

Supporting Paraprofessionals and Strengthening Resilience Among Providers

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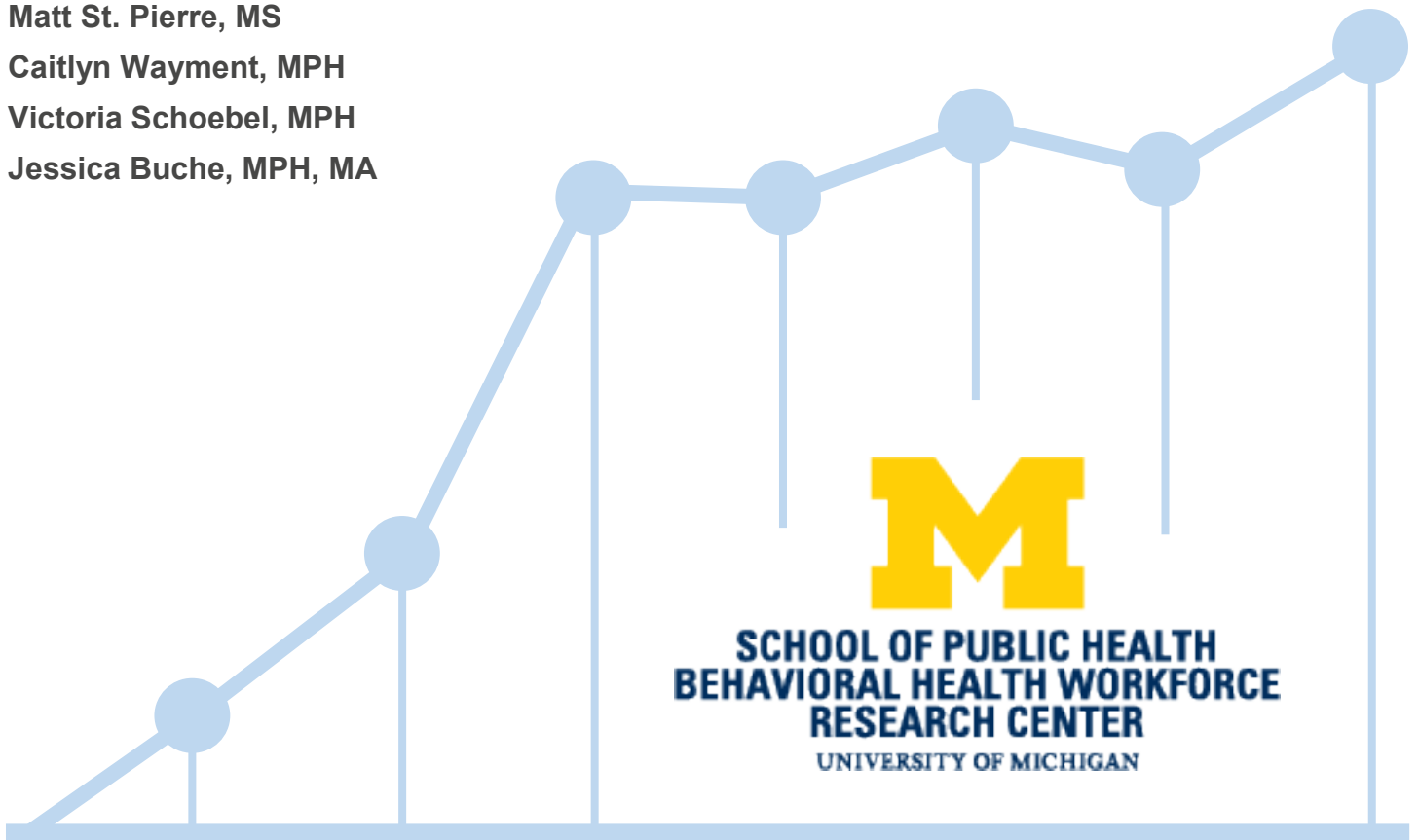
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Table of Contents

