



WHAT ARE PEER SUPPORT SERVICES?

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ROLE CALL

Poll

What best describes your role?

- ➔ Peer support worker
- ➔ Co-worker
- ➔ Supervisor
- ➔ Administrator
- ➔ Trainer or technical assistance provider
- ➔ Researcher

You may also introduce yourself in the chat.



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LEARNING OBJECTIVES

- ➔ Describe mutual support and the core values of peer support
- ➔ Recall and apply National Practice Guidelines for peer supporters
- ➔ Compare clinical services with non-clinical peer support
- ➔ Communicate the benefits of supervisors who have experience as peer support workers
- ➔ Utilize best practices in the supervision of peer support workers



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ORIGINS OF PEER SUPPORT

Peer support is a natural human response to want to help someone who is “like us.”



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EARLY DOCUMENTED “PEER SUPPORT”

In 1797 France, Jean-Baptiste Pussin, a former patient became the superintendent of the asylum and banned the use of chains and restraints and to establish a more humane form of treatment. **Philippe Pinel** was a physician who documented Pussin’s methods.



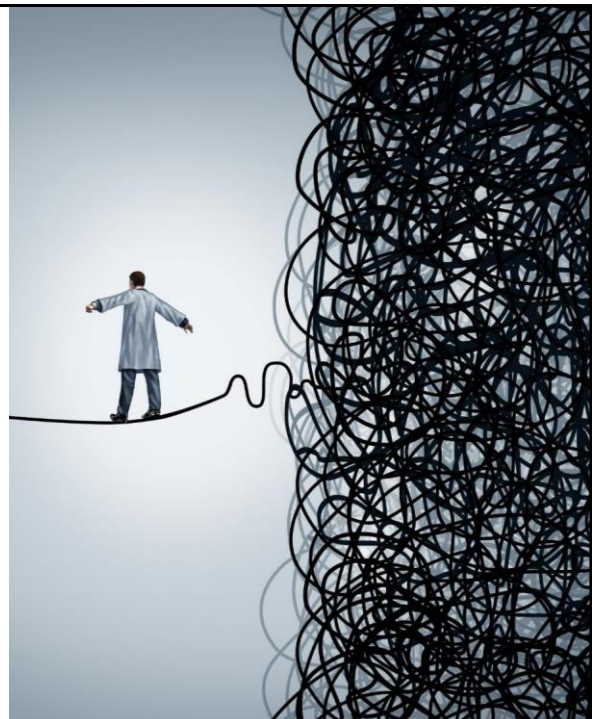
(Davidson, et al. 2012)



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LIVED EXPERIENCE

- What we have learned after reflecting on an experience
- Lived experience offers a different kind of knowledge (wisdom) than academic knowledge



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SELF-HELP / MUTUAL SUPPORT



- **Self Help:** You alone can do it, but you cannot do it alone
- **Mutual Support:** giving and receiving support in the form of lived experience



(Borkman, 2021)

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BREAKOUT DISCUSSION: MUTUAL SUPPORT

In small groups of 2-3 people discuss your “lived experience” of mutual support.

- Share a time you were able to help someone because **you** had been through something similar.

OR

- Share a time someone was able to help you because **they** had been through something similar.

Watch broadcast message for return to large group.



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SMALL GROUP ACTIVITY: MUTUAL SUPPORT

Briefly post in the Chat...

- Share a time you were able to help someone because **you** had been through something similar.
- Share a time someone was able to help you because **they** had been through something similar.



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CONSUMERS AND SURVIVORS



CONSUMERS

➔ Those who are still using mental health services

SURVIVORS

➔ Those who have survived the mental health system



(Chamberlin, 1978)

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ROOTS OF PEER SUPPORT SERVICES



Peer Support grew from three distinct mutual support branches:

- ➔ 12 Step/12 Tradition Groups
- ➔ Patient/Family Support Groups
- ➔ Consumer/Survivor/Ex-patient (c/s/x) Movement



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EVOLUTION OF PEER SERVICES IN MENTAL HEALTH

1970's-1980's

Alternatives to the mental health system (Chamberlin, 1978)

1998-2008

SAMHSA-funded multi-site research project named peer support an evidence-based practice (Campbell, 2008)

Examples

- ➔ drop-in centers
- ➔ mutual support groups
- ➔ peer educator and advocacy programs
- ➔ multi-service agencies with benefits counseling and case-management
- ➔ specialized supportive services focusing on crisis respite, employment, housing
- ➔ peer phone services (warmlines)



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RECOVERY IS POSSIBLE

In 1987, Courtenay Harding and other researchers presented over 30 years of accumulated evidence supporting the recovery of the majority of people with even the most severe mental illnesses.

