

**COTA Health
Peer Support Specialist, Individual Support Worker (ISW) – ACTT
Team
Interview Questions and Rating Guide**

Candidate:

Interviewers:

Date:

Total Score: (Out of possible **150** points)

	Rating
<p>1) What are your reasons for wanting to work on an ACT team?</p> <p><i>(Looking for: Interest in homeless population with serious mental illness; housing this population; social justice concerns; relevant background)</i></p>	<p>1 2 3 4 5</p> <p>Values opportunity to work people living with serious mental illness and homelessness</p>
<p>2) Please tell us about any education and training you have which prepares you for working on an ACT team. For example, have you completed recovery-oriented training such as Pathways to Recovery or WRAP? Have you taken additional courses on mental health, etc?</p> <p><i>(Looking for: Completion of recovery-oriented training such as WRAP or Pathways to Recovery. Courses in mental health, addictions, vocational rehabilitation)</i></p>	<p>1 2 3 4 5</p> <p>Career and education choices indicate specific interest *****</p> <p>Extra points for post secondary diploma or degree in health or social sciences Add <5> points *****</p> <p>Extra points for Recovery-oriented training such as WRAP or Pathways to Recovery Add <5> points</p>
<p>3) Some participants may not be familiar with the role of the peer support specialist. How would you introduce and describe your role to such participants? How do you think this role can be most helpful to participants or the team?</p> <p><i>(Looking for: Able to relate to and engage with participants from a peer perspective; use self-awareness of own recovery process and lived experience to coach and mentor participants; provide participants with informal counselling, emotional support, group support services, linking with community resources, and teach life skills, etc. Able to help team relate to participant's recovery when appropriate and contribute to program planning, etc)</i></p>	<p>1 2 3 4 5</p> <p>Clear understanding of role</p>

<p>4) How would you describe the concept of recovery to a participant?</p> <p><i>(Looking for: Understanding that recovery is journey of healing and transformation enabling person to live meaningful life in community while striving to reach full personal potential)</i></p>	<p>2 4 6 8 10</p> <p>Looking for candidate who expresses hope and works with client to achieve goals</p>
<p>5) This position has been advertised for a consumer survivor of the mental health system. How would you use your own losses and recovery to instil hope in our participants?</p> <p><i>(Looking for: Lived experience of the mental health system resulting from mental health and homelessness issues)</i></p>	<p>2 4 6 8 10</p> <p>Personal experience that enables candidate to relate to client target population</p>
<p>6) How willing and comfortable are you to speak with clients about your own experiences with mental health problems and your own recovery process? How do you feel about self disclosure?</p> <p><i>(Looking for: Understanding that Peer Support Specialist is a role model for clients in recovery process. Self disclosure can be powerful tool to create relatedness with client)</i></p>	<p>2 4 6 8 10</p> <p>Candidate is readily able to talk about their own experience with clients</p>
<p>7) Describe your understanding of the ACT model and how it works – what makes it different from other case management models? What are your thoughts about ACT’s close relationship to psychiatry, including the use of antipsychotic medications and involuntary hospitalization under the Mental Health Act?</p> <p><i>(Looking for: ACT model includes shared caseload; multidisciplinary team; small caseloads; most work done by team with few referrals outside team; few discharges; daily meetings; best practices proven through research, etc.)</i></p>	<p>2 4 6 8 10</p> <p>Candidate has researched model and is positive towards psychiatry, including need for hospitalization in cases of risk to self or others</p>
<p>8) Working on an ACT team is different than regular teamwork. Because the team shares the entire caseload, communication is very important. The team meets every morning to share information and problem-solve challenging situations. There are often different opinions on the team and different treatment philosophies. What experiences have you had working in a team model? What can you see are the benefits and challenges for you in this way of working?</p> <p><i>(Looking for: Values diversity of opinion that can increase range of options for problem solving; respect; good “team player;” experience in team collaboration)</i></p>	<p>2 4 6 8 10</p> <p>Teamwork is essential to this model and it is important that candidates feel comfortable in a collaborative approach</p>