Key Findings 4

Background 4

Methods 5

 Data Collection 5

 Data Analysis 5

Results 6

 Participants 6

 Burnout Protective Factors 6

 Burnout Risk Factors 8

 Facilitators to Building Resistance 9

Discussion 10

 Policy Considerations 10

 Limitations 11

 Conclusion 12

References 13

Key Findings

The National Council for Mental Wellbeing (the National Council, formerly the National Council for Behavioral Health), in collaboration with the University of Michigan's Behavioral Health Workforce Research Center, conducted this study to investigate factors that influence staff turnover and burnout in the paraprofessional workforce and explore ways to enhance and support resilience amongst paraprofessionals. Results showed mental health and substance use treatment paraprofessionals are exposed to multiple risk factors for burnout including low compensation (a current challenge across the mental health/substance use treatment workforce as a whole when compared to other sectors), workforce shortages, and limited support for enhancing resilience. Findings from key informant interviews emphasized the need for organizational and systemic support in addition to personal practices to foster resilience. Key informant interviews revealed that practicing self-care and receiving support from coworkers and supervisors were some of the most effective ways to build resilience. However, systemic issues and lack of organizational supports exacerbated burnout.

This study concluded that improving resilience amongst paraprofessionals will require an integrated approach that includes an awareness of factors that impact burnout and staff turnover, implementation of effective training programs, increased organizational support, effective supervision, and the willingness of organizational leadership to engage in policies and procedures that benefit paraprofessionals.

Background

Mental health and substance use treatment paraprofessionals are an essential segment of the workforce that provides support to clinicians and clients. These paraprofessionals often work in a support role delivering direct mental health and substance use services, but their specific titles, qualifications, and roles vary by state. Paraprofessionals may include peer recovery and peer support specialists, community health workers, certification-level substance use counselors, and mental health aides. Paraprofessionals are often responsible for day-to-day care and the management of clients at health care facilities that provide mental health and substance use treatment services.¹

Paraprofessionals play a key role in the mental health care system by helping satisfy the growing need for, and shortage of, mental health and substance use treatment clinicians, and can also provide critical support to other roles in the care delivery continuum.^{2,3} Their impact in mitigating workforce shortages is especially salient in rural and other underserved areas, where there are even fewer clinicians to serve the often-high number of clients who need mental health services.⁴

Despite the importance of their role in the provision of mental health and substance use treatment services, paraprofessionals are vulnerable to high rates of workplace stress and burnout due to high-pressure work environments, large caseloads, and a lack of institutional support.⁵ Paraprofessionals may also experience high levels of secondary trauma when encountering stressful or traumatic events (e.g., violence, substance use) when working with clients.⁶ Exposure to traumatic experiences on the job can cause paraprofessionals to experience compassion fatigue, which in turn can lead to distress and reduced empathy.⁷ Additionally, paraprofessionals report high levels of stress and burnout due to increasing administrative duties, a lack of financial resources, inadequate staffing, and equipment shortages.⁸

In addition to the effects of paraprofessional burnout, mental health and substance use treatment organizations are negatively impacted by high rates of staff turnover.⁹ High staff turnover has been attributed to increased costs of hiring and training new staff, large workloads, low morale, and loss of knowledge.¹⁰ Several factors influence paraprofessional staff turnover, including challenges integrating paraprofessionals into the existing health care workforce, low job satisfaction, and burnout.^{9,11,12}

Overall, mental health and substance use treatment paraprofessionals need resources and support to promote resiliency within their cohort and the workforce. Resilience is defined as the ability to bounce back, recover from, and cope successfully with adverse circumstances and challenges.¹³ Resilience is a key factor

for successfully navigating the high-stress environments in which paraprofessionals work and was found to decrease stress and burnout in several studies of mental health and substance use treatment providers.^{7,14,15}

At an individual level, resilience can be supported by self-care, defined as the act of being aware of one's own mental health and acting intentionally to manage stress and promote wellness.¹⁶ Self-care is a process that is necessary for paraprofessionals who work in stressful environments to protect against secondary traumatization and compassion fatigue, and is also a strong protective factor against burnout. Mental health care workers often use self-care strategies such as monitoring stress levels, taking time to process and debrief, exercising, and spirituality.¹⁶ Recommendations for change often favor enhancing the skills and capacities of individual staff members,¹⁷ but enacting systemic changes can be the most effective strategy in reducing staff turnover and truly helping paraprofessionals succeed.^{6,18} Even when increased training is suggested as a strategy to strengthen the paraprofessional workforce, it needs to be combined with adequate funding and policy support for these trainings to be successful.¹

