

RECOVERY AND REENTRY:
PROFESSIONALIZING AND RESISTING STIGMAS IN FORENSIC PEER SUPPORT

A dissertation presented

By

Wallis Adams

to
The Department of Sociology & Anthropology

In partial fulfillment of the requirements for the degree of
Doctor of Philosophy

In the field of
Sociology

Northeastern University
Boston, Massachusetts
November 2018

RECOVERY AND REENTRY:
PROFESSIONALIZING AND RESISTING STIGMAS IN FORENSIC PEER SUPPORT

A dissertation presented

By

Wallis Adams

ABSTRACT OF DISSERTATION

Submitted in partial fulfillment of the requirements
for the degree of Doctor of Philosophy in Sociology
in the College of Social Sciences and Humanities of
Northeastern University
November 2018

Abstract

This dissertation examines multiple stigmas and the professionalization of peer support work through a mixed-methods study of Forensic Peer Support (FPS) in Pennsylvania. FPS workers are part of the growing peer workforce in recovery-oriented mental healthcare. They draw on their own lived experience with mental illness and criminal justice system involvement to provide individualized support to peer clients with similar histories. Drawing on data from Pennsylvania, including online surveys and in-person qualitative interviews with peer support workers, and supplemented by interviews with FPS stakeholders, this research addresses how peer support workers experience, manage, and resist interpersonal, structural, and occupational stigmas. This dissertation reveals gaps between the conceptualization and implementation of FPS, while providing insight on the composition of the workforce and nature of the work itself. I find that the experiential salience of multiple stigmas depends on the sociopolitical, regional, and social contexts in which individuals are situated. While peers highlight the impact of mental illness stigma within familial and other social contexts, stigma related to criminal justice system exposure is perceived as structural in nature and deeply embedded in the contemporary U.S. sociopolitical framework. Respondents engage in a number of stigma resistance and management techniques, including situational avoidance techniques, that have broader implications for social integration, stigma power, and citizenship. Findings from this study indicate that the peer support field is undergoing sweeping change, and these findings resonate with observations that international peer support scholars and activists have made. The introduction of Certified Peer Specialists as a Medicaid-reimbursable service greatly expanded the number of individuals employed in and receiving peer services throughout Pennsylvania. However, I find that these processes are having additional unanticipated consequences, including changes to the nature of peer work, heightened concern over occupational stigma and jurisdictional threat, and dilemmas

over professional peer identity. Despite broad support, high rates of training, and initial evidence of effectiveness, there are major constraints on the implementation and expansion of FPS programming from barriers related to the criminal justice system and structural stigma. Taken together, this project demonstrates the way that multiple stigmas limit the occupational status of peer workers, while simultaneously highlighting the ways in which peer work and workers deflect and resist stigma. This research also has critical implications for policy and practice to support the increased inclusion of peer support workers within traditional mental healthcare settings, as well as the integration of recovery-oriented services within the criminal justice system.

Acknowledgments

Firstly, I would like to thank the many peer workers and recovery advocates that so kindly took the time to speak with me and support this project. This dissertation only exists because of their time, effort, honesty, insight, and generosity. This includes the many individuals in Massachusetts, Pennsylvania, and across the country who provided me the information and perspective necessary to develop this project, as well as the 117 peer workers and 14 FPS stakeholders across Pennsylvania who shared intimate details with me about their lives and work. Thank you all not only for generously giving of yourself and perspective, but for making the world a better place through the work that you do. I want to particularly acknowledge the amazing people at the Pennsylvania Mental Health Consumer Association, especially Liz Woodley, as well as those at Philadelphia's Department of Behavioral Health and Intellectual disAbility Services. I appreciate Dr. Mark Salzer and others at the Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities for providing me space in Philadelphia to conduct interviews, and for generously sharing survey instruments from previous peer worker studies that I adapted for use in this dissertation. I'd also like to thank Bob Rousseau at the Massachusetts Department of Mental Health for his efforts to bring FPS to this state.

The seeds of this project emerged from two very different settings: the peaks of the White Mountains in New Hampshire, and the public mental health clinics of downtown Boston. Over miles of weekend hiking, my friend Cassie Cramer shared with me her passion for recovery and the value of peer support. Secondly, over the course of facilitating interviews for Dr. Alisa Lincoln's literacy study, dozens of Boston-based public mental health service users generously shared their life experiences with me, including how incarceration and police contact impacted their lives, opportunities, and health. Many thanks to Cassie and to the literacy study participants

who made me wonder what would happen if peer support could support not only recovery in mental health, but also recovery from criminal justice system involvement.

