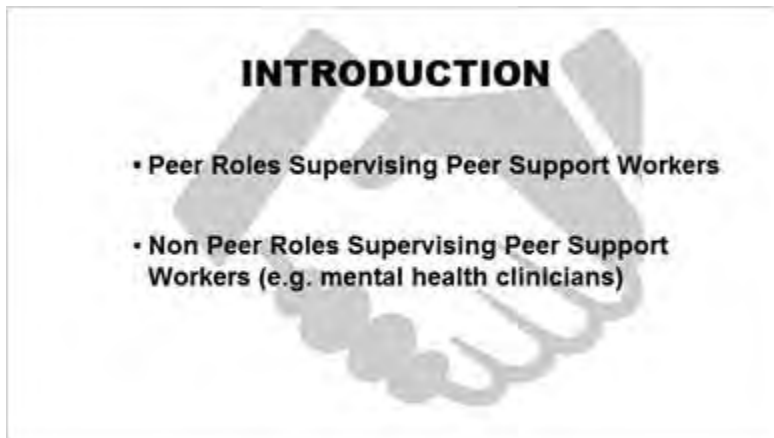**PEER SUPERVISION**

1. 1 INTRODUCTION

1.1 PEER SUPERVISION

Notes:

Welcome to Peer Supervision. This mini e-learning is brought to you by the Café TA Center.

1.2 INTRODUCTION

Notes:

The training is designed for any person supervising Peer Support Workers. You could be someone in a Peer Role who is supervising Peer Support Workers or someone in a Non-Peer Role who is supervising Peer Support Workers (e.g. mental health clinician).

We consider a Peer Support Worker to be a professional at the same level and value of other professionals, e.g. Social Workers, Psychiatrists, Occupational Therapists, Psychologists, etc. The education, knowledge, skill set and practice of Peer Support Workers is simply different.

The aim of this training is to provide you, regardless of your background, with the skills to be able to effectively and efficiently supervise Peer Support Workers.

You may be asking yourself why are we not referring to these roles as Certified Peer Specialists? This is because states and organizations use different terminology for these roles. In some states there is a certification process and in others there is not. Therefore, we will be using the generic terminology Peer Support Worker which can apply to all positions.

1.3 MODULES

Notes:

These modules have been created to provide you with the foundation to be a great Peer Support Worker supervisor. The training has been designed so that you can pick and choose the modules that pertain most to you in your role.

You can click on the modules that pertain to your role. You are welcome to look at everything and we set it up so there is no need to go through all the modules to get what you need for your role.

Although we have not specifically stated that a Peer Role Supervising Peer Support Workers needs to go through the material in Non Peer Roles Supervising Peer Support Workers, it may be useful information to review.

2. 2 FOUNDATIONAL INFORMATION

2.1 FOUNDATIONAL INFORMATION

Notes:

We believe it is important to start with the foundational building blocks for supervising Peer Support Workers. This requires both an understanding of peer support as well as knowledge regarding supervision basics. We do appreciate that some of you may have the basic supervision skills, as you may have been doing it for a while, but we believe that being a great supervisor is about continual learning and growth. There may be pieces in the supervision skills section that contribute to this.

2.2 PEER SUPERVISION FOUNDATION

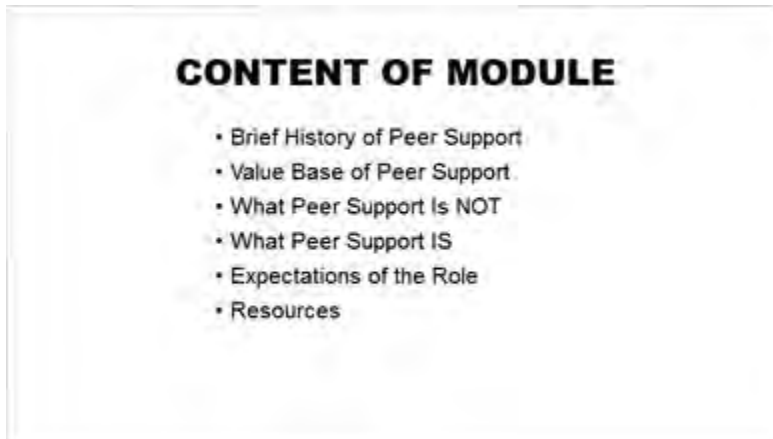**Notes:**

It is extremely important in supervising any position that you have a grounding in the role being supervised. This is why we are starting with basic information about peer support. This information is important for both peer roles, and non-peer roles who are supervising Peer Support Workers. This section provides the basic information required. Even if you are in a peer role now, this module is a good reminder of where peer support came from and the values and expectations with the role, and may even provide some information that was not included in your original training. Each peer support training has a different way of providing information.

There are also additional modules in this training designed specifically for non-peer roles who are supervising Peer Support Workers (e.g. mental health clinicians). That module will go into more detail to further enhance your role.

2.3 CONTENT OF MODULE

CONTENT OF MODULE

- Brief History of Peer Support
- Value Base of Peer Support
- What Peer Support Is NOT
- What Peer Support IS
- Expectations of the Role
- Resources

Notes:

The following topics are addressed in this module:

- Brief History of Peer Support

- Value Base of Peer Support

- What Peer Support Is NOT

- What Peer Support Is

- Expectations of the Role

- Resources

2.4 BRIEF HISTORY OF
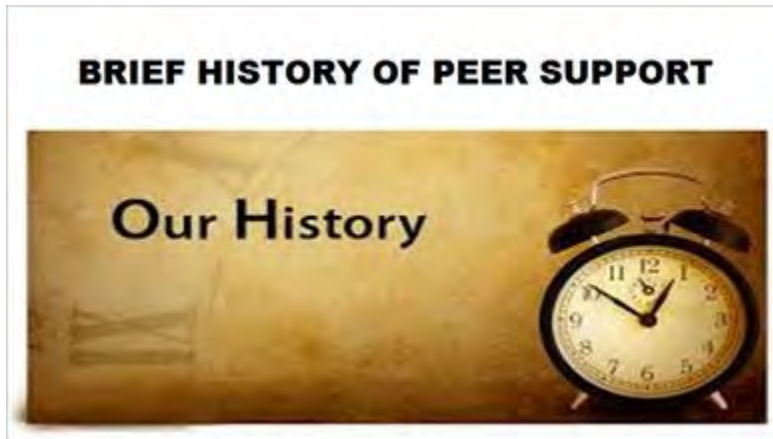
Notes:

Peer Support is not a new phenomenon. It has been around in a variety of forms for hundreds of years and is in many areas of society. Examples include AA, NA, mental health peer groups, Overeaters Anonymous, Cancer Survivor groups, Grief groups, mothers and babies groups, men's groups, etc.

It occurs as newer in this sector as it is growing and becoming more formalized, and paid positions are becoming more established. Let's take a look at some of the history of peer support in this sector.

2.5 Progression

Notes:

Throughout history there have been early pioneers who first looked at peer support in relation to people with mental health issues. In the 1960's and 70's the movement began to look more at civil rights issues and people began to question more and more the treatments that were being used and the lack of the voice of the people who were at the receiving end of those treatments. In truth, the movement of engaging people in their own destiny was no different than other civil rights movements (e.g. African American, LGBTQI, women, etc.). In the 1980's - 90's funding started to become available for peer groups and the movement became more organized. From that time to the present there has been incredible growth in the peer movement and many alternatives have become available for people experiencing mental health issues. Throughout this evolution, there have been providers who have embraced the use of Peer Support Workers, along with those opposed. By providing a history of the movement we encourage people to gain a broader understanding of why it has occurred and how it can be beneficial for all to involve Peer Support Workers.

2.6 Early Pioneers

Early Pioneers

"As much as possible, all servants are chosen from the category of mental patients. They are at any rate better suited to this demanding work because they are usually more gentle, honest, and humane."

Jean Baptiste Pussin in a 1793 letter to Phillipe Pinel.

Notes:

John Baptiste Pussin is our first known peer support worker. He returned to the asylum to volunteer after his own discharge. He was able to explain to the incoming superintendent, Phillippe Pinel, that working with people with kindness and gentleness led to much more engagement than the chains, etc. that were used in those days. Under Pussin's guidance, Pinel would institute these practices, which came to be known as the "moral era" of psychiatric treatment. His work was even memorialized in a painting of the day, "Pinel Removing the Chains at the Asylum."

2.7 1930's

Notes:

Any history of the movement would be incomplete without mentioning Bill W., Dr. Bob and Lois Wilson. Bill W. and Dr. Bob were the two men who founded Alcoholics Anonymous and Lois Wilson would eventually found Alanon. These 12-Step peer-support programs would span worldwide and become a respected and effective pathway to drug, alcohol and other addiction recoveries; with Alanon supporting the recovery of family members. Less known is the work of Dr. Abraham Low who founded Recovery International, a peer-support recovery program similar to 12-step programs, just two years after AA was founded. One can only guess why Recovery International didn't have the wide success of AA.

2.8 1930's – 1970's

1930's – 1970's

Among the first groups to form:

- Alcoholics Anonymous (1935)
- WANA – We Are Not Alone (1948)
- Insane Liberation Front Portland OR (1970)
- Mental Patients Liberation Project NYC (1971)
- Mental Patients Liberation Front in Boston (1971)
- Network Against Psychiatric Assault San Francisco (1972)

Notes:

As stated previously, AA was one of the original peer groups formed in 1935. WANA - We Are Not Alone in NYC was formed in 1948 and had people who had been in the hospital supporting individuals moving back to the community. In the 1970's groups such as Insane Liberation Front in Portland, Mental Patients Liberation Project in NYC, Mental Patients Liberation Front in Boston and Network Against Psychiatric Assault in San Francisco began their work. As you can see from the names, this was a civil rights movement. People wanted to be treated with dignity and respect. These groups are the foundation of the modern peer support and recovery movement.

2.9 1960's – 1970's

1960's – 1970's

The "Grandmothers" of the Peer Movement:

- Judi Chamberlin
- Pat Deegan
- Sally Zinman

Notes:

There are many who were involved in the start of this modern movement and we wish to

acknowledge all of them. The people mentioned here are seen as grandparents of the modern movement.

Let's start by clarifying an issue that comes up in peer support. AA is often cited when people ask why peer professional need to be paid. "Isn't it about giving back?" Yes, it is about giving back, but there are people who want to make a career out of peer support and it is now becoming more professionalized with codes of ethics and practice guidelines which are different to the traditional AA type peer support. That being said, both paid positions and the voluntary sector are very important.

Judi Chamberlin was one of the early leaders in the mental health movement. Her involuntary confinement in a mental hospital in the 1960s propelled her into a lifelong leading role in the movement to guarantee basic human rights to psychiatric patients. She was very active in the movement until her death in 2010. She helped found the National Empowerment Center. Their mission is to carry a message of recovery, empowerment, hope and healing to people with lived experience with mental health issues, trauma, and/or extreme states. Judi was also very involved in the cross-disability movement and the international disability rights movement.

Pat Deegan was also a founder of the National Empowerment Center. Like Judi Chamberlin, she had been institutionalized, diagnosed with schizophrenia and told that she should accept that her life plans weren't realistic. Pat completed a Ph.D. program in psychology so people would have to accept her at the table and listen to her. She's written many articles about recovery and had a strong influence in developing recovery oriented services.

Sally Zinman's commitment to the rights of people with mental health issues comes from her own horrendous experience in the mental health system. Working for the self-determination, freedom of choice, and empowerment of others who followed her, she has dedicated her life to ensure that what happened to her as a person labeled "mentally ill" would not happen to others.

2.10 1980's – 1990's

1980's – 1990's

Some of the early leaders of the movement included:

- Dan Fisher (1980's)
- Joseph Rogers (1980's)

Notes:

The momentum continued to grow in the 1980s - 90s and people such as Dan Fisher and Joseph Rogers emerged.

Dan Fisher is a person who defines himself as having recovered from schizophrenia. He was hospitalized several times prior to becoming a psychiatrist. He is one of the few psychiatrists in the country who publicly discusses his recovery from mental health issues. His recovery and work in the field were recognized by his selection as a member of the White House Commission on Mental Health and he is a technical advisor for the National Empowerment Center.

Joseph Rogers was diagnosed with paranoid schizophrenia at age 19 and told that he was incapable of holding a job, He was homeless at one point and after he got a job as an outreach worker at a mental health center, he moved to Philadelphia, where he began work in 1984 at the Mental Health Association of Southeastern Pennsylvania (MHASP), then a small non-profit agency with a dozen staff members. Over the last 20 years, he has transformed the organization into a $14-million organization with 300 staff; the majority of whom have mental health issues. He is now president and CEO.

As you can see from these few examples, many people recover and go on to change the way we view treatment of people with mental health issues.

2.11 1980's – 1990's

Notes:

The momentum was increasing in the 1980's and funders started to consider peer support as a viable addition to the sector. The Community Support Program and National Institute of Mental Health began to provide funding for peer run alternatives to traditional treatment. SAMHSA started to fund different peer run programs, including the first self-help demonstration projects. The first Alternatives conference was held in 1985. This was the first national conference hosted by, and for, people with mental health issues. It is still going strong today and continues to receive SAMHSA funding.

Through the 1990's the momentum increased with many groups across the country forming and SAMHSA funding several consumer run technical assistance centers.

2.12 2000's – Present

Notes:

2000 through to the present day has seen an explosion of peer run and peer delivered services. Peer run are those that are entirely peer run from management down to delivery. Peer delivered services are those that may be delivered by peers within an existing mental health service. SAMHSA has continued to support the growth of peer services, some states have provided block grant money, Medicaid has become a source of funding in many states and counties have also funded peer services. The peer movement has become more professionalized, whilst trying to remain grassroots. Many states now have a formalized certification program, and most states have formalized training programs. The National Coalition of Mental Health Recovery (NCMHR) formed to represent the voice of people with lived experience. This group is in a way similar to the national providers association - National Council for Community Behavioral Healthcare. Finally, SAMHSA funded additional TA centers, including the CAFÉ TA Center.

2.13 The consumer/survivor/ex-patient (c/s/x) movement

Notes:

The consumer/survivor/ex-patient (c/s/x) movement, as it is sometimes called, played a major role in changing the perception of mental health to include a vision of "recovery" and to value the voices of those people with lived experience. As people with lived experience became peer professionals, they brought their unique recovery values to the professional mental health system. This led to what we know today as the "recovery movement" and "recovery oriented services" with respect to general approaches to mental health services, and the introduction of peer roles into the mental health system. Although we continue to see growth in the sector, we also want to make sure that peer support stays true to its values and is not misunderstood or misused in different settings.

Information on the slide is sourced from The Transformation Center & Appalachian Group, LLC, Georgia.

2.14 Video Clip: Joseph Rogers Mental Health Recovery Movement History

Notes:

Here is a short video from one of the movement's leaders Joseph Rogers. The video link is available in the resources section.

2.15 Joseph Rogers Mental Health Recovery Movement History

Notes:

Video clip: Joseph Rogers Mental Health Recovery Movement History: http://youtu.be/7W-EDyejo54

2.16 BRIEF HISTORY OF THE MOVEMENT RESOURCES

BRIEF HISTORY OF THE MOVEMENT RESOURCES

National Empowerment Center History of the Consumer Movement:
http://www.power2u.org/downloads/HistoryOfTheConsumerMovement.pdf

Davidson, L; Bellamy, C; Guy, K; Miller, R: Peer Support among persons with severe mental illnesses: a review of evidence and experience: World Psychiatry (2012) 11:123-128

Joseph Rogers Mental Health Recovery Movement History:
http://youtu.be/7W-EDyejo54
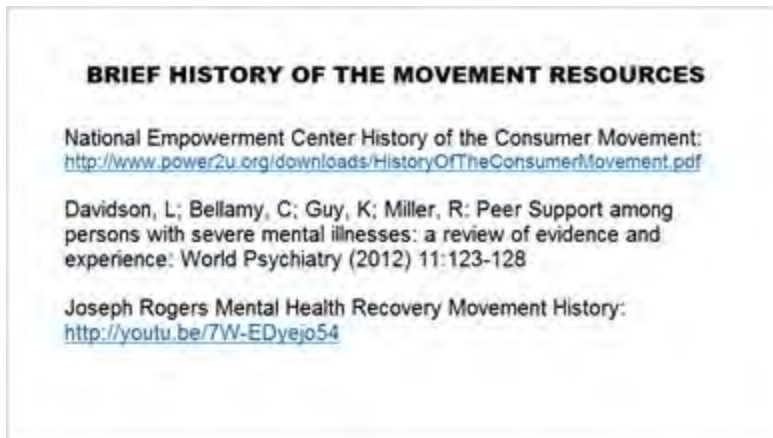
Notes:

Here are a few of the resources available related to the history of the peer movement.

National Empowerment Center History of the Consumer Movement

http://www.power2u.org/downloads/HistoryOfTheConsumerMovement.pdf

Davidson, L; Bellamy, C; Guy, K; Miller, R: Peer Support among persons with severe mental illnesses: a review of evidence and experience: World Psychiatry (2012) 11:123-128

Joseph Rogers Mental Health Recovery Movement History

http://youtu.be/7W-EDyejo54

2.17 BRIEF HISTORY OF THE MOVEMENT RESOURCES

BRIEF HISTORY OF THE MOVEMENT RESOURCES

Judi Chamberlin: Confessions of a Non-Compliant Patient
http://www.power2u.org/articles/recovery/confessions.html

Patricia Deegan – The Politics of Memory (1 thru 5)
- https://www.youtube.com/watch?v=U09S7k4phYI
- https://www.youtube.com/watch?v=HytJCU3n_vA
- https://www.youtube.com/watch?v=FcbV-EfdswU
- https://www.youtube.com/watch?v=_fPJg86UZZE
- https://www.youtube.com/watch?v=j0pGqr3fUp4

Notes:

Judi Chamberlin: Confessions of a Non-Compliant Patient

http://www.power2u.org/articles/recovery/confessions.html

Patricia Deegan - The Politics of Memory (1 thru 5)

https://www.youtube.com/watch?v=U09S7k4phYI

https://www.youtube.com/watch?v=HytJCU3n_vA

https://www.youtube.com/watch?v=FcbV-EfdswU

https://www.youtube.com/watch?v=_fPJg86UZZE

https://www.youtube.com/watch?v=j0pGqr3fUp4

2.18 VALUE BASE OF PEER SUPPORT

Notes:

Like all professions, peer support is grounded within a value base. Supervisors require a greater understanding of these grounding values as they guide all interactions, including such things as performance evaluations, job descriptions, and more.
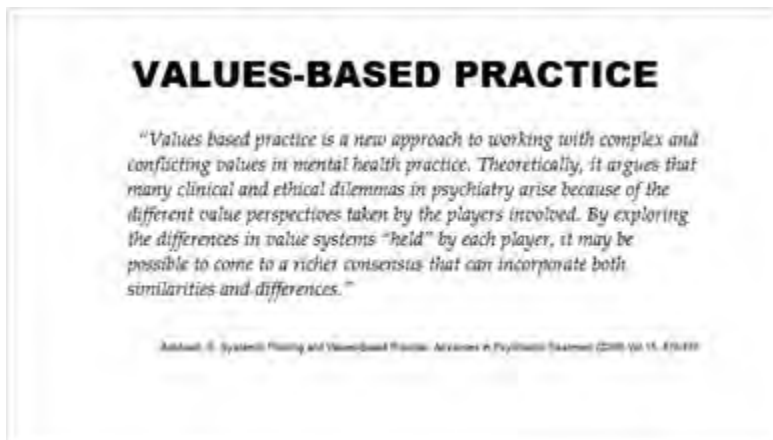
2.19 "Nothing About Us Without Us"

Notes:

Our Definition of "value base" is: The fundamental principles grounding what we do.

We are not talking to ethics here, which have their place, but we are talking about the essence…of why we do what we do. We are all shaped by things such as where we live in the world, the history of our family and neighborhood, our culture, etc. Similarly, the peer support profession is shaped by the history of the consumer/survivor/ex-patient movement as well as the evolution of the current peer and recovery movement. As people share similarities as well as differences, peer practice varies, yet has underlying similarities. "Nothing About Us Without Us" is what we strive to achieve.

2.20 VALUES-BASED PRACTICE

VALUES-BASED PRACTICE

"Values based practice is a new approach to working with complex and conflicting values in mental health practice. Theoretically, it argues that many clinical and ethical dilemmas in psychiatry arise because of the different value perspectives taken by the players involved. By exploring the differences in value systems "held" by each player, it may be possible to come to a richer consensus that can incorporate both similarities and differences."

Notes:

Like all professions, peer support is grounded within a value base. The quote from Systemic Thinking and Values-Based Practice in Advances in Psychiatric Treatment outlines why we need to be clear about each other's value base: "Values based practice … argues that many clinical and ethical dilemmas in psychiatry arise because of the different value perspectives taken by the players involved."

By exploring, understanding and honoring the differences in value systems there is a new richness about the services delivered. The article from which this quote is taken discusses that traditionally, the value perspective of the person receiving services is not considered or, even ignored. It is this voice that the peer support profession represents, honors, champions and advocates for through the value of "nothing about us without us." This vale base allows practice to become more person-centered, or even person-directed.

2.21 Video clip: A Peacock in the Land of Penguins

Notes:

This video clip shows you how introducing peer support can be seen. Although about diversity, and not specifically peer support, it speaks to how Peer Support Workers are sometimes seen, or feel within traditional/mainstream mental health services. If we allow diversity within our work place, we have a greater chance of providing exceptional service; as was discussed in the quote about values-based practice.

