

Supervising Peer Specialists in the Behavioral Health System

Participant Manual

Sponsored by:

**The North Dakota Behavioral Health Division,
Department of Human Services**

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Designed and Taught by:

Appalachian Consulting Group

Supervising Peer Specialists in the Behavioral Health System

There are four questions that this one-day training will attempt to answer.

- 1) What is the purpose of supervision and what is the role of the supervisor?
- 2) What is the role of the peer specialist and where and how can they most effectively be used?
- 3) If peer specialists are not supervised any differently than anyone else, why are we having this training?
- 4) What constitutes a quality relationship between a supervisor and a peer specialist and how is this relationship developed and sustained?

This last question was also the central question of the 6th Annual Pillars of Peer Support Services Summit held at The Carter Center on October 7-8, 2014. The theme of the summit was Pillars of Peer Specialist Supervision. A pillar was defined as “A pillar is what has to be in place in order to create a quality supervisory relationship, especially as it relates to supervising peer specialists.”

The summit participants were representatives from 21 states selected because of their state’s creative and cutting edge work in peer specialist supervision. The following statements are a result of that summit.

Supervision of peer specialists is most effective when the peer specialist supervisor...

1. ...is trained in quality supervision skills.
2. ...understands and supports the role of peer specialists;
3. ...advocates for peer specialists and peer specialist services across the organization;
4. ...promotes the professional growth of the peer specialist; and
5. ...understands and promotes recovery.

Agenda

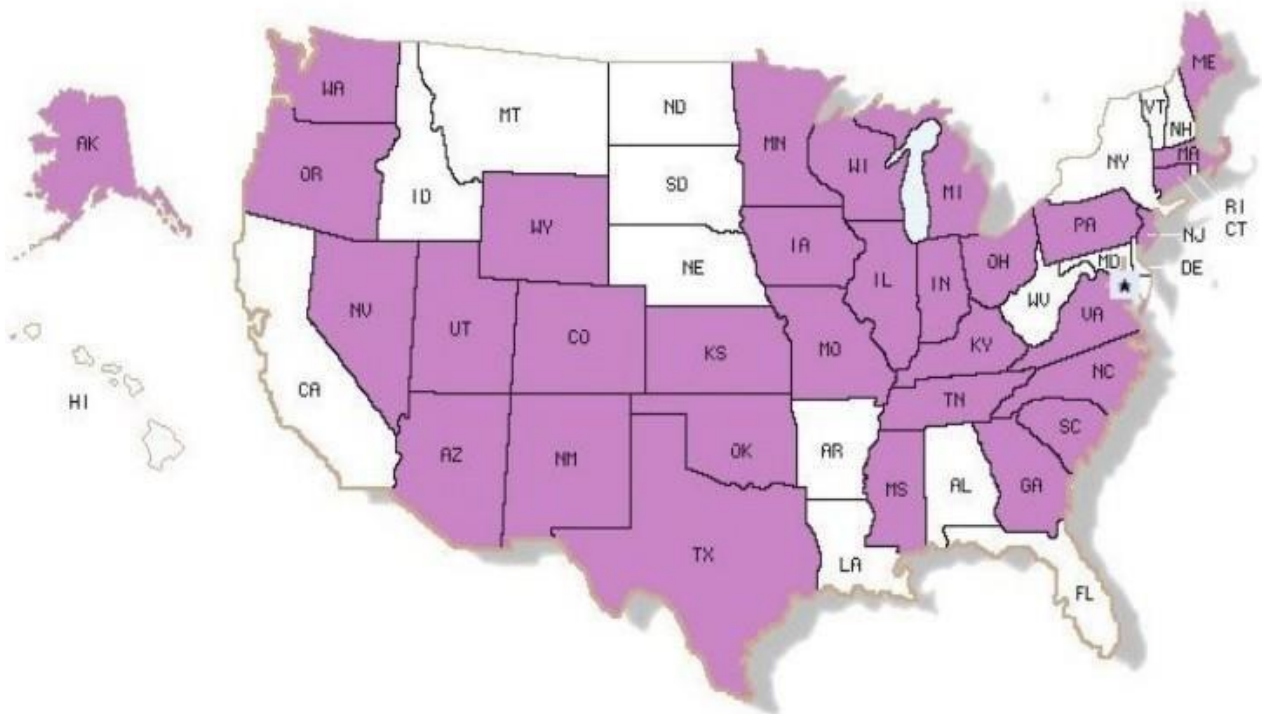
- 8:30 - 9:00 - Registration and Networking
- 9:00 - 9:30 - **Introduction** - Welcome, Introductions and Overview of the Training
- 9:30 -10:15 - **Session 1 - What have we learned in 15 years from 40 plus states?**
- 10:15-10-45 - **Session 2 – State’s Peer Specialist Certification Program**
- 10:45-11:00 - BREAK
- 11:00-12:00 - **Session 3 - The Nuts and Bolts of Supervision**
- 12:00 - 1:00 - LUNCH
- 1:00 - 1:30 - **Session 4 - Tools for Enhancing Peer Specialists Supervision**
- 1:30 - 2:15 - **Session 5 – Applying the Principles of Supervision to Supervising Peer Specialists: Part 1**
- 2:15 - 2:30 – BREAK
- 2:30 – 3:45 - **Session 6 - Applying the Principles of Supervision to Supervising Peer Specialists: Part 2**
- 3:45 - 4:30 - **Session 7 – Challenges, Recommended Actions and Final Reflections**

