Pillars of Peer Support Services Summit Six:

Peer Specialist Supervision

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Background and Introduction

The *Pillars of Peer Support Supervision* were developed at the sixth of an ongoing series of Summits, known as the *Pillars of Peer Support Services Summits*, to support the development of the peer support specialist workforce. The Pillars represent a core set of principles that are designed to guide the evolving growth of peer support services (PSS) and the workforce that provides them. The initial Pillars of Peer Support Summit was convened at the Carter Center in Atlanta, GA in 2009, and produced a founding set of 25 *Pillars of Peer Support Services*. Since then annual summits have addressed the evolving issues of funding for peer support, integration of the workforce across the continuum of behavioral health services, and the integration of these services to promote a whole-health focus. SAMHSA's Center for Mental Health Services has been an ongoing partner in this work and has actively helped promote the role of peer support services. The summary reports for each of the summits are published on the website www.pillarsofpeersupport.org; and also see: Daniels, Bergeson, Fricks, Ashenden, and Powell, (2012); and Grant, Daniels, Powell, Fricks, Goodale, and Bergeson (2012).

The sixth Pillars Summit in 2014 addressed the development of a set of pillars for the supervision of peer specialists. Ongoing support for the Pillars of Peer Support has been provided by a generous group of stakeholders including: Optum; Appalachian Consulting Group; The Substance Abuse and Mental Health Services Administration (SAMHSA); The National Association of State Mental Health Program Directors (NASMHPD); The Georgia Mental Health Consumer Network (GMHCN); the Carter Center; and The Depression and Bipolar Support Alliance (DBSA). Participation in these summits was coordinated through nominations from behavioral health authorities at the state level.

While the development of the initial set of twenty-five Pillars of Peer Support have been instrumental in fostering the evolving growth of the peer specialist workforce, an ongoing challenge has been how best to provide supervision for these services. Based on requests for guidance and support from the field, the 2014 summit was designed to address this issue. As a result, a set of pillars of supervision were developed to parallel the original pillars. A review of the evidence base for these services and the original pillars helped to establish a framework for the development of the Pillars of Peer Support Supervision.

The Evidence Base for Peer Support Services

There is an emerging evidence base for peer support services. In their initial determination that these services would be Medicaid billable, The Center for Medicare and Medicaid Services (CMS) acknowledged them as an evidence-based model of care (State Medicaid Letter, 2007). This policy guidance also established initial requirements for supervision, training, and care

coordination, and stipulated that each state should establish certification parameters (Daniels et al., 2012). A recent comprehensive evidence based review of these services (Chinman et al., 2014) has determined that the evidence base is moderate, and noted that peer support services have demonstrated many notable positive outcomes. In addition despite some methodological challenges for existing studies of peer delivered services, Chinman and colleagues observed that "Across the service types, improvements have been shown in the following outcomes: Reduced inpatient service use; improved relationship with providers; better engagement with care; higher levels of empowerment; higher levels of patient activation; and higher levels of hopefulness for recovery."

Principles for the supervision and retention of peer specialist providers are not common in the published literature (Jorgenson & Schmook, 2014). However, a limited set of common principles cited in the literature include the differences between clinical and administrative supervision, and the importance of mentoring in staff retention. Additionally, while peer services are a new role in behavioral health systems, these should not be considered as a "special" position (Hendry, Hill, and Rosenthal, 2014). The supervisor's role should be one of leadership, and requires a focused approach to recovery-oriented practices.

It is important to note that the primary focus of the Pillars of Peer Support initiatives has not been focused on the development of the evidence base for these services. Each of the summits has included reviews of key research findings that support these services and which are included in the summary reports. However, the primary focus of Pillars initiatives has been to develop technical assistance for states and others that can help support the development of the peer specialist workforce, and the deployment of their services.

Pillars of Peer Support

The original Pillars of Peer Support is a set of twenty-five principles that guide the peer specialist workforce (www.pillarsofpeersupport.org). Developed through a consensus process, they represent guidelines for the role and deployment of these services. Overall they describe the essential components of the education, certification, employment, professionalism, and community advocacy for peer support services (Daniels et al., 2012). It is also important to note that the focus of these original 25 pillars was the structured and intentional support services delivered by trained and certified peer specialists in mental health settings. They are differentiated from the many other important roles of mutual peer support that also exist.

The Pillars of Peer Support services

Following are the 25 Pillars of Peer Support, which were developed at the first Pillars of Peer Support Services Summit in 2009:

1. There are clear job and service descriptions that define specific duties that allow certified peer specialists (CPS) to use their recovery and wellness experiences to help others recover.

2. There are job-related competencies that relate directly to the job description and include knowledge about the prevalence and impact of trauma in the lives of service recipients, as well as trauma's demonstrated link to overall health in later life.

3. There is a skills-based recovery and whole health training program which articulates the values, philosophies, and standards of peer support services and provides the competencies, including cultural competencies and Trauma Informed Care, for peer specialist duties.

4. There is a competencies-based testing process that accurately measures the degree to which participants have mastered the competencies outlined in the job description.

5. There is employment-related certification that is recognized by the key state mental health system stakeholders, and certification leads directly to employment opportunities that are open only to people who have the certification.

6. There is ongoing continuing education, including specialty certifications that expose the peer specialists to the most recent research and innovations in mental health, Trauma Informed Care and whole health wellness, while expanding their skills and providing opportunities to share successes, mentor, and learn from each other.

7. There are professional advancement opportunities that enable CPS to move beyond part-time and entry level positions to livable wage salaries with benefits.

8. There are expanded employment opportunities that enable CPS to be employed in a variety of positions that take into account their own strengths and desires.

9. There is a strong consumer movement that also provides state-level support, training, networking and advocacy that transcends the local employment opportunities and keeps CPS related to grassroots consumer issues.

10. There are unifying symbols and celebrations that give CPS a sense of identity, significance and belonging to an emerging profession or network of workers.

11. There are ongoing mechanisms for networking and information exchange so that CPS stay connected to each other, share their concerns, learn from one another's experiences, and stay informed about upcoming events and activities.

12. There is media and technology access that connects CPS with the basic and innovative information technology methods needed to do their work effectively and efficiently.

13. There is a program support team that oversees and assists with state training, testing certification, continuing education, research, and evaluation.

14. There is a research and evaluation component that continuously measures the program's effectiveness, strengths and weaknesses, and makes recommendations on how to improve the overall program.

15. There are opportunities for peer workforce development that help identify and prepare candidates for participation in the training and certification process.

16. There is a comprehensive stakeholders training program that communicates the role and responsibilities of CPS and the concepts of recovery and whole health wellness to traditional, non-peer staff (peer specialist supervisors, administration, management, and direct care staff) with whom the CPS are working.

17. There are consumer-run organizations that operate alongside government and not-for-profit mental health centers that intricately involve consumers in all aspects of service development and delivery and provide value-added support to the peer workforce.

18. There are regularly-scheduled multiple training sessions that demonstrate the state's long-range commitment to training and hiring CPS to work in the system.

19. There is a train-the-trainer program for CPS that demonstrates the state's commitment to developing its in-state faculty for the on-going training.

20. There is sustainable funding that demonstrates the state's commitment to the long-term success and growth of the program.

21. There is multi-level support across all levels of the government, with champions at all levels that demonstrate the state's commitment to the program and continually promote the valuable role of CPS in the system.

22. There is a peer specialist code of ethics/code of conduct that guides peer support services delivery.

23. There is a culturally diverse peer workforce that reflects and honors the cultures of the communities served.

24. There is competency-based training for supervisors of CPS which reinforces fidelity to the principles of peer support and emphasizes the role of peer specialists in building culturally competent and trauma informed systems of care that take into account the overall health and wellbeing of persons served.

25. There is opportunity for CPS to receive training in and deliver peer support whole health services to promote consumer recovery and resiliency. Pillars of Peer Support Discussion

The twenty-five Pillars of Peer Support describe the core principles that guide the workforce that delivers these services, and the systems in which they work. These include principles for

education, certification, employment, professionalism, and community advocacy in these roles. As an emerging workforce, a set of guiding principles were needed to help define and promote the key activities for the profession.

- Pillars that address the *education* of peer specialists include the preparation of those with lived experiences with behavioral health conditions for their roles in this career track. Training and education opportunities are described and address the need for values, standards of practice and philosophies, cultural competencies including Trauma Informed Care, and continuing education.
- The pillars that address the *certification* of this workforce are essential for the recognition of a profession. Competency based testing and certification review programs are a core pillar for assuring the preparation and professional standards of the peer specialist.
- The *employment* of the peer specialist workforce requires a set of pillars that help guide service systems and other professional disciplines to integrate these roles within a continuum of care. This includes opportunities for professional development, advancement, and career tracks.
- The pillars that articulate the key elements of *professionalism* help establish the standards and identity of the peer specialist workforce. This is important in both specialty behavioral health systems as well as general health care settings.
- There is a definite role for peer specialists in *community advocacy*. This includes both promoting and sustaining the workforce, as well as the advocacy that promotes the recovery, community integration, and tenure of those they serve.