2.22 A Peacock in the Land of Penguins

Notes:

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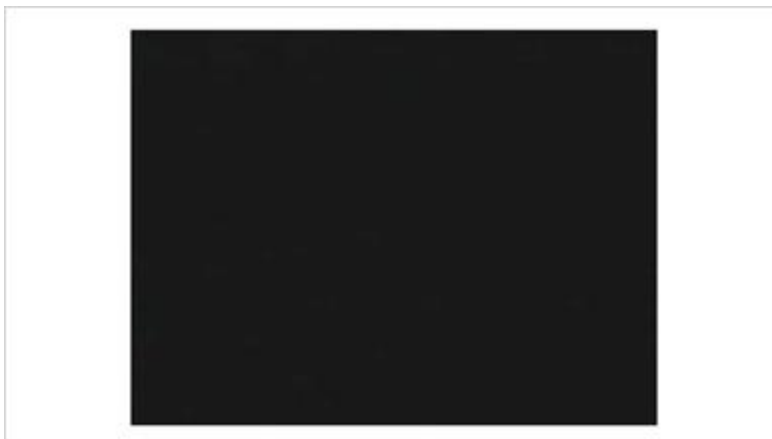
2.23 COMMON VALUES OF

Notes:

In order to support the principle of 'nothing about us without us,' there are a number of values that drive peer practice. The Mental Health Commission of Canada's Guidelines for the Practice and Training of Peer Support does a great job of discussing common values, or principles of practice. We have adapted those principles of practice and added the Lived Experience point to emphasize it truly is the foundation upon which peer support is built.

Lived Experience is about the sharing of one's experiences with their mental health issue, addiction/s, extreme emotional distress and/or trauma that allows people to connect with each other at a different level.

Hope and Recovery is about believing that anyone, regardless of how they seem at any particular point in time, can recover and the power of hope that comes from that belief.

Self Determination is the place of having faith that each person intrinsically knows which path towards recovery is most suitable for them and their needs. Basically it's about knowing and respecting that each person is an expert on themselves.

Empathetic and Equal Relationships, or another word we commonly hear is mutuality. This has both the Peer Support Worker and the person being supported as equal participants. The Peer Support Worker does not have the answers and both parties can learn and grow in the relationship.

Dignity, Respect and Social Inclusion has people being treated as people, being respected at all times and supporting people to engage in their communities of choice.
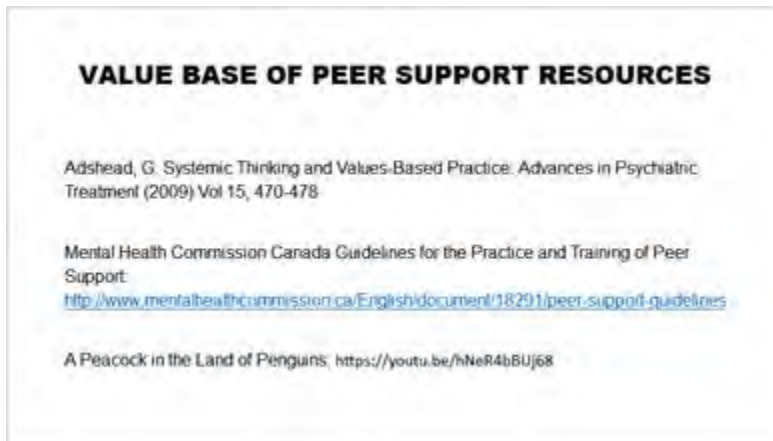
Integrity, Authenticity and Trust is about noting that confidentiality, reliability and

ethical behavior are honored at all times.

Health and Wellness acknowledges all aspects of a healthy and full life.

Lifelong Learning and Personal Growth acknowledges the value of learning, changing, and developing new perspectives for all individuals.

2.24 VALUE BASE OF PEER SUPPORT RESOURCES

VALUE BASE OF PEER SUPPORT RESOURCES

Adshead, G. Systemic Thinking and Values-Based Practice: Advances in Psychiatric Treatment (2009) Vol 15, 470-478

Mental Health Commission Canada Guidelines for the Practice and Training of Peer Support
http://www.mentalhealthcommission.ca/English/document/18291/peer-support-guidelines

A Peacock in the Land of Penguins: https://youtu.be/hNeR4bBUj68

Notes:

These are a few of the resources available related to the value base of peer support.

Adshead, G. Systemic Thinking and Values-Based Practice: Advances in Psychiatric Treatment (2009) Vol 15, 470-478

Mental Health Commission Canada Guidelines for the Practice and Training of Peer Support

http://www.mentalhealthcommission.ca/English/document/18291/peer-support-guidelines

A Peacock in the Land of Penguins: https://youtu.be/hNeR4bBUj68

2.25 WHAT PEER SUPPORT IS NOT

Notes:

It is important to note that when peer support is implemented within an existing mental health service, or even with a peer run program working in collaboration with an existing mental health service, the definition of peer support can get complicated and become blurry. Therefore, we want to make sure that you fully understand what peer support is NOT. Then we will move on to discuss what peer support IS.

2.26 Any Tom, Joe or Harriet Who.....

Notes:

As with any profession, not all people make great workers. Just because someone has training in a particular field, they may not have the attributes and skills required to do the job effectively, even if they have particular knowledge or experience. Not everyone who has lived experience of mental health issues will be a great Peer Support Worker. All

people who wish to work in this field require training; even with training they may not be suited to the job.

2.27 Joe Smith

Joe Smith, B.A., M.S.W., Ph.D.

Notes:

Someone who is a psychologist, social worker, or other professional not working in a peer support role that has lived experience of a mental health issue or addiction is not delivering peer support unless that is their job title. They are bound by the codes of ethics, etc. by the profession they are employed under. They may be able to share some experience but they are NOT providing peer support.

2.28 Vocational Rehabilitation

Vocational Rehabilitation — Peer Work

Notes:

Peer support is not about vocational rehabilitation to support people's recovery. It's a profession for workers who are trained and prepared to share their lived experience in a skilled way to benefit someone else. Any secondary personal benefit gained is the same as the gratification many get from working in their profession of choice.

2.29 A "practice" job to prepare for a "Real" job (mini-clinician/social worker, etc.)
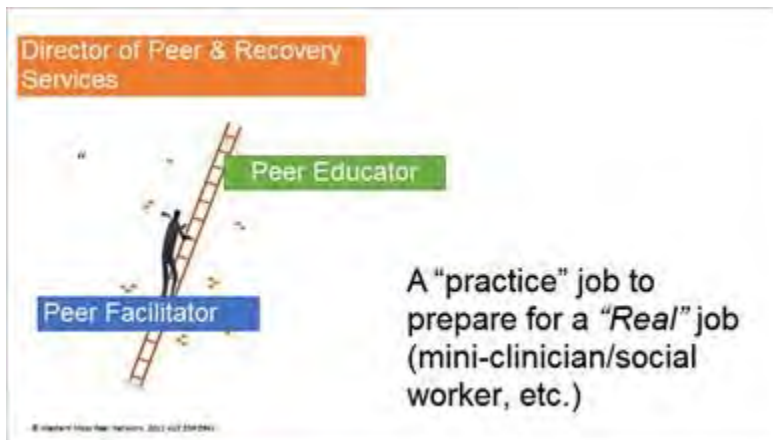
Notes:

Nor is it a practice job for something "better." It is a profession with it's own emerging career ladder and specialties and needs to be treated as such.

2.30 Sponsor/Sponsee

Notes:

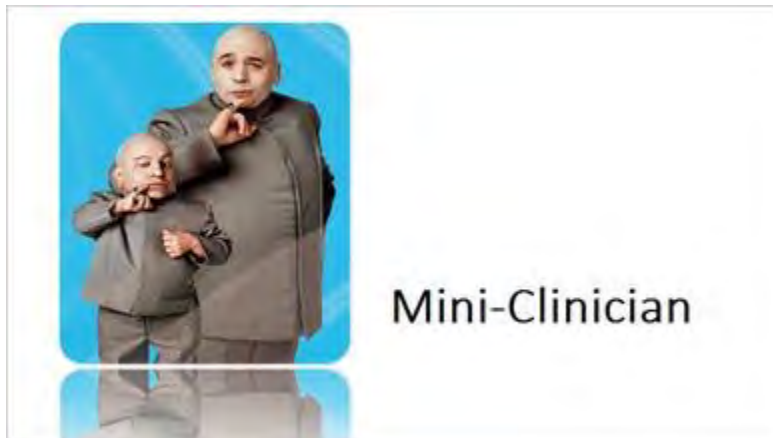It is not a sponsorship; although sponsorship models like AA are a kind of peer support, it is in a different context from professional peer support.
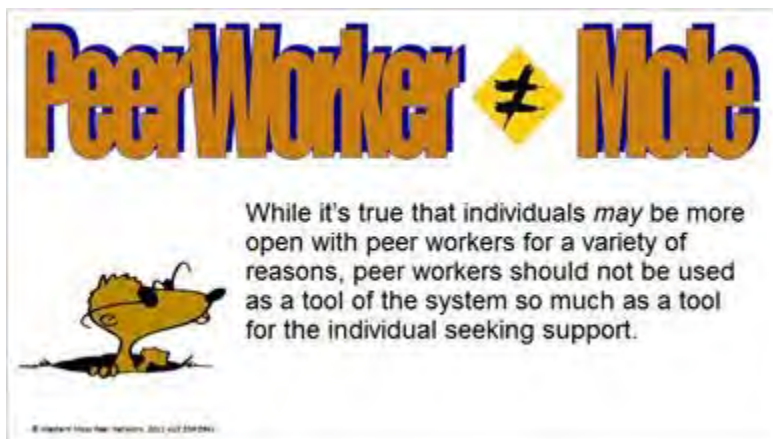
2.31 Mini-Clinician

Notes:

Peer Support Workers are not mini clinicians, therapists or chaplains. They are professionals and follow their training and codes of ethics which are different than other professions.

2.32 Peer Support

Notes:

One of the big issues to discuss is that Peer Support Workers are NOT there to be a "mole" or "spy" for the treatment team. They are not there to tell the team if someone isn't taking their medication, or going to group, etc. They are there to allow the individual to explore for themselves what they wish to do. That being said, they will have conversations with individuals and explore what information might be useful for the team, but they will never direct the individual to tell things to the team if they do not want to; unless it is a life-threatening situation and they have a requirement to report that. We do appreciate that this can be a contentious issue, and we will discuss this further in What Peer Support IS.

2.33 Peer Support

Notes:

Let us consider in more detail some of the other things that are NOT peer support.

2.34 Helping

Notes:

Helping: is a word that we hear all the time in the system. When we look at "helping" we come from a place that you can only help those that are helpless. Peer Support Workers believe that everyone can help themselves given the right support. Instead of 'helping' we believe Peer Support Workers are supporting, lifting up utilizing hope and letting individuals grow.

2.35 Mutuality vs. Friendship

Notes:

Friendship: is an interesting one as sometimes people mix the terms friendship and mutuality. They are not the same. Mutuality is defined in the dictionary as "shared". In Intentional Peer Support, mutuality is defined as "giving and receiving on a mutual basis".

Also, particularly in smaller communities with only one Peer Support Worker, individuals may be friends, but when providing services, they must separate that from their professional role as a Peer Support Worker and be very clear about what hat they wear when.

2.36 Enabling

Notes:

Enabling: occurs when individuals are not supported to do for themselves as it leads to dependence and is actually enabling them to stay where they are.

In it's truest form, to "enable" someone is synonymous with "empowering" them. The dictionary says it is to, "make able; give power, means, competence, or ability to; authorize." Enabling can be a negative thing however, when we enable someone to get what they want by doing **for** them all the time, or allowing people to continue unacceptable behavior that we wouldn't accept for others. In the first instance, we are taking responsibility for the person's well-being, instead of supporting them to do things for themselves. In the latter instance, we are supporting the myth that people with mental health and substance use diagnoses are too fragile to be asked to meet the same expectations of other people, or, perhaps, we don't believe in recovery at all and their ability to change and grow.

2.37 Pushing an Agenda

Notes:

Pushing an agenda: is not consistent with self-determination. Peer Support Workers do not make/force/coerce people into doing something.

2.38 Timeframe

Notes:

Forever: Services are given for a period of time only until the individual no longer requires services and has what they need for their own recovery.

2.39 Casual

Notes:

Casual: This is not a 'whenever' or casual type of arrangement - there are structures and appointments. Again, this is not like a friendship - there is a purpose and a time and a place.

2.40 It is an individual process

Notes:

Superior recovery: no one person has a right to determine where someone else's recovery is. It is an individual process. Therefore, no person has greater recovery than someone else.

2.41 Power Over

Notes:

Having power: although the Peer Support Worker may be paid, peer support is about self-determination and mutuality, therefore no one person has power over the other; although that being said, if one person is paid there is a power differential that needs to be acknowledged and mitigated.

2.42 WHAT PEER SUPPORT

Notes:

As we discussed in the last section on what peer support is NOT, the definition of genuine peer support can get lost in the shuffle of day-to-day work in some settings.

Therefore, now that we've fully described what Peer Support is NOT, we want to go on

to describe fully what it IS.

2.43 A Person Fell in a Hole

Notes:

For illustration purposes, let's start with a poem. The author isn't known, but this originally appeared in the Alcoholics Anonymous magazine, Grapevine, and was later modified by Lyn Legere, a CPS. It's called, "A Person Fell in a Hole."

A person experiencing emotional distress fell into a hole and couldn't get out. A businessman went by. The person in the hole called out for help. The businessman threw him some money and told him, "Get yourself a ladder." But the person could not find a ladder in this hole he was in.

2.44 Rx

Notes:

A doctor walked by. The person said, "Help, I can't get out." The doctor gave him drugs and said, "Take this, it will relieve the pain." The person in the hole said, "Thanks," but when the pills ran out, he was still stuck down there, all alone.

2.45 Talk

Notes:

A renowned psychiatrist rode by and heard the person's cries for help. He stopped and said, "How did you get there? Were you born there? Were you put there by your parents? Tell me about yourself, it will alleviate your sense of loneliness." So the person talked with him for fifty minutes, then the psychiatrist had to leave, but he said he'd be back next week. The person thanked him, but was still in his hole.

2.46 The Priest

Notes:

A priest came by. Again, the person in the hole called out for help. The priest gave him a Bible and said, "I'll say a prayer for you." He got down on his knees and prayed, then left. The person was very grateful; he read the Bible, but he was still stuck in that hole.

2.47 A Peer Support Worker

Notes:

A Peer Support Worker happened to be passing by. The person cried out, "Hey, help me, I'm stuck in this hole." Right away, the Peer Support Worker jumped in the hole with him. The person in the hole said, "What are you doing? Have you lost your mind? Now

we're both stuck here." But the Peer Support Worker said, "It's okay, I've been here before, and I know how to get out."

2.48 PEER SUPPORT IS…

PEER SUPPORT IS…

Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful.

Peer support is not based on psychiatric models and diagnostic criteria. It is about understanding another's situation empathically through the shared experience of emotional and psychological pain.

Mead, Hilton, & Curtis, 2001

Notes:

So as we can see from the definition and the poem, peer support is a supportive relationship between people who have a common lived experience of a mental health challenge and/or addiction. It provides emotional and social support in the individual's recovery process. To reiterate some of the key principles, it is founded on respect, shared responsibility and mutual agreement of what is helpful. It is NOT based on a psychiatric model or criteria. Peer Support Workers do NOT need to know someone's diagnosis as they are supporting the individual around what is occurring for them and what they want for their lives.

2.49 Video clip: Shery Mead discussing peer support

Notes:

Here is a video clip of Shery Mead, the founder of Intentional Peer Support, discussing peer support.
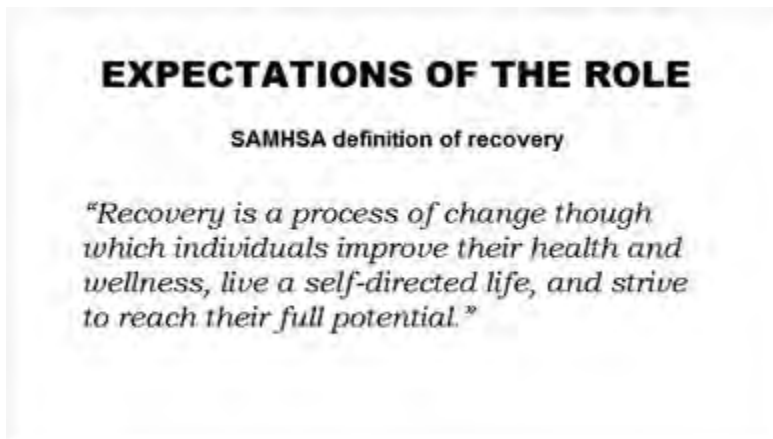

2.50 Shery Mead discussing peer support

Notes:

https://youtu.be/c3Rwk-e6Zcw

2.51 EXPECTATIONS OF THE ROLE

Notes:

Peer support is not about sitting around commiserating about how terrible things are with a mental health condition, sharing symptoms and bad-mouthing the system. Instead peer support focuses on wellness and recovery rather than illness. This is in line with the SAMHSA definition of recovery - "Recovery is a process of change though which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential." As we stated earlier, Peer Support Work is not about a diagnosis, nor about managing symptoms. It is about people having the life they want. It may not be the life we want for them but it is all about self-determination and being exploration facilitators with people.
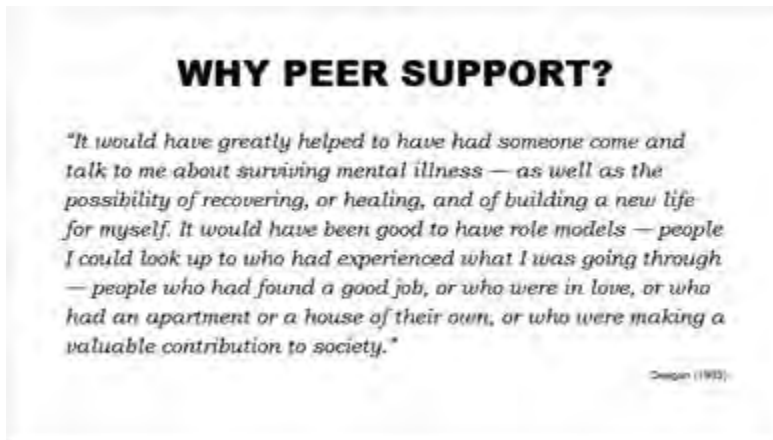
2.52 EXPECTATIONS OF THE ROLE

Notes:

Peer Support Workers roles are about sharing aspects of their lived experience in a manner that is helpful to the individual, demonstrating compassionate understanding and inspiring hope for recovery. Sharing experience builds connection, hope and possibility, as opposed to approaches that rely on one person telling the other what road to take.

2.53 WHY PEER SUPPORT?

WHY PEER SUPPORT?

"It would have greatly helped to have had someone come and talk to me about surviving mental illness — as well as the possibility of recovering, or healing, and of building a new life for myself. It would have been good to have role models — people I could look up to who had experienced what I was going through — people who had found a good job, or who were in love, or who had an apartment or a house of their own, or who were making a valuable contribution to society."

Deegan (1993)

Notes:

We talked about Pat Deegan in the Brief History of Peer Support module and she succinctly states why peer support is an important and equal part of the system of support for people with mental health issues/addictions.

"It would have greatly helped to have had someone come and talk to me about surviving mental illness-as well as the possibility of recovering, or healing, and of building a new life for myself. It would have been good to have role models-people I could look up to who had experienced what I was going through-people who had found a good job, or who were in love, or who had an apartment or a house of their own, or who were making a valuable contribution to society."

2.54 EXPECTATIONS OF THE ROLE

Notes:

Peer Support Workers' roles are about respecting where each individual is in their own journey of recovery and recognizing that the goals, personal values, beliefs and chosen path of the peer may not be the same as their own.

2.55 EXPECTATIONS OF THE ROLE

Notes:

Peer Support Workers' roles are about honoring and encouraging self-determination by working with the individual to co-create and explore options rather than simply providing direction. Their roles are about supporting the empowerment of the individual to take steps forward on their own rather than 'helping' get it done for them.

2.56 Video clip: Its Not About The Nail

Notes:

This video clip "Its Not About The Nail" speaks to the work in Peer Support. The Peer Support Worker may be able to see an easy "fix" but it is not the Peer Support Worker's job to "fix" anything. A Peer Support Worker is there to be an "exploration facilitator" and support individuals to work out their own path.

2.57 Video clip: Its Not About The Nail

Notes:

https://youtu.be/-4EDhdAHrOg

2.58 EXPECTATIONS OF THE ROLE

Notes:

Peer Support Workers' roles are about interacting in a manner that keeps the focus on the individual and maintaining a relationship that is not limited to scheduled appointments, making themselves available as necessary (to a reasonable extent).

2.59 EXPECTATIONS OF THE ROLE

Notes:

Peer Support Workers' roles are about using recovery-based language and interacting in a manner that focuses on the individual's journey to a more hopeful, healthy, and full life (rather than focusing on symptoms, diagnosis, and /or an objective set by someone other than the individual).

2.60 EXPECTATIONS OF THE ROLE

Notes:

Peer Support Workers' roles are about utilizing interpersonal communication skills and strategies to assist in the development of an open, honest, non-judgmental relationship that validates the individual's feelings and perceptions in a manner that cultivates trust and openness.