Paraprofessionals also report having to advocate for recognition as a legitimate health care profession and for the employer support necessary to participate in workforce and professional development activities.¹⁹ Whereas there has been increased attention to the importance of mental health and wellness for mental health care clinicians, research shows that the same level of attention has not been placed on the needs of paraprofessionals.²⁰ Indeed, there has been only limited consideration of the mental health burden that this segment of the workforce faces and what it needs in terms of psychological support and wellbeing.²¹

Given the need for and importance of resilience in mental health and substance use treatment paraprofessionals, the purpose of this study was to identify factors that influence staff turnover and burnout in the paraprofessional workforce and explore ways to support resilience. This study aimed to address the following research questions:

1. Which factors influence paraprofessionals' work-related stress, mental exhaustion, burnout, and staff turnover?
2. What existing initiatives, programs, or trainings have been successful for strengthening paraprofessionals' resilience?
3. What can mental health and substance use treatment organizations, leadership, and other professionals do to best support the needs of paraprofessionals?

Methods

Data Collection

To examine the above research questions, the research team conducted a literature review followed by semi-structured key informant interviews. These interviews utilized a moderator guide that was developed based on themes and findings from the literature review. The research team engaged in outreach through personal networks and social media for initial participant recruitment and used snowball sampling methods to recruit 15 mental health and substance use treatment paraprofessionals as key informants. The research team conducted 50-minute Zoom interviews with each participant between September 22 and October 18, 2021. \$25 gift cards were offered to all participants upon the completion of their interview. All participant records were de-identified and stored on password-protected computers. This study was approved by the University of Michigan's Institutional Review Board (IRB).

Data Analysis

Interviews were audio-recorded on Zoom and transcribed using an automatic transcription service. Researchers developed themes that emerged using inductive data analysis which were consequently consolidated using axial coding.²² The researchers then created a codebook based on main themes that were identified during data analysis. The codebook was reviewed by three research team members to ensure reliability of themes.

Results

Participants

A total of 15 mental health and substance use treatment paraprofessionals participated in key informant interviews for this study. A summary of participant demographics and professional characteristics can be found in Table 1. Participants had a mean age of 45.8 years (SD=9.5) and largely identified as white (n=9; 60.0%) and female (n=8; 53.3%). The study sample included 11 recovery coaches or certified peer recovery specialists and 4 people in other occupations (e.g., health coordinator, supervisor, etc.). The participants worked in a variety of settings, such as community mental health centers (n=7; 46.7%), nonprofit organizations (n=3; 20.0%), hospitals (n=2; 13.3%), and other service providers (e.g., private practice, government; n=3; 20.0%), and largely worked in an urban area (n=10; 66.7%).

Findings from the interviews were organized around three main themes: 1) burnout protective factors, 2) burnout risk factors, and 3) facilitators to building resilience. An overview of main themes, subthemes, and corresponding quotes is provided in Table 2 (page 7).

Burnout Protective Factors

Sense of Accomplishment

Many of the participants (n=6; 40.0%) reported having a sense of accomplishment and fulfillment in their work, which was often cited as one of the main aspects of their job that participants enjoy the most and led to high job satisfaction. In particular, participants enjoyed working with clients and found it rewarding to see the clients' processes of recovery. As one participant stated, "I see the rewards of when somebody's properly diagnosed, and they're put on their proper medication, or they have the ability to get a job and they haven't worked in many years. So the rewards are seeing the final end through all the way, you know, when somebody is in treatment." Several participants mentioned that this sense of accomplishment is what keeps them going even though the work may be stressful and challenging.

Table 1: Key Informant Interview Participants' Characteristics

Characteristics	n (%)
<i>Gender</i>	
Female	8 (53.3%)
Male	7 (46.7%)
<i>Ethnicity</i>	
White	9 (60.0%)
African American	3 (20.0%)
Bi-racial	2 (13.3%)
Hispanic	1 (6.7%)
<i>Occupation</i>	
Recovery coach/certified peer specialist	11 (73.3%)
Other (e.g., health coordinator, supervisor)	4 (26.7%)
<i>Years Practicing</i>	
Less than 1	4 (26.7%)
1 to 3	8 (53.3%)
4 to 6	3 (20.0%)
<i>Geographic Location</i>	
Urban	10 (66.7%)
Rural	5 (33.3%)
<i>State</i>	
IN	8 (53.3%)
DC	2 (13.3%)
MA	1 (6.7%)
MO	1 (6.7%)
NJ	1 (6.7%)
NY	1 (6.7%)
TX	1 (6.7%)
<i>Primary Practice Setting</i>	
Community mental health center	7 (46.7%)
Nonprofit organization	3 (20.0%)
Hospital	2 (13.3%)
Other (e.g., private practice, government)	3 (20.0%)

