

Episode 1: Peer Support Integration: Working in Clinical Settings with Karen Miller

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Justin Bell: Hey everybody. Welcome to the Peer Support Professionals Guide. I'm your host, Justin Bell, research scientist and person in recovery. Peer support is one of the fastest growing roles in behavioral health right now. With that growth comes opportunity, but also a lot of questions about how we do it well. So each episode of the guide, I sit down with peer specialists, leaders, advocates from across the field, talk about what's actually happening on the ground, what's working, what's challenging, what it takes to grow in this role. Whether you're just getting started as a peer or whether you've been doing this work for years, this is your guide to help you build skills and think critically. Today's episode is all about what happens when peer support enters clinical settings. Spaces that can offer real opportunities, but also real tension. I'm joined by Karen Miller, a, certified peer specialist based in Wyoming who works at the Cheyenne Regional Medical center and serves as chair of the board of directors at Recovery Wyoming. Karen shares what it was like stepping into a hospital setting as the only peer on her team initially and what she's learned about navigating clinical environments that aren't always built around recovery values. Let's get into it. All right. Hello. Thanks Karen for joining the Pure Professional Guide. How are you doing today?

Karen Miller: How about yourself?

Justin Bell: Doing well, doing well. so let's just jump into it here. so to start off, can you tell us a little bit about how you found your way into peer support work?

Karen Miller: Okay, so I guess I, I come by it honestly. I enjoyed helping others. I'm part of a, you know, maybe a 12 step type background in my recovery and, and so being able to, to help others was really important. It still is, it's very important to me. And I started out back in 2012 at a, as a detox tech and I'm like, oh my God, I love doing this. This is amazing. I felt useful. And about 2014 there was another person who's a peer specialist and, and they had to go and leave. they moved and they're like, Karen, you want to move into this position? And I'm like, oh my God, I have no idea how to do that. And they're like, well you've kind of been doing it and we can send you to a training. And so, being able to do that, I went down to Arizona, Recovery Innovations and did a two week course down there and got my certification and, and that was that was pretty cool. It was, I'm like, holy cow, I can't believe I get paid to do this.

Justin Bell: Yeah, yeah, yeah. So it sounds like, you know, you're doing informal peer support as part of your recovery, which I'm sure many listeners started in that same way too. And then you moved more formally and then I think you told me you, you know, you kind of got trained in Arizona and then went back to Wyoming. Correct. And that's when you started to work a little bit formally too, on curriculums too.

Karen Miller: Exactly. So what I do is, I was available, and I still am, to do one on ones. one on one peer support, you know, and it's just that encouragement and empowerment. I, was also able to do groups. So there's relapse prevention, WRAP recovery, wellness recovery action plan.

Justin Bell: Yeah.

Karen Miller: there's mapping your 12 steps. That's, that's a free. That's, that's a free, program by you know, TCU Yeah, they developed that. And that's, that's an amazing.

That's a lot of fun too.

Justin Bell: Okay, gotcha.

Karen Miller: Yeah. Being able to, Being able to work with, with the population that I get to, you know, it sort of demystifies steps, whether you're into it or not. I also had 12 group, 12 step, group facilitation. And so I would show, I would show my, the people how to open a meeting.

Justin Bell: Sure.

Karen Miller: And close it and be responsible in that. In that effect. Because I know that for myself being able to, to have that responsibility meant a lot for my recovery. So just, able to do that and and just kind of, you know, go on various outings, help them, help them make good choices or you know, different choices with shopping and stuff like that. So.

Justin Bell: Yeah. Yeah. Being alongside them and. Yeah. yeah, I mean that's, I think, you know, one of the greatest parts of peer support is. Is. Yeah. Being able to,

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Justin Bell: you know, not, not tell someone what to do but to be on their side. is. Is huge.

Karen Miller: Yeah, yeah, yeah. Not do for. But be with.

Justin Bell: Yeah, yeah. So you're working in that sort of, role. and then as you've shared with me, you started working in a more, ah, hospital setting, ah, medical setting. so can you tell me kind of how you got there and how you ended up working at a hospital as a peer?

Karen Miller: So, part of my work as a peer is to also, educate in the role. And so I would. Oh, I was part of. I, still am a part of a citywide civic organization of like minded individuals. Throughout the community, being able to, you know, address issues that are, you know, whether it's people, with substance use disorder or mental health, you know, along those lines. And so while I was, while I was still working at the, I've only worked at two places as up here.

Justin Bell: Yeah.

Karen Miller: And so while I was working at the community mental health center, I'd been there for almost eight years, I think, 2012 to 2000. Yeah. but at this meeting I heard that the hospital in our town was going to get a grant and wanted to hire a peer specialist. And, and that seemed right up my alley. I really, I'm passionate about, you know, being, having fidelity toward the profession, being able to, I didn't really advocate for, for this and so I'm like, oh my God, I, I want to do that. And, and they hadn't had any peers before and, and I love to teach. I'm still learning a lot. I don't know everything and I'll never profess to, but, but I, I, I know a lot. So, just being able to, to go and have that chance. And had a, had an interview. They liked, they liked me. Had the job 45 minutes later. Yeah, it was kind of cool. Yeah, yeah, they called me back. It was, it was really neat. but yeah, just to be able to kind of go in a different direction. ah, because with the community mental health center, not that I'm not, and not that I've never been willing to help a lot of people. I sort of, it was going into a direction that I don't know that it was

client centered.

Justin Bell: Okay.

Karen Miller: And, and I'm like, and I, I felt like I'm swimming upstream with no one else. And so I'm like, sometimes I gotta know when to, when opportunities arise to, you know, kind of expand my, my comfort zone.