2.61 EXPECTATIONS OF THE ROLE

Notes:

Peer Support Workers' roles are about supporting individuals as they explore possibilities and find their path towards a healthier and happier life (recognizing all support modalities are valued). With the eventual objective of encouraging disengagement from the peer support relationship when the time is right for the individual. It is like peeling an onion and seeing the layers come away.
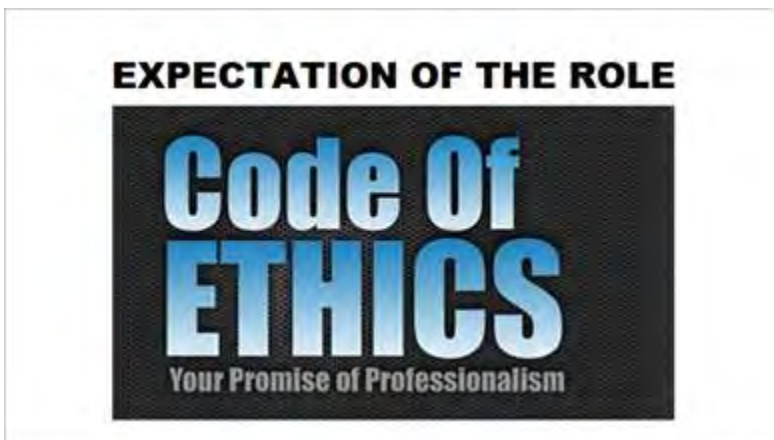
2.62 EXPECTATIONS OF THE ROLE

Notes:

Peer Support Workers' roles are about collaborating with community partners, service providers and other stakeholders and referring individuals to other resources as appropriate; based on the individual's own wishes.

2.63 EXPECTATION OF THE ROLE

Notes:

Peer Support Workers' roles are about maintaining high ethics - the guidelines by which people work. Some examples of ethics are: confidentiality, respect, not abusing, exploiting or neglecting the people being supported, etc. More information on ethics can

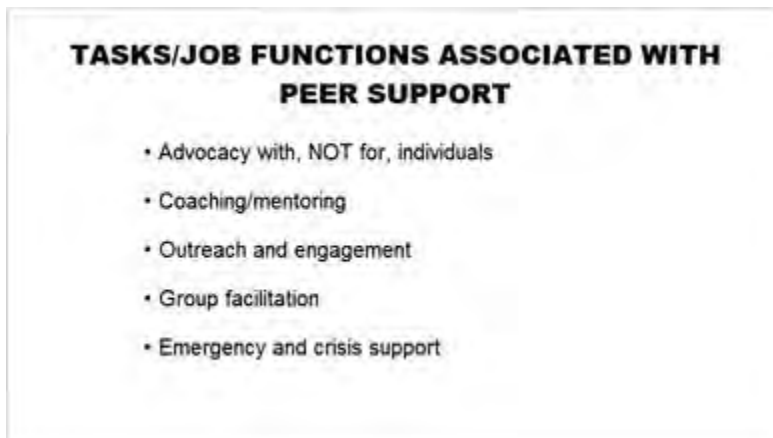be found in the CAFÉ TA Center Peers as Professionals online training.

2.64 EXPECTATIONS OF THE ROLE

Notes:

Peer Support Workers' roles are about participating in continuing education and personal development to learn or enhance skills and strategies that will assist in their peer support work.

## 2.65 TASKS/JOB FUNCTIONS ASSOCIATED WITH PEER SUPPORT

Notes:

While exact job duties will be determined by the employer, here are some of the most common supports Peer Support Workers provide:

- Advocacy with, NOT for, the individual

- Coaching/mentoring

- Outreach and engagement

- Group facilitation

- Emergency and crisis support

2.66 Individuals discover their own strength
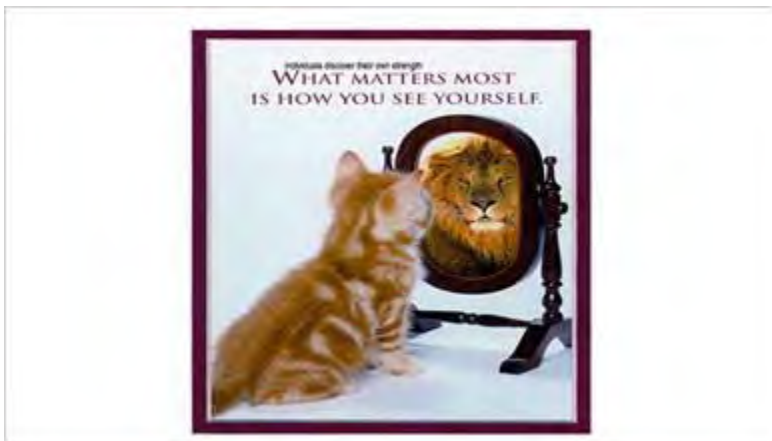
Notes:

This type of support allows individuals to discover their own strength and resilience, supporting them in their recovery, in getting what they want and need and in developing autonomy and independence. This can possibly be a challenge for individuals to think about their experience in different ways (focusing on strengths rather than challenges). Peer Support Workers provide opportunities for the individual to grow beyond their need for us. Peer Support Workers work hard not to create "a person using services for life."

2.67 Other functions of a Peer Support Worker

Notes:

Other functions of a Peer Support Worker may include: Being a change agent within their organization, supporting the individual to identify resources, completing documentation (statistics, financial reporting, hours, progress notes, etc.), partnering with mental health clinicians, and knowing what to do and how to access help during a crisis. They must use their own initiative at times, be self-confident, have a willingness to take risks and sometimes be wrong and be ok with it.
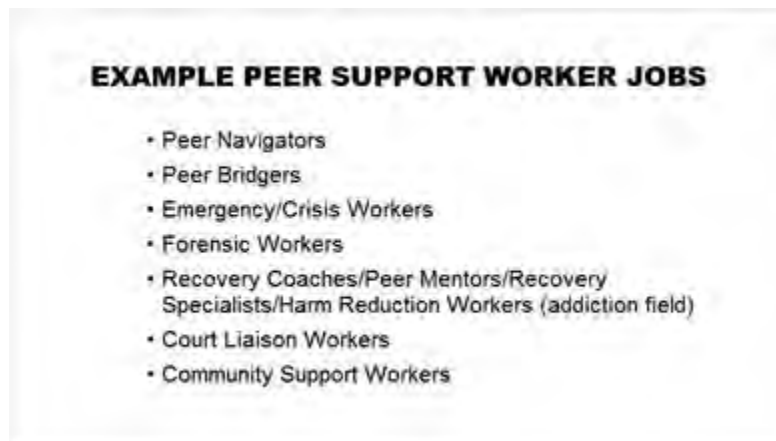
2.68 A poem

Notes:

We began this section with a poem about peer support that emphasized how it is that the lived experience, rather than clinical interventions, form the foundation of all peer support. As you've seen in this section and in the section that outlined what peer support is NOT, this life learning is the knowledge base for a professional role. Like all professions, it has competencies, responsibilities, ethical requirements and professional standards. As one person said, "I am an expert at not being an expert and that takes a lot of expertise."

You can get further information on peer roles from The Café TA Center Peers As Professionals online training under workforce development (see the resources section).

2.69 EXAMPLE PEER SUPPORT WORKER JOBS

EXAMPLE PEER SUPPORT WORKER JOBS

- Peer Navigators
- Peer Bridgers
- Emergency/Crisis Workers
- Forensic Workers
- Recovery Coaches/Peer Mentors/Recovery Specialists/Harm Reduction Workers (addiction field)
- Court Liaison Workers
- Community Support Workers

Notes:

Like all professions, peer support work can be found in many different parts of the behavioral health field and beyond. The essence of the role is the same in all settings, of course, while the specific focus or tasks may vary place to place, setting to setting. This is not an exhaustive list, and the titles may be different, but some of the types of jobs that Peer Support Workers do are:

Peer navigators - support individuals to navigate the system; there are youth, general and family peer navigators.

Peer bridgers - support individuals in hospital and as they move out into the community.

Crisis workers - are used with emergency teams - psych emergency teams, police, etc. In one or two places in the country the Peer Support Workers lead the discussion rather than clinicians as they get more information out of the person in a more relaxed fashion. This allows the clinician to get the necessary information for their assessment without it occurring as an assessment. In other places the Peer Support Workers are there in the room supporting the individual as the assessment occurs.

Forensic workers - work with individuals in the criminal justice system and as they come out and integrate back in to the community.
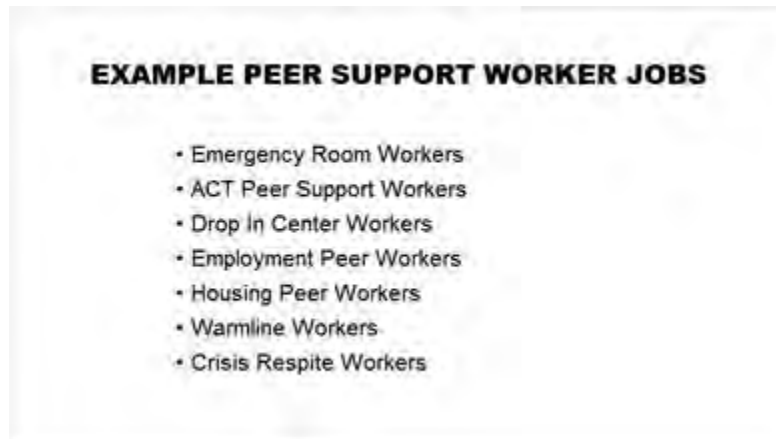
Recovery coaches - similar to roles in mental health peer support but specific to addictions.

Harm reduction workers - specific to addictions community; support individuals who do not want to give up alcohol and drugs entirely but want to minimize the harm.

Court liaison workers - work in mental health court, drug courts, etc.

Community support workers - visit individuals in their home or meet them in the community.

2.70 EXAMPLE PEER SUPPORT WORKER JOBS

EXAMPLE PEER SUPPORT WORKER JOBS

- Emergency Room Workers
- ACT Peer Support Workers
- Drop In Center Workers
- Employment Peer Workers
- Housing Peer Workers
- Warmline Workers
- Crisis Respite Workers

Notes:

Emergency room workers - support individuals who come in to emergency rooms, while they wait for any other support (there have been cases where people have gone home needing no other support; they just wanted someone to listen to them).

Assertive Community Treatment team (ACT) Peer Support Workers - in some places they have been requested to do compliance checks - this is not peer support. Similarly, peer support workers on ACT teams are sometimes asked to deliver medications which is also beyond the mutual relationship of peer support.

Drop in center workers.

Employment workers - supporting individuals to find employment.

Housing workers - supporting individuals to find housing.

Warmline workers - available for individuals to call in pre-crisis.

Crisis respite worker - new peer run crisis respites are being set up all over North America, where individuals can come to crisis respite rather than going to the inpatient unit. In some places it's self-referral and results show a decrease in hospitalization.

The sky is the limit for the possible places that Peer Support Workers can be utilized, but remember they are not mini-clinicians and have a distinct role in supporting individuals. No matter what setting they work in, Peer Support Workers must strive to stay true to the intent of peer support and their core values.

2.71 Video clip: Mental Health Peer Support Worker

Notes:

Jude Swanson from Canada talks about his role as a Peer Support Worker in this video clip "Mental Health Peer Support Worker".

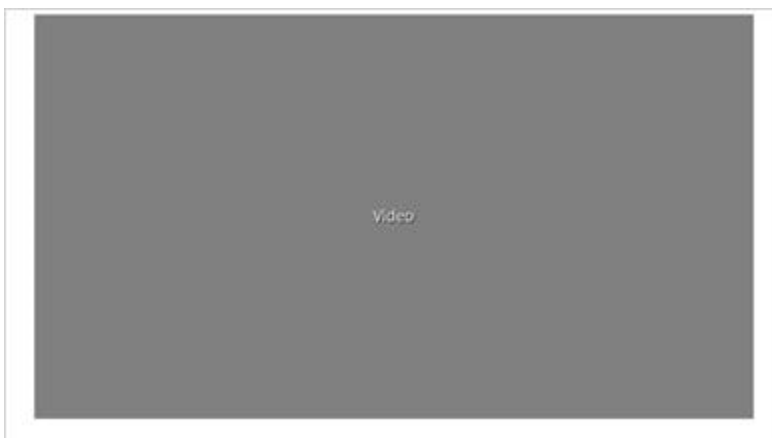## 2.72 Video clip: Mental Health Peer Support Worker

Notes:

https://youtu.be/dyxf5HhVdRA

2.73 Video clip: What Makes A Great Peer Support Worker

Notes:

This video clip "What Makes A Great Peer Support Worker" is a quick discussion by a mental health clinician in the UK. We included clips from all over the world so that you can see this is not just a US phenomenon but is something that services throughout the world see as beneficial to all - individuals receiving treatment, the Peer Support Worker and clinicians and associated stakeholders.

2.74 Video clip: What Makes A Great Peer Support Worker

Notes:

https://youtu.be/-iDLnAfsT1w

2.75 WHAT PEER SUPPORT IS RESOURCES

Notes:

Here are some resources for What Peer Support Is:

Mental Health Commission Canada Guidelines for the Practice and Training of Peer Support:

http://www.mentalhealthcommission.ca/English/document/18291/peer-support-guidelines

"Mental Health Peer Support Worker"
https://youtu.be/dyxf5HhVdRA

"What Makes A Great Peer Support Worker"
https://youtu.be/-iDLnAfsT1w

2.76 WHAT PEER SUPPORT IS RESOURCES

WHAT PEER SUPPORT IS RESOURCES

The Café TA Center Peers as Professionals: Workplace Success
http://cafetacenter.net/tac_training/peers-as-professionals/

The International Association of Peer Supporters (INAPS)
http://inaops.org/

Shery Mead discussing peer support: https://youtu.be/c3RWk-e6ZcW

Its Not About The Nail: https://youtu.be/-4EDhdAHrOg

Notes:

Other resources include:

The Café TA Center Peer as Professionals; Workplace Success
http://cafetacenter.net/tac_training/peers-as-professionals/

The International Association of Peer Supporters (INAPS)
http://inaops.org/

Its Not About The Nail
https://youtu.be/-4EDhdAHrOg
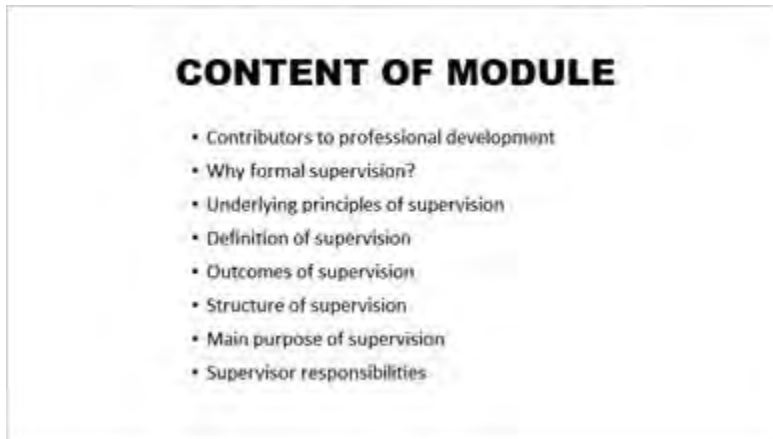
2.77 FOUNDATIONS OF Supervision

Notes:

Unlike other professions, Peer Support Workers come to the job with less training and often limited, or no field experience. Supervision is critical to the success of the peer support workforce. Supervisors must be "champions" of developing the peer support workforce within their agency and may also need to be "change agents" within their organization, championing peer support. As with any professional supervision arrangement, clear and direct communications between the supervisor and the Peer Support Worker is essential.

This module is designed to work through general supervision components, and although we talk about Peer Support Workers, these elements apply to any supervisory arrangement.

2.78 CONTENT OF MODULE

CONTENT OF MODULE

- Contributors to professional development
- Why formal supervision?
- Underlying principles of supervision
- Definition of supervision
- Outcomes of supervision
- Structure of supervision
- Main purpose of supervision
- Supervisor responsibilities

Notes:

The following topics are addressed in this module:

- Contributors to professional development

- Why formal supervision?

- Underlying principles of supervision

- Definition of supervision

- Outcomes of supervision

- Structure of supervision

- Main purpose of supervision

- Supervisor responsibilities

2.79 CONTENT OF MODULE

CONTENT OF MODULE

- Peer Support Worker responsibilities in supervision
- Confidentiality Criticality
- Ways of structuring supervision
- Supervision frequency
- Different modalities of delivery
- Example agenda for supervision
- Documentation
- Evaluation of supervision

Notes:

- Peer Support Worker responsibilities in supervision

- Confidentiality Criticality

- Ways of structuring supervision

- Supervision frequency

- Different modalities of delivery

- Example agenda for supervision

- Documentation

- Evaluation of supervision

2.80 CONTENT OF MODULE

CONTENT OF MODULE

- Supervision agreements
- Supervisor training
- Example practices: good and not so good
- Resources

Notes:

- Supervision agreements
- Supervisor training
- Example practices: good and not so good
- Resources

2.81 CONTRIBUTORS TO PROFESSIONAL DEVELOPMENT

Notes:

For the context of this training, we have broken supervision in to two types: administrative and professional development.

- Administrative supervision is about line management issues - timesheets, performance appraisals, organizational policies and procedures and other related organizational issues

- Professional development supervision is different and is about the development and growth of the worker

The following supervision sections are designed specifically around professional development supervision - sometimes you may hear the term clinical supervision which refers to professionals looking at their clinical practice. We will not be calling it that as Peer Support Workers are not clinical workers, but the ideas related to practice development can be extrapolated.

2.82 CONTRIBUTORS TO PROFESSIONAL DEVELOPMENT

Notes:

In addition to participation in professional development supervision, it is critical that Peer Support Workers, as with any professionals, maintain their participation in the full range of activities, including education and training, and attendance at team meetings. The effective management and development of staff within the workplace involves closely linked aspects of professional skills development where professional development supervision is one of the key components and administrative supervision is another.

2.83 WHY FORMAL SUPERVISION?
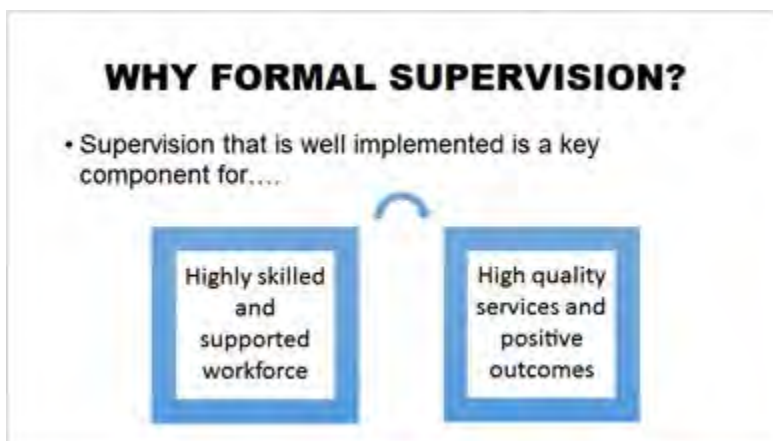
Notes:

Supervision that is well implemented is a key component in providing:

• a well trained workforce who are highly skilled and supported

• continuing development, retention and motivation for all

and this leads to • high quality services that result in positive outcomes for all.

High quality supervision contributes to all involved:

• meeting performance standards

• meeting the expectations of all stakeholders (including individuals, families and caregivers)

Both of these allow for the development of a learning culture in a changing environment.

So why would anyone not implement formal supervision when the results can be great for all?
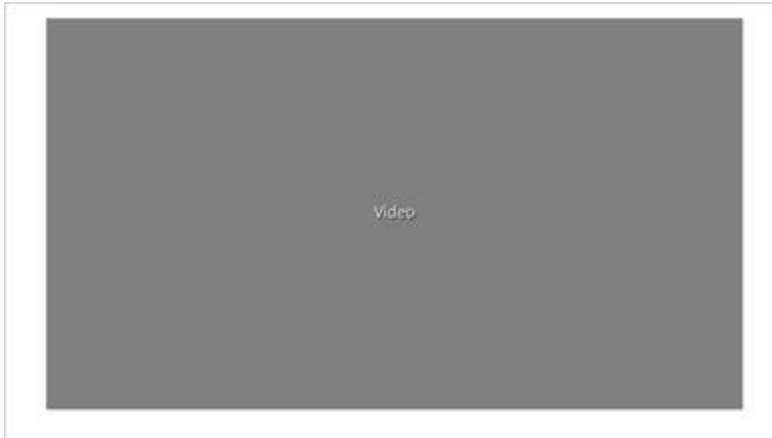
2.84 Video clip: Leadership Empowerment

Notes:

This video clip 'Leadership Empowerment" illustrates what good supervisors can do for supervisees.
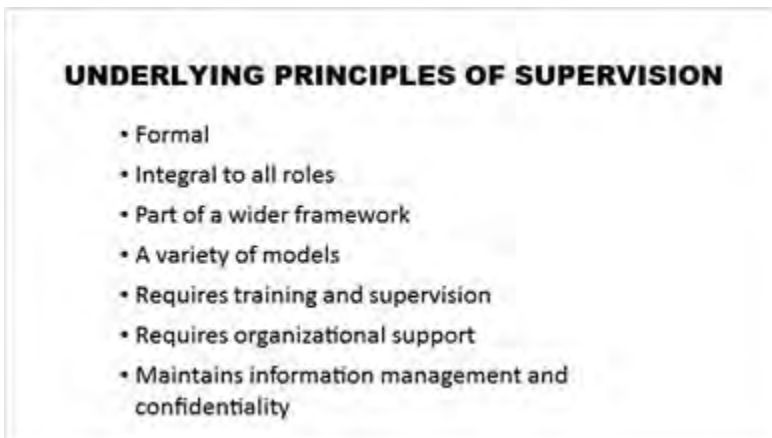
2.85 Video clip: Leadership Empowerment

Notes:

https://youtu.be/CBs5xJpFg-A

2.86 UNDERLYING PRINCIPLES OF SUPERVISION

UNDERLYING PRINCIPLES OF SUPERVISION

- Formal
- Integral to all roles
- Part of a wider framework
- A variety of models
- Requires training and supervision
- Requires organizational support
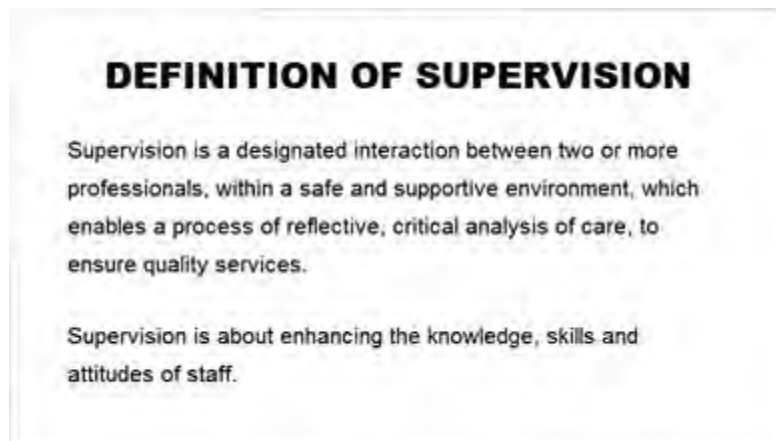- Maintains information management and confidentiality

Notes:

The following are underlying principles of supervision:

- Supervision is a formal process of support and reflection. It is about empowerment, not control
- Supervision is integral to role requirements and job descriptions
- Supervision is one aspect of a wider framework of activities that are designed to support staff, and support the delivery of high quality services and effective outcomes

- A variety of supervision models may be used, depending on the research evidence, best practice, context, and the needs of the supervisor and supervisee

- Effective and ethical supervision means that supervisors are trained and receive their own supervision

- Access to supervision and supervision training should be supported by the agency, and a range of interventions and modalities within the context of an evidence based model

- Supervision involves appropriate information management and confidentiality processes

- Ongoing supervision for all staff (not just Peer Support Workers) involved in the direct delivery of services is critical to ensure quality assurance, regardless of experience and level of job

2.87 DEFINITION OF SUPERVISION

DEFINITION OF SUPERVISION

Supervision is a designated interaction between two or more professionals, within a safe and supportive environment, which enables a process of reflective, critical analysis of care, to ensure quality services.

