



PRO•A

Pennsylvania Recovery
Organizations Alliance

**MOBILIZE
EDUCATE
ADVOCATE**

Together we can!



Substance Use Disorder Peer Supervision

William Stauffer, LSW, CCS, CADC
Executive Director
The Pennsylvania Recovery Organizations Alliance

We are PRO-A!



- One of the first Recovery Community Organizations in the nation, founded in 1998
- Our mission: to mobilize, educate and advocate in order to eliminate the stigma and discrimination toward those affected by substance use disorders to ensure hope, health and justice for individuals, families and those in recovery.

How We Fit In

The Statewide Recovery Community Organization

networking and strengthening recovery statewide



- **PRO-A** is the only statewide non-profit, 501(c)(3) grassroots advocacy organization dedicated to supporting individuals in recovery and educating the public on addiction and recovery.
- We have led the way on the development of peer service training, educating the public about recovery and strengthening recovery community enagement across the state.

SUD Peer Supervision within COEs

Key Concepts for Integrating Services

Participants will understand:

- The Basic Mechanics of Peer Supervision
- The Values of SUD Peer Supervision
- Different types of Peer Supervision
- The value of nonclinical role of peers



Supervision: Definition

A professional and collaborative activity between a supervisor and a worker in which the supervisor provides guidance and support to the worker to promote competent and ethical delivery of services and supports through the continuing development of the worker's application of accepted professional peer work knowledge, skills, and values.



Key Elements

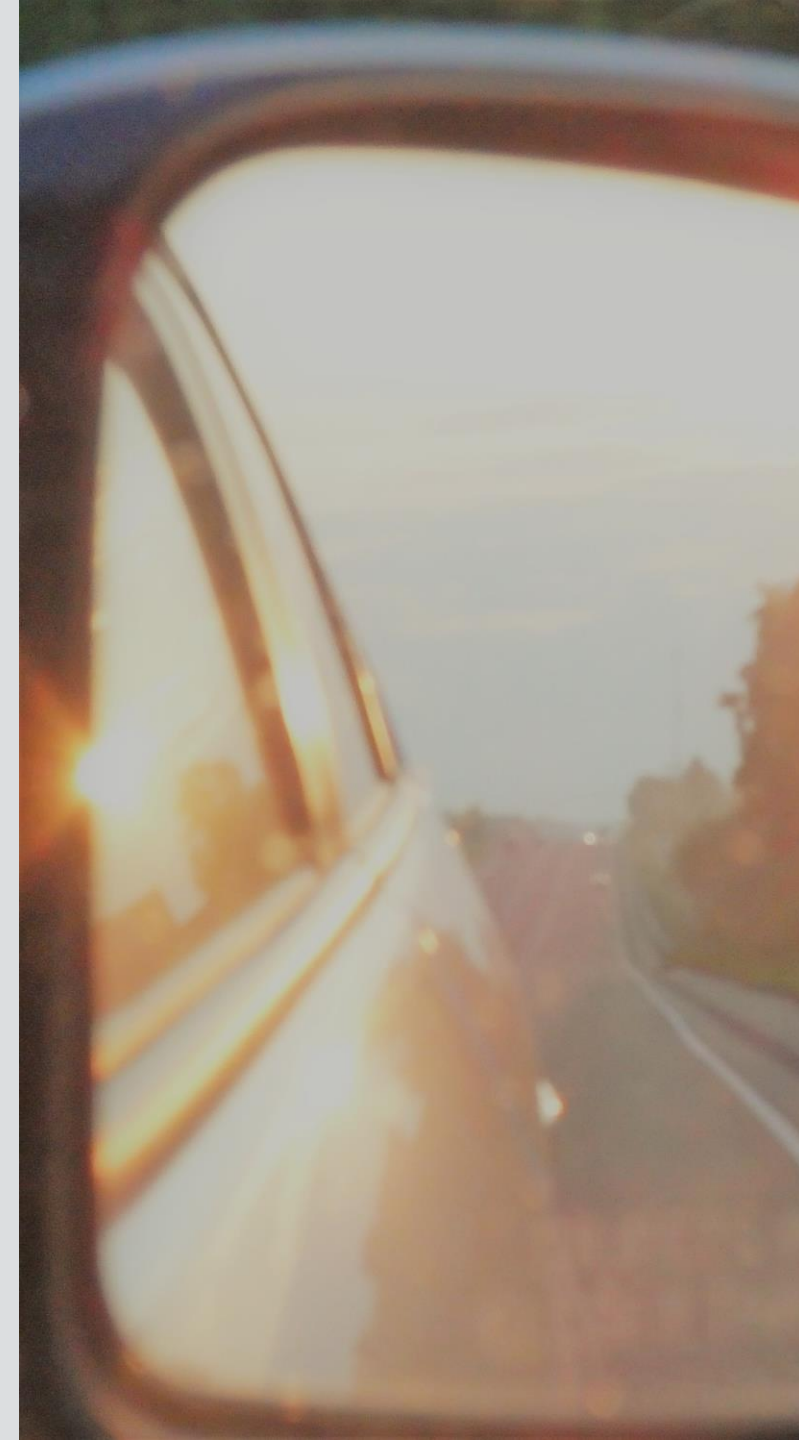
Why Focus on SUD Peer Supervision?

- The most important thing about supervision is that it happens
- All workers need access to supervision
- A priority for early-career peer workers
- Supervision is an investment
- Supervision benefits employees, employers and service recipients

Why Focus on Peer Supervision?

