SUPERVISION SUMMIT

WHAT IT TAKES: SUPERVISING PEER SUPPORT SPECIALISTS/ADVOCATES

March 15 and March 22, 2024

PeerTAC
PEER SUPPORT SERVICES
TECHNICAL ASSISTANCE CENTER

March 22, 2023

DIAGNOSTIC OVERSHADOWING IN PEER SUPERVISION

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OBJECTIVES

You will be able to:

- Understand what diagnostic overshadowing means and how it relates to peer supervision.
- Understand the overuse of pathology and discrimination that peer support workers experience in the workplace.
- Identify tools to combat pathology and discrimination.
- Identify strengths based approaches to foster positive supervisory dynamics.

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Who’s in the room? Let us know in the chat!

I am a…

1. Supervisor and also a trained peer
2. Supervisor but not a peer
3. Peer but not a supervisor (yet?!)
4. None of the above

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AGENDA

- Review 5 Critical Functions Supervision
- What is Diagnostic Overshadowing?
- Diagnostic Overshadowing in Medical Care
- Blurred Lines: Supervisor is not a Therapist
- Peers and Self-Care
- Vignettes
- Tools to Help Avoid “Diagnostic Overshadowing” in Peer Supervision

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1. **Administrate**
2. **Support**
3. **Educate**
4. **Advocate**
5. **Evaluate**

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On "Support"

- **Do peers need more support than other employees?**
  - *No, not necessarily! Goal to create a safe, supportive, non-judgmental environment for ALL employees.*

- **Who determines how much/what kind of support to provide?**
  - *Let peers take the lead on asking for support.*

- **Should peers receive clinical supervision?**
  - *No, because peers are not clinicians. (Peers do however benefit from co-supervision by an experienced fellow peer. (SAMHSA, 2019)*

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KEY POINT 2: What is "Diagnostic Overshadowing?"

"The attribution of symptoms to an existing diagnosis rather than a potential co-morbid condition." (Joint Commission, 2022)

- Related to unconscious bias
- Most frequently happens for people w/ disabilities (also obesity, SUD history, LBGTQ+)
- **Contributes to significant health disparities, or "structural stigma"**
  - ***PEOPLE WITH CERTAIN PSYCHIATRIC DIAGNOSES ARE DYING 25 YEARS EARLIER THAN THE GENERAL POPULATION*** (Parks et all, 2006)

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Ex of diagnostic overshadowing in healthcare (Joint Commission, 2022)

"A 42-year-old woman with a diagnosis of mental illness visited a gastroenterologist after experiencing frequent nausea and stomach pain. The doctor diagnosed functional abdominal pain syndrome (FAPS) and told the patient she would have to "learn to live with it." Later, the patient discovered FAPS was a "somatization disorder," meaning that her pain was attributed to her mental and emotional state. The patient lived with the pain and nausea for months and began unintentionally losing weight, which triggered anorexia. Eventually the patient sought out a new gastroenterologist at a women's medical center. This time, the physician took her symptoms seriously, put her through a series of tests, and after administering a breath test, determined that the patient suffered from an intestinal bacterial overgrowth."

- Took over a year to recover
- Led to mistrust of doctors, unwillingness to disclose full medical history

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KEY POINT 3: DIAGNOSTIC OVERSHADOWING IN MEDICAL CARE (Hands Across Long Island, 2023)

A PEER'S SUPERVISOR IS NOT A PEER'S THERAPIST

BLURRED LINES BETWEEN SUPERVISOR AND THERAPIST (Cohen & Wettengel, 2023)

What happens:

A. Supervisor may be less inclined to hold peer to standards of job

B. Supervisor's perspective on peer may begin to shift; views may become based on perceived diagnosis or symptoms

C. Supervision sessions may over-emphasize peer's personal life

Results:

For peer, missed opportunity – performance eval necessary for professional development

For organization, outcomes suffer – loss of focus on role and responsibilities to program

For workforce, we lose people to other careers – forgetting strengths and unique contributions of peers causes them to be under-valued and isolated.

