



Mountain Plains ATTC (HHS Region 8)

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Peer Specialist Supervision Basics Part 2

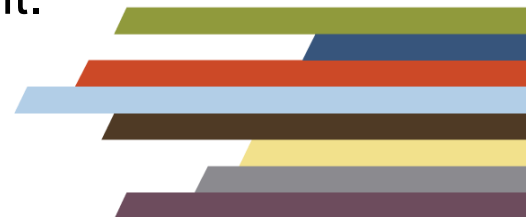
Presented by Lana Mahoney, BA, CPS, Executive Director, Recover Wyoming



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ACKNOWLEDGEMENTS

This presentation was adapted from:

The DIMENSIONS: Peer Support Program Toolkit

University of Colorado Anschutz Medical Campus, School of Medicine,
Behavioral Health and Wellness Program

June 2015

Cynthia Morris, PsyD; Lindsey Banning, PhD; Sara J. Mumby, BA; Chad D.
Morris, PhD

Pillars of Peer Support Services Summit Six: Peer Specialist Supervision

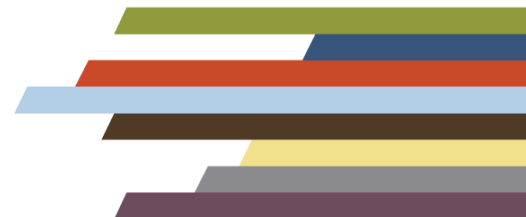
The Carter Center- Atlanta, GA

October 2014

<http://www.pillarsofpeersupport.org/POPS2014.pdf>

Peer Supervision ToT

ATTC Training of Trainers (ToT) for Peer Supervision- Training Curriculum

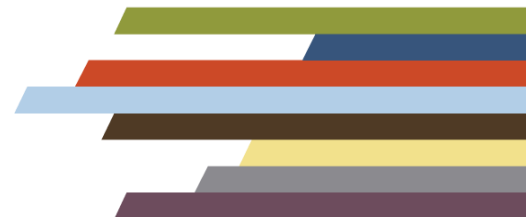


Lead Facilitator

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Recover Wyoming, Executive Director

Certified Peer Specialist, Mastery & Forensic Endorsements



Quick Review

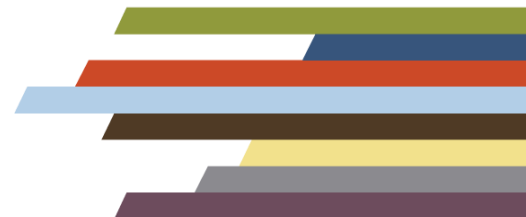
- Supervision should be strengths-based & person-centered



- There are 3 main types of supervision:
- Administrative (task-oriented) supervision
 - Process-oriented (should be supportive and reflective)
 - Supervision of supervision

There are 3 supplements to traditional supervision:

- ❖ Group supervision
- ❖ Peer supervision
- ❖ Co-supervision

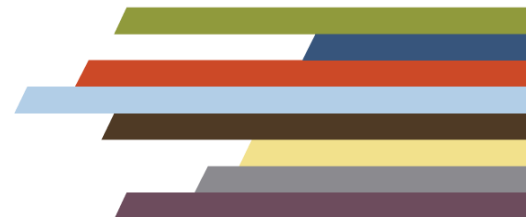




**SLIPPERY
SLOPE**

Slippery Slopes for Peer Specialist Supervisors

- Viewing the Peer Specialist through a diagnostic lens.
- Falling into a therapist role.
- Not recognizing the value of the Peer Specialist's recovery story/experiences.
- Asking a Peer Specialist to carry out job duties not consistent with the peer specialist competencies and ethics and within their scope of work.
- Knowledge gaps about the recovery movement, history, and current best practices and ongoing innovations in peer support.