Elemental to good care

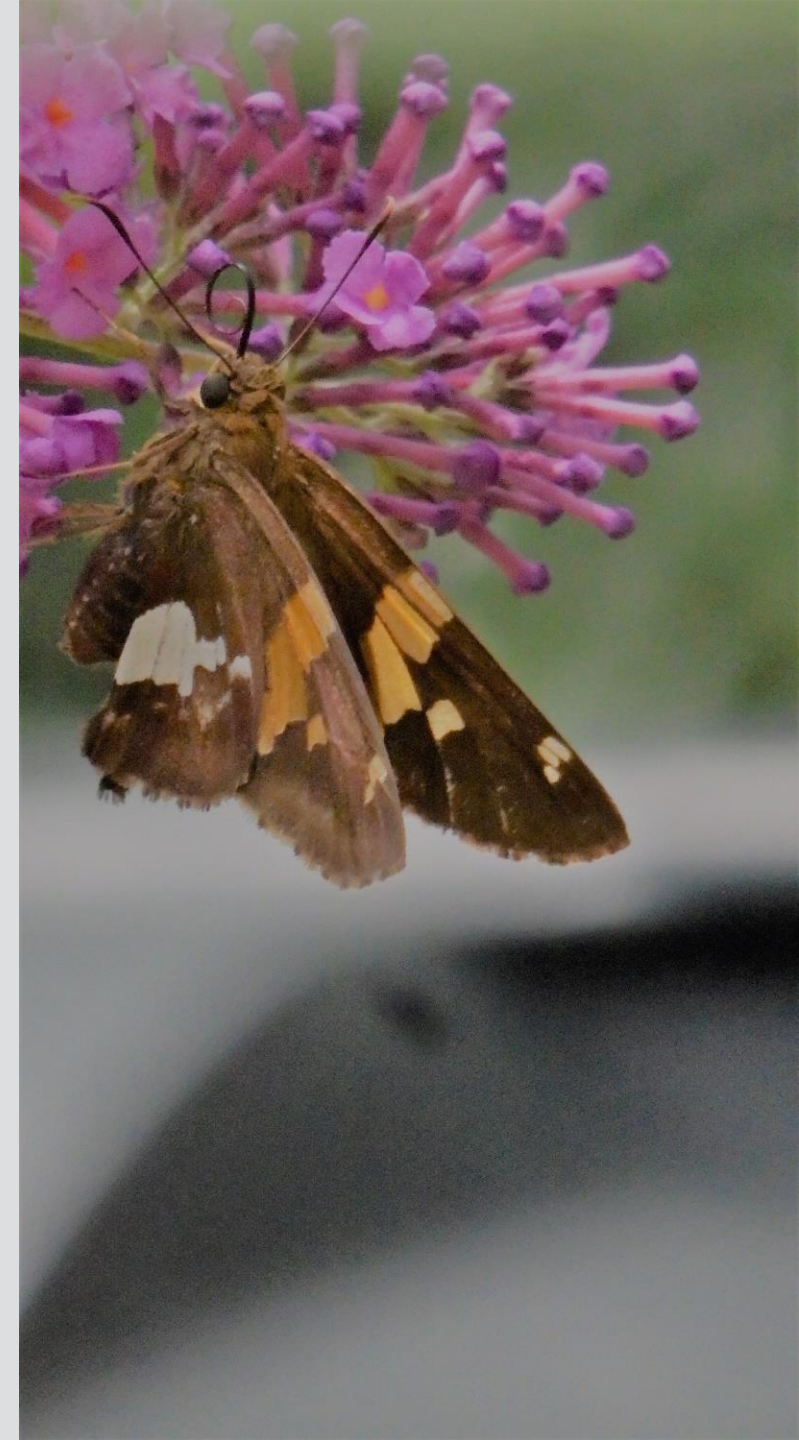
- Relatively new / unique role in the SUD care system
- Not well understood making it difficult to integrate
- Organizations may not be aligned with recovery-oriented values
- Providing good quality supervision promotes good ethical practices
- Supervisors play a key role in the successful integration of peer workers in the workplace



Challenges for Non-Peer Supervisors

Understanding the Culture of Recovery

- Supervisors may lack experience and working knowledge of peer practice
- Supervisor may have a clinical framework for service provision
- Lack of knowledge among non-peer staff about peer roles and practice
- Organizations may not be aligned with recovery-oriented values, practices, and culture
- Challenges in integrating peer workers and recovery values in a treatment setting





Challenges for Peer Supervisors

Mastering New Skills

- May lack training and experience with supervision
- Lack of knowledge among non-peer staff about peer roles and practice
- Organizations may not be aligned with recovery-oriented values, practices, and culture
- Organizations may lack infrastructure to develop peer focused supervision

Functions of the Supervisor

The 3 basic functions of Supervision

Supervision is much more than ensuring compliance with basic job expectations

Administrative

Educative

Supportive

Kadushin, A. (1992) Supervision in Social Work (3rd. edn.), New York: Columbia University Press. Revised fourth edition published 2002

Administrative Supervision

What Most People Think of as Supervision

Focuses on the effective implementation of the agency's policies and procedures and the management of the peer worker's work performance

- Quality of work
- Workload
- Liaison to operations-pay roll, human resources
- Using program resources, including time, effectively
- Conformance or fidelity to the program model
- Record keeping

Administrative





Educative Supervision

Supporting Professional Development Goals

Educative supervision focuses on the professional development of the worker through training, modeling and structuring learning experiences

- Provides time and space to reflect on peer practice
- Focuses on knowledge, skills and attitudes
- Provides individualized training and support
- Provides venue for supporting the peer worker's professional development