As the roles for peer specialists expand and the coverage for these services increases beyond just public sector programs, the twenty-five pillars become increasingly important resources for the field. The principles of education, certification, employment, professionalism, and community advocacy help define the peer specialist roles and the services they provide. However as the deployment of peer specialists has expanded since the original development of the twenty-five pillars, a need for similar principles for the supervision of this workforce has emerged.

Peer Support Specialist Supervision

Because of requests for guidance and technical assistance from states and others on how best to provide supervision for the peer specialist workforce, the 2014 summit was convened to address this issue. The summit's list of invitees was designed to include representatives from states that were actively addressing peer specialist supervision issues, since those representatives would be most likely to have valuable information that they might contribute to the summit's conversations.

The Pillars of Peer Support Summit on Supervision generally followed the format of the previous years. This included a combination of keynote presentations (see appendix one), panel presentations and discussions, and participant dialogue and planning. One of the keynote presentations was delivered by Peggy Swarbrick, Ph.D., FAOTA, CSPNJ, from the Wellness Institute, Rutgers University, and titled *"Supervision: Knowledge, Focus and Approach."* The second keynote presentation was delivered by Matthew Chinman, Ph.D., Senior Behavioral

Scientist, RAND, and titled *"Peer Specialists: Implementation, Evidence, and Effective Supervision."* Both of the keynote presentations focused on the key elements of supervision of the peer specialist workforce. An important overarching theme included the challenge to help develop peer specialists along a career path that fosters supervisors who are also certified peer specialists.

Keynote #1: Supervision: Knowledge, Focus, and Approach
In the first keynote, Peggy Swarbrick addressed issues key to the supervision of a peer specialist and the important aspects of how this can best be promoted in organizational settings. These key issues include:

- In peer support supervision, the supervisor serves as a guide and/or partner, and promotes the unique roles and gifts of the peer specialist in providing these services.
- The peer specialist and the supervisor must share equally and draw upon each other's knowledge and experience.
- The supervisor's approach and focus with the peer specialist should be collaborative and foster collegial roles, as well as the administrative supervisory role.
- Typically, supervisors fill two roles. These include administrative and consultative. Sometimes it may be helpful to have separate supervisors for these roles.
- When a supervisor is also a peer specialist, this can promote a mentoring role. When a supervisor is not a peer specialist, the role of the peer specialist can cause strain with a traditional supervisor based on differences between support and clinical roles.
- The supervisor must have the knowledge of the peer specialist's role and work, as well as understand the principles and philosophy of recovery and the code of ethics for peer specialists in the state.
- Job descriptions are important in order to prevent the peer specialist from being co-opted into other job duties that may not be consistent with the peer support services role. Job descriptions should serve as a tool for the peer specialist and the supervisor to guide work duties and promote shared role expectations.
- It is important that the focus of the supervision be on work performance, and the supervisor must not serve as a therapist.
- A key element of peer specialist supervision is to create a supportive and stimulating environment where the job role and expectations of the peer specialist are open to collaborative discussion.
- The goal of supervision should be to create a stimulating environment that challenges the peer specialist to find solutions for issues, and to provide information that helps them in their role. This requires using strength-based feedback, setting professional goals, and promoting continuing education.
- The peer specialist's supervisor should also be an advocate and should convey the importance of the peer specialist's roles with human resources and others in the organization.
- It is also important for organizations to provide training for supervisors and others within the organization about the role and effectiveness of the peer specialist.

Keynote #2: Peer Specialists: Implementation, Evidence, and Effective Supervision

In the second keynote address Matt Chinman, Ph.D. presented an overview of the supervision of peer specialists from the perspective of the Veteran's Administration, and their experiences integrating this workforce into their continuum of services. Key themes included:

1. Supervision is a key support for peer specialists:
   - Several studies have shown that peer specialists want supervision. Peer specialist training is modest, and thus supervision can continue the training started with their initial certification training. As new service providers, peer specialists also need places to get clinical advice. Oftentimes there can be pressure to be a "junior clinician," and/or pressures of co-optation away from the traditional values of the profession. Supervision can help reinforce appropriate roles for peer specialists.

2. Objectives and definition of peer support supervision based on the Veterans Administration model:
   Objectives
   - To provide peer support staff and volunteers with a safe, confidential and supportive space to reflect critically on professional practice.
   - To enhance quality mental health services to Veterans by improving mental health practice via provider self-reflection, learning, and competency development.
   - Supervision is central to quality management in a learning organization.
   Definition
   - *Peer Support Supervision* occurs when a peer support supervisor and peer support specialist supervisee(s) formally meet to discuss and review the work and experience of the peer provider, with the aim of supporting the peer in their professional role.

3. The role and duties of peer specialist supervisors:
   - VHA requires that:
     - Peer specialists have their notes co-signed by a Licensed Independent Professional (LIP); and peer specialists be supervised in person for 1 hour once a week during their probationary period, and at least once a month after the probationary period
   - Peer Support Handbook's description of supervisor responsibilities:
     - Use approved position descriptions; use appropriate hiring interview questions; ensure peer specialists are integrated into their clinical team; develop a performance plan (including certification) at probation start; understand and apply reasonable accommodations if needed.

4. Essential qualities of Peer Supervisor and Peer Supervisee:
   For Both
   - Open; honest; motivated; aware of own strengths and weaknesses; capacity to give and receive constructive feedback; strive towards mutuality in supervisory relationship; willingness to engage in ongoing education about peer support role and recovery to practice innovations.
   For the Supervisor
   - Capacity to support, empathize, and challenge
   For the Peer Supervisee

- Able to accept responsibility for own practice; able to generate ideas for action; and commitment to professional development

5. Slippery slopes for peer supervisors:
   - View peer provider through diagnostic lens; falling into therapist role; not recognizing value of peer provider's recovery story/experiences; knowledge gaps about consumer movement, history, and current best practices and ongoing innovations in peer support.

6. Slippery slopes for peer staff:
   - Expecting supervisors to completely structure their job—not including their perspective/voice/ideas; over relying on personal / recovery experiences and/or over-identifying with veterans served; balancing self-care with peer work; minimal mentoring in professional peer support role before starting VA position; knowledge gaps about consumer movement, history, and current best practices and ongoing innovations in peer support.

7. Supervision approaches:

Supervisory Alliance Model
   - Focuses on functions and tasks of peer support supervision, including:
     - <u>Managerial/Administrative</u>: Documentation, policies, procedures
     - <u>Formative/Educative</u>: Review / reinforcement of peer support skills and recovery tools. Enhancing identified strengths and recognizing growing edges
     - <u>Supportive</u>: Providing consultation regarding particular individual mentoring/recovery coaching and/or group work

Developmental Model
   - Rationale for including more seasoned peer provider in supervision process in order to draw upon their wisdom and expertise
   - Including seasoned peer in supervision can help clarify peer provider's professional development process (i.e., peer apprentice, advanced beginner, competent worker, experienced worker, and expert)

Coordinating multiple supervisions
   - Common for VA peer specialist/technicians to have multiple supervisors including administrative and clinical / program specific
   - Lack of coordination between supervisors can lead to confusion, conflict, and misunderstanding
   - Strategies for improving coordination:
     – Site peer champion (e.g., Local Recovery Coordinator) meets with supervisors in advance to discuss peer roles and supervision expectations
     – Quarterly or bi-annual supervisor meetings with all supervisors and individual peer staff

8. Setting the stage for supervision: Topics for first few meetings:

- Discussing roles and expectations for supervision; confidentiality; frequency of contact; essential qualities of peer supervisor and peer supervisee; normalizing process for conflict resolution; underscoring striving towards mutuality and recognition of power differentials and challenges in medical model systems; goal setting (both peer supervisor and supervisee do this); and using agendas

Panel Presentation

A three person panel also presented a view of peer specialist supervision from different service delivery perspectives. This was a helpful for engaging participants in an ongoing discussion of the key principles of peer specialist supervision. Common themes raised in the panel discussion included: The need for effective training on peer roles and supervision for both peer specialists and supervisors; the development of job descriptions that clearly outline the responsibilities of both peer specialists and supervisors; the important role for supervisors to provide advocacy both in the organization and community for peer services; and, to the greatest extent possible, the need for respectful strength-based approaches and confidentiality in the supervision relationship.

The three member panel discussion on *Models and Methods of Peer Specialist Supervision* included: Lori Ashcraft, PhD, Executive Director of the Recovery Innovations Recovery Opportunity Center, Phoenix, AZ; Renee Kopache MS, CPRP, the Coordinator of Wellness Management for the Hamilton County Mental Health and Recovery Services Board in Cincinnati, Ohio; and Tiffany Sturdivant MSW, LCSW, Team Leader, Futures; Truman Medical Center Behavioral Health, Kansas City, MO.

Key themes presented by the panel participants included:

- Lori Ashcraft, PhD - cited the importance of supervision being a strength-based process that supports the role of the peer specialist. Feedback is important, promotes trust in the relationship, and supports professional development. All supervision must also occur within the framework of existing human resource standards and procedures.

- Renee Kopache MS, CPRP – noted the essential differences between supervisors who have lived experiences, and those who do not. These can impact the ways in which a supervisor is able to serve as a role model, model other responsibilities, support trust, and help build knowledge. It is important to both plan and develop peer roles, and these responsibilities should be embedded in job descriptions and training for supervisors.

