Supervising Peer Support Specialists in a Changing Landscape

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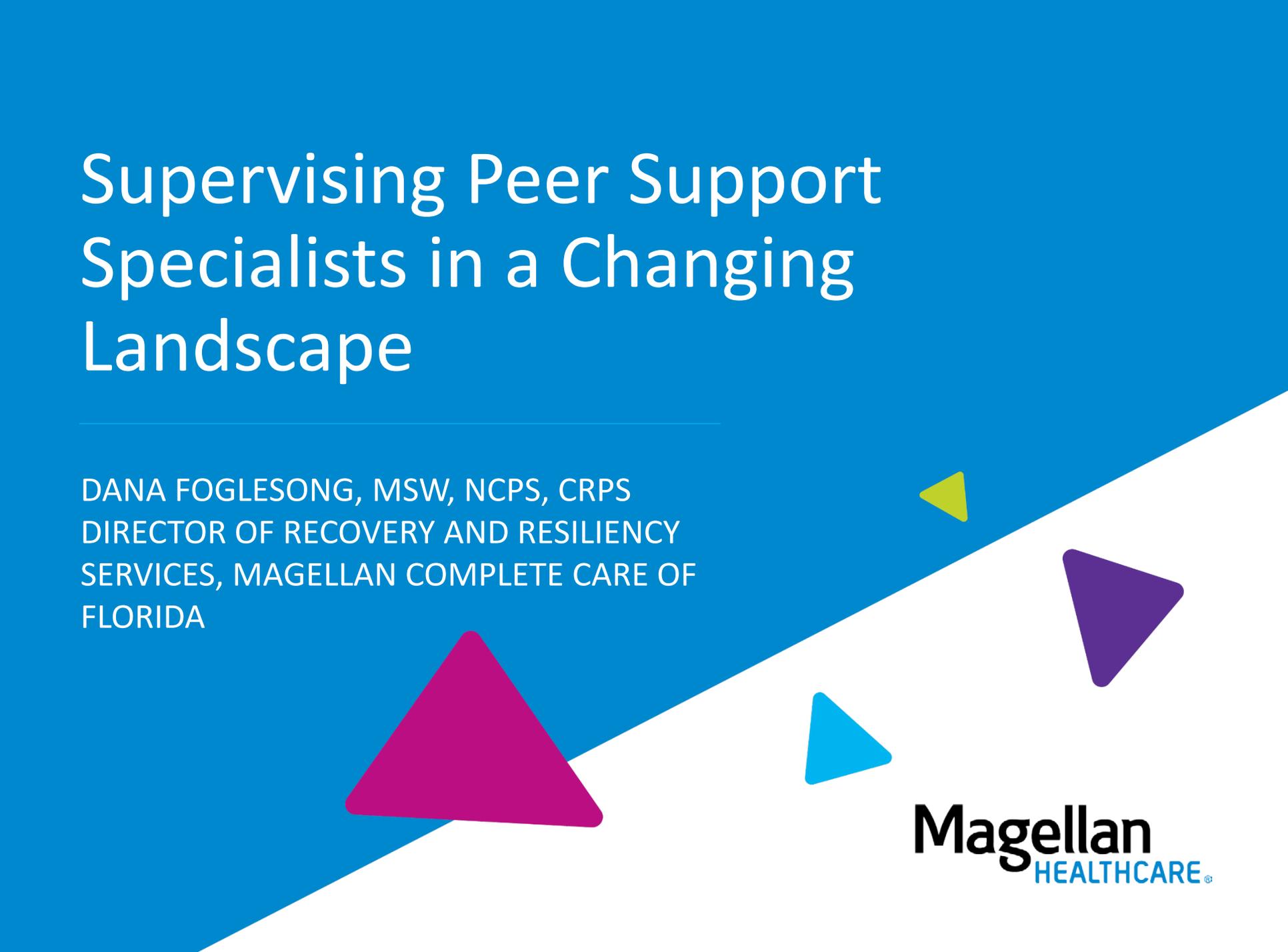
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If you are in an emergency situation, you should do one of the following:

1. Call 911
2. Go directly to an emergency room
3. Call your doctor or therapist for help

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Agenda

1 Shift happens

2 Addressing common concerns

3 Practical tools to support

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Learning objectives

1. Define the various roles in which peer specialists are working and the work site types
2. Identify the common concerns facing supervisors
3. Learn about practical tools to support supervisors
4. Locate resources on peer supervision to increase the mastery of skills

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Poll: With which of the following do you most identify?
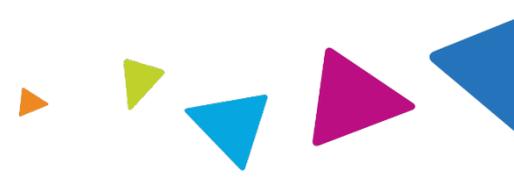
- I work as a certified peer support specialist.

- I work as a peer support specialist, but I am not certified.

- I currently supervise peer support specialists.

- I work in an administrative/leadership role that is not supervisory in nature.

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About the presenter
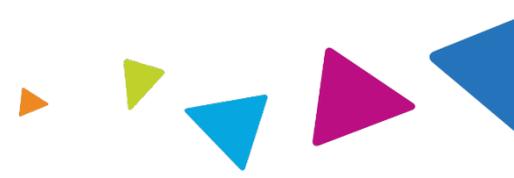
Dana Foglesong, MSW, NCPS, CRPS, is an accomplished healthcare professional, earning the reputation of a systems change leader adept in combining innovation and planning expertise to execute local, state and national initiatives. She currently works as the Director of Recovery and Resiliency Services for Magellan Complete Care of Florida, a specialty health plan for individuals living with mental health conditions. She serves on the senior leadership team and oversees programs impacting social determinants of health for Medicaid enrollees, in addition to providing technical assistance and training to providers and community stakeholders. Prior to joining Magellan, Dana worked for the Florida Department of Children and Families in the Office of Substance Abuse and Mental Health and founded the peer network, The Peer Support Coalition of Florida. In these roles she has leveraged opportunities for current and past recipients of services and their families to have their voices included in the creation, implementation and review of service delivery practices.

Dana is a subject matter expert on recovery-oriented systems of care, supervision of peer support workers, and peer delivered and whole health approaches within integrated health settings. She currently serves as the president of the board of directors for the National Association of Peer Supporters and is a member of the American Psychiatric Associations Presidential Taskforce on Interprofessional Collaboration. Dana is a former member of the board of directors for NAMI National, and the National Council's Addressing Health Disparities Leadership Program. As a native of Southwest Florida, she is active on local issues related to public safety, fostering a livable community and eliminating homelessness. Dana is a nationally certified peer specialist and holds a master's degree in social work from the University of Central Florida.