Justin Bell: True.

Karen Miller: And so that's what happened. You know, I ended up at the hospital, and started out in the ER, with, suicide prevention basically. And to sort of, you know, because that was what the grant funding was. there were times I could speak to substance use, but that was, you know, as long as it was within the parameters of the grant, they liked me so much that, after the grant ran out, they hired me on a staff at the hospital. And throughout that I had sort of migrated into SUD and still si. And hi. you know, suicidal ideation, homicidal ideation, inpatient, outpatient. So I can still see people, Outside of the, the entire hospital system now. I go up on patient floors, inpatient, outpatient, just wherever.

Justin Bell: Yeah, gotcha, gotcha. No, that's great. That's awesome. You jumped in for sure. now, kind of just to situate listeners, what year did you actually start that program? roughly, do you remember what year you started in the hospital?

Karen Miller: At the hospital? It was, July 7th, 2000.

Justin Bell: 2000. Sorry.

Karen Miller: I'm sorry. 2020

Justin Bell: 2020. Gotcha, gotcha. Yeah, yeah, makes sense. so July 7th, 2020. So that's still a little early in the peer. I mean, the peer, profession has grown tremendously, even in the last five years. Especially since COVID Cause that was actually sounds like right before COVID so had you heard of any peer programs in hospitals? Were you hearing about that at all or was this your first interaction?

Karen Miller: We were hoping. We were hoping for it.

Justin Bell: Okay. Okay.

Karen Miller: We'd been advocating for quite some time.

Justin Bell: Yeah.

Karen Miller: you know, fortunately, through, through my positive, interactions with others. Yeah, they're like, holy cow, this could be, this could be something that we could really, you know, our hospital here is really good about, trying to think outside the box for solutions, which is. I. God, that's so refreshing.

Justin Bell: It is.

Karen Miller: You know, and so, you know, being able to have, have kind of a, an open door like, that was amazing.

Justin Bell: Did you have any fear

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Justin Bell: going in? I mean, this new environment, it's very clinical. I mean, was that on your mind at all when you were jumping into this a bit?

Karen Miller: Because, there were times when it's like, you know, we're not a large community. You know, we're maybe 65,000 people. and there were times, you know, I guess one of my biggest fears, there were times when, there were no patients and I'd done all my paperwork and all my online stuff and. And so it's like, I'm, I'm okay. You know, it was, it was hard to come down from a caseload of 70 and groups of up to 26. That was, that was a little nuts.

Justin Bell: Yeah, sure.

Karen Miller: So to, you know, to, oh, hey, you've only got five people today. And it's like, oh, okay. And then some days there's nothing.

Justin Bell: Yeah.

Karen Miller: So, but just what's neat about that is being able to, At least in my, in my world, I'm, able to hang out with the doctors and the nurses and the other, you know, the therapists, things like that, you know, with, either inpatient or the or the acute care team down in. Down in the er.

Justin Bell: Yeah.

Karen Miller: just because I love to learn and I love to. I love to get to do all that. And

I've also, been able to. To be part of, committees within. Within the hospital system. So I'm on the. I'm on the zero suicide committee.

Justin Bell: Okay.

Karen Miller: I'm on the, Oh, the. The health equity committee, which is amazing. You know, I just, is able to be a part of the, Oh, my goodness. Plans of safe care. Okay. That's for women who. Who become pregnant, who may need some recovery resources and. And just that kind of support so that we can keep. Keep kiddos safe, but not in the system if they don't have to be.

Justin Bell: Yeah.

Karen Miller: You know, so that we can keep families together and healing.

Justin Bell: Yeah. Yeah. So it sounds like at this point, I mean, they're. They're having you involved in even sort of an advocacy role, which is pretty cool. for sure. Especially as I know a lot of peers out there may be struggling with having their voices heard. so can you kind of walk through, like, how did you. How did that process go from coming into this setting that didn't. That never had peers before to sort of gaining the respect of the hospital establishment? What do you think made that process work, and what sort of work did you have to do to, maybe be respected or at least known as a peer?

Karen Miller: a lot of it is showing up consistently, being able to talk because I'm also a peer to the people I get to work with.

Justin Bell: Yeah.

Karen Miller: you know, and just supporting. Because we really are a team. And so when, And I'm really transparent, you know, with my story and stuff like that, because. Holy cow. In the. In the. Especially in the ER setting. Well, and even up on the floors, the doctors are like, I want to help this person. They're so sick. What. What can I do? And so being able to. Being able to educate people. Just come alongside the staff, you know, show them, hey, you know, you can. You can have me. You can have me see these people. You know, I can't promise a miracle, but sure. you know, definitely. To be able to not, be afraid.

Justin Bell: Yeah.

Karen Miller: To. Because everybody puts their pants on one leg at a time, you know, and. And just. Just being. Having that humility, you know, it's because I'm not. I'm not trying to take the place of a therapist or a doctor. That's not my place.

Justin Bell: Yeah.

Karen Miller: I'm here to, you know, maybe talk to people and introduce Them to, hey, are you tired of being this sick? You know, like to do something different and stuff like that. And so, you know, I. Obviously there's parts of my story that, you know, are appropriate and at different times. And so just, being able to listen to what's needed as well is very helpful.

Justin Bell: Yeah, yeah, yeah. Again, sounds like you're taking in a lot of the peer, support qualities that you, you know, talked about before that sort of built your career initially. but have you noticed any, any differences? Is there, is there any unique things or things that you emphasize more in a medical setting versus when you used to be in a

community based setting? Do you see any differences in that role? Okay, what, what sort of difference do you see?