Educative

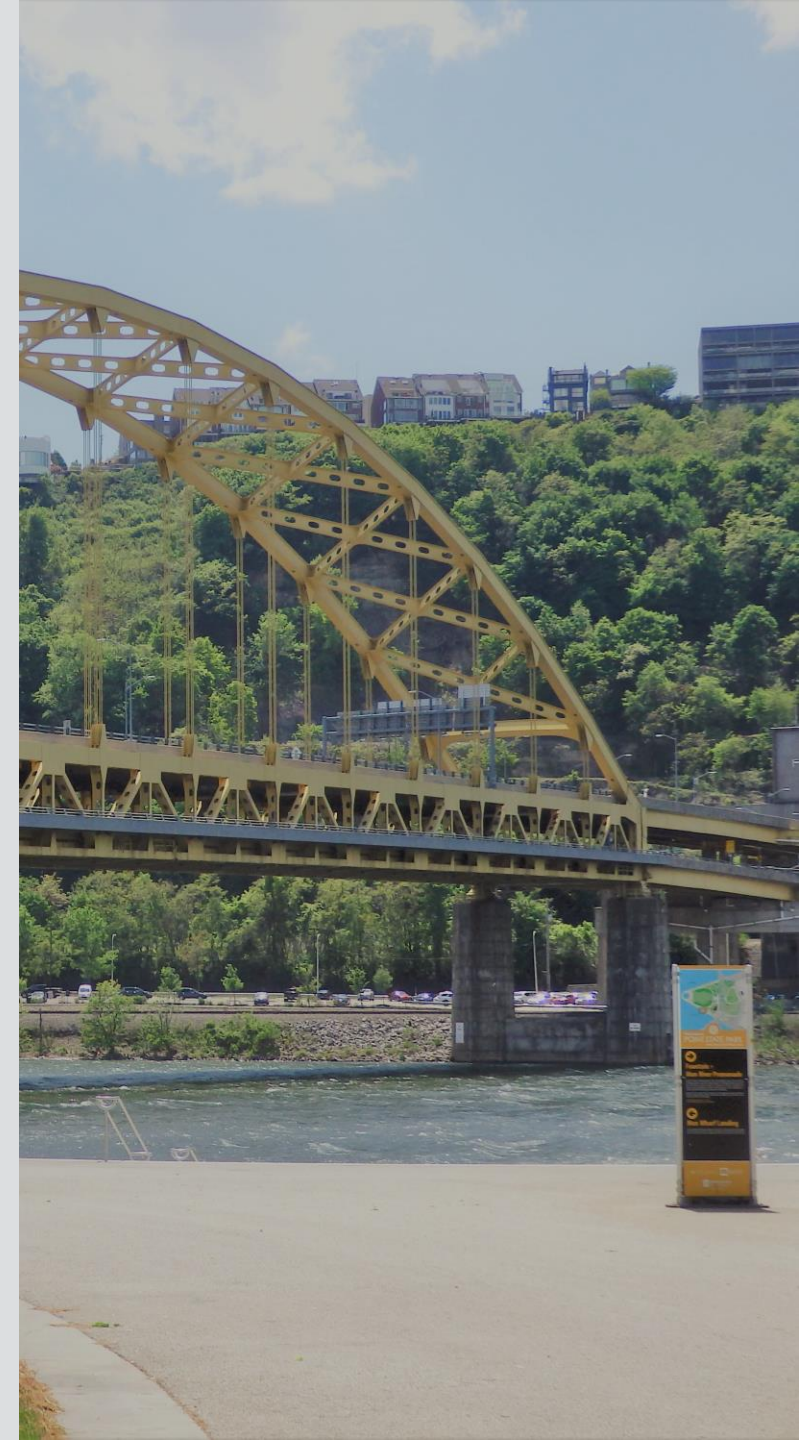
Supportive Supervision

Not Therapy for Workers

Supportive supervision focuses on the person's morale and job satisfaction

- Give feedback on work
- Discuss personal reactions to the work
- Validate and provide encouragement
- Promote self-care practices
- Advocate for peer support roles

Supportive



Question 1

The most important thing about supervision is:

1. That the person doing the supervision is in recovery
2. The person doing the supervision had ten years of experience
3. **That it happens**



Foundational SUD Peer Supervision Competencies

Foundational Competency One

Understands Peer Role —Supervisor fully comprehends the SUD peer recovery role and duties through core peer training, their lived recovery experience, and behavioral health occupational experience.

Foundational Competency Two

Recovery Orientation—Supervisor understands and supports the philosophy of recovery management and recovery-oriented systems of care including, but not limited to hope, self-disclosure, mutuality, person-first language, self-determination, empowerment, many pathways and styles of recovery, fostering independence, utilizes strength-based approach, addressing stigma and oppression, providing stage of change appropriate support, client choice, and advocacy.

Foundational Competency Three

Models Principles of Recovery—Supervisor models recovery philosophy and incorporates those tenets in all peer occupational roles and duties, the supervisory experience, and the orientation of the greater organization.

Foundational Competency Four

Supports Meaningful Roles —Supervisor supports meaningful peer roles, including outreach and engagement, empathetic support, instilling hope, enhancing motivation, client advocacy, and system navigation.

- Advocates to maintain those meaningful roles and discourages the use of peers in other roles that diminish the value of their work or create ambiguity in their occupational roles, or are beyond the boundaries of one's education, training, and experience.
- Embraces the value of lived-experience and uses peers based on their lived-experience (e.g., SUD treatment peers, forensic peers, mental health peers, and family peers).

Foundational Competency Five

Recognizes the Importance of Addressing Trauma, Social Inequity & Health Care Disparity —

- Understands trauma-informed care, social and health care equity, and incorporates that understanding into their supervision practices, peer programming, and administration.
- Acknowledges trauma experienced by historically oppressed and/or underserved populations (ethnic & cultural minorities, those with mental health challenges, those with substance abuse, sexual minorities, those in poverty, those experiencing homelessness, those who are disabled, including disabled veterans).

