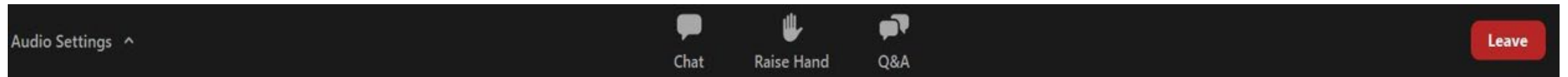


# Welcome!

**While we wait to start, please review ways to navigate this webinar.**

If you move your **cursor** to the **bottom** of **your screen** you will see a **menu**.



This menu allows you to **control**:

- **Raise Hand**
- Access to the **Chat** box
- Access to the **Q & A** box

Camera options are not available for participants. Participants can be unmuted by raising their hand and being recognized by the presenter.

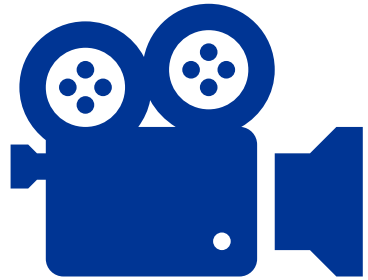


University of  
Pittsburgh

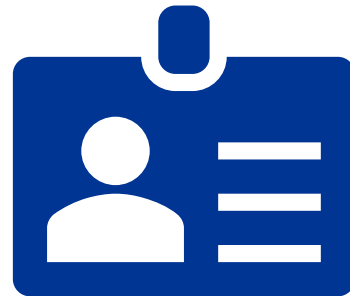
School of  
Pharmacy

PERXU

# Housekeeping



This session is being recorded to **Tomorrow's Healthcare.**



If you used a forwarded link, we need your **email address.**



Pose questions in the chat to **all participants.**



Please complete the post-session **evaluation.**



University of  
Pittsburgh

School of  
Pharmacy

PER<sub>X</sub>U

# Continuing Education Information

In support of improving patient care, this activity has been planned and implemented by the University of Pittsburgh and The Jewish Healthcare Foundation. The University of Pittsburgh is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME) and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. **1.25 hours is approved for this course.**

As a Jointly Accredited Organization, University of Pittsburgh is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. University of Pittsburgh maintains responsibility for this course. Social workers completing this course receive **1.25 continuing education credits.**

# Disclosures

No members of the planning committee, speakers, presenters, authors, content reviewers, and/or anyone else in a position to control the content of this education activity have relevant financial relationships with any entity producing, marketing, re-selling, or distributing health care goods or services, used on, or consumed by, patients to disclose.



University of  
Pittsburgh

School of  
Pharmacy

PERXU



# Disclaimer

The information presented at this Center for Continuing Education in Health Sciences program represents the views and opinions of the individual presenters, and does not constitute the opinion or endorsement of, or promotion by, the UPMC Center for Continuing Education in the Health Sciences, UPMC/University of Pittsburgh Medical Center or affiliates and University of Pittsburgh School of Medicine. Reasonable efforts have been taken intending for educational subject matter to be presented in a balanced, unbiased fashion and in compliance with regulatory requirements. However, each program attendee must always use their own personal and professional judgment when considering further application of this information, particularly as it may relate to patient diagnostic or treatment decisions including, without limitation, FDA-approved uses, and any off-label uses.



University of  
Pittsburgh

School of  
Pharmacy

PERXU

# Mutual Agreement

- Everyone on every Program Evaluation and Research Unit (PERU) webinar is **valued**. Everyone has an expectation of **mutual, positive regard** for everyone else that respects the **diversity** of everyone on the webinar.
- We operate from a **strength-based, empathetic, and supportive** framework – with the people we serve, and with each other on PERU webinars.
- We encourage the use of **affirming language** that is not discriminatory or stigmatizing.
- We treat others as **they** would like to be treated and, therefore, avoid argumentative, disruptive, and/or aggressive language.