This research was foundational to changing the paradigm from custodial care to recovery-oriented practice.



Courtenay Harding, PhD.

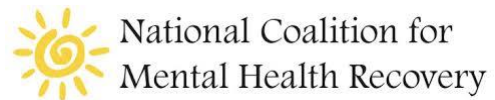
(Harding, et al., 1987)



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AUTHENTIC PEER SUPPORT

Peer Support grew and thrived in environments where there was a belief in recovery and mutual support
Skill was developed through an apprenticeship model (junior practitioners learned their craft from experienced practitioners)



National Coalition for
Mental Health Recovery



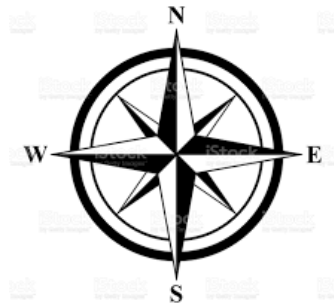
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THE PRACTICE OF PEER SUPPORT

CLOCK



COMPASS



(Covey, 1994)

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MEDICAID-BILLABLE PEER SERVICES

CMS.gov



In 2007, peer support was named an evidence-based practice and became a Medicaid-reimbursable service

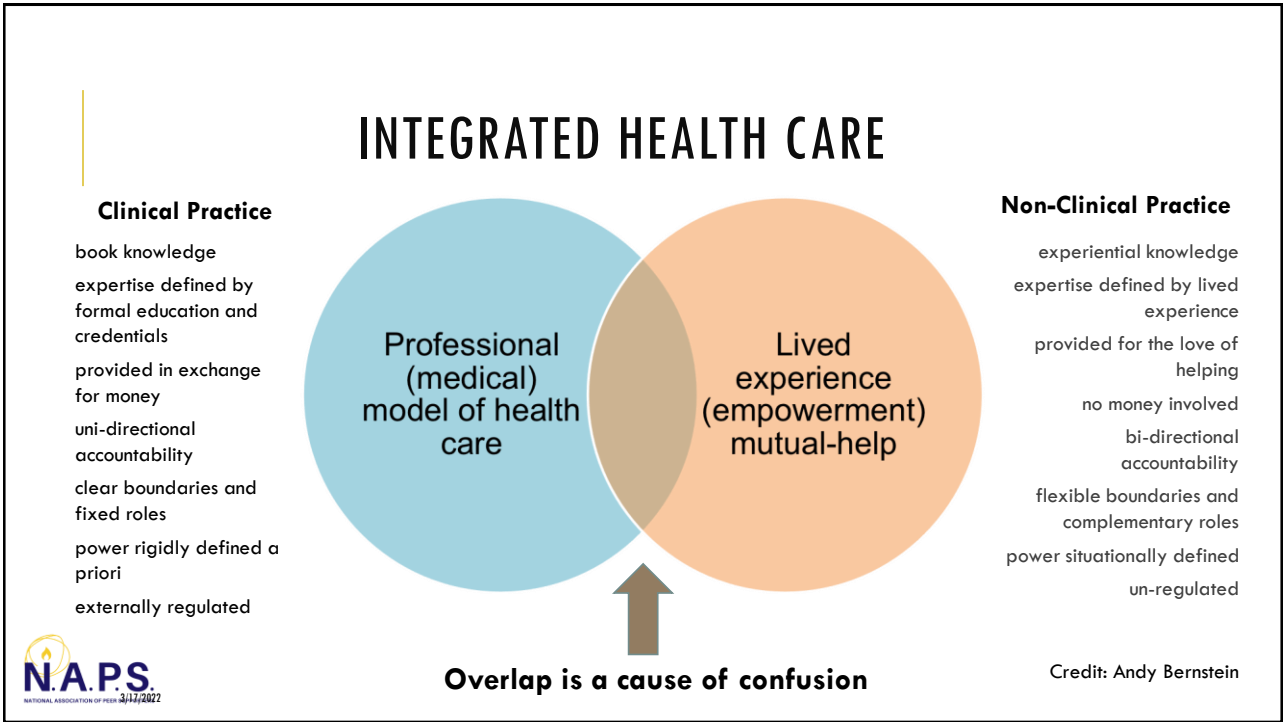
Medicaid Required:

