

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

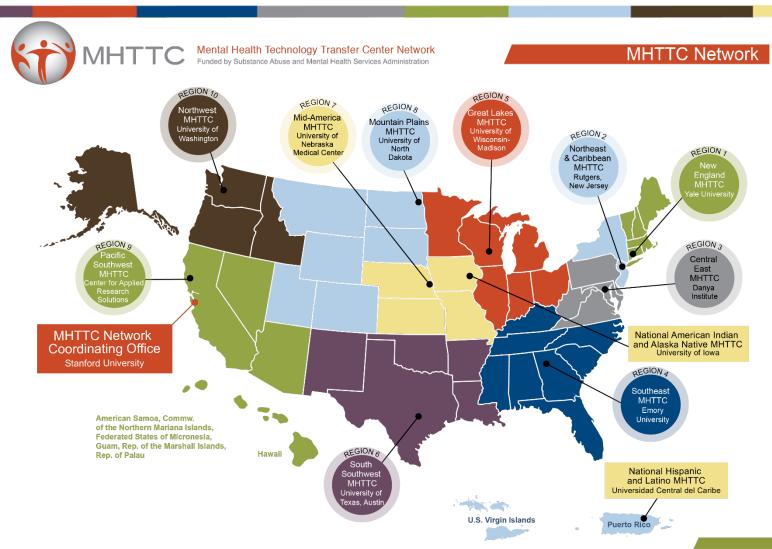
Chop Wood, Carry Water: Key Elements in Progressive Peer Workforce Practice

Jessica Wolf, Ph.D. Decision Solutions jwolfds@gmail.com





MHTTC Network



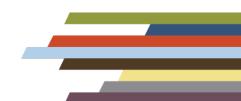


Central East MHTTC Goals

Funded by SAMHSA to:

- Accelerate the adoption and implementation of mental health related evidence-based practices
- Heighten the awareness, knowledge, and skills of the behavioral health workforce
- Foster alliances among culturally diverse practitioners, researchers, policy makers, family members, and consumers
- Ensure the availability and delivery of publicly available, free of charge, training and technical assistance

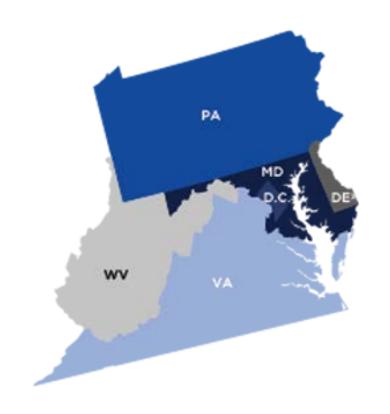




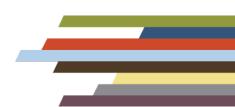
Central East Region

HHS REGION 3

Delaware
District of Columbia
Maryland
Pennsylvania
Virginia
West Virginia



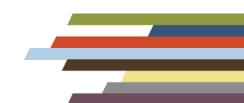




The Webinar Series

- On June 25th, the first in this series of 3 webinars explored how and why the peer support workforce evolved.
- The July 16th webinar focused on mental health system transformation and peer workforce employment.
- Today's webinar will address specific organizational and employment practices to support and sustain recovery-oriented change including peer employment and improved user outcomes.

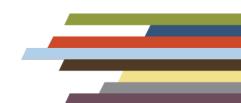




Learning Objectives

- 1. Be familiar with practical actions necessary to implement and sustain recovery values and practices, including employment of peer support workers.
- 2. Know key human resource actions to promote and sustain recovery-oriented practices including employment of peer support workers.
- 3. Be familiar with effective supervisory practices that support all roles, including peer support workers.
- 4. Be aware of ways to assure peer voice and presence in mental health agencies.
- 5. Understand career development concepts and practices for all staff, including peers.



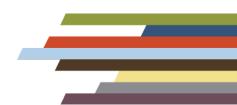


Chat Exercise



- What do you think are the most important steps your agency has taken or can take to implement recovery values and successfully employ peer support workers?
- What do you think are the most difficult steps to take and why?