I am profoundly grateful to Dr. Alisa Lincoln, the chair of this dissertation and my mentor, for her guidance, time, and insight over the last seven years. Alisa kept me moving despite the many shiny ideas that threatened to leave me paralyzed with indecision. She provided me with countless opportunities to learn and develop. She taught me how to develop and conduct research, how to think critically, how to network, how to write (and rewrite), and how to be an interdisciplinary scholar. Perhaps most importantly, she taught me that I can be a scholar *and* a mother, a researcher *and* a friend, an academic *and* an advocate, and that all of these roles are important and interconnected.

I was fortunate to work with a brilliant and dedicated committee: Drs. Ineke Marshall, Phil Brown, and Jeff Draine. Since taking her course my first year in the program, Ineke has always advocated for me, brainstormed with me, and been wonderfully straightforward. Phil has pushed me to think more deeply about the literature and my own work, and provided a fresh perspective, all while providing his keen editorial eye. In addition to knowing all there is to know about peer work, Philadelphia, and the intersection of mental illness and criminal justice system exposure, Jeff is a true activist/scholar who lives his work on empowerment and inclusion. This dissertation is a collective effort, reflecting the hundreds of hours that Alisa, Ineke, Phil, and Jeff spent talking with me, reviewing drafts, and providing feedback.

Much of what I know about writing is due to the generous mentoring of Irina Todorova. I was incredibly lucky to have the opportunity to write with Irina and Mariana Guzzardo early on in this program, during which I not only learned about the mysterious article submission/revision process, but also about how fun collaborative research can be. Thanks so much to the departmental staff members who helped me in innumerable ways – to Joan Collins, Tracy

Johniken, Mary Ramsey, and Pam Simmons. I'm also grateful to the individuals in the department, the college, and the Brudnick Center who believed in this project enough to help fund it.

I want to acknowledge my two amazing writing groups for getting me through this entire dissertation process. Brett and Liz worked with me from when this project was only a seed of an idea all the way through data collection. You are so smart, so real, and such a good time. Sarah, Aeshna, and Sam – thank you so much for being my writing crew as I moved this project from a bunch of audio files and messy data to a complete written and revised dissertation. You didn't have pom-poms, but you were cheering me along (and editing) through endless pomodoros nevertheless. But mainly, thanks for the cookies.

Finally, I need to thank my family and friends. To the family-brunch-crew friends, thank you so much for always listening to my grad school and dissertation minutiae and whining - and for being so fun. Thanks to my dad, for always telling me that you're proud of me. Thanks to my mom, for your unfailing belief in me and your mild ridicule of academia. And finally, this dissertation is dedicated to Michael and Ilana. If I'm being honest, I probably would have finished this dissertation sooner without a baby. But being a *Dr. Mama* is infinitely more satisfying than being a mere *Dr.* would have been, and Ilana makes life and work much more meaningful. And to Michael: you are an astounding and deeply wonderful life partner. You're steady when I'm not, and you're unfailingly interested in, and supportive of, me and my work. And I can't believe you line edited this entire thing. This is for you.

Table of Contents

Abstract.....	3
Acknowledgments.....	5
Table of Contents.....	8
Tables and Figures	15
CHAPTER ONE: Introduction	16
Study Background.....	18
Guiding Research Questions.....	20
Study Significance and Contributions	21
Dissertation Overview	22
CHAPTER TWO: Review of the Literature and Background.....	24
Stigma Scholarship	24
<i>Stigma of Mental Illness and Mental Healthcare Use.....</i>	<i>25</i>
<i>Stigma of Criminal Behavior and Criminal Justice System Involvement.....</i>	<i>26</i>
<i>Comparing and Differentiating Stigma Dimensions.....</i>	<i>27</i>
<i>Stigma Management and Resistance</i>	<i>28</i>
<i>Stigma Power and Structural Stigma.....</i>	<i>29</i>
<i>Multiple, Intersecting Stigmas</i>	<i>32</i>
Social Integration.....	34
<i>Mental Health Recovery</i>	<i>35</i>
<i>Prisoner Reentry.....</i>	<i>38</i>

<i>Citizenship</i>	40
Peer Support.....	41
<i>Benefits and Barriers of Peer Support</i>	42
<i>The Growth and Professionalization of Peer Support</i>	44
<i>Forensic Peer Support</i>	46
Conclusion	50
CHAPTER THREE: Methodology.....	52
Research Setting.....	52
Community Collaborations.....	53
Mixed Methods Design.....	54
Data and Sampling.....	56
<i>Online Survey of Peer Support Workers</i>	56
<i>Stakeholder Interviews</i>	56
<i>Peer Support Worker Interviews</i>	57
Instrument Design.....	57
<i>Online Survey of Peer Support Workers</i>	57
<i>Stakeholder Interviews</i>	59
<i>Peer Support Worker Interviews</i>	59
Data Collection	60
<i>Online Survey of Peer Support Workers</i>	60
<i>Stakeholder Interviews</i>	61