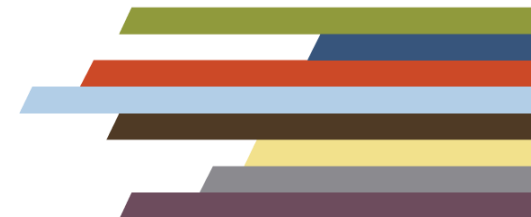
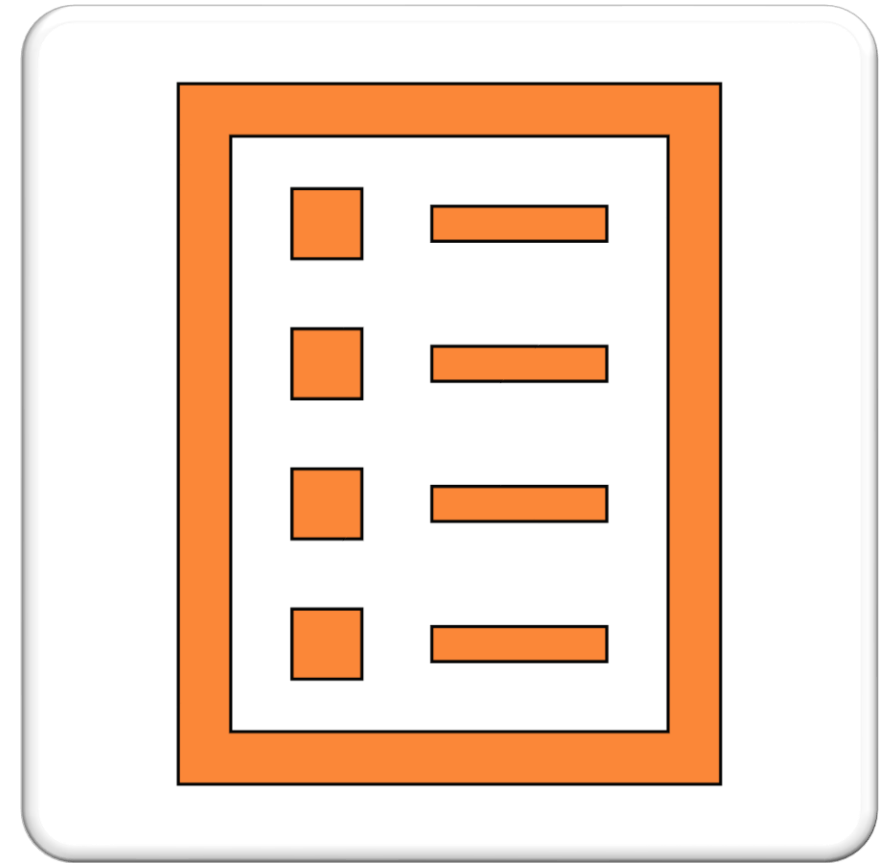
Slippery Slopes for Peer Specialists

- Expecting supervisors to completely structure their job- not including their perspective/voice/ideas.
- Being asked to carry out job duties not consistent with the Peer Specialist competencies and ethics and scope of work.
- Over-relying on personal/recovery experiences.
- Balancing self-care with peer work.
- Lack of mentoring in professional peer support role.
- Knowledge gaps about the recovery movement, history, and current best practices and ongoing innovations in peer support.



Avoiding the Slippery Slope- Job Descriptions

- One way to avoid a slippery slope is to create a clear job description for the Peer Specialist's role within your agency.
- Job descriptions are important in order to prevent the peer specialist into being co-opted into other job duties not 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.
- Job descriptions may change as the program changes or evolves and should be revisited on a regular basis if needed.



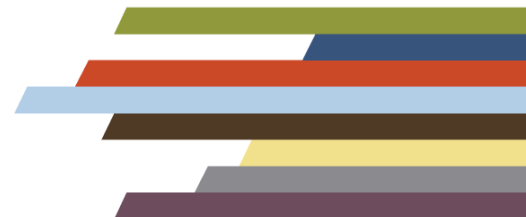
MYTH #1: PEER SPECIALISTS WILL RELAPSE

Peer Specialists are no different than any other employee who is managing a chronic condition. They are held to the same standards of professionalism and provided the same benefits and independence in managing their health.

MYTH #2: PEER SPECIALISTS ARE FRAGILE

Peer Specialists have typically overcome significant obstacles in their lives and shown incredible resilience. Those who qualify for the role of Peer Specialist have demonstrated stability and a strong commitment to their recovery.

MYTHS & MISCONCEPTIONS ABOUT PEER SPECIALISTS



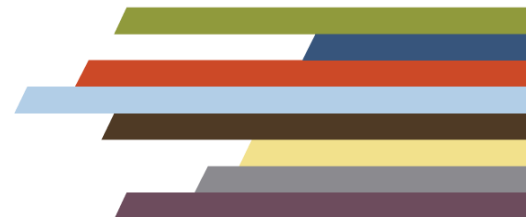
MYTH #3: PEER SPECIALISTS ARE INAPPROPRIATE ADDITIONS TO TREATMENT TEAMS

Peer Specialists fulfill a unique role on a treatment team, one which is largely based out of lived experience and supplemented by trainings. Peers are able to share distinctly different insights with the team than other members.

MYTH #4: PEER SPECIALISTS WILL NOT MAINTAIN APPROPRIATE BOUNDARIES

All members of a treatment team are susceptible to poor decision-making in professional relationships. Peer Specialists are no more likely to demonstrate a problem in this area than anyone. Close supervision and training helps to ensure all members of a treatment team maintain appropriate boundaries.