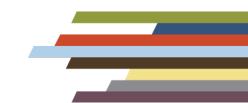




Chop Wood, Carry Water







Chop Wood, Carry Water

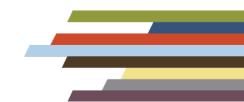
 More than a thousand years ago a Chinese Zen Master wrote:

Magical Power, Marvelous Action! Chopping Wood, Carrying Water...

 "...the greatest lessons and the profoundest heights of the spiritual path can be found in our everyday life."

Rick Fields (1984). Chop Wood, Carry Water: A Guide to Finding Spiritual Fulfillment in Everyday Life.

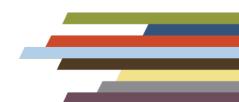




Introduction

- Successful implementation of peer support roles occurs in the context of a thorough organizational shift to recoveryoriented vision, mission and practice.
- While the presence of peer support workers helps accomplish this "evolutionary revolution," the employment of peers is not <u>alone</u> enough to drive, maintain and sustain essential organizational change.
- We do not subscribe to the concepts of peers "being integrated into" traditional mental health organizations.
- Rather, successful change efforts focus on the whole organization, with inclusion of peer roles as one very important, though not the only, key component.
- Change to recovery-oriented practice must be a team effort with "all hands on deck."





Everyone on Board



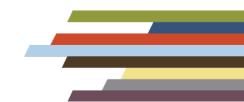


Review of Organizational Readiness

- Recovery values are embedded in organizational mission;
- Well-defined policies and practices are crafted to implement these values;
- Staff members are knowledgeable about and have positive attitudes towards recovery and peer roles;
- Well-trained supervisors provide regular supervision and support.

Gagne, C.A., Finch, W.L., Myrick, K.J., & Davis, L.M. (2018), S263.

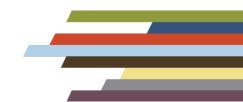




Review of Prerequisites for Success

- Organizational buy-in from the top, including
- Demonstrated leadership commitment
- Recovery-oriented values integral to vision, mission and practice
- All staff trained on recovery values and practices
- Conscious attention to change process and sensitivity to staff members' anxieties and concerns
- Obtaining staff buy-in
- Creating collaborative organizational culture
- Orientation of HR to hiring of peer support workers
- Peer voice at all organizational levels
- Peer roles at senior management, supervisory and team levels

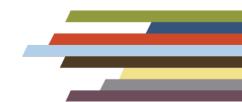




Training Topics for All Staff

- Recovery values: people with mental health conditions can and do recover
- Definition of peer support, what peer support workers do, and evidence for peer support (see SAMHSA Infographics)
- Learning about and using recovery-oriented and person-first language
- Building communications skills such as dialogue rather than debate
- Practicing cultural humility, reducing "othering" and stigmatizing behaviors
- Challenging negative attitudes about employment of people with lived experience
- Understanding and avoiding peer drift

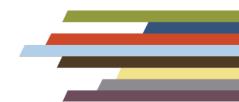




Importance of Experiential Learning

- The sample activities presented are intended to engage participants, to help them understand our common humanity and to infuse that understanding into work and personal roles.
- In addition, participants can learn skills, knowledge and behaviors – competencies – to become better able to deal with differing views, "loaded" situations, etc.
- Experiential training can sometimes be more meaningful than didactic training; it's often helpful to provide a balance of each.

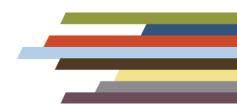




Sample Activities: Active Listening, Giving Feedback

- Active listening: in pairs, one person speaks for 2 minutes about a topic such as why s/he/they chose a career in the mental health field. The other person listens without comment. Then they switch roles, and afterwards discuss how this exercise felt and what they learned from it.
- Giving feedback that is specific, objective, timely, individualized, genuine, actionable (can be implemented): develop a scenario, such as another person expresses strong negative or positive feelings about a person or situation with which you may not agree. In pairs, offer feedback using the criteria above; and then discuss.