The Emergence of a Peer Provider Workforce

The first Medicaid billable peer specialist's certification training program was held in Georgia in October 2001. Since that time the program has spread to 34 states. There are an estimated 18-20,000 certified peer specialists nationally whose agency is able to bill Medicaid for their services. In August 2013, President Obama requested that the Veterans Administration train and hire 800 new peer specialists before the end of that year. Currently there are more than 2000 veteran peer specialists.

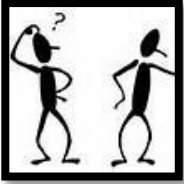

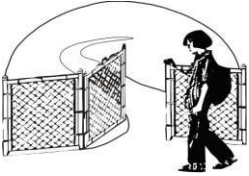

Initially hired to work on ACT (Assertive Community Treatment) and CST (Community Support Treatment) teams and Peer Support Day Programs in Georgia, peer specialists are now working in many areas – including outreach programs to people who are homeless, helping people make the transition from jails, prisons, and mental hospitals to the community, supporting youth as they move from adolescence to young adulthood. There are now state-approved certification programs for addiction, youth and family peer specialists. The shaded states have Medicaid-billable peer support services. (Since this report, Idaho and Hawaii have been added to this list.)

Many of the non-shaded states have peer specialists working as providers of services, but they are not in Medicaid-billable positions.



Session 1 – What have we learned in 15 years from 40 plus states?

In October 2001, the Appalachian Consulting Group helped start the first Medicaid-billable peer specialist training and certification program in Georgia. Since that time it has worked with peer support specialist programs in over 40 states. While the following is a list of the four most important things we have learned, each one may not be true for your agency.

 <p>Why are we doing this?</p>	<p>Agencies often hire peer specialists without thinking through <u>why</u> they are being hired, <u>what</u> special gifts/abilities they bring to the agency and <u>where</u> they can most effectively be used within the agency as providers of services.</p>
 <p>Sensitivity! Understanding! Non-judgmental Acceptance! Connection!</p>	<p>Because of their lived experience, peer specialists bring a perspective - and a set of gifts and abilities - to the agency that have not traditionally been present in most agencies.</p>
 <p>On the Road Again!</p>	<p>Peer specialists seem to thrive in agencies that understand and are committed to recovery.</p>
 <p>Unlocking the Potential.</p>	<p>The supervisor is the key to incorporating the peer specialist workforce into the provider workplace.</p>

Learning # 1 - Agencies often hire peer support specialists without thinking through why they are being hired, what special abilities they bring to the agency and where they can most effectively be used within the agency as providers of services.

What are some difficulties this could cause for peer specialist supervisors?

What are some of the difficulties this could cause for the peer specialist?

At the end of the peer specialist certification training, we ask the participants two questions. First, ***“When in your recovery journey could you have most benefited from the services of a peer specialist?”***

Second, ***“If you were the CEO of a traditional mental health agency and you hired three peer specialists, where would you place them in your agency, what would you have them do, and why?”*** The following is the result of those discussions.

Where they would be placed.	What might they be able to do in that location that traditional staff are not currently doing?
As early as possible in the diagnostic process – Intake/Admissions	
Moving from one level of service to another	
As a member of a crisis team	
In institutions – hospitals/jails/prisons	
Navigating the benefits system	
Working with transitions age youth	
Facilitating recovery focused support groups	
As member of an ACT team	
As members of an integrated health team	

Why peer specialists have been effective in the following positions.

