

Peer Bridger Interview Question Suggestions

M. C. Violet Taylor, Regional Community Bridger

Summary: I've been through this process being interviewed by other peers in a panel interview format. None of us really knew what the reality of the job would entail in specifics. At the time of hiring, some questions would have been more helpful for everyone. The following lists are questions I feel might help educate and prepare everyone involved to assist with good decision. Your HR department would probably want to review these for correctness before use.

If you have any further questions or comments, please feel free to contact me at taylor.violet@gmail.com. If you'd like my answers, let me know.

Situational Questions:

- Upon discharge, you have taken a person to their apartment, all went well... The next day they call and say they have an emergency – they dropped their pills in the bathroom, some went in the toilet, some in the sink, they're a little bit wet, but they're now short on medication until their appointment with the doctor, and they have salvaged enough for the day – they're drying out now... What do you do?
- A person you have worked with for several months leaves the hospital doing well. They are on a number of medications for several diagnoses. A week after discharge, you go to the grocery store and you're in line two shoppers behind them, and you notice they have 4 cases of beer and one frozen dinner in their basket. What do you do?
- When a person is becoming agitated, and upset while waiting for services, or with the situation in general - what are three or options you have to address this?
- Well, you've got to go to three units today with three peers on each unit to meet and assist before 2PM.. In the hallways, on your way to the units you meet peer "X" in tears and his eyes are glazed - they have recently told you that a family member is in a hospital with a serious condition. The peer doesn't respond to your greeting. You have to be at a treatment team meeting in 2 minutes regarding the discharge of a peer you've been assisting for several months, and your input can assist this peer greatly. What do you do?
- A person in the hospital becomes demanding with you, requiring that you visit a local store to make a purchase for them, (with your money,) as they need it right now. This person will not listen to you about any hospital policies stating that you can't use your own money; gifts to and from staff and people in the hospital.
- Some staff may not be ready to make a change to work alongside consumers in a hospital setting. Some staff may be openly rude, and make comments that come close to harassment. One particular staff person always does this to you when there is no one else around, so there's no record, or no proof. What do you do?
- On your first day on the job, your supervisor introduces you around and you meet the managers and nurses, a few doctors. They seem positive and glad to meet you. Your days go well until you have to work late one evening with a person who had an evening interview for housing. The psych techs are surly and negative with both you and the consumer you have escorted. They ask "where have you two been?" and "What were you two up to?" other intrusive questions in an area close to the milieu. What do you do?
- A person is becoming upset and has thrown furniture and is currently threatening the nurses and staff, you are on the unit to pick up another person to take them to visit their CSB before discharge. Although the person you are escorting can see you, you are not able to reach that person, and don't want to yell over the situation. You and the person you want to take off the unit are stuck on opposite sides of the increasingly loud and possibly violent situation. In the confusion, you get shoved into the wall, and sustain a scrape on your forearm. What do you do?
- A peer asks you to swear not to say anything about some things to staff. You say, "I'm not sure if I can do that." They proceed to tell you that they are having an affair with a staff person. Not only has the staff person lied about the kinds of therapy they are doing, but the consumer has lied regarding their location on passes. The staff person is actively drinking and using drugs. The consumer has had a history of chemical abuse. The staff person oversees your supervisor at work, you're shaky about losing your job if you say anything. What do you do?
- You meet a person you helped get out of the hospital in the community, at a local library. They're with their friends, and the person recognizes you, and approaches you. How do you handle this situation?

- A person with a history of violence is out with you visiting housing resources – they'll be discharged as soon as they find a place. They say they need to go by their parent's house to pick up their cell phone – it's a safety issue, they don't want to be without contact to help and support. You know that the person's family has been problematic in the past regarding being unsupportive. What do you do?
- A person becomes agitated in the car while you are taking them to their college where they live in the dorm. They begin saying that you are trying to kidnap them, and that you are trying to hurt them. What do you do?
- You're out with a person visiting a possible day program that is about 40 miles from the hospital. They ask if you'd like some lunch, they can pay for their own. They order a beer with their lunch. What would you do?
- Every Friday a bunch of the staff go out to the local TGI Fridays for happy hour, appetizers, etc. They ask you to go. Consumers have heard this and are listening for your answer. There's only two Peer Bridgers on the job, and the other one is married with children. You'd like to have a social life, too. What do you do?
- You're out with a really nice consumer. They tell you that a staff person called them a bad name, and said some profanity one night when they weren't in line on time for meds. This person has a hearing impairment, and uses hearing aids. What do you do?
- What do you do if you've lost your keys on a unit, or somewhere in the hospital?