Supervision is about enhancing the knowledge, skills and attitudes of staff.

Notes:

Basically supervision is a formal process of professional support and learning.
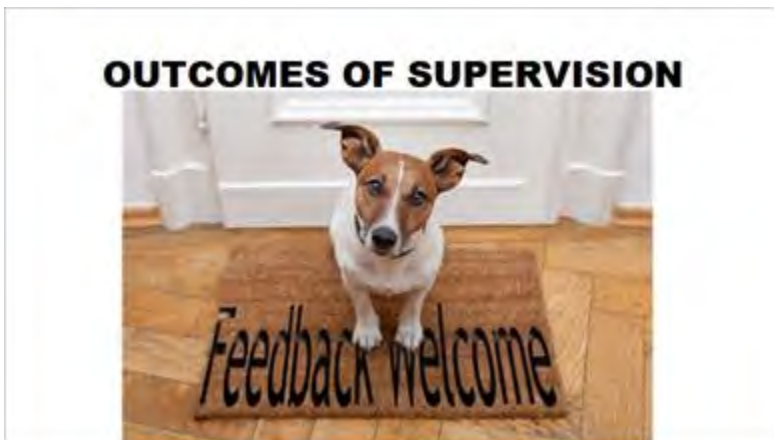
2.88 OUTCOMES OF SUPERVISION

Notes:

Supervision enables professionals to develop competence in terms of their knowledge and skills.

2.89 OUTCOMES OF SUPERVISION

Notes:

Supervision allows for supervisees to reflect and receive feedback on the content and process of their work.

2.90 OUTCOMES OF SUPERVISION

Notes:

Supervision supports the exploration of ethical implications and associated work dilemmas.

2.91 OUTCOMES OF SUPERVISION

Notes:

Supervision identifies measures to manage workplace stressors.

2.92 OUTCOMES OF SUPERVISION

Notes:

Supervision supports Peer Support Workers to assume greater responsibility for their own practice.

2.93 OUTCOMES OF SUPERVISION

Notes:

Supervision allows Peer Support Workers to plan and utilize their personal and professional resources more effectively.

2.94 OUTCOMES OF SUPERVISION

Notes:

Finally, supervision supports the development of accountability for the quality of the work and offers assurances to those who monitor that accountability.

2.95 STRUCTURE OF SUPERVISION

Notes:

As we have stated previously, supervision is critical to the success of the peer support workforce. Supervisors must be "champions" of developing the peer support workforce within their agency. Supervisors need training on how to supervise peer workers. Clear and direct communications between the supervisor and the Peer Support Worker is essential.

## 2.96 Supervision is a practice-focused activity

Notes:

Supervision is a practice-focused activity. Therefore, the content of supervision sessions should focus on issues relating to, or impacting on, practice and the delivery of individual support.

Supervision is a professional-led activity. This means in collaboration with their supervisor, supervisees determine the frequency of supervision (within the specified standards), the purpose of supervision, the focus for each session and their own learning goals.

Supervision should NOT be regarded as personal therapy, although it is recognized that occasionally supervision may include reflecting on personal issues that impact on service delivery.

2.97 MAIN PURPOSE OF SUPERVISION

MAIN PURPOSE OF SUPERVISION

Formative   Normative

Restorative
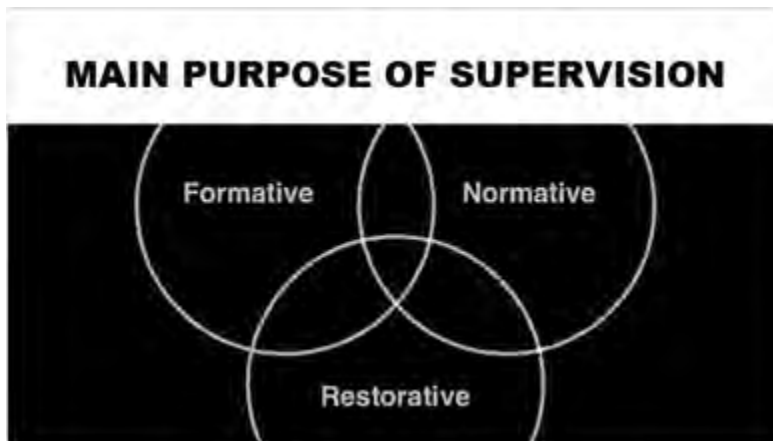
Notes:

Supervision has three main purposes for all professionals, not just Peer Support Workers:

Formative: enables the Peer Support Worker to develop expertise and skills through experiential learning. This is achieved through guided reflection on practice in a safe, protected setting.

Restorative: enables the Peer Support Worker to deliver effective work at all times by supporting them as they work in a sometimes stressful and distressing environment (e.g. support and debriefing). This support is achieved by the supervisor having an unconditional positive regard for the Peer Support Worker (holding a continual respect for the person despite the circumstances). In this supportive setting, positive challenges to true peer support practice can be made, as long as the supervisor is very clear about true peer values and ways of working.

Normative: enables the Peer Support Worker to maintain established standards of support by dealing with the quality control aspects of practice. This is achieved through reflection on practice in a supportive relationship that is safe enough to challenge thinking. It is the shared responsibility of both the supervisor and the Peer Support Worker.

2.98 SUPERVISOR RESPONSIBILITIES

Notes:

Supervisors have responsibilities that they need to carry out. These include, but are not limited to the following areas: Maintaining knowledge about organizational goals, supporting peer support values, and following any relevant ethical codes, guidelines or standards.

2.99 SUPERVISOR RESPONSIBILITIES

Notes:

Understanding your team is of vital importance. Every individual has a way of communicating and you can find information on a well tested method of workplace communication styles called DISC on the Café TA Center Peers as Professionals training modules under Honoring Your Teamness - http://cafetacenter.org/training/14/story.html

2.100 SUPERVISOR RESPONSIBILITIES

Notes:

Supervisor responsibilities include ensuring Peer Support Workers are clear at the outset about the purpose of supervision, what is expected of them, the role of the supervisor, the parameters of confidentiality, and the appropriate mechanisms for addressing any difficulties or concerns about the supervision process.

2.101 SUPERVISOR RESPONSIBILITIES

Notes:

Supervisor's responsibilities also include:

Working with Peer Support Workers to agree on goals for supervision sessions, and putting in place processes for regular reviews of progress.

2.102 SUPERVISOR RESPONSIBILITIES

Notes:

Facilitating a safe and trusting environment for supervision sessions.

2.103 SUPERVISOR RESPONSIBILITIES

Notes:

Ensuring that supervision sessions have structure, and are working toward achieving all three of the purpose areas of supervision - formative, normative, restorative.

2.104 SUPERVISOR RESPONSIBILITIES

Notes:

Providing constructive feedback.

2.105 SUPERVISOR RESPONSIBILITIES

Notes:

Challenging practice that is inappropriate, or which does not fit with the values of peer support, and facilitating the development of ethical practice.

2.106 SUPERVISOR RESPONSIBILITIES

Notes:

Supervisors are responsible for working within the agreed boundaries of confidentiality and taking responsibility for reporting any serious issues to line managers and informing Peer Support Workers when such a circumstance arises.
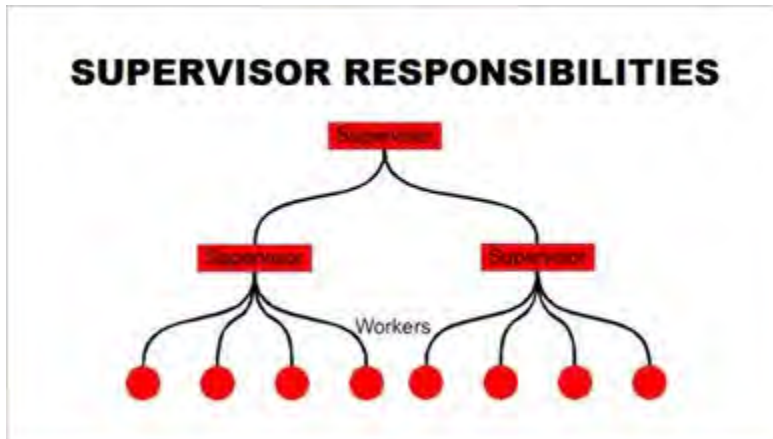
2.107 SUPERVISOR RESPONSIBILITIES

Notes:

Maintaining any records related to supervision sessions as per organizational policies or procedures.
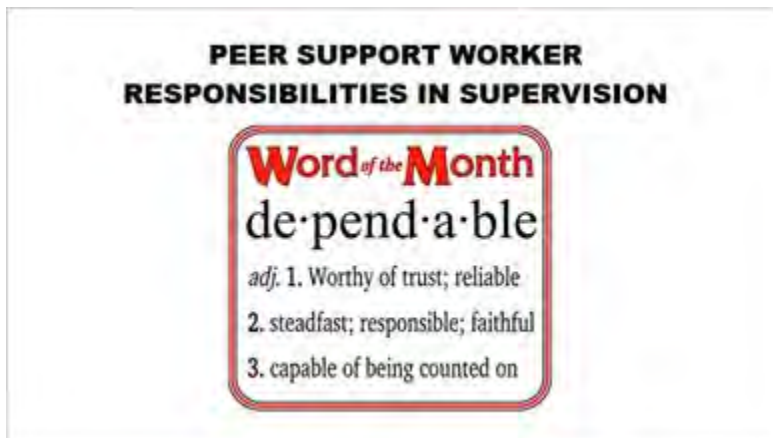
2.108 SUPERVISOR RESPONSIBILITIES

Notes:

The final critical component of a supervisor's responsibility is participating in supervision themselves.

## 2.109 PEER SUPPORT WORKER RESPONSIBILITIES IN SUPERVISION

Notes:

It is important for supervisors to consider and communicate what responsibilities the Peer Support Worker, as with any professional, has in relation to supervision. This ensures that unrealistic expectations do not occur.

Peer Support Workers are responsible for ensuring regular attendance in line with organizational policies and procedures.

2.110 PEER SUPPORT WORKER RESPONSIBILITIES IN SUPERVISION

Notes:

Taking action in relation to any developmental needs identified through supervision.

2.111 PEER SUPPORT WORKER RESPONSIBILITIES IN SUPERVISION

Notes:

Finally, Peer Support Workers are also responsible for maintaining any records related to supervision sessions as per organizational policies or procedures.

2.112 CONFIDENTIALITY CRITICALITY
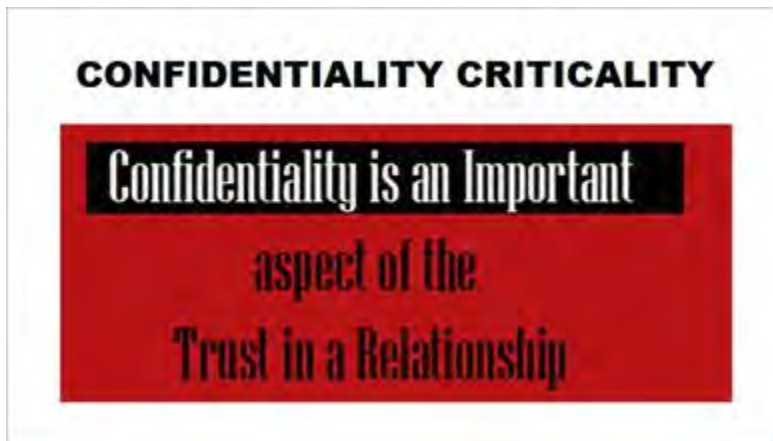
Notes:

Trust is critical in the supervisory relationship. The intent of confidentiality is to allow for frank and open discussion about practice in a safe environment, while developing essential trust in the supervisory relationship.

2.113 CONFIDENTIALITY CRITICALITY

Notes:

The content of supervision is confidential except in circumstances of serious concern related to the ethical or professional conduct of the Peer Support Worker or the safety of the person being supported. These limits to confidentiality need to be clearly understood by supervisors and Peer Support Workers. To ensure an appropriate measure of accountability for supervision, confidentiality is limited in circumstances where there is a concern around any of the following issues:

A breach of the organizational Code of Conduct.

2.114 CONFIDENTIALITY CRITICALITY

Notes:

A breach of professional ethics.

2.115 CONFIDENTIALITY CRITICALITY

Notes:

A breach of duty of care.

2.116 CONFIDENTIALITY CRITICALITY

Notes:

A serious concern about the safety of the Peer Support Worker or person being supported.

2.117 CONFIDENTIALITY CRITICALITY

Notes:

Or, an issue identified that is subject to mandatory reporting requirements.

2.118 CONFIDENTIALITY CRITICALITY

Notes:

It is the supervisor's responsibility to first inform the Peer Support Worker of their concerns and then to encourage them to take the issue to their support team or line manager within a stipulated period of time. If the Peer Support Worker is unwilling or unable to take this step, the supervisor must take responsibility to involve the Peer Support Worker's line manager as soon as is practical. In that instance, the supervisor must inform the Peer Support Worker of their actions prior to consulting with line managers or other managerial staff.

2.119 WAYS OF STRUCTURING SUPERVISION

Notes:

We are generally discussing supervision on a one-to-one basis here, but it may also be delivered in a group setting. We will discuss group supervision in a separate module.

Additional supervision methods may also include the following….

2.120 WAYS OF STRUCTURING SUPERVISION

Notes:

Direct supervisor observation of practice.

2.121 WAYS OF STRUCTURING SUPERVISION

Notes:

Co-facilitation of groups.

2.122 WAYS OF STRUCTURING SUPERVISION

WAYS OF STRUCTURING SUPERVISION

Notes:

Video or audio recording of a meeting or group.

2.123 WAYS OF STRUCTURING SUPERVISION

Good practice leadership

Notes:

Finally, a review of documentation.

Regardless of what method is used, the purpose of supervision sessions is to generate discussion and reflection on a broad range of issues directly related to practice.

2.124 SUPERVISION FREQUENCY

Notes:

Supervision is generally 1 hour per week, although there are additional factors that influence how often supervision occurs. These factors include:

• supervisory experience and developmental level (supervisor and Peer Support Worker)

• caseload/case mix - higher caseloads and more complex case mixes will require an increased frequency of supervision

• work/team setting - higher frequency of other means of support and development, i.e. frequency of team meetings, debriefing, and reflective practice forums will equate to decreased frequency of supervision
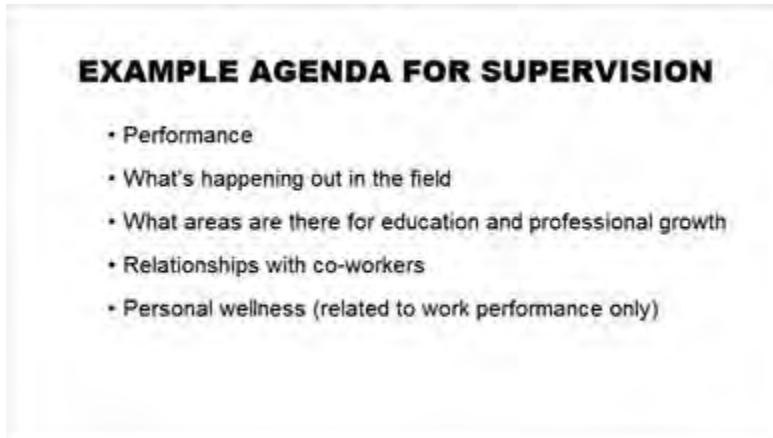
2.125 DIFFERENT MODALITIES OF DELIVERY

Notes:

Although face-to-face supervision is the preferred method of delivery, other methods of supervision delivery, including video or teleconferencing may be employed where necessary. The use of these alternative methods may be particularly necessary for rural and frontier Peer Support Workers, or within communities that do not have supervisors available.

2.126 EXAMPLE AGENDA FOR SUPERVISION

EXAMPLE AGENDA FOR SUPERVISION

- Performance
- What's happening out in the field
- What areas are there for education and professional growth
- Relationships with co-workers
- Personal wellness (related to work performance only)

Notes:

Supervision agendas can look different for different agencies but a typical agenda would include:

- Performance or professional issues: ethics, values, time management, job duties, roles and responsibilities, confidentiality and documentation

- What's happening in the field: new developments, etc.

- Education/Growth: skills development and sharing of resources and assisting with accessing resources

- Relationships and communications with co-workers

- Personal issues: challenges getting in the way of performing duties or factors that can improve performance and wellness

2.127 DOCUMENTATION

DOCUMENTATION

Possible documentation:
• a completed supervision agreement
• attendance at supervision
• time and date of the session
• name of Peer Support Worker
• outline of agenda for discussion
• outcomes and action plan
• date and time of next session

AGENDA

Notes:

Documentation of supervision is good practice. It is useful to include:

• a completed supervision agreement signed by the supervisor and the Peer Support Worker, and

• a continuing record maintained by the supervisor of attendance at supervision by the Peer Support Worker and signed by both parties at each occasion of supervision.

Best practice standards recommend that supervisors maintain further records of supervision that include:

• time and date of the session

• name of Peer Support Worker

• outline of agenda for discussion

• outcomes and action plan

• date and time of next session

See the resources section for example documentation.

It is also recommended that the Peer Support Worker maintains their own notes of supervision including: professional and other issues raised in supervision and a reflective diary of their supervision and professional growth; which may form part of their professional development portfolio.

2.128 EVALUATION OF SUPERVISION

Notes:

Evaluation of supervision is an important part of the process. It is useful for both the supervisor and Peer Support Worker.

Evaluation of supervision includes two components:

One evaluation is Formative (informal) evaluation - involving the ongoing feedback mechanisms built into supervision, including feedback from the supervisor to the Peer Support Worker, self-feedback by both the supervisor and Peer Support Worker, and feedback from the Peer Support Worker to the supervisor.

2.129 EVALUATION OF SUPERVISION

Notes:

The other component is Summative (formal) evaluation - involving the formal assessment of competence from a professional and organizational perspective. This evaluation is carried out less regularly and will have functions related to managerial and organizational assessment.

2.130 SUPERVISION AGREEMENTS

Notes:

A written agreement protects both the supervisor and Peer Support Worker and provides a forum for exploring each person's expectations at the onset of supervision. It also sets the boundaries and parameters of future sessions. Both the supervisor and Peer Support Worker should mutually negotiate the agreement within the first two to three sessions.

Generally supervision agreements will include such things as:

• names of the supervisor and Peer Support Worker

• the date and location of the supervision

• the objectives for supervision

• frequency and length of sessions, including agreement and responsibilities related to cancelling sessions

• privacy and confidentiality, including a statement about the limits of confidentiality

• record keeping and responsibilities for documentation

• outline of any particular responsibilities of each party

• review and renegotiation - date/s to review the success of the agreement and whether changes need to be made

• signatures of both the Peer Support Worker and supervisor

Supervision agreements are subject to regular review and renegotiation and to changes due to unforeseen circumstances such as changes in workload, duties or workplace location.

Please see the resources section for example supervision agreements.

2.131 SUPERVISOR
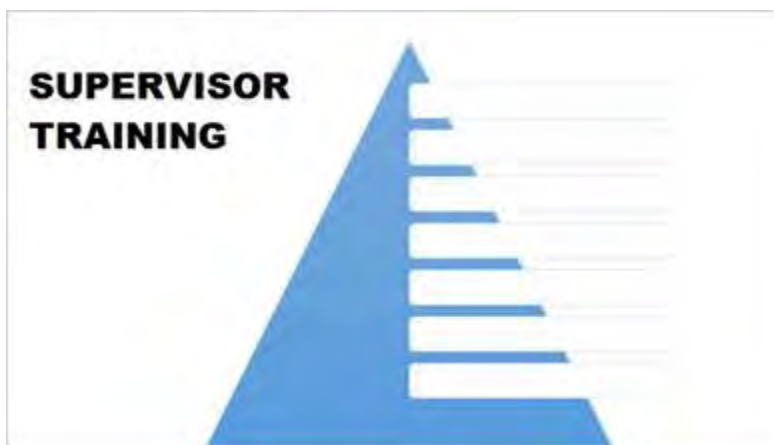
Notes:

All supervisors require training. Core competencies for supervisor training include knowledge and skill development in:

• models of supervision

• worker development

• development of the supervisory relationship

• supervision methods and techniques

• ethical, legal, professional and organizational regulatory issues

• evaluation tools and processes

• administrative skills

Effective supervisors learn skills to observe, mentor, coach, evaluate, inspire and create a positive atmosphere that promotes self-motivation, learning and professional development. Becoming an effective and fully competent supervisor is a developmental process. As knowledge and skills are achieved over time, the supervisor's proficiency

incrementally increases.