- State approved training
- Care coordination
- Supervision by a competent mental health professional (as defined by the state)



(Smith, 2007)

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NATIONAL PRACTICE GUIDELINES


The National Association of Peer Supporters (N.A.P.S.) issued practice guidelines for peer support practitioners in 2013 followed by guidance on the role of the supervisor in 2019.

SOURCE: NATIONAL PRACTICE GUIDELINES FOR PEER SUPPORTERS AND SUPERVISORS (2019)

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CORE VALUES OF PEER SUPPORT





Peer supporters are:


1. Hopeful
2. Open minded
3. Empathetic
4. Respectful
5. Agents of change
6. Honest and direct

Peer support is:

7. Voluntary (supports choice)
8. Mutual and reciprocal
9. Equally shared power
10. Strengths focused
11. Transparent
12. Person-driven

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ACTIVITY: SHARING EXPERIENCE WITH THE GUIDELINES



In small groups of 4-5 people discuss your experience with the guidelines posted in the chat.

- What guideline do you already do (or supervise) well?
- What guideline would you like to do (or supervise) better?

Watch broadcast message for return to large group.

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FROM MOTTO TO DEMO DEBRIEF: ONE EXAMPLE

PEER SUPPORTER GUIDELINES

SUPERVISOR GUIDELINES

Practice: **Share Hope**

- Peer supporters tell strategic stories of their personal recovery in relation to current struggles faced by those who are being supported.
- Peer supporters model recovery behaviors at work and act as ambassadors of recovery in all aspects of their work.
- Peer supporters help others reframe life challenges as opportunities for personal growth.

The supervisor role is to:

- Demonstrate confidence in peer specialists' ability to share a hopeful message.
- Provide a way to further develop skills for disclosing personal experience with the goals of inspiring hope, developing trust and rapport, and fostering strengths.
- Model self-care, appropriate boundaries, and an authentic belief in recovery through language, attitude, and actions.



CLINICAL SUPERVISION VS PEER SUPERVISION

Clinical Supervision

About educating a junior member of a profession to meet the standards competent in that practice

Part of a developmental model

Supervision from a licensed mental health professional was a Medicaid directive

Peer Support Supervision

Mutuality and self-help are the values and practice of the profession

Employs an apprenticeship model

Rooted in a developmental model

The Five Critical Functions of Supervision Model provides a framework that highlights some of the nuances that address the unique concerns of peer support workers



FIVE CRITICAL FUNCTIONS OF SUPERVISION

	ADMINISTRATE	SUPPORT	EDUCATE	ADVOCATE	EVALUATE
SAMPLE TASK 1	Hire staff who meet job qualifications	Build rapport by providing constructive feedback	Explain the big picture; provide context and value of specific role in supporting the mission	Foster good morale and a respectful work environment	Communicate and manage expectations with respect to job performance
SAMPLE TASK 2	Orient staff to organizational structure	Inspire excellence and promote wellness and self-care	Coach staff on methods for engaging and educating participants	Strengthen the practice of peer support by promoting its value	Conduct performance evaluations
SAMPLE TASK 3	Help staff understand practices, policies, and procedures	Utilize a strengths based and trauma-informed approach to help staff problem-solve	Offer relevant training and conference attendance opportunities	Negotiate reasonable work accommodations when appropriate	Address areas needing improvement; progressive discipline
SUMMARY	General recruiting, onboarding, orientation as to vision and mission, housekeeping expectations	Clinical supervisors may treat peer support workers like clients rather than employees. Watch out for traps like being a "friend"	On the job training (hard to do without lived experience providing peer support) without may need education on the values, relationship challenges	Multiple ways; for the individual, the team, the program, and the community	Are things being evaluated in line with peer values?