MYTHS & MISCONCEPTIONS ABOUT PEER SPECIALISTS



MYTH #5: PEER SPECIALISTS ARE PARA-PROFESSIONALS



Peer Specialists fulfill a professional role within your agency. Peer Specialists receive formal training and on-going education to develop the basic skills necessary to fulfill their job duties. Their lived experience uniquely qualifies them for this professional role.

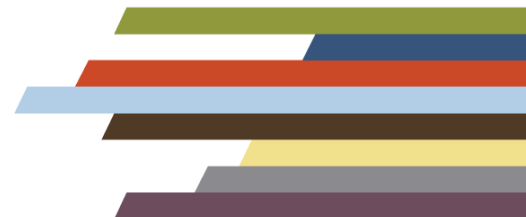


MYTH #6: HIRING A PEER SPECIALIST WILL MAKE MY JOB HARDER, RATHER THAN EASIER.



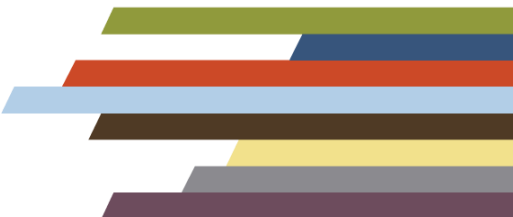
Peer Specialists provide an important and useful component to existing services. Their work has been found to lessen the load carried by other practitioners, enriching the lives of the people they serve, and allowing other staff to concentrate on their respective areas of expertise.

MYTHS & MISCONCEPTIONS ABOUT PEER SPECIALISTS



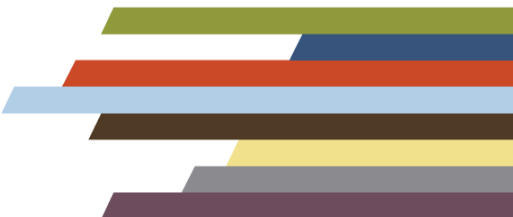
A Peer Specialist's Experience with Supervision

Example from the group:

- ❖ How did you learn your role as a Peer Specialist?
 - ❖ Describe your supervision experience. What has been helpful for you in your interactions with your supervisor?
 - ❖ What advice do you have for supervisors working with new Peer Specialists on their staff?
- 

A Peer Specialist Supervisor's Experience

Example from the group:

- ❖ How did you learn your role as a Peer Specialist Supervisor?
 - ❖ What did you find to be some of the challenges of providing supervision to peers?
 - ❖ What advice do you have for supervisors working with new Peer Specialists on their staff?
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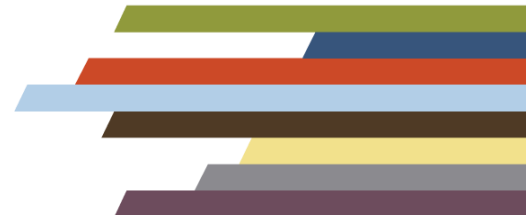
Video: An example of a Peer Specialist Session with Another Peer



**IDENTIFY
STRENGTHS**



**IDENTIFY AREAS
FOR GROWTH**



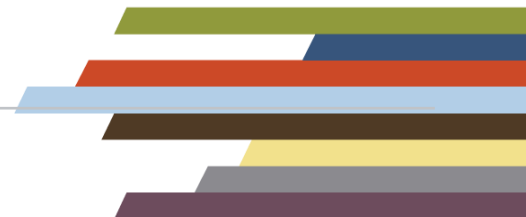
Video: An Example of a Peer Specialist Session with Another Peer

Group Discussion:

As you watched Keith, what are some areas of strength you noticed? What did he do well?

What are some areas of growth you noticed? What are some skills you might help Keith to develop?

As a supervisor, what strategies would help him to develop these skills?



SHIFTING TOPICS: LET'S TALK MORE ABOUT SELF-CARE

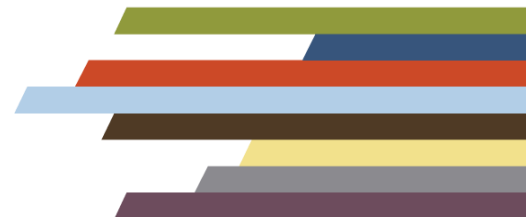


**PERSONAL +
PROFESSIONAL
=
SELF-CARE
IN THE
WORKPLACE**

To decrease feelings of being overwhelmed, overextended, & frustrated, a workplace must invite and encourage the development & maintenance of self-care

It should be routinely encouraged for all levels of staff

Promoting self-care is a key component of the services we provide our clients, and one of the guiding principals of our organizations

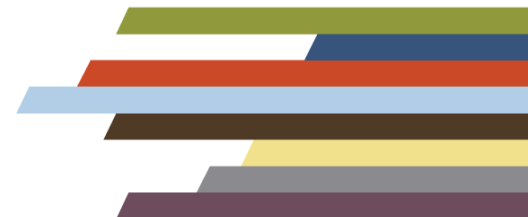


WHY SELF-CARE MATTERS

Its All About You! Paying attention to your personal health & wellness, in order to assure effectiveness of your functioning is vital to decrease the burnout, compassion fatigue, & turnover we see all too often in our line of work.