2.132 EXAMPLE PRACTICES:

Notes:

In the following slides we will provide examples of good and not so good practice around supervising Peer Support Workers. This is not an exhaustive list.

2.133 NOT SO GOOD PRACTICES: Taking on Care-Taker Role

Notes:

Let's start with not so good examples where the supervisor takes on a care-taker role.

The supervisor talked to the Peer Support Worker about developing a WRAP plan together and asking, "who do I contact in case of emergency?"

2.134 NOT SO GOOD PRACTICES: Taking on Care-Taker Role

Notes:

The Peer Support Worker is looking at applying for full time position and coming off social security and the supervisor saying "do you think you should? is that a good idea? that's a lot of stress"

2.135 NOT SO GOOD PRACTICES: Taking on Care-Taker Role

Notes:

The supervisor asking if the Peer Support Worker is taking their medication, or seeing a clinician when the Peer Support Worker is just having a tough day at work OR the supervisor asking to have the phone number of the Peer Support Worker's treatment team OR the supervisor commenting about the Peer Support Worker's state of mind in symptom language (e.g. you seem agitated).

2.136 NOT SO GOOD PRACTICES: Taking on Care-Taker Role

Notes:

The supervisor allowing the Peer Support Worker to not follow company policies because they are a person with lived experience - e.g. having them seen as less than, and therefore not as accountable.

2.137 NOT SO GOOD PRACTICES:

Notes:

Another issue for not so good practice in supervision is the lack of understanding, or respect, of the peer role, or co-optation of fidelity to the peer role. Examples include the supervisor telling the Peer Support Worker:

- that they have to tell an individual they are supporting to take their medication
- to distract the individual they are supporting while someone calls the ambulance/emergency team

2.138 NOT SO GOOD PRACTICES:

Notes:

The supervisor tells the Peer Support Worker to not share their story and recovery journey and says it's inappropriate, OR the supervisor is not concerned when the Peer Support Worker says they have been told to just drive people around/or to appointments and used as transport only.

2.139 NOT SO GOOD PRACTICES:

Notes:

The supervisor says to the Peer Support Worker , "You are a "mandated reporter." That means you have to come to me immediately if the person your supporting says or does anything that leads you to question if he/she is suicidal, wants to self-injure or is not following their treatment requirements."

Peer Support Workers are almost always "mandated reporters," required to report any "reasonable suspicion" of child abuse and sometimes elder abuse, in accordance with the laws of their state or the policies of their agency. The agency orientation should provide all employees, including Peer Support Workers, with the local requirements as well as the agency policies and procedures in the event that abuse is suspected.

It's important to note that being a "mandated reporter" does NOT refer to any legal/ethical requirements that are present when someone speaks of self-harm or harm to others. While there are also policies that address these situations, the two are distinctly different and shouldn't be confused with one another.

In this scenario, the supervisor is not only misstating the legal and ethical requirements, but shows a lack of respect for the skills of a peer worker around discussing difficult issues with people they're supporting, while also knowing when it would be important to

seek out supervision support.

2.140 NOT SO GOOD PRACTICES:

NOT SO GOOD PRACTICES:
Lack of Understanding/Respect of Peer Role

NO!RESPECT

Notes:

The final few examples related to lack of understanding or respect of the peer role are the supervisor:

- not being concerned when the Peer Support Worker says they have not been given keys to offices and having to go through the front desk
- not being concerned when the Peer Support Worker says they have been told to clean up bathrooms
- telling the Peer Support Worker to give other staff more time to cope with moving to recovery practices - rather than honoring the Peer Support Worker's work

2.141 NOT SO GOOD PRACTICES:

Notes:

There are more, but the final examples of not so good practice we are providing, are:

Breaching confidentiality where the supervisor is:

- revealing confidential information about the Peer Support Worker's history within the service to other staff

- reading old patient notes of the Peer Support Worker

2.142 GOOD PRACTICES:

Notes:

Good examples of supervision include:

Treating the Peer Support Worker as any other workers, with the same expectation of work performance from the Peer Support Worker as with other roles

2.143 GOOD PRACTICES:

GOOD PRACTICES:
Seeing the Peer Support Worker as any other employee

Notes:

Supporting the Peer Support Worker to request reasonable accommodations; as with any other supervisee.

2.144 GOOD PRACTICES:

GOOD PRACTICES:
Seeing the Peer Support Worker as any other employee

Notes:

Providing individualized supervision on a regular basis and providing encouragement and opportunities for professional development.

2.145 GOOD PRACTICES:

GOOD PRACTICES:
Understanding fidelity to/Respecting the
Peer Support Worker Role

TIME
for
Change

Notes:

Being open to new ideas, programing, or ways of doing business from a recovery-based stand point brought forward by the Peer Support Worker, and respecting the Peer Support Worker and their role.

2.146 GOOD PRACTICES:

GOOD PRACTICES: Leadership

LISTEN
UP!

Notes:

Good practice leadership is about:

Being a sounding board for the Peer Support Worker to sort through issues and challenges.

2.147 GOOD PRACTICES:

GOOD PRACTICES: Leadership

LEARN MORE

Notes:

Attending trainings that Peer Support Workers are involved in to really understand peer support.

2.148 GOOD PRACTICES:

GOOD PRACTICES: Leadership

YOUR FEEDBACK MATTERS

Notes:

Providing constructive feedback.

2.149 GOOD PRACTICES: Leadership

Notes:

Meeting the Peer Support Worker where they are and not making assumptions.

2.150 GOOD PRACTICES:

Notes:

Respectfully challenging or pushing the Peer Support Worker - honoring the fear but challenging respectfully and identifying strengths and providing opportunities for growth.

2.151 GOOD PRACTICES:

GOOD PRACTICES: Leadership
you are amazing
REMEMBER THAT

Notes:

Seeing the Peer Support Worker as bigger than they see themselves.

2.152 GOOD PRACTICES:

GOOD PRACTICES: Leadership
I DUNNO LOL

Notes:

Saying "I don't know" when you don't know and having a sense of humor.

2.153 GOOD PRACTICES:

GOOD PRACTICES: Leadership

are you teachable?

Notes:

Being teachable; not being a know-it-all.

2.154 Good Practices:

Good Practices: Leadership

The biggest risk one can take is to not take one

— Anonymous
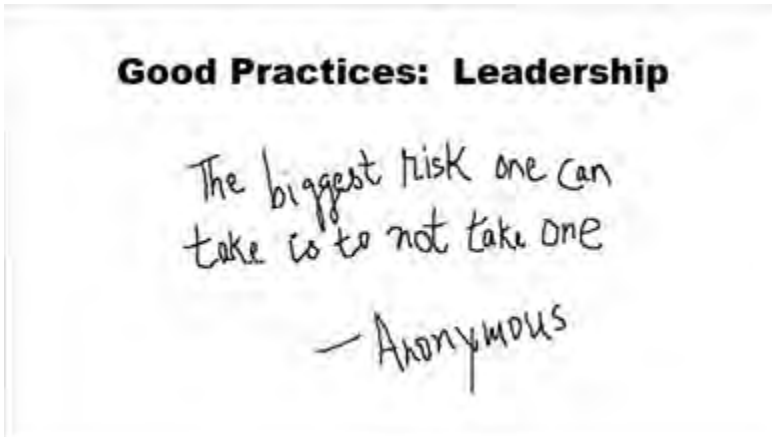
Notes:

Taking risks and allowing the Peer Support Worker to take risks and pave new ground.

2.155 GOOD PRACTICES:

GOOD PRACTICES: Leadership

Notes:

Being a good listener and not seeing yourself as the expert, but being collaborative and brainstorming solutions.

2.156 GOOD PRACTICES :

GOOD PRACTICES : LEADERSHIP

Peer Support Worker

Notes:

The final example of good leadership is a contentious one. Its about dual relationships in peer support. Dual relationships occur whenever we have one or more different kinds of relationship with the same person. For example, the Peer Support Worker is providing peer support to someone that is in their class at school. The Peer Support Worker is the person's peer supporter and classmate - two distinct roles.

Dual relationships are discouraged in peer support, and most other professions, because they can be difficult to manage. Some states have in their code of ethics that dual relationships may NOT exist at all. The reality, however, is that Peer Support Workers will be in situations where dual relationships come up, especially if they live and work in rural communities. Therefore, the Peer Support Worker has the responsibility of questioning if and how any specific dual relationship may be helpful or hurtful to the person being supported. It is essential they talk with their supervisor in these situations. In addition, here are some questions for you, as the supervisor, and the Peer Support Worker to consider:

1. Will the dual relationship keep the Peer Support Worker from providing the best peer support to the person, including having difficult conversations if needed?

2. Will the Peer Support Worker's needs for the relationship become more important than the person's needs within the peer support relationship?

3. Can the person the Peer Support Worker is supporting handle the dual relationship? Will it be too confusing to manage?

4. Will a dual relationship with one person negatively impact other people the Peer Support Worker is supporting in the agency?

Only after you as the supervisor and the Peer Support Worker feel confident that the relationship will not be harmful should it proceed. The key here to good leadership is in the exploration and not just saying no because that is how it is with other professions.

2.157 SUPERVISION FOUNDATIONS RESOURCES
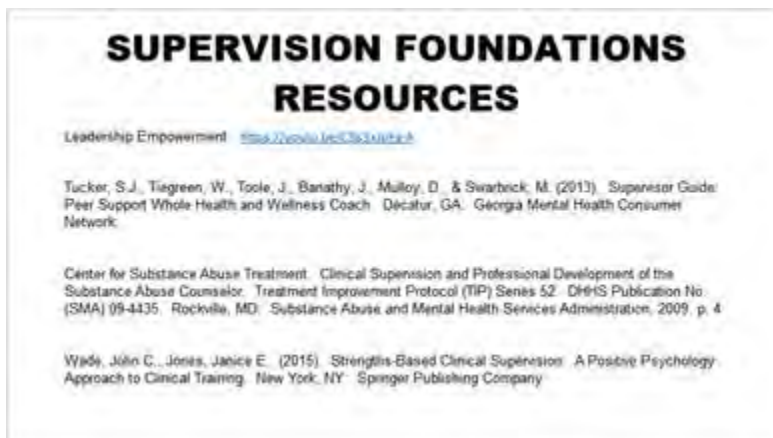
Notes:

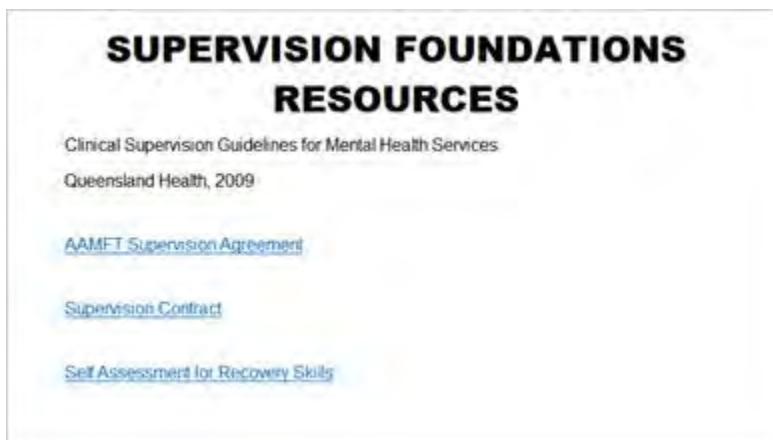Here are some resources that you may find useful.

Leadership Empowerment: https://youtu.be/CBs5xJpFg-A

Tucker, S.J., Tiegreen, W., Toole, J., Banathy, J., Mulloy, D., & Swarbrick, M. (2013). Supervisor Guide: Peer Support Whole Health and Wellness Coach. Decatur, GA: Georgia Mental Health Consumer Network.

Center for Substance Abuse Treatment. Clinical Supervision and Professional Development of the Substance Abuse Counselor. Treatment Improvement Protocol (TIP) Series 52. DHHS Publication No. (SMA) 09-4435. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2009. p. 4

Wade, John C., Jones, Janice E. (2015). Strengths-Based Clinical Supervision: A Positive Psychology Approach to Clinical Training. New York, NY: Springer Publishing Company

2.158 SUPERVISION FOUNDATIONS RESOURCES

SUPERVISION FOUNDATIONS RESOURCES

Clinical Supervision Guidelines for Mental Health Services

Queensland Health, 2009

AAMFT Supervision Agreement

Supervision Contract

Self Assessment for Recovery Skills

Notes:

Clinical Supervision Guidelines for Mental Health Services

Queensland Health, 2009

AAMFT Supervision Agreement

Supervision Contract

2.159 PEER SUPPORT WORKER RESPONSIBILITIES IN SUPERVISION

Notes:

Working with the supervisor to agree on the goals of supervision, and agree on ways of working together.

3. 3 NON PEER ROLES SUPERVISING PEER SUPPORT WORKERS

### *3.1 NON PEER ROLES SUPERVISING PEER SUPPORT WORKERS*

Notes:

Supervision is the same regardless of the job title, job description, or experience of the supervisee. Supervision is about a relationship between two people in which the supervisor is offering his/her experience and expertise to help the supervisee make the best use of the knowledge and skills she/he already has to perform to the best of his/her abilities. This works even when the supervisee's knowledge and experience are different from that of the supervisor's. It is the job of the supervisor to get to know each individual supervisee in order to assess strengths, level of experience, and potential liabilities. This then gets put through the framework of the supervisor's chosen model of supervision and the process is underway!

If someone asks how a non-peer role is going to be able to supervise a Peer Support Worker, the question is really about "Do they know what they are doing? Are they able to understand the unique struggles? Will they be able to connect with the Peer Support Worker in a meaningful way?" It is less important to be able to answer these questions than it is to answer the questions as they relate to the bigger issues: Does the supervisor understand and support the spirit of the program? Does he/she believe in the power and value of peer support? Does the supervisor embody the characteristics of a competent and effective supervisor? Does the supervisor live his/her life from what could be considered a recovery-oriented framework? Does the supervisor have a level of training and professionalism that supports and embodies the fundamentals, ethics, and overall attitude of the peer support movement? If these questions are answered affirmatively, the likelihood of this supervisor being able to effectively supervise Peer Support professionals is high.

3.2 CONTENT OF MODULE
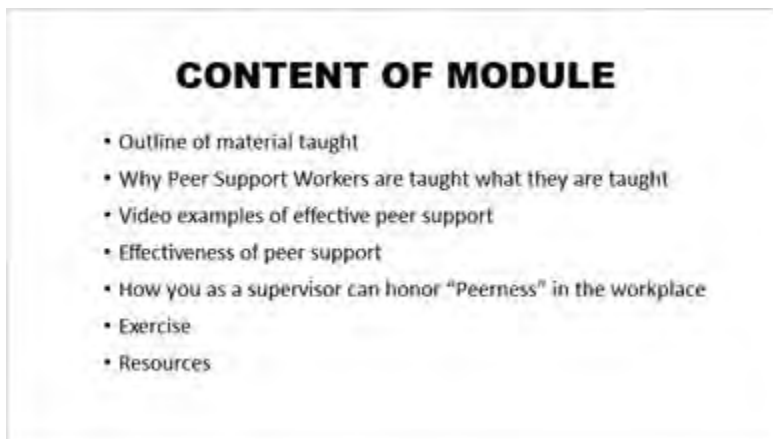
CONTENT OF MODULE

- Outline of material taught
- Why Peer Support Workers are taught what they are taught
- Video examples of effective peer support
- Effectiveness of peer support
- How you as a supervisor can honor "Peerness" in the workplace
- Exercise
- Resources

Notes:

In this module you will be exploring additional information to be able to effectively

supervise Peer Support Workers. It includes:

- Outline of material taught to Peer Support Workers

- Why Peer Support Workers are taught what they are taught

- Video examples of effective peer support

- Effectiveness of peer support

- How you as a supervisor can honor Peerness in the workplace

- A joint exercise

- Resources

3.3 PEER SUPPORT WORKER TRAINING

Notes:

While there are many different peer trainings around the country, there are common elements that will be found in most trainings. It's important to note that different trainings may call topics different names, but the exceptional trainings incorporate the topics/concepts outlined in one form or another.

Virtually every training will address recovery and the idea that all people can recover given the right support, as well as factors that support or hinder the recovery process.

3.4 PEER SUPPORT WORKER TRAINING

Notes:

Peer support training will address the history of the peer support movement, which allows for an understanding of where peer support come from and why peer support is so valuable. Looking to the history of peer support also lets new Peer Support Workers see the roots of the values and principles that guide peer support in the present, and how important it is to stay true to the values for future generations of peer workers.

It will also address the values/principles of peer support. Basically it should explain why Peer Support Workers do what they do; what drives peer support.

3.5 PEER SUPPORT WORKER TRAINING

Notes:

Training will address ethics/boundaries or the guidelines for Peer Support Worker behavior to ensure protection of all parties.

3.6 PEER SUPPORT WORKER TRAINING

Notes:

It will address communication skills, with an emphasis on listening and understanding where individuals are coming from.
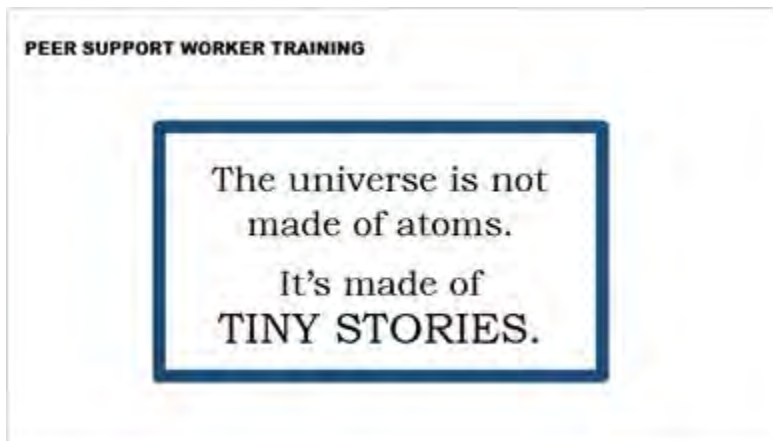
3.7 PEER SUPPORT WORKER TRAINING
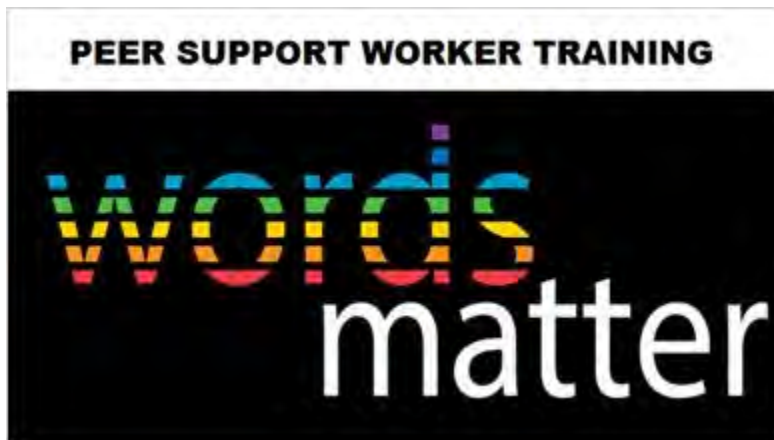
Notes:

A key component of training will address the importance of person-first language. This supports the reduction of stigma and discrimination. It ensures that individuals are all

treated as individuals.

An example of non person-first language is: John is a schizophrenic.

An example of person-first language is: John is a person who has been diagnosed with schizophrenia.
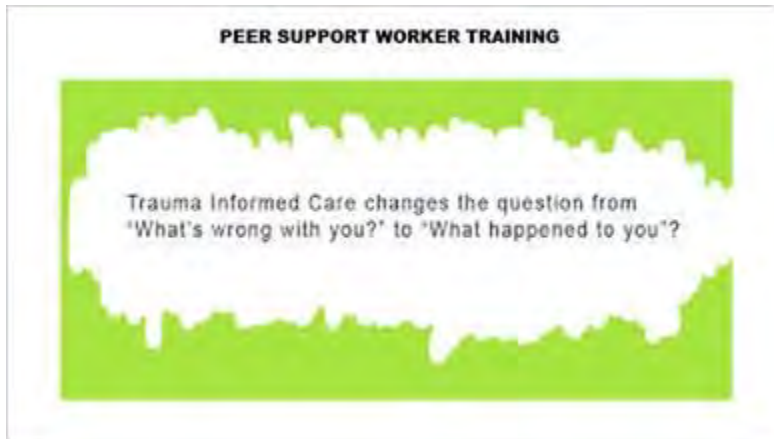
3.8 PEER SUPPORT WORKER TRAINING

PEER SUPPORT WORKER TRAINING

The universe is not made of atoms.

It's made of
TINY STORIES.

Notes:

Peer Support Workers will learn how to share their story. This is about the art of sharing from recovery and hope rather than being about war/illness stories.

3.9 PEER SUPPORT WORKER TRAINING

Notes:

Trauma informed peer support is a key component of the training. Understanding that trauma is a large component of individual's lives and providing services so as not to perpetuate trauma is essential in supporting an individual's recovery.

3.10 PEER SUPPORT WORKER TRAINING

Notes:

Diversity/worldview/culture is explored to gain an understanding of different values, cultures, etc. This allows Peer Support Workers to support individuals in ways that work for the individual.