Tables and Figures

Figure 1: Interview Location	63
Table 1: Stakeholder Characteristics (n=14)	70
Figure 2: Sequential Intercept Model	75
Table 2: Survey Participants (n=117) and Current FPS (n=25).....	82
Table 3a: History of Mental Health of All Survey Participants and Current FPS	83
Table 3b: Mental Health Service Use of Survey Participants and Current FPS.....	84
Table 4a: History of Criminal Justice System Exposure	85
Table 4b: CJ History of Survey Respondents and Current FPS With CJ Exposure	85
Table 5: Current and Past Employment as a “Forensic Peer Specialist”	87
Table 6: Time spent in FPS activities (N=25)	88
Table 7: Time spent in FPS worksites (N=25)	89
Table 8: Peer Support Worker Characteristics (n=37).....	90
Table 9: Reported Impact of FPS work (n=25)	100
Table 1: Stakeholder Characteristics (n=14)	249
Table 8: Peer Support Worker characteristics (n=37)	250

CHAPTER ONE: Introduction

Jason didn't want to cancel or reschedule the interview, despite the excruciating tooth pain that had kept him from eating anything in the past 24 hours. He winced and held his cheek whenever laughing or smiling. We started the interview and Jason told me that he loves his job although it is really challenging – “It's actually a very, very tense excellent job.” Jason works in Philadelphia as a Certified Peer Specialist (CPS), a peer worker with lived experience of recovery in mental health who is certified to provide Medicaid-reimbursable support services to those with similar challenges. Jason, unlike most of the peer workers with whom I spoke, earned his CPS certification while incarcerated in a State Correctional Institution (SCI) in 2012 and began working for a large behavioral health organization after his release back into the community in February 2016 (seven months prior to this interview). Jason, a 40-year-old black man, had been working in this capacity for three months when we met, but had previously spent over nine years incarcerated. Despite his experience providing peer support while incarcerated and his visible passion for the work, Jason was shocked that the organization wanted to hire a “convicted felon,” and he was very proud to be hired. He told me about his current work with peer clients, talking to them and giving them hope. He loves helping people even if it's hard. “You really have to be on your A-game to get these people back into society, a functioning part of society.”

Forty-five minutes into the interview I asked Jason to tell me a little bit more about himself. He paused. “You're sure you want to know about me? [“Yes.”] My life is not a rosy picture. [Sigh] I grew up here in North Philadelphia...” Jason told me about his difficult childhood, his path to incarceration, and the role that peer support has played in improving his life. He hopes to go back to school and get a college degree someday. Thinking back, he realizes that he suffered from depression since childhood but didn't seek treatment because, “I couldn't

afford doctors, nothing like that... I just had to do everything on my own.” Although he doesn’t say so explicitly, Jason is providing others with the support that he never had.

While everyone that Jason works with is in recovery in mental illness, some of his peer clients have also been involved in the criminal justice system. Jason had recently taken a continuing education training in Forensic Peer Support, a specialized field of peer support for individuals who were involved with the criminal justice system in addition to having mental health conditions. During the training Jason “kept smiling at certain things I was reading and [the director and training supervisor were] like, ‘Well, why are you laughing?’ I was like, ‘Because you guys have this on paper but I lived it and I’m telling you that may or may not work, that may or may not be true.’ ... What I was shocked about was that they were actually taking my advice.” The director and training supervisor listened to Jason’s contributions during the training because he had the lived experience to support his concerns and suggestions.

Jason said that there are many similarities between the challenges surrounding mental health recovery and those of reentry from incarceration that he and his peers face. However, he described in detail the ways that his peer clients’ families rejected them based on their mental health status, and later told me that a “door slams in your face when you’re coming home from prison.... [there’s] the feeling that society shuns you and it’s close to accurate.” Although obstacles regarding jobs and housing are substantial for returning citizens, Jason told me, “you just have to keep fighting.”

Jason knows all of this because of his work with his peers, but also because of his own personal experiences. He knows a lot about navigating parts of society, and which parts of society to avoid. I asked him whether he ever avoided situations or people due to stigma.

Jason: You actually do. Like, I was going to turn this down. I was going to say, ‘Well, if I go in there they’re going to look at me like I’m an ex-convict. I was giving myself a bunch of negative thoughts and then I

just told myself, ‘No, go ahead and say what you want to say so they can understand it from your point of view’.

Interviewer: I am so glad that you came.

Jason: This is a way for me to get our point of view across from the ex-offenders and the mentally ill. This is a way for us to get out, but yeah seminars and groups, things of that nature where I know that’s people who had never been to jail. I kind of hesitate to go because I’m like, ‘Well, do I want to sit in a room with a bunch of people who’s going to look at me like the different one?’ So it crosses your mind and to just not deal with the headache you just don’t go.