1) As early as possible in the diagnostic process - In-take/Admission;

The onset of a mental illness, receiving a diagnosis/prognosis and entering the public mental health system for treatment can often be a stressful, confusing and frightening experience. Having someone who has been there and successfully come out the other side a stronger, more confident person can be a comforting experience. Peer specialists can use their lived experience to answer questions and explain to peers, new to the system, what they can expect in relation to diagnosis and treatment and how they can get the most out of what will be offered. Most peer specialists say that if they had had a peer specialist early on, their engagement in treatment services and their recovery journey would have been much more effective.

2) Moving from one level of service to another;

This might be during the discharge from institutions to community or from ACT team to a less intense mode of service or from supervised housing to their own apartment. It is a time of transition to less services and more personal responsibility. This often demands a new set of skills and expanded natural supports. Most peer specialists have had this experience and can provide support and guidance during the initial stage of this transition.

3) As members of a crisis team;

Whether the crisis is a first time experience of the symptoms or what we traditionally call a 'relapse', most peer specialist have had that experience. They are capable of holding the hope and communicating that here is life after diagnosis and/or relapse.

4) In institutions - hospitals/jails/prisons;

Hospitals, jails and prisons can be a very difficult, confusing and lonely experience. Jails and prisons can often be places where ones mental illness is not understood and one does not receive the services needed. Many peer support specialists have had these experiences and can help their peers understand what is going on, what to expect and how to get the most from the experience.

5) Navigating the benefits system;

The benefits system of the mental health system can be very confusing and frustrating. Most peer support specialists have had experience navigating this system and can provide much needed guidance and support during this time.

6) Working with transition age youth;

Often diagnoses come during the adolescent years when the diagnosed person is still under the legal jurisdiction of his or her parents. They are 'forced' to see the psychiatrist and take their medications. This can cause a lot of anger, resentment and rebellion. When the youth reaches 18 years of age and can legally make their own decisions, many stop taking their meds and refuse to see the doctor. Ten years later they often end up in the correctional system. Peer specialists who have been diagnosed during adolescence and have successfully made the transition to adulthood can provide stability, guidance and support during this time.

7) Facilitating focused support groups;

Many peers in the mental health system do not have the opportunity to talk openly about what is involved in the recovery journey, what supports they need and what challenges they are facing. Because of peer support specialists' lived experience with both the disabling power of the illness and the empowering experience of recovery, they are very capable of facilitating support groups that get at the depth issues of recovery.

8) As members of an ACT (Assertive Community Treatment) team;

Peer specialists are very effective on ACT Teams if and when their role is clearly understood and accepted by all of the team members. Traditionally, peer specialists have been seen as the gopher for the team (doing the tasks that other team members do not have time to do) or medication monitors (making sure that the 'client' is taking his or her meds). Neither of these roles is the role of a peer support specialist. The peer support specialist role is to empower the peer to set, get and keep goals that the peer believes will improve the quality of his or her life.

9) As members of an integrated health team.

Healthcare is shifting toward integration of behavioral and physical health. Oftentimes, people who have mental and physical health issues are overwhelmed when attempting to deal with the multiplicity of health issues. Peer support specialists can be very supportive in this experience.

In evaluating where peer support specialists are placed in the agency and what they are expected to do, it is helpful to ask two questions –

1) Does where we have placed the peer support specialist and what we expect of them allow them to use their lived experience to help their peers set, get and keep goals that the peer believes will improve the quality of his or her life? *(If the answer is 'no', then the position and task is not designed for a peer support specialist.)*

2) Can someone without a lived experience with a mental illness do the expected work just as well? *(If the answer is 'yes', then the position and task is not designed for a peer support specialist.)*

Learning # 2 - *Because of their lived experience, peer specialists bring a perspective and a set of abilities to the agency that have not traditionally been present in most agencies.*

There are two statements that seem to hold the perspective of the peer specialist and how it might differ from the perspective of traditional mental health clinicians when providing services. 1) While symptoms can disrupt a person's life, the greatest impact of a mental illness is often a sense of loss and disconnection and 2) What you believe about yourself because you have a mental illness is often more disabling than the illness itself.

Most mental health service providers are trained to focus on reducing the symptoms and disruptive behavior of the illness. Peer specialists are trained to focus on instilling hope and reconnecting people with those things that once gave them a sense of meaning and purpose.

Individually answer the following question, then we will discuss as a group.

What is the difference in focusing on the symptoms/behavior of the illness and the loss of hope and the sense of disconnection that is a result of the illness?

What has your education and/or experience taught you about the traditional clinician-client relationship?

What is the foundation for this relationship? What are some of the principles or guidelines?