# Mutual Agreement (continued)

- We strive to **listen** to each person, avoid interrupting others, and seek to **understand** each other through the Learning Network as we work toward the highest quality services for Centers of Excellence (COE) clients.
- Information presented in Learning Network sessions has been vetted. We recognize that people have different opinions, and those **diverse perspectives** are welcomed and valued. Questions and comments should be framed as **constructive feedback**.
- The Learning Network format is **not conducive to debate**. If something happens that concerns you, **please send a chat during the session** to the panelists and we will attempt to make room to address it either during the session or by scheduling time outside of the session to process and understand it. **Alternatively, you can reach out offline to your PERU point of contact.**



University of  
Pittsburgh

School of  
Pharmacy

PERU

# Acknowledgements

- The COE project is a partnership of the University of Pittsburgh's Program Evaluation and Research Unit and the Pennsylvania Department of Human Services; and is funded by the Pennsylvania Department of Human Services, grant number 601747.
- COE vision: The Centers of Excellence will ensure care coordination, increase access to medication-assisted treatment and integrate physical and behavioral health for individuals with opioid use disorder.



University of  
Pittsburgh

School of  
Pharmacy

PERXU



**PRO•A**  
Pennsylvania Recovery  
Organizations Alliance

**MOBILIZE**  
**EDUCATE**  
**ADVOCATE**

*Together we can!*



# Walking the Talk – Human Service Organizational Wellness Now & Into the Future

William Stauffer, LSW, CCS, CADDC  
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.

# Presentation Objectives

*Walking the Talk - Human Service Organizational Wellness Now & Into the Future*

Attendees will:

- Describe the dynamics of **parallel process** and how to consider parallel process in organizational wellness.
- Gain insight into **workforce recruitment and retention** strategies with an emphasis on a strength's orientation.
- Examine effective strategies for **supporting staff under strain** / including persons in recovery.
- Learn the value of shifting **organizational culture to a wellness orientation**.



# Parallel Process in Human Service Organizations

# Parallel Process

*In Human Service Organizations*

**Parallel process** refers to dynamics of transference and counter transference. It also has supervision applications.

*Supervisory interactions often replay, or is parallel with, the direct **healing relationship**.*



# Transference & Counter-Transference

*The Basics of Parallel Process:*

**Transference:** The supervisor re-creates the presenting **problem** and **emotions** of the therapeutic relationship within the supervisory relationship.

**Counter-transference:** The supervisor **responds** to the peer provider in the **same manner** that the peer provider would respond to his or her **client**.





# Why Focus on Parallel Process?

*Healing Does Not Occur In a Vacuum*

We must **pay attention** to in order to be effective at helping people (and systems) heal.

- Historically we have focused on Parallel Process from a **deficit orientation**
- It may be beneficial to shift the way we think about the term parallel process to focus on the dynamics we want to emphasize in **healing and wellness** across the work and the workforce.
- A **strengths-based** orientation.





# Parallel Process

*Effective Leadership*

- An ongoing **awareness** of one's own issues and the events that **trigger** those issues
- Using this awareness as an **intervention** in facilitating growth within the peer provider
- Helping the client is the **ultimate goal** of the process



# Strengths-Based Orientation

*Walking Our Talk*

Orienting our whole systems to focus on strengths and wellness involves looking at how we take care of our own. It is a **collaborative process** across the whole organization.

- Seeks to discover and **amplify** all worker's strengths and competencies
- Intentionally **identify** and amplify the worker's wellness
- Encourages **shared responsibility** for wellness and staff actualization



# Shifting Our Focus

*New ways of looking at Parallel Process*

A promising strategy may be to shift the way we think about the term parallel process to focus on the **dynamics** we want to emphasize in healing and wellness across the work and the workforce.

A **strengths-based** orientation.

- Reframing parallel processes to an **asset-based lens**.
- Emphasizing **healing and wellness** values across both our work and our workforce.
- Research on positive childhood experiences shows promising applications for how we view and support **resiliency**, even in the face of ACES.



# Positive Childhood Experiences and Adult Mental and Relational Health – *JAMA 2019*

- The study explored adult-reported social and emotional support (ARSES)
- Associations between **adverse childhood experiences** (ACEs) and **risks** for adult depression, poor mental health, and insufficient social and emotional support have been well documented.
- **Positive childhood experiences** (PCEs) show dose-response associations with D/PMH and ARSES after accounting for exposure to ACEs.
- Joint assessment of PCEs and ACEs may better target needs and interventions to **promote well-being**.