At worst, clinical supervision of a peer can be harmful, discriminatory, or illegal

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THE DREADED SELF-CARE CONVERSATION

Learning check

A peer supervisor is overheard saying, “We have to be careful; the peers may relapse without warning.”

What consideration might be used to counter this supervisor’s misconception?

A. Have peers agree to individual “relapse prevention plans” during onboarding process.

B. Raise any concerns about relapse directly with the peer before or during supervision.

C. Trust peers to be responsible for their own wellness and to share information that relates to their role and responsibilities.

D. Ask permission to communicate with the peer’s treatment team regarding any concerns.

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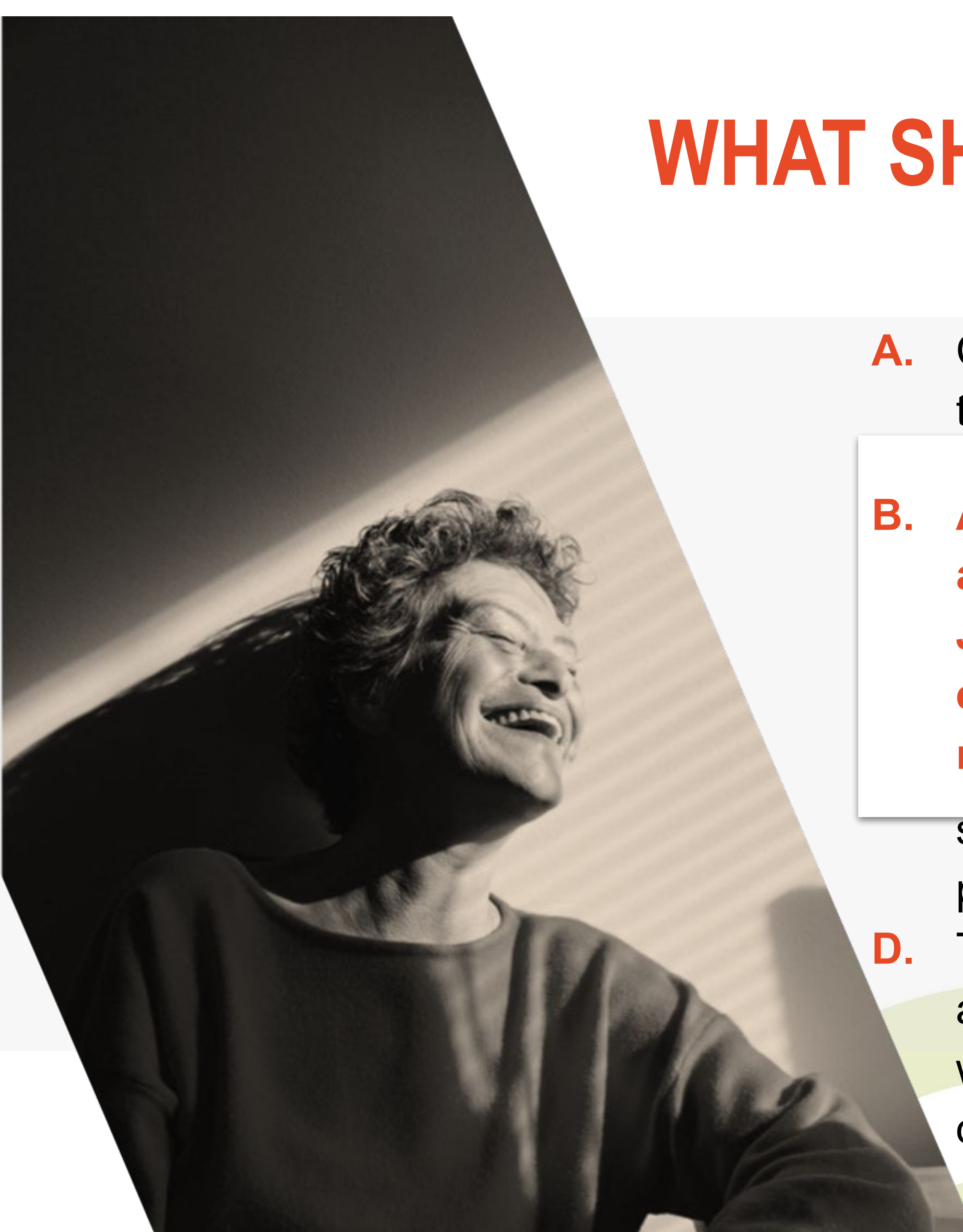
Vignette #1:

Miguel holds an LMSW and is the program director at for multiple programs, including HCBS/CORE, directly supervising 2 Peer Specialists. One of the peer employees, Jennifer, recently took some PTO and voluntarily disclosed to Miguel she was dealing with some family issues at home with her teenage son, who was brought to a CPEP and admitted to psych after a fight with her husband. The day Jennifer returns to work, Joe - a new 19-year old participant recently discharged from the hospital - is referred seeking Empowerment (peer support) services.



WHAT SHOULD MIGUEL DO? (select one)

A. Change assignments so the other Peer Specialist on the team can support Joe. Knowing Jennifer, this will "hit too

B. **As needed, talk to Jennifer during individual supervision about how to remain curious and non-judgmental about Joe's experience, and continue to provide an environment where she is empowered to share her needs for support.**

situation. Supervision is not the time or place to discuss personal issues or how she is impacted by her work.

D. Talk in group supervision to entire team about how being aware of our own needs and how we are affected by our work, and about asking for support when needed without risk of judgment.

VIGNETTE #2

Jean holds an LMHC and is a non-peer supervisor at a CCBHC. She has seen a recent change in a peer employee she supervises, Michael. He has been falling asleep in meetings and co-workers are complaining about him being belligerent. He is still providing consistent support to the community but falling behind in his documentation. The Program Director at the CCBHC (Jean's boss) tells her Michael has been "acting weird" and that she is "concerned the job may be too much for him".

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VIGNETTE #2, cont.

Jean talks to Michael about what she’s observed and why it is problematic. She asks him what he thinks is happening. Michael tells Jean he has been “getting depressed lately”.

The important thing here is **Michael voluntarily disclosed** how he was feeling.

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Now what should Jean do? (choose as many as apply)

A. Have a supportive conversation with Michael about whether he is still seeing his therapist
B. Ask Michael directly if he is using drugs
C. **Ensure Michael has access to guidance regarding PTO, short-term disability, and/or reasonable accommodation as needed.**
D. **Be clear with Michael she still needs to hold him accountable for his job performance**
E. **Ask Michael what kind of support might be helpful.**
F. **If relevant and Jean is comfortable, share her own experience dealing with depression and work challenges.**
G. **Document the conversation and schedule a follow up.**
H. **Talk to her Director about how the situation was handled, taking an opportunity to “manage up” and advocate for peer employees.**

VIGNETTE #2, cont.

How else could this vignette have played out? Michael could have said:

- he is confused about new documentation process.
- other team members are “disrespecting him”.
- dealing with sleep apnea.
- exhausted from his 2nd job.
- missing his previous position in another dept.

ASSUME THE BEST! *None of these “excuse” the behavior, but all can be workable with the right supervisory response, resulting in a more trusting relationship and more satisfied, effective peer employees.*

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Tools & strategies to help avoid "diagnostic overshadowing" in peer supervision

1. Clear job descriptions, P&P
2. Keep scheduled time for individual supervision
3. Addressing strengths/growth areas routinely - in every supervision
4. Ask questions, don't assume
5. Assume potential! Provide opportunities for improvement
6. Co-supervision with more experienced/skilled/educated peer
7. Continuing education specifically for peers
8. Clear HR policies: PTO usage, Temporary disability, Reasonable accommodations, Evaluation, Progressive coaching

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THANK YOU

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The Peer Support Services Technical Assistance Center (PeerTAC) is a partnership between the Rutgers University Academy of Peer Services and the NYU McSilver Institute MCTAC/CTAC with funding from the New York State Office of Mental Health (NYSOMH)

Learn more at peertac.org

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