Karen Miller: Yeah, so, in the hospital setting, it's an acute setting, so it's, it's not an ongoing, because everything moves really fast, you know, they're either in and out of the ER or they get, they might get admitted for a few days. But, it's not like

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Karen Miller: there are some long term, you know, ongoing care.

Justin Bell: Yeah.

Karen Miller: So on the outpatient setting, I see a few people outpatient and have an office and stuff like that. But the thing I most try to emphasize is we're 100% successful in planting seeds. M. Okay, so, am I going to see these people all the way through till their eye opening recovery? I don't know. and not always. And so just being able to, to stay grounded, you know, keep my feet on the ground, and it's like, wait, no, there's one thing I can do all the time, and that's plant seeds.

Justin Bell: Yeah. Yeah, that makes sense.

Karen Miller: Yeah.

Justin Bell: And, I mean, with that. So it's, you know, that acute setting sounds like opportunities, obviously, but also maybe challenges at times. are you able to maintain some form of. I know you said sometimes you see folks in the outpatient too, but, are

you able to maintain a relationship? Are there warm handoffs? Is there a way? Or is it just something like, hey, I'm going to see you here, and once you get out, you know, you're maybe not able to see them. How does that sort of work?

Karen Miller: So a lot of it, when, when we're face to face, we get to, you know, do kind of the, the elevator speech, the, the, you know, we get the, we get the consult from the doctors or, or other, you know, sometimes caseworkers, nurses, things like that. And then, and then as we speak to these, our patients, we have, I have a I have a whole little card. It's, it's like a little, oh my God. Lobby card.

Justin Bell: Oh, yeah, right.

Karen Miller: Like, like a third, you know, a, a third of a page. And, and it has, general information about peer specialists. And then, my number and our other. Right now we have another person and we've hired a third part time. So, But yeah, it has our phone numbers and it's like, hey, you know, we'd sure, we'd sure like you to reach out if you'd like to.

Justin Bell: Okay.

Karen Miller: You know, and currently, in, in our situation, all of my services are free.

Justin Bell: Yeah.

Karen Miller: Because, I, I am Medicaid reimbursable, but we also have patients who have insurance, and right now I am not insurance reimbursable.

Justin Bell: Interesting. Okay.

Karen Miller: So they, well, and I, that's, that's the next big thing I'd like to see for peers is to be able to be, insurance reimbursable. I think that can open up a whole, a whole lot more. But, our organization said, well, you know, if we can only charge for one, we're not going to charge for any.

Justin Bell: Interesting.

Karen Miller: So that's. So I'm, I'm, I'm not making the money, but, but they, they still see the value.

Justin Bell: Yeah.

Karen Miller: In having us. So it's like, that's, I think that's amazing.

Justin Bell: Yeah, yeah, no, it is, it is. Because you, you talked about, you actually now are being like salaried. Right. Like they're, they're paying for you. Right. So you don't have to worry as much about constantly billing.

Karen Miller: Right.

Justin Bell: I assume.

Karen Miller: Yeah.

Justin Bell: but still, I mean, how, how does the, how does the billing work? Because I

think that as a researcher, somebody who puts peer support on my LinkedIn, that's probably the number one question people ask me is Medicaid billing. And so, for folks who don't know, in a peer support emergency department or medical setting, what is, what does billing look like? What can you bill for? How does that work?

Karen Miller: So honestly, the, the, the initial was grants.

Justin Bell: Okay, okay. Grant funding. Yeah, of course we do, we do,

Karen Miller: we do peer specialist notes and I got to help them build that. That was, that was quite the challenge. But, I don't know how it works for every hospital. I do know that, they just have me on a staff.

Justin Bell: Okay.

Karen Miller: You know, so I, currently, we do not have billing for peer specialists at all at the hospital. So our other, our other people are grant funded, you know, because that's like I started and you know, it is different in the, in the community mental health setting. M sorry about that. There's, there is billing in the community mental health settings. that's 15 minute increments, you know, little sections and all backed by, you know, clinical notes, just like we have at the hospital, so.

Justin Bell: Gotcha. Gotcha. Yeah. Yeah. And, I mean, what do you think move the needle in terms of, you know, going from grant funding to being on the salary? I mean, having the hospital pay for it. Have they ever. Have you had. I mean, I'm sure you've been in those conversations, right? Have they explained kind of like what value they see or in your perspective, what value do you think you were able to show the hospital

the fact that,

Karen Miller: people like what? Well, and I just showed what I'm about. they like the whole concept and it's a bit of a,

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Karen Miller: lift, you know, to, to not. I don't ever want to take this for granted.

Justin Bell: Yeah.

Karen Miller: You know, because that's, that's something I worked hard. I worked hard for. Yeah. You know, to be able to, to collaborate on the team, you know, to be part of treatment team meetings, to, you know, to continually introduce myself to new doctors, you know, because there's, there's turnover there. nursing, there's always turnover. And so. But being willing to be on committees has helped. Being willing to give input in other ways because, you know, anytime we can improve patient care is, you know, in any way, shape or form, I'm there for that, you know, and that's if, you know, our goal is to work ourselves out of a job, you know, unfortunately in this arena will never be out of a job, you know, but, but to have that, to have that long distance, how can we. Yes, I'm helping this person now. How can we better help the next person?

Justin Bell: Yeah, yeah. Makes sense. And that, I think that's really great. I think I do see in your story sort of the being, you know, and it almost sucks that there is sometimes like this higher standard for peers in terms of what they have to do to, justify themselves.

Karen Miller: Yeah.