# Lessons from the Field

*Play At The CORE (Collective Organizational Resilience through Empathy)*

**“Know Your Power”** Celebrating the existing strengths within the program.

- *What are the beliefs, behaviors, and systems that help you to form a strong sense of community with patients?*
- *What is the impact of these efforts on the care you provide?*

**“Target Your Pain”** by articulating and exploring the challenges in the professional context.

- *In what ways has this professional community supported you as you confronted challenges over the last two years?*
- *In what ways has this professional community made your engagement with challenges more difficult?*

**“Live Your Purpose”** operationalizing program strengths to bear against professional challenges.

- *How would you like to see this professional community be stronger?*
- *How might you begin to apply some of the same beliefs, behaviors, and systems that help to build community with your patients with one another?*
- *What might be the impact of these changes on both your professional and patient experiences?*

# Strains on Organizational Wellness

# The Healing Environment

What do treatment agencies look like from the perspective of those seeking help?

Our 2013 Counselor Survey tells us:

- Too much **paperwork**
- **Overworked**
- Not enough **time** helping
- Often there is a mismatch between the **needs of the client and the services** authorized

*We end up modeling the high stress systems that many of our clients have become accustomed to!*



# Historic Trauma

*Common Helper Family Experiences*

In a 1992 study on childhood experiences of **family dysfunction**:

- 73.1% of social work students experienced **dysfunction** in the home as a child compared with 36.9% of the Business students
- Dysfunction was **defined** by a member of the family of one or more of the problems: drug or alcohol abuse, sexual addiction, bulimia, anorexia nervosa, gambling addiction, schizophrenia, the perpetrator of a crime, severe depression, attempted or committed suicide or physical or sexual abuse from a family member





# Environment

**Historic stressful environment of the individual and exposure to trauma factor:**

- **Intensity**
- **Duration**
- **Frequency**

**Consider the nature of the environment**

# High Turnover...

*Long a Problem in Our Field*

- In 2003, the toughest job you'll ever love: A Pacific Northwest Treatment Workforce Survey. identified **turnover** rates of around 25%.
- Similar rates were found in workforce surveys nationally done by the Addiction Technology Transfer Centers (ATTC).
- A 2021 New York State report found that program administrators identified a 44% of their counseling staff and 38% of support staff turn over every 1 to 3 years.
- Similar rates are being found elsewhere.







# ...Meets High Demand

*Pre COVID-National Behavioral Health Estimates*

- In May of 2019, the Annapolis Coalition released a report commissioned by SAMHSA.
- It suggests that we needed an additional 1,103,338 peer support workers and 1,436,228 behavioral health counselors, as part of the 4,486,865 behavioral health workers to meet anticipated demand.



# Changing Labor Market

*Things Have Changed*

- In a prior era, our systems of care could bring people in and function with **high turnover** rates
- There were enough **new recruits** to sustain this dynamic
- We are **no longer** in such an era.
- We need to **recruit and retain** workers over the long term.





# So, Who Does This Work?

*Accounting for Our Own Assets*

- We are shifting care from a pathology orientation to a **strength's orientation**.
- We need to do the same thing in our **workforce**.
- This does not mean that we ignore our challenges, just orient to them to **reinforce** inherent **strengths**.