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Presenter Experience
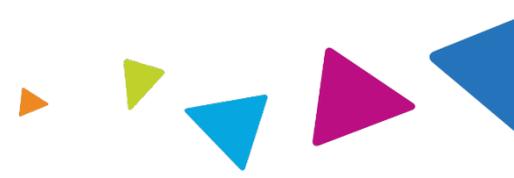
- Experience supervising peer specialists who work in an integrated care setting

- Experience supporting Florida providers in implementing peer support services

- 2018 survey conducted by Magellan with support from BRSS TACS with responses from supervisors across the country; follow up survey in 2019 with University of South Florida

- Chaired the national supervision workgroup through the National Association of Peer Supporters that developed the National Practice Guidelines for Peer Support Supervisors

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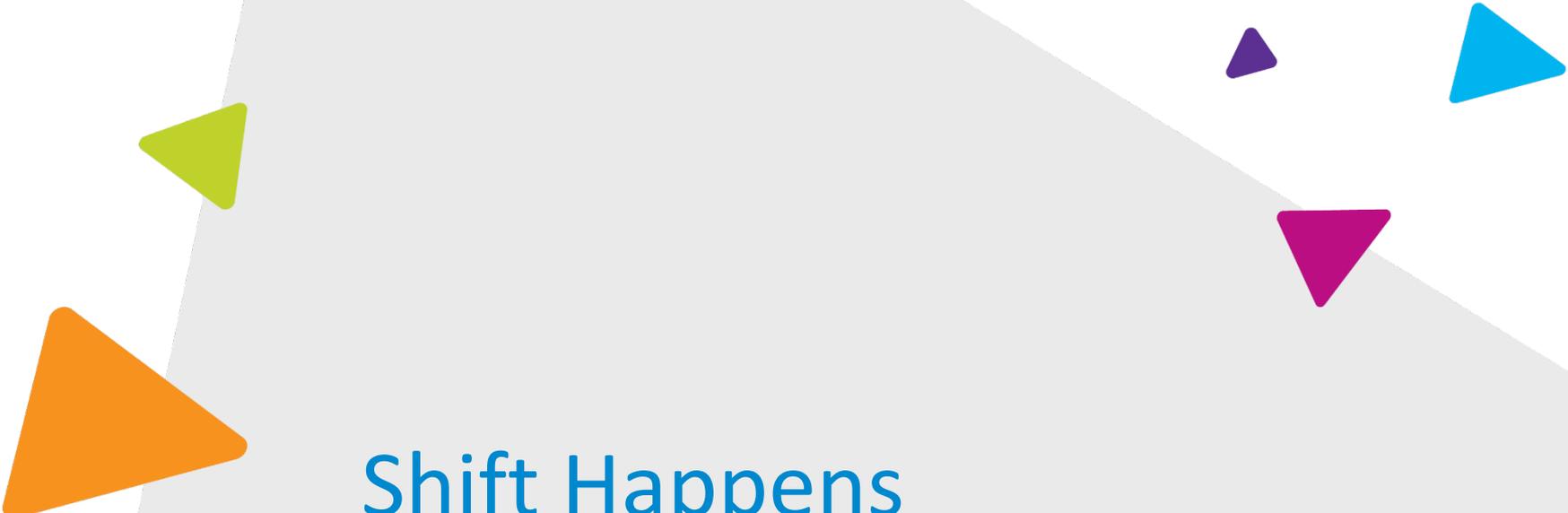
Shift Happens

SECTION 1

Definition
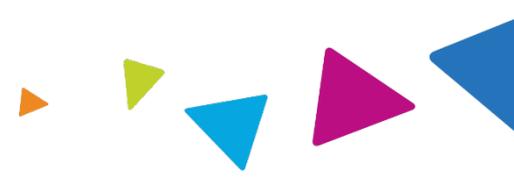
Peer Support (Mead, S., Hilton, D., & Curtis, L., n.d.)

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

Peer Support Services (SAMHSA)

Peer Support Services are designed and delivered by people in recovery from mental health and substance use conditions.

Peer support service activities include:

- Advocating for people in recovery

- Sharing resources and building skills

- Building community and relationships

- Leading recovery groups

- Mentoring and setting goals

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Distinction

Peer – person with the lived experience of overcoming a life-altering mental health or substance use challenge

Peer-delivered peer support

A service provided by a peer

Dana's peer support pressure test
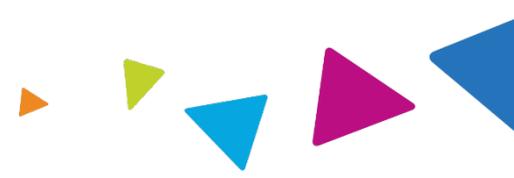
- Is the service/support voluntary?

- Is the service/support non-clinical in nature?

- Is the service/support focused primarily on a relationship, versus one action?

- Is the peer support focused on the person's goals (participant), not the agency's goals?

- Does the support/service reflect the values of peer support?
  - examples include person-driven, hopeful, strengths-based

- Does the peer support specialist disclose personal experiences of overcoming life alerting challenges?
  - examples include mental health, substance use, physical health, trauma, criminal justice, homelessness, employment, etc.

If the answer is NO to any of these questions, it might not be peer support.

Shift to "service"
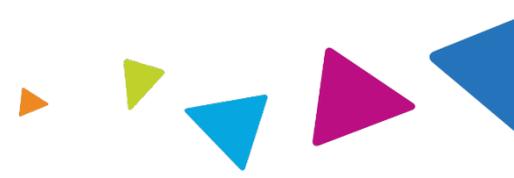
Origin: Non-structured, in the community, outside of clinical environments, recovery approach, mutuality

Today: Structured, uses best practices (e.g. WRAP), embedded within a team that includes clinicians, credential, power differential

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Evolution of peer support

Support group

Peer run organization

Community behavioral health center outpatient

Inpatient psych unit

Leadership role

Telephonic peer support (warmline)

Respite

State/Forensic Hospital

Integrated care clinic

(MAT) Medication assisted treatment

Emergency room opioid

Managed care organization

Independent psychiatrist office

Primary care physician

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Paying for peer support

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"Right thing to do" funding  →  Grants  →  State behavioral health authorities - block grant
                                                                    ↓
Private insurance  ←  Medicare  ←  Medicaid
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What is the best description of your work site type?

Survey Demographics

Work site type	Respondents
State government inpatient/outpatient clinic	28
Dept. of Veterans Affairs medical/outpatient	134
Shelter/residential support/housing services	35
Peer-run crisis alternative	33
Outpatient-recovery community organization	71
Outpatient-peer-run organization	129
Outpatient-vocational/employement agency	8
Outpatient-managed care plan	22
Outpatient-community health clinic	48
Outpatient-private clinic or doctor's office	11
Outpatient-community BH center	307
Intensive outpatient treatment program	43
Partial hospitalization (day treatment)	10
Inpatient-specialized behavioral health hospital	40
Inpatient-general hospital	18

RESPONDENTS

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2018 supervision survey: respondents by state
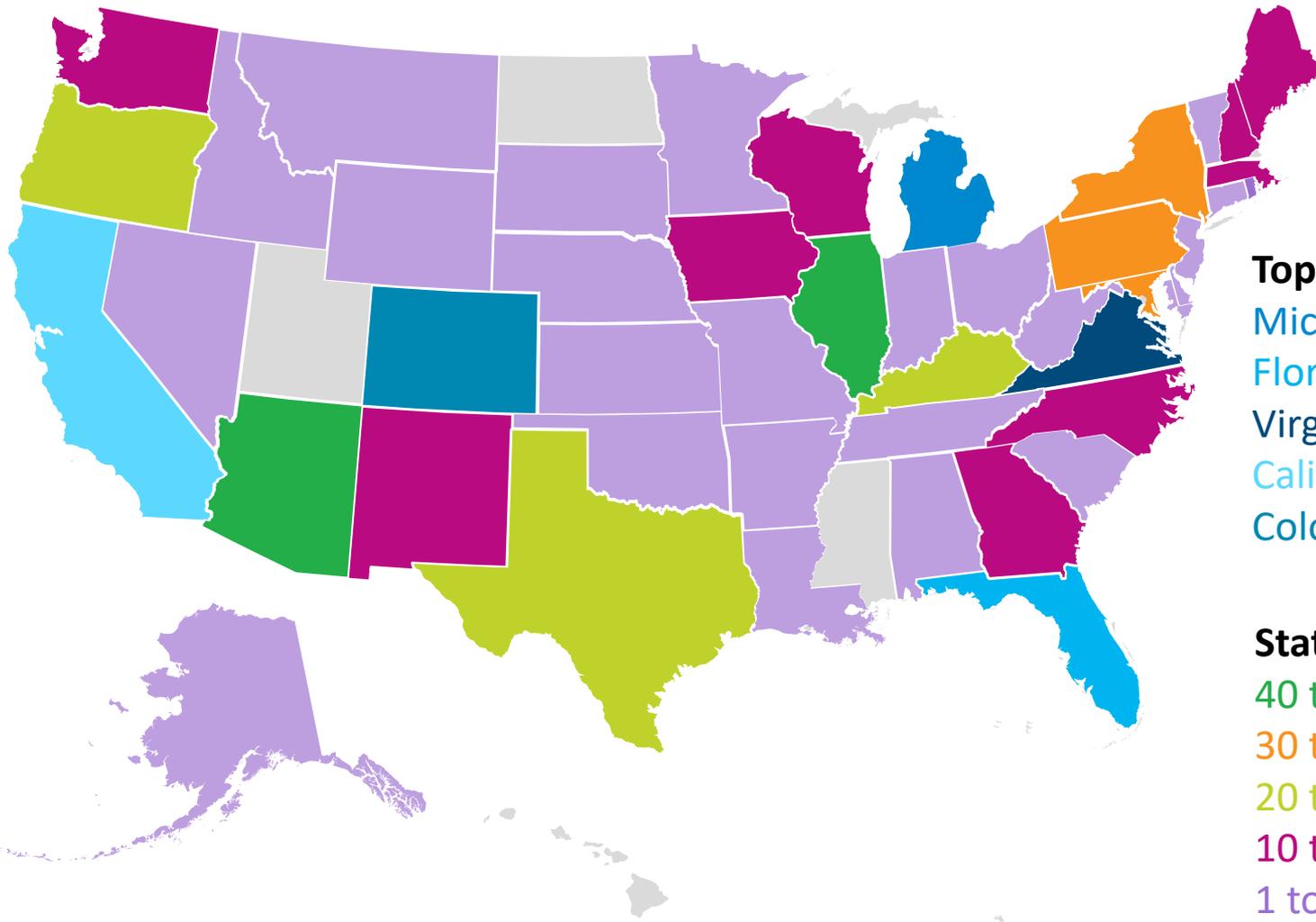
Top 5:
Michigan (109)
Florida (108)
Virginia (97)
California (79)
Colorado (52)

States with:
40 to 49 responses
30 to 39 responses
20 to 29 responses
10 to 19 responses
1 to 9 response(s)
O grey

What is the job category that best describes your current position?

Survey Demographics

Job Category	Respondents
Other	20
Direct service provider (case manager,...	20
Peer provider	70
Direct professional service provider...	76
Coordinator	21
Supervisor	55
Administrator/Director	290
Manager	390

RESPONDENTS

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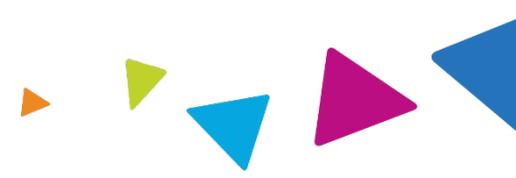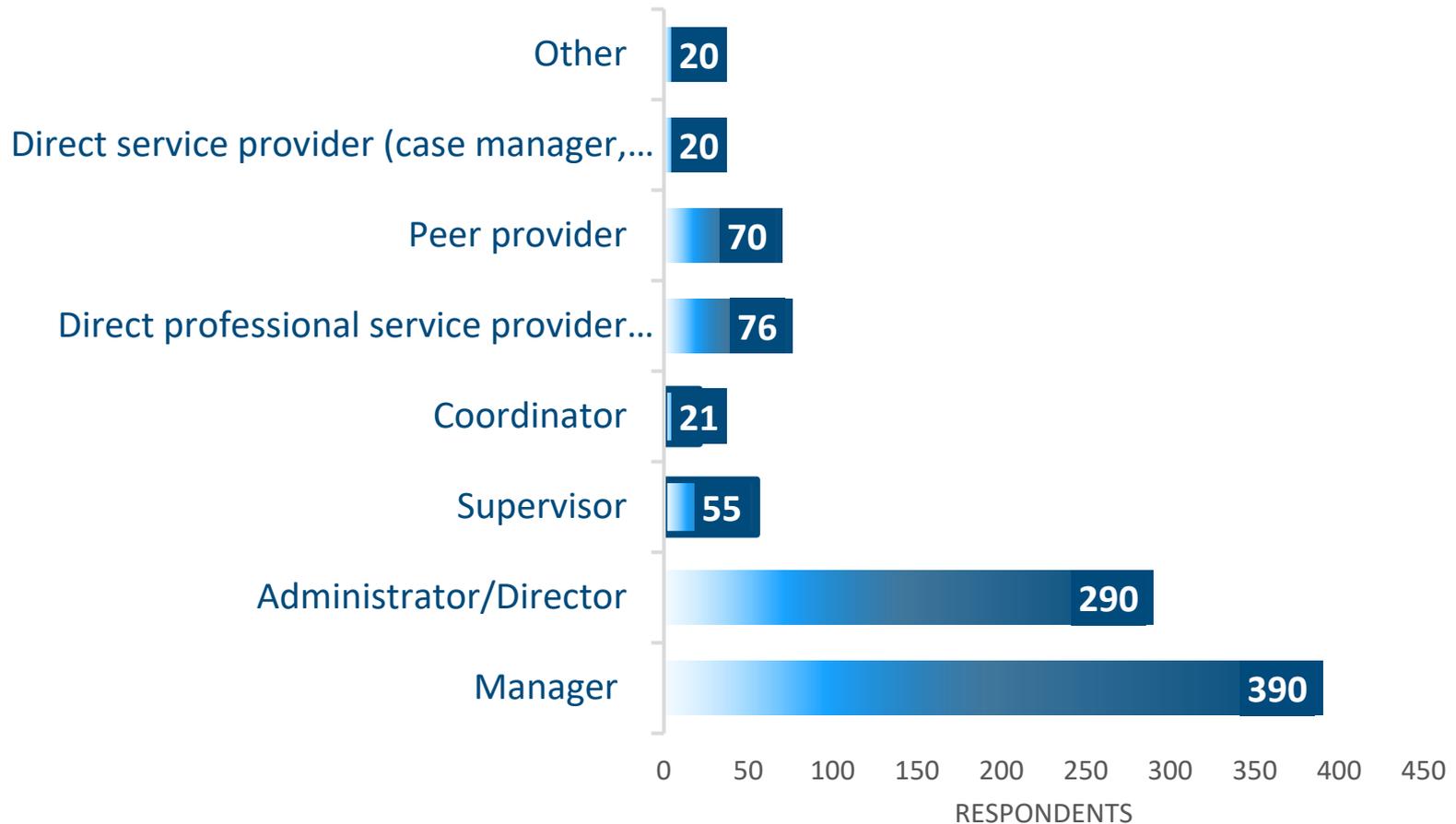
Poll #2 - Credential

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What is your professional credential?