What is the difference in a traditional clinician-client relationship and a peer specialist-peer relationship?

Learning # 3 – Peer support specialists seem to thrive in agencies that understand and are committed to recovery.

If you were to visit an agency that was focused on recovery, what would you see going on? How would you know that agency understood and was committed to recovery?

Why do you think peer support specialist do well in this environment??


Learning # 4 – The supervisor is the key to incorporating the peer support specialist workforce into the provider workplace.

Session 2 - State's Peer Specialist Certification Program (Material provided
by local sponsor)

Notes:

Session 3 – The Nuts and Bolts of Supervision

NUTS AND BOLTS
of Supervision



What IS Supervision?



Widely accepted goals

- Educational
- Administrative
- Supportive

What you do in supervision depends on your GOALS



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If the goal is educational...

- The supervisor uses demonstration / modeling, discussion, feedback and practice to support learning new skills



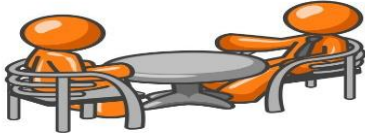
If the goal is administrative

- The supervisor has task, time and attendance oversight and ensures supervisee is following policies, rules and regulations



If the goal is supportive...

- The supervisor works to improve employee performance, to increase coping skills, to prevent stress and burnout.



What is key ingredient to supervisory success?

- The relationship between supervisor and supervisee
- Developed by:
 - Listening
 - Availability
 - Goal setting
 - Transparency
 - Responsibility
 - Realism



So what about Supervision with a peer specialist???

I've never done this before!

But what am I supposed to do?

- First and always listen like you have never listened before
- Get comfortable with shades of gray
- It's okay to not know!
- If you have volunteered to supervise, enjoy the journey & remind yourself that it IS a journey



But what am I supposed to do?

- If you were assigned to supervise, can you openly accept the job?
- If not, it's okay but a discussion with your supervisor needs to happen.
- Are you clear what is expected of you?



But you are not telling me what to do!



- Just as recovery is a journey, a process, so is partnering with a peer specialist.
- If you think of this as partnering rather than supervision you will have embraced a core value of mutuality.

But now you are making me
anxious!!!!

- The first step in this journey is to establish an understanding or contract about what you are going to do together.
- This is a two-sided discussion (mutuality).
- Can you talk about what each of you would like from these meetings?



How do I model mutuality?

- Share that you are
 - A partner
 - A willing ear (listener)
 - A supporter and believer in recovery
 - A guide in all things on the professional side



I don't care what you say-I'm still
anxious!



- Start at the beginning- what is the job description for the PSS?
- Is it clear?
- If it is mainly task oriented, do you need to talk about how the tasks model or support recovery?

What? Wait a minute!

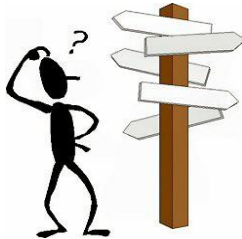
- Agree about **how often** you are going to meet
- Agree on **when** you are going to meet
- Agree on **where** you are going to meet
- What about when a problem arises that can't wait **on either side?**
- Agree on what **it isn't**
- It's **not** a therapy session for either of you!
- It **can** be a place to vent frustrations, concerns etc.
- It's **not** about "professionalizing" a peer

But what do I do?

- The shared goal is to promote recovery and hope in the individuals you work for
- Both of you have equally important but **different approaches**
- **Talk** about what may prevent the PSS from using the peer approach



It's about choice?



- Problem solve together
 - Recovery is about decision making
- Focus on the good news
 - Recovery is about hope
- Support the story telling
 - Peers inspire change by modeling and sharing their story

We all want to do a good job!

- Talk about what you both want to learn or achieve
- Keep it simple and clear, (i.e. how do I express my concerns so that they are heard? Or teach me about recovery)



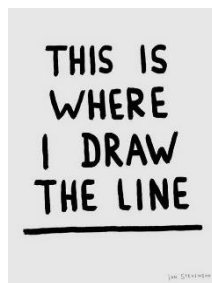
Mental Health Issues

- Peers should not be receiving treatment where they work. Would you?
- The supervisor is not the PSS' therapist; as a supervisor, you are not responsible to enforce treatment or inquire about it, e.g.
- Talk about it in the beginning if the PSS would like ADA
- Treat it like the flu or a broken leg
- Take off your clinician glasses



Ethics and boundaries

- Slippery slope
- Lean on the values of peer support
- Talk about it-share your worries and concerns
- Is having sex with a client okay? No.
- Controversy remains about relationships outside of work. Follow your agencies policies.