Justin Bell: You know, it sucks that that's the case that like a doctor doesn't have to do that now and a nurse doesn't have to do that now. But I think in a lot of cases, peers maybe do, but it sounds like that can pay off.

Karen Miller: You know, here's the thing. I, as I look back on, on maybe my active use and my, chaotic life.

Justin Bell: Yeah.

Karen Miller: It almost prepares us for this role.

Justin Bell: Yeah.

Karen Miller: Okay. Because There was, there's a lot of moving parts to trying to stay sick.

Justin Bell: Yes.

Karen Miller: And, and all kinds of hoops that one jumps through. in recovery we kind of use our powers for the good.

Justin Bell: Yes.

Karen Miller: I like to say.

Justin Bell: Yeah.

Karen Miller: And, and there's, you know, so we've already shown dedication, we've already shown fidelity. Yeah. we've already shown that, hey, we're going to do whatever it takes.

Justin Bell: Yeah.

Karen Miller: You know, in, in the negative ways, we just translate it over into the positive ways. And, and as we continuously do that.

Karen Miller: It's, I guess to me it doesn't, to me it doesn't feel like a reach.

Justin Bell: Sure. Yeah.

Karen Miller: You know, and that's, that's because I've sort of had that, you know, that paradigm shift.

Justin Bell: Yeah.

Karen Miller: So to speak.

Justin Bell: No, I totally understand. I remember early in my recovery somebody saying to me, you know, you've got that obsession, you've got that personality, but someone might pay you a lot for that one day, you know, because those are actually employable skills.

Karen Miller: It really. They wanted me from my background, which is like, oh my God.

Justin Bell: Right. Literally. Yes.

Karen Miller: Yeah.

Justin Bell: The qualities we have, I think it's. People in recovery, I think oftentimes do translate into really, you know, I mean, I've had people in my line of work look at me and oh my God, you know, you seem like you just have unlimited energy and it's not true, but it's, it's. There is a part of me that I've been able to. That if you can, you can, ah, translate it and channel it into a good place and helping other people, you can sort of. Yeah. Find a way to turn that something that was so negative into something that was so positive. So yeah, I see that in a lot of peers that I work with that they're out there every day grinding and it doesn't feel like work for them. And they've told me the same thing. Like I used to hustle in this other life and now I hustle here. And now I'm doing good hustling, you know, and that's A lot of us

Karen Miller: call ourselves hope dealers.

Justin Bell: Hope dealers. Yes, I've heard that. Yeah, for sure. well, something I wanted to talk about too, and this is another question that I get a lot, is the relationship between, you know, peer professionals, as I say, you know, people who are in these peer support roles and the traditional and oftentimes clinical professional, that there is oftentimes this perception that there is a lot of tension and a lot of conflict between, you know, let's say hyper or stereotypically like the doctor who thinks he knows everything and then the peer, or in a criminal justice setting, you know, the police, you know, wherever you go, that there's some authority, that there's going to be tension between a peer and that sort of authority. And now you're working in one of those classic environments, in a medical environment. You're surrounded by doctors and nurses and

people with all sorts of, you know, went to university for years and years. and so how have you navigated that? do you. Do you think that there's been tension, or has that been something that you've been able to circumvent? And if so, what can you tell people about doing that?

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Karen Miller: So I've been, not only in the community, but. But in the hospital setting. I've been able to. And it. And it. It is that transparent. I don't know that I wear my heart on my sleeve, but, But there's, you know, I mean, obviously I, I respect the hell out of a doctor. Right. Because, that takes a lot of training. The nurses take a lot of training. Therapists takes a lot of training. our position took a lot of training too. You know, it's just in a different way, different classroom. again, I can't stress that we are not there to take anybody's place, but to be beside them. I've been really fortunate to mostly have incredibly positive open experiences, which has been a little surprising. This is a very conservative part of the, us. And, But I think. I think just being genuine, being myself, that's all I can be right now at this point. yeah. Having a desire to learn. So, like, with the psychiatrist, it's like, oh, wow, what is that about? What is this about? Asking them lots of questions, you know, and, and not just going in and saying, hey, I'm here to. Here to talk to your pat.

Justin Bell: Right.

Karen Miller: it's like, this is what I'd like to offer.

Justin Bell: Yeah.

Karen Miller: If you know, or they'll. They'll see my name tag. What's a pure specialist? Everybody says that. I'm like, well, I'm sort of somebody who's been there and done that as far as, you, know, recovery processes and, and things. Oh, my God, that's. So we need that, you know, because they don't. What they don't do unless you, unless you go into it is med school. Doesn't. Doesn't train.

Justin Bell: Yeah.

Karen Miller: a whole lot, from what I understand, from what I gather doesn't train a long time on substance use disorders.

Justin Bell: No.

Karen Miller: Okay. So. And even some of the psychiatrists don't always get a lot of substance use disorders.

Justin Bell: Nope.

Karen Miller: but what they do have is they have the ability to repair bodies. M. Okay. And. And I tell people I'm kind of the squish. That's what we are. We should have an empathy. and that translator, you know, so it's like, oh, my doctor is being mean and won't give me pain meds. And it's like, well, why do you think, you know, what's, what's going on? You know, so we can, we can kind of be that buffer. I see, you know, between. And, and again with the patients. You know, hey, the patient is saying, you know, what do you think about this?

Justin Bell: So it goes both ways.

Karen Miller: It really does. It really does. One of the. So I'll tell you, one of the toughest crowds are nurses. And in particular pediatric and infant, nurses. And that's there. They are super, super protective. and they should be. They need to be. and so when the plans to safe care came about and we got that passed in the legislation, a really cool nurse. she's the director of nursing in Mom Baby. her and I worked for hours and hours, weeks and weeks and days, just training. And I've never told my story over and over again so many times in each session. And, and it's neat to see the, the doubt.