Jason’s insight and experience highlight the central themes interwoven through this dissertation: multiple stigmas and stigma management; community integration; occupational paths and inclusion; lived experience; recovery in mental illness; structural obstacles associated with criminal justice system involvement; and peer support work.

* * *

Study Background

This dissertation is about Forensic Peer Support (FPS), an innovative specialization within the broader occupational field of peer support. Peer support consists of individuals in recovery in mental health supporting others with similar histories. The field of peer support within the recovery paradigm of mental healthcare is undergoing substantial expansion and transformation throughout the world. The FPS field developed as a unique support for people experiencing mental illness and exposure to the criminal justice system and “involves trained peer specialists with histories of mental illness and criminal justice involvement helping those with similar histories. This type of support requires special attention to the needs of justice-involved people with mental illness” (Davidson and Rowe 2008). This project explores the ways that peer support workers experience and manage multiple social stigmas associated with mental illness and involvement with the criminal justice system. FPS provides a unique opportunity to

References

- Abbott, Andrew. 1988. *The System of Professions: An Essay on the Division of Expert Labor*. Chicago, IL: University of Chicago Press.
- Alexander, Michelle. 2010. *The New Jim Crow*. New York, NY: The New Press.
- Andrews, D.A. and James Bonta. 2010. "Rehabilitating Criminal Justice Policy and Practice." *Psychology, Public Policy, and Law* 16(1):39-55.
- Anthony, William A. 1993. "Recovery from Mental Illness: The Guiding Vision of the Mental Health Service System in the 1990s." *Psychosocial Rehabilitation Journal* 16(4): 11-23.
- Austin, Elizabeth, Aditi Ramakrishnan, and Kim Hopper. 2014. "Embodying Recovery: A Qualitative Study of Peer Work in a Consumer-Run Service Setting." *Community Mental Health Journal* 50:879-885.
- Baron, Richard. 2011. "Forensic Peer Specialists: An Emerging Workforce." New Jersey: Center for Behavioral Health Services & Criminal Justice Research, Rutgers University.
- Barrenger, Stacey L., Victoria Stanhope, and Kendall Atterbury. 2017. "Challenging Dominant Discourses: Peer Work as Social Justice Work." *Journal of Progressive Human Services* 1-21.
- Batastini, Ashley B., Angelea D. Bolanos, and Robert D. Morgan. 2014. "Attitudes Toward Hiring Applicants with Mental Illness and Criminal Justice Involvement: The Impact of Education and Experience." *International Journal of Law and Psychiatry*. 37: 524-533.
- Blankenship, Kim M., Ana Maria del Rio Gonzalenz, Danya E. Keene, Allison K. Groves, and Alana P. Rosenberg. 2018. "Mass Incarceration, Race Inequality, and Health: Expanding Concepts and Assessing Impacts on Well-being." *Social Science and Medicine*: 215:45-52.

- Bowleg, Lisa. 2008. "When Black Lesbian Woman \neq Black Lesbian Woman: The Methodological Challenges of Qualitative and Quantitative Intersectionality Research." *Sex Roles* 59(5-6):312–25.
- Bowleg, Lisa. 2012. "The Problem with the Phrase *Women and Minorities*: Intersectionality – An Important Theoretical Framework for Public Health." *American Journal of Public Health* 102(7):1267-1273.
- Braslow, Joel T. 2013. "The Manufacture of Recovery." *Annual Review of Clinical Psychology* 9:781-809.
- Brinkley-Rubinstein, Lauren. 2015. "Understanding the Effects of Multiple Stigma Among Formerly Incarcerated HIV-Positive African American Men." *AIDS Education and Prevention* 27(2):167-179.
- Bronfenbrenner, Urie. 1979. *The Ecology of Human Development: Experiments by Nature and Design*. Cambridge, Massachusetts: Harvard University Press.
- Buston, Katie, William Parry-Jones, Martin Livingston, Allison Bogan, and Stuart Wood. 1998. "Qualitative Research." *British Journal of Psychiatry* 172: 197-199.
- Byrne, Louise, Brenda Happell, and Kerry Reid-Searl. 2016. "Lived Experience Practitioners and the Medical Model: World's Colliding?" *Journal of Mental Health* 25(3): 217-223.
- Cabassa, Leopoldo J., David Camacho, and Carolina M. Velez-Grau. 2017. "Peer-based Health Interventions for People with Serious Mental Illness: A Systematic Literature Review." *Journal of Psychiatric Research* 84: 80-89.
- Carr-Saunders, Alexander, and Paul A. Wilson. 1933. *The Professions*. Oxford, UK: Oxford University Press.
- Carson, E. Ann. 2014. *Prisoners in 2013*. Bureau of Justice Statistics Bulletin. NCJ 247282. Washington, DC: U.S. Department of Justice.