Keep in mind what Peer Support is...

- Role modeling
- Showing the way
- Hope and resiliency
- Practical solutions
- Practicing choice
- Personhood not parent-hood
- Reciprocity



What peers tell us gets in the way of doing a good job

- Lack of role clarity
- Pressure to gain acceptance
- Misunderstanding & negative attitudes from staff
- Conflict over professional routines
- Lack of interest from service users



What peers tell us gets in the way of doing a good job

- Lack of recovery oriented culture
- Conflicted sense of identity
- Lack of resources & adverse working conditions
- Isolation, patronizing, role confusion
- Economic barriers



It's a journey for both of you

In the beginning

- Review job description together. Does it reflect unique role of PSS?
- Establish a working partnership –decide frequency, length etc. emergencies & coverage
- Discuss expectations. Transparency and explicitness

Ongoing meeting

- Summary of last meeting: by either of you
- Progress on goals
- Exploration of job stresses
- Opportunities to reframe
- Mutual feedback
- Add or subtract goals?

In small separate groups, discuss the following questions:

Supervisors – How is supervising peer support specialists different from supervising non-peer staff?

What have you learned about supervising peer support specialists that you would share with a new peer support specialist supervisor?

Peer Support Specialists – What has your supervisor done that has helped make you a better peer support specialist?

What would you like from your agency that you are currently not getting?

Session 4 – Tools for Enhancing Peer Specialist Supervision

The foundation for the relationship is set in the hiring process.

After setting up the Certified Peer Support Specialist Training Program in Georgia, helping establish peer support services in 25 plus states and writing a Resource Kit for the federal government on how to provide Medicaid-billable peer support services and train a workforce of Certified Peer Support Specialists, Appalachian Consulting Group has identified some issues that an agency or mental health system needs to think through prior to hiring and certifying people in recovery to work as peer service providers. The most important question is “where and how people in recovery will be used in the behavioral health system?” It is very important to create job descriptions for people in recovery who are working as peer providers that insure that they are able to work from the peer/recovery/lived experience perspective. When creating job descriptions you need to keep the following in values in mind:

- 1) What they are expected to do on a daily basis allows them to use what they have learned about recovery from their lived experience and certification training.
- 2) Their work responsibilities are based on a set of competencies or teachable skills/knowledge that help them use their lived experience effectively and call forth the strengths of the individuals they serve to direct their own recovery.
- 3) Their roles and expectations are held in a clearly defined job description that honors their life experiences and learned competencies and skills.

The following questions have proved helpful in thinking this through. They form the basis for a great discussion among system administrators, program managers, direct care staff and people in recovery with whom may want to work, or are already working, in the system.

- 1) What particular values, gifts and experiences do people in recovery working as service providers bring to a behavioral health system that people who have not experienced or lived with a mental illness do not or cannot bring?
- 2) Where can these values, gifts and experiences best be used in our current behavioral health system?
- 3) What new positions could we create that would allow for effective use of these values, gifts and experiences?
- 4) What skills/knowledge (competencies) would the person need to have to be effective in these positions?
- 5) Can what we are expecting the peer support specialist to do be done effectively by a person without the lived experience of recovery? (If your answer to this question is ‘yes, then the position is not designed for a peer support specialist.)

** If this was not done before hiring, it needs to be done as soon as possible. If peer support specialists are already working they need to be included the discussion.*

The agency, supervisor and peer support specialist have a method for creating a discussion regarding the peer support specialist’s job description and expectations.

Administration/Management-Peer Specialist Reflection on Role and Responsibilities

Our agency’s specialist’s job description, position in the agency and employment responsibilities allows, supports, encourages and provides them with regularly opportunities to use their lived experience to...

(Circle the appropriate answer.)

...create and strengthen their trust relationships with peers.	Disagree	Somewhat Agree	Agree
...help initiate and sustain peers in the recovery process	Disagree	Somewhat Agree	Agree
...teach wellness self-management skills.	Disagree	Somewhat Agree	Agree
...bring peers’ concerns to the attention of clinical staff.	Disagree	Somewhat Agree	Agree
...train peers in self-advocacy.	Disagree	Somewhat Agree	Agree
...support peers in accomplishing their goals.	Disagree	Somewhat Agree	Agree
...hold the peer perspective at team meetings.	Disagree	Somewhat Agree	Agree
...help peers develop wellness toolboxes.	Disagree	Somewhat Agree	Agree
...help peers develop support groups and support networks.	Disagree	Somewhat Agree	Agree
...try creative approaches to develop recovery groups and activities.	Disagree	Somewhat Agree	Agree
...have conversations about possible goals not currently in the peer’s treatment plan and support in incorporating a new goal into the treatment plan in a timely manner.	Disagree	Somewhat Agree	Agree
...move peers toward more independence and less use of system interventions	Disagree	Somewhat Agree	Agree