<p>9) What is your understanding of the Housing First Model and how do you imagine implementing it with clients on this team? What challenges might we face?</p> <p><i>(Looking for: Knowledgeable about model to meet immediate needs of homeless; no treatment expectations before housed; housing recognized as a human right; strategies to assist client in new tenant role)</i></p>	<p>1 2 3 4 5</p> <p>Identifies optimism that target population can achieve and maintain community housing</p>
<p>10) In the case scenario, you notice that Greg is putting his lit cigarettes out on the floor. What do you do? How would you advise the team to respond to this issue?</p> <p><i>(Looking for: Speaks directly to participant about fire risk in non-judgmental way providing information and suggestions for solutions. Informs team without expectation that involuntary hospitalization is first response. Willingness to work with participant to achieve safety plan)</i></p>	<p>1 2 3 4 5</p> <p>Collaborative approach with client and team to achieve safety plan. Hospitalization is not initial recommendation without further evidence of risk.</p>
<p>11) Looking at the case scenario about Greg, what recovery-oriented interventions would you try to assist him with?</p> <p><i>(Looking for: Recognizes that recovery starts with the participant and what he feels is important. Not staff directed. Could suggest family relationship, food preparation knowledge and skills, fire prevention and safety skills, taking first steps toward self-care and creating routine, etc)</i></p>	<p>2 4 6 8 10</p> <p>Identifies that recovery is directed by participant, not staff</p>
<p>12) How would you handle it if Greg asks you not to share what he has told you with the team because he only trusts you?</p> <p><i>(Looking for: Ability to say no to request in client-centred way. Knowledge about team model with shared case load)</i></p>	<p>1 2 3 4 5</p> <p>Able to clearly describe team boundaries that preclude secrets from other members</p>
<p>13) At the next team meeting, you share your assessment of the home visit with Greg with your colleagues. A team member makes a comment about Greg that you feel is inappropriate and not recovery-based. How would you manage this situation?</p> <p><i>(Looking for: Thoughtful response during team meeting. May choose to approach individual involved outside of team meeting. Escalates to Manager only as last resort)</i></p>	<p>2 4 6 8 10</p> <p>Strives for consensus and team building. Recognizes that Peer role on team may include education about client perspective/recovery process</p>

<p>14) When you next visit Greg, he tells you that because he has schizophrenia, he is unable to engage in work or social activities. How would you respond?</p> <p><i>(Looking for: Recovery is an individual process and Greg may not be ready to take those steps. May share similar feelings during own recovery. Provides hope that next steps are achievable without pressure to act now)</i></p>	<p>1 2 3 4 5</p> <p>Instils sense of hope and recovery focus without pressure</p>
<p>15) The ACT team will be using a harm reduction approach, meaning that participants are not asked to stop using drugs or alcohol. What are your thoughts about this approach? Do you think it is effective?</p> <p><i>(Looking for: Belief in benefits of this approach without expectation of abstinence)</i></p>	<p>1 2 3 4 5</p> <p>Positive attitude towards harm reduction approach</p>
<p>16) You may be asked to lead recovery-oriented groups for participants. Topics could range from computer training and cooking to WRAP and Pathways to Recovery. You would be provided with training before these begin. Have you led groups before? What may be challenges for you in running groups on these or other topics?</p> <p><i>(Looking for: Experience and comfort with running groups)</i></p>	<p>1 2 3 4 5</p> <p>Willingness to lead recovery-oriented groups; experience is an asset</p>
<p>17) Tell us how you take care of your own well being and what supports you have in place? What concerns do you have that this full time position could impact on your own self-care? What supports would you need from your team and Manager?</p> <p><i>(Looking for: Self-reflection and honesty. Recognizes impacts and has supports in place)</i></p>	<p>2 4 6 8 10</p> <p>Self care and supports are key to managing stress of role</p>
<p>18) What supports and training do you think you need to perform well in this position, if any?</p> <p><i>(Looking for: Recognition that there are areas for improvement)</i></p>	<p>1 2 3 4 5</p> <p>Honesty and self-reflection</p>
<p>19) If I talked to your previous supervisor, what would he or she say are your 3 strengths and 3 things you could be improving</p>	<p>1 2 3 4 5</p> <p>Honesty and self-reflection</p>
<p>20) Is there anything more you want to tell us about yourself and why we should choose you over other candidates?</p>	<p>1 2 3 4 5</p> <p>Honesty and self-reflection</p>

21) Do you have any questions for us?	
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OVERALL COMMENTS: