the academic side of things, not really practical. When I was actually practicing this and meeting with people, a lot what we covered in the training was kind of irrelevant. A lot what I saw in the field wasn't covered.
398	QA26A	not target for parents of children with emotional and behavioral issues.
442	QA26A	It totally left out being a parent partner. Much of the information applied to adult consumers not to parents of mentally ill children.

Number	Question	Response
26	QB26A	I think the program was a little sketchy for what is expected of somebody as a peer counselor in the workplace. I don't feel it prepares you for the workplace.
64	QB26A	It is to adult focused and not on parents, care givers or youth.
116	QB26A	training was in the tri cities and found it demeaning and applicants were not screened properly.
176	QB26A	I was already doing the work and I was just given a piece of paper. I can't give the training credit
206	QB26A	I came to this - I just moved from MA. I had lived there for 20 years. There was clinical training everywhere. I had exposure and a lot of experience everywhere. When I came West - the training itself just appalled me. The lead person who got there was I
238	QB26A	I disagree, because I was already prepared before I took the training.
240	QB26A	I don't think it was my training that prepared me, it was my experience and from my bachelors program.
290	QB26A	I didn't get a peer counselor job.
308	QB26A	Because what I'm doing now has nothing to do with peer counseling
323	QB26A	Work I have done is not in the genre of recovery.
367	QB26A	Because of my long question, see previous question.
375	QB26A	I don't know.
386	QB26A	they don't help direct you to get paid work
451	QB26A	Training is not long enough; More should be addressed to the personality of the students -- not enough information.

Number	Question	Response
4	QA27A	Paperwork, schizophrenia training
6	QA27A	many areas I need to work on
12	QA27A	teach more on mental health illnesses and how to deal with them
32	QA27A	RAP training want to become a facilitator
35	QA27A	wrap facilitator chemical dependency
40	QA27A	there's always something new - in everything
45	QA27A	paperwork, progress notes.
46	QA27A	safety
51	QA27A	more recovery training like alternative training.

55	QA27A	harm reduction and ethic training
63	QA27A	drop in center, helping with activities
68	QA27A	how to be quiet and listen to the consumer, learn how to ask more effective questions, to really get down to what is really stopping this person from being productive. Sometimes we'll spend 45 mins with person and only get 1 thing done. Training with counseling, getting them passed their light hearted chit chat and get down to the gritty stuff without them being offended. I think throughout my peer counselor classes that was touched on just briefly. To learn techniques how to pick up certain pin points you're telling me this because... be more detail oriented. Some kind of compassion fatigue class. How to protect ourselves. Emphasize the self care portion of class. How to keep themselves healthy as a peer.
72	QA27A	DSHS and the SSI stuff. More training to how to deal with your own personal self. To deal with your emotion, because I would take things personally.
77	QA27A	Clinical meds, clinical notes, more chemical dependency education
80	QA27A	I would like case management training
81	QA27A	anything and everything
89	QA27A	Everything
92	QA27A	More case manager type
96	QA27A	Facilitating and Co-Facilitating Groups
99	QA27A	The fidelity WrapAround training.
101	QA27A	Chemical dependency
118	QA27A	more emphasis on sctizophrenia (spelling?) it can be dangerous if you do not know how to handle it.
119	QA27A	computer soft ware and some training to deal with really difficult professionals in the work place.
126	QA27A	MH 1st Aide, local resources,
128	QA27A	cultural competency, language on progress notes.
132	QA27A	new information on different models of co-occurring disorders
134	QA27A	communication especially cultural ,more explanation and practicum of diversity of job.
135	QA27A	would like to do the WRAP training.
139	QA27A	more training in schizophrenia area, assessment areas with suicidal, more in depth training on different disabilities
158	QA27A	vocational counseling, housing coordination, legal rights of patients.
165	QA27A	refresher training courses
174	QA27A	more on dealing with work environment/staff, personal safety, working with college educated staff.
180	QA27A	more clinical training would have helped.
183	QA27A	moor crisis training
200	QA27A	facilitating groups
214	QA27A	Paperwork
218	QA27A	Training on the resources available for families with children. Training on the processes in the mental health system.
221	QA27A	all around training on my specific task at work.
236	QA27A	more information on how to intently listening vs. telling people.
241	QA27A	See more training in working with difficult people and collaboration

		with other service providers.
244	QA27A	Not sure
248	QA27A	WRAP, training on different disorders to understand them
252	QA27A	dealing with people who are suicidal
260	QA27A	how to motivate, counsel, what to say-not to say, etc
270	QA27A	I'd like to do the WRAP training, and maybe how to help people who haven't worked before and how I can help them get jobs.
291	QA27A	trying to listen better for times when I could actually make improving comments, get the person to listen to me and pay attention to me
294	QA27A	WRAP will help, a month of actual intern ship training
295	QA27A	more training around self advocating in the professional world
307	QA27A	behavioral conference. ongoing training.
315	QA27A	IEP, laws, de-escalating, and support group training.
318	QA27A	Specifically, learning about the aspect of my clients and trying to interpret that. I would like more training on how to handle a suicidal client.
319	QA27A	A little WRAP Around training
322	QA27A	facilitating skill training, communications class
329	QA27A	how to deal with peoples aggressive behavior, personality conflicts.
334	QA27A	leading support groups and the wrap program
340	QA27A	I expect there to be more all open
346	QA27A	WRAP
362	QA27A	It's important to always train to learn new things.
364	QA27A	Treatment planning, pharmacology, documentation, progress notes.
370	QA27A	Detailed training on specific illness and how to deal with certain situations, crisis management, all the training I can get my hands on
380	QA27A	WRAP training, Advocacy.
383	QA27A	substance abuse issues
392	QA27A	segment specifically for Parents
396	QA27A	continuing ed on peer
398	QA27A	how to teach other parents on how to inner act with the police when I have to call them on our child.
408	QA27A	Peer support program as a whole needs to train peers counselors more on the role of peers.
420	QA27A	disabled vets, families
423	QA27A	how to present yourself better to people that are skeptical of one-on-one peer counselors.
433	QA27A	we can always grow and learn with everything. the peer counselor training gets you started.
441	QA27A	negotiating pos. resolution when I disagree
442	QA27A	Parent Partner, Parent Support Skills, Communication Skills and Escalation Skills.
448	QA27A	boundaries,
453	QA27A	More on mandated reporting, more training on confidentiality

Number	Question	Response
9	QB27A	working with victims of violence
29	QB27A	depends on the situation you're working with really. If you are working with school aged children - learning disabilities, peer pressure, lessons in keeping cool. Seniors - Alzheimer's
62	QB27A	building on the strength based healing
64	QB27A	juvenile justice, chemical dependency, BECCA bill, truancy
78	QB27A	How to get the counseling registration approved.
83	QB27A	experience, some motivational interviewing
86	QB27A	any in the mental health field. have a 4 yr degree, but would like psychological training.
91	QB27A	you always need more training
97	QB27A	Training on Mental Illness, medications, deal with people. Stay up to date. Drug and Alcohol addiction
116	QB27A	more resources
129	QB27A	refreshers and anything and everything
145	QB27A	Legal Advocacy Role, Refresher courses
168	QB27A	When I finished the training I thought who would I work with? What group would I fit with? Because I had a head injury I never fully understood bi-polar. Now I know I could work with sexually assaulted, battered women, families with a person with disabilities of some sort - that has been my pet project. I would like a refresher course (even just one hour) and I would like some input as to what group I would fit best with - with my experience. There are so many things that I have dealt with in the mental health world but I do not feel like an expert and I almost feel like that is why someone else should determine which population fits me best. I personally feel that this is what I need.
169	QB27A	math
175	QB27A	review
176	QB27A	wants my degree social work
192	QB27A	WRAP training
198	QB27A	I would like a review of everything.
203	QB27A	more training is always necessary
206	QB27A	Training is necessary - training as a constant. Supervision is vital for anybody. It is an important dynamic. I think keeping up to date on practices and medication - to know what's out there and usable. In fact, I have found on the internet some sites that deal with various diagnosis.
229	QB27A	drug
238	QB27A	Other things that I can do training on. Typing skills will be helpful.
240	QB27A	interviewing skills, communication skills, and understanding more on mental health, cultural sensitivity and awareness
269	QB27A	alcoholism, drug abuse classes
276	QB27A	Just a variety of training.
283	QB27A	To become more involved with the treatment plans.
316	QB27A	anything working with people
330	QB27A	I would like to get more training out of the peer counseling support, it was a week and it by fast. A lot went over my head.
336	QB27A	more advanced

363	QB27A	want to get the certificate, masters in counseling
373	QB27A	I've only been taking surveys, as a peer counselor having sympathies/empathies for people with mental health disorders should not be in this business. they are rude, or have misconceptions and treat people oddly.
386	QB27A	effective communication
401	QB27A	I want training on care management, and conflict resolution
409	QB27A	we always need to learn new things
410	QB27A	always need to improve
432	QB27A	stigma
434	QB27A	Just mainly experience.
440	QB27A	More on cultural, spiritual, gender awareness. Career seeking as a peer counselor
451	QB27A	Current modalities -- what are the modalities that the agencies are using? Need an internship to observe others doing the job.

Number	Question	Response
32	QA28_O1	I'd like to be able to pay the fee and if I have to pay \$140 a year I cannot afford it.
51	QA28_O1	planning on moving forward in supporting peers and clients
60	QA28_O1	it's a temporary job and it ends at the end of September, I want to resume working as a peer counselor but that is if there is an opening somewhere and I get hired.
136	QA28_O1	part of my own recovery I will be trying acting, sing, musical theater. I'm going to test the waters
138	QA28_O1	I may go to school and continue on to educate further in the same field.
144	QA28_O1	gone into overall MH therapy, my role has changed.
150	QA28_O1	I plan to become the director of the agency
165	QA28_O1	Until I'm no longer interested in being a Peer counselor
186	QA28_O1	I don't work in it now, but I utilize what I learned
214	QA28_O1	Until I am no longer interested.
219	QA28_O1	Until I get my 4 year degree
221	QA28_O1	right now I'm going through my own cycle they are somewhat supportive. I went to my boss the other day and asked what if I can't work at the time I'm supposed to and she said you might not have a job. they are already doing me a favor for letting me take time off work.
295	QA28_O1	as long as I can pay for the reg. to the dept of health
334	QA28_O1	I am not currently a peer counselor
335	QA28_O1	still interested, but not looking for work.

Number	Question	Response
33	QB28_O1	just kind of life

71	QB28_O1	For more than three years, but not the rest of my career
83	QB28_O1	I'm not working as a peer counselor, I'm really happy with the job that I have. Not a room for advancement as a peer counselor, doesn't pay well.
103	QB28_O1	not just a peer counselor, parent advocate
116	QB28_O1	only if they are not paid by the RSN
143	QB28_O1	It's just part of my job
175	QB28_O1	I would like to do that as a side job
203	QB28_O1	I don't work as a peer counselor, I use the skills, but that's not my title.
213	QB28_O1	in not currently working as a peer counselor but still interest in keeping my license
238	QB28_O1	I want to further myself in another position as a counselor.
278	QB28_O1	don't know
342	QB28_O1	I definitely interested in working in my current role which is not peer counseling.
373	QB28_O1	for as long is useful
375	QB28_O1	Unsure due to the hardship of working with mentally ill patients.
378	QB28_O1	I don't know
386	QB28_O1	always but only the amount of time I can handle
399	QB28_O1	if it doesn't adversely affect my financial situation I would do it for one year because I want the experience more than the money

Number	Question	Response
4	QA30A	paperwork, and education in different types of mental illness tha.
12	QA30A	dealing with difficult clients/consumers in trying to manage whatever they're doing
14	QA30A	Communication skills, Team work skills, Motivation skills
32	QA30A	RAP facilitator, law and ethics
34	QA30A	Training on benefits. Consumer run organizations.
35	QA30A	wrap chemical dependency voc. rehab
40	QA30A	mental health and chemical dependency
45	QA30A	paperwork, more motivational, when to share story and when not to. borderline personalities.
46	QA30A	safety and the WRAP review
51	QA30A	approaching difficult situation, communication, problem solving, recovery and resilience, IRM, more training for the providers as a role of a peer, ethics training, healthy boundaries, active listening, strength based reframing, professionalism training.
55	QA30A	helping people get clean and sober understanding the homeless population more
59	QA30A	more training for chemical dependency, chemical dependency part in the program is a little light weight
60	QA30A	I think the humanities side of it, the one-on-one training would be helpful.
63	QA30A	advocating
68	QA30A	anything in regards to peer support. anything that can help us to be able to further other people's health and their lives.

72	QA30A	Vocational stuff, job support, how to utilize your position and getting them to get more help, more crisis intervention, this would be really important
77	QA30A	clinical notes, chemical dependency
80	QA30A	a little bit more advanced training
81	QA30A	learn how to bring your personal experiences out to help other individuals.
89	QA30A	Everything, one of the biggest: employment transitioning of a peer
92	QA30A	more peer counselor type, technique, recovery
96	QA30A	Training in Auditory Hallucinations or voices
99	QA30A	A parent component, developmental disabilities, more disabilities like SSI and SSDI information
101	QA30A	family counseling on geriatric stuff and child things
113	QA30A	More skills to work with clients who straight out of the hospital
118	QA30A	same as 2 questions ago.
119	QA30A	conflict resolution, stress management.
122	QA30A	advacy, legislative level, what is available
126	QA30A	local resources, first aide, resources for preg. and new moms w/MH. long-term care.
128	QA30A	descilation, boundaries,
132	QA30A	trainings on recovery and mental health
134	QA30A	trauma, domestic violence, geriatrics, basic med. Reaction , over view of 12 step process
135	QA30A	I think it should be required. Evidence based practices.
136	QA30A	employment advocacy for people with criminal records,
138	QA30A	Crisis
139	QA30A	Trainings listed from the previous question. Some legality updates, since laws change all the time.
144	QA30A	would like to maintain skills.
158	QA30A	legal rights of patients, housing coordination, vocational
165	QA30A	General trainings provided by the mental health system
166	QA30A	more in depth on RAP
174	QA30A	of course, see comments about this a couple back.
180	QA30A	anything along the lines of peer counseling.
183	QA30A	back to crisis training
185	QA30A	Maybe more on facilitating groups.
188	QA30A	general training that is offered
193	QA30A	Would like to see what's available and we'll make my decision.
199	QA30A	just more information working with people that would drop in
200	QA30A	facilitating groups, ethic and professionalism
214	QA30A	Anything to help me help others with their mental health issues.
218	QA30A	Working with law enforcement.
219	QA30A	Increasing people skills. How to do the paper work. Communication skills.
234	QA30A	depending on who was giving the training.
236	QA30A	learn how to help people help themselves
241	QA30A	Training around how to work better within your community resources. Collaboration with different service providers and how to access them.