Justin Bell: Yeah.

Karen Miller: Go from their eyes.

Justin Bell: Yeah.

Karen Miller: You know, or any judgment. And, and there's. There's still a couple that probably aren't into it. And that's fine. I don't, I don't need to be everyone's friend. I do need to be friendly to everyone.

Justin Bell: Of course.

Karen Miller: You know, and I'm not, I'm not there to. No, you gotta believe in recovery. Right. You know, and. Yeah, they don't, they don't gotta believe anything, but other than I'm there to help.

Justin Bell: Yeah. And maybe they'll see it one day and that's it. Right.

Karen Miller: You know, and so, I think that, I think again, man, it's networking, it's

having those conversations. It's asking the questions, what's your fears on this?

Justin Bell: Yeah.

Karen Miller: What are you, you know what?

Justin Bell: Yeah. Having the conversations. Yeah, yeah, yeah, yeah. Getting honest about it. I think that's, that's great because, you

Karen Miller: know, the, the disorders, what family? I, I know very few families that have not been affected in some way, shape or form by alcohol, drugs.

Justin Bell: True.

Karen Miller: You know, mental health, you know, and it's, Some people get those biases because it's, because it's visceral. They've, they've had it in their lives at some point. And it's like, oh, no, that's uncomfortable. I can't, I don't want to know. You know, so knowing what, Knowing that, you know, having that lens of. It's sort of universal. precautions. Except with the mental health and substance use disorder field. yeah. Knowing that everyone might have some sort of trauma.

Justin Bell: Yeah.

Karen Miller: And just coming, coming alongside everyone, whether it's patients, clients, co workers.

Justin Bell: Yeah, no, that's, that's great. That's. I think that's a really awesome

perspective on it because I, I, it immediately reminded me of, you know, my grandmother used to tell this story where she worked in, you know, she worked in property management and real estate, very corporate environments. No one talks about emotions. Nobody.

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Justin Bell: You know, you're not having any peer support going on. Not yet, maybe, but, but she was dealing with, not only me, but many other members of my family with addiction issues. And so, she had to eventually tell people because they would ask, why are you taking off work? Why are you leaving early? And sometimes she'd be picking up me from my parents who had substance issues and taking me out of the house. So it's an emergency. Right. and she said I would get so nervous about it because I would just be, oh, God, I'm gonna have to tell them that my son is an alcohol. And this is a big problem in our family and all this. And then she would say it to some of these coworkers, and they would like, sort of shut the door behind them and be like, yeah, my son or my uncle or my cousin, you know, somebody. My nephew or niece is also, you know, struggling. And like, I don't really tell people that, but I know what you're going through. And she's like, 90% of the time, like, people would just start pouring out with it, you know, and so I think a lot of this is just under lock and key. And I do think in that context that you're talking about, it's a great way to get at somebody's, to get to somebody's heart to be like, look, I'm, I'm here and I am, you know, somebody who is like, your struggling somebody. But, you know, I made it out and now I'm here to help. And I just think a lot of people, once they think about it that way, they do start to be like, oh yeah, this peer support thing is pretty cool. so yeah, I think that's a great, a great strategy for sure. yeah. Ah, now I sort of lost my train of thought. what was I thinking about here? This is the power of not doing things live. We can edit things out. let me go

back to my questions list here too. So. Oh, here's something I wanted to on this train of thought. So. I know, I think I read too. And when we briefly talked as an intro to this podcast, you talked a little bit about supervision. And I know that's maybe in my list of things that I get questions about from other people about peer support. They asked me about, supervision and specifically in these more clinical environments. Right. I think when I go to like RCOs and work with RCOs, recovery community organizations, they seem to have things figured out in a way or sometimes everybody's sort of on the same equal level. So it's not even, there's not even quite a hierarchy that exists and that's, that works in that model in an rco. But, but I oftentimes see the biggest supervision challenges in these more clinical settings. just from what I've seen from the outside. So again, in your perspective,

Karen Miller: you,

Justin Bell: know, for you, I'm not, I'm not sure if you came in having any supervision, but as things have gone on like what have you seen supervision look like and how do you think it works for you know, maybe a clinician to supervise, a non clinician, a peer, how, how can that work? And what's the best way to do that if it can?

Karen Miller: So, I've, I'll kind of paint a picture of our, of our system. We have, we have so many clinics within our system and part of it, part of our mental health is, you know, it'll start down in the ER and we have clinicians down there too. you know, either, either let, let our patients go, you know, they don't pose a risk, or they can detain patients. those patients are detained. And we have, we have an inpatient short term psychiatric unit. We also in our system have an outpatient, therapists, doctors, you know, things like that. my supervisor is a licensed clinical therapist. And so and so in the, in Wyoming, if you're employed by an organization, you need to be, you know, at least

supervised by.

Justin Bell: Sure.

Karen Miller: By someone like that. And so I, I had one built in Gotcha and she didn't, she didn't know anything about. Super. you know up here and what to do. And so I, Yeah, I kind of trained her on how to do that.

Justin Bell: Sure.

Karen Miller: I am also part of a recovery community organization as well.

Justin Bell: Yeah.

Karen Miller: and so we train peers, we train supervisors, programs for that. And so, it is a little different because peers don't have the rigid boundaries that therapists do. That's why I say I'm the squish.

Justin Bell: Right.

Karen Miller: We. Not that we have zero boundaries because that nothing could be further from the truth.

Justin Bell: Right.