3.11 PEER SUPPORT WORKER TRAINING

Notes:

The stages of recovery in regard to general stages of change models and specific stages of change related to recovery in mental health/addictions are an important element of the training. This provides for an understanding of the different places individuals may be at and allowing for that in the support provided.

3.12 PEER SUPPORT WORKER TRAINING

Notes:

Training also includes such things as:

Self-help tools for individuals e.g. Whole Health Action Management WHAM, Wellness Recovery Action Plans WRAP, Pathways to Recovery, Peerzone, etc.

3.13 PEER SUPPORT WORKER TRAINING

Notes:

Health and wellness to support the understanding that everyone is a whole human being and it is not just about an individual's head.
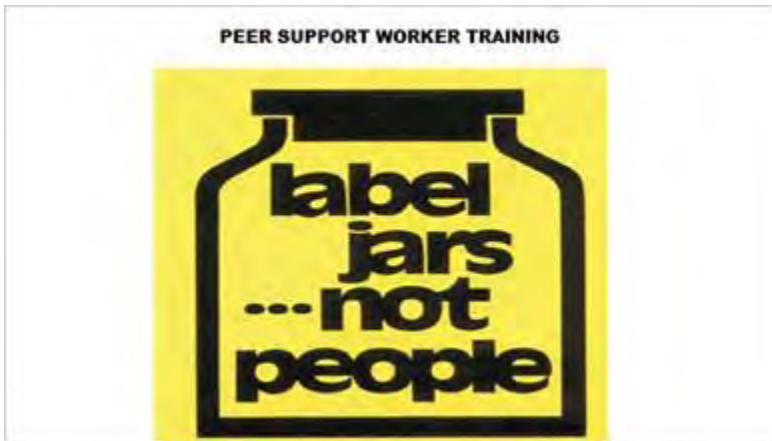
3.14 PEER SUPPORT WORKER TRAINING

Notes:

Advocacy and support is taught. This teaches how to advocate with, NOT for individuals, and how to become change agents in the system.

3.15 PEER SUPPORT WORKER TRAINING

Notes:

Discrimination and stigma and an understanding of how to be empowered no matter what the circumstances is an important element of training.

3.16 PEER SUPPORT WORKER TRAINING

Notes:

Honoring Peerness, or, how to stay true to peer values in the face of pressure to change. This is a critical skill given the growth of peer support into many sectors.

3.17 PEER SUPPORT WORKER TRAINING

Notes:

Also taught are:

Team work in relation to working collaboratively with all involved.

3.18 PEER SUPPORT WORKER TRAINING

Notes:

Building relationships and establishing the skills necessary to build and maintain relationships.

3.19 PEER SUPPORT WORKER TRAINING

Notes:

An understanding of the mental health system and how to navigate the system and how it all fits together.
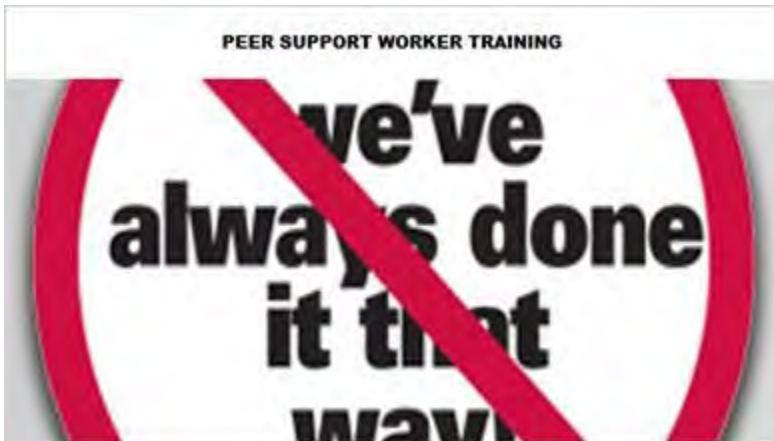
3.20 PEER SUPPORT WORKER TRAINING

Notes:

Strength-based practice; allowing for a focus on strengths and not deficits.

3.21 PEER SUPPORT WORKER TRAINING

Notes:

Evidence/best based practices; in particular peer support evidence based practice information.

3.22 PEER SUPPORT WORKER TRAINING

Notes:

Crisis as an opportunity for growth, or how to use crisis and support individual's to grow from that.

3.23 PEER SUPPORT WORKER TRAINING

Notes:

Linking to community resources by ensuring Peer Support Workers know what resources are available and how to connect to them.

3.24 PEER SUPPORT WORKER TRAINING

Notes:

Self-determination as a key element of recovery. Supporting individuals to understand that they have the expertise on themselves.

3.25 PEER SUPPORT WORKER TRAINING

PEER SUPPORT WORKER TRAINING

Treatment for Mental Health Problems Only — 39.8%

Treatment for Both Mental Health and Substance Use Problems — 8.4%

Treatment for Substance Use Problems Only — 2.6%

No Treatment — 49.2%

5.6 Million Adults with Co-Occurring SPD and Substance Use Disorder

Notes:

Information on co-occurring disorders/addictions is also discussed, given that many people being supported many have co-occurring disorders.

It should be noted a few states are now starting to write fully integrated mental health and addictions peer support training; instead of mental health trainings adding addictions material, or addictions training adding mental health material.

3.26 PEER SUPPORT WORKER TRAINING

Notes:

It's important to note that most trainings do not cover specific mental health diagnoses and their corresponding symptoms. This is because peer support is about "being" with an individual and supporting the person in recovery rather than evaluating their clinical status.

3.27 PEER SUPPORT WORKER TRAINING

Notes:

As is true in all professions, when the basic training is provided by a trainer of the same

profession, it is more valuable to the participants. E.g.: psychiatrists training psychiatrists, social workers training social workers, etc. That being said, there may be sections where other disciplines support the process. E.g.: peer support workers sometimes provide a lecture to other professions about their roles.

3.28 WHY PEER SUPPORT WORKERS ARE TAUGHT WHAT THEY ARE TAUGHT

Notes:

The foundation behind why Peer Support Workers are taught what they are taught comes from individuals wanting something different in terms of treatment and support. Older models of treatment and support had been well demonstrated to lead to dependence and learned helplessness, and sometimes hinder, rather than help, a recovery process. Greater calls for change by people in recovery, providers and administrators led to the formation of the Presidential New Freedom Commission to make recommendations in 2002. Key findings of the Commission included a characterization of the mental health system as being broken and fragmented, and not effectively utilizing current best practices. Specific recommendations included basing all services in recovery outcomes and creating a system that is peer and family driven; fully utilizing evidence and best practices.

3.29 WHY PEER SUPPORT WORKERS ARE TAUGHT WHAT THEY ARE TAUGHT

Notes:

As stated in earlier sections, SAMHSA now has a new definition for recovery for all to work from: "Recovery is a process of change though which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential." As you can see from this definition, it is not about diagnosis and symptoms but about living self-directed lives around health and wellness. This is what drives peer support: individuals deciding what they need for themselves and having supporters stand with them.

Nearly all agencies state in their literature that they are recovery-oriented organizations. Peer Support Work is the epitome of recovery-oriented practice. This process of change, for some services, may take a while, but that is the direction we have all pledged to go. Services will change at their own pace and therefore utilizing peer support effectively only enhances that shift.

Peer support and the shift to recovery-oriented practices is a natural evolution of practices. If we look at history, many different practices have been tried, some have stayed, some have not. Blood letting, sleep therapy, insulin therapy, were all seen at one point in time as good practices, even being considered evidence-based in some instances.
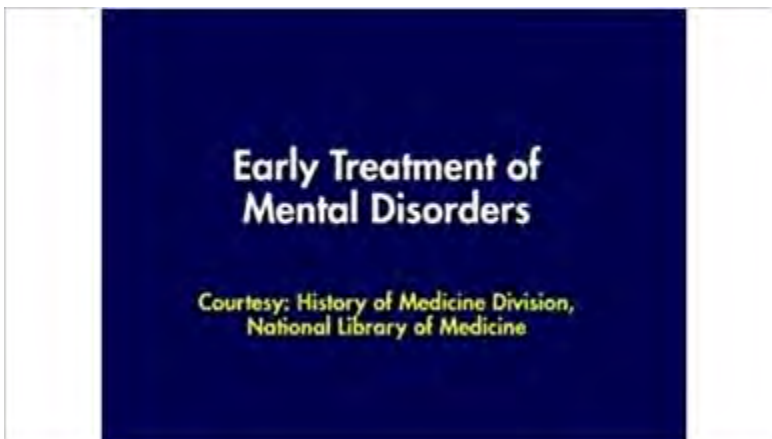
3.30 Video clip: Early Treatment of Mental Disorders

Notes:

This video clip outlines past practices in mental health treatment. It is about illustrating that we are always evolving and changing what we do and we must challenge ourselves to continually change.

3.31 Video clip: Early Treatment of Mental Disorders

Notes:

https://youtu.be/1Izmyru5T_w

3.32 WHY PEER SUPPORT WORKERS ARE TAUGHT WHAT THEY ARE TAUGHT

Notes:

Now we are looking at new evidence based treatment and support - peer support. Maybe, 100 years from now, people will be looking at entirely new and innovative ways of supporting individuals. Who knows?   But for now we want to utilize all the tools we have today.

Peer support trainings are designed to prepare Peer Support Workers to broaden the knowledge base and push the boundaries of existing practices through bridging, partnership and bringing in the experiential perspective.

3.33 WHY PEER SUPPORT WORKERS ARE TAUGHT WHAT THEY ARE TAUGHT

Notes:

Peer support worker curriculums are meant to support these professionals to inspire hope and promote recovery for individuals who have absorbed learned helplessness and now view themselves with a "patient" identity. Peer Support Workers are taught what they are taught to meet the basic competency areas of their job, to provide effective, meaningful and hopeful peer support, and to share their lived experience so others don't feel alone or isolated.

Part of the role is to be a change agent to support agencies to continue their evolution toward recovery-oriented practices. In the same way that sharing lived experience and modeling recovery can inspire people using services, these are skills that Peer Support Workers bring to inspire people providing services about the realities of recovery and the worthiness of facilitating system change.

### 3.34 WHY PEER SUPPORT WORKERS ARE TAUGHT WHAT THEY ARE TAUGHT

Notes:

Peer Support Workers are taught what they are taught so that they do not slip into a power role, and to fully understand their role as being distinct from clinical practice. They are taught to be effective bridgers rather than activists and to always maintain the place of mutuality in the journey. Their learning allows them to be the space for individuals to discover for themselves what works and what doesn't.

Like all professions, the training is developed to fulfill specific competences.

3.35 VIDEO EXAMPLES OF EFFECTIVE
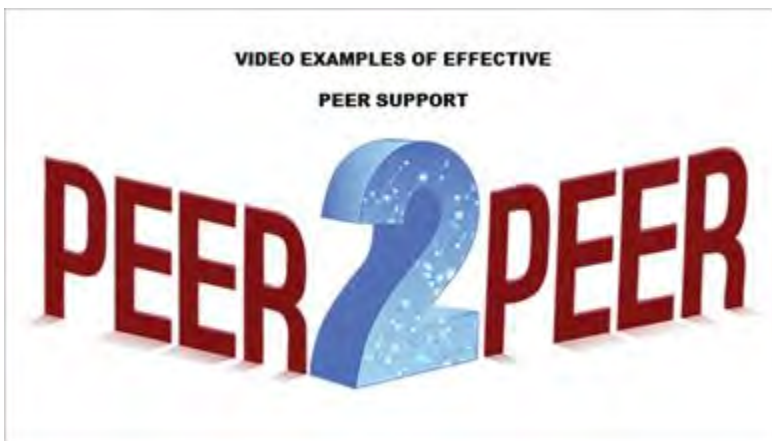
Notes:

To demonstrate the effectiveness and the skills learnt in peer support please enjoy the following video clips of effective peer support.
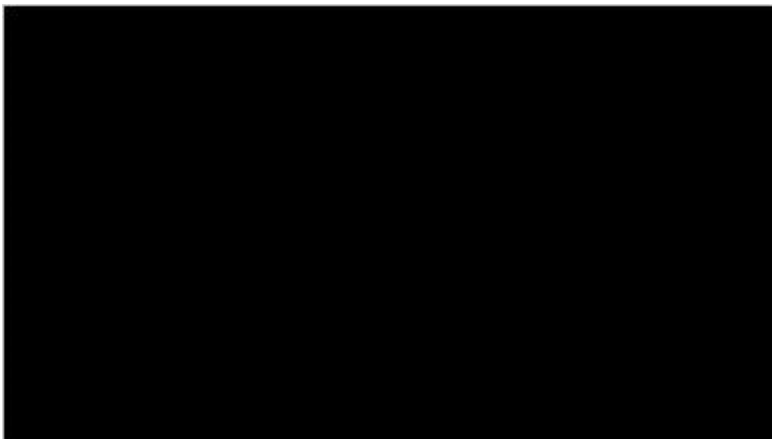
3.36 Video clip: Shake on It

Notes:

This video clip entitled "Shake on It" is about someone receiving support in an Emergency Department setting.

https://youtu.be/IPxmwSVzPEU

3.37 Video clip: Shake on It

Notes:

https://youtu.be/IPxmwSVzPEU

3.38 Video clip: Intentional Peer Support: Negotiating Reality

Notes:

In this video clip Shery Mead negotiates realities with an individual. Shery is a master at peer support and this is how Peer Support Workers aspire to support individuals. It should be noted that not all Peer Support Workers are this skillful and are taught to seek support from their supervisors if required.

3.39 Video clip: Intentional Peer Support: Negotiating Reality

Notes:

https://youtu.be/1eCJTfmMF3M

3.40 Video clip: Intentional Peer Support: Self Injury

Notes:

Another masterful peer support interaction by Shery. Please note Shery has Parkinson and has some additional movements. Also the sound is low at the start of this video clip.

3.41 Video clip: Intentional Peer Support: Self Injury

Notes:

https://youtu.be/ATxrmZbTrZ4

3.42 EFFECTIVENESS OF

EFFECTIVENESS OF PEER SUPPORT

- New York State (1998) CPS Program resulted in 41% reduction in psychiatric hospitalizations

- Wisconsin/Tennessee (2011) CPS Programs resulted in a significant reduction in psychiatric hospitalizations

- Georgia (2006) Compared the annual cost of Day Treatment @ $6,491 vs CPS @ $997 = Cost savings in Georgia $5,494 per person

- Washington State (2012) CPS Program resulted in 73% reduction in psych hospitalizations = Cost savings to Pierce County, Washington $550,000

Notes:

Peer support is effective. Many studies have shown that utilizing peer support decreases hospitalization, decreases the length of stay if individuals are hospitalized, and results in individuals moving back in to their lives much quicker. When used effectively and in line with its value base, it saves clinician time, services, money, and individuals move on with their lives sooner. The National Coalition for Mental Health Recovery - Peer Support: Why It Works document provides a summary of some of the research and the Mental Health Commission of Canada Making the Case for Peer Support provides a literature review that has some useful information (see resources section).

3.43 HOW YOU AS THE SUPERVISOR CAN HONOR PEERNESS IN THE WORKPLACE

Notes:

As supervisors, you need to honor the role that the Peer Support Worker holds. A psychiatrist is hired to be a psychiatrist and not a social worker/psychologist/IT specialist or janitor. Peer Support Workers are hired to be Peer Support Workers. The roles are complimentary to others but do not duplicate other's roles.

Make sure you understand the role of Peer Support Workers and honor the training they have, even though it is different to your own. You can support this process by attending peer support trainings at times.

3.44 HOW YOU AS THE SUPERVISOR CAN HONOR PEERNESS IN THE WORKPLACE

Notes:

Work with Peer Support Workers to pick their battles as there are many that occur when working as a Peer Support Worker. It's important to know when to stand and "dig in" versus when to let it go.

3.45 HOW YOU AS THE SUPERVISOR CAN HONOR PEERNESS IN THE WORKPLACE

Notes:

Start to educate others in your organization about what you are learning and advocate for the role to be valued and respected as for all other professionals. Ensure that you

clarify your role and you do not get confused by it - you are a supervisor not a therapist, etc., for the Peer Support Worker. Peer Support Workers are not fragile. They are professionals and need to be treated as such.

You can gain more information about this from the Café TA Center other training Peers as Professionals: Workplace Success. This is designed for Peer Support Workers but is useful background and has some tips regarding supervision as well.

Treat Peer Support Workers as you would other professionals.

3.46 Video clip: Belbin Team Roles Video Scribe

Notes:

This short video clip is talking about honoring the different roles that people take in a team. That is why it is important to stand with Peer Support Workers in being true to their roles and "Honoring their Peerness". Teams with all different team players make the best teams and allow for all to learn and grow and support the individuals utilizing services in the best possible way.

3.47 Video clip: Belbin Team Roles Video Scribe

Notes:

https://youtu.be/-efhOLVgEvM

3.48 EXERCISE

Notes:

It's important to consider how you and your Peer Support Worker/s see recovery within your agency; as there may be a clash of thoughts here. A good way to consider this is to look at recovery practices within your organizations utilizing a simple tool.

Self Assessment for Recovery Skills.pdf

3.49 NON PEER ROLES SUPERVISING PEER SUPPORT WORKERS

RESOURCES

NON PEER ROLES SUPERVISING PEER SUPPORT WORKERS RESOURCES

National Coalition of Mental Health Recovery: Peer Support-why it works
http://www.ncmhr.org/downloads/References-on-why-peer-support-works-4.16.2014.pdf

SAMHSA BRSS TACS: Why Should You Hire Peer Specialists/Recovery Coaches
http://www.samhsa.gov/brss-tacs/webinars

MHCC Making the Case for Peer Support
https://www.mentalhealthcommission.ca/English/system/files/private/document/PS_Making_the_Case_for_Peer_Support_Report_ENG.pdf

Notes:

Some resources that may be useful are:

National Coalition of Mental Health Recovery: Peer Support-why it works

http://www.ncmhr.org/downloads/References-on-why-peer-support-works-4.16.2014.pdf

SAMHSA BRSS TACS: Why Should You Hire Peer Specialists/Recovery Coaches

http://www.samhsa.gov/brss-tacs/webinars

Mental Health Commission Canada: Making the Case for Peer Support

https://www.mentalhealthcommission.ca/English/system/files/private/document/PS_Maki ng_the_Case_for_Peer_Support_Report_ENG.pdf

3.50 NON PEER ROLES SUPERVISING PEER SUPPORT WORKERS RESOURCES

Notes:

Early Treatment of Mental Disorders: https://youtu.be/1Izmyru5T_w

Belbin Team Roles Video Scribe: https://youtu.be/-efhOLVgEvM

Peers as Professionals: Workplace Success: http://cafetacenter.net/tac_training/peers-as-professionals/

Shake on It: https://youtu.be/IPxmwSVzPEU

Shery Mead

Intentional Peer Support: Negotiating Realities: https://youtu.be/1eCJTfmMF3M

Intentional Peer Support: Self Injury: https://youtu.be/ATxrmZbTrZ4

4. 4 PEER ROLES SUPERVISING PEER SUPPORT WORKERS

## *4.1 PEER ROLES SUPERVISING PEER SUPPORT WORKERS*

Notes:

So you are now supervising Peer Support Workers. This may be your first time supervising, or it may not. We want to set you up so that you can be the best supervisor ever. Please make sure you have worked through the Foundational Information material and looked at The Café TA Center's other training material Peers as Professionals: Workplace Success.

This module will discuss those issues identified by people who have been working as Peer Support Workers and who have moved to become Peer Support Worker supervisors.

4.2 CONTENT OF MODULE
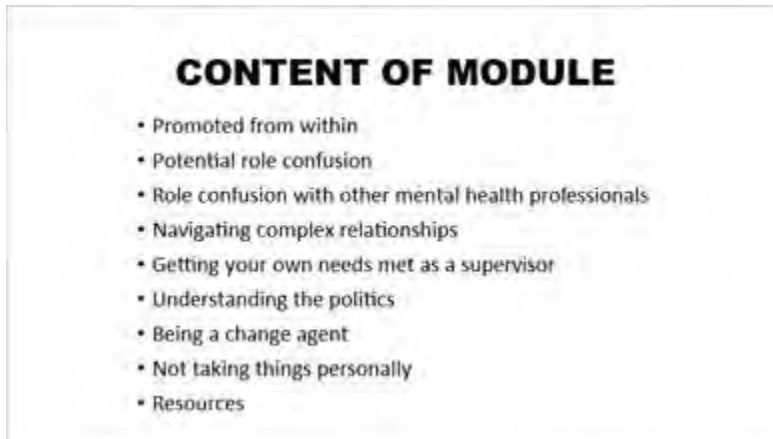
CONTENT OF MODULE

- Promoted from within
- Potential role confusion
- Role confusion with other mental health professionals
- Navigating complex relationships
- Getting your own needs met as a supervisor
- Understanding the politics
- Being a change agent
- Not taking things personally
- Resources

Notes:

In this module you will be exploring additional information to be able to effectively supervise Peer Support Workers. It includes:

- Promoted from within

- Potential role confusion

- Role confusion with other mental health professionals

- Navigating complex relationships

- Getting your own needs met as a supervisor

- Understanding the politics

- Being a change agent
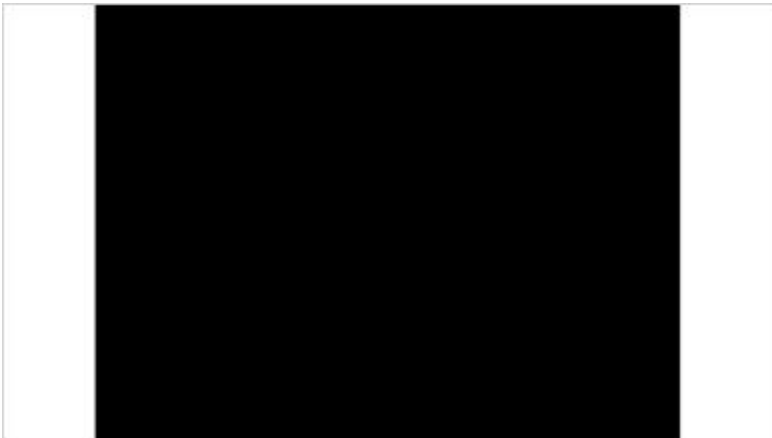
- Not taking things personally

- Resources

4.3 Video clip: Leadership: Challenges faced by supervisors...

Notes:

Although this video clip is not related to peer support, it is very relevant in providing insight into potential issues when you are promoted from within - "one of us" to "one of them". This video is called Leadership: Challenges faced by supervisors promoted from within.