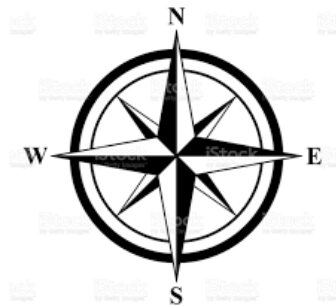


SOURCE: EDWARDS, J.P. (2018). THE CRITICAL FUNCTIONS OF SUPERVISING PEER SUPPORT STAFF, GITA ENDERS.

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CHALLENGES PEER SUPPORT WORKERS FACE

- What is done is sometimes at cross-purposes; are we helping people find their way (compass) while the rest of the system is on the clock (treatment)



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MYTHS AND FACTS

MYTH / CONCERN	FACT
1. Aren't peer staff too "fragile" to handle the stress of the job?	✓ Focus should be on whether or not the peer staff is able to perform the essential functions of the job
2. Don't peer staff relapse?	✓ All employees, including peer staff, take off time because of illness, including mental health issues
3. Can peer staff handle the administrative demands of the job?	✓ Supervision and specific job-skills training can support peer staff in managing these tasks
4. Won't peer staff cause harm to clients by breaking confidentiality or by saying the "wrong" things?	✓ Given their own experiences, peer staff may in fact be more sensitive around issues of participant confidentiality
5. Won't peer staff make my job harder rather than easier?	✓ The perspective of a peer specialist provides an important and useful complement to traditional mental health services; they can enrich participants' lives while other staff focus on their own roles



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SUPERVISION SITUATIONS AND SOLUTIONS

SITUATION / CHALLENGE	SOLUTION / RECOMMENDED PRACTICES
Lacking formal supervision structure	<ul style="list-style-type: none"> ✓ Establish formal supervision guidelines ✓ Establish a clear agenda ✓ Clarify tasks and expectations
Distinguishing supportive supervision from therapy	<ul style="list-style-type: none"> ✓ Establish clear and professional boundaries ✓ Redirect or identify appropriate support
Understanding and respecting the peer supporter's role	<ul style="list-style-type: none"> ✓ Discuss the value of peer support ✓ Clarify expectations and tasks
Resolving interpersonal conflicts	<ul style="list-style-type: none"> ✓ Listen to all "sides" of the story ✓ Facilitate mutual respect and resolution
Evaluating performance	<ul style="list-style-type: none"> ✓ Document regularly, keep a journal ✓ Provide feedback, guidance, and support ✓ Implement progressive discipline when necessary



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OVERCOMING THE CHALLENGES

- Ensure stage is set for inclusion of peers
- Provide clear job description
- Provide supervision that focuses on job performance and job support
- Avoid “therapizing” the relationship but build trust and alliance
- Advocate for more than one peer to lessen chance of isolation



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WHAT ~~PEERS~~ ALL STAFF NEED

- Definition / maintenance of role identity
- Specific job functions
- Appropriate boundaries
- Constructive feedback
- Personal and professional integrity and development
- SUPERVISION!



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A GOOD SUPERVISOR



- Informs and prepares non-peer staff
- Explains the peer role and job functions
- Advises peers on program values and philosophy
- Promotes supervisee's development
- Offers tools, skills, and knowledge



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NYC HEALTH + HOSPITALS

- Peer support workers are union members
- Clear functional job descriptions
- Many supervised by people with lived experience of providing peer support
- Career path: Peer Counselor Levels I, II, III, pathways to leadership



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TOP TEN THINGS NEW SUPERVISORS OF PEER SUPPORT WORKERS SHOULD KNOW

1. Prepare the way at the organization
2. Make room for the peer support worker
3. Treat the peer support worker like any other employee
4. Provide a clear, functional job description
5. Provide regular, scheduled supervision



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TOP TEN THINGS NEW SUPERVISORS OF PEER SUPPORT WORKERS SHOULD KNOW

6. Supervision is not therapy!
7. Focus on job performance and support
8. Ask for and be open to feedback
9. Refer peer support workers to Human Resources as appropriate
10. Promote professional development



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THANK YOU! QUESTIONS?



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