Table 2: Main Themes and Findings from Key Informant Interviews

Subtheme	Quotes
Burnout Protective Factors	
Feeling a sense of accomplishment and finding the work fulfilling	<p>“The satisfaction of watching people change for the better. You know, when you see someone that thinks that they’re broken or beaten, or like beat down by life, and you see them pick themself up. And they progress towards being a productive member of society, that’s the best part.”</p> <p>“It’s rewarding, you know, a person in recovery, such as myself, to be able to give back.”</p>
Organizational support and benefits such as employee assistance programs and paid time off	<p>“As far as support, they offer free counseling sessions, there is grief pay. If one of our clients does happen to pass away, there’s that covered time where you don’t have to use your personal time off.”</p>
Ongoing professional development opportunities and financial support for professional development	<p>“My supervisor, she is the big one on the trainings. She is always seeking out trainings not just specific to burnout or self-care but your emotional intelligence, the leadership skills, just really being able to bring things back and focus on yourself, that’s been really helpful.”</p>
Receiving emotional or tangible support from supervisors and coworkers	<p>“I do have some really good colleagues and a couple weeks ago I had so much on my plate and there were other people that just stepped up and took care of some of my clients because I could only be in so many places at once.”</p>
Burnout Risk Factors	
Physically and emotionally demanding work which can lead to compassion fatigue	<p>“Burnout comes in where you take stuff home, the feelings, the emotion. [...] And that, I had to learn in this field, will be the first challenge of burnout. When you’re taking on somebody else’s problems.”</p> <p>“I’m in recovery myself, and so I understand what they’re going through. And I’ve struggled with mental health issues before in the past. So it’s very emotional and can be very draining.”</p>
Lack of organizational support for self-care and limited resources for employees experiencing burnout	<p>“They teach you about burnout and they teach you about all these things until you get burnt out. And then you’re like, well, okay, what do I do now when I get burnt out? And nobody tells you that part.”</p> <p>“They say you can go to your superior. But then, you know, I don’t have five minutes to go to the bathroom sometimes. But when am I supposed to have five minutes, an hour to go to my superior and talk to them? It makes it very difficult.”</p>
Low compensation encompassing salary, benefits, and paid time off	<p>“Especially based on the amount of work that’s involved to get certified, I don’t feel as though you know, they’re compensated enough. And I think that’s what builds frustration and why a lot of people move on.”</p>
Challenges faced during the COVID-19 pandemic which led to increased burnout	<p>“We’re essential. And the thing is that, you know, through the whole pandemic we’ve been working, it was never okay to take some time off.”</p> <p>“It [burnout] has happened. Last year, probably at the beginning of the year, and March of last year was probably the most frustrated time I’ve had. Because that was when COVID started.”</p>
Challenges due to workforce shortages and staff turnover	<p>“We’ve lost staff, you know, we’ve had to pick up the pace. And, like, I’ve had to step outside the boundaries of [...] my job specification just to be able to, you know, help our clients.”</p>
Facilitators to Building Resilience	
The use of self-care as the main strategy to promote resilience	<p>“I try to take care of myself, I try when I feel like I’m getting stressed because of the work, the type of work that I do. I take time for myself. I like to do a lot of fishing.”</p>
Setting boundaries between work life and personal life	<p>“I am a person in sustained recovery. So that empathy is strong, and that desire to just do more is, it’s there. So I had to learn to set some very strong, healthy boundaries, where on the weekends, putting that phone down or not answering the phone calls, because somebody always has a crisis.”</p>
Open communication with coworkers and supervisors	<p>“I would say, being able to communicate openly with my team. [...] But being able to share about an incident or experience or a day with people that understand it and can support you. And I think that in itself is helpful, just being able to talk.”</p>
Organizational programs or initiatives to foster employee resilience and self-care	<p>“Both of my employers do a very good job at recognizing time for their employees to take self-care. [...] They advocate for us to take time off, to take care of ourselves.”</p>