4.4 Video clip: Leadership: Challenges faced by supervisors...

Notes:

https://youtu.be/iM2GC6qFcZ8

4.5 PROMOTED FROM WITHIN

PROMOTED FROM WITHIN

Positive   Challenges

Not respected

Not fitting in

Knows System

Friendships

Knowledge of Role

Jealousy

Notes:

Moving into the role of supervisor and coming from the role of a Peer Support Worker may be problematic, or it may be a good thing.

It may be a good thing as the people you will be supervising see that you have an understanding of their role.

It may be problematic for a number of reasons. Some of the issues that may arise are:

- Jealousy - there may be people that considered they should have gotten the supervisor positions instead of you

- Friendships - when you were a Peer Support Worker you had friendships with the other Peer Support Workers. When you become a supervisor with people you may have been friends with before, you have to be very clear about what hat you have on. The Peer Support Workers may still have the expectations that you will be friends with them

- Not fitting in - the move to supervisor may have you not feeling connected to your peers from before (other Peer Support Workers) and you may not feel connected to other supervisors or other professionals

- No respect - the Peer Support Workers may not respect you as their supervisor as you were "one of them"

4.6 PROMOTED FROM WITHIN

Notes:

How do you mitigate against the issues? Start by having an open dialogue with everyone about the changing roles. Give everyone room to discuss their hopes, concerns or even ambivalence about the changes in roles. Let people know that you're always open to more discussions because you recognize that this is a shift for everyone.

4.7 PROMOTED FROM WITHIN

Notes:

As stated in the Supervision Foundation module, it is important to set clear boundaries (work and non-work relationships). Be clear that you are not their peer supporter; that is a different role from supervisor. This may take empathetic explaining to supervisees, as you may be the first supervisor who is NOT treating the Peer Support Worker as a client/patient/sick person. Reinforcing that you want to support their success as a

worker and believe in them as a capable employee who can use their wellness skills to get their personal needs met outside of the workplace demonstrates your respect for them, while also maintaining your role as supervisor.

4.8 PROMOTED FROM WITHIN

Notes:

"Meet People Where They're At…" Your supervision arrangement and style with any supervisee will depend on experiences that you BOTH bring to the table. If you have had great supervision in the past, model what you liked, but be mindful the same strategies do not work for everyone. You need to know the people you supervise and the way they like to be supervised (e.g. some people like extreme structure, some people do not like to be micro-managed, and others may not know at this point and you can support them to figure it out).

4.9 PROMOTED FROM WITHIN

PROMOTED FROM WITHIN

Mitigation strategies for any issues that arise:

"It's important to meet people where they're at, but not *leave them* where they're at."

Notes:

Your job is to provide a situation where the Peer Support Workers you supervise win and they shine. You may have been the "superstar" Peer Support Worker previously and your job now is to pave the way for others to be the ones that are called upon in their roles.

4.10 PROMOTED FROM WITHIN

PROMOTED FROM WITHIN

Mitigation strategies for any issues that arise:

Releasing CONTROL

DELEGATION

Growing TRUST

Notes:

You must have trust in those who you supervise. Just as you want respect, so do they. Delegating tasks is one way to demonstrate your trust. Delegation should involve clear instructions and expectations, availability for ongoing support and learning while the person is accomplishing the task for the first time, and recognition of a job well, even if not perfectly, done. Be mindful when delegating tasks that you do not favor some Peer

Support Workers over the others, but support all to learn and grow.

4.11 PROMOTED FROM WITHIN

Notes:

Strive to be a Mentor - To be a mentor is to be a teacher and advisor, but more so, someone that others want to emulate. That requires integrity, honesty, fairness, humility, and being willing to learn from those you supervise. Only your supervisees will ultimately determine if you've been a mentor to them, but one of the best ways to achieve this is to….

4.12 PROMOTED FROM WITHIN

Notes:

Lead by Example - Be willing to ask questions and show that it's OK to not know everything. Accept when your team has apparent learning curves rather than singling out one or two supervisees to place blame upon. Move away from problem focus to solution focus and invite others to be creative as well.

4.13 PROMOTED FROM WITHIN

Notes:

Be willing to take risks and allow the Peer Support Workers you support to take risks, as well. Be their shining light. Be their hope.

4.14 POTENTIAL ROLE CONFUSION

Notes:

As a person who has been in a Peer Role and may still be in a Peer Role while supervising the Peer Support Workers, you need to be very careful about role confusion. As stated in the "Being Promoted from Within" section, you may have been friends with people previously, and you have to be very clear about the role differentiation. This requires a carefully constructed conversation so as not to get people offside, and is critical to your role as a supervisor. There may also be role confusion around Peer Support Workers thinking that your role is to provide peer support to them, or counsel them in some way. Again, you will need to have a very clear discussion with them explaining what the role of a supervisor is. This can be based on what was discussed in the Supervision Foundations section.

At times you may be asked to mediate situations, or people may gossip with you about other professionals. Your job as a supervisor is not to start joining in on the gossiping, or necessarily mediate situations, but to support the professional development of the Peer Support Worker and have them look at what is occurring and why, and work out solutions/plans of actions together. If you have issues with other professionals you are not to discuss those with the people you are supervising.

The other place there may be role confusion is where you have been out working with individuals and now as a supervisor you have other duties and are seen as not doing your work. Once again this involves clarifying the role and all expectations around it.

4.15 ROLE CONFUSION WITH OTHER MENTAL HEALTH PROFESSIONALS

Notes:

If peer support is new, or not valued by all in the agency you work in, there may be role confusion with other mental health professionals. Other professionals may see you as a

"patient" JUST a peer support person and not see you as an equal professional. They may see you as an outsider, a spy for the Peer Support Workers, someone who always takes the peer support side; if there are sides. It will take something to have movement so that you are seen as an equal at the table.

You may be seen as not a real supervisor, someone who lets Peer Support Workers be less than professional. You may have never done this but it may have happened in the past. Or it may be that other professionals think that Peer Support Workers are less than and should not be treated as professionals in their roles. If a Peer Support Worker is not "cutting it"/getting their job done, they need to be informed about that, provided with corrective action and if nothing changes, they need to be let go.

4.16 ROLE CONFUSION WITH OTHER MENTAL HEALTH PROFESSIONALS

Notes:

You will also need to broaden your "worldview" so that you can look at all the aspects of your role. Examine the pieces where you were previously in a narrower role and now you have a broader role within the agency. You now have a role to coach the other professionals/leaders as well, and that requires you to work with them to have them win. If they win, you win, your team wins, the service wins and most importantly, the individuals being supported by the service win.

4.17 ROLE CONFUSION WITH OTHER MENTAL HEALTH PROFESSIONALS

Notes:

As you stand as a professional in your role as a supervisor and as a peer support change agent, you will be encouraging others to see the benefits of peer support and your commitment to the individuals being served by the agency. Given that, you may still be a little separate, but you do not have to be completely "in" or beholden to the agency. Stand true to the values and principles, stay professional and things will change.

4.18 NAVIGATING COMPLEX RELATIONSHIPS (BOUNDARIES)

Notes:

As a supervisor, it is important to recognize that you support people both individually and as a cohesive working network, whether it just be two other Peer Support Workers or ten. You are the champion of the "department" in whatever form it takes, and of the representation of the peer worker profession within your agency. To do this successfully, you cannot be enmeshed within the interpersonal challenges of the team, but instead, must be a leader for the team to shine individually and collectively.

4.19 NAVIGATING COMPLEX RELATIONSHIPS (BOUNDARIES)

Notes:

Here are some "Lessons Learned" that can help you achieve this. First, know your own biases. We all have them; it's part of being human. Having the self-awareness to know where our personal biases lie can help us to not ACT on the bias, and this is what matters. If you supervise someone who challenges your biases, work with your own supervisor to create a plan of action to keep your bias out of your supervision. You need to be equally fair with everyone, without showing favoritism to any person. You should have an equal commitment to each person's success.

4.20 NAVIGATING COMPLEX RELATIONSHIPS (BOUNDARIES)

Notes:

Continue to clarify your role, as needed, while transition is taking place. But then, don't accept unacceptable behavior. People tend to let us know when their job position is not a good match, and we tend to not listen, making excuses, giving people more chances or taking on the blame ourselves. Ask, "would another employer accept this of another employee?" Peoples' lived experience is the education they bring to their job. Their capacity as a worker is what keeps them in their job.

4.21 NAVIGATING COMPLEX RELATIONSHIPS (BOUNDARIES)

Notes:

Documentation becomes an important part of our supervision because it helps us to ensure that we're basing our feedback and decisions on objective data, and that the relevant information can be shared with the worker as well as our own supervisors or

colleagues. Documentation needs to be focused on any performance issues, discussions about these issues and corrective actions. Similarly, adequate and good performance should also be documented.

4.22 GETTING YOUR OWN NEEDS MET AS A SUPERVISOR

Notes:

To have your needs met as a supervisor, you need to have a clear vision, communicated from above, about what is expected of you.

4.23 GETTING YOUR OWN NEEDS MET AS A SUPERVISOR

Notes:

Getting your own needs met as a supervisor includes knowing your strengths, challenges and learning curves, especially in terms of supervising others. We mentioned biases previously, and bringing these to supervision and clearly communicating about favoring certain types of people, being shorter with others, and working with people who tend to annoy you is important. To be a good supervisor you need to be able to work with all types of people. That does not mean you won't have biases but you do need to acknowledge what they are and learn how deal with them.

4.24 GETTING YOUR OWN NEEDS MET AS A SUPERVISOR

Notes:

It is also very important to know who your allies and champions are so that you can work with them to create the best environment possible. Your supervisor should be one of your allies. Supervision for you is of equal importance as supervision for the Peer Support Workers, particularly if you are new to the supervisor role.

If your agency doesn't have qualified staff to fulfill this role, supervision should be externally sourced.

4.25 GETTING YOUR OWN NEEDS MET AS A SUPERVISOR

Notes:

Your supervisor is not your peer support either, so you also need to have a network of support outside of work. It may be a network of others doing a Peer Support Worker supervisory role, or it may be friends that support you. Use whatever tools support you, but do not try to have your needs met by the people you supervise or your co-workers.

4.26 UNDERSTANDING THE POLITICS – NAVIGATING DIFFERENT DEPARTMENTS WITHIN YOUR ORGANIZATION

Notes:

Knowing your agency and how it works is supervisor responsibilities supervisor responsibilities supervisor responsibilities to being successful in your role as a supervisor. You have to be willing to understand where everyone is coming from,

whether they like peer support or not. It may be different depending upon whether you are in a peer run agency or a mainstream service that has incorporated peer support. Start by educating yourself about the agency, the different worldviews of the different areas within your organization, the different ways people work, and your co-workers. Also look for champions in each area, your allies, as we said in the last section.

4.27 UNDERSTANDING THE POLITICS – NAVIGATING DIFFERENT DEPARTMENTS WITHIN YOUR ORGANIZATION

Notes:

Do a lot of listening and watching others' interactions/relationships to figure out the playing field. Remember, we are great listeners and observers from our experience, so use that skill/survival mechanism to your advantage. Remember it's all about relationships, relationships, relationships and good communication, choosing your words carefully depending on the context and who you are with. Remember to be very meticulous when speaking.

4.28 BEING A CHANGE AGENT

Notes:

As supervisors, you are, by default, change agents within your agencies. You support change and growth of the individual Peer Support Worker while you and the Peer Support Workers jointly impact your agency . . . whether they're supportive of peer support or not.

4.29 BEING A CHANGE AGENT

Notes:

The trick is getting your voice heard. You are now in a place of being a "bridger" rather than an "activist". It is about dancing with others rather than wrestling. It's also about choosing your battles - "Rome wasn't built in a day" and depending on where your agency is, total commitment to peer support and recovery-oriented practice won't turn up in a day either.

4.30 BEING A CHANGE AGENT

Notes:

The question that needs to be asked is "How do we implement change without having power ourselves?" There are 5 steps that have been identified as a possible way to move forward:

4.31 BEING A CHANGE AGENT

Notes:

Figure out who can make the change. Knowing the power structure, both formal and informal, is always important because, ultimately, they're the people that need to see your vision.

4.32 BEING A CHANGE AGENT

Notes:

Identify barriers and opportunities.

4.33 BEING A CHANGE AGENT

Notes:

Identify strategies to bridge barriers and make use of the opportunities.

4.34 BEING A CHANGE AGENT

Notes:

Partner with others who support the change and get busy - don't wait for everyone.

4.35 BEING A CHANGE AGENT

Notes:

Finally, make a plan, implement it and evaluate it to see if it's working. If not, go back and make a new plan and so on.

4.36 BEING A CHANGE AGENT
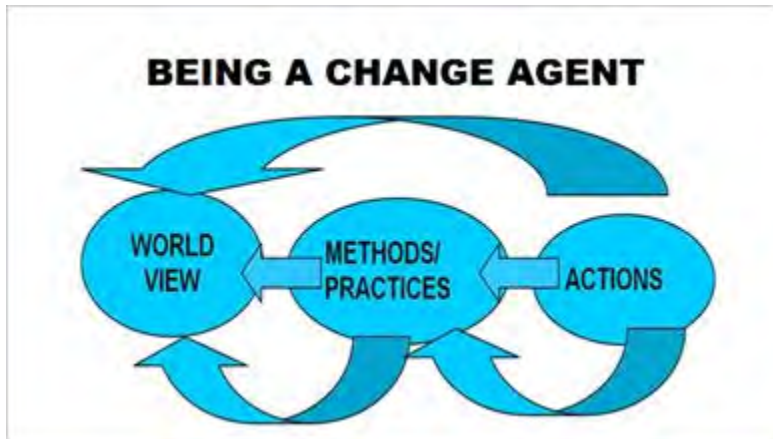
Notes:

Remember to get in others' world and find a place that peer support can be heard. Sometimes, if you are new, you can say "I don't know what has been done before, have you thought about this?" You can also work on having answers to possible questions that will come up about the worthiness of your cause.

4.37 NOT TAKING THINGS PERSONALLY

Notes:

You need to come from a place of not taking it personally. If you are professional and doing your job, it is ok if others don't like you. It is ok if you don't know everything and it may be that others are not ready for change, but they do not have to be the enemy.

4.38 Video clip: "Stop It"

Notes:

Although the video clip is not about taking things personally, it does illustrate what you can do about it.

When you feel that you are starting to take things personally, remember these two simple words "STOP IT"

4.39 Video clip: "Stop It"

Notes:

https://youtu.be/vK6JlMtceUc

4.40 PEER ROLES SUPERVISING PEER SUPPORT WORKERS RESOURCES

Notes:

Here are some resources you may find useful:

Peers as Professionals: Workplace Success

http://cafetacenter.net/tac_training/peers-as-professionals/

Leadership: Challenges faced by supervisors promoted from within

https://youtu.be/iM2GC6qFcZ8

Bob Newhart - Just Stop It: https://youtu.be/vK6JlMtceUc

5. 5 GROUP SUPERVISION

5.1 GROUP SUPERVISION

Notes:

We talked extensively in the Supervision Foundation module about individual supervision. Now we want to discuss group supervision. Group supervision is often used in peer support, as it is a very reflective, collaborative process, and Peer Support Workers have found it mirrors the processes they are taught around mutuality, respect and self-determination.

5.2 CONTENT OF MODULE
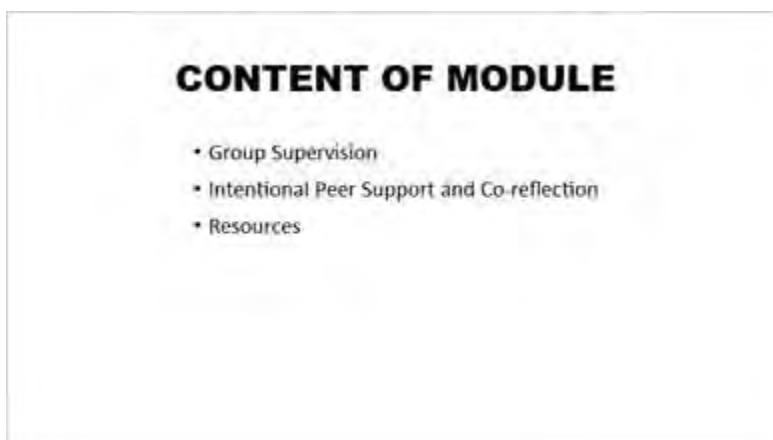
Notes:

In this module you will be exploring additional information to be able to effectively supervise Peer Support Workers. It includes:

- Group Supervision

- Intentional Peer Support and Co-reflection

- Resources

5.3 NO ONE PROCESS FITS ALL

Notes:

There is no one way, or the only way, to deliver group supervision. You must allow for the group dynamics to work out what works for them. We will discuss a general form of group supervision and a specific form based around Intentional Peer Support.

5.4 GROUP SUPERVISION

Notes:

Group supervision is a place to allow for the exploration of all ideas. One way of providing group supervision is to start by asking each participant to bring one issue/situation that they would like to work on to the group. Allow the group to pick one issue/concern from all the suggestions presented to fully explore. Have the issue/concern fully outlined and, maintaining confidentiality, have the group brainstorm ideas for solutions. One group supervisor has suggested this as a game "How many ways can we support one individual?" Allow the Peer Support Worker whose issue/concern was discussed to pick the way forward from the solutions offered.

5.5 GROUP SUPERVISION

Notes:

The final part of the group supervision can be utilized for educational purposes based on

topic(s) related to current issues/concerns that have been raised in previous group supervision sessions. You may also utilize this time for Peer Support Workers to report back on any educational forums, conferences, etc. they have been to and what they learnt.

This is only one proposed model for group supervision.

5.6 INTENTIONAL PEER SUPPORT FRAMEWORK

Notes:

Intentional Peer Support (IPS) is a way of thinking about and inviting transformative relationships between people. Practitioners learn to use relationships to see things from new angles, develop greater awareness of personal and relational patterns, and support and challenge each other in trying new things. IPS doesn't start with an assumption of a problem, and works from a trauma-informed perspective. IPS relationships are viewed as partnerships that invite and inspire both parties to learn and grow, rather than as one person needing to 'help' another. IPS encourages us to increasingly live and move towards what we want instead of focusing on what we need to stop or avoid doing. An extension of this training is IPS-oriented co-supervision, known in IPS as "co-reflection."

5.7 Co-Reflection Is a Process for…
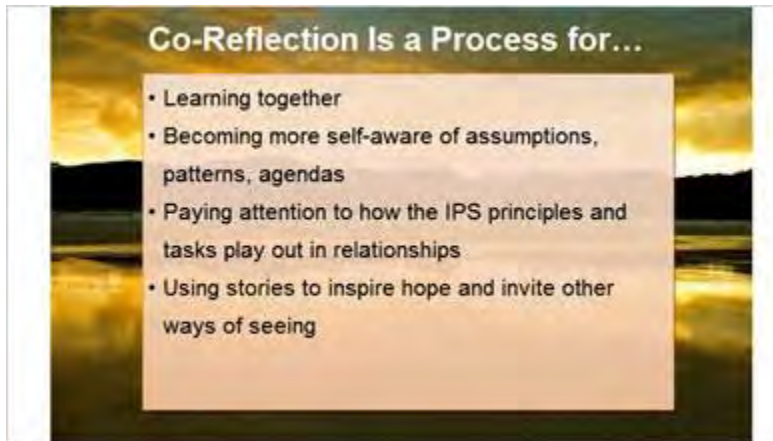
Notes:

Co-reflection, previously known as Co-Supervision, is a pretty variable process depending on:

• the organization

• whether someone is facilitating it , or whether it's a shared group process

• the sort of work that is being done

The intent is for the Peer Support Workers to be able to connect with one another and then to self-reflect on interactions.

The process will start with connecting, then reviewing the principles and tasks of IPS, and perhaps bringing something over from the previous session. After that, participants will either review one aspect of IPS or talk about what has happened recently. It is important to try to focus on what has worked previously in order to inform what the challenges are.

This process is about challenging Peer Support Workers to conduct co-reflection in a manner that reflects, and is mindful, of IPS. It has been described as 'IPS about IPS'.

The intent is for the group to find ways to self-reflect in their own patterns and reflexes in relationships, and to support one another to stretch and grow to do something different.

It's particularly important in intense work situations as a way to debrief, find support, reflect on what Peer Support Workers do well, and to think about what they might do differently in a way that is not shaming or blaming.

Some co-reflections include supervisors or managers, and some don't. In other

organizations managers attend some co-reflections and even have their own sporadic co-reflections with people in similar roles (e.g. A managers co-reflection every two or three months).

5.8 GROUP SUPERVISION

GROUP SUPERVISION RESOURCES

Intentional Peer Support
http://www.intentionalpeersupport.org/

CPSWS Personal Co-Supervision Tracker 2014

Notes:

Here are some resources that may be useful.

Intentional Peer Support

http://www.intentionalpeersupport.org/

CPSWS Personal Co-Supervision Tracker 2014

CPSWS Personal Co Supervision Call Tracker 2014.pdf

6. 6 SUPERVISION SCENARIOS

6.1 SUPERVISION SCENARIOS

Notes:

The following slides provide real life supervision examples of Peer Support Workers.