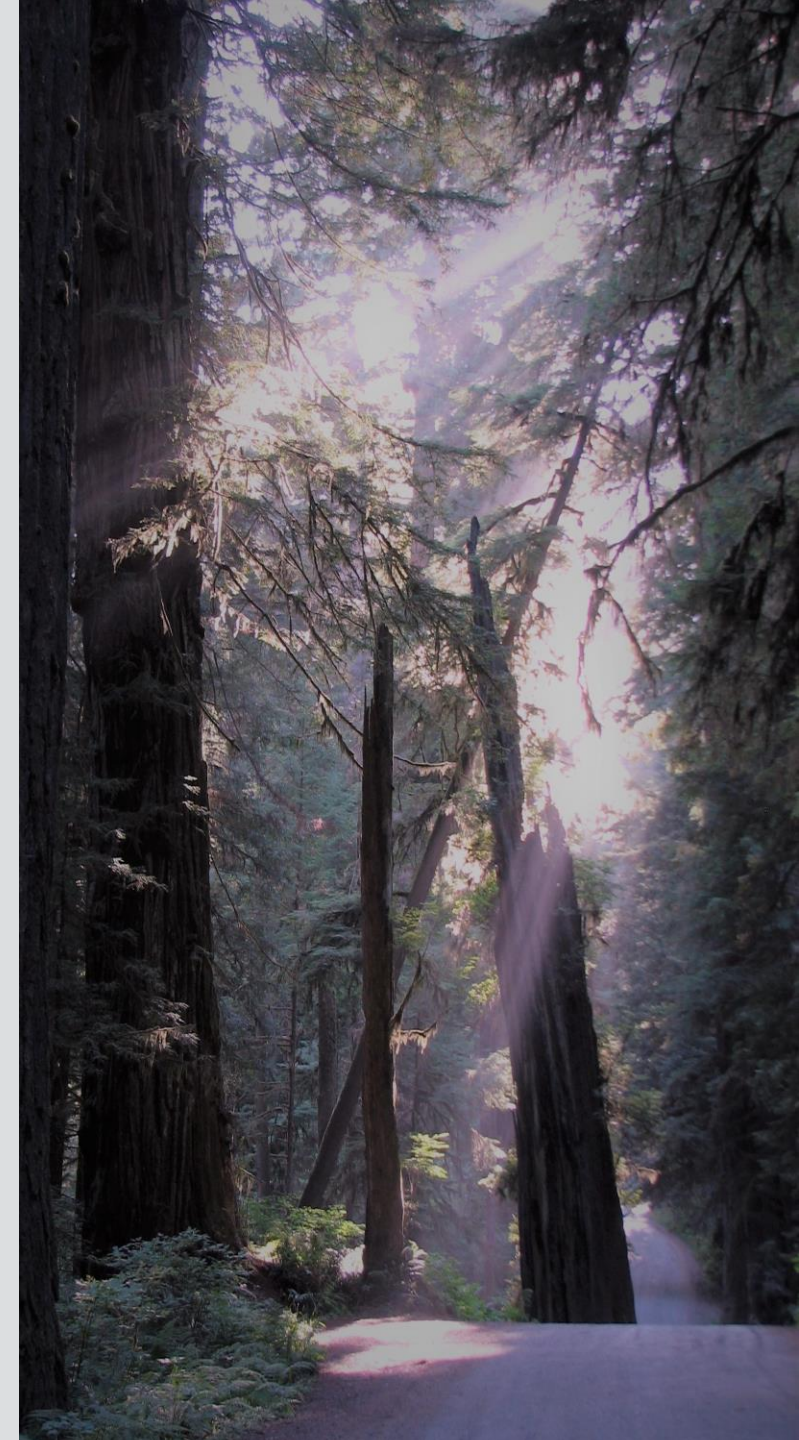
Fundamentals for Supervisors of Peer Workers

Understanding Peer Roles and Practices

Key Considerations for Supervisors

Supervisors:

- Understand the variety of peer roles
- Have a deep understanding of the core competencies of peer work
- Understand the specific peer support job of the person they supervise
- Are dedicated to learning more about the fundamentals of peer support and peer roles by:
 - Participating in trainings designed for peer support workers
 - Reading articles about peer-delivered recovery support services
 - Learning the core competencies of peer workers



Recovery Orientation

Modeling Recovery-oriented Practices

- Supervisors endorse and enact recovery-oriented practices and values
- Supervisors believe in the capacity of peer workers to grow and develop professionally
- Supervisors frame difficulties as learning opportunities and structure learning opportunities to help the worker grow
- Supervisors support the development of individualized professional goals