244	QA30A	Dealing with children. Support dealing with their families.
248	QA30A	WRAP, understanding and dealing with different disorders
252	QA30A	more on recovery, coping skills
260	QA30A	yes! as long as there's not big test.
261	QA30A	Stress management on the job
267	QA30A	case mgt. and facilitating a group
280	QA30A	can't say
291	QA30A	Probably the intervention, knowing when to intervene and what to help them with, problem solving skills
294	QA30A	Mental Health terminology and general concepts.
295	QA30A	more training on what to do in a staff splitting situation.
298	QA30A	any training that is available
307	QA30A	ongoing - what's new and upcoming, any changes,.
318	QA30A	Two mentioned previously.
319	QA30A	WRAP Around training
321	QA30A	hard to say resources
322	QA30A	ethics, communications and self care
334	QA30A	group training
335	QA30A	Maybe a better idea of what peer counselors, what they could expect and know what's not part of their job.
340	QA30A	all you offer
346	QA30A	Coping skills, Points of view that work for people who are mentally ill and think outside the box of their own self stigma
362	QA30A	It's hard to say.
364	QA30A	Any relevant training I'd be interested in.
370	QA30A	Additional training in how to handle situations, ethics, any others that are available
380	QA30A	WRAP Facilitators, WRAP, Advocacy, Office skills , documentation training. State regulations.
383	QA30A	counseling, ethics,
384	QA30A	CEU training if they're online
393	QA30A	understanding different mental health disorders, training on accessing or navigating the system (includes schools and IEPs - Individual Education Plans)
396	QA30A	whatever is available, DBT training dialectical behavioral
398	QA30A	communication, charting
405	QA30A	up dated in MH field relevant issues
408	QA30A	A little bit more on training resources on housing, more problem solving for individuals like mental health issues.
415	QA30A	Natural support, anything that has to do with peer support
420	QA30A	disabled vets, fam.
423	QA30A	present the program and yourself to employers.
433	QA30A	anything in the area of behavioral, and chemical dependency.
441	QA30A	conflict resolution, how to relate in a positive way especially culturally
448	QA30A	more training to help people with degree
453	QA30A	Continuing education credits, substance abuse - co-occurring disorders, vocational training classes

Number	Question	Response
7	QB30A	Review of the course (short)
9	QB30A	diagnosis information
13	QB30A	How to facilitate support group training, more on communication in the workplace with co-workers
28	QB30A	Refresher and new laws to learn how to do our jobs more effectively.
29	QB30A	things change so much on a year to year basis, just to know what there is out there again.
33	QB30A	I don't know right now.
41	QB30A	Any kind.
48	QB30A	For me, I'm coming across different mental illnesses and I have a difficult understanding of where they are coming from.
49	QB30A	small doses to not miss any work, evenings, or on-line
62	QB30A	information on assessments. Working with clients.
64	QB30A	More on group facilitation and all previously stated @ RAParound for families.
69	QB30A	WRAP training that's covered in great detail
71	QB30A	Just anything, all training is good.
75	QB30A	Psychology and working one on one with people.
76	QB30A	It would parallel to the same training I received for the certification, just expanded.
78	QB30A	Completing Counselor Registration requirements.
83	QB30A	extensive training
86	QB30A	anything in mental health and psychology
91	QB30A	don't know
97	QB30A	How to communicate. How to listen. Mental Health and Illness Education.
103	QB30A	More work group facilitation.
104	QB30A	motivational interviewing
116	QB30A	coping with grievance, boundaries
120	QB30A	Chemical dependency professional
129	QB30A	refresher. anything
140	QB30A	I don't know at this time.
145	QB30A	Dealing with finances to give people hope.
157	QB30A	not sure what they would offer, ongoing education
159	QB30A	Update what is new in the field.
168	QB30A	Probably any extended training that they come up with. As they go along they will see what they need to give us. I would be interested in anything that would extend our knowledge and our skills. Anything that would aid us in assisting the client. I am in the mindset that we need to get in and let the person get back to their life not do the same thing for 15 years.
169	QB30A	more leadership training train the trainer
175	QB30A	if I had the time and ability, yes.
176	QB30A	????
198	QB30A	Getting hands on training. Like a job.

203	QB30A	anything that's pertinent to mental health, substance abuse, and human services
213	QB30A	working with other professionals of better understand the role of a peer counselor.
220	QB30A	how to get a job
229	QB30A	Drug
230	QB30A	whatever training they want to give me.
240	QB30A	The ones previously listed.
269	QB30A	More on alcoholism and more on domestic abuse and how it pertains to substance abuse.
276	QB30A	All of it.
283	QB30A	To get more involved, more in depth.
316	QB30A	ombudsman
323	QB30A	Social training for the real world to help people. Reality based training to help peer counselor and client to adjust to real life in society.
330	QB30A	Support classes, classes on mental health, classes on communication
336	QB30A	how to become an effective peer counselor
342	QB30A	Ethics, staying true to the rule of peer, history , hoe to incorporate recovery into day to day practice
363	QB30A	suicide,
373	QB30A	There's always new topics that people are thinking about. the newest things that are happening in the field. Becoming better able - more effective to help people. Working on your own interpersonal things or areas in the field to help other people.
378	QB30A	Ethnic training
381	QB30A	continuing information
389	QB30A	COD training, Mental health professional counseling
390	QB30A	Further training in facilitation skills
394	QB30A	I don't know what it consists of
399	QB30A	training in doing social services and human services.
404	QB30A	WRAP training
409	QB30A	counseling
410	QB30A	anything
432	QB30A	dealing with stigma, mental in cultural aspect
434	QB30A	Interaction with other peers
436	QB30A	better knowledge in human service
440	QB30A	working with fearful peer, the recovery model, sensitivity to other cultures, working with mental H. professionals/chemical dependency
451	QB30A	Current modalities being used; How to be a good counselor and stay on the road to recovery.
452	QB30A	more sills with vocational rehab

Number	Question	Response
4	QA31	I am very thankful for it. It has made a difference in my life and other people's lives.
6	QA31	Training is valuable to the peer support process. Moving at such a good rate that people could find jobs. Very timely, very intense, very self oriented to get people into the peer counseling program. Training was very valuable to me.
12	QA31	I'm very glad I did it. The work is very rewarding.
14	QA31	I have helped 6 peers fill out their applications to take their Peer Counselor training. 4 of them have been certified, 2 I work with. It's very special.
16	QA31	I think it's terrific. it has really grown over the last 3 yrs. there is a big need for peer counselors.
32	QA31	The training was important for my recovery, it was an awesome experience, I loved it.
34	QA31	No
35	QA31	I am incredibly happy with it.
40	QA31	It's a good job. We need lots more. They need to figure out something for the companies to have benefits for the peer counselors and give them more hours whenever it is possible.
45	QA31	I have had a great experience. I work for a company that has been very supportive. I have been able to grow.
46	QA31	I heard that they are going to make it harder to get your license would this effect those of us already peer counselors.
51	QA31	the beginning was difficult working with the professionals when were new. And it still continues till this day. They don't think your stable enough to see clients. the new administration at columbia river let out my personal information in a sample of a reauthorization and would not even talk to me about it. monthly peer meeting on ethics when it was their ethics they violated. the positive is working with my clients. watching them grow and fall.
55	QA31	Where I work we pretty advanced and we work as a whole pretty well. I do talks at the u of w. I would like to see other places give peer more support
59	QA31	No, I just thought it was excellent. Fabulously thought, interesting, and I was impressed.
60	QA31	the program that I went through was a great experience with valuable knowledge, however it gave me a supportive feeling that me feel I was capable of moving forward in my life. But there are no jobs available and it is very hard on the hopes. there are only two agencies in vancouver that were hiring anybody and they were all full.
63	QA31	personal boundaries in the class was very good, helps with getting along with other.
68	QA31	Wonderful!
72	QA31	I enjoyed the job thoroughly. It was the best job I ever had. I fit me, I miss the people. I miss it.
77	QA31	They need to get the registered counselor program squared away and not be so biased.

80	QA31	This has opened the door for me, which I never suspected was even there. The peer counselor has led me to a very good job for me and it allowed me to meet very nice people. It made me who I am today. I loved everything, I am completely satisfied with the training. It was intensive, but I received a good experience out of it.
81	QA31	it's really needed. I wish they would make it easier for people to keep their licenses. it is getting too expensive. they need to make it easier for ones to find out info about becoming a peer counselor. make it more accessible. there are ones qualified and want to do this, but do not have the finances to get into it.
89	QA31	I think we are underutilized. I think we need to educate clinicians in what we can do as peers. And we need funding, bottom line, we need the money.
92	QA31	yeah... kind of ... It depends on each client. Each client has a different need. It is okay. So far I like my job. Sometimes it is a little hard but I do my best. yes, I like my job.
96	QA31	I think it's actually a wonderful experience things that have happened in my life I wouldn't want others to experience. To instill that there is hope and resiliency to get better.
99	QA31	No, not really.
101	QA31	I really think that Sharon Sumner should be recognized at some higher level for creating the peer advocate program, teaching about conflict resolution skills and other skills so that we can work in the Rainbow Center. The WIMRT were more interested in putting people to work under case managers. It's not something I would want to do. Sharon trained people at the Rainbow Center. WIMRT adopted the training and they go hand and hand.
113	QA31	It was a good experience.
118	QA31	I was very well put together and thorough. helpful to go back to
119	QA31	I really really hope they get this thing going with the jails as peer support and a WRAP towards the jails, that is where my interest lies. A high facility WRAP
122	QA31	I would like to see more education for the public mental health agencies as to importance of having peer counselors as part of treatment in community agency in order to provide well rounded services. To accept the peer counselors as part of the team.
126	QA31	Film it!!! the power of the program is in the people currently doing it and how they present the material the material cannot stand alone and we need to prepare now for the future of continuing the program at the same quality.
128	QA31	get more peer position open and more trainings
132	QA31	excellent training. still have contact with a lot of the people that I have trained with and we kind of have our own little networking
134	QA31	no
135	QA31	there needs to a component added for family and dealing with other care givers i.e. aunts, uncles, foster families etc. the rules are different for them so there needs to be better training for the peer counselors.
136	QA31	thought the training was good in broad areas in general.
138	QA31	It just takes a long time to find a position.

139	QA31	It should have been started long time ago. Mental health providers should be educated before peers come in the company. It would be much easier for the peers, because it would promote equality and keep our confidence level up.
144	QA31	wonderful concept and wish other states would start it. fits me and my background. strongly supportive.
150	QA31	It is the best thing I ever did
158	QA31	really good engaging peers and instructors. they really care.
165	QA31	I feel that if they're going to be offering the course again, it would be helpful to us if they include training that applied to children. That was my biggest my disappointment, not many information useful to help parents with mentally ill child. Overall, it was a good program.
174	QA31	I really liked the training and highly recommend it. impressed with the caliber of training, and have different ones part of the training. role playing was very helpful.
180	QA31	I think it is vital that someone be really grounded in recovery to participate in the program. otherwise they may be in over their head.
183	QA31	It is the best thing I have ever done
185	QA31	I thought that training was great. I think they really did a good job.
186	QA31	there was alot of confusion when I completed the class as to what to do then and the process is cumbersome. the process is not clear and tedious
188	QA31	No.
193	QA31	Not at this time.
199	QA31	No.
200	QA31	no
214	QA31	I am very satisfied. I thought it was a great thing and the teachers were really great too.
218	QA31	I am glad that the state has the peer counselor program so that families can help other families.
219	QA31	I thought it was very well done. It was nice to be treated as a valued member of society.
221	QA31	no.
234	QA31	over all please since they included family members, with time the quality will improve.
236	QA31	Recommend DBSA to do training along with the current training. more help in finding employment after the job. More funding for peer counselors
241	QA31	I would like to see that the peer counselors that work with parents have a separate training than working with adults, because they are different.
244	QA31	No
248	QA31	one thing hard for me was that it was a 40 hr week which I had not had in a long time and it was a LOT of information to take in. Felt overwhelming, too much crammed into brain. The commute everyday was also tiring and long day. If all locations followed the same policy of putting people into hotels close would be helpful. trainers were great.
260	QA31	There is no one in my area that is doing the WRAP training and we need that.
261	QA31	No.
267	QA31	been great for my own recovery. opportunities I see ahead

270	QA31	I hope that the peer counseling movement will keep growing, it helps people learn to advocate for themselves. I think that one of the really neat advantages of peer counseling is that as long as peer counselors are trained well we can be a great service to people because we have been through the experience of mental health issues. people that have been through public health have been through a lot of the systems.
280	QA31	Yes: it was a very long time b4 we were given the choice about the release of our personal information. That option was a long time in coming and it shd. hv. arrived sooner.
291	QA31	There were things I couldn't express and this survey was the only way I could express them.
294	QA31	I really enjoyed the training and the binder to orientate the staff to what we do, have enjoyed utilizing the training agency with what we do, and I would be willing to give back to state for my training by coming and sharing my peer counselor experience in future trainings to help new trainings
295	QA31	Really enjoyed the inciation
298	QA31	I was really fortunate to be involved in an 8 week training, where enhancements were involved. I was really fortunate to be in a human developmental training, I hope it would be available for others in the future. I highly recommend it.
307	QA31	I love it and hope it doesn't go away.
315	QA31	no.
318	QA31	It's a wonderful program and a unique opportunity for a clients. It allows me to advocate for my clients who can't advocate for themselves.
319	QA31	I think it's a wonderful that the mental health system is moving forward for it. Clinicians should spend more time with the children like the parents, so they have an idea of what us parents go through.
321	QA31	Just about the actual training that took place (it had been sev. yrs. and things may hv. chngd. since; nevertheless) During that training there were ppl. who were truly mentally ill (badly off); they were too obviously ill to be of much help to other ppl.; it was all they cd. do 2 B of use 2 themselves. Now the truth is that when you down that deep or in that far to your illness you only have the strength to concentrate on yourself, and that's the way it shd. B, b/c you have to think or your own well-being B4 you can attend to anybody else's. Many of the ppl w/whom I trained were in that kind of condition. And when I say many I mean *many*, not just one or two, wh. wd. B worrying in and of itself but wd. nt. B a matter of total concern. But I'm talking about, like, 75%. This caused me grave concern then and now.
322	QA31	really important to develop relationships with my peers at other trainings to network and support. Washington Institute is awesome
329	QA31	the three week program by the RSN was extremely effective and professional and easy to learn to comprehend
334	QA31	it was very good. it was so detailed it was too much for a week
335	QA31	I thought that it was a good program. I thought that the test was a little bit difficult than it needed to be.
340	QA31	Open to work in other areas, would like return to employment after retirement.