Karen Miller: But in our, in our way of therapeutic involvement, we get to

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Karen Miller: expose or, you know, converse on things that, hey, I can relate to that because this happened to me, you know, and so, also I have a weekly supervision. So I'm. I go to my. I go to my superior and every week, gosh, we have wonderful conversations.

Justin Bell: Yeah.

Karen Miller: you know, that, that usually the peers ideally can, you know, get feedback on, hey, this is what I'm doing. This is, this is what I find challenging. I highly recommend that people who haven't had peers get some sort of training on how to supervise peers.

Justin Bell: Yeah.

Karen Miller: Because. Because I. We're not all that different, but a bit different. You, know, we. We work on, oh my God, caring for self. And I think, I think everybody needs to do that anyway.

Justin Bell: Of course.

Karen Miller: But, you know, but those self care things, you know, what are you maintain your recovery? those are probably appropriate questions if anyone were to see a peer kind of struggling. there are smaller hospitals and our RCO here, there's only one in the state. They have hired two peer specialists to be at these hospitals at different parts of the state. And so, the hospitals wanted them.

Justin Bell: Yeah.

Karen Miller: Which is. That's great. That's amazing.

Justin Bell: Yeah.

Karen Miller: And, you know, because they see the usefulness, you know, they've heard the stories. We've. We've done that. That footwork on. Hey, man, this is, this is the thing.

Justin Bell: Yeah.

Karen Miller: you know, and so they're starting out on the grant.

Justin Bell: Okay.

Karen Miller: As well. So, the. I think we're really lucky here. not. Not every hospital has them, But we. have one in the capital city.

Justin Bell: Yep.

Karen Miller: We have one in the town where our state college is.

Justin Bell: Yeah.

Karen Miller: We have one up north M. You know, and. And it's like. Those are. Those are. Those are good.

Justin Bell: Yeah.

Karen Miller: It's a start. It's a start.

Justin Bell: No, it's. It's great. I mean, yeah, in some ways, maybe lucky, but in some ways I think it shows kind of the change that's happening, you know? Yes. Medical systems are taking recovery seriously. And, you know, to see, you know, back in 2020, you starting as sort of like the only peer and then seeing all this growth, I think it can happen anywhere. I think if. If it can happen in Wyoming, it could happen anywhere for sure. And so.

Karen Miller: Yeah. Yeah.

Justin Bell: So that's really. That's really great to hear. I was going to ask, sort of just, you know, from your career now, I guess, six years or so, working in this sort of role, have there been any, like, stories, success, that really stand out in your mind? Or are there things that you really feel proud of, you know, interactions that you've had, things that you feel you've. You've been able to help, in this role that you. You think about. Sometimes.

Karen Miller: I think I have to credit my co workers. Okay. My, My supervisor, the team. M. Because of the downtime, there's times when, I'll be hanging out with them.

Justin Bell: Yeah.

Karen Miller: And you just. It's. It's natural in. From what I've seen, it's natural in the mental health field to be able to talk freely amongst colleagues and team members.

And so, I think that's where a lot of the. They're my hype people.

Justin Bell: Yeah.

Karen Miller: You know, because we are peers to the. To our co workers as well.

Justin Bell: Of course. Yeah.

Karen Miller: That's a really cool part.

Justin Bell: Yeah.

Karen Miller: another really cool part is there's been people who have contacted me who weren't even in the hospital, how they got my card. well, actually, my dad hands out my cards. Okay.

Justin Bell: That's nice person. Yeah.

Karen Miller: He's so sweet.

Justin Bell: Yeah.

Karen Miller: But I'll get. But I'll get calls every now and then. And, Hey, I heard about you. Or I got your number from so and so. And. And you know, it is a small town, so everybody's already in our system, so it's like, yeah, come on in, let's talk.

Justin Bell: Yeah.

Karen Miller: You know, so being able to do that, There are. There are people who do make it out and, and to be able to, This will sound a little rough, but life is rough. We don't see them in the blotter briefs. M. And they're not in the obituaries.

Justin Bell: Yeah.

Karen Miller: And they're not in our ER anymore.

Justin Bell: Right. Yeah.

Karen Miller: Something must be working.

Justin Bell: Something's working.

Karen Miller: Do you know what I mean? And so it's like some. Especially in the hospital setting, we're not gonna. We're not always gonna get those. Hey, thank you so much. I'm doing. I'm doing okay. And that, that's not, that's not what I'm in it for. I just. Yeah, I want to plant seeds and I want to be there for if and when.

Justin Bell: Yeah. Yeah.

Karen Miller: You know,

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Karen Miller: and so it's like sometimes, sometimes a win is instead of weekly hospital visits.

Justin Bell: Yeah.

Karen Miller: It's every three months.

Justin Bell: Yeah, it is.

Karen Miller: That really needs to be looked at as a win. Hey, look, you know, I realize you're not,

Justin Bell: Yeah, don't worry. Yeah.

Karen Miller: You didn't die. You know, there's. There's more of a chance. And so it's really being able to focus our thinking on not saving the world, but being with them, just that next two. And that, that's fulfilling as well. You know, being able to. And family members. A lot of times there'll be family members in the, in the room and I always ask permission. Is it, is it cool to talk now? Is it not cool to talk? I'm the recovery person.

Justin Bell: Yeah.

Karen Miller: Yeah. You know, and so sometimes the family members will have questions or they'll come out of the room and, and say, how, how on God's earth can I cope? M. You know, and of course. And that's, that's cool too, because it's like I too have had family members, you know, in, in my life. You know, one of my. I have four children and one of them is actually. He's kind of getting his stuff together, you know, recently. Ish.

Justin Bell: Yeah.