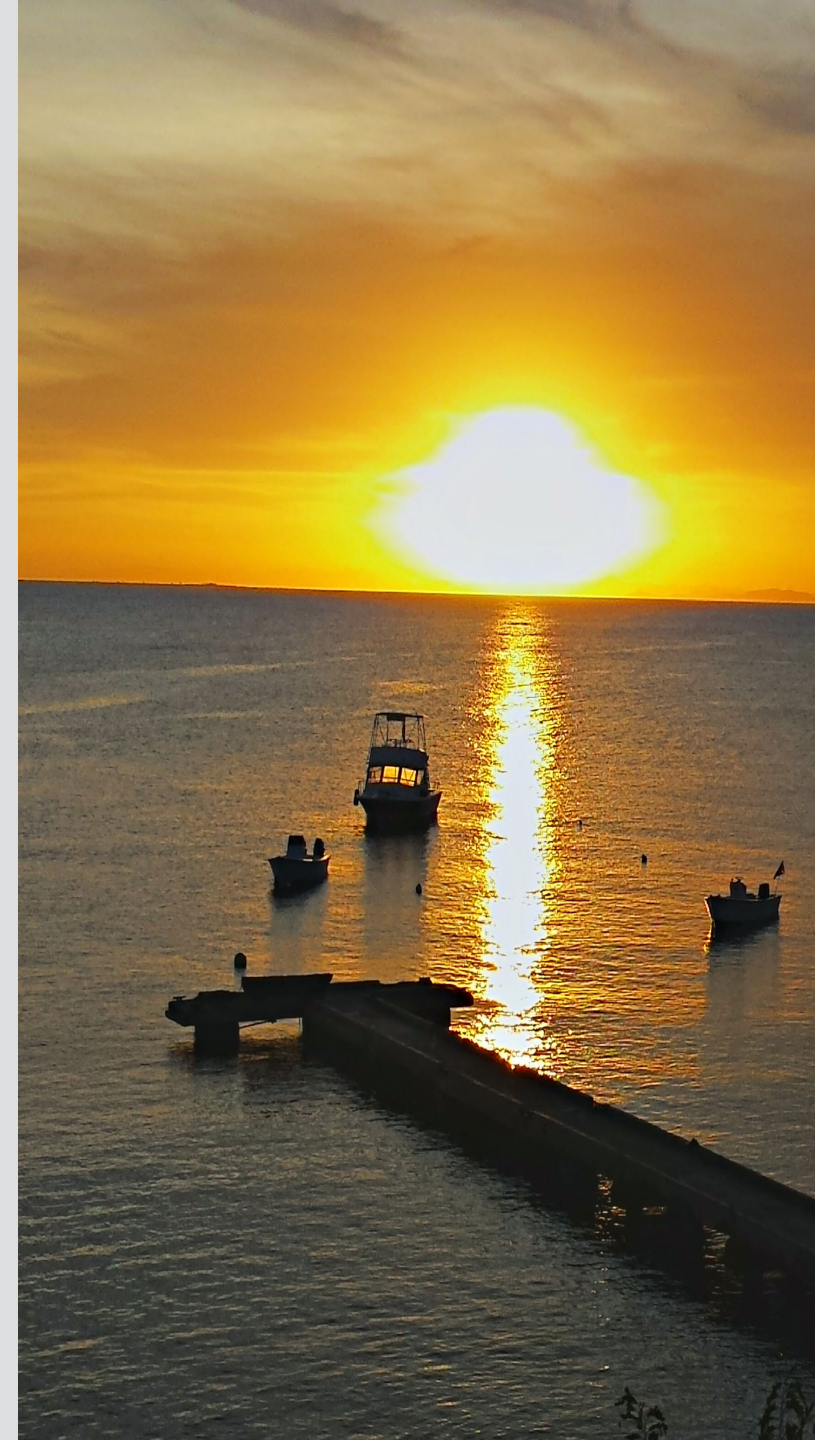
# Recruitment Strategies

# Observation on Workforce Studies

*Deficit focus*

Nearly all the workforce studies done on our field have focused on the **challenges**.

- Those challenges have remained relatively **constant** over several decades.
- Who wants to do this work despite those challenges?
- This is our core workforce
- Let's understand who they are and focus on **recruiting and retaining** them over career spans while working to address the deficits







# Clear Role Delineation

*Potential Ethical and Boundary Issues*

- Organizations should regularly **update job descriptions** for peer workers and other staff, and through peer supervision.
- Organizations should also have clear **ethical guidelines** for peer workers, and **train** peer workers about them to help ensure that the peers operate within their **scope of practice**.

*We need to be **clear** what we want people to do before we bring them on board*



# Where do we look

*Get Creative*

Recruit applicants from existing **peer training lists** of individuals who are certified and ready for employment.