346	QA31	I enjoy it immensely to go to class for 40/wk and train as a peer counselor with other trainees further the cause for mentally as peer counselors to the people we serve. It was delightful to sit in the room and not really care what illness everybody had. It like being in a room of people and being accepted by people and forgetting your illness.
348	QA31	It sounds great on paper, but once you get out there it makes you a sitting duck.
362	QA31	No.
364	QA31	Underpay, I wish we were paid better simply because we are asked to do certain things that we are uniquely qualified for and we don't function in this imaginary world, we function in the real world where we have real bills. We're no different from others, would be nice to be making more money from this. I don't feel stigmatized, non-issue for me. Generally by in large, a feel supported by the people I work with and the agency I worked for. I am better off with the work that I do.
368	QA31	Personally, about 10 years I was a consumer/provider, a lot of this I learned it before, the specific WRAP program and progress notes is different. One of the reasons I got the job, I ran 2 agencies with the mentally ill that are homeless. The program is great. I never took the consumer/provider program. I was hired with the government Access. I worked with DSEC for 5 yrs. I'm not brand new to the idea of peer counseling.
370	QA31	I'm real happy to be involved. There was a time where communications in the state down to the local level was poor. Limited jobs for peer counselors. Feelings of insecurity about the job stability. You train a whole bunch of people and you just dump them. Very serious problem, a whole bunch of people aren't going to stick long to find work as a peer counselor.
380	QA31	I feel that Washington State Administration is not especially familiar the peer counseling model developed in Georgia. And, quite often we are underutilized, the agencies that we work for are sure what to do with us. Based on the job descriptions that I have seen quite often the agencies aren't familiar with what's in entailed with operating and facilitating day programs. For instance a day program is required to be open 5 hours per day 5 days per week and often the positions for these positions are 25 per week which offers no time for documentation and preparation to teach a curriculum.
383	QA31	it was the best think that I have done
384	QA31	I think there needs to be more control over what the agencies are doing with the peer counselors. There are some agencies that value peer counselor, while others frown upon them and not respect them.
392	QA31	As a parent, some of the stuff didn't fit. It was helpful when I was asked to look at it as a parent and not as a peer in the oral part of the exam. It was a good thing.
393	QA31	No.
396	QA31	Not everyone that takes the training can be a peer counselor, you have to kind of have it in your soul to begin with for it to work
398	QA31	Like to see a separate training for parent of children with emotional and behavioral mental health needs. A common voice trains their own parent partner but they are not cert. but it should because it really focuses on the family not the individual. SAFEWA they bring 10 parent org. around the state to support the agencies.

408	QA31	I think it's a good program. I'm glad that they have finally got it so we can share our information and give our feedback. It would be really helpful for once that this information is gathered and shared to all of us peers.
415	QA31	I also took training with META in Phoenix, Arizona. It was better than what the state offered. It was consumer friendly, more actual scenarios and a lot of role playing. WIMHRT was more by the book, had cultural diversity and state law, more than META did.
420	QA31	it is a great program and wish it had more funding.
423	QA31	the training was very good. the eastern and western side of the state need to be on the same page in regards to peer counselor.
433	QA31	no.
441	QA31	It is what I want to do for sometime
442	QA31	The peer counselor program when it came in for adult consumers nearly destroyed the parent partner program. I wish that at the time of conception more effort to work with the people who were already doing the work to connect with the people in the parent partner program. So that I think that it could have been a collaborative effort to create e a better program.
443	QA31	Thought test was pretty hard - didn't pass the first time
448	QA31	there is not enough jobs for peer counselors.
453	QA31	Programs should expand to include more young people/more parents and grandparents, and men.

Number	Question	Response
7	QB31	It was a great experience, I learned a lot. I highly recommend it.
9	QB31	I tried for 1 1/2yrs to get something going here, even though MH organizations know about it, they do not utilize it. I was told the by group that gave us the training that they would connect me with other counselors and that did not happen.
13	QB31	I enthusiastically support the program and be happy to contribute my services to the program.
26	QB31	I think that it is probably necessary to do more thorough screening of applicants. There were some people in our class not stable enough to use this in their situation and some were overqualified.
28	QB31	Not at this time.
29	QB31	I think I lucked out and had some really good people that worked with me when I was going through things. I hope that someday I can help somebody else the way they helped.
33	QB31	I hope that at some point that I can be able to work as a Peer counselor and do the survey again so it is pertinent to the questions.
41	QB31	I had very good teachers.
48	QB31	I just like to say that one thing that they taught us in class most valuable to me is the section in listening skills. I have found that invaluable.
49	QB31	I think it's excellent.

62	QB31	There was new information available . Helping the peer counselor. It was not as clinical. Lacking in social work.
64	QB31	I would like to see that there is a basic core training with other training dedicated and related to a specific position, as special ed, juvenile justice, etc, as targeted training with the work that is being done with families
69	QB31	I think it's a good program. Hopefully they'll keep funding training.
71	QB31	No.
75	QB31	It was excellent. Helpful, useful, really good program.
76	QB31	Formalize training for my natural ability as a peer counselor.
78	QB31	No
83	QB31	I really appreciate the opportunity, because it readied me to be able to start feeling to look at I was ready to go to work again. It was valuable for me.
86	QB31	I was impressed as what it took to be certified. I have been a counselor for 20 yrs and there was nothing like this in effect. It is very costly which makes it difficult and it takes a long time to get the certificate from the time of passing the exam, this needs to be sped up.
91	QB31	the training was excellent.
93	QB31	it's a good program.. was disappointed that there were few openings for hire despite the mandate
97	QB31	I thought was an amazing experience I enjoyed every moment of my training and information. I even enjoyed the testing.
103	QB31	No, I thought it was really good training. Continuing education would be really good.
104	QB31	The training was valuable for my own recovery.
116	QB31	the accommodations were not adequate and travel arrangements. instructors did not follow through because I needed wheel chair accessibility and missed the full day because I was dealing with the accommodations that should have been already done. Applicants were not screened properly and there were trainees there that were still heavy in their addiction and saw not a safe environment. this training was in the Tri cities. the training went very slow, not on task. should be interview before accepting a application.
120	QB31	I think it's a valuable program.
129	QB31	it's a good thing. they need to have it at a few places so it will be more convenient for people.
140	QB31	None.
143	QB31	I think the testing was full of trick questions. I did very well, but I don't think it was a good test. The questions were hard to understand.
145	QB31	One of the best experience. It was very worthwhile. I hope it continues to thrive.
157	QB31	No.
159	QB31	When I first got my certification, there were no jobs. No one knew what a peer counselor was. The employment area was ridiculously ignorant. No education whatsoever what we are and what we can do. It got frustrating, where you apply for a position, they would overlook you. There is no face to face, they get confused with your title and certifications. They would see you as a psyche counselor. It was difficult to educate potential employers who we were as peer counselors. They really had no clue. I think that potential employers need to know what a Peer counselor is. It has improved some, since some people know. People for Work Source should be educated what peer counselors are. No one seems to be hiring for this

		job.
168	QB31	I was at the Rose House one day and a fellow was announcing boldly to everyone that he was a Peer Counselor and was able to do counseling with anyone. I think that he had over confidence (especially for someone with a mental illness). They need to make clear that a peer counselor is different than a registered counselor. We cannot do family counseling. He was trying to convince us that he was a full fledge counselor. We are doing peer counseling under the advisement of a registered counselor. To be a counselor you have to go to college for 2 or 4 years not 2 weeks. They need to help people not have an overconfidence in this registration. With my own daughter I knew to take a step back and not over counsel my own daughter. That is not something you learn in 2 weeks but 2-4 years.
169	QB31	I me tallot of different people. There seems to be way more jobs on the west side then the east side.
175	QB31	the instructor was very friendly and he made it fun. it was really interesting. and nice to learn everything.
176	QB31	enjoyed everything about it
192	QB31	I think that the training was pretty great, but I didn't feel much connection to it after the fact. So it wasn't relevant for me.
198	QB31	It was one of the best things I've been through in my recovery. It helped me understand others.
203	QB31	It was great and happy to be a part of it.
206	QB31	Internet resources for recovery as well.
213	QB31	peer counselor are not readily excepted as professionals in mental health. better understanding on what peer counselors do.
220	QB31	On this side of the mountains, there were none.
229	QB31	a project has been developed to help ones that have lived the experience. People are helped best by someone that has gone thru what you have gone thru.
230	QB31	It was very beneficial to me, helped me understand my peers better. Also helped resolve conflicts with peers in the mental health area.
238	QB31	I just thought it was interesting.
240	QB31	Not that I could think of.
269	QB31	I wish that they would have training in Vancouver more often and certainly be able to take the test here, since it's not offered around this area. I have to go far to take the exam.
276	QB31	I think if they could give the test the last day or the next day after the program.
278	QB31	good program and selections of subjects that they covered
283	QB31	Wish it was more in depth.
290	QB31	It prepared us in a lot of ways, but not as much as it could have. You have to have a dramatic story to become a peer counselor.

302	QB31	No. I loved it. It helped a lot.
308	QB31	nope
316	QB31	great training.
323	QB31	I think it's incredibly valuable. Important thing it gives consumers gives them a second lease on life, make them feel valued and important. Allows someone to function well in society and be proud, a very big deal.
330	QB31	That where they test at is too far, I wish there was somewhere closer to test.
336	QB31	I would like them to hire me as a peer counselor.
363	QB31	It is very valuable for anyone who wants to be in the field. Wash. compared to NE US seems to be more up on things dealing with psychology.
367	QB31	My experience with the peer counselor training is one thing, my experience with the program is another thing. My experience with the personal necessity for clarifying the effect of my employment as a peer counselor on my financial circumstances as a consumer remains disturbed and cloudy.
373	QB31	I would like to see the training take place over a period of a few weeks instead of 40 hours in a week. And rewriting the manual so it is better. It needs better grammar. I think that the - editing it so that it is very clear. It seemed to be very mushy and some places it is clear.
375	QB31	Maybe I would like to be contacted about peer counseling, just try it. If only I could work part time.
378	QB31	Nope
381	QB31	Better preparedness for testing, maybe not a month away from class.
386	QB31	wrong spelling on my certificate, not calling back when asked to. people in the classroom should be more respectful and not make fun, because it hurts and everyone in that room has a story.
389	QB31	I wish that I could have been set up with a job. I wished they had jobs where you can go right into.
390	QB31	No.
399	QB31	I think that it is so unfair to spend \$100.00 to the Health Department for a certificate that should be given to me free of charge. I passed the exam.
401	QB31	it was useful and have been using he skills I have learned.
404	QB31	I think that they should help peer counselors become registered peer counselors because not everybody knows how to do that.
409	QB31	I enjoyed taking the class
410	QB31	no
432	QB31	learn more about combining different cultures and MH issues, how to help them without offending. Having an online support system peer counselors. How do I help other consumers deal with issues in the work place.
434	QB31	I was very happy with the training, it was great, I was very impressed.
436	QB31	great program and the training was excellent
440	QB31	I would like to say it is wonderful program, gave me confidenc to go out in work area, the long 5 day training was good. I'd like to see more positions available, more inf. to agencies about what we do, what we have to offer.
451	QB31	Good training -- too short; Good that experts came in the training; More training for specialties; Need better backing from the MHD -- they are not doing their job!
452	QB31	Important for peoples recovery to go back to work - Peer counselors can encourage others

Number	Question	Response
10	QC1_O1	care giver of parent
17	QC1_O1	In recovery from alcohol and drug addiction.
19	QC1_O1	Haven't been able to get certification because of family emergencies
30	QC1_O1	moved to a different county and couldn't find a job.
44	QC1_O1	There are no jobs
47	QC1_O1	Full time student.
66	QC1_O1	kept following path that she is destined to follow yesterday went to ft. Lewis yesterday to help people with PTSD
94	QC1_O1	Trying to get the peer counselor certificates before applying with them.
115	QC1_O1	could not pass test. have reading difficulties
123	QC1_O1	I wanted to work but could not afford the license, PSN is paying so I have applied
142	QC1_O1	Haven't taken the test to become certified.
153	QC1_O1	had other issues to work out before I have to be employed
162	QC1_O1	I have a disability and there are no jobs.
184	QC1_O1	want to work, but have not been able to find anything
189	QC1_O1	Haven't worked yet as just I have just taken the test and just now starting the process. My mental health issues did delay me from taking the test in December but starting on process now.
190	QC1_O1	had a job lined up, but couldn't pass the test
194	QC1_O1	I'm on disability right now.
210	QC1_O1	Place where I was going to work did not follow through, and just dropped it so I lost interest
212	QC1_O1	live in eastern Washington were peer counseling has not been excepted as a treatment modality. was hired given a start date by lourds mental health in richmond, WA. received a call from barbra mead who stated that they were withdrawing my employment opportunity. was based on past mental health issues. need to go to other agencies that would not have access to my history. would not give me this refusal in writing.
226	QC1_O1	I applied for a job locally, but I didn't get it. There was only one job offered by the agency.
227	QC1_O1	Haven't been certified
235	QC1_O1	Wanted to find a job that was out of the ordinary, but couldn't find one. Didn't want to work in the mental health.
242	QC1_O1	I haven't got my registration yet.
245	QC1_O1	I'm still waiting on that certificate. WEOS hasn't contacted me either.
259	QC1_O1	offered a job a peer counselor at the VA and my contact person from the VA is no longer there. Also had foot surgery and still recovering.
273	QC1_O1	Because I can't find any job in the Peer Counseling Field
282	QC1_O1	Because I was client, I could not be hired.
299	QC1_O1	Haven't been able to get down to take the test to get certified.