Recovery-oriented Values

Grounding Services in what is important

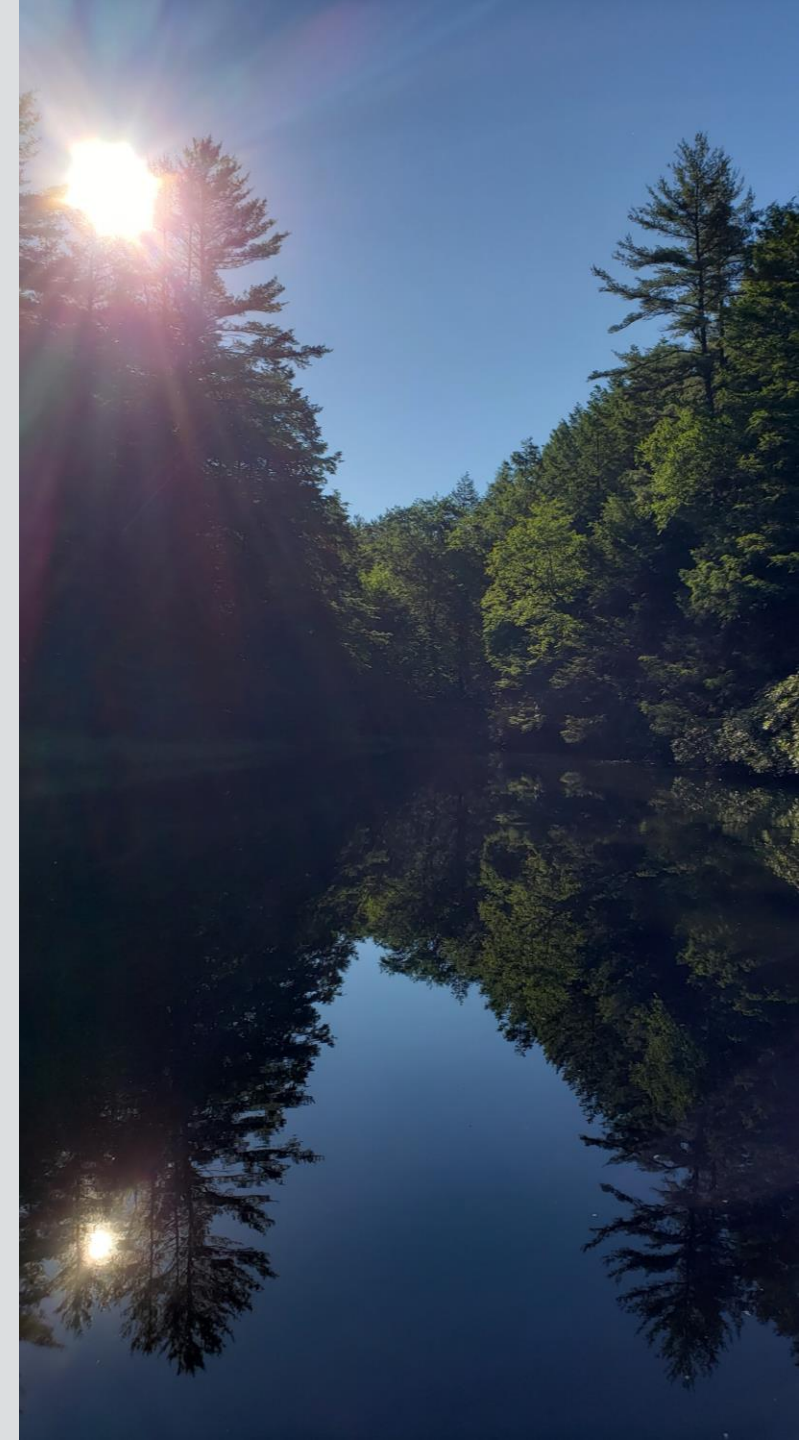
- Hope-inspiring growth potential
- Person-centered-based on individual aspirations
- Strength-based-focused on talents
- Personal responsibility-holding people accountable for their commitments
- Interdependence-a balance between teamwork, autonomy, and mutual support
- Supervisors model these values in their work
- Agencies operationalize values in their policies, procedures, and practices

Development of Knowledge and Skills

Every Worker is Unique

Supervisors:

- Teach workers the knowledge and skills they need to perform work tasks
- Evaluate work performance through direct observation, co-working, assessments, and reflection, in collaboration with the peer worker
- Structure learning opportunities to help workers grow
- Advocate for worker's participation in on-going training





Trauma, Health Disparities, and Social Inequity

Supervisors Should Recognize the Connections

- Take a holistic view of a person, that they are more than their diagnosis or addiction
- Recognize that recovery involves more than symptom reduction or abstinence
- Recognize the interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage
- Support workers to address issues of poverty, trauma and discrimination



Strengths-based Supervision

Modeling a Recovery Orientation

Strengths-based supervision is a collaborative process between the worker and supervisor enabling them to deliver quality services and supports that draws on the person's strengths and assets

- Seeks to discover and amplify the workers' strengths and competencies
- Intentionally identify and amplify the workers' success
- Encourages learning and share responsibility for setting learning goals