Survey Demographics

Credential	Respondents
Certified or licensed addictions	71
No credential	85
Psychologist	91
Licensed mental health counselor	134
Other	153
Certified peer provider	271
Social worker	300

RESPONDENTS

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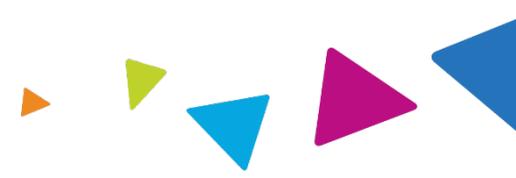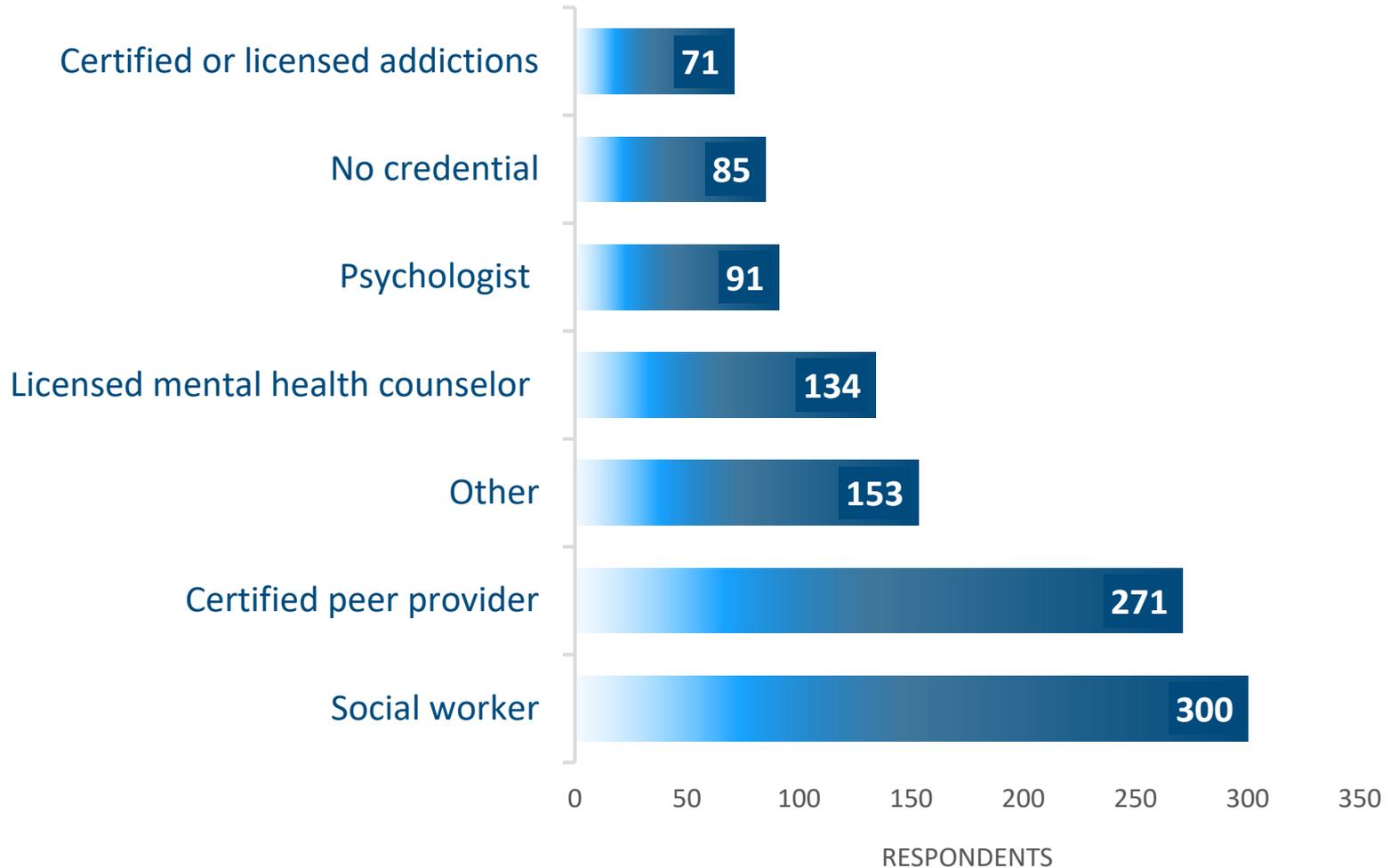
"Other" category description (153)
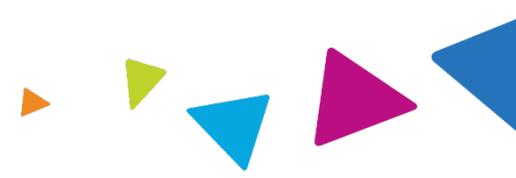
Survey Demographics

Master's Degree: 35

Bachelor's: 32

Nurse: 125

Qualified Mental Health Professional: 14

Physician: 9

Behavioral Health Technicians: 5

PHD: 3

Certified Peer Specialist Supervisor

Juris Doctor (J.D.)

Pharmaceutical Chemist

Certified Health Education Specialist

Certified Therapeutic Recreation Specialist

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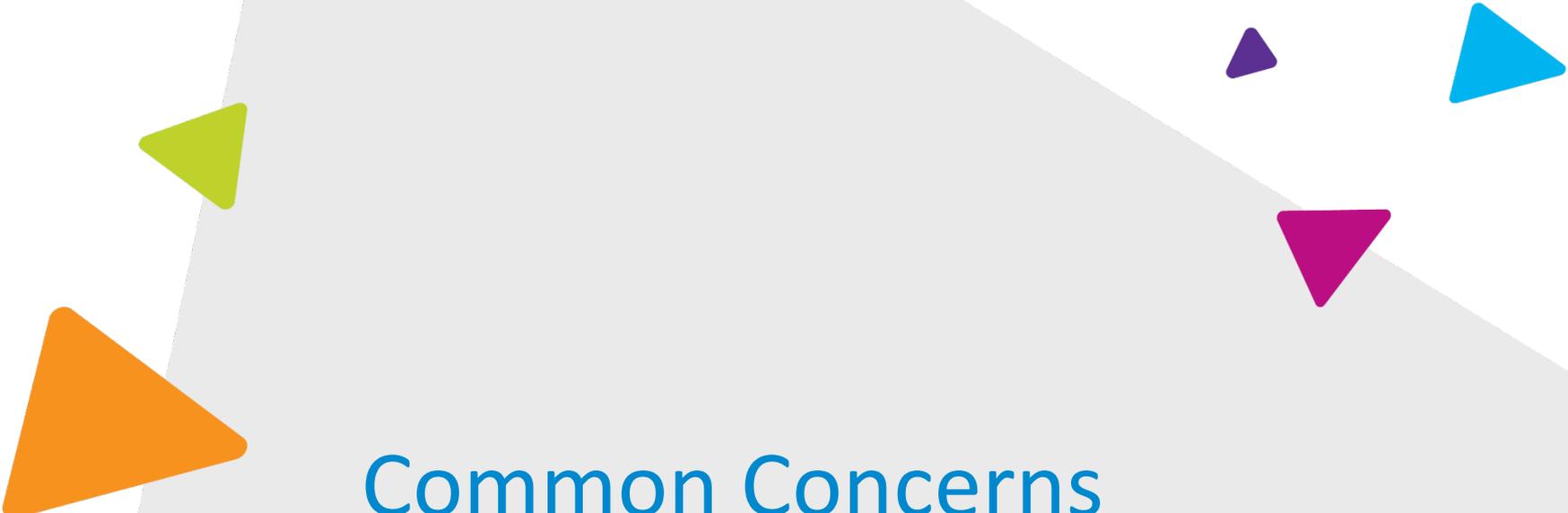
Common Concerns

SECTION 2: SUPERVISION FINDINGS

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Peer support workers are at a risk of relapse when they work in behavioral health settings.

Legend: Agree (20%), Neutral (27%), Disagree (53%)

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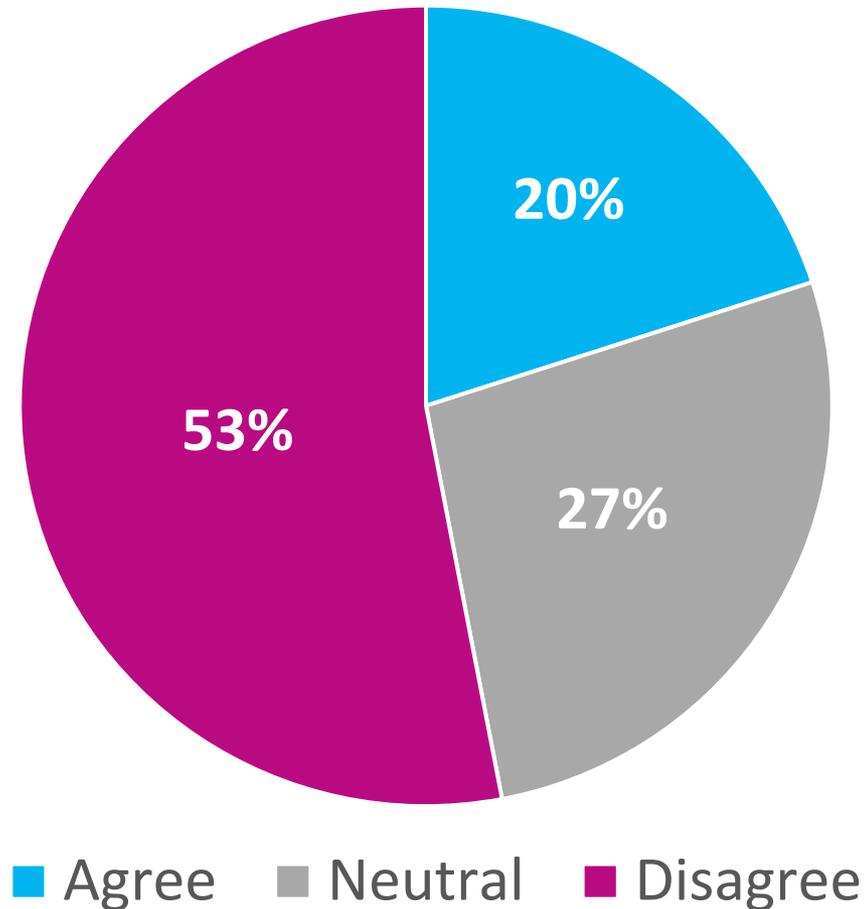
Addressing risk of relapse

1 **Mental health and substance use challenges** are only relevant when job performance is impacted

2 **Consistent performance** standards and boundaries for all staff

3 **Talk about and promote self-care**
- Looking for candidates to talk about their self-care in interview
- Discussed at every opportunity: team meetings, one on one supervision
- Supervisor modeling self-care

4 **Wellness at work**
- Supervisor models self-care and boundaries
- WRAP for work; WRAP for teams
- Giving space for challenging situations
- Employee Assistance Program (EAP)

5 **Document, document, document**
- Performance concerns
- Attempts to accommodate, if any
- Failure of employee to meet agency standards

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Peer support workers perform essentially the same duties as non-peer workers.


Agree 24% • Neutral 9% • Disagree 67%
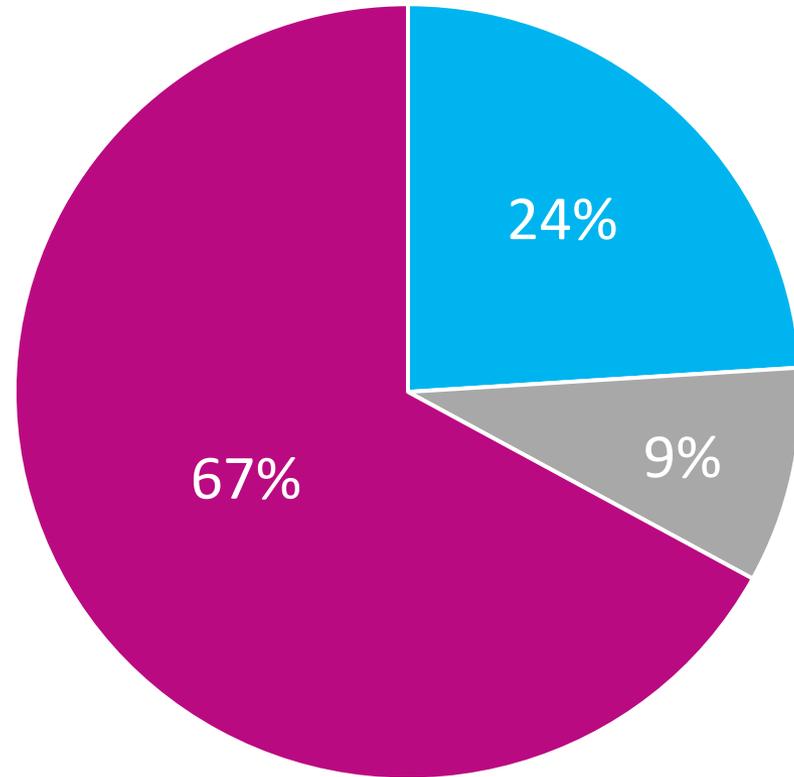
Non-clinical tasks such as driving, running errands, and filing paperwork are appropriate roles for peer support workers.