312	QC1_O1	wanted to work, living situation was not healthy in regards to the stability of housing. was not able to better until recently. due to not acceptable means of transportation, would not have been able to commit to job without problems.
314	QC1_O1	I'm disabled so I cannot be employed.
332	QC1_O1	Going to school.
361	QC1_O1	I'm a felon, there's a stop sign there. Need to get certified documents?
371	QC1_O1	Applied for peer position, waiting to hear back from that.
374	QC1_O1	Recovering from 3 deaths in the family.
416	QC1_O1	I have not taken the test, Craig's list has various qualifications and says we train you you do not need the state training some do not ask if your are certified through the King county court house
435	QC1_O1	Work program, but I have to take care of some court issues.

Number	Question	Response
8	QC3A	I'm a payee for someone else who is on disability. I have a counseling contact. Getting my feet wet doing this internship.
10	QC3A	in care giving of mother and of others.
17	QC3A	I am in a core program for co-occurring diseases, acute depression and addiction.
19	QC3A	with family members and friends in an unofficial capacity.
24	QC3A	working as a volunteer
44	QC3A	With my friends
47	QC3A	Use these skills every day, not only with people in this compartment complex, but with my friends and people that I know. I plan to be a counselor at some point.
56	QC3A	on the MH advisory board
66	QC3A	In the same capacity and more. It doesn't stop here where I live. It went from being a queen of hearts for 60 some ppl to being an understanding person for 200 some people. Helping out in the kitchen.
73	QC3A	When I go to the mental Clubhouse at Catholic Family Services, I use what I learned in training with the other consumers.
79	QC3A	daily living skills and more responsibility
94	QC3A	Some of my friends have problems, I talk to them since they don't want to talk to counselors.
106	QC3A	Help myself get through things in everyday life.
109	QC3A	I use the listening skills often. Helping people through problems, not fix them. Self empowerment,
114	QC3A	surviving everyday
115	QC3A	my experiences are helpful to others
123	QC3A	I feel I use them any time there is a crisis in my life or for others around me.
141	QC3A	I participate a lot in 12 step programs and sponsor women.
142	QC3A	I use them in my other groups.
146	QC3A	help people at the clubhouse, cook for them and it makes me feel good when I help, encouragement

153	QC3A	I use it with my family, it helps me with my own sanity, and the bonds we made in the class. Stronger bonds after the class.
154	QC3A	lending out the tools and resources
160	QC3A	volunteer work
162	QC3A	There is a day treatment program where I visit. Talking with people there.
167	QC3A	I was doing volunteer work as a counselor counseling scammed victims for Victim Resource Center.
170	QC3A	Use it on my roommate and in group therapy
173	QC3A	I go to day treatment and talk with peer counselors there on staff
184	QC3A	help people at the Christopher house and I can help and share my story
187	QC3A	I'm a minister and it helps me a lot when I talk to people.
189	QC3A	In my own self advocacy. And at one time I was a peer advocate here at the Rainbow Center. Now I'm free lancing my skills amongst my peers in the community whenever I can.
190	QC3A	better listener, has husband has PTSD and has helped other people
194	QC3A	The WRAP program is an excellent program, I spend time with the woman whom I worked in training and we work on that.
195	QC3A	my everyday life, dealing with different people and situation.
197	QC3A	I take a sexual abuse class and I've used it a lot in there.
204	QC3A	working with vets and family, support
209	QC3A	changing neg to positive.
212	QC3A	in my inner action with self when it comes to self care.
216	QC3A	I just help people navigate the system
226	QC3A	I've been trying to get a clubhouse started, I've been using organization skills and public speaking. I have run two support groups in the past. I'm trying to organize another support group with other people and other agencies.
227	QC3A	In the ministry when I'm working with people with mental health issues, I can communicate with them better.
231	QC3A	work with a mental health citizen advisory group, peer counselor support group
235	QC3A	I have friends that call me and they always want me to listen and I give them my opinions.
239	QC3A	I am involved with homeless victims. The training has helped me immensely.
243	QC3A	I integrate them in my everyday life.
245	QC3A	I go to the prison and we have AA meetings up there and suggest the action plan as a tool in the group.
246	QC3A	I give advice to friends and family. I find resources for them.
256	QC3A	I am assisting through Lower Colombia mental health with battered women with a counselor on hand
257	QC3A	For myself.
258	QC3A	Well, NAMI - facilitating connections group in South King County along with some other facilitators. I'm the co-chair of the Valley Cities client committee. Working with a researcher and grant to study mental illness and spirituality.
259	QC3A	when I am involved with the group therapies at the VA and in just talking with the vets

262	QC3A	I use it just in my individual life.
266	QC3A	everyday life
273	QC3A	We have new people that come into our drop in center and it helps to approach them and make them feel comfortable and to get to know them and them to know us.
279	QC3A	It has helped me get a handle on my issues and helped me in interaction in AA meeting and in communication skills.
281	QC3A	I share my story and tell people where to get resources and tell people about professional counselors, and hearing other peoples stories helps me in my own recovery so I can help others that I know
282	QC3A	I'm part of NAMI. I have better interaction with the people. I'm more involved now.
284	QC3A	Just in working issues within my family and with friends.
287	QC3A	I am working with disabled adults. I feel that I use the training daily in my job.
297	QC3A	In friendships, in relationships with my friends and my spouse, learning to identify my attitudes
299	QC3A	It showed me why I have such a problem getting along with other people. I learned better coping skills, better communication skills. why a therapist responds the way that they do.
303	QC3A	Facilitating NAMI.
312	QC3A	very much so. it is part of my healing process. I need something to do in helping others for me to heal.
314	QC3A	I have used them in a Peer Counselor position but not being paid.
317	QC3A	I keep my recovery going.
325	QC3A	My pastor uses me, he refers me to people in the church with acute mental illness, visited people in the hospital inpatient. Still exploring a lot of options.
332	QC3A	A little bit, not much, more on common sense.
337	QC3A	I am using these skills by helping my friends out with their problems.
338	QC3A	I'm volunteering at the Department, Downtown Services Center, Department of Mental Health in Downtown.
345	QC3A	my volunteer work
353	QC3A	Through the training, my exposure to different people with psychiatric abuse, I became more aware of that. It helps me to keep in mind encountering various students, since many psychological students have previous experiences.
354	QC3A	I volunteer at a mental health fac.
361	QC3A	I've been helping a friend of mine that has mental programs. Being there for him.
365	QC3A	facilitate wrap program
371	QC3A	I use it on my own life, I use it with friends, support groups.
374	QC3A	Interacting with other residents.
388	QC3A	I have been in counseling for the past 10 years seeing a psychologist/psychiatrist, I learn from him and he learns from me. I have been hospitalized twice from 2 nervous breakdowns. I can learn from everything I have been through and help other people. It has been a huge learning experience. Apply what I have learned.
411	QC3A	The communication and listening skills. Helping others access

		mental health resources.
417	QC3A	Using it for myself.
430	QC3A	associates/contacts and in own stability
435	QC3A	My daughter was just diagnosed with high anxiety and I'm dealing with that one. My husband has anxiety and PTSD, so I deal with it on a daily basis.
439	QC3A	own recovery
446	QC3A	with friends and neighbors. everyday life.

Number	Question	Response
66	QC5A	people here are really private
141	QC5A	Just because I have some harder days, and other days are easier.
160	QC5A	personally and out in comm. it is harder to use on self.
173	QC5A	I'm having some issues with neighbor and my training and experience has helped me through that
177	QC5A	I am too depressed
187	QC5A	It's just the opportunity. When people come up to me then I use my skills.
212	QC5A	because it hasn't gotten me anywhere in two years
242	QC5A	In dealing with people.
273	QC5A	If I'm around someone who is shy and can't speak out I can talk to them about my experiences and how far I've come thru mental health and have gotten them in contact with people who can help them. And it's really helped a lot of people here.
297	QC5A	Because I had to battle depression for years.
314	QC5A	I do use it and feel that it is a help that shows that the stigma of mental illness is not what it used to be. Mental illness is not something you need to be ashamed of.
328	QC5A	in my own life
354	QC5A	don't know
365	QC5A	I am a volunteer at UW
374	QC5A	I feel I have a lot of issues myself, I find it rough some days.

Number	Question	Response
8	QC6A	Truthfully I was hesitant about the agencies doing business for so long were gonna be happy to let me in the door and pay me when they could keep the money in their own pocket. And that's the experience I've had so far. I'm not pleased by it.
10	QC6A	there was an interest there on my part.
17	QC6A	It was a whole lot more information than I thought I need to know and it is more information and I am not quite ready
19	QC6A	I was already doing support groups through NAMI, so I had a pretty good idea of what the peer counselor position would be.
24	QC6A	because I haven't been able to get a job, that was the whole point.
30	QC6A	no idea
44	QC6A	You don't get the job like you thought you would.
47	QC6A	The training that was given for peer counselors has opened up not only my eyes, but opened many doors to see other people's problems and my own self. I'm going to school now, it brought a change in my life.
56	QC6A	I utilize my skills when dealing with others such as my family. in day to day life. and use DDT skills.
66	QC6A	Upset they took her notebook... going through a series of bad associations in section K... It's a way of problem solving.
73	QC6A	I thought that I would be assigned to a facility somewhere here in Eastern WA and be part of a staff, but I was not.
79	QC6A	I like the idea of helping people that can barely help themselves because I can relate.
94	QC6A	I asked my counselor what a peer counselor does, and what I was told was what I expected it to be.
106	QC6A	Because I help people I've that all my life. Studied psychology and codependency.
114	QC6A	because I know I can help others and I have a story that I know can help
123	QC6A	I expected it to be something to fulfill me and help others. It's about listening more than my talking.
141	QC6A	I was what I expected it to be.
142	QC6A	Because the education taught everything we needed to know.
146	QC6A	does not understand question

154	QC6A	because that is what is was for
160	QC6A	have not done work in professional setting.
162	QC6A	There are no jobs. The system is broken. There are many limitations.
167	QC6A	I really wanted to become a full fledged psychologist, but a peer counselor isn't quite that level.
170	QC6A	I have seen other peer counselors and have observed and talked to them and I strongly agree.
173	QC6A	because I'm also a consumer
177	QC6A	I don't know
187	QC6A	They give you the tools. After being trained and not employed for so long, I might need a refresh course.
189	QC6A	My expectations were to be a better self advocate, help my community and my peers, and let me know there are resources available. It has helped me with my recovery and my resilience.
190	QC6A	because it's in the field of helping people.
194	QC6A	Because I can work with people like myself with mental issues. Because I have experience, I can become empathetic than a person who doesn't understand it.
195	QC6A	because I had no expectations so it was all good.
209	QC6A	because I was not able to find a job. they are more people then there are positions.
210	QC6A	I did not expect so much driving and I am legally blind. There is no metal Health supervisor and no structure for this program as they did not even know what a peer counselor is. They promised work papers and never followed through.
212	QC6A	because I have various and many experiences when it comes to mental illness and have a BS in psychology
216	QC6A	Because it's supposed to help people going through the same things that you have been through. The state makes it really hard for people with criminal histories to get certifications. There should be different credentials for a peer counselor license.
226	QC6A	I think that it's a lot more than what I thought it would be. It's more organized. The job that I applied for was much more involved than I thought it would be. Much more work.

227	QC6A	It pretty much followed what I was told before I took the training.
231	QC6A	because it has opened up a door to help others
235	QC6A	We're pretty well trained and I have had experience with that before.
242	QC6A	Because I had talked with my counselor about it before and turned out to be what she had said.
243	QC6A	It helped other people that don't really know the program and the resources available.
245	QC6A	Don't know, it's hard to explain
256	QC6A	Utilizes fundamental resources to aid unaware consumers, many do not know what is available.
257	QC6A	I wasn't able to find any work.
258	QC6A	I thought I could walk into a job.
259	QC6A	it just gave me that title of something that I have always done
266	QC6A	because I have not been able to find a position I have been disappointed with it.
273	QC6A	I didn't even know one existed before. And now that I am aware that they do and what the purpose is I now see that when they do their job right that good stuff comes from it.
281	QC6A	because I have always wanted to help people and that enable me to help myself.
282	QC6A	There were high hopes at the beginning but no opportunity
284	QC6A	I think there's a need. I think it's a good program and I'd be good for the job.
287	QC6A	Because I don't have a job using my skills.
297	QC6A	It's not exactly what I had envisioned, but it is better for them to give consumers ideas.
299	QC6A	I knew it was helping people find their road to recovery and that's what interested me. I wanted to be able to assist a person in that direction.
303	QC6A	The book had absolutely nothing to do with the test that was given.
312	QC6A	feel that there is a lot more to come.
314	QC6A	My initial impression was someone who would counsel. Be there to relate and help people in crisis. I wanted to start a warm line and I thought the training would help. The training was not what I expected it to be. Peer counseling is a glorified case manager.

317	QC6A	I agree because it's a good program, but there isn't any jobs.
328	QC6A	When I was in prison, it has helped me adjust.
338	QC6A	I also volunteer in the King County warm line, it helps me talk with people who call in. When they are having problems, it helps me listen to them and be able to help them with their problems.
344	QC6A	The more, you have more confident, more knowledge about the mental health
345	QC6A	the questions on the test were tricky and it blew my mind
354	QC6A	because of the training
365	QC6A	Too much driving for a 15 hour job
371	QC6A	That's the way it was told to us by employees in that field and the RSN.
388	QC6A	Because like I said, I have the skills, experience, I have a good 15 years of dealing with life. I have helped the homeless out on the streets, I have helped addicts, I have been there for them up on their feet where they are able to go back to work. When I was at the clinic I was doing the job of a nurse and the mentally ill patients were able to take their medicine when they saw me.
411	QC6A	Lack of experience.
416	QC6A	Because from taking the class it seemed it would be at an agency then it is about community support, I am not a public nurse.
417	QC6A	I suppose I just expected to be able assists other people with mental illnesses. The peer to peer counseling gave me the qualifications to do that in addition to the WRAP training I already received.
430	QC6A	I had expected to be employed. I receive a letter asking if they could share my name with agencies.
435	QC6A	A lot of the training helped me communicate better with people who suffer with mental illness.
439	QC6A	disappointed at the employment opportunity. there are only a few positions and hundreds have applied.
446	QC6A	because I have not been able to do the ground work of being a PC. During the training they said it was about mandatory reporting.