Growth Focused

Reframing Challenges as Opportunities



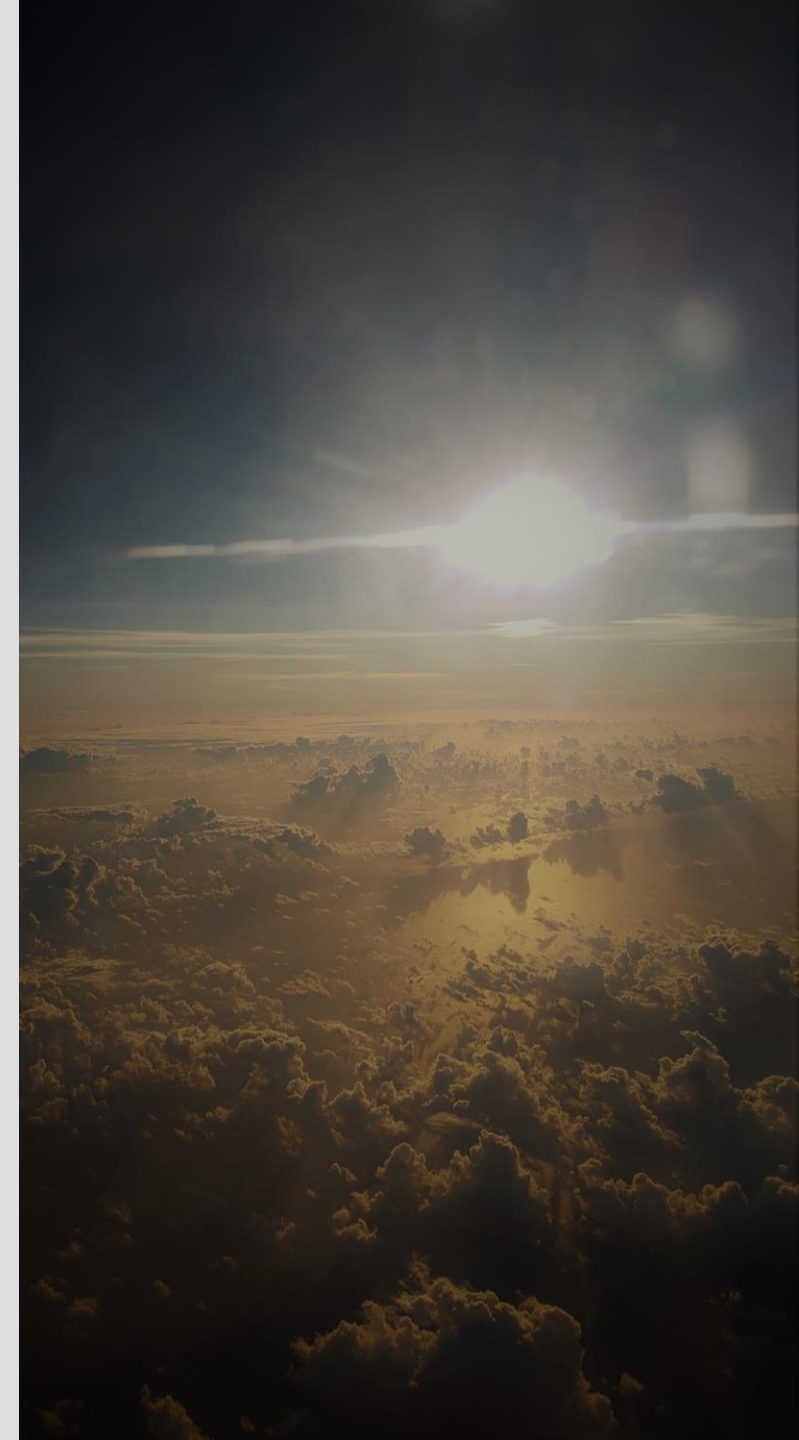
Focusing on strengths does not mean ignoring problems



It means that the supervision frames problems as learning opportunities



Feedback and self-assessment are tools in strengths-based supervision





Supervision as a Safe Space

Addressing Ethical and Boundary Issues

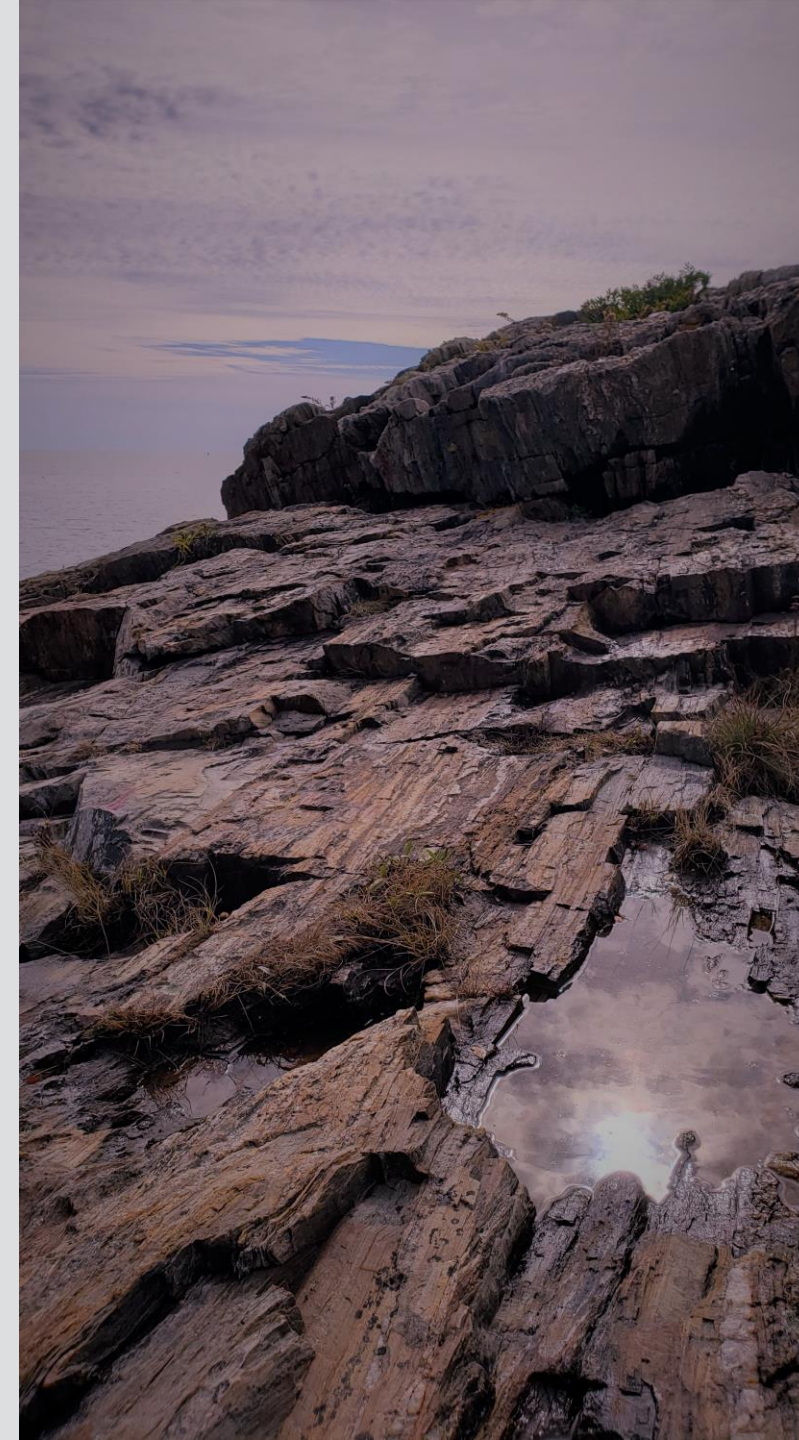
- Certified Peer workers have Codes of Ethics
- Supervisors review agency code of conduct with the people they supervise
- Peer workers are expected to follow both their Code of Ethics and the agency's code of conduct
- The nature of peer support means that boundary issues can be very nuanced and may require opportunities to reflect with a more experienced colleague

Supervisors as Peer Champions

Integration of Peer Workers in the Workplace

Supervisors:

- Educate others in the work force about the peer support roles and practices
- Create opportunities for peer support workers to interact with other team members
- Work with leadership to create more optimal working conditions for peer workers



Question 2

Growth focused supervision means:

1. Looking only at the positive qualities of the person in supervision
2. **Examining growth opportunities from a strength perspective**
3. Focusing on the future



Supervision Formats

Supervision Formats

More than Just One on One

Supervisors should be strategic in what types and when

Individual

Group

Co-Supervision

Individual Supervision

Advantages

- Exclusive attention to the worker
- Often experienced as safer by the worker
- More confidential

Disadvantages

- Dependence can develop
- Exposure to only one perspective
- Lost opportunity to learn from colleagues



Group Supervision

Effective With Some Limitations

- Advantages
 - More efficient than individual supervision
 - Supervisees learn from each other
 - Can be a powerful way to reduce isolation
 - May foster group cohesiveness
- Disadvantages
 - Can be experienced as unsafe
 - May be difficult to meet the specific needs of individual participants
 - May be too generalized



Co-Supervision

Needs to be facilitated cohesively

- The provision of supervision by more than one supervisor
- May be used when the organization does not have supervisors who are peer support workers
- Peer workers may if their primary supervisor doesn't have expertise in their peer practice
- Often, one supervisor provides more administrative supervision and the other provides more education. Ideally, both provide support

Co-Supervision

Advantages

- Workers benefit from the guidance of more than one person
- Workers can develop their competencies with a skills peer support worker

Disadvantages

- Some agencies don't have the resources to offer co-supervision
- There may be challenges in communication or disagreements between the co-supervisors
- Co-supervisors may not share the same expectations

Supervision Formats

One Size Does Not Fit All

- Many organizations offer multiple formats of supervision to address different professional development needs
- Different workers get different learning needs addressed by different formats
- Organizations that lack supervisors who themselves are peer support workers sometimes make co-supervision by an experienced peer support worker available





Benefits of Supervision for Peer Workers

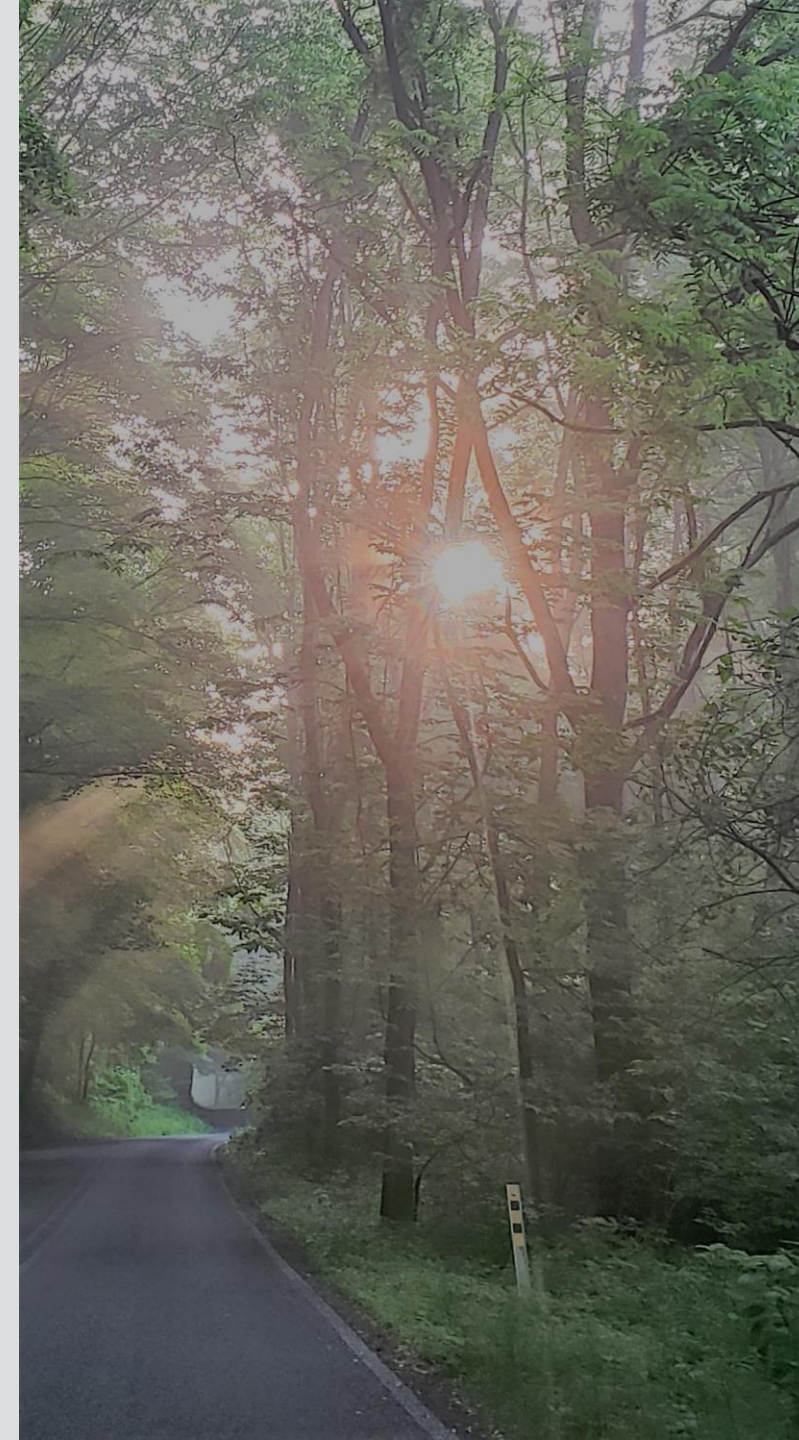
Retention and Service Quality Improvement