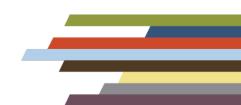




Othering, Stigma, Allyship

- In pairs, describe an experience (in childhood or currently) in which you felt "othered" or stigmatized by someone else ("people like you don't go to college;" "people with mental illnesses can't work"). Your partner listens and comments, and then you switch roles. It can be very valuable to do this exercise with people who are in different work roles, who come from diverse backgrounds.
- Describe a situation in which you were being othered or stigmatized and someone came to your defense, and/or supported you or challenged the person who was "dissing" you. How did that feel? How do you feel about being an ally to others who are being marginalized in some way?

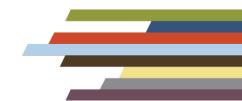




Dialogue Instead of Debate

- "Debate" is about being right and having the last word.
- "Dialogue" is listening to learn as much as possible from others; sharing from personal experience; asking questions and broadening the conversation.
- Dialogue includes openness to diverse views.
- <u>Scenario</u>: someone takes an absolutist position on a topic such as "I can't live with this roommate." Participants practice engaging with the person using "debate" and "dialogue" approaches and then process the experience.





Dialogue contrasted with Debate



shutterstock.com • 1151217977





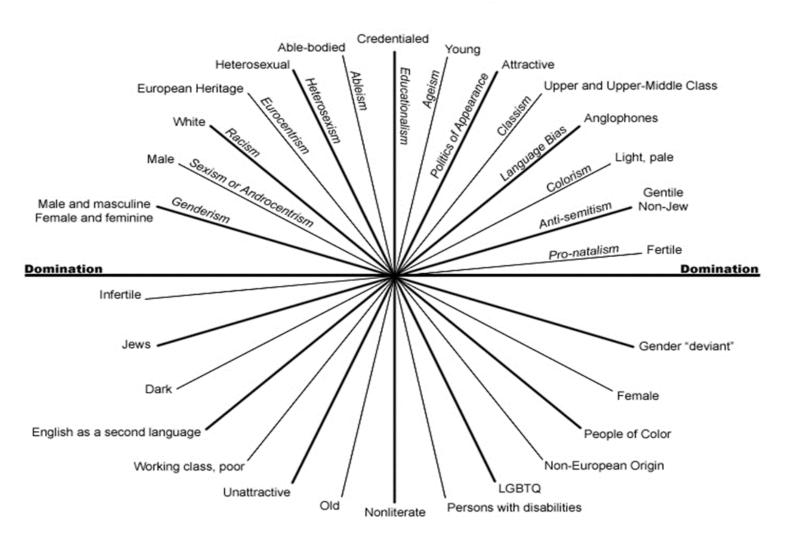
Intersectionality

Look at the wheel below, rate yourself and then discuss

Intersecting Axes of Privilege, Domination, and Opression

Adapted from Kathryn Pauly Morgan, "Describing the Emperor's New Clothes: Three Myths of Educational (In)Equalty."

The Gender Question in Education: Theory, Pedagogy & Politics, Ann Diller et al., Boulder, CO: Westview, 1996.



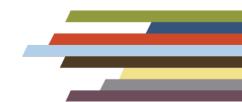
Orientation of Human Resources Staff

HR staff orientation to

- Addressing disclosure
- ADA (Americans with Disabilities Act)
- Role clarity of/for peer support workers
- Clear peer support worker job descriptions
- Pair HR with peer support consultants/staff and team leaders to design and structure peer role
- Serve as a resource for staff role clarification, conflict resolution, career development

Agency leaders must assure HR capability to accomplish these tasks.