- Tiffany Sturdivant MSW, LCSW – discussed examples from her work where there are dual supervisors for peers, including both recovery-focused and administrative roles. Job descriptions help assure that peer roles are not clinical, and support effective hiring practices. Key attributes of good supervisors include a willingness to collaborate, advocating for the peer specialist's training and benefits, and the role of the supervisor as a champion of developing recovery cultures in organizations.

Work Group Discussions and Development of the Pillars of Peer Support Supervision

A cornerstone of the Pillars of Peer Support summits has been the use of facilitated group discussions among the participants. Attendees at the summits have all been key knowledgeable

leaders nominated by their state behavioral health authorities. This has facilitated bringing together a wealth of perspectives and input for the consideration of critical issues. For the supervision summit a series of work group steps were developed. Participants were tasked with the generation of a list of "Pillars of Peer Supervision" through a series of steps that began with individual review, followed by small group discussions, and eventually working towards a large group consensus.

For the purpose of the facilitated group discussions the definition of peer supervision presented by Dr. Chinman was adopted. This served as a framework to guide the formulation of the pillars.

The definition used states that:
> *Peer Support Supervision* occurs when a peer support supervisor and peer support specialist supervisee(s) formally meet to discuss and review the work and experience of the peer provider, with the aim of supporting the peer in their professional role.

Pillars of Peer Support Supervision

The result of the facilitated dialogue groups was the development of a set of core principles for supervision. These concepts were then reviewed and distilled into five key themes. Based on these principles and themes, a set of five pillars were generated. The five pillars include:

1. **Peer Specialist Supervisors are Trained in Quality Supervisory Skills.**
2. **Peer Specialist Supervisors Understand and Support the Role of the Peer Specialist.**
3. **Peer Specialist Supervisors Understand and Promote Recovery in their Supervisory Roles.**
4. **Peer Specialist Supervisors Advocate for the Peer Specialist and Peer Specialist Services Across the Organization and in the Community.**
5. **Peer Specialist Supervisors Promote both the Professional and Personal Growth of the Peer Specialist within Established Human Resource Standards.**

Following is a detailed review of the Pillars of Peer Support Supervision, which provides the core elements of each of the concepts and outlines the opportunities for system improvements. Many of the pillars include dual challenges for both the supervisor and the peer specialist. The focus of the pillars is to provide guidance on key components to support the peer specialist workforce, rather than to provide specific proscriptive guidance, tools, or products.

1) Peer Specialist Supervisors are trained in Quality Supervisory Skills
Too often, behavioral health and social services supervisors are promoted into these roles based on their clinical experience and excellence. This does not ensure that they have had adequate training and experience in supervisory roles. Additionally when there is experience in clinical supervision, this does not necessarily transfer to similar roles in working with peer specialists. Therefore, supervisors of peer specialists should have training in both basic supervision skills, and specific skills related to supervising peer specialists.

Some of the general attributes of quality supervision were determined to include: Well developed supervision skills (giving/receiving feedback, knowing supervisee's job, safety, availability, problem solving); supervision focused on work performance; promoting wellness in the workplace; helping staff access resources helpful to their role; promoting mutual trust, respect, responsibility, and collaboration; regularity of supervision as necessary to ensure quality performance in accordance with organization policies; and supervision that is tailored to the individual needs and abilities of each supervisee.

Supervisory skills that are more specific to peer specialist roles are included in subsequent pillars.

2) **Peer Specialist Supervisors Understand and Support the Role of the Peer Specialist**
In order to provide supervision for a peer specialist, it is vital for the supervisor to understand the key elements of their roles. Supervisors should know the job description for the peer specialist and assign tasks that are appropriate to the role and its requirements. Understanding state level certification codes and requirements helps the peer specialist supervisor address roles, ethics and professional boundaries, and fosters accountability. Goals of supervision should include helping a peer specialist supervisee understand his or her role within the agency, and fostering a collaborative relationship with the peer specialist that models collaboration for their own work with the consumers served.

The peer specialist supervisor should have a fundamental understanding of the principles of recovery and the role of peer support services in building and sustaining recovery goals. Peer specialist supervisors should be encouraged to obtain ongoing continuing education on peer support services and the recovery model. This continuing education helps the supervisor advocate for the expansion of peer specialist roles, their culture, and non-clinical orientation and roles. It also helps the supervisor to distinguish between providing support and providing therapy.

3) **Peer Specialist Supervisors Understand and Promote Recovery in their Supervisory Roles**

The peer specialist supervisor should model the principles of recovery through their knowledge, language, and behaviors. This includes having a person-centered approach to wellness and resiliency, strength based and holistic models of service, promoting hope and empowerment, and the use of person-first language. The supervisor should encourage the peer specialist to model recovery and resiliency when sharing their story as a part of their peer support services, with the goals of instilling hope, engagement, building a trusting relationship, and encouraging skill building for those served. It is also important for the supervisor to have knowledge and awareness of the roles and contributions of the peer specialist, and to know the differences from other team member' roles. As standards of practice for peer support services evolve, and models of service fidelity continue to develop, it will be important for the supervisor to encourage and monitor adherence to them. Standards of practice have historically been generated at the state level, and new initiatives from organizations like the International Association of Peer Supporters (www.inaops.org) are supporting the development of national standards for this workforce. Additionally, as the services delivered by peers expand, there has been greater

attention to the fidelity of service models and roles across programs. This will require continued professional development and knowledge by supervisors, as well as coinciding expansion of their roles.

4) **Peer Specialist Supervisors Advocate for the Peer Specialist and Peer Specialist Services Across the Organization and in the Community**

Peer specialist supervisors have a responsibility to be advocates for the role of peer support services in the organizations in which they work and in the community. This fosters a relationship of trust and support between the supervisor and supervisee. Together there is a partnership to promote the value and use of these services, and educate those in the organization and community about peer support services. Supervisors should also advocate for policies and procedures in the organization that promote and foster recovery.

5) **Peer Specialist Supervisors Promote both the Job Related Professional and Personal Growth of the Peer Specialist Within Established Human Resource Standards**

Peer specialist supervisors are a key link between the peer staff and the organization's leadership. In this role they have a responsibility to advocate for equal compensation and benefits for this workforce. They are also responsible for promoting professional and job related personal growth. This can include access to training and continuing education, evolving peer specialist role opportunities, and appropriate career ladders. Personal growth may include maintaining a safe work environment, personal wellness, and individual goal attainment. A collaborative supervisory relationship is supportive, provides timely and respectful feedback, and is strength based.

The Twenty-five Pillars of Peer Support and the five Pillars of Peer Specialist Supervision

The original Pillars of Peer Support and the Pillars of Supervision clearly outline best-practice principles for the peer specialist workforce and the supervision of this workforce. The supervisory process should inherently not be materially different for peer specialists than any other segment of the health services workforce. Yet as with each different discipline there are unique attributes that must be considered and included in the hiring, staffing, and development of peer specialist roles, and thus unique considerations are needed for their supervisors as well.

The twenty five Pillars of Peer Support outline a set of principles for the peer specialist workforce. These can generally be divided into five categories that include the roles of education, certification employment, professionalism, and community advocacy of peer specialists. Together these pillars describe the key attributes of the peer specialist workforce, and the settings and systems in which they practice.

The five Pillars of Peer Specialist Supervision are designed to guide the work of those who supervise peer specialists. The disciplines and roles of these supervisors vary across states, organizations, and programs. Therefore it is important for there to be a set of principles that guide this aspect of the peer specialist profession. The Pillars of Peer Specialist Supervision outline essential aspects of the training and professional development of supervisors as they

relate to their work with this workforce. Additionally they stress the importance of understanding and supporting the role of peer specialists within the framework of recovery. Promoting the professional development and advocating for the peer specialist workforce and its services within organizations and the community are also described.

Together the Pillars of Peer Support and the Pillars of Peer Specialist Supervision articulate the key attributes of this workforce and the roles they serve within health services systems. They can also provide guidance, direction, and technical assistance to the human resource workforce in organizations that employ peer specialists. Both sets of pillars are intended to be complimentary and to support the evolving growth of the peer specialist workforce.

Conclusion

The roles of peer specialists are emerging and evolving across health services and the systems that provide care for those with both physical and behavioral health conditions. Funding for these services has been initiated through CMS, and increasingly being built into state level contracts for Medicaid and other health care coverage. Managed care organizations are adopting these services within the continuum of care they provide, and over time the evidence base for these services is expanding and exemplifying the important roles that peer specialists serve.
The Pillars of Peer Support were originally designed to foster the development of the peer specialist workforce, and to describe the core principles of the roles and services they provide. Since the development of these pillars, they have been reported and adopted across systems that provide these services. The Pillars of Peer Specialist Supervision have evolved from requests for the development of a set of principles that can help guide organizations that employ this workforce. These new pillars for supervision can serve as guidance for organizations, individual supervisors, and peer specialists as they navigate the evolving growth of these service roles. As with the original pillars, they can provide direction, guidance, and technical assistance to behavioral health professionals on best practices for the peer specialist workforce. The Pillars of Supervision outlined in this report and the keynote resources (see Appendix 1) can provide useful guidance for the advancement of high quality supervision of peer specialists.