Notes on my discussion with the peer support specialist supervisor:

Supervisor-Peer Specialist Reflection on Role and Responsibilities

The job description, position in the agency and employment responsibilities of the peer support specialists that I supervise allows, supports, encourages and provides them with regularly opportunities to use their lived experience to...

(Circle the appropriate answer.)

...create and strengthen their trust relationships with peers.	Disagree	Somewhat Agree	Agree
...help initiate and sustain peers in the recovery process	Disagree	Somewhat Agree	Agree
...teach wellness self-management skills.	Disagree	Somewhat Agree	Agree
...bring peers' concerns to the attention of clinical staff.	Disagree	Somewhat Agree	Agree
...train peers in self-advocacy.	Disagree	Somewhat Agree	Agree
...support peers in accomplishing their goals.	Disagree	Somewhat Agree	Agree
...hold the peer perspective at team meetings.	Disagree	Somewhat Agree	Agree
...help peers develop wellness toolboxes.	Disagree	Somewhat Agree	Agree
...help peers develop support groups and support networks.	Disagree	Somewhat Agree	Agree
...try creative approaches to develop recovery groups and activities.	Disagree	Somewhat Agree	Agree
...have conversations about possible goals not currently in the peer's treatment plan and support in incorporating a new goal into the treatment plan in a timely manner.	Disagree	Somewhat Agree	Agree
...move peers toward more independence and less use of system interventions	Disagree	Somewhat Agree	Agree

Notes on my discussion with the peer specialist:

Supervisor-Peer Specialist Reflection on Role and Responsibilities

My job description, position in the agency and employment responsibilities allows, supports, encourages and provides me with regularly opportunities to use my lived experience to ...

(Circle the appropriate answer.)

...create and strengthen my trust relationships with peers.	Disagree	Somewhat Agree	Agree
...help initiate and sustain peers in the recovery process	Disagree	Somewhat Agree	Agree
...teach wellness self-management skills.	Disagree	Somewhat Agree	Agree
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...hold the peer perspective at team meetings.	Disagree	Somewhat Agree	Agree
...help peers develop wellness toolboxes.	Disagree	Somewhat Agree	Agree
...help peers develop support groups and support networks.	Disagree	Somewhat Agree	Agree
...try creative approaches to develop recovery groups and activities.	Disagree	Somewhat Agree	Agree
...have conversations about possible goals not currently in the peer's treatment plan and support in incorporating a new goal into the treatment plan in a timely manner.	Disagree	Somewhat Agree	Agree
...move peers toward more independence and less use of system interventions	Disagree	Somewhat Agree	Agree

Notes on my discussion with my supervisor:

The agency and supervisor understand how the peer specialist workforce is different from the traditional behavioral health workforce.

- 1) Many may not have a lot of formal education past high school.
- 2) Most have little or no formal education in treating mental illness and addiction.
- 3) They are hired because of their lived experience, not their formal education.
- 4) They bring with them the stigma of mental illness.
- 5) They may have been out of the workforce for a long time or never worked in a professional role.
- 6) Their only professional relationship with a behavioral health clinician was probably as a client.
- 7) Some of the agency's clients may have been their friends and/or in their support network.

How recovery focused is your agency? (Peer/Client form)

Please circle the appropriate number rating your agreement with each of the following statements.

	Strongly Disagree				Strongly Agree
1) Staff help me understand my strengths and how to use them to accomplish my goals.	1	2	3	4	5
2) Staff are interested in what I want to do and are supportive in helping me do it.	1	2	3	4	5
3) When staff don't think I am ready to do what I want to do, they work to get me ready.	1	2	3	4	5
4) Staff encourage me to get more involved in the community.	1	2	3	4	5
5) Staff encourage me to take risks even if though could cause me to have a set-back.	1	2	3	4	5
6) Staff are open to my suggestions when I want to make changes in my treatment plan.	1	2	3	4	5
7) Staff listen to my concerns and help me deal with them.	1	2	3	4	5
8) I agree with the goals on my treatment plan because I participated in creating them.	1	2	3	4	5
9) I know the goals on my treatment plan and see the benefits of working on them.	1	2	3	4	5
10) I believe accomplishing the goals on my treatment plan will improve the quality of my life.	1	2	3	4	5
11) Staff and the services I receive have helped me to be hopeful about my future.	1	2	3	4	5
12) I see a day when my need for services will lessen.	1	2	3	4	5

How recovery focused is your agency? (Agency Form - for Administration/Management)

Please circle the appropriate number - noting your agreement with each of the following statements.