22%

27%

51%
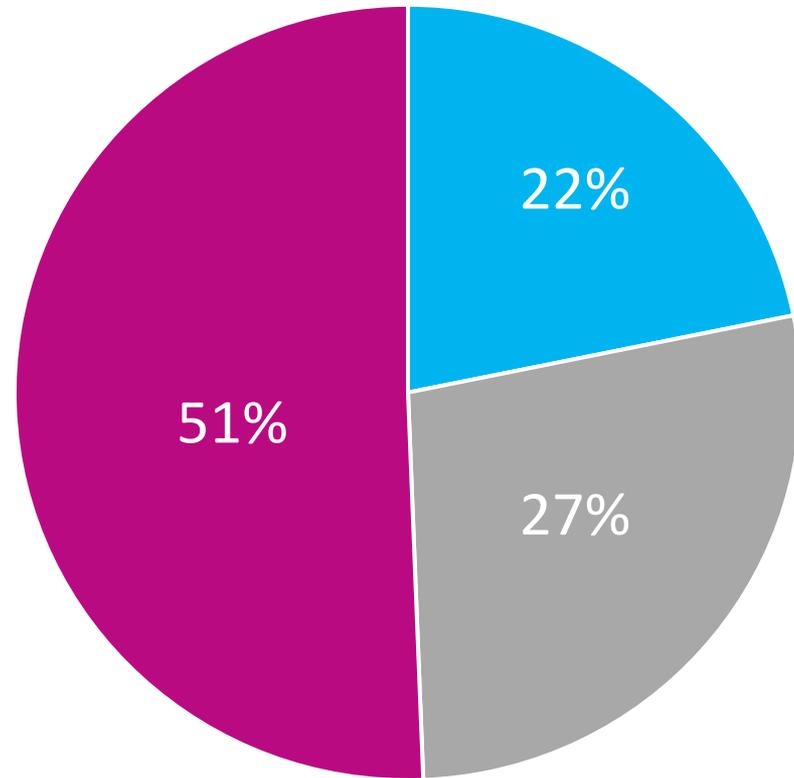
■ Agree   ■ Neutral   ■ Disagree

Duties of peer support workers

Clear job descriptions

Watch out for role drift and address it

Job functions should utilize the value of "lived experience"

Primarily direct service
(No more clerical duties than other direct service staff)
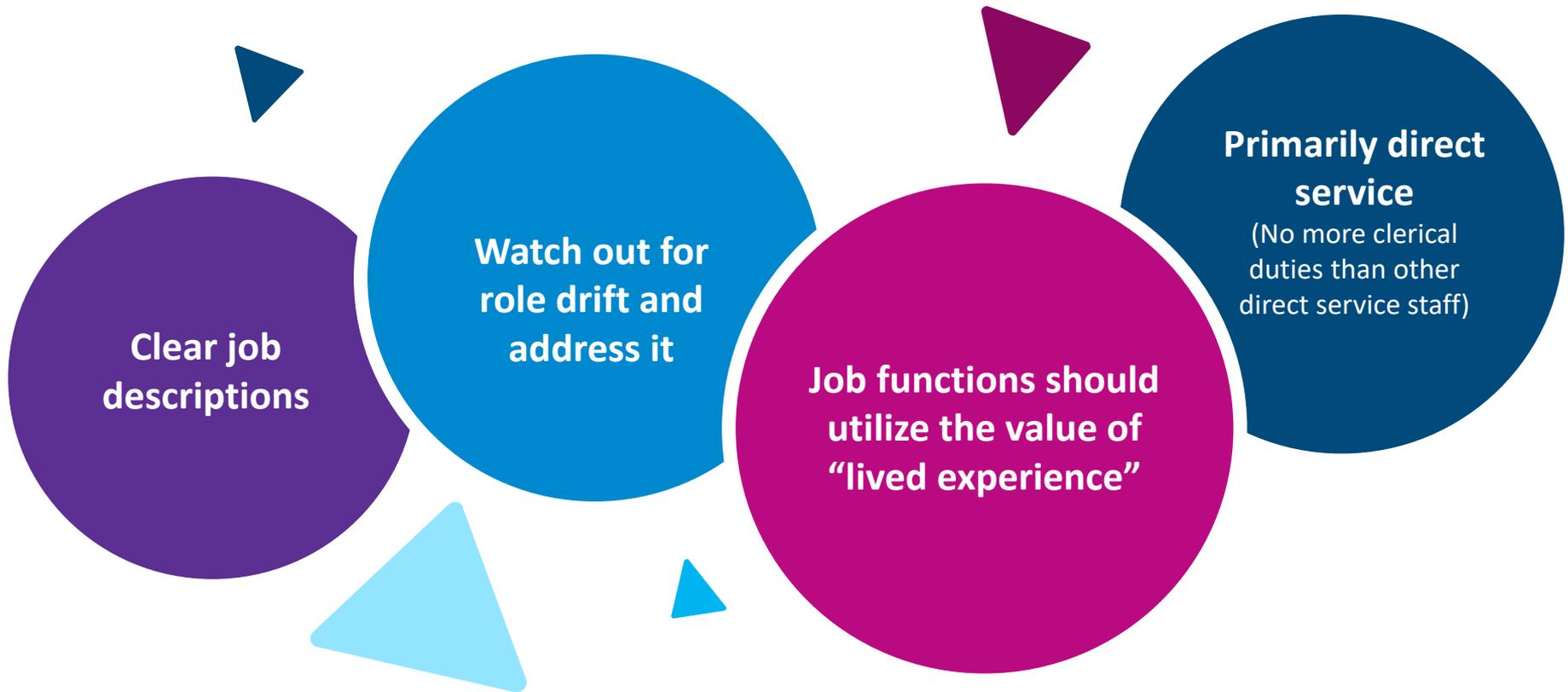
[
The primary role of peer providers is to promote and support the recovery of their peers no matter where they are assigned to work or what they are expected to do.
]

LARRY FRICKS

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Poll #3 – Organizational Culture

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Stigmatizing attitudes and policies towards workers with behavioral health conditions are not an issue in my workplace.


Agree 58% · Neutral 15% · Disagree 27%
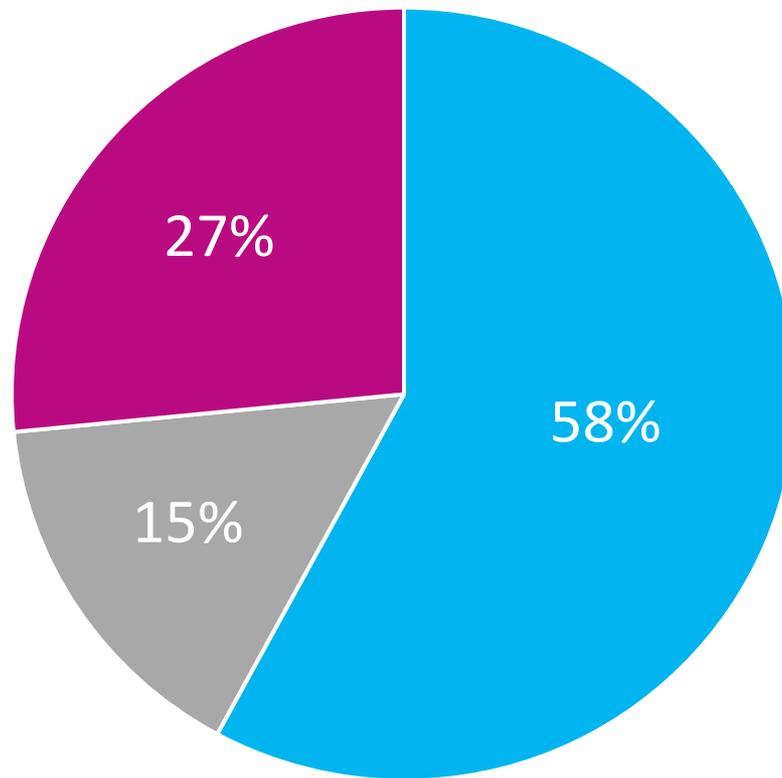
There is little relation between the employment of peer support workers and an organization's recovery orientation.