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Pillars of Peer Support Services Summit Six:

Peer Specialist Supervision

Appendix 1
Keynote Presentations

Pillars of Peer Support
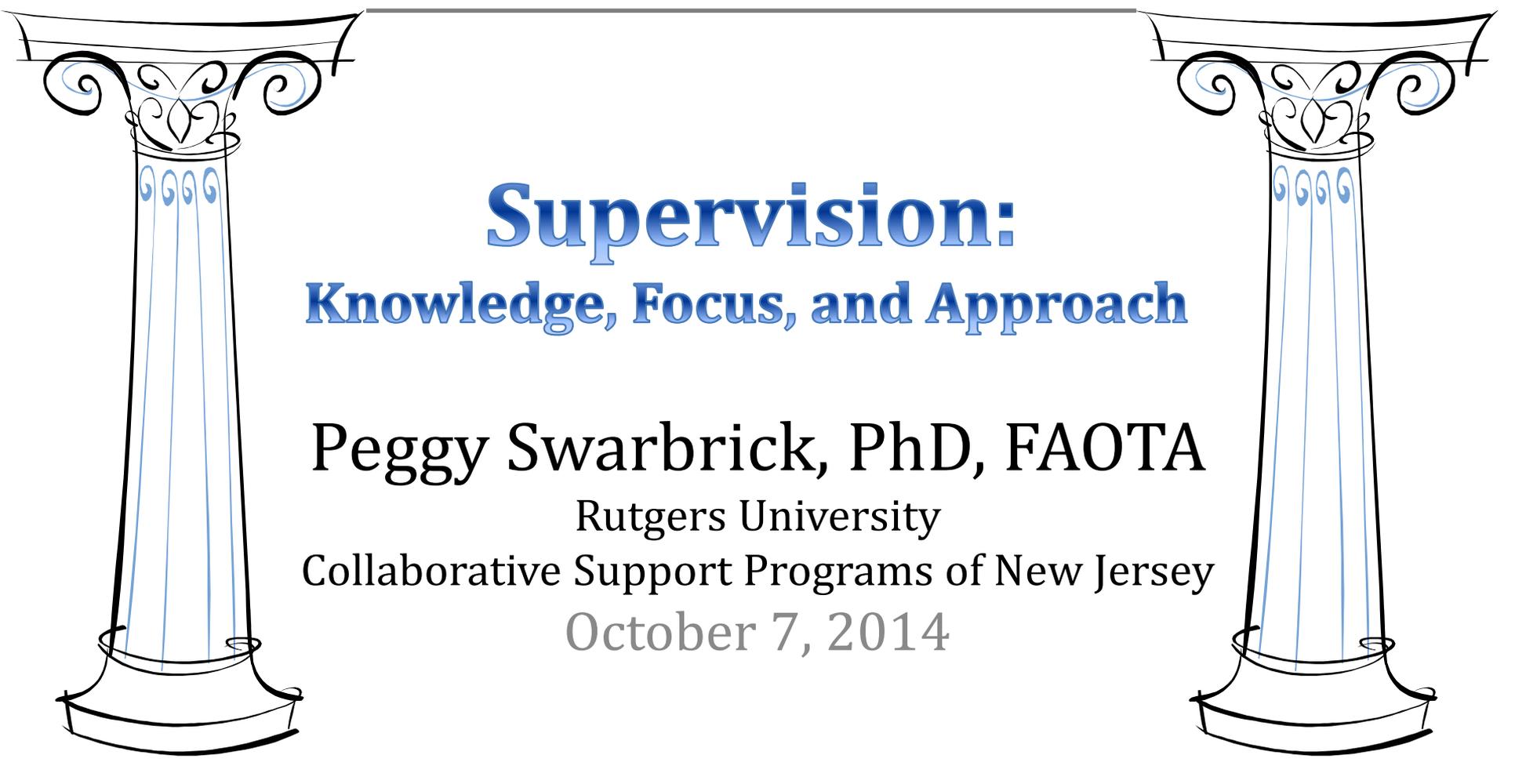
Supervision:
### Knowledge, Focus, and Approach

