



SUPERVISION SUMMIT
WHAT IT TAKES: SUPERVISING
PEER SUPPORT
SPECIALISTS/ADVOCATES

March 15 and March 22, 2024





March 22, 2023

ARE YOU A NON-PEER SUPERVISOR? WHAT THE RESEARCH SAYS YOU NEED TO DO TO BE SUCCESSFUL WITH PEER STAFF

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PRESENTERS



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OBJECTIVES

You will be able to:

- Identify how clinical supervision and peer-informed supervision differ.
- Describe challenges associated with the current practice of peer support workers supervised by non-peer professionals
- Consider how a non-peer supervisor might work collaboratively with a CPS or Family /Youth Peer Advocate
- Summarize the critical elements needed in supervision of certified peer support specialists

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AGENDA

- Non-peer supervision: peer supervision versus clinical supervision
- Research findings from peers supervised by non-peers
- Strategies to enhance supervision

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KEY POINT 1: Why are we talking about this?

- In 2007, Medicaid funded peer support services
- Regulations included supervision by a mental health professional
- Non-peer supervisors are most familiar with the clinical supervision model of supervision

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**What do we mean
by non-peer
supervision?**



Clinical supervision

A senior member of a profession provides supervision to a junior member of the same profession to:

- Enhance professional functioning
- Role model professional behaviors
- Monitor the quality of services provided

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Academic Credentials

- The most common academic credentials are associate, bachelor's, and graduate degrees.
- A documented award by an authorized body that an individual has achieved learning outcomes relative to a given standard.
- Clinical is most often understood to focus on “treatment”

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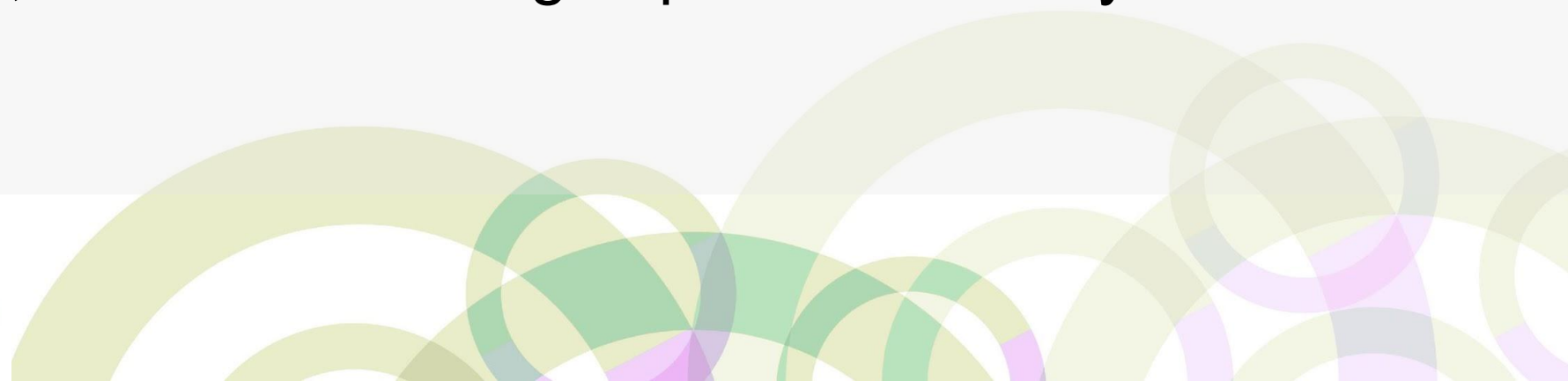
Lived experience

Lived experience-based interventions differ from professional interventions in that they involve dual relationships, personal self-disclosure; a focus on empowerment, and role modeling hope and recovery

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Chat Question

What challenges have you experienced with non-peer supervision?

Use the Chat to answer the question

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Clinical work and Peer work

How are they the same?

- The shared goal is to **promote recovery** in the individuals you work for

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Clinical work and Peer work

How are they different?

- Differ in style and substance
- Often differ in the goal

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Side by Side Comparison

' Lived experience

- Been there. Done that!
- Mutuality
- Dual relationships
- Choice
- Role model the journey of recovery

Academic Training

- Learned about it!
- Power differential
- Boundaries
- Goals
- Provider responsibility

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Recovery oriented model versus medical model

- Medical model is often focused on what's wrong. Measures success with terms like stability, community tenure, relapse prevention
- Recovery orientation focuses on life goals, living with meaning and purpose not defined by diagnosis or history

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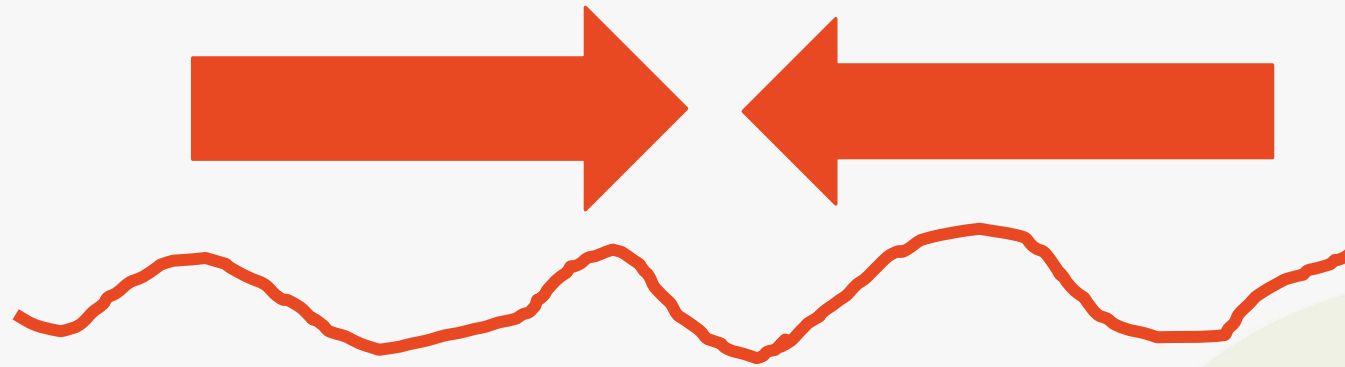


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Let's talk context...

Peer support workers and supervisors do their work during this transition.



- A bumpy ride

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Certified Peer Support Specialists and Family/Youth Peer Advocates

- Are the faces and champions of recovery
- Role innovators
- Advocates for change in the mental health system

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Most Important Finding

- CPS “like” their supervisors

BUT

- **CPS want a supervisor who is a more experienced CPS**

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KEY POINT 2: Research findings from peers supervised by non-peers

Key Findings include:

- Supervisor attitude is a critical determinant
- Role Integration challenges still exist
- Trauma informed techniques belong in supervision
- Building supports and networks are crucial

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Supervision was noted as **Positive**

When the **relationship** between the supervisor and CPS includes:

- Listening
- Availability
- Goal setting
- Transparency
- Responsibility
- Realism

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KEY POINT 3: Strategies to enhance supervision for peers

In supervision there are ways to address:

- staff attitude problems;
- lack of role clarity;
- need for trauma informed supervision, and
- building a facilitative environment

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Finding 1: Supervisor's attitude is essential

An attitude that reflects

- Respect for the peer role **along with**
- Positive non-judgmental communication **allows for**
- **Autonomous functioning in the peer role**

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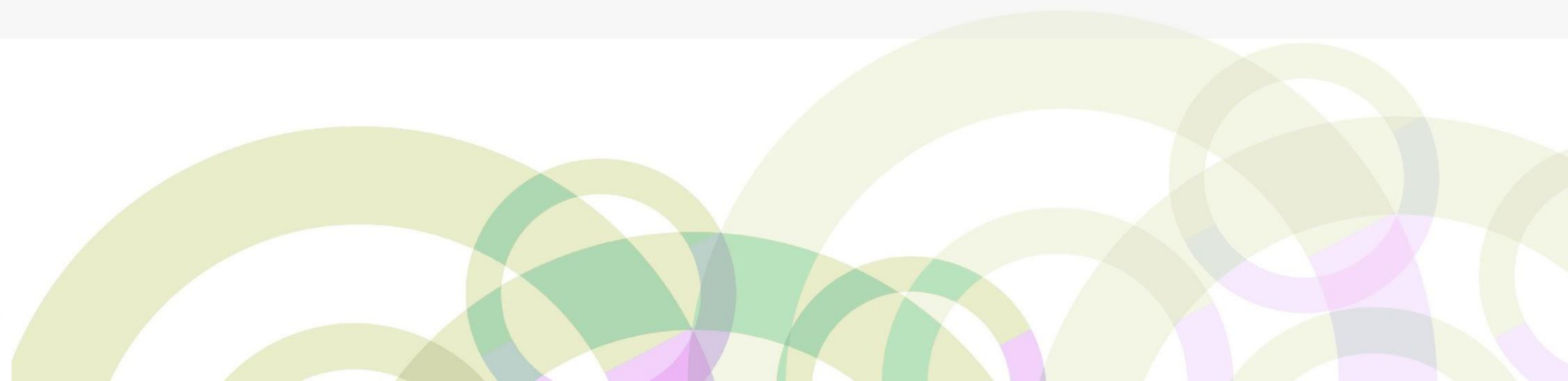
How to model respect for the peer role:

- Buffer stigmatizing attitudes which remain prevalent
- Signal and role model acceptance of new role
- Advocate for inclusion in team activities

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Finding 2: Role integration/inclusion remains incomplete

Significant challenges continue with:

- Role clarity
- Role adaptation
- Practice boundaries
- Peer drift

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Role clarity issues include:

- Incomplete or unacceptable job descriptions
- Clarity is often best achieved thru support for autonomous functioning.
- Mutual learning and role adaptation

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Role adaptation is not co-optation

- Role adaptation occurs when CPS are included in all aspects of team functioning
- Allows prioritization of information by CPS
- Increases mutual understanding

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CHAT QUESTION

What techniques have you used to address role confusion?

Use the Chat to answer the question

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Understanding Practice boundaries

- Require negotiation between CPS and supervisor to explore differences in relationships, values and perspective

National Practice Guidelines can be big help

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Finding 3: Need for trauma informed supervision

- Use of self is different for lived experience professionals
- Compassion fatigue sooner and more likely
- Accept presence of moral injury
- Prevent re-traumatization
- Self care is important and is for everyone

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Compassion fatigue

- Known also as burn out
- Happens earlier and more often in CPS
- Arises from constant more intimate use of self, often involving memories that can be triggers from past difficult or traumatizing experiences

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Moral in jury

- A sense that a very personal moral line or code of behavior has been crossed
- Witnessing or being asked to participate in actions that just feel “wrong”

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Trauma informed supervision includes

- Accept presence of moral injury
- Prevent re-traumatization
- Self care is important and is for everyone

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Retraumatization

- We know trauma is very individualized
- We also know that a large percentage of individuals diagnosed have trauma history
- We know that treatment within the mental health system can cause trauma
- Duties or interactions on the job can trigger memories of past overwhelming or traumatic experiences

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Trauma informed techniques in supervision

- **Awareness**- often trauma responses are automatic and outside of the person's awareness
- **Safety** is the primary element of trauma informed care
- **Address it**- If you suspect an environment or circumstance is triggering

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Steps that facilitate a supportive environment

- Perspective taking
- Mutual learning
- Building peer supports
- Peer networking is critical

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Perspective taking

Consider:

- Reality is multi-faceted
- Our reality is our reality our personal view of the world

Implement:

- Team meetings, shadowing, attendance at peer conferences, etc.
- Cherish all opportunities to see another side

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Mutual learning

- Supervision can be reframed and understood as mutual learning.
- Consider some of Edwards' five functions such as education, evaluation, and advocacy
- Think of all of those as a two way street
- You learn from each other

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Finding 4: Building a facilitative environment is essential

- CPS bring a new role and perspective to the team
- They are often a minority perspective
- Lack of support and isolation hamper inclusion and lead to turnover

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Building peer supports

- Create opportunities for peer networking and peer interaction
- Inside and outside of work
- Everyone needs role models
- Everyone needs support

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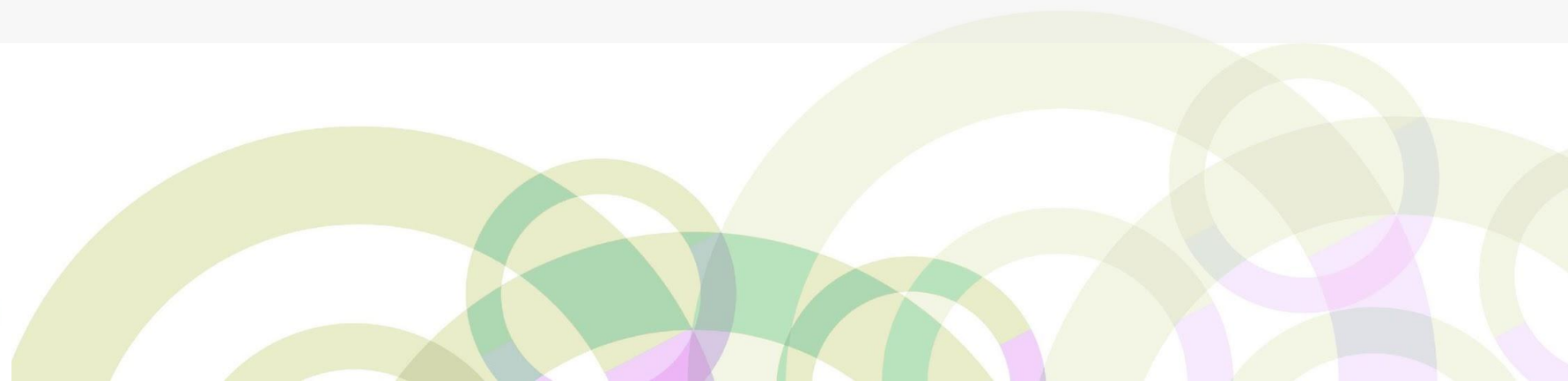
How to model respect for the peer role:

- Buffer stigmatizing attitudes which remain prevalent
- Signal and role model acceptance of new role
- Advocate for inclusion in team activities

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Role clarity issues can be addressed:

- Encourage CPS to fix incomplete or unacceptable job descriptions
- Clarity is often best achieved thru support for autonomous functioning.
- Use mutual learning and support role adaptation

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Peer networking is critical

- Create contiguous spaces for peers
- Offer opportunities for CPS to interact on the job
- Attendance at conferences
- Support for joining local/state/national peer networks

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Apprenticeship

- We learn from others
- Professions learn from those who have gone before
- CPS is a relatively new profession
- Matching a non CPS supervisor with a CPS does not create apprenticeship
- Consider dual supervision

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Take aways

- Certified Peer Support Specialists are pioneers in an emerging profession
- Lived experience and academic credentialing are different
- CPS supervisory needs include support of peer values to avoid peer drift
- Early onset compassion fatigue, moral injury and re-traumatization happen
- Apprenticeship is the best way to learn the craft

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SUMMARY

You should now be able to:

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○ Questions and
Answers





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Forbes, J., Pratt, C., & Cronise, R. (2022). Experiences of peer support specialists supervised by non peer supervisors. *Psychiatric rehabilitation journal*, 45(1), 54.

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