Number	Question	Response
8	QC7A	What they have done is retitled the people who are already working. They haven't hired anyone new. They are receiving more money when it comes to Peer Counselors. When I was in the training I thought that that was what would probably happen.
10	QC7A	you don't really know how to put things together until you are on the firing line. learn from the experience of doing.
17	QC7A	I have been where people are and I wanted to help them and I felt they properly prepared me.
19	QC7A	I feel that it was fairly specific to the average job duties.
24	QC7A	I have had extended training
30	QC7A	at the time the information we were given during the training, if you are getting funding from a grant you have to have a peer support specialist. in this county people that have masters degrees just get certified.
44	QC7A	It does, but you don't get employment right away.
47	QC7A	Once involved with the training, the people who were also involved in the class got together and looked at a common goal. Still in contact with everyone afterwards. One of my classmates happens to be a leader for DSHS for Pierce County, she sends me updates. Bonny, Peer support leader, asked to put my name out there for Peer Counselor opportunities. Continue to help you after the program.
66	QC7A	The people in the clubhouse were very supportive
73	QC7A	Even though I agree, I still feel I need to do more in order to improve my skills which I learned in training.
79	QC7A	seeing my own improvement since getting the training and how I handle daily life. I feel I need to go to training again.
94	QC7A	Because it allowed me to prepare to help other people, to help them better before how I was previously.
106	QC7A	Helped me with all the state and federal government requirements. Helped me build confidence in some areas, the attitude of the people teaching the class was real positive I needed that. Tried to help me be a little more positive I volunteer more.
109	QC7A	Lack of support in filling out the certification application.
114	QC7A	it showed you different avenues to help people and how service work

123	QC7A	I think because Burnie D he saw it as excellent training and feels I am highly qualified and wants to hire me.
141	QC7A	I don't know. They didn't spend too much time with either suggestions or information about trying to find employment.
142	QC7A	Because it something new that is starting to happen in this area, if I was certified, I think I have a good chance of having the job.
146	QC7A	has a hard time with verbal open ended.
154	QC7A	great information that I would pass onto clients
160	QC7A	different from volunteering.
162	QC7A	Your being trained for a job that does not exist. There is no employment.
170	QC7A	It gave us all the material and things we needed to get a job
173	QC7A	having trouble finding work.
177	QC7A	They covered a lot of information on the topic
184	QC7A	the training helped me
187	QC7A	It's good training.
189	QC7A	Today I got all the information I needed. I have the application for my certification. They gave me all of the skills and tools. I am going to DVR at 10:00 to get work. They have prepared me very well. the best resource they gave me was the curriculum from Peer Counselor training. The appendices and everything - WACs and RCWs. They gave me self confidence enough to apply and be accepted on the Whatcom county mental advisory board. I am also the chair of the Rainbow House planning committee.
190	QC7A	because they didn't help you prepare when it came to the paper work
194	QC7A	Because they covered pretty much everything. The instructors that they chose were very caring and wanted to see people succeed. They have their own passion, very thorough, they made sure everybody understood.
195	QC7A	being that I have no idea of what skills I was going to get as a peer counselor and do not have a college degree, I felt it was adequate.
197	QC7A	It taught me to listen and talk less.
204	QC7A	they did some follow up trainings to add the marketability of our skills
209	QC7A	was not able to get a job due to more people then positions.
212	QC7A	for training yes, but for the politics no!!!!
216	QC7A	Because you can get a job if you have your certificate, but it's obtaining the certificate that's hard.

226	QC7A	I didn't really realize how much of a workload it would be. I am not able to do that amount of work.
227	QC7A	I haven't taken the test yet.
231	QC7A	gave me the confidence to reach my potential to help others
235	QC7A	They trained me well enough.
239	QC7A	Quite a few of the graduates who took the training are employed. A board I am on utilizes peer counselors. It has been vital to our community.
243	QC7A	It helped me further my education.
245	QC7A	It gave me the confidence to do or work with another peer.
246	QC7A	If I get a job, it's going to be based on my training.
256	QC7A	It changes the way one utilizes the information and the way we contact each other and the way we interact.
257	QC7A	I was one of the first to have passed the test and be certified, but couldn't find a job.
258	QC7A	I think I was already pretty well qualified from my life experience. I had run support groups for about 10 years.
259	QC7A	I'm in constant communication with the people who gave the training and get constant e-mails.
262	QC7A	There was parts of the training which I thought they speeded over things.
266	QC7A	they is really no support in finding jobs.
273	QC7A	I've got my fingers crossed that I get a job.
279	QC7A	I've gotten a sponsor and I am going to be volunteering at New Beginnings while waiting for an opening.
281	QC7A	because it help me apply what I have been told in my own recovery to help others
282	QC7A	You can't put someone in such a position with such a short amount of training.
287	QC7A	I don't have a job the training was good though.
299	QC7A	We didn't go into interviewing techniques or how to look for a job or present yourself for a job.
303	QC7A	Most of the information was good that haven't been in the field.
312	QC7A	there should be a refresher and group discussions of what might not have been covered in the program.
314	QC7A	If that had been my goal I feel that it would have been adequate.
317	QC7A	Because it helps me talk and understand other mental health patients. The network that I use to call people consists of all mental health patients.
325	QC7A	The only problem is there isn't any jobs available here in the North End.

337	QC7A	Because it made me more aware of the Washington state laws and regulations. Made me more sensitive to being culturally aware.
338	QC7A	The training and the test that you have to prepare for helps you mentally recognize that it is a professional field.
344	QC7A	I believe being in Vancouver area there are not too many openings believe it did prepare me.
345	QC7A	helps us with our own issues so we can get employment
353	QC7A	I cannot find a job after receiving my training.
354	QC7A	the training was not what I expected
371	QC7A	They adequately prepared us for employment where the training was concerned, but not the area we were in, since not a lot of jobs were available.
388	QC7A	it's only because it's going to give me a piece of paper, which is what some of the agencies require before they give you a job or allow you to volunteer.
411	QC7A	Because not everybody gets employed.
416	QC7A	It was mostly a lot of book work and reading, I felt we should go into the facility for hand on.
417	QC7A	My purpose was to assist personnel that had the same disabilities, the peer training gave me insights on law and the HIPPA program.
430	QC7A	I may or may not been from the training and may or may not have been with me.
435	QC7A	It's pretty grueling process in getting in your psyche, just knowing the ins and outs of the mind. A good 8 week course.
439	QC7A	could have used more training. experience has ended up being the best. the training was great, but real life is more difficult.
446	QC7A	the training prepared me, I just haven't been able to take the test.

Number	Question	Response
17	QC8A	computer training ,employment assessment
24	QC8A	more training in the chemical dependency side.
47	QC8A	Chemical dependency program, I intend on continuing my education on the upside down degree to obtain my bachelors.
56	QC8A	wrap, more role playing, more on active listening, anything else relevant.

66	QC8A	8/2006 is when her paperwork is dated she says you can always use training
73	QC8A	interpersonal skills with people directly
79	QC8A	understanding what peer support is all about. if I can relate it to life then I can be of help. I am just a bit unsure.
94	QC8A	Being able to put myself in their places, to be in their shoes.
115	QC8A	wish that the peer counselor training could be longer to get more information.
123	QC8A	How to improve my memories
154	QC8A	wrap-arounds
170	QC8A	counseling with people
173	QC8A	drugs and alcohol abuse
184	QC8A	will probably need to take the training again to pass the test
187	QC8A	A basic refresher.
190	QC8A	more training on charting
195	QC8A	you can always use more training in MH
197	QC8A	A refresh course for those that that aren't working.
204	QC8A	how to deal with a hostile work environment, training on boundaries and communications
209	QC8A	wrap
212	QC8A	how to stand up for your rights when it comes to the politics
226	QC8A	Currently working in being confident enough to handle crisis and stressful situations.
231	QC8A	organizational training, drug and alcohol rehab
242	QC8A	Brush up course would be good.
243	QC8A	updating of skills
246	QC8A	Updated stuff on new techniques, etc...
256	QC8A	assertion and aggression training
257	QC8A	I don't think it is anything that a peer counselor can help you with.
262	QC8A	I feel like I need some computer training. I think that one of the areas that was kind of weak was on building a treatment plan and on progress notes.
266	QC8A	the MH system needs more training with consumers of MH
273	QC8A	I could use more supervision before I get into it on my own
279	QC8A	hands on experience, first aid, possibly go for masters.
282	QC8A	You can always use more training. More training in WRAP
284	QC8A	The escalation.

287	QC8A	Maybe if I had more I could get a job. More training in information of the homeless community.
297	QC8A	more attention and time for the peer counselor training, needs to be a little longer
299	QC8A	Yes I would like to go thru it again because it would help me to understand things better.
303	QC8A	paperwork
312	QC8A	keeping in tone with people, going to it does not go away. I would like to be a speaker to help others.
314	QC8A	I live for training. More crisis training. Basically anything, I enjoy learning.
317	QC8A	Crisis
325	QC8A	Cultural competency
337	QC8A	On the laws
345	QC8A	paper work can be overwhelming
353	QC8A	job hunting
354	QC8A	suicide prevention
365	QC8A	tbi training
374	QC8A	Refresher training
411	QC8A	Whatever training I need to get employed.
417	QC8A	Don't know what they'd be at this point.
439	QC8A	being approachable yet still having boundaries. especially in dealing with youth and sex. Human relations course to have a greater understanding of people from so many different areas. i.e.: criminal, homeless, gangs, etc...
446	QC8A	refresher course

Number	Question	Response
30	QC9_O1	I wouldn't mind doing it part time for the rest of my career.
66	QC9_O1	Due to economy not very hopeful. She says things are not going smoothly but she is interested and it is in everyday life... that is survival and wellness.
73	QC9_O1	interested, but I don't know if I'm equal to the education needed to be professionally employed
115	QC9_O1	would love to continue once I pass test

194	QC9_O1	I can see myself working for a long time.
195	QC9_O1	not sure at this point
210	QC9_O1	I am no longer interested because of what happened.
212	QC9_O1	if somebody could assist me in the employment process, where my history would not affect my employment status
243	QC9_O1	For the time being.
273	QC9_O1	It's hard to answer because I haven't gotten to the point of passing my test to see whether or not I'd be a Peer Counselor or even if I'd like it.
314	QC9_O1	I'm not a peer counselor so this question doesn't apply
353	QC9_O1	for the next 5 years during grad school

Number	Question	Response
8	QC11A	would like money for education (college)
10	QC11A	wider range of topics and for more individuals. and space them out.
17	QC11A	whatever offered
19	QC11A	More training in available social services, especially CE (current education)because it always changes.
24	QC11A	chemical dependency training 2 year program. co-occurring disorders training as well.
44	QC11A	I don't know
47	QC11A	Any training dealing with day to day experiences people have to go through and have difficulty at times.
56	QC11A	more role playing, more active listening, PCP
66	QC11A	I need another copy of the book
73	QC11A	I don't know, if things were developed I'd like to be notified that I can participate in them. I'd like to learn more about interpersonal skills required to be a better counselor.
79	QC11A	computer training
94	QC11A	Being to put myself in other's shoes, being able to talk to them about what they want.
106	QC11A	Situational Training where there is families in situations like codependency Explaining more situations a person could get into in counseling.
109	QC11A	Domestic violence. Relationships. Substance abuse
114	QC11A	deal with different mental illness.
115	QC11A	WRAP trainings should be offered more. Things change
123	QC11A	classroom, to be keep abreast of updates.
141	QC11A	I'm not sure, just anything new or different from what I experienced.
142	QC11A	to just become a mental health counselor, and financial help to be able to take classes required for that.
146	QC11A	yes if they are free

153	QC11A	I don't know.
154	QC11A	wrap-arounds, employment opportunities, updates on services
162	QC11A	I don't know
167	QC11A	Anything in the mental health field.
170	QC11A	anything that they have to offer I am willing to go to and learn
177	QC11A	Anny thing they are willing to provide
184	QC11A	go back to school and get social worker degree
187	QC11A	Keeping us up to date on the newest information.
189	QC11A	Training in substance abuse - anything to do co occurring disorders and substance abuse, with homeless issues. courses in enabling me to be involved in lobbying state, local, national issues, public speaking skills, how to use tools like computers, and power point for presentation.
190	QC11A	trainings on resources. paper work
194	QC11A	anything that has to do with mental health
195	QC11A	any MH training.
197	QC11A	Just an update on training.
204	QC11A	communications, boundaries, ethics,
209	QC11A	wrap, anything
210	QC11A	Whatever offered, more psychology, how brain works and relation to behavior
212	QC11A	if I don't have to pay for it
216	QC11A	ongoing training, just like the training that we had, but ongoing.
226	QC11A	Recovery and resilience. I want to do more public awareness and stuff. That would be the direction easiest for me.
227	QC11A	Communication skills. New approaches and new manners.
231	QC11A	keep up with all the resources, more refresher courses
235	QC11A	Do it out of the box, like out of the ordinary. I want something to be more exhilarating.
239	QC11A	Families with children how to communicate. Language barriers.
242	QC11A	I don't know.
243	QC11A	to further my education
245	QC11A	Medication information
246	QC11A	Updating
256	QC11A	Family counseling services, I want to be a family counselor not just a peer counselor.
257	QC11A	I don't know.
258	QC11A	doesn't know what type of training
259	QC11A	learning new methods
266	QC11A	crisis,
273	QC11A	Don't know exactly where I am lacking. So that's hard to answer.
279	QC11A	all training available

282	QC11A	Anything that has to do with empowerment.
284	QC11A	Additional programs I might not be aware of.
287	QC11A	Two areas. More training to be a peer counselor in a mental health hospital. More information in working with homeless people.
297	QC11A	unsure at this time.
299	QC11A	Just a refresher course.
303	QC11A	renew enthusiasm of those who went in the first place
312	QC11A	you can never have enough training. it will only make you better.
314	QC11A	Anything in the psychology field would be valuable to me.
317	QC11A	Crisis
325	QC11A	offering a certification in WRAP training rather than being incorporated in the peer counselor training, cultural competency: behaviors to communication
338	QC11A	Whatever is available that should keep my head in the field.
344	QC11A	same only further
345	QC11A	paper work training.
353	QC11A	Specialized training instead of generalized training, ex. psychosis training on schizophrenia. Difficult cases to deal with.
354	QC11A	how to handle stress
361	QC11A	Just preparing to talk with people having problems.
371	QC11A	I think the documentation.
374	QC11A	anything to do on how to relate to clients
388	QC11A	There's always something to learn and just keep up with the education. I feel in this field people are different and there is always something new to learn and I am willing to. I just wanna help.
411	QC11A	Communication techniques. More WRAP and ISP training. Maybe a mentor. Knowing how to handle certain behaviors.
416	QC11A	more mental health training, type of illness client has
417	QC11A	I don't know what's available, anything relevant to the mental health recovery system. For me, things that deal with schizo disorder or bipolar.
430	QC11A	refresher course and any updates
435	QC11A	Substance abuse, psychology.
439	QC11A	being approachable yet having boundaries
446	QC11A	anything to further my knowledge.