Peggy Swarbrick, PhD, FAOTA

Rutgers University
Collaborative Support Programs of New Jersey
October 7, 2014

The Supervisor
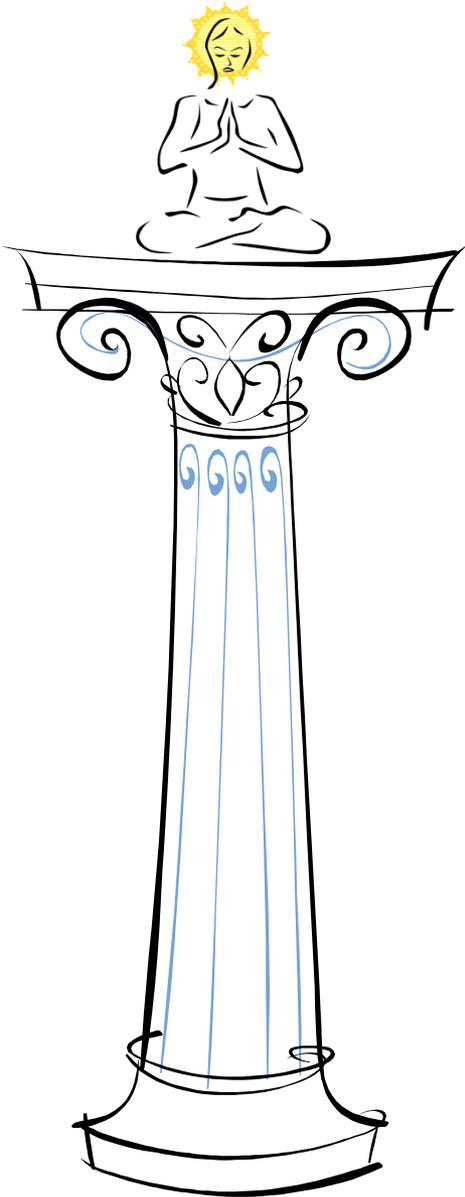
- Guide

- Listener

- Respectful

- Partner

The Peer Specialist

- A unique role

- Inherent gifts

- Demonstrated effectiveness
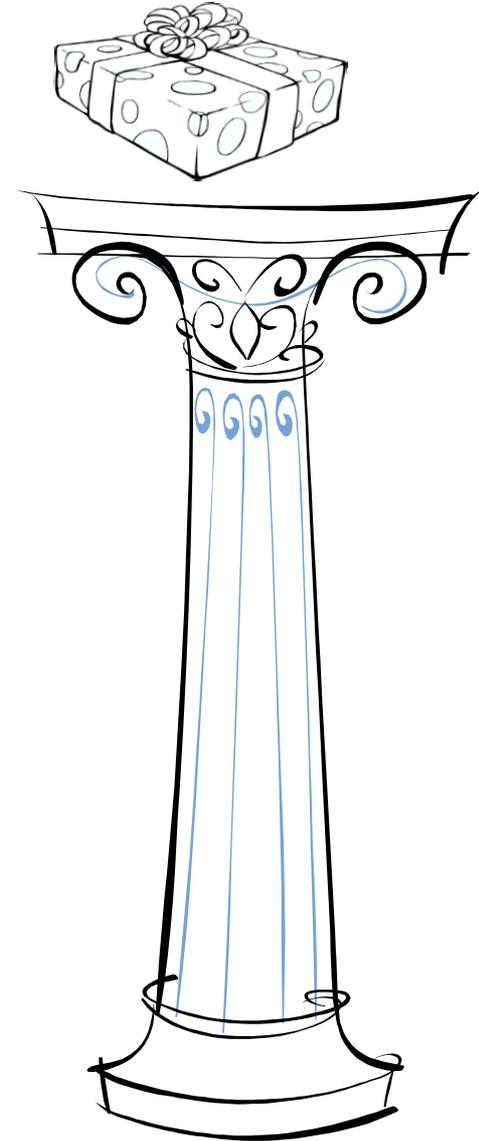
Supervisor

Peer Specialist
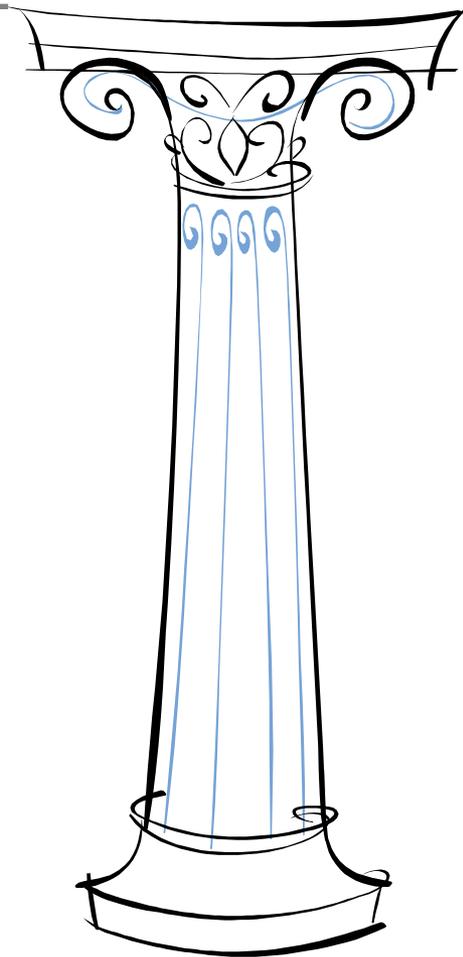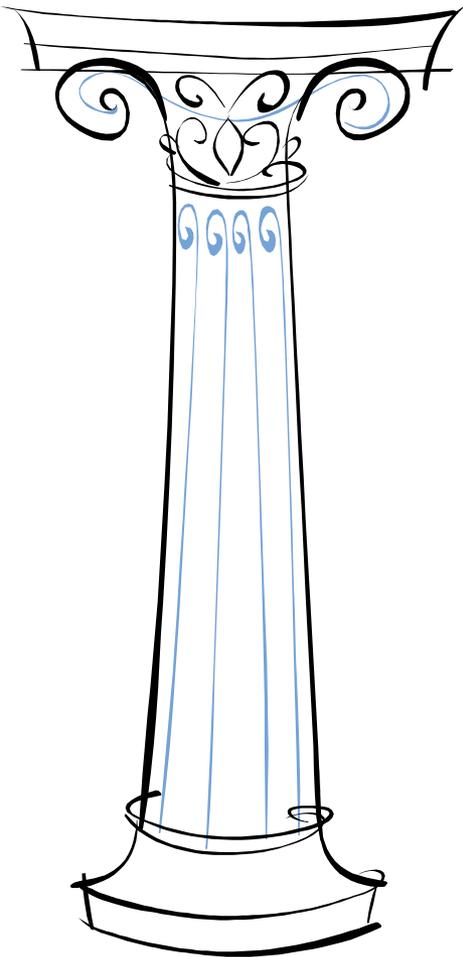
Two Roles

- **Administrative supervision**
  - organizational efficiency
- **Consultative supervision**
  - professional development of supervisee
- Two roles: complementary & contradictory

Supervisees often benefit from having separate supervisors for these roles

Supervising Peer Specialists

- Must be familiar with unique job role
  - Ideally, each peer specialist will have a reflective, consultative supervisor **with experience** working as a peer specialist
  - *Someone learning a discipline or role benefits from a mentor trained and experienced in that role*

- Peer specialists: "in but not of the system"
  - This role can create job strain
  - Important area to explore routinely in supervision

Peer Specialist Role

- In but not of the system
- Change Agent
  - Help create the culture and climate to empower peer specialist to be change agents
- Provision of 1:1 peer support
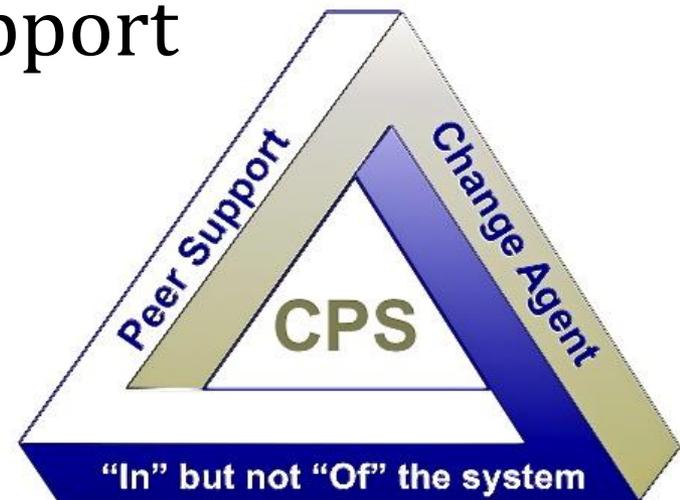
Lyn Legere, Transformation Center, Boston

The Peer Specialist Supervisor

Knowledge

Focus

Approach

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The Peer Specialist Supervisor

Knowledge

of the reality, principles, and philosophy of recovery

Recovery

Recovery is a process of change through which individuals improve their **health and wellness**, live a self directed life, and strive to reach their full potential

Substance Abuse and Mental Health Administration (**SAMHSA)**

Four major dimensions
that support a life in recovery

- *Health*
- *Home*
- *Purpose*
- *Community*

The Peer Specialist Supervisor

Knowledge
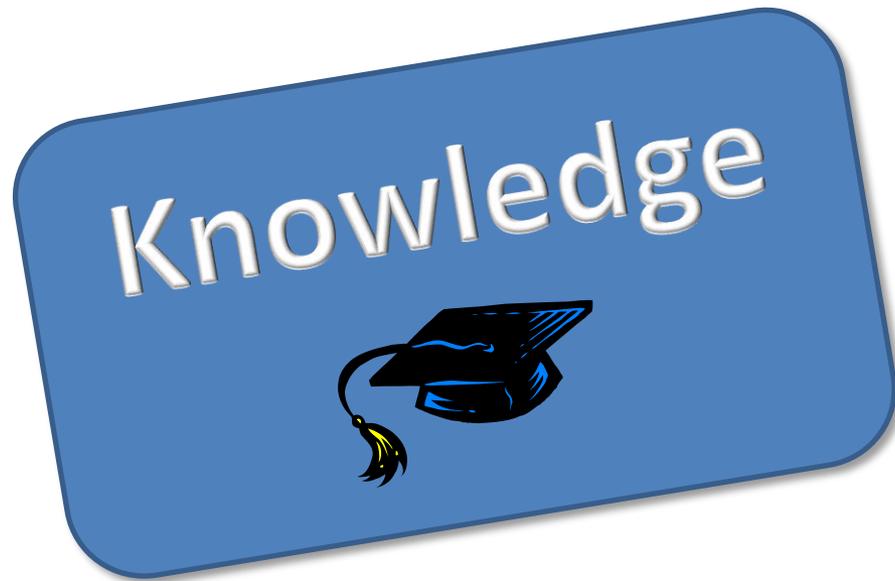
of principles and values of Peer Support Services

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Feature	Description
Definition	Delivered by a person in recovery. Offers social support before, during, and after treatment to facilitate long-term recovery in the community
Goals	Assist in developing coping and problem-solving strategies for illness self-management; draw on lived experiences and empathy to promote hope, insights, skills; help engage in treatment, access community supports, establish a satisfying life

Chinman et al 2014. *Peer Support Services for Individuals With Serious Mental Illnesses: Assessing the Evidence Psychiatric Services 2014;* 65 (4).

Peer specialists

- Draw upon lived experiences to share empathy, insights, and skills
- Serve as role models
- Inculcate **hope, engage in services, and help access supports** in the community

Use of peers is supported by social modeling theory: others in similar circumstances might have an important influence

The Peer Specialist Supervisor

Knowledge

Peer Specialist Code of Ethics

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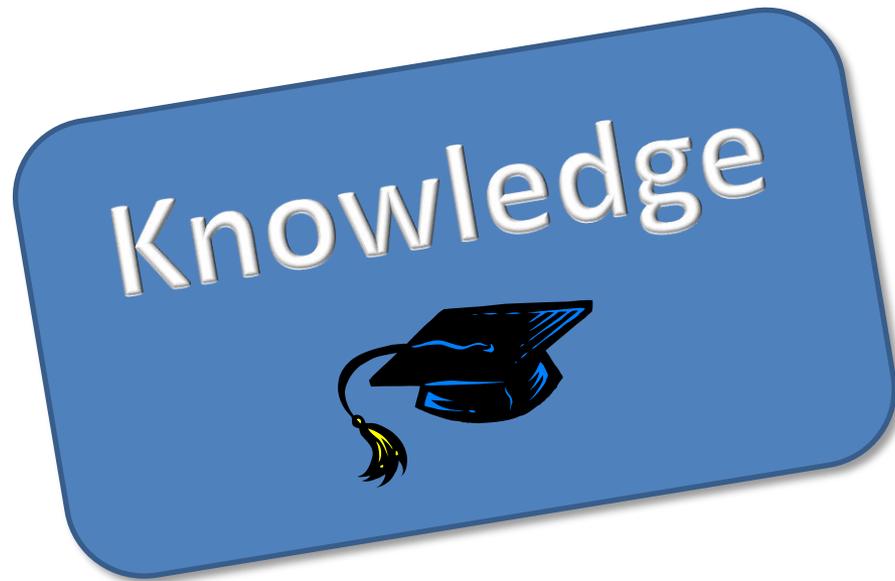
Knowledge

- Recognize Peer Specialists as belong to a **profession** with its own code of ethics
- Appreciate similarities to and common foundations of other professional codes
- Fully understand the unique features of the CPS Code of Ethics
- Accept the importance of **mutuality**