Karen Miller: yeah, but. But he was a challenge for a while and it's like, oh my God, you know, didn't you see me go through all this? And. But, you know, I never said that. But being able to support family in that way too, because it's like, I think it's one big old wrapped up ball.

Justin Bell: Yeah, yeah. You know, yeah, it is, it is. Yeah, it totally is. And I think that's something we, we don't always think about. I mean, I know now there's like starting to be this new emerging family peer support thing, which I think is really cool. but yeah, having those moments that you can just step in I think is amazing. And I think family peers too are like providing something that never existed because, you know, again, going back to my grandmother, she went to like Al Anon and that's a family like supports, you know, mutual aid group.

Karen Miller: It really is.

Justin Bell: yeah, and it's. Yeah. And it can be fantastic. But, you know, for her, that whole idea of kind of, you know, detaching with love. Yeah. It didn't resonate with her to be honest, you know, and she shared that. and so I think there are peers out there, I realize, who are, you know, sometimes even being trained on how to support families and to say, you know, yeah, on one hand, detach with love, you know, make sure your boundaries and stuff like that. But also, I think are providing some hope in that situation, which I think is great. and yeah, I've seen that happen with other family peers. But something that I wanted to point out too, for any peers that are listening, I think your perspective is really awesome for highlighting the small wins, that can happen. And they're not really that small. But I work on some projects where I help, sort of coach some peers and some clinicians. And there's always that question. They're in substance use field, and they're like, you know, how do we remain motivated when, like, you know,

overdoses happen? You know, somebody I talked with, one counselor, addiction counselor, who was like, there's been six, you know, discharges, premature discharges in the last couple weeks, like, and it's tough. And it's like, how do you maintain that? And, and sort of ask, like, what her definition of success is? And, you know, sometimes I think we have that definition, like you said, of like, oh, well, how many, like, literal lives have we saved? And it's like, you can't look at it that way. You know, like you said, it's, it's more about these small wins I think you're talking about, and the things that, like, they're big, actually big, but, like, they're not the classic definition of success, but someone's life is getting better. and I think that's, that's good to remember for sure.

Karen Miller: Yeah. And incrementally different, too.

Justin Bell: Yeah. Yeah.

Karen Miller: A millimeter forward is. A millimeter forward.

Justin Bell: Forward. Yeah, yeah, yeah.

Karen Miller: You know, and it's. I, I, it's dreadful losing, of course, permanently losing, people we work with and, you know, the people we get to serve. But not everybody is dropping. Yeah, no, not everybody is dropping. And so it's like, okay, we get to. That's another, that's another way, for supervision to really be helpful, you know, because they can help, they can help put things into perspective. I had, Oh, gosh, I've been lucky to have a, really good supervisors in my, you know, in the community mental health center where I was working, I had a patient die. And I found them. And, and that was, that was absolutely. Holy cow. That

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Karen Miller: was awful. And, and so that's you know, that's like the worst, absolute worst case scenario other than seeing very sick people. but to be able to, to go to my supervisor and, and be cared for and, and to be pointed in the right direction. I need you to go see a psychiatrist. I need you to seek therapy before you come back. And you know those things to, you know, again, it comes back to that self care piece.

Justin Bell: Yeah.

Karen Miller: You know, we have a responsibility, to have that self care and to have the, our permission to seek care.

Justin Bell: Yeah. That I think is key.

Karen Miller: I think giving ourselves that permission, we are worth.

Justin Bell: Yep.

Karen Miller: They're worth having that care.

Justin Bell: Yeah.

Karen Miller: As much as the people we care for.

Karen Miller: You know.

Justin Bell: Yeah. Yeah. And I think that's because the, the attitude that we were talking about before of like always hustling, always like it's got, it's a double edged sword. Right. And sometimes I think peers that I talk to, like, especially when they're new, there's that sort of like, I'm just happy to be here, I'll do whatever you tell me to do, you know, and that's great. But it's like, no, you actually are worth it to like take a vacation every once in a while. And yeah. I think the supervisor a lot of times is like, can be a huge advocate for that because you know, you're looking for that sort of external like confirmation of like, can I actually take a vacation? Can I actually like, maybe you know, have an extra hour in the day where I go to a meeting. You know, can I do this stuff? And, and yeah, the peer is not necessarily going to say that themselves sometimes, but the supervisor can, can look out for that and be like, yeah, look, you're getting burnt out. Like, let's, let's take it easy. You know, let's slow down a little bit. you don't have to be Superman all the time. Like this is, you know, we can work on. Yeah. Doing some self care. So.

Karen Miller: Yeah, I think that's, I intend to work at this until I retire.

Justin Bell: Sure.

Karen Miller: You know, that's still another 15, 20 years away.

Justin Bell: Yeah. Yeah.

Karen Miller: And so having been in it this long.

Justin Bell: Yeah.

Karen Miller: Setting those personal boundaries, the emotional boundaries. Are there going to be people who tug at my heartstrings? Yes, of course, there always will be.

Justin Bell: Yeah. human.

Karen Miller: Yeah. But to, I want, I really want peers to advocate for keeping themselves well in the, in the healthiest way possible so that if they want to do this long term, you know, they, we get that perspective.

Justin Bell: Yeah. Yeah. Well One of my final questions here is, asking you to look into the future, into the crystal ball a little bit. when you think about sort of what you would like to see for peers working in these medical settings, what would you like to see going forward, either locally in, in Wyoming or nationally, internationally, however you want to think about that.

Karen Miller: I want it big. I think big. And so I want, I want peers in every hospital.

Justin Bell: Yeah.

Karen Miller: Possible.