Support from Coworkers and Supervisors

A majority of the participants (n=9; 60.0%) reported that receiving emotional and tangible support from supervisors and coworkers helped to protect against burnout. Being able to talk to team members or their supervisor when experiencing burnout or other difficulties was instrumental for processing these feelings and events, since many employees have had the same experiences and were able to empathize or provide helpful advice. While expressing their appreciation for having supportive coworkers and supervisors, one participant mentioned that this is not always the case, referencing previous organizations they had worked for. They remarked, “I feel like I’m surrounded by support and an awesome team. And, I mean, again, just like the supervisors making themselves available, that’s huge. And I didn’t always have that in other roles.” In addition to emotional support, participants also expressed that tangible support provided by coworkers helped reduce burnout, often in the form of sharing caseloads when there was too much work or when they needed to take time off.

Organizational Benefits and Professional Development

On the organizational level, support in the form of an organizational culture that encourages self-care and tangible benefits, such as employee assistance programs and paid time off, were protective factors against burnout. Many participants (n=8; 53.3%) reported that having organizational leadership and administration that put effort into taking care of employees also greatly helped to promote wellness. To illustrate support received from their organization, one participant remarked, “The company really takes care of their employees by offering services to us as well. And they require you to take time off for yourself and for your family as well.” Furthermore, several participants perceived organizational support for ongoing professional development to be beneficial. When there was support from the organization leadership or supervisors in pursuing professional development, participants felt as though the organization cared for employees and their career advancement. Participants also appreciated receiving financial support for professional development, such as their organization paying for certification requirements (if applicable) or providing reimbursement for participation in trainings.

Burnout Risk Factors

Compassion Fatigue

Many participants (n=8; 53.3%) reported that the physical and emotional demanding nature of paraprofessional work can lead to burnout and compassion fatigue. Most participants provided direct care to clients who experience mental health and substance use challenges, work which was complex and emotionally demanding work. As one participant described, “I think it can be discouraging when a client is very symptomatic as far as with their mental health disorders. And one of the big challenges is it’s really hard not to take things personally.” Multiple participants also mentioned the difficulty of working with clients and implementing strong boundaries, especially since many participants were peer workers who are also in recovery.

Lack of Organizational Support and Low Compensation

A burnout risk factor at the organizational level was the lack of organizational support encouraging employee self-care and limited support available for employees who are experiencing burnout (n=4; 26.7%). Participants found it difficult to practice self-care when it was not encouraged by leadership or there was no systemic support for employees. Additionally, participants reported that they felt paraprofessional work was not always appreciated, and that they face a lack of support and recognition from the organization and other professionals that led to frustration and burnout. While discussing how they felt paraprofessionals’ opinions may not be valued by clinicians in care planning, one participant stated, “A lot of the times recovery coaches feel that way. ‘Listen, you’re only a coach. [...] What do you have to offer here.’”

Conversely to those who noted good workplace benefits as a protective factor, multiple participants (n=5; 33.3%) cited low compensation in the field and little to no paid time off at work as factors that exacerbate burnout. Participants expressed concerns about feeling they were not being competitively compensated for the work that they do, and that dissatisfaction with compensation was one of the most common causes of staff turnover. As one participant mentioned, “What creates the burnout is the lack of support from our organizations. Going through what I would consider to be like a relatively heavy job on very little pay, no PTO...stuff like that.” This sentiment was echoed to varying degrees by participants who generally expressed a desire for higher pay and more benefits, a common trend currently observed across the mental health/substance use disorder treatment workforce.

Workforce Shortages and Turnover

Many participants (n=5; 33.3%) reported facing challenges with increased workload due to workforce shortages and staff turnover, leading to higher levels of burnout. One participant mentioned that workforce shortages are quite pervasive in the workforce, “Like any organization..., changing processes or inconsistent processes and staffing shortages [lead to] not being able to get everything done that one would like to get done because you’re just one person.” In a similar vein, many participants expressed there are not enough staff to satisfy the need for mental health and substance use treatment services in their area. In addition, when there was high turnover at an organization, remaining employees were tasked with extra work or caseloads to make up for shortages in staff. Participants often mentioned this as a stressor that increases the risk of burnout, since it adds to workloads that were already high.