The Peer Specialist Supervisor

Knowledge
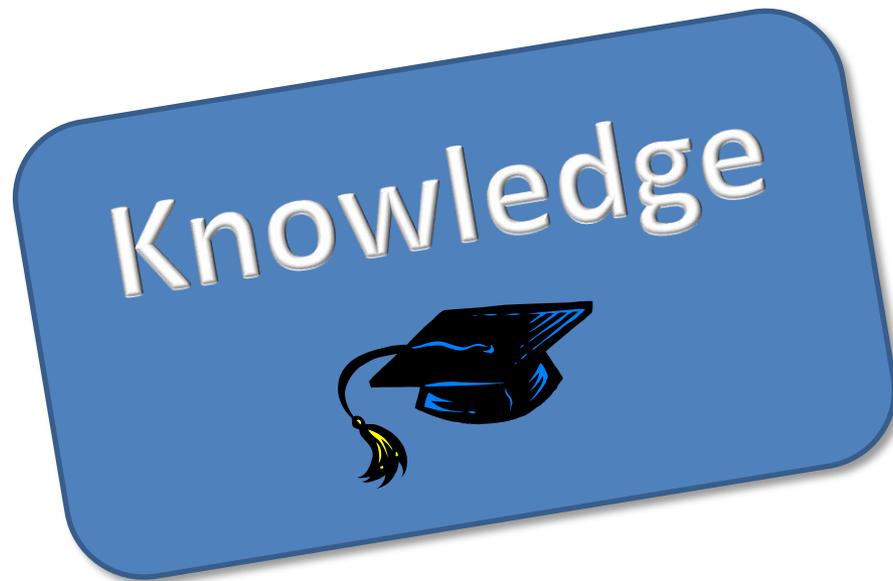
a clear understanding of the peer specialist's job and service description

Role Clarity

- Develop a ***clear job description***
  - Provide detailed information about job expectations and requirements

- Revisit the job description periodically
  - Ensure that it is up to date
  - Check that both parties are on the same page

The Peer Specialist Supervisor

keeps the focus of
supervision on
work performance

NOT

on the peer specialist's
mental health issues

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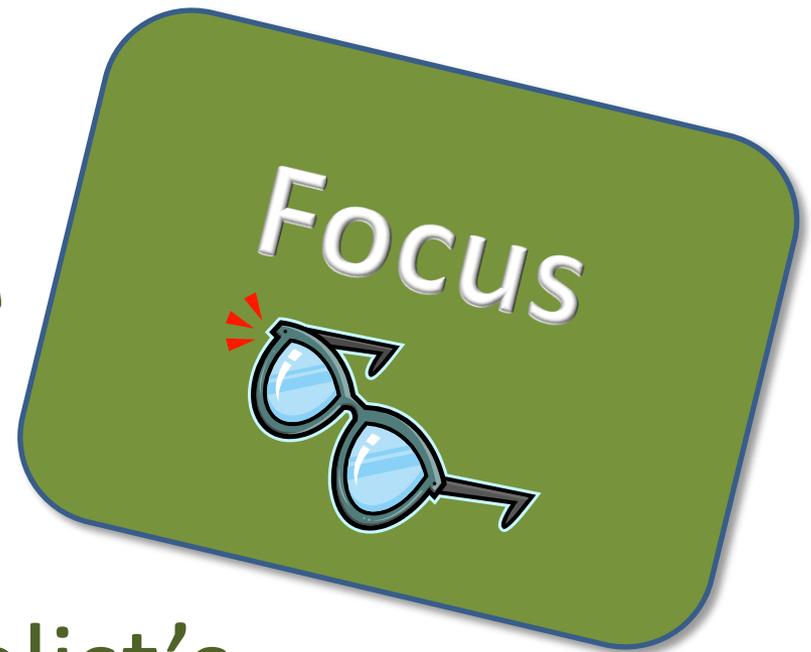
Supervision Agenda

- **Performance**
  - what is working well, time management
- **Education/Growth**
  - skill development, sharing/accessing resources
  - review of progress towards professional goals
- **Relationships with co-workers**
- **Management issues** (agency policies and procedures)
- **Personal Wellness** (strategies for work)
  - Strengths and how to improve

The Peer Specialist Supervisor

discusses and clarifies
job description, role, and
expectations

...NOT tells or
instructs

Approach

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Supervisor needs to…

- Create a **supportive environment** where
  - The Peer Specialist is encouraged to learn, apply and grow
  - Support is offered to apply and refine skills

- Promote a **stimulating environment**
  - That involves *questioning*
  - And *reflective practice*

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Supervisor Tasks

- Actively request feedback from Peer Specialist
- Give regular constructive feedback
  - Highlight strengths
- Help Peer Specialist to
  - Identify strengths
  - Address areas for growth
  - Set professional goals
  - Develop and refine skills and abilities

Supervisor Responsibilities

- Convey importance of peers to the agency
  - Ensure peer positions are permanent and independent of changing levels of funding
  - Advocate for compensation and evaluation: same performance standards as non-peer staff
  - Provide *opportunities for advancement*
- Work with HR
  - Establish practices that help peers participate in the workplace to the fullest extent possible

Gates & Akabas (2007). Developing strategies to integrate peer providers into the staff of mental health agencies. Admin Policy in MH and MH Services Research, 34, 293-306. Quote is from p. 298)

Transformation Efforts

- Orientation and training to all constituencies about the peer role
- Clear communication
  - The **value of peers**, reflected in a mission statement that supports recovery
  - Strong leadership in supporting the mission
  - Formalized opportunities to learn about principles, policies, and practices (e.g., mandatory NEO)

Gates, L. B., & Akabas, S. H. (2007). Developing strategies to integrate peer providers into the staff of mental health agencies. Admin Policy in MH and MH Services Research, 34, 293-306. Quote is from p. 298)

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The Peer Specialist Supervisor

offers the opportunity to share preferences about what to do if mental health issues arise

Approach

Supervision Challenges

- Peer roles are still evolving
- New roles are required
  - advocate, protector, change agent
- Lack of training in supervision
- Resisting temptation and habit of a "clinical" perspective on employment issues

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CREDITS

Thanks for contributions to content and presentation

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Supervision

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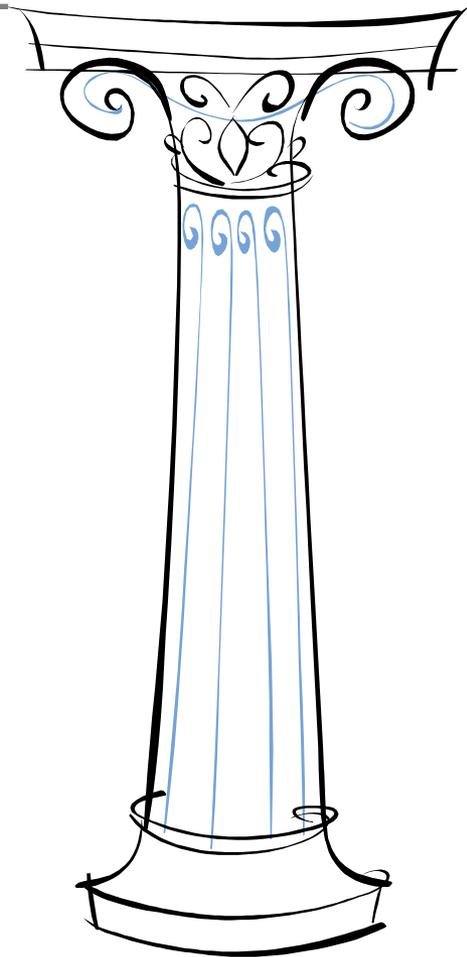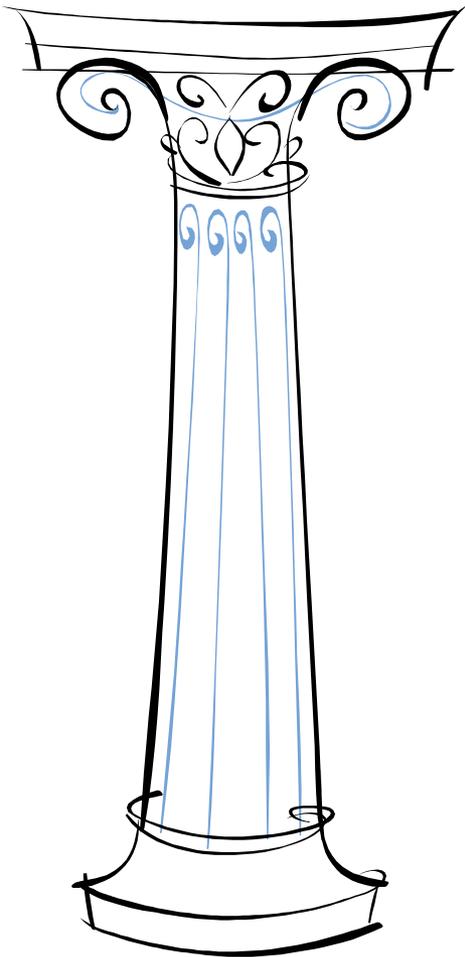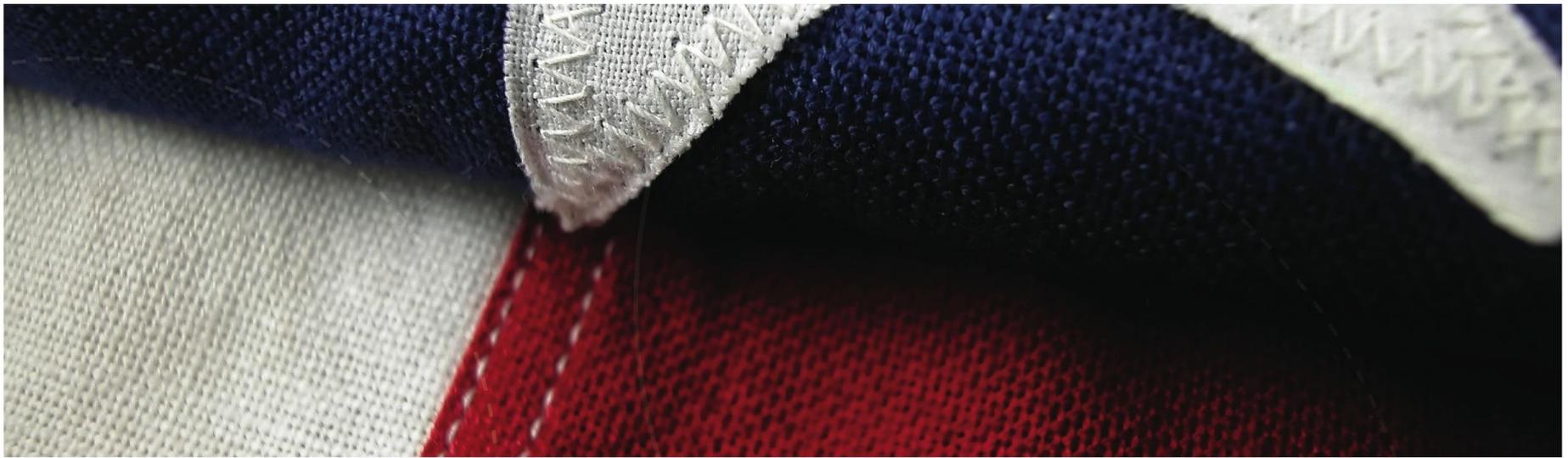
Peer Specialists: Implementation, Evidence, and Effective Supervision