Karen Miller: obviously some of the frontier, they can work at clinics, actually. but I, I'd love to see because I can't tell you how many 78 to 85 year olds get put onto my thing because all of a sudden they're in the hospital and they're detoxing.

Justin Bell: Yeah.

Karen Miller: And the family doesn't know.

Justin Bell: Yeah. Yeah.

Karen Miller: And it's like, oh my God. You know, so we're, we are, you know, all the way down to the obvious people, you know, the usual, all the way up to, oh my God, I never knew grandma drank that much.

Justin Bell: Yeah.

Karen Miller: Do you know what I mean? And so, so. And, and there's people who, even at that age get really down. It's like, why have, And I hear this a lot. Why have I lived this long? M. Okay. And so, and so peers, you know, obviously, you know, with the suicide prevention, mental health.

Justin Bell: Yeah.

Karen Miller: We can, we can certainly, we certainly have value there.

Justin Bell: Yeah.

Karen Miller: You know, so just I think those of us already in these institutions, I think, as long as we show what we live.

Karen Miller: Okay. And it becomes very evident, I can see it spreading. I can see it spreading. there's SAMHSA out there. they're an amazing clearinghouse of information and I know that they've been big on peers in getting that, various grants and stuff. so

just to be a part of the community that you're in.

Justin Bell: Yeah.

Karen Miller: As a peer. And always it's. And it's not with. I know everything, you know, because we don't. Nobody does.

Justin Bell: Yeah.

Karen Miller: But, but with having the confidence to say I can't fix it, but

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Karen Miller: I might be able to help.

Justin Bell: Yeah. Yep.

Karen Miller: You know, sometimes getting their foot in the door through, literally walking through the door, you know, hey, can I talk to your psychiatric department? You don't have one. Would you like to have one? You know, can you team up with, with, you know, that, But it's not all on my shoulders.

Justin Bell: Sure.

Karen Miller: You know, it's on every peer's shoulders.

Justin Bell: Yeah.

Karen Miller: And so together we can, we can we can lift that?

Justin Bell: Yeah.

Karen Miller: To the next level?

Justin Bell: Yeah, yeah.

Karen Miller: You know, because, Oh, gosh. When did peers start? Probably since time began, but officially back in France in the 1700s. 1800s.

Justin Bell: Right.

Karen Miller: Back then, they found that recovered, patients did very well or, or more recovered patients did very well to encourage the others.

Justin Bell: Yeah.

Karen Miller: And that's documented.

Karen Miller: You know, that's. So there's been evidence of this for a long time.

Justin Bell: Yeah.

Karen Miller: You know, and it kind of fell out of fashion because, well, you know, Freud and them are probably just a different approach. We are the be all, end all, but. Yeah, yeah, but it's like, you know, to, to have that sense of humility across the board, I think.

Justin Bell: Yeah, yeah. And it's funny how, how we rediscover things like this, you know, and think that it's totally new, but it's not. It's not like you said. but yeah, I think you pointed out some great, some great reasons for expanding this. And there is, I mean, that's maybe the first time that I've heard that perspective just personally. But I do think about how much concern there is about this. You know, the baby boomers are still the largest generation, you know, and so America and many other countries too are. It's getting older. It just, statistically it's just getting older and average age is just going up and more people who are, you know, elderly and suffering from chronic illnesses and stuff and. Yeah, definitely. I mean, I know some people who do research on older populations and talk about, you know, retirement communities where, you know, alcoholism is this issue. And because it's an older generation too, they don't have the progressive, some of the progressive, you know, they still have that stigma. Right. Because they are from an older generation that, that had that stigma since forever for that generation. So, I think that's another m reason that we can chalk up for. Yeah. Expanding this thing and having more spaces, for peers. To be final, question here, if you had one piece of advice for a peer who's starting off in a medical setting or, you know, more clinical setting, what would you tell them

Karen Miller: to reach out to other peers? I really, I would love to network more. I, every year in, in Wyoming we have an annual peer specialist meeting which is, which brings all of the peers in this. Well, whoever can attend, but the peers in the state of Wyoming meet at this annual meeting for like 14 hours of training and networking.

Justin Bell: Yeah.

Karen Miller: And so, finding, finding colleagues that way.

Justin Bell: Yeah.

Karen Miller: You know, if you're, if Other states have this, or reaching out to RCOs, reaching out to, you know, sometimes just putting the call out, hey, what do we do? How do we do this? You know, and for those of us who've been around, being willing to, put in that, that information. Because if I can go to a meeting, a community meeting as a basic peer and, and interact with as many people as I ultimately get to interact with. Yeah. think about what we can all do. The ripples, man, it's raining hard. Yeah, okay. Yeah, it's raining hard and the ripples. Just being willing to reach out, you know, to the new ones, or don't be afraid for the new ones to reach out to any of us.

Justin Bell: Yeah. Yeah. That's awesome. I think you're a testament to sticking and staying in the peer support role, for as many years as you've been doing it. and, yeah, the importance of solidarity and connection and, coming together and building alliances. And as I tell people, and I know the title of this podcast, Peer Professional, peer support Professional Guide. Every profession has survived by coming together and protecting their interest. You know, doctors, dentists, nurses, lawyers, they all form these associations and affiliations and kind of said, this is, this is our claim, we're going to stake it, and, this is what we do and this is how we help. And then over time, they became a fixture in the world and people didn't think twice when they walked in the room. So,

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Justin Bell: I think, you know, your career is a testament to, to doing that. And I, I thank you for, for, for all the work that you've done.

Karen Miller: Thank you so much for having me.

Justin Bell: Yeah, of course. Thank you so much.

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