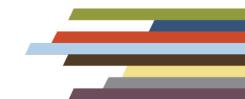




Additional HR Tasks

- Recruitment
- Interview practices and regulations (see sample interview questions in NYC Peer and Community Health Workforce Consortium Needs-based Toolkit)
- Job postings and descriptions
- Benefits management
- Creating equitable compensation and career development opportunities

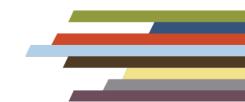




Effective Implementation of Peer Roles

- Preparing peers for role, disclosure, self-care
- Clear job description including responsibilities and reporting requirements
- Challenges and rewards of "disruptive innovator role"
- Orientation of peers and agency staff to roles, responsibilities and working relationships
 - Team meetings
 - Treatment planning procedures
 - Staff development
 - Inclusive informal gatherings



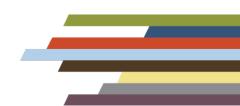


Supervision as an Alliance; not "Snoopervision"





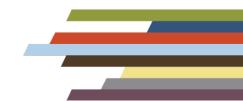




Supervision Elements

- Typically administrative, educative, supportive
- Additionally: developmental; trauma-informed, advocacy
- Understanding health disparities, social inequities
- Address ethical and boundary issues
- Individual, group, co-supervision (two meanings)
- Whenever possible: an alliance, common goals
- Recognize supervisor's "middle" role in organization as teacher, mentor, colleague, and representative of management and monitor of agency liability

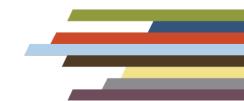




Supervisor Competencies

- Beliefs/attitudes, knowledge, skills (BRSS TACS)
- Beliefs: hope, person-driven, respect, growth
- Knowledge: peer support practices and values; specifics of jobs; navigate through agency; ADA and reasonable accommodations
- Skills examples: strengths-based affirmations; feedback – see BRSS TACS (specific, objective, timely, individualized, genuine, actionable)

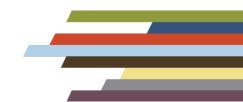




Benefits of Supervision

- Opportunities for learning for both supervisor and supervisee
- Enhanced problem-solving skills
- Increased knowledge and understanding of organizational environment, constraints and opportunities
- Focus on career development and promotion enables professional growth
- Advocating for peer values fosters organizational change
- Supervision can improve morale and increase retention

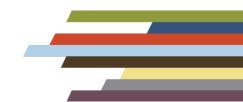




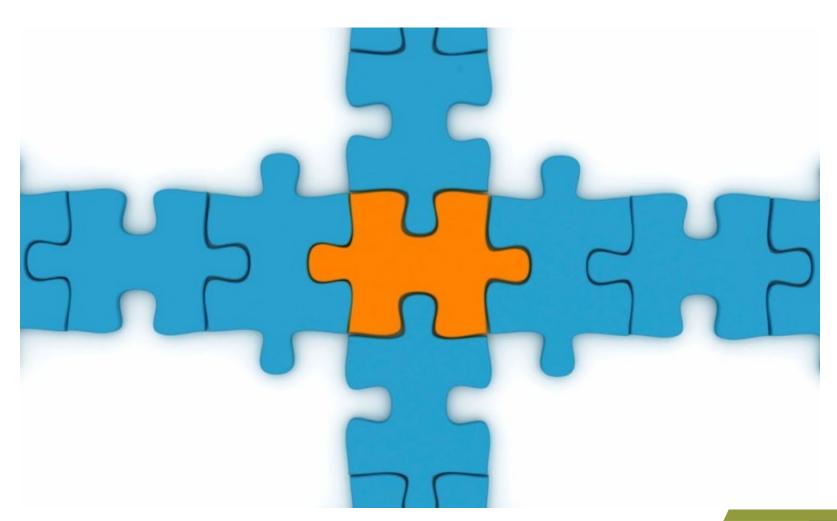
Supervisor Development

- Orientation of supervisors to peer values and roles
- Training supervisors and staff on supervision
- Recognizing and addressing challenges supervisors experience "in the middle" between peer staff and supervisors' supervisors
- Issues of self-direction and choice vs agency liability
- Working with an understanding of roles/challenges of non-peer support supervisors who are supervising peer support staff