Matthew Chinman, Ph.D., VISN 4 MIRECC, VA Pittsburgh

October 8th 2014

Presentation outline

- Implementation

- Evidence

- Supervision

Implementation
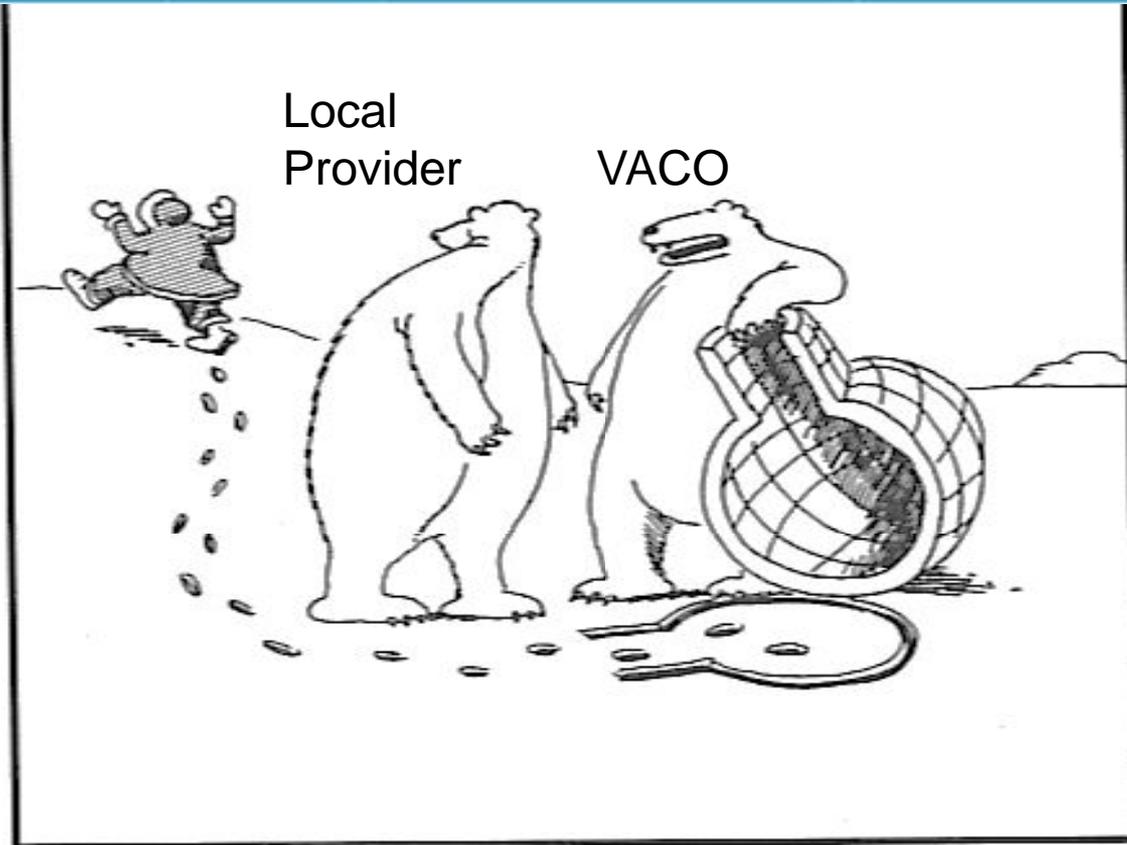
"I lift, you grab. … Was that concept just a little too complex, Carl?"

VA investing in Peer Specialists in mental health

- President's New Freedom Commission on Mental Health Report (2003) recommended PSTs:
  - "Because of their experiences, consumer-providers bring different attitudes, motivations, insights, and behavioral qualities to the treatment encounter (p. 45)."

- Office of Mental Health Services support
  - Some initial funding (2005), PDs, yearly conferences (2007 on), national conference calls, Listserves, implementation checklists

- VHA Handbook 1160.01, Uniform Mental Health Services in VA Medical Centers and Clinics (2008):
  - "All Veterans with SMI must have access to peer support services, either on-site or within the community" (p. 28).

- In 2008, a new job classification entitled, "Peer Specialist (PS)," was created via the Veterans' Mental Health and Other Care Improvements Act of 2008 (Public Law 110-387)

- VA contacted with a single training provider (2012)

The White House

Office of the Press Secretary

E-Mail   Tweet   Share   +

For Immediate Release   August 31, 2012

Executive Order -- Improving Access to Mental Health Services for Veterans, Service Members, and Military Families

"Sec. 4. Expanded Department of Veterans Affairs Mental Health Services Staffing. The Secretary of Veterans Affairs shall, by December 31, 2013, hire and train **800** peer to peer counselors to empower veterans to support other veterans and help meet mental health care needs."

Peer Support implementation: Early challenges in & out of VHA

- Role confusion:
  - Lack of clarity about peer support providers' duties

- Staff resistance:
  - Less supervision and support
  - Exclusion from treatment team meetings

- Unequal treatment:
  - Lower wages for peer support providers
  - Lack of a viable career path
  - Lack of access to medical records
  - Relegated to grunt work
  - Handling reasonable accommodations and over concern about sick leave

(Davidson et al., 1997; Chinman et al., 2006; Chinman et al., 2008; Dixon et al., 1994; Fisk et al., 2000; Gates & Akabas, 2007; Manning & Suire, 1996; Miya et al., 1997; Mowbray et al., 1996; Solomon & Draine, 1996)

Example organizational change model to guide VHA PS implementation
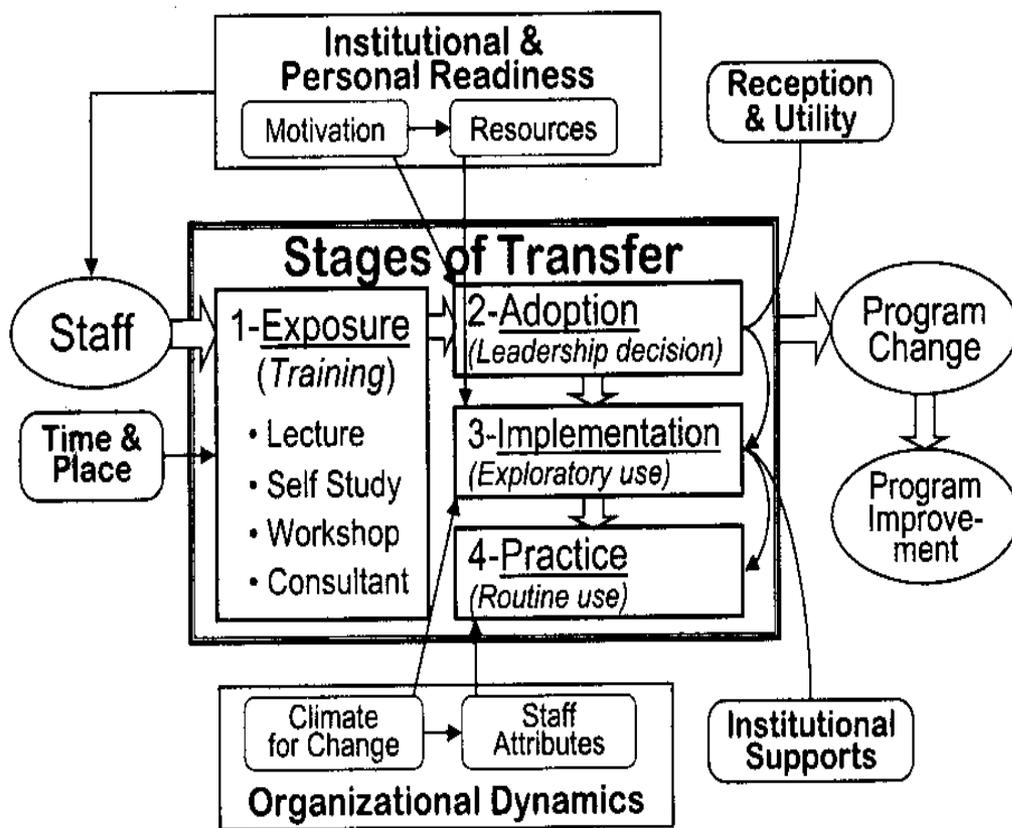
Simpson Transfer Model (STM) four action stages:

1. Exposure: Training, Q&A

2. Adoption: Opinion leaders, decision to adopt

3. Implementation: Planning w/local stakeholders, tailoring, piloting

4. Practice: Monitoring, refining

(Simpson, 2002)

Peer Support toolkit supports implementation in VHA

http://www.mirecc.va.gov/visn4/peer_specialist_toolkit.asp

Evidence

What is the evidence base for peer support services?