6.2 SUPERVISION SCENARIOS

Notes:

The first set of examples shows ways that supervision can perpetuate the stigma association with mental health issues or, be professional and useful.

We have provided the following scenarios to support you to understand some of the

issues that may arise and how to go about resolving them to ensure Peer Support Worker roles are utilized appropriately. These scenarios are adapted from TX CPS Supervision Training developed by Appalachian Consulting Group.

6.3 SCENARIO ONE

SCENARIO ONE

Rachel has been diagnosed with mental health and addictions issues. Over the last three years she has been a great Peer Support Worker on the crisis team. She is currently in the middle of a divorce. The strain of the divorce has resulted in sleeping difficulties, a significant loss of weight, and concern by Rachel about her mental health and sobriety. You have noticed that Rachel seems to be having some difficulties, but she has not mentioned any of this to you. Her work performance is good. What are you responsibilities?

Notes:

Rachel has been diagnosed with mental health and addictions issues. Over the last three years she has been a great Peer Support Worker on the crisis team. She is currently in the middle of a divorce. The strain of the divorce has resulted in sleeping difficulties, a significant loss of weight, and concern by Rachel about her mental health and sobriety. You have noticed that Rachel seems to be having some difficulties, but she has not mentioned any of this to you. Her work performance is good. What are you responsibilities as her supervisor?

Not good way of handling the situation:

Call Rachel into the office and explain that you have noticed circles under her eyes and that she has lost weight. Explain that you are concerned that she is having an exacerbation of her illness or decompensating.

Good way of handling the situation:

Hold regular supervision and in supervision ask her if there is anything else she wants to bring up and, if she says nothing, leave it alone as she is not underperforming and it is not your role as her supervisor to pry into her personal life.

6.4 SCENARIO TWO

SCENARIO TWO

Ryan is a Peer Support Worker who passionately believes that WRAP saved his life and that all individuals should have a WRAP and be actively working it. Ryan feels that it is the only viable tool to sustain recovery over the long haul. Some of the individuals in the service are tired of Ryan always asking them "Do you have a WRAP?" "Are you working your WRAP?" They have tried to talk to Ryan, but he continues to tell them he is sorry if this makes them uncomfortable, but that having a WRAP and working it is the only way to really stay in recovery. Some of the individuals and other Peer Support Workers have come to you for help. What is your responsibility?

Notes:

Ryan is a Peer Support Worker who passionately believes that WRAP saved his life and that all individuals should have a WRAP and be actively working it. Ryan feels that it is the only viable tool to sustain recovery over the long haul. Some of the individuals in the service are tired of Ryan always asking them "Do you have a WRAP?" "Are you working your WRAP?" They have tried to talk to Ryan, but he continues to tell him he is sorry if this makes them uncomfortable, but that having a WRAP and working it is the only way to really stay in recovery. Some of the individuals and other Peer Support Workers have come to you for help. What is your responsibility?

Not good way of handling the situation:

You provide positive feedback to Ryan about getting his WRAP complete and mention that although some individuals have expressed their concern about him sharing about WRAP and constantly asking them about their WRAP, he can keep sharing as they will come around. Applaud his persistence as this is how people recover.

Good way of handling the situation:

Start by acknowledging his experience with WRAP and his being so passionate about individuals getting well and having a life. Explain to Ryan that different individuals utilize different tools in their recovery. Then explain that it is not appropriate to continually discuss WRAP with individuals in the manner that it has occurred. Remind Ryan of WRAP ethics and that peer support is about self-determination and not advising or having power over people. Explain that Ryan must provide a range of wellness/recovery tools for individuals to consider.

6.5 SCENARIO THREE

SCENARIO THREE

Jonah is a Peer Support Worker that works for an agency that is beginning to serve a higher number of Alaskan Natives. Over the past two months, he has developed a very close relationship with one of the individuals he supports. The individual feels that Jonah has been instrumental in helping him with his recovery. One day he brings Jonah a beautiful bone sculpture that he has made. Jonah is aware that the sculpture is worth much more than the $10 limit that his agency places on the value of gifts that a staff person can receive from an individual. He is also aware of the role and importance of gifts in the Alaskan Native culture. Jonah feels that to not accept the gift is to reject the individual. He comes to you and asks what he should do. What is your response?

Notes:

Jonah is a Peer Support Worker that works for an agency that is beginning to serve a higher number of Alaskan Natives. Over the past two months, he has developed a very close relationship with one of the individuals he supports. The individual feels that Jonah has been instrumental in helping him with his recovery. One day he brings Jonah a beautiful bone sculpture that he has made. Jonah is aware that the sculpture is worth much more than the $10 limit that his agency places on the value of gifts that a staff person can receive from an individual. He is also aware of the role and importance of gifts in the Alaskan Native culture. Jonah feels that to not accept the gift is to reject the individual. He comes to you and asks what he should do. What is your response?

Not good way of handling the situation:

Tell Jonah that the policy is policy and that's it - no exceptions.

Good way of handling the situation:

Brainstorm with Jonah ideas of what to do and come to a mutual conclusion of what that is. A possible solution is accepting the gift for the agency and have it available for all. Explain that it is important for the agency to be culturally competent. Make sure you provide positive reinforcement for Jonah coming to discuss the issue.

6.6 SCENARIO FOUR

SCENARIO FOUR

Nancy is a Peer Support Worker who is working with Jemma. Jemma is in a relationship with a woman who is probably physically abusing her and is very controlling. Jemma does not want to end the relationship. Talking about the situation with Jemma brings up a lot of emotions and past memories for Nancy because of a past relationship where she had been the victim of domestic violence and, after a long struggle, had ended the relationship. Nancy is not sure that she can continue to work effectively with Jemma. She comes to you for advice. What is your response?

Notes:

Nancy is a Peer Support Worker who is working with Jemma. Jemma is in a relationship with a woman who is probably physically abusing her and is very controlling. Jemma does not want to end the relationship. Talking about the situation with Jemma brings up a lot of emotions and past memories for Nancy because of a past relationship where she had been the victim of domestic violence and, after a long struggle, had ended the relationship. Nancy is not sure that she can continue to work effectively with Jemma. She comes to you for advice. What is your response?

Not good way of handling the situation:

Tell Nancy that she is assigned to work with Jemma and she should just do it!! Have a conversation with Nancy about whether she is well enough to do her job if things trigger her. Explain if she can't do the job she should take some vacation time, or state that maybe this is not a good fit for her and maybe she should leave.

Good way of handling the situation:

Ask questions/have a conversation about how the interaction is going with Jemma and ask what is it that she is afraid of that may occur in the future. Clarify whether her concern is about being ineffective in her support of Jemma or just being uncomfortable. Discuss strategies/solutions based on whether it's ineffective or uncomfortable. If it is about Nancy's discomfort, support Nancy in positive ways to tolerate discomfort or to consider self-care to be less uncomfortable and point out how she is being effective. If it is an effectiveness issue, discuss strategies about if it would be better to support Jemma, or not. It is a process of walking Nancy through the fear. You may also provide information to Nancy on any Employee Assistance Program; as with any other employee.

6.7 SCENARIO FIVE

SCENARIO FIVE

Riley is a Peer Support Worker that seems to be getting worked up about small things, but is not willing to talk about them. She is not following through with certain of her work responsibilities. She is having conflicts with co-workers and has become disrespectful to individuals that the agency serves. Riley does not see the problem, but co-workers are complaining. What should you do?

Notes:

Riley is a Peer Support Worker that seems to be getting worked up about small things, but is not willing to talk about them. She is not following through with certain of her work responsibilities. She is having conflicts with co-workers and has become disrespectful to individuals that the agency serves. Riley does not see the problem, but co-workers are complaining. What should you do?

Not good way of handling the situation:

Ask Riley if she is becoming unwell? If she is using her WRAP? Has she taken her medication? Explain you will be talking with her therapist about her.

Good way of handling the situation:

Point out to Riley where she is not meeting her job requirements and brainstorm possible actions on how to correct the issues. Create a plan with timeframes and specifics.

6.8 SCENARIO SIX

SCENARIO SIX

Gary is a Peer Support Worker and worked in a pharmacy before he received his diagnosis and lost his job. Because he has had a difficult time with his own medications, he has read a lot about medications and their side-effects. He feels that given his reading and previous job he is an "expert" on medications. You have heard that he is "advising individuals he works with about medications." When you talk to Gary about this he states that he is not "advising anyone about anything." He says that he is listening to their concerns, telling them about the pros and cons of various medications, and suggesting what he would do if he were in their place. He says that he always reminds them that the final decision is theirs. Do you think he has moved outside of the role of a Peer Support Worker? Are there any actions that you should take?

Notes:

Gary is a Peer Support Worker and worked in a pharmacy before he received his diagnosis and lost his job. Because he has had a difficult time with his own medications, he has read a lot about medications and their side-effects. He feels that given his reading and previous job he is an "expert" on medications. You have heard that he is "advising individuals he works with about medications." When you talk to Gary about this he states that he is not "advising anyone about anything." He says that he is listening to their concerns, telling them about the pros and cons of various medications, and suggesting what he would do if he were in their place. He says that he always reminds them that the final decision is theirs. Do you think he has moved outside of the role of a Peer Support Worker? Are there any actions that you should take?

Not good way of handling the situation:

You tell Gary that you heard that he wasn't telling individuals what to do but just providing information and you remind him that he just has to make sure he doesn't tell anyone what to do. You acknowledge Gary's education with the pharmacy and state that you wouldn't be comfortable talking about this with anyone else but, because of his background, its ok with him and remind him to leave the decision to the individuals and state that he needs to let the indivdiuals know they need to take their medication.

Good way of handling the situation:

Ask Gary to describe his conversations with individuals and how these match the peer support role and code of ethics. Determine if this is a conversation he has with everyone or just individuals who have brought up concerns about their medications. Ask who initiates the conversation (e.g. how these concerns are coming up in the first place). Question whether the individuals were truly interested in finding out about the pros and cons of the medications, or if he created the desire. Remind Gary that peer support work

is about supporting individuals to do for themselves and discuss how individuals might find out about the pros and cons of medication themselves, and how they might have conversations with their doctors. Remind Gary it is not his job to discuss medications and what he would or wouldn't do. Also remind Gary that in some states what he is currently doing may be considered prescribing and could have legal implications for him and the agency.

6.9 SCENARIO SEVEN

SCENARIO SEVEN

Peter is a new Peer Support Worker. Over the past few months, Peter has begun to share more and more of his "mental health issues" with you during his supervisory meeting. You know that Peter is receiving his services at another center. When you mention to Peter that he should be taking these issues to his treatment team at the other center, he says that he prefers to talk to you – that his treatment team does not understand him. You feel that your relationship with Peter is moving from supervisor to therapist and are uncomfortable with this. How should you handle this?

Notes:

Peter is a new Peer Support Worker. Over the past few months, Peter has begun to share more and more of his "mental health issues" with you during his supervisory meeting. You know that Peter is receiving his services at another center. When you mention to Peter that he should be taking these issues to his treatment team at the other center, he says that he prefers to talk to you - that his treatment team does not understand him. You feel that your relationship with Peter is moving from supervisor to therapist and are uncomfortable with this. How should you handle this?

Not good way of handling the situation:

Allow Peter to continue to talk to you or suggest that you will call his therapist to collaborate on his care.

Good way of handling the situation:

Acknowledge that for Peter he feels more comfortable with you but remind him that you're not his therapist. Remind Peter you are his supervisor and that relationship is about work-related matters. Talk to Peter about any work-related concerns that may be occurring. Lastly, provide Peter with information about the Employee Assistance

Program (EAP), including how to access that service.

6.10 SCENARIO EIGHT

SCENARIO EIGHT

Lyn is a Peer Support Worker and you have heard from some of the individuals in the program that Lyn is sharing too much of her personal life – who she is dating, conflicts that she is having with her parents, her current financial problems, etc. You approach Lyn about this and she says that all of this impacts her recovery and she can talk about her recovery as it is part of her job description. How would you handle this situation?

Notes:

Lyn is a Peer Support Worker and you have heard from some of the individuals in the program that Lyn is sharing too much of her personal life - who she is dating, conflicts that she is having with her parents, her current financial problems, etc. You approach Lyn about this and she says that all of this impacts her recovery and she can talk about her recovery as it is part of her job description. How would you handle this situation?

Not good way of handling the situation:

Agree with her.

Good way of handling the situation:

Have a discussion with Lyn about boundaries and clarify the difference between talking about recovery versus ongoing problems/issues. Remind Lyn that she is here for others and the job is not about receiving her own support. Discuss that mutuality is a peer support value but that is not mutual sharing to get support for herself as she is a paid professional. Have her look at what the impact of her discussions are on the individuals she supports and ask her to consider how those conversations help her with her primary role of inspiring hope. Explain that if she continues to discuss her personal issues at work, she may be disciplined or even fired.

6.11 SCENARIO NINE

SCENARIO NINE

Sara is a Peer Support Worker and a new member on the ACT Team. She is working with an individual who feels that they do not have input into their treatment plan and doesn't like the goal that the staff has given them. Sara feels that the team is forcing the individual to be compliant and not listening to what they want. When Sara tries to discuss this with the team, they play down her role as a Peer Support Worker, state that she is new and has not been clinically trained, and hasn't known the individual very long. Sara believes that individuals should have the right to set their own goals and is becoming very frustrated. She is considering going to the administration with her concern, but she knows that this will negatively impact her relationship with the other team members. What should Sara do?

Notes:

Sara is a Peer Support Worker and a new member on the ACT Team. She is working with an individual who feels that they do not have input into their treatment plan and doesn't like the goal that the staff has given them. Sara feels that the team is forcing the individual to be compliant and not listening to what they want. When Sara tries to discuss this with the team, they play down her role as a Peer Support Worker, state that she is new and has not been clinically trained, and hasn't known the individual very long. Sara believes that individuals should have the right to set their own goals and is becoming very frustrated. She is considering going to the administration with her concern, but she knows that this will negatively impact her relationship with the other team members. What should Sara do?

Not good way of handling the situation:

Tell Sara she has to do what she is told. Tell her the ACT team have degrees and she would be insubordinate should she go over your head. Tell Sara you will not talk about this again.

Good way of handling the situation:

Ask Sara to share with you more about her concerns. If you do not agree with Sara, explain that you have a different view but want to hear from her why this is so important. Explain she is always welcome to contact administration about individuals' rights or that she could go to your supervisor. If you agree with her then explain you get where she is coming from and discuss talking to the team together.

6.12 SUPERVISION SCENARIOS

Notes:

As a supervisor of Peer Support Workers part of your role is to ensure that peer support values are upheld. You may be required to "champion" this within your organization and, at times, may be standing up against other value-based practices. We have provided the following scenarios to support you to understand some of the issues that may arise and how to go about resolving them to ensure Peer Support Worker roles are utilized appropriately.

6.13 SCENARIO ONE
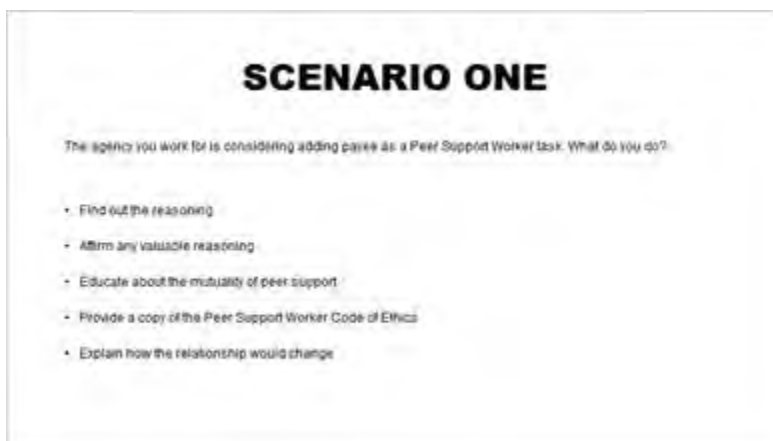
Notes:

The agency you work for is considering adding payee as a Peer Support Worker task. What do you do?

Start by finding out the reasoning behind why they are considering adding payee to the Peer Support Worker role. Make sure you affirm any valuable reasoning behind the consideration. Discuss the values behind peer support and in particular the concept of mutuality and explain how the relationship between the individual and the Peer Support Worker would change if they become a payee. Provide a copy of the Peer Support Worker Code of Ethics and further discuss the issue of power relationships. Discuss how the issue is like having a social worker being asked to change medications. It's a doctor or nurse practitioner's role but not a social worker's. Explain how a Peer Support Worker can be present with the individual, if they wish, to support them to consider financial issues.

6.14 SCENARIO TWO

SCENARIO TWO

You want to fire a non performing Peer Support Worker, but the HR Director, Executive Director and other staff of the agency have concerns as "well …. they are a peer."

- Honor their compassion
- Respectfully disagree
- Provide all the documentation
- Explain discrimination issues

Notes:

You want to fire a non performing Peer Support Worker, but the HR Director, Executive Director and other staff of the agency have concerns "as, well …. they are a peer."

Start by honoring their compassion and concern. Respectfully disagree with their issue regarding firing the Peer Support Worker. Explain that the person is an employee and not there as a service user, not there receiving vocational rehabilitation or receiving supported employment. Provide all the relevant documentation that you have accumulated (e.g. performance against job description, action plan with results, etc.). Explain that if you do not hold the Peer Support Worker accountable, as with any other employees, stigma is perpetuated that Peer Support Workers are just "those" people who have mental health issues and not valuable, professional employees.

6.15 SCENARIO THREE

SCENARIO THREE

The organization you work for thinks that Peer Support Workers should all have to have their own personal Wellness Recovery Action Plan (WRAP).

- Educate about WRAP values and ethics
- Educate about the role
- Discuss discrimination issues

Notes:

The organization you work for thinks that Peer Support Workers should all have to have their own personal Wellness Recovery Action Plan (WRAP).

Start by educating all concerned about the ethics and values of WRAP (that it is a voluntary tool). Discuss the role of the Peer Support Worker and explain that requiring Peer Support Workers to complete a WRAP is discrimination, unless all members of the organization are required to do this. There should be the same expectation for all employees - universal HR policies.

6.16 SCENARIO FOUR

SCENARIO FOUR

The treatment team expect the Peer Support Workers to report back to them on what is happening with the individual being supported and they start complaining that the Peer Support Worker is not reporting back to them.

- What are the team concerns
- Explain about mutuality
- Possibly the only person the individual trusts
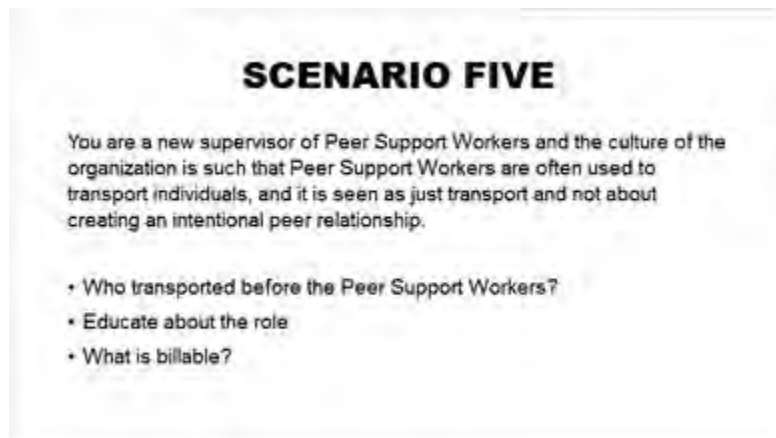- Exploration facilitators

Notes:

The treatment team expect the Peer Support Workers to report back to them on what is happening with the individual being supported and they start complaining that the Peer Support Worker is not reporting back to them.

Start by exploring what the teams concerns are; what they think they may be missing. They may say things like: the Peer Support Worker is not educated enough to make a decision about what is important, they might be causing harm to the individual or misdirecting the individual, it may be setting up an "us" against "them" mentality, or giving the individual false hope. Then educate all about the Peer Support role in light of their specific concerns. Explain the trust element of the role and that the Peer Support Worker may be the only team member the individual is actually telling the truth to and that breaking that trust may lose any chance of gaining any information about what is truly occurring for the individual. Support the team members to not take it personally that they are not getting the information and explain that Peer Support Workers support individuals to explore why they aren't telling the team and explore why it may be beneficial to tell them. But that they always allow the individual to determine what is shared.

Ultimately if a compromise cannot be worked out with the team, you may need to remove the Peer Support Worker from the team.

6.17 SCENARIO FIVE

SCENARIO FIVE

You are a new supervisor of Peer Support Workers and the culture of the organization is such that Peer Support Workers are often used to transport individuals, and it is seen as just transport and not about creating an intentional peer relationship.

• Who transported before the Peer Support Workers?
• Educate about the role
• What is billable?

Notes:

You are a new supervisor of Peer Support Workers and the culture of the organization is such that Peer Support Workers are often used to transport individuals, and it is seen as just transport and not about creating an intentional peer relationship.

Start by finding out who did the transporting before the Peer Support Workers. It may be that nobody did and they had transport needs and thought it would be a job for Peer Support Workers. Once you have established how it occurred, educate the team about the role of Peer Support Workers, the intentionality of it. Discuss that utilizing Peer Support Workers effectively does not mean they will not transport people but that there would be an intentionality in the discussion while transporting individuals and that it is not just a "transport" role. Also check out what is billable and what is not.

6.18 Credits

Notes:

Thank you so much for learning more about Peer Supervision.

This presentation was brought to you by the Café TA Center. The Café TA Center is supported by SAMHSA to operate one of its five national technical assistance

centers providing technical assistance, training, and resources that facilitate the restructuring of the mental health system through effective consumer-directed approaches across the country.

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You can visit our website and find other trainings, information, resources, and things that you might be able to use in your everyday work.

Thank you very much and we appreciate your time.