	Strongly Disagree				Strongly Agree
1) Our agency helps clients understand their strengths and how to use them to accomplish their goals.	1	2	3	4	5
2) Our agency is interested in what clients want to do and are supportive in helping them do it.	1	2	3	4	5
3) When our agency doesn't think a client is ready to do what he or she wants to do, our staff are encouraged and trained to get them ready.	1	2	3	4	5
4) Our agency encourages clients to get more involved in the community.	1	2	3	4	5
5) Our agency encourages clients to take risks even though it could cause them to have a set-back.	1	2	3	4	5
6) Our agency is open to clients' suggestions when they want to make changes in their treatment plans.	1	2	3	4	5
7) Our agency listens to clients' concerns and helps them deal with them.	1	2	3	4	5
8) Clients at our agency agree with the goals on their treatment plans because they participated in creating them	1	2	3	4	5
9) Clients at our agency know the goals on their treatment plans and see the benefits of working on them.	1	2	3	4	5
10) Clients at our agency believe accomplishing the goals on their treatment plans will improve the quality of their lives.	1	2	3	4	5
11) Clients at our agency are hopeful about their future.	1	2	3	4	5
12) Clients at our agency see a day when their need for services will lessen	1	2	3	4	5

How recovery focused is your agency? (Staff Form)

Please circle the appropriate number rating your agreement with each of the following statements.

	Strongly Disagree				Strongly Agree
1) I help clients understand their strengths and how to use them to accomplish their goals.	1	2	3	4	5
2) I am interested in what clients want to do and am supportive in helping them do it.	1	2	3	4	5
3) When I don't think a client is ready to do what he or she wants to do, I work to get them ready.	1	2	3	4	5
4) I encourage clients to get more involved in the community.	1	2	3	4	5
5) I encourage clients to take risks even though it could cause them to have a set-back.	1	2	3	4	5
6) I am open to clients' suggestions when they want to make changes in their treatment plans.	1	2	3	4	5
7) I listen to client's concerns and help them deal with them.	1	2	3	4	5
8) Clients I work with agree with the goals on their treatment plan because they participated in creating them.	1	2	3	4	5
9) Clients I work with know the goals on their treatment plans and see the benefits of working on them.	1	2	3	4	5
10) Clients I work with believe accomplishing the goals on their treatment plan will improve the quality of their lives.	1	2	3	4	5
11) Clients I work with are hopeful about their future.	1	2	3	4	5
12) Clients I work with see a day when their need for services will lessen.	1	2	3	4	5

Supervision is a journey for both Supervisor and supervisee – Simple Guidelines			
In the beginning	My thoughts and ideas	Ongoing meetings	My thoughts and ideas
Review job description together. Does it reflect unique role of PSS?		Summary of last meeting: by either of you	
Establish a working partnership –decide frequency, length of meetings etc. How do you want to handle emergencies & coverage?		Progress on mutually decided goals	
Discuss expectations. Transparency and explicitness always help.		Exploration of job stresses- you both have them	
		Opportunities to reframe	
		Mutual feedback	
		Add or subtract goals?	

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Roles and expectations are clarified early in the relationship.

There needs to be an early conversation between supervisor and the peer support specialist regarding expectations - which might include, at the peer specialist's discretion, what the peer support specialist wants if mental health issues arise at work. Beyond what they can expect in the typical supervisory relationship, the following questions might prove helpful in establishing a good relationship -

- Do you understand the difference in supervision and therapy? (If not, let's talk about it.)
- My role as your supervisor is ... My role is not... In light of that, what do you want from me?
- What has been helpful and not helpful in your recovery – especially from agencies and providers?
- What have you learned about recovery that could be helpful to a client here? What could I, or the agency, do to help create opportunities for you to do this?
- What do you anticipate being your greatest challenge working here?
- What do you see as your strengths? Where can these strengths best be used in your work as a provider of services? What do you see as possible challenges in engaging these strengths?
- If you felt the stress of your job was becoming overwhelming, what would you do to take care of yourself?
- What might be some signs that I, as your supervisor, could look for that would let me know you are getting stressed out?
- What might you want from me as your supervisor if the work stress was getting too much?
- What might you want from the agency if the work stress was getting too much?