Other strategies for recruiting applicants include:

- Contacting **peer groups** or **peer-run organizations**
- Seeking referrals directly from the **recovery community**
- Running **ads** and **listing openings** on websites that post **job announcements**
- Sending announcements to **state employment** services



# Engage the Recovery Community

*Key To Identifying Persons of High Potential*

- Seek out programs providing **workforce development** for persons in recovery.
- Send out **flyers** to recovery centers and recovery support programs in your region.
- Let people know what makes your program the kind of place that they **want to grow** with as a career move.
- Show them that you want to **invest in them** as part of your mission to support the community!





# Recruitment & Interviews

*Include SUD Recovering Staff*

Your recovering staff is a huge **resource**.

- They often know the **local recovery community** ecology and can help find candidates who would be a great fit.
- Your recovering staff, who are often very familiar with the **regional recovery ecosystem**, can help you identify prospective candidates.
- They may have insights into the fit of a person as they are not just working in the field, they are living in the **recovery community**.



# Develop prospective Peer workers

*Prior to Peer Training*

- The candidate who may be your best hire may **not yet be currently certified** as an SUD peer worker.
- They may have transportation or childcare **barriers** that if you help them work through may assist them in moving forward with employment.
- You may want to consider hiring them for a position that they are qualified for and then **setting up training for certification** so they can work as an SUD peer.





# Fit of position

## *Matching Roles With Experience Levels*

- We would not take a nursing student directly out of their **initial education** with no work experience and place them in a high-intensity work environment like the ED alone on day one.
- Peers entering the field have the equivalent of basic training. Just like all other workers, they **need time in the work** to handle high-intensity / high-stress work settings.
- Just like other workers, they do well if they are provided an opportunity to **develop** consistent with their training and experience.

# SUD Peer Staff Development

# Strengthen Career Pathways

*CRS to CEO – Make It Possible*

- Do you have **career pathways** in your organization for all staff, including peers?
- Do you offer **flexible scheduling** for students?
- Do you utilize the pathway for SUD peer workers in residential SUD programs to advance to Counselor Assistant?





# Mentoring

Pair New Staff with Seasoned Staff

## Setting up a **culture of retention**

- New workers get the message that **they matter**
- It can help them navigate the challenges of a new role
- More seasoned workers can even experience some **revitalization** by serving as mentors.

Did you Know: Mentored employees also tend to feel more positively about their organizations as a whole. They're far less likely to quit their jobs. In fact, a recent study found that the retention rates for mentees are 50 percent higher than those not mentored.







# Supervision

A Staff Growth & Retention Tool

Workers in different stages of development have distinct **supervision needs**.

- Providing **consistent and focused** supervision is paramount to peer staff retention, particularly newer workers or workers in high stress service environments.
- Sometimes, programs can end up **shortchanging** their staff **supervision** as other, more immediate needs can seem pressing and focus supervision on administrative roles more than the educational and supportive roles.
- **Developing and supporting** peer supervisors is key to peer staff retention and effective care.



# Tuition Reimbursement

*Investing in the Future*

- Your entry level staff are your organizational future!
- Consider staff **tuition reimbursement** policies to ensure that everyone can access tuition reimbursement as part of their career development plans.
- This shows peer workers that you are invested in their **career development**.

Did you Know: Research has found a 20 to 40 percent increase in the retention rate of workers enrolled in an education benefit program versus the rest of the staff, indicating that these benefits more than pay for themselves through lower turnover.



# Augment Training

Individualized Training Plans for All Team Members

Training takes many forms, including:

- **Mentoring**, which can provide benefits across your team as workers share skills and support each other's development.
- Using **performance evaluations** to map long term career goals.
- Setting **mutual goals** to develop staff interests so they hone their skill sets



# Retention Strategies



# Wellness

Establish a Culture of Wellness

Keeping employees fit is just good business.

- **Stress management** programs,
- **Retirement planning** services / Reimbursement for **fitness classes**
- Support reasonable **work/ life balance**

A 2018 Forbes article noted that:

- 87% of employees choose employers based on wellness programs.
- 67% of employees like their jobs in companies offering wellness programs.
- 58% of millennials think wellness programs are essential when looking for a job. In addition, 54% of Generation Z say the same.