Number	Question	Response
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8	QC12	I enjoyed it. It was worthwhile. I went thru a period where my mental illness looked like it might get more severe. This wellness recovery booklet in the 1990s and the results are great. My life experience for the last 15 years has been the result of doing that type of work. I get up every morning and still do it. Someone somewhere spent a lot of money for me to have this skill and it's a waste if I am the only person using it in my own life. I do not have the assets to connect myself. I was very excited to get called and invited there. I really was.
10	QC12	it would be beneficial to space training due to concentration being limited. I thought those 5 pages can be good for the consumer to read also. they are very encouraging (Don Coyote). it is encouraging to keep you going. the review questions were helpful. having study class succession would be very helpful. having them in the same place was good.
17	QC12	I thought it was a very good program
19	QC12	I think it's an excellent program
24	QC12	No.
30	QC12	no.
44	QC12	It was pretty good. I liked the class. It was really nice.
47	QC12	I am very happy with this program, it is absolutely fantastic. I can't say enough towards it. It has turned my life around. It has given me something to do and look forward to.
56	QC12	the training that I recvd can be improved, could go for at least 2 weeks so as not to feel overloaded.
66	QC12	I think it's been Invaluable. I have seen the whole society in transition since 1993. Whatever falls in place first it is going to be all the more based on what I have done in the past.
73	QC12	I was very encouraged by the peer counselor training. I took advantage personally to what I have learned to share with my clients in improving my own life.
79	QC12	so far so good. it has given me a chance to realize it is not so far away.
94	QC12	No, just I think, when people have counselors and they made a lot progress, they should think of trying peer counselor training to help others.
106	QC12	I think the test needs to be re-done. It is on a whole different level than the class. The test is on a different level than the ordinary person. The test is biased.
109	QC12	I thought it was great. I was happy to have the opportunity. Although it's hard for me to be certified now.
114	QC12	questions are tricky. And you second guess your questions because there is more than one answer.
115	QC12	longer peer counseling training. The questions on the test were tricky, take test soon after training so that you are fresh. Oral part of the test should be people we don't know.
123	QC12	I am very pleased with it and the trainers.
141	QC12	Just I wish they had testing and they would offer testing in Spokane, instead of just in Tacoma.
142	QC12	It was very helpful, I learned a lot not just about being a peer counselor but about myself. I recommend the class to people who haven't taken it yet.
146	QC12	great experience
153	QC12	I think there should be classes that they offer specified for peer counselors. I think it would be good to give further training in specific areas in which peer counselors is needed in. It's good for being prepared.

154	QC12	very informative
160	QC12	no
162	QC12	Education is valuable. I feel that the training has helped me personally. As far as an employment program, the system is broken. There are no jobs.
167	QC12	I thought the training was very good. I gained a lot from it. I thought they'd crammed an awful lot in a short period of time. It would have been better if they had it gone for 2 weeks instead of 1 week.
173	QC12	been very difficult to find a job and to be notified when an opening comes up
184	QC12	good experience
187	QC12	It was a tremendous opportunity. Some certifications can be expensive and difficult to obtain.
189	QC12	Thanks to the Peer Counselor program and being involved it has helped me immensely with my recovery and I am in the best place I have been mentally in 10 years. I am even going to look for jobs now!
190	QC12	Not enough location for the training.
194	QC12	I would like to thank the instructors and say it is a really good program. I would like to see it continue.
195	QC12	I don't think that it is wide spread yet and therefore there is not the funding or the demand for peer counselors yet. they provide the training but the jobs aren't out there yet. we were told that there would be, but there is not. And that psychiatrist should have to go thru the WRAP training.
197	QC12	I feel a little led on about how we would get a job.
204	QC12	mandatory training for sr. staff and admin. in the agencies what a peer counselor is. stop the judgment and the discriminated. because it doesn't serve the consumer.
209	QC12	not enough locations to work at and more peer counselors being certified. more jobs need to be created. If you are not able to move, options are limited. funding needs to be increased so as to serve the people better and bring on more positions.
212	QC12	maybe monthly survey's two check -in to see if there is accurate support.
216	QC12	NO.
226	QC12	The WIMHRT was very stressful, 40 hour a week from 9AM to 5PM. Very difficult to do. The time to commit to finish was daunting, but the information was all good. I learned a lot and I enjoyed it. It was great. It would have been easier for me to do it like a college course. The job itself is very high paced, big case load, and they expect you to pull that off. The school part, a lot of concentration.
227	QC12	I thought it was great training. I thoroughly enjoyed it. The teachers knew their material very well.
235	QC12	I thought it was very good.
239	QC12	I can't praise the local Clark county RSN enough for putting together such an informative program.
242	QC12	I think that it was very good.
243	QC12	I think it's a very good program to help fight stigma, because of discrimination that I have been through myself.
245	QC12	It really opened my eyes. It was really open and honest. I was shocked the first day. It helped me accept my own mental illness.
246	QC12	It was a very good program I think. I know a couple people got jobs from this program. We learned a lot. It was a good experience, I would be willing and interested in doing it again. We all bonded, we shared a common thing.

256	QC12	No internet access at this time and I want to go to school to be a family counselor, this is why I only want to work about 1 year as peer counselor. I could not afford my certification is why I am not working.
257	QC12	I don't have any. My name has changed to Beckie Zempel.
258	QC12	I think it's a good program. I had to wait 6 months to get certified. That was way too long. After I had taken the test and everything. By the Dept of Health.
259	QC12	the classes were well structured and the trainers were excellent
262	QC12	There should be another resource that should be available for those who don't have online access. The registered counselor certification fee went significantly up, I wonder if there would be a scholarship later on. Wondering if there is continued education requirements in the future to renew certification as peer counselor. I would be interested in a job with progress notes instead of paperwork, paperwork overwhelms me.
266	QC12	there needs to more support for consumers and let them be the people that they were trained to be. politics get in the way. they offer this new program, but won't let go of the old. Many don't want to hear of change. Everyone recovers differently.
273	QC12	What I've done I've been impressed with. The way the training ran it was very good and exciting and highly thought out and executed. By the time it was done I was worn out.
279	QC12	I sure hope it grows as it is easier to work on empathy rather than sympathy, but the peer counselors need to be properly trained.
282	QC12	I think the program is a really good idea. I don't think that it was fair that I couldn't be hired because I was receiving counseling despite how qualified I was.
284	QC12	Related to the test, it is ill-constructed. It does not follow accepted item development. If someone looked at the item statistics, they would have not administered it in its present form. It blatantly does not separate people who understand the content from those who do not have a clue. Further, it causes hardship and stress to consumers and may trigger episodes with them.
287	QC12	I was really pleased with the training I had. I'm disappointed that I'm not working as a peer counselor now.
297	QC12	I think it's a very good program, at least it has the potential to help a lot of people. Peer counseling should also be offered to alcohol and drug addicts who are in recovery.
299	QC12	That it would be nice to be able to have a refresher course to help a person get into their brain so that they can retain it. If you don't use it you lose it. Just to keep it fresh in my mind. It would be nice to have Peer Counselors have a group meeting in certain areas, even on line.
303	QC12	They shouldn't take so long to get your certificate or your registration.
312	QC12	when I left the training I felt lost because I did not want it to end. I felt I had already become a part of it, then with the price increase I was not able to continue. help people to remember or forget.
314	QC12	Only that I believe if it were more geared towards actual counseling as opposed to a case manager it would be more effective. Although it would require more training. A real Peer Counselor would be a huge benefit to the whole system.
317	QC12	Because I'm a peer counselor, let's do more work on the transformation grant. I hope something good will come out of it for me and for everybody else.

		Just the employability issue, getting matches. I felt like I learned a lot, program was good, rehab classes have gone well nicely with the peer counselor program. Weakness of program: Vocational Rehab system content of the program, people don't know what's out there. Psychological barriers to employment due to their mental health can be an issue. Make people aware of possibilities on educating people for autonomy and choice.
325	QC12	
328	QC12	I think it is a great program. I always wanted to help people.
332	QC12	No.
337	QC12	No
338	QC12	It was an excellent program.
344	QC12	I wish I had know about this earlier in my life I could have utilized it more
		I thought that it was a very good program. It was very thorough. All the guest speakers and staff were great. It's a great program, but I don't understand why it's uncommon. Very few opportunities.
353	QC12	
354	QC12	no
361	QC12	Not really.
365	QC12	I feel I am pretty adequately knowledgeable about mental health issues
		I think it's a great thing. I like the idea of it, if it can be implemented in more areas.
371	QC12	
374	QC12	I can't think of anything.
		There was a certain doctor that he was supposed to set the example for the rest of us. But I felt that he was looking at us as mentally ill people. He generalized us. He was not doing his job he was thinking of us that he was better than us that he can do
388	QC12	
411	QC12	I think it's an excellent training program. It was very informative.
417	QC12	I found it very refreshing and very informative.
		it seems to me that the people that are on SSI get some type of supported employment. Since I do not qualify for SSI there was nothing open to me.
430	QC12	
435	QC12	It's a great program, awesome program. It should be for anybody going for the mental health profession.
		it needs a little more support. especially after the training. It also needs continuing training. when did become a PC if felt as if they let me go at it without direction or support. there is animosity between those with college and PC's.
439	QC12	
446	QC12	good training,

Number	Question	Response
9	QD1A	my schd got filled up pretty quick.
13	QD1A	I had a break and I was hospitalized.
30	QD1A	I had moved out of the area
46	QD1A	too much stress
48	QD1A	I couldn't work at the same department I was volunteering in.

55	QD1A	working full time
60	QD1A	because I am enrolled in college as well
75	QD1A	Ran out of time.
79	QD1A	it was unfruitful at the time.
81	QD1A	no time right now
89	QD1A	Time
96	QD1A	Working full time
97	QD1A	I work full time and am in school.
138	QD1A	Employed
139	QD1A	I let it go when I became employed.
141	QD1A	I'm concentrating on returning to school
158	QD1A	completed step
166	QD1A	Volunteer work was with the poetry work shop and was hired
167	QD1A	Because I moved out of state.
168	QD1A	I was at the Salvation Army and I had to take a position babysitting for a premature infant that was family and the commitment was too strong.
170	QD1A	I became ill
177	QD1A	because I am depressed I stay in bed all day
183	QD1A	because they employed me
213	QD1A	no need
219	QD1A	Because I regained employment.
221	QD1A	I wasn't getting paid
246	QD1A	I was sick.
281	QD1A	personal reasons
295	QD1A	committee fell apart
307	QD1A	too hard on me. I have a job and am a single parent.
314	QD1A	My county changed their program. There were budget cut backs and they got rid of volunteers.
332	QD1A	Nothing going on right now.
335	QD1A	I went through a depression.
346	QD1A	I was working
364	QD1A	I had to back out, I wasn't able to commit myself to that position.
383	QD1A	I have to take care of my self
404	QD1A	Not enough hours in the day.
417	QD1A	I didn't see a need for it. I may go back to it sometime in the future.
443	QD1A	Busy

Number	Question	Response
7	QD3	We hold education meetings, we hear peer to peer counselor meetings, board of director meetings, and we help people with resources. Education is our main goal.
8	QD3	I'm the treasurer for SE AA in WA state. Meet with guys in jail. Work with people 1:1 through AA. Payee for someone on SS. Counseling service take whatever comes. This just started and I'm going to really enjoy that.

9	QD3	sexual assault advocacy, victims of crime.
10	QD3	care giver for mother.
13	QD3	I was the local coordinator for NAMI's peer to peer education program.
14	QD3	I go on walks with friends that don't make it to the center where I work, I do one on one counseling by listening.
16	QD3	nat. alliance on mental illness
19	QD3	Currently, I am teaching the peer to peer recovery course for NAMI.
24	QD3	I am the lead peer for the king county warm line, non crisis phone line, brand new in king county, been in business for 8 weeks. we take phone calls from peers after hours when the agencies are closed.
26	QD3	Family to family co instructor, facilitate a monthly support group, I teach a 12 week course.
28	QD3	I volunteer in the local hospitals and I volunteer on the RSN.
30	QD3	public speaking, speech writing, facilitating, helping write policies, a lot of stuff.
32	QD3	I attend peer to peer support group, on the mental health court committee for Skagit Co. attend RSN seminars and conferences, Skagit Co. Gleaners@ working on grant writing with them. I go to Seattle Veterans Hop. and visit pt.
33	QD3	As a board member I attend board meetings and are in committees, we find out the horrendousness comes from Olympia, we find ways to deal with it. We decide what's best where to put our money. I go to other agencies and give out training for cultural appropriateness and awareness as for sexual minorities.
41	QD3	I volunteer at a homeless service center. I help advocate for them.
46	QD3	working at a soup kitchen and a parent support group
47	QD3	As a student in a learning position, as a clinical intern for a chemical dependency recovery center.
48	QD3	I was talking with the patients and leading the class with recovery. Helping occupation therapist with her activity.
51	QD3	Green housing for the chronically homeless and chronically mentally illness,
55	QD3	I would take people to appointments and errands
56	QD3	serenity club in the clerical unit. taken lead role on.
60	QD3	I was a greeter I helped people who walked into the center. directed them where to go, answered calls, secretarial kind of thing.
63	QD3	yard sales, craft sales, cleaning with others, work news letter
64	QD3	I assist and support families, meeting with them , phone mailing marketing @ connect with project partners.
66	QD3	Lots of dimensions - visions when you are enshackled by fear and in slavery. You don't realize that there is hope sometimes there is a little book like the PTSD book and all these good things happen. When that person trusts you they will be able to ... just so they won't have to be breached. They trust what you say. Voluntarily you give up any actions that will enable them.
68	QD3	help come up with little resources/ideas for fathering classes. Help with the training. Help motivate fathers to be more involved in their children's lives. find projects, books, etc for the families. When there are meetings we talk about what's working/what's not working. Any events to share with the families.
69	QD3	I'm a volunteer peer counselor, unpaid.