Facilitators to Building Resistance

Importance of Self-Care and Setting Boundaries

Similar to protective factors against burnout, self-care was mentioned by a majority of the participants (n=9; 60.0%) as the main personal strategy used to promote resilience. Common self-care practices that participants engaged in included meditation, exercise, and spending time in nature. Several participants noted that it is important to take care of the self before being able to take care of others. Some participants also practiced religion or other forms of spirituality to foster resilience. Lastly, some participants reported that they use the wellness strategies that they offer to clients in promoting their own resilience. This included strategies such as eating well, exercising, and taking personal time for self-care. As one participant mentioned, “I’m really learning to take the advice that I give to my members about wellness, the things that you know, I talk about every day to them. I really started to incorporate them more in my life.”

Setting healthy boundaries between work and personal life was mentioned by several participants (n=6; 40.0%) as being essential in promoting resilience and avoiding burnout. Participants noted that they needed to remind themselves to set boundaries between work life and personal life and intentionally take time to pause, take breaks, and practice self-care. One participant remarked, “You can kind of overemphasize the help that’s needed for people in recovery. It’s easy to want to like be on 24-hour call.” Likewise, many participants mentioned the value of taking time away from work to take care of the self, especially since many participants were eager to help their clients but acknowledged that they cannot be as effective in helping clients when they are overworked and drained.

Open Communication with Coworkers

A culture of open communication between team members and across different levels in the organization, such as with supervisors and leadership, was cited by participants (n=4; 26.7%) as a helpful factor in promoting resilience. When there were mechanisms in place for participants to be able to communicate their needs to leadership, and when leadership was responsive to concerns, participants felt the organization was supportive in cultivating employee resilience. Open communication between coworkers and

with supervisors, such as being able to discuss challenges and setbacks freely, helped participants to process difficult situations and bounce back from challenges. As one participant mentioned, “Open communication [...] really helps the burnout because if we talk about it, if I can communicate about it, that’s half the battle right there with it.”

Organizational Initiatives to Foster Resilience

The presence of organizational programs or initiatives to support employees and foster employee resilience was another facilitator in building resilience (n=8; 53.3%). Participants emphasized factors such as having a supportive organizational culture, having programs provided by the organization that are designed to promote resilience, and receiving paid time off for mental health days. Mental health days were mentioned by several participants as being especially helpful in promoting resilience. If something difficult or challenging happens at work, such as the experience of secondary trauma, taking some time off to process and regroup after the event helped participants to cope successfully with it. Participants who did not have paid time off for wellness and self-care available at their organization often expressed the desire for it to be built into staff schedules. One participant stated, “I think there should be some sort of mandatory, included in your 40-hour work week, there should be some sort of wellness component attached to it. [...] To practice more yoga or whatever it is that is your definition of wellness.”

Discussion

This study highlights the complex relationship between the challenges mental health paraprofessionals face in the workplace as well as methods to support their resilience to cope with these challenges, which is influenced by individual, organizational, and systemic factors. The findings from the literature review and key informant interviews showed that paraprofessionals are a crucial part of the mental health and substance use treatment workforce but are exposed to multiple risk factors for burnout, while receiving limited support for resilience.^{5,6} Therefore, a critical need exists to support paraprofessionals in building resilience so that they can cope with and bounce back from stressful situations. Results from key informant interviews revealed that some individual practices to promote resilience were found to be effective, such as self-care and setting boundaries between work and personal life. However, in addition to building skills for resilience in individual employees, more support is needed on organizational and systemic levels to strengthen resilience in the paraprofessional workforce.

This study’s main findings regarding the key role of support from supervisors and coworkers in preventing burnout and promoting resilience is echoed in the literature. In a study of paraprofessionals who work in integrated mental health care, Au and colleagues²³ found that support from supervisors, managers, and other coworkers contributed to a lower risk for burnout. Paraprofessionals who perceived more support in their jobs experienced less burnout, which supported findings that emphasized the value of upper management understanding what paraprofessionals are going through and providing time off to handle stressful situations.²³ This is also in line with results from the current study, in which participants noted mental health days as one of the most helpful benefits that organizations can provide to help employees be more resilient. Other studies have also emphasized the importance of staff supervision procedures in preventing burnout and reducing employee turnover. Azar¹⁵ concludes that managers should not just rely on the paraprofessional to engage in self-care but should take steps to build a culture of support that starts from direct supervisors. This was reflected in the current study’s findings in which an organizational environment that is supportive of self-care, including support from supervisors and coworkers, was a main protective factor against burnout and a facilitator of resilience.