Good, basic questions:

- Are you a certified WRAP facilitator?
- Are you familiar with NAMI P2P, and are you certified to facilitate?
- Please explain this statement, "recovery is non-linear," and give an example
- Are you familiar with DTR or DRA and other 12-step mutual support formats, and their approaches to recovery? (Double Trouble in Recovery, and Dual Recovery Anonymous)
- Do you have an advance psychiatric directive, or are you able to speak about these and help a consumer understand what they are about?
- Is there any part of the recovery process, or the hospital that interests you more than others?
- Can you name local resources for – legal assistance, food stamps, employment assistance, wellness centers, local support groups, etc?
- Are you familiar with the county mental health clinic sites and intake procedures? Are you able to inform consumers about any respite or crisis centers as a way to go through difficult times in order to avoid further hospitalization?
- Do you know how to use the bus/metro system, and are you able to show another person how to use it?
- Are you familiar with any supported employment programs, day programs and other supervised activities where people receive structured of help and support?
- Do you know where the local shelters, hypothermia shelters and local day shelters are located?
- Do you know where the consumer-operated services are?
- Why is trauma-informed care important?
- Do you know how to use Craig's list?
- Do you know where the local day-labor offices are?
- In your opinion, explain why sexual relationships are not allowed between staff and consumers?
- Have you ever facilitated a mutual support group?
- Can you give us an example of strength-based documentation?
- Do use a computer keyboard, (this is if your facility has computerized files, etc.)?
- Are you aware of what the Joint Commission is?
- Do you know who the human rights activist is, and how to contact them?
- Do you know how to fill out a complaint form well enough to help a consumer complete one?
- If appropriate, do you know what these acronyms stand for: TDO, CMA, and NGR1?
- What would be the most important thing you could bring consumers here?
- Describe a healthy risk to take in recovery.
- Which of the five key concepts in the WRAP recovery format do you feel is the most important to persons inside the hospital? Which do you feel would be the most difficult to practice inside the hospital?
- Can you give us some of the wellness tools people can use here in the hospital that they can take with them to the community – and describe how you can help people use these tools.
- Is there any situation that you feel might make you so uncomfortable or frightened that you would not be able to function as a CPS?

- What are you going to say to people you've worked with in the hospital, when you see them in the community?
- Are you familiar with Dr. Pat Deegan's "Coke and Smoke Syndrome" paper?
- Do you have any questions to ask us?
- Why are ADLs so important in the hospital?
- What shift would you prefer working?
- How do you approach a consumer who is extremely confused, and forgetful, when trying to provide peer counseling?
- If you should start experiencing health changes due to stressful and difficult situations is there any accommodation we can make to assist you? How would you request this accommodation, and to whom?
- What would be the most important thing we could change inside our mental health care system to make it more usable by people who need these services?
- The Peer Bridger's catchy mission statement sums up what Peer Bridgers do, stated as follows:
"We support each other to get out of the hospital, stay out of the hospital and get the hospital out of us."
(New York Peer Bridgers material.) What does this mean to you.

Also, (Please be ready to answer the person if they ask the percentages of tasks that take up their 8 hours. Such as: documentation = approximately 15%, listening or peer counseling = approximately 40%, facilitating groups = approximately 5%, etc.). Also, provide a listing of required reports and meetings, such as daily, weekly and monthly reports, or daily documentation, weekly or monthly supervisory meetings, and hospital or unit-wide meetings, annual updates, etc.

Please do NOT ask:

How are you feeling?

Did you take your meds today?

Are you feeling anxious, (afraid, nervous, or suicidal)?

Are your meds helping?

When was the last time you had a med change?

What are you going to do if your symptoms return while you're working?

Have you ever had a problem with drugs or alcohol?

Have you ever attempted suicide?

Have you ever lived in a shelter or your car?

Do you have a head injury, diabetes, etc...

Do you attend groups at the Alano, Independence, Serenity, etc. club often?

Are you taking any medications?

What are some of the pitfalls you've experienced in your recovery?

What was the most difficult time you experienced in your recovery?

Do not ask: “Which is the most important, or of greater value – mercy or justice?”

The following questions are adapted from: <http://www.psychclick.org.uk/course-questions>

- Can you talk about a consumer that elicited some strong emotions in you (possibly negative), and tell us something about the situation you were in?
 - How did this affect you?
 - How did you go about trying to deal with it?
 - What did you learn from the situation?
 - Has it changed your perspective, or attitude about peer support?
 - What did you take from the situation that you may make use of today?
- The previous question was quite a complicated one about control issues, and situations we may be placed in. Can you tell us about a time in work, or with a consumer, when you feel you may have been placed in such a situation?
 - What did you learn from the situation?
 - How did it affect you, or the way you might treat other people in the same situation?
- Talk about the differences between peer support and other modes of therapy, such as art therapy, music, therapy, “talk” therapy, etc.
- How would you approach a peer who appears to be agitated, and is beginning to raise their voice with threats and profanity, though these threats and the profanity is not directed at anyone in the area.
- Talk about the role of hope in the recovery process. (role of personal responsibility, education,
- If you qualify, what type of job would you like be doing in 5 / 10 years time?
- Would you read a report to a patient?
- If a patient could not provide consent, what would you do?
- How would you treat bulimia?
- What undergraduate theories have underpinned your work with X?
- Describe a relationship you had with a consumer and how you viewed this relationship
- Describe a time when you were unable to help a consumer. What did you do?
- Talk about a time you found it difficult to work with someone
- Have you ever offered another peer support during a difficult time? Could you please explain how the situation happened, how you offered support, and what was the result. (No names, please.)
- How do you see the future of Peer Support Specialists?
- Do you think Peer Support Specialists are innovative? Can you give an example from your experience?
- What is the most important role of a Peer Support Specialist?
- Do you think patients with short- or long-term problems should be prioritized?
- What makes a Peer Support Specialist different from other mental health professions?
- Can you talk about the importance of confidentiality?
- What is the difference between instrumental and classical conditioning?
- I play golf. How could I improve using psychological techniques?
- What are some of the ideas and suggestions you might offer another peer who is having difficulty with the loss of a spouse, partner, friend or child?