As Supervisors,
we have an
obligation to
ourselves and
those we work
with to:

- Understand the importance of self-care
- Identify methods that work well for us
- Make a plan for, and attend to, our own self-care
- Model the value of self-care



COMPREHENSIVE SELF-CARE PLAN

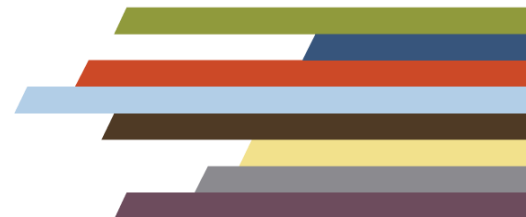
A self care plan should generally include:

Physical Self-Care

Psychological Self-Care

Emotional Self-Care

Spiritual Self-Care



SELF-REFLECTIVE QUESTIONS-

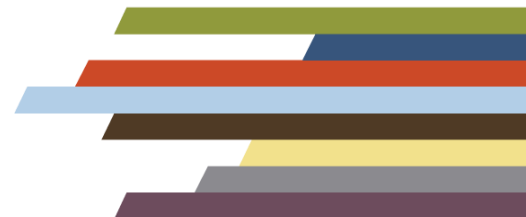
TAKE A FEW MINS TO
ANSWER THE
FOLLOWING:

PHYSICAL- What supports
my body to be healthy?

PSYCHOLOGICAL- What
helps me to become more
self-reflective?

EMOTIONAL- What helps
me to be better able to
handle strong feelings?

SPIRITUAL- What sustains
me during difficult times?



REFLECT & SHARE



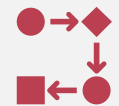
Examples from self-reflection activity.



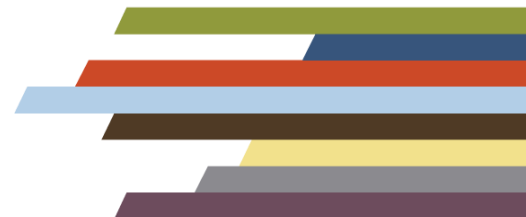
How has the COVID-19 public health emergency impacted your self-care?



What are ways that your self-care has improved due to COVID-19?



Next, identify and commit to one to two action steps you will take to help you carry out your self-care intentions.



SCENARIOS



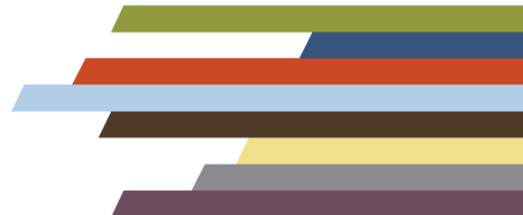
1. Rob, is a Peer Specialist who has been working at your agency for two months. As his supervisor, you notice that Rob relies almost completely on sharing his lived experience when working with peers and doesn't seem to utilize other strategies. From a supervision standpoint, how can you approach Rob about this? How can you honor his lived experience, but help him utilize different strategies when interacting with peers/clients?



SCENARIOS

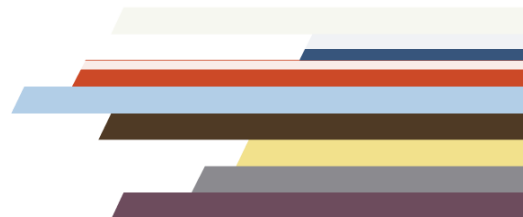


2. Tricia has just begun working as a Peer Specialist at your agency. You have been assigned to supervise Tricia. Tricia is not sure what she is “allowed to do” in her role as a Peer Specialist. As her supervisor, how might you assist her?





DISCUSSION/QUESTIONS



Contact Information

Lana Mahoney, Executive Director

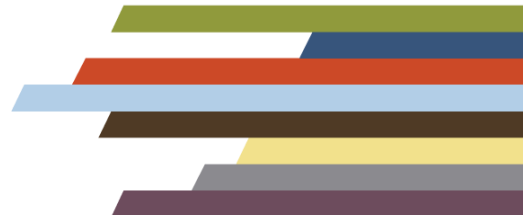
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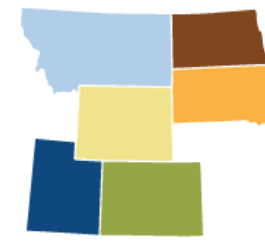




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