- Provides opportunities to reflect on peer support practice
- Delivers better outcomes through learning that comes from exploring and discussing work issues
- Enhances problem solving skills
- Improves clarity and objectivity in decision-making
- Supervision empowers, motivates and increases worker satisfaction

Relational Values

Values Center Our Work

- Respectful mutuality implies a supervisee-centered and client-centered matrix of supervision and therapeutic process respectively.
- Vulnerability and emotional authenticity must be performed in a safe way.
- Preferably, the technique de-shames and rids the relationship of having to attain perfection.
- Collaborative Rapport Repair recognizes that any conflict that may arise is a no-fault occurrence and can always be worked out.





Improving the Supervisory Relationship

Cohesion Improves Everything

- **The Gift of Trust** – gives staff the freedom to make decisions about tasks
- **Inclusion** – replacing isolation with inclusion, information and a sense of belonging to the team
- **Time & Space** – help staff get off the treadmill at work by lightening their load
- **Clear Expectations** – give staff a clear picture of what is expected and priorities they are being asked to tend to
- **Job fulfillment** – appreciation for good work and helping them realize they contribute to the agency's success

Role Boundary Integrity

Clear Roles Make Effective Workers

Review job descriptions- Working collaboratively with the recovery specialist and clearly delineate the role and function of their role and function within the program with them.

Question 3

Which is the most important form of supervision?

1. Individual Supervision
2. Group Supervision
3. Co-Supervision
4. Each of them have benefits and challenges to consider



Thoughts on Supervision

Taking our Care System Where It Needs to Go

“...there are parallels between the dynamics of supervisions and any other helping relationship. Therefore, the skills that are important in direct practices with clients or patients are also important to the supervisory relationship.” (Shulman, 2010)

“It is...very clear that client issues cannot be resolved by helping systems that repeat the same problems.” (Mehr, 1995)

“Our systems frequently recapitulate the very experiences that have proven to be so toxic for the people we are supposed to treat.” (Bloom, 2006)

Citations

- Slide 6** Guidelines for Peer Supervision. (2019). SAMHSA
https://www.samhsa.gov/sites/default/files/guidelines_peer-supervision_ppt_withpresenternotes_cp2.pdf
- Slide 7** Rothwell., C., Kehoe, A., Farook, S., (2019). Prof Jan Illing The characteristics of effective clinical and peer supervision in the workplace: a rapid evidence review.
<https://www.hcpcuk.org/globalassets/resources/reports/research/effective-clinical-and-peer-supervision-report.pdf>
- Slide 11** White, W. (May, 2017). New resource on supervision of peer recovery support services [Blog Post]. Retrieved from
<http://www.williamwhitepapers.com/blog/2017/05/new-resource-on-supervision-of-peer-recovery-support-services.html>
- Slide 16-21** Martin, E., Jordan, A., M (2017). Substance Use Disorder Peer Supervision Competencies.
http://www.williamwhitepapers.com/pr/dlm_uploads/Peer-Supervision-Competencies-2017.pdf
- Slide 23** Alberta, A. J., Ploski, R. R., & Carlson, S. L. (2012). Addressing challenges to providing peer-based recovery support. Journal of Behavioral Health Services & Research, 39(4): 481–491., p. 487
- Slide 25** Cabral, L., Strother, H., Muhr, K., Sefton, L., & Savageau, J. (2014). Clarifying the role of the mental health peer specialist in Massachusetts, USA: Insights from peer specialists, supervisors and clients. Health and Social Care in the Community, 22(1): 104–112.
- Slides 26-30** INAPS. (2013). National Practice Guidelines for Peer Specialists and Supervisors.
<https://www.peersupportworks.org/wp-content/uploads/2020/08/National-Practice-Guidelines-for-Peer-Specialists-and-Supervisors.pdf>
- Slide 31** Kuhn, W., Bellinger, J., Stevens-Manser, S., & Kaufman, L. (2015). Integration of peer specialists working in mental health service settings. Community Mental Health Journal, 51: 453–458
- Slide 40** Peer Support Toolkit (Publication). (2017). Philadelphia, PA: Department of Behavioral Health and Intellectual disAbility Services. https://dbhids.org/wp-content/uploads/1970/01/PCCI_Peer-Support-Toolkit.pdf
- Slide 42** Daniels, A. S., Tunner, T. P., Powell, I., Fricks, L., Ashenden, P. (2015). Pillars of Peer Support—VI: Peer Specialist Supervision. <https://www.pillarsofpeersupport.org/>



PRO•A
Pennsylvania Recovery
Organizations Alliance

MOBILIZE
EDUCATE
ADVOCATE

Together we can!