"In the Middle"

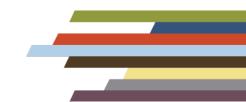




Valuable Skills for Supervisors and Supervisees

- Supervision as an alliance (authority issue)
- Supervisors as mentors
- Helping to build communication skills
- Reducing othering/stigma
- Practicing cultural humility
- Assuring leadership support and prioritization of regular supervision
- View of supervision as an investment for agency and for staff

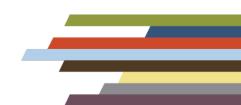




Suggested Approaches to Supervision

- Familiarity with mutuality as expressed in Intentional Peer Support
- Viewing supervision as an alliance while also recognizing there are times in which supervisors must represent agency authority while both parties together negotiate the outcome and acknowledge that choices have consequences.
- Use of a developmental model suggesting that change and growth are incremental over time, contributing to an ongoing feedback loop supporting continued learning and achievement.
- Trauma-informed: recognize that many people working in this field have trauma histories and experiences; educating everyone about Adverse Childhood Experiences (ACES) as well as the Adult Children of Alcoholics and Dysfunctional Families "Laundry List" of current factors.

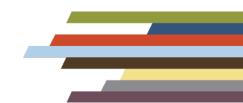




Non-peer Supervisor Challenges

- Reorienting and/or expanding supervisory approach from clinical to recovery values and peer support practice
- Becoming familiar with and understanding challenges peer support workers experience as team members
- Shifting from thinking of peer support workers as "patients" to recognizing them as valued colleagues
- Recognizing possible personal issues about disclosure in order to be helpful to peer workers who use disclosure as part of their relationshipbuilding in peer support
- Advocating for peers with other staff

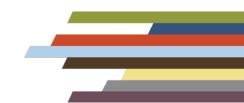




Challenges for Supervisors who are Peers

- Agency responsibility for training supervisors who are peers about purposes, values, responsibilities and challenges of supervision
- Navigating an authority relationship from a mutual relationship position – allies and partners while acknowledging and working with authority and liability concerns
- Feeling "in the middle" in advocating for and representing peer values within the organizational hierarchy



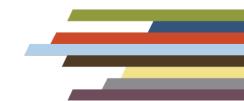


Peer Voice and Peer Presence

- Assuring peer voice in agency program design and policy-making
- Assuring peer presence in supervisory and management roles
- Examples:
 - Peers included in policy development
 - Peers included in designing teams
 - Peers with senior management titles and responsibilities

What are some examples from your experience? (add comments in chat box)





Peer Career Development

- Agency commitment and resources
- Compensation and benefits
- Increased hours
- Increasing job responsibilities
- Promotion opportunities
- Merit increases
- Lateral moves
- Continuing education
- Academic courses and credentials
- Should there be new academic programs in peer careers; and if so, what entities should develop them?
- Reciprocity
- Regular discussion during supervision about career goals

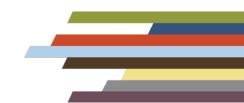




Promoting Career Development

- Supervisors discuss career advancement with supervisees
- Promotion and increased compensation opportunities included in regular performance review
- Release time and funding available for staff continuing education and academic studies
- Peers employed in senior management roles
- Advocate for peer advancement
- Create agency career and compensation ladders
- Assure peer voice throughout the agency/system

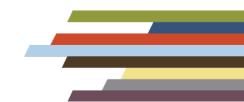




Career Considerations for Peers

- Working within mainstream agencies
 - Promotion
 - New assignments and responsibilities
 - Increased compensation
 - Continuing education
 - Added academic credentials
- Working in other settings
 - Peer-run agencies
 - Integrated health/behavioral health settings
 - Non-behavioral health settings
- "Out of the box" career options
 - Creative arts
 - Improvisation, comedy
 - Public relations
 - Life coaching
 - Motivational speaking