71	QD3	Helping others any way I can.
73	QD3	I engage in social interaction with the consumers at the clubhouse.
75	QD3	Bipolar Support Group Facilitator at Yakima.
77	QD3	I do speaking and education.
79	QD3	one-on-one, organize file/clerical, etc
81	QD3	call center/warm line
83	QD3	I sit in the board of directors for a mental health agency. I work at the Oregon Warehouse. I cut hair for project events like Homeless connect.
86	QD3	clothing bank, at forks hospital including calling for long term care unit
89	QD3	I coach kids on softball.
96	QD3	Helping others to help themselves.
97	QD3	I was a Mental Health advocate for individuals in the department of corrections system.
101	QD3	I help people go over their goals and brainstorm with people on what their goals are and how to accomplish them.
103	QD3	I work in global climate change issues. And community organization
106	QD3	I help with the Rock Club. I help train people to make rocks and jewelry. Shine them up to make them pretty.
109	QD3	I listen and talk with people.
115	QD3	volunteer at my church and counsel, soccer coach
116	QD3	volunteer at a homeless shelter for teens and I check kids in they come through the door, talk with them
118	QD3	various things for my church
122	QD3	board of NAMIE Yakama, family to family curriculum 12 wk education. Teacher of vision of tomorrow
129	QD3	Dual recovery, relapse prevention and AA intervention.
132	QD3	umoja center - the prodigal sons and daughter of Amer. help people who come back from prison and at risk youth
134	QD3	I am a lead staff for King Co. WARM line
135	QD3	WA dads; presented at federation of families and at Georgetown. on RSN
136	QD3	member of the Seattle men's choirs and our outreach for gay and lesbian and trans gender.
138	QD3	Peer support and other activities.
139	QD3	I was a treatment attendant. I would help clients follow policies and procedures of treatment program. I would monitor clients and dining hall. I support groups. I do progress notes, group notes.
140	QD3	I listen to people and their problems. Help them advocate for themselves.
141	QD3	I was in a clubhouse setting and did a lot of stuff in their business unit.
142	QD3	I'm a secretary's assistant. I do filing, I answer phone, and I check faxes.
143	QD3	A senior citizen center. I visit and work there in their little store.
144	QD3	MH therapy for low income is focus.
145	QD3	Crisis help line for domestic violence and kids first.
146	QD3	working at a grade school library. and volunteer for road to recovery coord. drivers to take patients to doctors appointments.
158	QD3	web design for King County Warm line.
160	QD3	go to wrap team meetings for youth that have been away from home, being their peer support. preparing them for what it will be like upon returning to home. also give rides to various appts. natural, wrap, mediation support, etc...

162	QD3	Outreach. Looking for need where need is. Trying to hook people up with resources that are available.
165	QD3	Church volunteer, recovery groups, teen group with mental health issues.
166	QD3	I ran poetry work shop
167	QD3	One to one counseling.
168	QD3	Telephone work and filing. I was a gofer. I helped with projects they needed completed whether it was filing or sorting. They put me in the emergency housing shelter answering phones and the food bank. My physical limitation restrained me to certain things. Plus DVR put me there and they would not allow me to do anything other people were paid to do.
170	QD3	I worked on the quality resume team, with the RSN
174	QD3	in our own voice, for nami.
177	QD3	I listened to people's problems and helped them find resources in community
183	QD3	group check in, one on one peer counseling and the espresso stand
189	QD3	I'm a peer advocate (informal now) do dishes, pick up the trash, water flowers, do maintenance, all sorts of things in the daily runnings of the Rainbow Center, advisory board (Whatcom) coalition for homeless, any time anywhere (if a guy is passed out drunk- ex) I carry around my resources.
198	QD3	Recycle computers. Recycle paper.
199	QD3	I counsel people off the streets who can't afford counseling anywhere else and PACT members.
200	QD3	at the WA alcohol help line, working phones, and NAMI support groups and a state trainer for them. And organize recreational outings.
204	QD3	educating families on military culture (focus on communication skills) work with vets on reintegration. work on symptom management and help to get hooked up with the VA - help with paper work
206	QD3	We're doing a follow up with a group of people - homeless camp. I am working with a state executive and a retired attorney general. We are working on establishing permanent housing for these people. We are talking about camps. The reality is that these people are living in the street now. Living in a camp is far more attractive to these people - it is more hygienic. One day I see this crowd of very well dressed people. One guy stops and starts asking questions. I ask him what he is doing and he says, I am leading a training on homelessness in WA and I said, hello, we are right here. Come stop by .
213	QD3	providing resource information, listening to people also as a parent of a child of mental health issues.
214	QD3	Rising Sun Club House: I listen to people talk, I cook the meals a lot.
218	QD3	I work as a member of the Washington Dad' s organization to support the empowerment of fathers raising children with mental and behavioral health needs. I work as a committee member on the mental health planning and advisory committee.
219	QD3	I would do intakes. Outreaches. Setting up tables on street corners with community information. Jail visits.
220	QD3	Advocate
221	QD3	sweep floors, talk to people in crisis. I was working at a clubhouse, mopping, organizing, making coffee.
226	QD3	I was trying to start a support group for individuals in the mental health community and I'm trying to get a NAMI style meeting once a week for this county.

227	QD3	I'm working one on one with people who come out of recovery. Helping them learn life skills.
231	QD3	primarily work in hospital. Help run the information desk. Take my service dog around to make people feel good.
239	QD3	Direct contact with consumers who are homeless and specific barriers and challenge such as food and clothing I help guide people through the DSHS process.
240	QD3	I co-facilitate an eating disorder support group, I help facilitate the consumer voice group, I do support for a couple individuals with mental illness, and public speaking.
241	QD3	I mentor parents, I am working with a support group for parents, I go to all community events for resources and referral to support our community.
243	QD3	I do paperwork.
246	QD3	Answered the phone for a crisis line.
252	QD3	tutor consumers on math and send out birthday cards. secretary at the Wilson house in Pasco
256	QD3	I do one to one counseling drug intervention, accessing local resources and grief support.
258	QD3	I help facilitate the NAMI connections group and I run the client/consumer committee for valley cities..I chair that. I am the president for the NAMI board meetings for NAMI south king county. I am somewhat active in developing the NAMI walk it's gonna be may 16th ... try and raise money.
259	QD3	group called veterans voice. come up with ideas to help other veterans opportunities for gatherings. a fellowship
260	QD3	group meetings, classes, outings, participate with the group
261	QD3	I do WARM line training like emergency peer support like crisis line
262	QD3	I work at an information desk for the hospital. I direct people to rooms, connect people with patient rooms, clerical work, and escort patients to their rooms. Work with several staff members.
269	QD3	Helping domestic violence clients.
270	QD3	I do passages kids, a little bit with youth in action, we had a mental health awareness day, I'm going to be working as a volunteer leading weekly support group with people with mental illness through NAMI.
273	QD3	Its community work.
280	QD3	I'm chair of the King County Mental Health Advisory Board I serve on several committees I do the kind of vocationally rehabilitative wrk. I have. already described 2 you
281	QD3	soup kitchen, half way house and helped with some of the issues, churches,
282	QD3	The alliance functions. Monthly meetings. Dinners. Research.
284	QD3	Greeter for AARP events, fundraising for NAMI, consult for a philanthropic organization
294	QD3	I work with King Co. and NAMI , K>C> sit on committees and offer my input to where funds should be spent. NAMI I speak to groups about my own illness and recovery
295	QD3	took minutes for the committee
298	QD3	I volunteer in community events regarding mental illness. Public service events.
303	QD3	Facilitating groups.
307	QD3	covered the help line
308	QD3	Cook, clean, advocate for people.

312	QD3	help people with daily tasks i.e. shopping, etc.
314	QD3	I taught a WRAP class.
315	QD3	parent support available at any time of day, IEP meetings, anything to do with school,
316	QD3	teach non violent comm.
317	QD3	I go to agencies and talk to consumers about the training we did.
319	QD3	I try to push parent partners and peer counselors. I advocate for support groups and MFGT. I present in conferences for support groups. I do Cross System Agencies Training.
323	QD3	Helping people cope with being dual diagnosed. I have to clients in Alcohol Anonymous, I help them move forward in their ordeals. Doing step work and social gatherings. Shared what I learned what to do with a woman who has the same diagnosis. Being a good example within my recovery community, it helps me a lot gain the trust of others and improve my own self-esteem to move forward and not become stagnant.
325	QD3	Interim voice speakers beaurea. I help people get immediate help for their mental illness in the church.
332	QD3	Mostly computer related.
335	QD3	I helped in a battered women shelter.
337	QD3	I volunteer with the non profit group youth in action. Prevent youth violence.
338	QD3	I assist the peer counselors at DSHC, Downtown community center, I feed them. I make sure they get showers. Cosmetics and hygiene for clients. I listen to their problems and advocate for them.
345	QD3	teachers assistant at the local collage
346	QD3	Helping others get to where they needed to go, providing transportation.
348	QD3	Transportation for older and disabled people for Catholic Community Services.
354	QD3	I do the same as peer counseling
361	QD3	Talk with people in general.
362	QD3	It's helping advocate for others and resources.
363	QD3	I am a parking lot attendant for nonprofit Christian organization
364	QD3	I was on a board of directors for a consumer run organization.
365	QD3	I work with outreach and advocacy programs thru the UW Transplant. www.transplanthouse.org
367	QD3	I'm working at Hope-Link literacy program.
370	QD3	I maintain resource, community resources at the Red Cross Disaster Relief, food and lodging.
373	QD3	I teach yoga
375	QD3	I help a lady downstairs. She was in a nursing home and I was running errands for her, driving her to the bank and stuff. Lady at church I bring communion to.
380	QD3	We address human needs in our general community. WE do projects for schools that there is no funding for. WE teach classes, facilitate extracurricular activities for elementary school students. We assist elderly with tasks they can't perform and have no money to pay for. WE advocate community disaster preparedness.
381	QD3	volunteer extensive time on employment
383	QD3	nami
384	QD3	I work with homeless people.
386	QD3	food bank, singing, church actives

388	QD3	counseling them, showing them the path, where to go, how to get help, telling them how important they are. It makes a lot of difference.
389	QD3	I emotionally support people in hospice.
393	QD3	Member of the board member of the local WAMI. Support group facilitator.
398	QD3	member of the mental health planning and advisory, leg subcommittee, board member of a common voice and with individual families
401	QD3	I do counseling with members of our church, if people need to talk I talk to them.
404	QD3	I volunteered with children helping them read.
405	QD3	DV advocacy and Peer support in transitional housing
408	QD3	Make calls, trying to set up some trainings for the program that NAMI does. Mental Health council for Disability Rights, WA. Board member of Disability resources.
411	QD3	I make phone calls to help remind patients about their appointments. Organize files and mail out forms.
417	QD3	I assisted with the WRAP group relating with experiences I personally had.
423	QD3	helping developmentally disable adults to use public transportation, etc.
430	QD3	I am a certified Chaplin and go to the local county jail.
432	QD3	admin. assistant
433	QD3	I mainly did office work, filing, learning more about computers.
436	QD3	veterans advisory council,
439	QD3	help event decor, event planning, fundraising, public speaking, group facilitating, taxi driver, hosp liaison, youth house, juvi corrections, quality review team, advocate for MH consumers.
440	QD3	I am a volunteer mental health therapist, I do fund raising with YWCA, asst. in fundraising event ,checking in and out the benefactors. I provide on-on-one therapy, using listening, reflection, peer support, solution focus.
441	QD3	futhering my employment, helping friends and neighbors.
443	QD3	I worked at a referral - drop in center for the homeless - low income folks needing help
446	QD3	we try at risk youth ages 14-24 in the discussion making aspect of their lives. and we have reg meetings. and contact legislation. and leadership meetings.
448	QD3	don't know
451	QD3	Capital Club house -- general work; RSN Advisory Board; MHPAC; RSN Consumer Council;
452	QD3	Running recovery group for older adults
453	QD3	Special Ed advocate - Federal Way school district

Number	Question	Response
9	QD4_O1	I am a social worker and wanted to keep up my skills while I was unemployed.
10	QD4_O1	interest in making sure my mother is taken care of.