- ■ Agree
- ■ Neutral
- ■ Disagree

6%

10%

84%
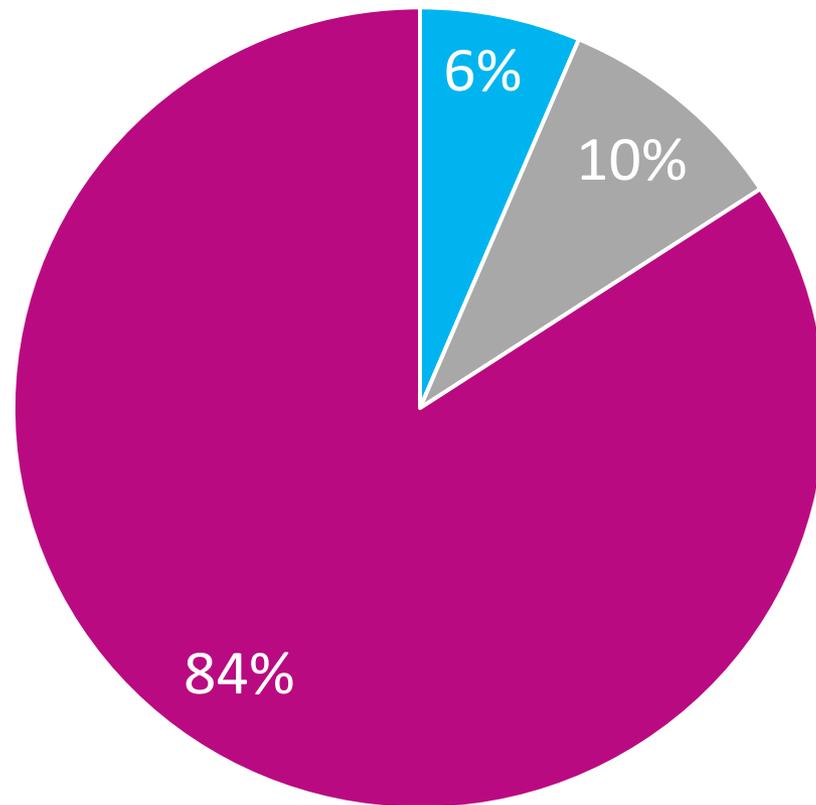
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Supervisors of peer support workers are responsible to advocate for the role of peer support workers within the organization and the work team.

Pie chart:
- 93% Agree
- 5% Neutral
- 2% Disagree

Legend: ■ Agree ■ Neutral ■ Disagree
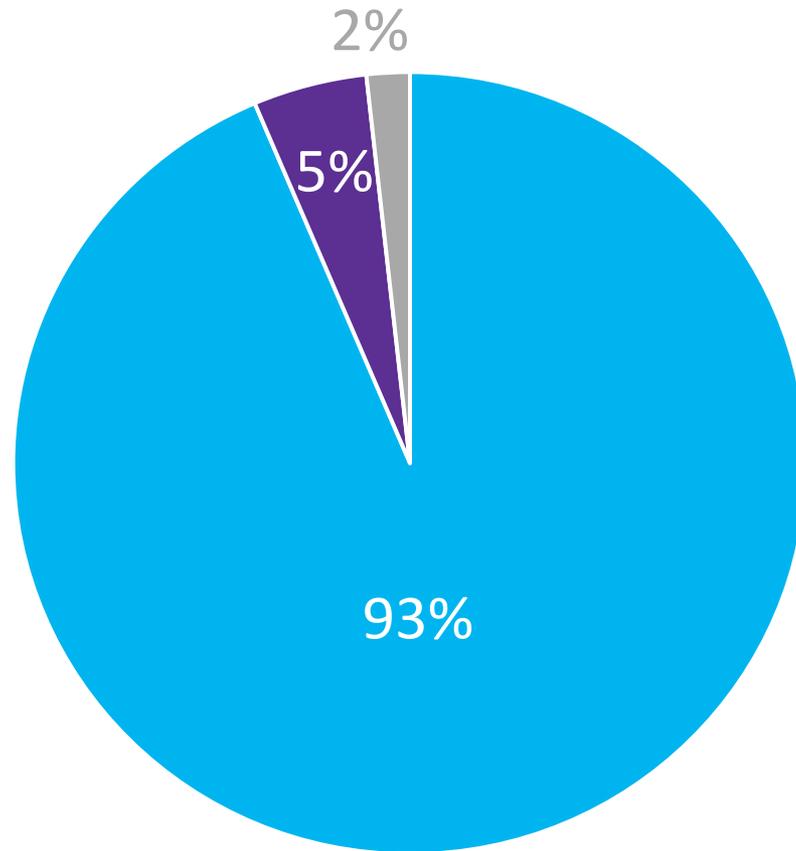
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Supervisors role in promoting recovery in the workplace

Have a responsibility to understand and promote recovery in their organization

All agency staff should be clear on the role of the peer specialist

Organization addresses negative attitudes towards people in recovery

Hold peer specialists accountable to recovery values including documentation

Supervisor models key principles of recovery
- Uses person first language
- Strengths-based
- Promotes self-determination

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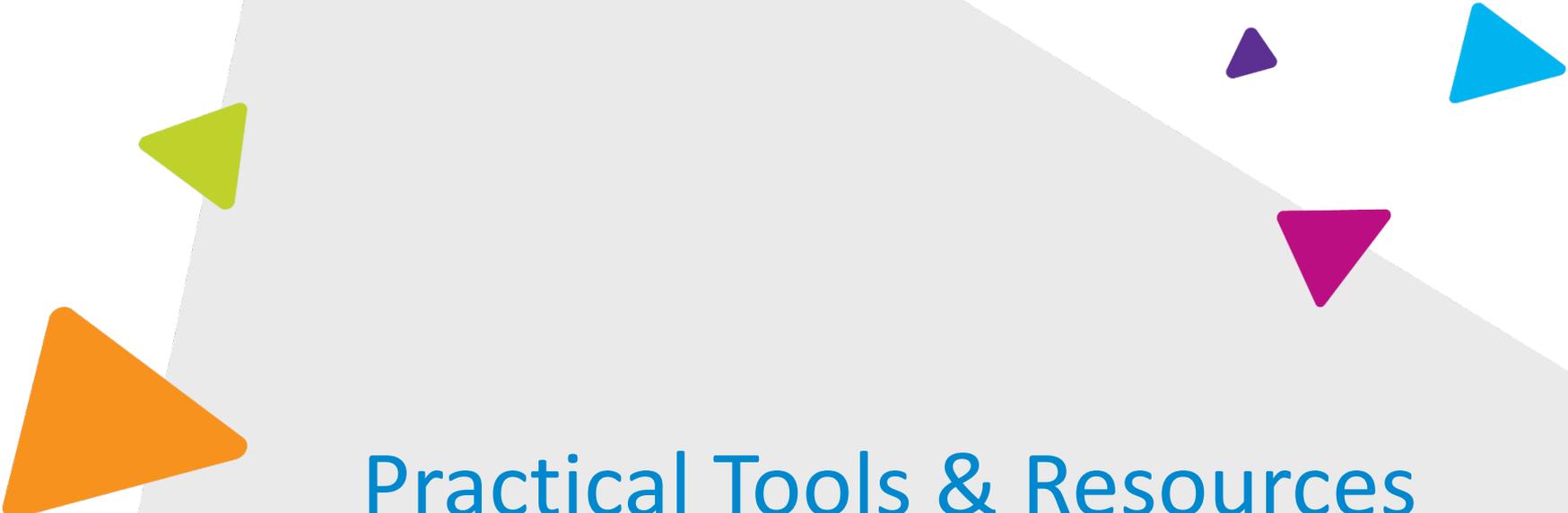
Practical Tools & Resources

SECTION 3

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Tool – supervision onboarding
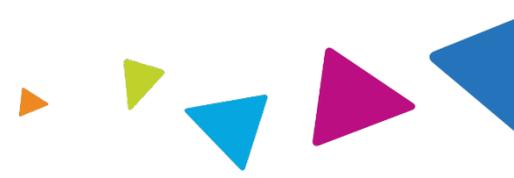
- Allows you to capture information about the staff member and serve as reminder

- Technical
  - Contact information
  - Preferred name
  - Pronoun
  - Emergency contact
  - Birthday (and desire to celebrate)
  - Life situation/allergies/medical issues
  - Peer support trainings completed

- Questions specific to supervision:
  - What does it look like when you are having challenges at work?
  - What would you expect for me to do to support you?
  - How do you best receive feedback?
  - What do you expect from a supervisor? (be specific)
  - What are your ultimate career/life goals?