Chinman, M., George P., Dougherty, R.H., Daniels, A.S., Shoma Ghose, S., Swift, A., Delphin-Rittmon, M.E. (2014). Peer support services for individuals with serious mental illnesses: **Assessing the evidence**. *Psychiatric Services*, 65, 429-441

Majority of studies showed some positive benefit of peers (effectiveness)

- Peers added: 8/13 studies showed benefit
  - 3 of 6 RCTs (all limited)
  - 5 of 7 Quasis

- Peers in traditional role: 1/3 studies showed benefit
  - 1 of 2 RCTs (limited)

- Peers delivering curricula: 4/4 studies showed benefit
  - 3/3 RCTs
  - 1 descriptive

Across the 3 service types, improvements have been shown in multiple outcomes

- Reduced inpatient service use
- Improved relationship with providers
- Better engagement with care
- Higher levels of empowerment
- Higher levels of patient activation
- Higher levels of hopefulness for recovery

Research on Peers' vary on type, quality and outcome assessed

- Quality varies
  - Small sample size, data collection not "blind", measures untested, non-RCT

- Outcomes vary
  - Positive results do not cluster around the same outcomes (only 2 RCTs found less inpatient use)

- The way peers were used varies

- Two recent meta analyses conclude little evidence, but have flaws (Lloyd-Evans et al. BMC Psychiatry 2014, 14:39; Pitt V, Lowe D, Hill S, et al. Cochrane Database of Systematic Reviews 3:CD004807, 2013)

Peer support is a "black box", so we need……

Developing a Peer Specialist Fidelity Tool

- Literature review on factors that help/hinder PS implementation
- Two broad areas
  - Team level – What do PS need to be successful?
  - PS level – Are PS delivering services according to the PS model?
- Develop a 'theory of change' model of PS
- Establish domains to measure
- Draft items (interview PS, colleagues, supervisors; record review; observation)
- Basic testing
- Expert panel
- Final product → Draft instrument ready for larger scale testing
- Funded by VA's National Director of Peer Support

Supervision

"Do you realize that this month you made 17 percent more trips to the water cooler?"

Supervision is a key support for Peer Specialists (PS)

- As new service providers, PSs need to have a place to get clinical advice

- PS training is modest, thus supervision can continue the training

- With pressure to be a "junior clinician," and the pressures of co-optation, supervision can reinforce the peer role

- Several studies have shown that PS want supervision

Objectives and definition of Peer Support supervision

Objectives

- To provide peer support staff and volunteers with a safe, confidential and supportive space to reflect critically on professional practice.

- To enhance quality mental health services to Veterans by improving mental health practice via provider self-reflection, learning and competency development.

- Supervision is central to quality management in a learning organization.

Definition

- *Peer Support Supervision* occurs when a peer support supervisor and peer support specialist supervisee(s) formally meet to discuss and review the work and experience of the peer provider, with the aim of supporting the peer in their professional role.

What is the role and duties of PS supervisors?

- VHA requires that:
  - PSs have their notes co-signed by a Licensed Independent Professional (LIP)
  - PSs be supervised in person for 1 hour
    - once a week during probationary period
    - at least once a month after probationary period
- Peer Support Handbook's supervisor responsibilities
  - Use approved PDs
  - Use appropriate hiring interview questions
  - Ensure PSs are integrated into their clinical team
  - Develop a performance plan (including certification) at probation start
  - Understand and apply reasonable accommodations if needed

What is the role and duties of supervisors of WOC peer support providers?

- Develop written PDs

- Establish tour of duty

- Orient volunteer to assigned clinical service and VA policies

- Ensure appropriate use of medical record (CPRS) if allowed locally

- Supervise in person for 1 hour
  - once a week during probationary period
  - at least once a month after probationary period

- Ensure ongoing recovery training and education

- Ensure competencies are met within 1st year (i.e., certification)

- Work with HR on performance issues

Essential qualities of Peer Supervisor and Peer Supervisee

Both

- Open
- Honest
- Motivated
- Aware of own strengths and weaknesses
- Capacity to give and receive constructive feedback
- Strive towards mutuality in supervisory relationship
- Willingness to engage in ongoing education about peer support role and recovery to practice innovations

Supervisor

- Capacity to support, empathize and challenge

Peer Supervisee

- Able to accept responsibility for own practice
- Able to generate ideas for action
- Commitment to professional development

Setting the stage for supervision: Topics for first few meetings

- Discussing roles and expectations for supervision

- Confidentiality

- Frequency of contact

- Essential qualities of peer supervisor and peer supervisee

- Normalizing process for conflict resolution.

- Underscoring striving towards mutuality and recognition of power differentials and challenges in medical model systems.

- Goal setting (both Peer Supervisor and Peer Supervisee do this)

- Using agendas

Slippery slopes for Peer Supervisors

- View peer provider through diagnostic lens

- Falling into therapist role

- Not recognizing value of Peer provider's recovery story/experiences

- Knowledge gaps about consumers' movement, history and current best practices and ongoing innovations in peer support.

Slippery slopes for Peer staff

- Expecting supervisors to completely structure your job—not including your perspective/voice/ideas.

- Over relying on personal / recovery experiences and/or over-identifying with Veterans you serve.

- Balancing self-care with peer work

- Minimal mentoring in professional peer support role before starting VA position.

- Knowledge gaps about consumers' movement, history and current best practices and ongoing innovations in peer support.

Supervision approaches: Supervisory Alliance Model

- Focuses on functions and tasks of peer support supervision, including:

  - <u>Managerial/Administrative</u>: Documentation, polices, procedures.

  - <u>Formative/Educative</u>: Review/reinforcement of peer support skills and recovery tools. Enhancing identified strengths and recognizing growing edges.

  - <u>Supportive</u>: Providing consultation regarding particular individual mentoring/recovery coaching and/or group work

Supervision approaches: Developmental Model

- Rationale for including more seasoned peer provider in supervision process in order to draw upon their wisdom and expertise.

- Including seasoned peer in supervision can help clarify peer provider's professional development process (i.e., peer apprentice, advanced beginner, competent worker, experienced worker, and expert).

Focus on concrete strategies

- Using Agendas

- Goal Setting

- Minimizing Peer Drift / Co-Optation

Example agenda

- Follow-up on LEAD training

- Recovery coaching with three Veterans

- Planning for recovery dialogues group

- Planning for educational readiness group

- Experiences in Outpatient MH Team meetings

- Review of action items

- Review of supervision meeting
  - "Is there anything we didn't cover today that we should be sure to cover next time?"
  - "How was this supervision meeting for you?"

Goal setting

- What personal strengths do you tap into most often on the job?

- What areas of your work performance would you like to change or further develop?

- How can you use your personal strengths and past accomplishments to develop or increase your skills?

- How will you will you know when you have reached your work performance goal?

- What supports can your supervisor provide as you work towards this/these goals?

Note: Questions adapted from Ashcraft & Martin (2007)

Supervision can minimize "drift" from peer role

- PSs can drift in several ways
  - Hesitate to use own recovery story
  - Teach recovery as an "expert" vs. allow for multiple paths
  - Focus on Veteran deficits only
  - Focus on achieving objective standards rather than relationships
  - Singularly promote compliance vs. self-determination
  - Doubt the contribution of the PS role and pride in PS identify
  - More focus on documentation than building a meaningful relationship with Veteran to identify barriers to recovery.
- Supervisors can be on the look out for these issues
- Encourage Peer Providers to meet in group supervision and support settings and connection with local and national peer support forums to reinforce Peer Identity.

Coordinating multiple supervisions

- Common for VA Peer Specialist/Technicians to have multiple supervisors
  - Administrative
  - Clinical / Program specific
- Lack of coordination between supervisors can lead to confusion, conflict and misunderstanding
- Strategies for improving coordination
  - Site Peer Champion (e.g., Local Recovery Coordinator) meets with supervisors in advance to discuss peer role and supervision expectations.
  - Quarterly or bi-annual supervisor meetings with all supervisors and individual peer staff

Role plays in supervision

- Effective tool for assessing and teaching
- Can vary from scripted to free-form
- Start with learning objective
- Properly set it up
- Give feedback during and/or after

Oh H, Solomon P. (2014). Role-playing as a Tool for Hiring, Training, and Supervising Peer Providers. Journal of Behavioral Health Services & Research, 41, 2, 216–229.

Questions?

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