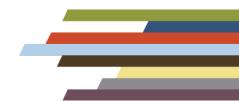




Conclusion: Chop Wood, Carry Water

- We've explored numerous pathways to mental health system change in implementing recovery values and practice and building peer workforce employment.
- These include staff training, experiential learning, HR capability, supervision, peer presence and voice, and career development.
- Let's keep in mind that peer support workers help improve outcomes by instilling hope, conveying belief in the possibility of recovery, and helping individuals set and implement personal goals. Peer workers also add value to mental health systems by helping colleagues understand the importance of the "peer voice" and promoting wellness, resiliency and self-determination.
- Opportunities abound to "chop wood and carry water," expressed as well in the saying, "walk the walk and talk the talk."
- We hope this webinar and the previous two webinars have helped to clarify some of the work already accomplished and some of the tasks ahead. Thank you for your participation.
- We'll now move on to Q & A and discussion.

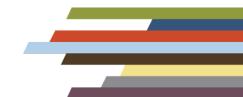




Q & A

- What do you think are some of the more challenging aspects of implementing change presented in this webinar?
- What actions has your agency taken and what actions do you think can be taken going forward to deepen commitment to recovery values and peer support roles?
- How does funding/reimbursement influence these factors?
- Looking past the 3 webinars, what other related topics would you like to see addressed in the future?



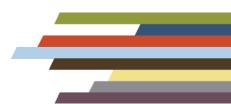


Selected References

- Byrne. L., Roennfeldt, H., O'Shea, P., & Macdonald, F. (2018). Taking a gamble for high rewards? Management perspectives on the value of mental health peer workers. *International Journal of Environmental Research and Public Health*, 15, 746.
- INAPS Supervision resources: <u>www.inaops.org/supervision</u>
 - Note: the INAPS National Workforce Committee has developed and circulated draft guidelines for supervisors. The final version will be presented at the INAPS Conference in San Diego, CA October 21, 2019.
- BRSS TACS Supervision https://www.samhsa.gov/brss-tacs
 - Description: https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/brss_209_supervision_of_peer_workers_overview_cp6.pdf
 - Slide deck with presenter notes: https://www.samhsa.gov/sites/default/files/guidelines_peer-supervision_ppt_withpresenternotes_cp2.pdf
- NYC Peer and Community Health Workforce Consortium (2019). Workforce Integration of Peer and Community Health Worker Roles: A needs-based toolkit to advance organizational readiness. https://www1.nyc.gov/assets/doh/downloads/pdf/peer/needs-based-toolkit.pdf
- City of Philadelphia Department of Behavioral Health and Intellectual Disability Services and Achara Consulting, Inc.(2017). Peer Support Toolkit https://dbhids.org/wp-content/uploads/1970/01/PCCI_Peer-Support-Toolkit.pdf

A note of appreciation to colleagues at the Center for Social Innovation and SHARE! The Self-Help and Recovery Exchange, for their shared knowledge, insightfulness, guidance and wisdom.





Peer Support Collaborative

- Objective
 Discuss ways to improve authentic involvement of peers in the behavioral health workforce
- Facilitator
 John Hudgens, M.M.E.
 Senior Program Manager,
 Advocates for Human Potential's
 Center for Technical Assistance and
 Training
- Meeting schedule Monthly beginning September 2019
- Interested?
 Please email your contact information to omorgan@danyainstitute.org



John Hudgens, M.M.E, Facilitator



Evaluation

Evaluation Link

Once you complete the evaluation, you will be directed to the resource page and certificate request form.

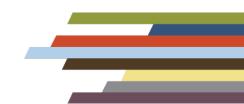




Appreciation







Contact Us



a program managed by



Central East MHTTC website
Oscar Morgan, Director

Danya Institute website

Email
240-645-1145

Funding for this presentation was made possible by SAMHSA grant no. 3H79SM081785. The views expressed by speakers and moderators do not necessarily reflect the official policies of HHS; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.