# Mutual Staff Support and Accountability

Regular supervision across the organization increases **cohesion and accountability** to the agency mission and each other.



- There is a systematic support for self-care across the entire service team, with an emphasis of work and self-care as a part of supervision.
- This is particularly true in respect to less experienced staff or staff who are operating in more intensive / high stress environments such as the SUD Peer Professional.

# Inclusion

## ACROSS THE ORGANIZATION

- **Shared decision making** is key to integrating all staff, including SUD Peer Professionals into the care process.
- While this may seem time consuming and “messy” from a management perspective, the payoff is an **integrated staff** in which everyone feels like what they contribute matters.
- Persons served feel this as **deep engagement**. People stick with programs who include them which results in improved staff and client retention.



People are more invested in systems in which they have “voice and choice” from persons served to agency staff.



# Practices To Support Retention of CRSs

- Clearly defined **roles and responsibilities** shared with team members
- Supervisors **understand and support** the work of the CRSs
- **Regular supervision** of work and self-care as a part of supervision
- Support **multiple pathways** to recovery
- Support CRSs **creativity** and while utilizing a method of **accountability**
- Utilize **strength-based** needs assessments
- Full **integration** into teams, eg., attend all meetings, inclusion in decision making, staff consultation time as needed







# Systemic Strength-Based Orientation

- Orient on **strengths** across the organization, from persons served to all agency staff.
- The strength-based orientation helps the organization to **avoid implicit bias** and **identify the inherent resources** of persons with substance use disorders (SUD) and tap into the full capacity of the team to serve the community.
- This can mean giving particular attention to persons with **less perceived power** within the care team, including the SUD peer professionals.

# Recognize People

*Show People that You See When They Excel!*

Recognize people when you catch them doing great things.

- Modest gift cards
- Write ups in Newsletters
- Verbal acknowledgment in team meetings

According to a 2022 Gallup/Workhuman survey:

- Companies that make employee recognition a priority have workers who are 56% less likely to be looking for a new job,.
- Employees 73% less likely to feel burned out when recognition is offered.
- 81% of leaders say recognition isn't a strategic priority for their company.



# Clear Rules of Engagement

Staff know where they stand and what they are to do, which **reduces internal** and **team stress** and increases sense of responsibility to the person served and the organization's mission.



All staff, including SUD peer professionals need to understand how to:

- make decisions
- share information
- consider ideas for improvement
- coordinate hand-offs
- review work
- challenge prevailing thought
- prioritize
- resolve conflict



# Support Multiple Pathways of Recovery



- Every journey into recovery is an **individualized path** developed with the resources, strengths and goals of the person being served supported across the care team.
- Everyone is aware that individualizing pathways of recovery means **not pushing particular paths** due to personal experience or preference on the part of the care provider team.



# Follow Up

*What Innovative strategies do you use?*



What did we miss?



What additional points /perspectives would you like to add?