** If this has not already been done, it needs to be done as soon as possible.*

The agency and the supervisor understand the difference in a learned experience and a lived experience and the value of each.

The following are questions a supervisor may ask to help him or her understand the differences in clinical education and lived experience. Any one of the questions can initiate a good 5-10 minute conversation.

- How would you define the role of a peer support specialist and how it differs from the role of traditional behavioral health staff?
- What has your lived experience taught you about _____? (Recovery, taking care of yourself, dealing with stigma, etc.)
- What skills have you had to develop or strengthen because of your lived experience with a mental illness and/or addiction?
- How has your lived experience prepared you to work as a peer support specialist?
- What was helpful in getting you to decide to take responsibility for managing your own life?
- How has your lived experience prepared you to work with the people this agency serves?
- What is the most important thing you have learned about taking care of yourself?
- From my clinical training, this is what I see going on in this situation. What does your lived experience tell you?

Session 5 – Applying the Principles of Supervision to Peer Support: Part 1

The literature on integration of peer support specialists into the traditional behavioral health settings identifies supervision and training as the intervention for multiple challenges and barriers such as:

- role conflict,
- dual relationships,
- confidentiality,
- lack of role clarity,
- concerns about stability/relapse,
- lack of empowerment, and
- co-optation.

(Carlson, et. al., 2001; Moran, et. al., 2011; Gates & Akabas, 2010; Middleton, 2014; Alberta, et. a., 2012; Bennetts, et. al., 2013; Hamilton, et. al. 2015)

What would you add?

Note on discussion:

Writing a peer specialist job description.

Using the work you did on page 7 and the written material on pages 8 and 9, Write a job description for a peer specialist that is general enough to cover what they will be doing in all nine positions and specific enough to highlight the specific gifts and abilities that they bring to the agency.

Notes:

Session 6 - Applying the Principles of Supervision to Peer Support

Role-play #1 - The Situation.

You have been assigned a new employee, John Smith, to supervise. The new employee is a peer support specialist who has been hired as a member of a community case management team. You heard that your agency was going to hire a peer "to help out" but you are not sure what that means. The case management team is short two staff and caseloads have increased seriously. You have an enormous caseload and apparently have a new job as supervisor as well.

You were introduced to John a week ago but haven't had a chance to meet with him. You did learn that John recently obtained his certificate as a peer support specialist, and this is his first job. He spent the last week hanging out in the team office introducing himself to other staff. Even though you are scheduled to meet a client in the community in 45 minutes, you realize you have to meet with John now.

Role-play # 2 - The Situation

You and the peer support specialist you supervise, Paula Jones, have worked together for over three months now. You have forged a good working relationship, and you are delighted to be learning a different view of the challenges facing the clients assigned to you. One of the goals you both decided on in supervision was to share your individual perspectives on what client's needed. Although last week you noticed Paula was quieter than usual and "not herself", you shrugged it off. Today Paula seems sad, tearful and upset. She states she has been unable to sleep for the past week and is thinking of quitting.

Role-play # 3 – The Situation

Sam is a peer support specialist that you supervise. He is on the ACT team and much of his time is spent visiting people in their home or at designated places in the community, i.e., coffee shops, the library, etc. You have noticed that he is spending a lot of time with Joyce – a very attractive woman about his own age. You are concerned that the relationship may be moving beyond the bounds of peer support specialist-peer to a romantic one. You mentioned this to Sam a few weeks ago, and he assured you that there is nothing ‘romantic’ going on. He is just helping her get back into the community. Two days ago you saw Sam and Joyce entering a movie theater together. You set up an appointment to discuss this with Sam.

Role-play # 4 – The situation

You are on the administration/management team. Your agency is hiring its first three peer specialists. The peer specialists will be working in different areas, but all will be using their lived experience in their positions. Prepare a short presentation to new supervisors as to why the agency is hiring them, what they will be doing and what the agency expects from the supervisors.

Session 7 - Challenges and Recommended Actions

Individually answer, share in small groups and then report back to the larger group your top 5-6 concerns or challenges.

What are some of the concerns you are leaving with?

What have we not talked about – not talked about enough – or need more clarity on?

What are the challenges to creating effective peer specialist supervisors at your agency?

Individually answer, share in small groups and then report back to the larger group your top 5-6 most common steps.

What are the next steps for your agency in creating effective peer specialists supervisors?

What are the next steps for your agency in creating effective peer specialists supervisors?