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Tool – role delineation

- Outlines the roles for each member of the care team including staff in clinical and non-clinical roles

- Program specifics
  - Roster (caseload)
  - Duration of service
  - Disenrollment process
  - Method of engagement (in office, field visit, telephonic, etc.)

- Should be very specific

- Document could include (functions by activity):
  - Primary responsibility
  - Participant (client) goals
  - Assessments
  - Medication
  - Coordination with service providers

	Peer Support Specialist (PSS)	Case Manager (CM)
Goals	PSS work with participants to set personal goals (WRAP plans and whole health goals). PSS may assist participant in working on a goal from the Service Plan.	CM works with the participant to complete the Service Plan and follows up with participants on their progress.
Medications	PSS may help members learn medication reminder skills and research their prescribed medication. PSS do not offer advice on medication or assist with "compliance".	CM educates participant on medication and medication management. CM may communicate with participant's prescribing physician.

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Tool – role training

- Presentation used to educate all staff on the role of the peer specialist

  - # of staff and areas/location worked
  - Roster/caseload number
  - Training/certification of staff
  - Team statement – elevator speech
  - Job description
  - Length of engagement in peer support
  - Workflow for referrals to peer support
  - Referral criteria
  - The best practices we use (WRAP, PSWHR)
  - How our documentation is different (hopefully!)
  - **Guided by recovery principles – always take the opportunity to orient**

Supervision resources

NAPS Supervision Resource Directory – www.inaops.org/supervision
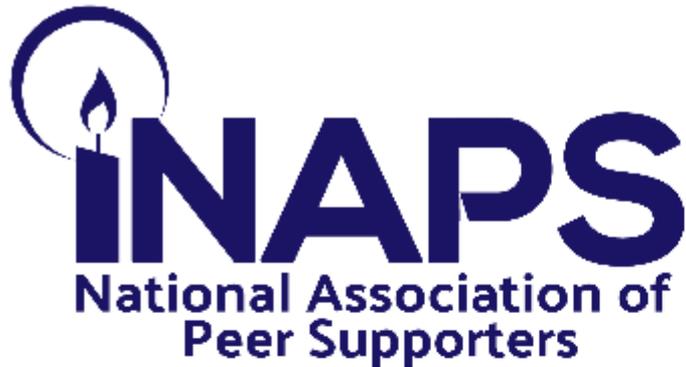
Supervision Resources

A curriculum for Supervisors: Supporting and Learning from the Peer Workforce

Source: The Transformation Center

Key Words: Supervisor competencies, peer support principles, peer specialist competencies, implementation of peer specialists, organizational culture, recovery principles, job description, evaluation, role clarity

Supervision resources - Example

Peer Support Toolkit

City of Philadelphia
DBHIDS
DEPARTMENT of BEHAVIORAL HEALTH
and INTELLECTUAL disABILITY SERVICES

Module 4 Tools

Practice 1. Provide Three Types of Supervision
- Organizational Guidelines for the Delivery of Supervision to Peer Staff
- Supervision Agreement Template

Practice 2. Provide the Right Supervisory Structure
- Group Supervision Tips
- Developing a Co-Supervision Working Agreement
- Tips for Giving and Receiving Reflective Feedback During Co-Supervision

Practice 3. Ensure that Supervision Is Consistent, Accessible, and Helpful
- Individuals Served Progress Review Tool
- Shadowing Tool Facilitator's Guide
  - Shadowing Tool
- Peer Mentor Checklist Facilitator's Guide
  - Peer Mentor Checklist
- Supervision Session Documentation Template

Practice 5. Collaboratively Assess Strengths and Areas for Growth

Practice 6. Familiarize Supervisors With Common Concerns of Peer Staff
- Agency Assessment of Common Peer Staff Concerns Facilitator's Guide
  - Agency Assessment of Common Peer Staff Concerns Scale

Practice 7. Help Peer Staff Develop Time Management and Documentation Skills
- Supervisor Tips for Documentation
- Documentation Self-Assessment Tool Facilitator's Guide
  - Documentation Self-Assessment Tool

Practice 11. Provide the Right Supervisory Structure
- Recovery Wellness Cafés Facilitator's Guide
  - Recovery Wellness Cafés
- Self-Care Assessment
- Professional Quality of Life Scale
  - ProQOL Scoring

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Supervision resources - Example

National Practice Guidelines
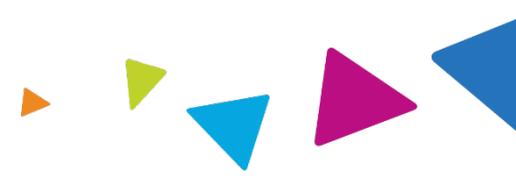
CORE VALUE	PEER SUPPORTER GUIDELINES *What this core value looks like in practice*	SUPERVISOR GUIDELINES *How supervisors promote this practice*
6) PEER SUPPORTERS FACILITATE CHANGE	**PRACTICE: EDUCATE AND ADVOCATE**	**THE SUPERVISOR ROLE IS TO:**
Some of the worst human rights violations are experienced by people with psychiatric, trauma or substance use challenges. They are frequently seen as "objects of treatment" rather than human beings with the same fundamental rights to life, liberty and the pursuit of happiness as everyone else.	• Peer supporters recognize and find appropriate ways to call attention to injustices. • Peer supporters strive to understand how injustices may affect people. • Peer supporters encourage, coach and inspire those they support to challenge and overcome injustices.	• Define and model advocacy for peer support specialists, including advocating for organizational changes. • Coach peer support specialists on how to respect the rights of individuals while helping individuals challenge and overcome injustice. • Build on lived experience, model recovery and advocate for peer support workers.

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Questions and discussion

THANK YOU!

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References
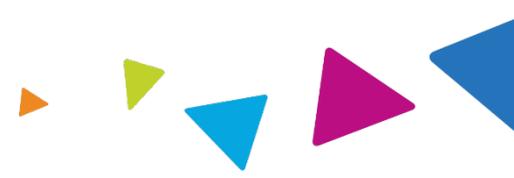
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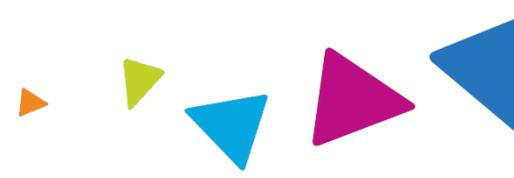
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