## Sources

- Slide 13** - Sumerel, M. (1994). Parallel Process in Supervision. <https://www.counseling.org/resources/library/ERIC%20Digests/94-15.pdf>
- Slide 14** - The Me in You: Parallel Process in Psychotherapy. (2009). Psychology Today. <https://www.psychologytoday.com/us/blog/enlightened-living/200901/the-me-in-you-parallel-process-in-psychotherapy>
- Slide 18 & 19** - Bethell, C., Jones, J., Gombojav, N., Linkenbach, J., & Sege, R. (2019). Positive childhood experiences and adult mental and relational health in a statewide sample: Associations across adverse childhood experiences levels. *JAMA pediatrics*, 173(11), e193007-e193007. <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2749336>
- Slide 20** - The Promise of Parallel Process: A Paradigm of Healing for Human Services. (2022, August 8). Non-Profit News | Nonprofit Quarterly. <https://nonprofitquarterly.org/the-promise-of-parallel-process-a-paradigm-of-healing-for-human-services/>
- Slide 22** - Stauffer, W. (2021, October 27). On Pervasive Systemic Stressors and Restoring Safety. <https://recoveryreview.blog/2021/10/27/on-pervasive-systemic-stressors-and-restoring-safety>
- Slide 23** – Russell, R., Gill, P., Coyne, A., Woody, J., (1993). Dysfunction in the family of origin of MSW and other Graduate Students. *Journal of Social Work Education*. Vol. 29. <https://www.tandfonline.com/doi/abs/10.1080/10437797.1993.10778804>
- Slide 25** – Gallon, S, Gabriel, R., Knudsen, M. (2003). The toughest job you'll ever love: A Pacific Northwest Treatment Workforce Survey. *Jsatjournal.com*. Retrieved from [https://www.jsatjournal.com/article/S0740-5472\(03\)00032-1/fulltext](https://www.jsatjournal.com/article/S0740-5472(03)00032-1/fulltext)
- Nasta, L., & Strach, P. (2021). *What Drives Staffing Levels for Substance-Use Disorder (SUD) Services in New York State?* <https://rockinst.org/wp-content/uploads/2021/11/NYS-SUD-Workforce-2021.pdf>
- Slide 26** - Behavioral Health Workforce Report. (2019). <https://annapoliscoalition.org/wp-content/uploads/2021/03/behavioral-health-workforce-report-SAMHSA-2.pdf>
- Slides 31** - TIP 64: Incorporating Peer Support Into Substance Use Disorder Treatment Services. (2023, June 21). *Www.samhsa.gov*. <https://www.samhsa.gov/resource/ebp/tip-64-incorporating-peer-support-substance-use-disorder-treatment-services>

**Slide 32** - Enhancing the Peer Provider Workforce: Recruitment, Supervision and Retention. (2014).

[https://www.nasmhpd.org/sites/default/files/Assessment%201%20-%20Enhancing%20the%20Peer%20Provider%20Workforce 9-15-14.pdf](https://www.nasmhpd.org/sites/default/files/Assessment%201%20-%20Enhancing%20the%20Peer%20Provider%20Workforce%209-15-14.pdf)

**Slide 38** - The Unmistakable Benefits of a Mentor Program for both Employers and Employees | UMass Global. (n.d.). Wwww.umassglobal.edu.

from <https://www.umassglobal.edu/news-and-events/blog/benefits-of-mentoring-in-the-workplace#:~:text=Mentored%20employees%20also%20tend%20to>

**Slide 40** – PA DDAP Division of Program Licensure Licensing Alert 01-15. (2015). Supervision of Counselor Assistants. Wwww.ddap.pa.gov.

Retrieved from <https://www.ddap.pa.gov/Licensing/Documents/Licensing%20Alerts/Alert%202015-01.pdf>

PA DDAP Division of Program Licensure Licensing Alert 02-15. (2015). Staffing Regulations Requirements for Qualification for the position of counselor Wwww.ddap.pa.gov. <https://www.ddap.pa.gov/Licensing/Documents/Licensing%20Alerts/Alert%202015-01.pdf>

**Slide 41** - How Education Benefits Help Reduce Turnover | The Loop | Fickewirth Benefits Advisors. (n.d.). Wwww.fickewirth.com.

<https://www.fickewirth.com/the-loop-detail.php?How-Education-Benefits-Help-Reduce-Turnover-156>

**Slide 44** – Aldana, S. (2022, June 15). How Wellness Programs Increase Employee Retention in the Workplace. Employee Wellness Programs.

<https://www.wellsteps.com/blog/2022/06/14/wellness-programs-increase-employee-retention/>

**Slides 46 – 47** - TIP 64: Incorporating Peer Support Into Substance Use Disorder Treatment Services. (2023, June 21). Wwww.samhsa.gov.

<https://www.samhsa.gov/resource/ebp/tip-64-incorporating-peer-support-substance-use-disorder-treatment-services>

**Slide 49** - Caminiti, S. (2022, May 31). Recognition is a simple yet effective way to keep employees from quitting. CNBC.

<https://www.cnbc.com/2022/05/31/recognition-is-an-effective-way-to-keep-employees-from-quitting-.html>



**PRO•A**  
Pennsylvania Recovery  
Organizations Alliance

MOBILIZE  
EDUCATE  
ADVOCATE

*Together we can!*