32	QD4_O1	I have empathy for the disabled and it helps me with my own recovery as I empower others.
33	QD4_O1	Try and help things with people with their mental illnesses.
47	QD4_O1	gain hours towards my certification as a chemical dependency counselor
56	QD4_O1	disabled so not able to work.
64	QD4_O1	Get free training through other entities, need to volunteer to keep the program going, not enough paid hr. to do that
106	QD4_O1	My mental health issues prevent me from doing anything else.
139	QD4_O1	I was seeking employment in the chemical dependency mental health area and going to school.
143	QD4_O1	I just want to give back
168	QD4_O1	Now that I am older, it also gives you socialization. A lot of my friends have died or moved out of the area and it is a potential option for making new friends. Plus it gets me out of the house.
183	QD4_O1	because I have A PASSION FOR IT AND I AM EMPLOYABLE
204	QD4_O1	find it rewarding and a passion for it
206	QD4_O1	I would love to work as a peer counselor and just haven't made the right connection certain characteristics I am looking for
219	QD4_O1	I worked as a stepping stone to employment.
240	QD4_O1	for my own education as well as it helps support my own recovery
273	QD4_O1	I have stuff in the store and if I volunteer then they don't make you pay the 35 percent consignment fee, they take less. So I get more for my stuff if I volunteer.
282	QD4_O1	I find it rewarding.
294	QD4_O1	giving back for what I have been given
312	QD4_O1	ave. to recovery for self.
335	QD4_O1	I felt like I would be needed there.
388	QD4_O1	choose to work in my own time dealing with my own pain

440	QD4_O1	I am receiving supervision from LICSW toward my own licensure toward LICSW Licensed independent social worker
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Number	Question	Response
24	QD6_O1	helping others and helping your own recovery.
51	QD6_O1	I want to share the voice of peer while changing medical model and change the dialog
56	QD6_O1	not sure
64	QD6_O1	further my work
81	QD6_O1	savings lives
83	QD6_O1	When I'm cutting hair for the community, it keeps my hairdressing skills up. Working at the community warehouse, get exercise and fresh air. On the board of directors, I feel like I'm giving back to the mental health community.
89	QD6_O1	All of the above
103	QD6_O1	Helping save world from global climate change. Making my neighborhood more of a community.
122	QD6_O1	Helping families to become better advocates for their loved ones
136	QD6_O1	having something to do and help my own recovery
146	QD6_O1	for my own recovery and the satisfaction of helping others
162	QD6_O1	The world is in a real shitty place right now. If enough people pull together maybe we can save something.
198	QD6_O1	all of the above
204	QD6_O1	I love helping other, but it really helps my own recovery
227	QD6_O1	All of the above
240	QD6_O1	helping others and my own recovery
280	QD6_O1	all of the above
281	QD6_O1	the smiles it see when they get it. makes it worth while
294	QD6_O1	educating others
295	QD6_O1	meeting others who are like me
314	QD6_O1	All of the above
367	QD6_O1	All of the above and plus more.
386	QD6_O1	all of the above
411	QD6_O1	All of the above

440	QD6_O1	the greatest reward is sharing peer support and counseling skills with clients and interacting and sharing ideas with co-workers and accumulating time toward licensure, @ working with a vulnerable pop, no insurance.
453	QD6_O1	Making change for the better

Number	Question	Response
7	QD7A	I went to the WA behavioral health conference.
8	QD7A	trained to be a consumer seminar leader (national) Community action board with the police dept.
10	QD7A	experience and seeing their reaction is equal to further training.
13	QD7A	NAMI track got me into the program
16	QD7A	trained cer. teacher for families and support group facilitator
19	QD7A	I am a certified peer to peer trainer through NAMI, I am also a certified support group through NAMI.
24	QD7A	the warm line
28	QD7A	I have learned to deal with people of different backgrounds and deal with them in crisis.
30	QD7A	I did an ASSIST training. the first aid for suicide prevention.
32	QD7A	Recovery conference, inter personal recovery skills, vocational, ticket to work helped my recovery and peer training, employment conference
33	QD7A	all of the training
47	QD7A	WRAP training twice, Co Chair for the Project Homeless Connect
48	QD7A	I was in the internship, 6 months internship.
51	QD7A	alternative conf
55	QD7A	don't remember
63	QD7A	kitchen training, cooking classes
64	QD7A	health care navigation special ed training as continuing ed. self care web site training
66	QD7A	I look for self improvement.
69	QD7A	Peer Counselor training
77	QD7A	how to lead a panel discussion
81	QD7A	all that were available (I have a lot)
89	QD7A	the nine months of volunteering, prepared me for my agency
96	QD7A	Vocational Training, WRAP, and Review in peer counseling skills.
97	QD7A	The peer counselor training
122	QD7A	support group facilitator
129	QD7A	dual recovery, facilitating other groups
132	QD7A	motivational training

134	QD7A	King Co. WARM line
141	QD7A	I was sent to Boston for a clubhouse training.
144	QD7A	counseling tech. and philosophies
145	QD7A	Domestic Violence and Kids Safety
162	QD7A	Two doctors came from AZ speaking about topics of peer counseling.
165	QD7A	drug training, Christian counseling classes
167	QD7A	attending seminars
174	QD7A	in our own voice, nami peer to peer, train I.O.O.V..
183	QD7A	group, how to facilitate a group
189	QD7A	Before I took this training (now) I had a peer advocate training here at the Rainbow center
198	QD7A	Computer skills
199	QD7A	Domestic violence classes, and abuse classes
200	QD7A	NAMI facilitator training.
204	QD7A	taking courses through the dept of defense on PTSD in all the involvement
218	QD7A	Community Connectors Training, Portland Training Center, PAVE Classes
219	QD7A	Being a volunteer led to me becoming a peer counselor.
220	QD7A	volunteer work
226	QD7A	I have had other training, I have a BA in social work. I have been involved in the clubhouse, several trainings for a clubhouse. Went to Fountain House in Manhattan. I've been a lot in recovery groups for myself. I take a lot of classes to gain information, I pass that on. I try new things.
239	QD7A	Can't think of specifics.
246	QD7A	how to direct calls if they needed more help than what I could provide, suicidal prevention training and how to deal with it
256	QD7A	14 hours of grief support training and 7hours of utilizing your community
260	QD7A	monthly meeting with group leader.
261	QD7A	Assist Training, suicide prevention
269	QD7A	Classes related to DV, rape and assault
280	QD7A	training in PACT
294	QD7A	Interim voice to train others chaired committee and receive on the job training
303	QD7A	NAMI connections
307	QD7A	outreach, domestic violence, crisis trauma the. courts and legal system, boundaries, policies and procedures. basic advocacy training.
312	QD7A	attended various conferences.
314	QD7A	I had WRAP training. Peer counselor training. I went at least 3 or 4 times a year. Other types of peer training. Pretty much everything I could get into I've done.
316	QD7A	as a facilitator I am always learning.
317	QD7A	Stop stigma support recovery.

319	QD7A	I've had MFGT training, I worked with a lady that's very skilled in doing presentations.
325	QD7A	I'm taking pre-reqs for rehabilitation counseling.
338	QD7A	I get a chance to talk to guys already certified as peer counselor, I'm around them and learn from them.
354	QD7A	peer support training
361	QD7A	learned patience and tolerance
362	QD7A	It was called Peer 101.
364	QD7A	There was a weeklong training on intentional peer support that I attended.
367	QD7A	Only if I find them relevant or related.
373	QD7A	working as a volunteer in that context does help me. I am getting acquainted with people who have different types of mental illness other than my own. You get sensitized.
380	QD7A	Assertive Communication, Diversity Awareness Training, Effective Communication Training, Conflict Resolution, Mentoring
381	QD7A	relevant training to peer and job
384	QD7A	no training opportunities, but to further my experience
398	QD7A	several conf. that I attend
401	QD7A	whenever you talk to somebody you learn something new everyday
405	QD7A	housing ,better working as peer counselor
408	QD7A	Interim voice training, Mental Health Council educational training and participation
433	QD7A	WRAP facilitator
439	QD7A	public speaking, travel
440	QD7A	Group facilitator training@clinical assessment, can request training
441	QD7A	Mental Health first aid, motivational interviewing
443	QD7A	Skills - how to advocate for people, companionship, social skills, working with others
446	QD7A	non violent communication training.
451	QD7A	Trainings; conferences;
453	QD7A	PAVE (Parent Action Voices) Puget Sound ESD

Number	Question	Response
73	QD8A	I feel I should keep my own issues apart from other people's issues.
79	QD8A	procrastination and laziness
86	QD8A	pretty rudimentary type of work
103	QD8A	It's totally a different area.

106	QD8A	I just try to act more natural and try to hide my mental illness. I am fighting it all the time . The more I get around people the better I will be.
116	QD8A	because sometimes it inappropriate
136	QD8A	I meet people with chemical and mental health and I will offer at time my support
141	QD8A	Just because of personal problems, like getting along with others.
143	QD8A	Because of the age bracket. They usually don't like talking about mental illness
146	QD8A	because it doesn't pertain to mental health
160	QD8A	sometimes applies sometimes doesn't
221	QD8A	at the time nobody wanted the help and I was just cleaning.
256	QD8A	It would not be appropriate
298	QD8A	Because a lot of my volunteer work is more hands on, not talking to people as much. Helping people in the events.
307	QD8A	could not give out personal info over phone.
315	QD8A	when I was working I got to know the parent and once I was no longer working I volunteered and we knew each other so well it didn't matter.
332	QD8A	Most of it is dealing with computers.
346	QD8A	I wasn't sure where I could go if there were similarities. I wasn't sure of myself.
375	QD8A	It's just personal temperament. Experience with other peers.
380	QD8A	There are times when it is not appropriate.
389	QD8A	It's not that kind of work.
393	QD8A	Sometimes, because as a board member, that's not really part as a board member.
404	QD8A	It's not always relevant in the kind of volunteer work I do.
411	QD8A	Cause I don't have direct patient contact.
432	QD8A	there is no call for it.
443	QD8A	I kind of share stuff when I think it's for the benefit of the client not for myself. I don't share if I think it will retract from the relationship I have with the other person.

Number	Question	Response
9	QD9A	I do sometimes
13	QD9A	Informal, not informally.
28	QD9A	Some of the people are just looking for directions and not looking for peer support.

32	QD9A	Because they are not under Medicaid, the organization not under Medicaid, do use it in support groups.
60	QD9A	there were other paid peer support staff that would do that job regularly.
64	QD9A	because I am taking a training and need to focus on training
68	QD9A	Sometimes work with the fathers.
71	QD9A	Not formally.
75	QD9A	Part of it was that people were supposed to just talk
77	QD9A	It's mostly speaking and education.
79	QD9A	it wasn't available due to not getting the certification.
86	QD9A	because of the simplistic type of work, it does not require counseling. at times I may give comments though.
103	QD9A	Not related to that.
106	QD9A	Because it is not that type of situation. Its more relaxing and everybody does it to feel better.
116	QD9A	I'm working with youth
118	QD9A	does not pertain.
132	QD9A	I am not at the center all the time
136	QD9A	I call it service work not peer support. That's with my own recovery with AA
140	QD9A	Coz I understand that you have to work for a certain agency in order to provide services.
141	QD9A	Just because sometimes I got kind of tired of going to the clubhouse and felt like there was a lot of expectations put on me because I function differently than other people.
142	QD9A	Because the place I work for doesn't require that.
143	QD9A	They don't have that there
146	QD9A	not appropriate
158	QD9A	nature of the work
160	QD9A	sometimes applies sometimes doesn't
165	QD9A	I deal with mostly with children, sometimes with adults.
168	QD9A	I was told by the person who was my trainer by DVR do not use your years of experience, your training, etc. just answer the phone. It was a direct command. I later discovered that most of the paid employees that I worked with had no human services training.
170	QD9A	Because I am still pretty fragile from my illness so it is difficult
174	QD9A	it's a speaking role that does not always require peer support
206	QD9A	I think it's a matter of structure. We are working at a very basic level. (Church). I met everyone in the camp with serious diagnosis. I told them that what they were doing should be impossible. They were just doing it. It was very impressive. I don't think the instructors are set up yet, even with counseling groups.
231	QD9A	it depends on the situation
241	QD9A	It's a looser environment, it's outside an agency and not in a mental health profession.
243	QD9A	Because it's for domestic violence and I'm also signed up to do the 30 hour training to work on the crisis line.
252	QD9A	just there as a consumer
260	QD9A	not set up that way.
262	QD9A	It's not part of my volunteer work.

273	QD9A	It's not part of the job. I'm there to run the register and help the customers find gifts that they are looking for.
280	QD9A	It's not allowed.
282	QD9A	I just said that I do (see last question)
284	QD9A	Sometimes: Because it's not scheduled.
294	QD9A	because the support service is for working with the consumers not the staff so I only utilize as working with consumers.
295	QD9A	wasn't working with clients
298	QD9A	That's not the role I volunteer for.
307	QD9A	did not pertain.
308	QD9A	I don't know
314	QD9A	There were four of us and two case managers in an office of ten people. There wasn't a huge need for me as a peer counselor.
317	QD9A	Because it's through the agency and we go to other places. It's not a set agency where I work with individuals, we roam around the state.
332	QD9A	It's computer related, not part of the volunteer description.
337	QD9A	It is not really what we do.
345	QD9A	No opportunity
346	QD9A	I wasn't trained
348	QD9A	In the course of driving, it's not officially part of my job.
363	QD9A	only a 1man operation and I am only on advisor boards, not applicable
364	QD9A	It would have been a conflict as a board member. It would have been unethical.
365	QD9A	I do sometimes
367	QD9A	Implicitly not part of the job description, not part of the contract.
370	QD9A	We just have monthly meetings where we get together for training and mutual support.
373	QD9A	sometimes people have begun talking to me - not providing services, just supporting others I am simply supportive so people sense that and start talking to me
375	QD9A	Everyone can be a peer, but it doesn't necessarily pertain to peer support.
384	QD9A	Not formal, informal.
389	QD9A	Not that kind of work.
393	QD9A	Not really a part of being a board member.
398	QD9A	volunteering I'm working to help the system
404	QD9A	There was no program.
411	QD9A	I don't have direct contact with the patients.
417	QD9A	It was only necessary sometimes.
423	QD9A	does not pertain all the time.
430	QD9A	I can speak from the family side when appropriate.
432	QD9A	no call for it

Number	Question	Response
9	QD10A	I do sometimes
14	QD10A	Just because sometimes my peers aren't ready to hear what I have to say.

33	QD10A	They seem to not want to hear what I'm telling them the first times I say it. Then they finally listen and understand what I'm saying.
73	QD10A	I feel like I'm always isolated, even though there's a friendly atmosphere at the clubhouse. I still feel like I'm an outsider.
101	QD10A	It's unnerving for paid staff to be depending on volunteers. I was unhappy with what they were doing.
136	QD10A	to many of us
141	QD10A	Because, like I said earlier, there was some more pressure and expectations placed on me. I don't feel that they were very supportive of me returning to school.
143	QD10A	Sometimes they get too busy and forget about people.
162	QD10A	The way the system is arranged.
168	QD10A	I felt supported by most but not by all. It was because the person in charge, it was her, it was her type of leadership, and if you didn't understand her personal/cultural clash. Someone else came in and began giving me pamphlets about head injuries. They took my tasks away because they were only looking at my disabilities
177	QD10A	I found it hard to communicate with my employer
189	QD10A	Here at the Rainbow center we are having a lot of changes going on. We are combined (drop in and clubhouse) there are lots of conflicts between the rainbow house and harmony house. We are not being utilized. Doors are just now being opened.
200	QD10A	it's complicated
226	QD10A	I get a room to work a group, space is available to me. It's my job to do it. It seems like I have to initiate quite a bit. It's hard for me to be out there and be confident to get things started. I am bipolar, I get a lot of ideas, but the follow through is not good.
256	QD10A	Cowlex County does not have good resources it is difficult for me to get resources that I need as a peer counselor.
281	QD10A	because the way the facility was ruined
282	QD10A	Because I have volunteered to do things and I just seemed to be ignored.
295	QD10A	the community fell apart
346	QD10A	Because I was usually doing it privately as opposed to a facility.
386	QD10A	at the bible study and I asked for volunteer and I don't get any commitment from others
430	QD10A	there are only 5 chaplains and we never meet.
451	QD10A	Staff are touchy about their position -- like I am trying to get their job.