Policy Considerations

Although paraprofessionals engaged in personal practices to promote resilience, there are limits to the extent to which efforts on the individual level can make a difference or be sustained without the enactment of

change on organizational or systemic levels to create better working conditions and a culture of wellness. The National Council for Mental Wellbeing's²⁴ report on building resilience in mental health care organizations after the COVID-19 pandemic states that leadership should role model self-care behaviors, develop and reinforce workforce habits of taking time for the self, encourage employees to access available resources in the organization, and provide education and training to staff on how to balance priorities in their work and personal life. This points to the need for a wide range of efforts to establish leadership-level policies and procedures, implement robust skill-building programs, and provide resources to support employee resilience if none already exist. Overall, mental health and substance use treatment organization leaders and supervisors should aim to prevent burnout and take care of employees when they report feeling burned out or overextended.

Also on the organizational level, leadership should provide clarity on the scope of practice for paraprofessionals and how their services could be integrated into the existing structure. Research has called for more clearly defined scopes of practice and job responsibilities for paraprofessionals,²⁵ but this issue continues to be an area of need in the workforce. Furthermore, organizations should take steps to build open communication into their culture both horizontally between team members and vertically with supervisors and leadership. The relationship between communication and employee retention has been well-documented in workforce research.²⁶ In particular, Eisenberger and colleagues²⁷ found that higher levels of perceived supervisor support reduce employee turnover, mediated through increases in perceived organizational support.

On a state and national level, similar to the rest of the mental health/substance use treatment workforce, systemic changes are needed in order to most effectively support paraprofessionals. A recent report by the American Psychological Association²⁸ found low salaries, long hours, and lack of growth opportunities were the most common factors that increase stress in the workplace. To this end, recommendations for policymakers should include providing thoughtful guidance on how organizations can continue to integrate paraprofessionals into their workforce across their service lines to best serve those in need. Policymakers also should strive to communicate the importance and legitimacy of paraprofessionals as a vital part of the mental health/substance use treatment workforce and ensure that paraprofessionals' needs and concerns be considered when developing current and future strategic plans to strengthen the field and address critical workforce gaps, including increasing Medicaid rates as part of this comprehensive strategy.

Additionally, there is a need for investments in the mental health and substance use treatment workforce to mitigate workforce shortages and the challenges that come with it. For instance, this study found that some organizations provided financial assistance for employee professional development opportunities such as certifications and training. Policies that provide financial support for education, training, and certification can lower the barriers to joining the paraprofessional workforce, while continuing professional development and supportive supervision can aid the retention of those who have already joined.³⁰

Limitations

Due to the use of convenience sampling, this study had a non-representative sample and findings cannot be generalized to the broader paraprofessional workforce. The majority of participants were peer recovery specialists which, consequently, overlooks the experiences of other paraprofessionals. Paraprofessionals who are working in a peer role may experience higher levels of burnout, since they may experience stressors similar to their clients in their own journey of recovery.³¹ Lastly, only seven U.S. states were represented in the sample, with more than half of participants being recruited from Indiana. This also limits the generalizability of this study since the operations of mental health and substance use treatment organizations and paraprofessional credentials are often influenced by state and local legislations.

Conclusion

Overall, this study found mental health and substance use treatment paraprofessionals are exposed to multiple risk factors for burnout on the job, while receiving limited support to build resilience. A critical need emerged to assist paraprofessionals in building resilience, with some existing initiatives being successful in cultivating self-care and resilience skills. Findings from key informant interviews emphasized the need for organizational and systemic support in addition to personal practices to foster resilience. This study concluded that improving resilience for paraprofessionals will require an integrated approach that includes an awareness of factors that impact burnout and staff turnover, implementation of effective training programs and supervision, and the willingness of leadership to engage in policies and procedures that benefit paraprofessionals. Researchers have pointed out the need to include paraprofessional workers' voices in health care policy and procedures to build a more sustainable paraprofessional workforce.³² This study provided insights into challenges and opportunities in resilience drawn from the perspective of paraprofessionals and corresponding policy recommendations to best support the paraprofessional workforce.

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