Practices in Peer Specialist Supervision and Employment

Peer specialists play an increasingly important role in a recovery-oriented service system, yet there are no accepted national standards for defining this role or the essential competencies on which to base training and certification programs. This presentation will provide an up-to-date summary of best practices for peer specialist supervision and employment based on foundation principles, research, and practical experience.

Objectives
At the end of the workshop, participants will be able to:
1. Identify the key competencies of the peer specialist role
2. Explain the concept of "universal design" as applies to employment policies
3. Suggest personnel policies that would effectively support peer staff

In a recent study, "written peer job descriptions … showed that the expectations of peers were often unreasonable and greatly exceeded the formal specified job responsibilities."* (p. 298). The study authors recommend:

1) **Hiring policies** that are responsive to the unique qualifications of peers such as accepting experience in lieu of formal credentials;
2) A **job structure** that conveys the importance of peers to the agency, including positions that are permanent and independent of changing levels of funding, compensated and evaluated on the same performance standards as non-peer staff, and provide opportunities for advancement;
3) **HR practices** that help peers participate in the workplace to the fullest extent possible;
4) **Orientation and training** to all constituencies about the peer role; and
5) **Clear communication of the value of peers** in a mission statement that supports recovery, a strong leadership role in supporting the mission, and formalized opportunities to learn about policies and practices such as a mandatory new employee orientation.

*Gates, L. B., & Akabas, S. H. (2007). Developing strategies to integrate peer providers into the staff of mental health agencies. <u>Admin Policy in MH and MH Services Research</u>, <u>34</u>, 293-306. Quote is from p. 298)

Universal Design
The design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design.

The Center for Universal Design NC State University
http://www.design.ncsu.edu/cud/about_ud/udprinciplestext.htm

Human resources policies based on universal design are:
- Simple, intuitive, easy to understand
- Affordable and included in the budget
- Flexible enough to accommodate a wide range of needs
- Developed by involving stakeholders in design and evaluation
- Equitable and relevant to all employees
- Designed to minimizes misuse / abuse

The Job Description

A job description provides a summary of the primary duties, responsibilities, and qualifications of a position. It is important to reflect priorities and current expectations.

Components of the job description:

Function:
Summarize the main purpose of the position within the department/organization in one sentence.

Reporting Relationships
Describe the "chain of command" and the types of supervision the employee will get and will give, indicating the specific job titles of the supervisors and the positions supervised.

Responsibilities
List 4 to 6 core responsibilities of the position and identify several specific duties within each of the core responsibility areas.

Qualifications/Competencies
List required and preferred qualifications, credentials, and competencies in order of importance. These might include educational requirements (e.g., a high school diploma or equivalency), training or certification as a peer specialist, or specify that the employee must be a person in recovery (e.g. "Be a self-identified current or former user of mental health or co-occurring services who can relate to others who are now using those services" or "Must be a self-disclosed individual with a mental illness)

Employment Conditions
Describe any relevant circumstances, such as any physical requirements (e.g., standing, lifting), environmental conditions, unusual work schedule (e.g., rotating shift, on-call hours), and any other requirements (e.g., driver's license, background check, random drug screen).
Tips from the Small Business Association (http://www.sba.gov):
- A good job description begins with a careful analysis of the important facts about a job, such as tasks involved, methods used to complete the tasks, and the relationship of the job to other jobs.
- It's important to make a job description practical by keeping it dynamic, functional, and current.
- Don't get stuck with an inflexible job description! A poor job description will keep you and your employees from trying anything new and learning how to perform their job more productively. A well-written, practical job description will help you avoid hearing a refusal to carry out a relevant assignment because "it isn't in my job description."
                    http://www.sba.gov/smallbusinessplanner/manage/manageemployees/SERV_JOBDESC.html

Sample Peer Specialist Job Description Components*

Sample function statements
- Provide vision driven hope and encouragement to support people in their recovery and assist them in connecting to the community
- Provides opportunities for individuals receiving services to direct their own recovery process (self-determination) and acts as an advocate for the needs and rights of persons served
- Works with individuals in groups and on a one-to-one basis to provide recovery training and outreach to individuals who use mental health services in the community
- Shares personal recovery experiences and develops authentic peer-to-peer relationships
- Offers instruction and support to help people develop the skills they need to facilitate their recovery
- Informs people served of available service options and choices while promoting the use of natural supports and resources within the community
- Supports people to articulate and describe their needs, wants and desires to providers and family members (self-advocacy)
- Provides peer mentoring and support for individuals with psychiatric disabilities receiving mental health services
- Assists individuals in navigating the mental health services system and in achieving resiliency and recovery as defined by the person

Sample responsibility statements
- Assist in the orientation process for persons who are new to receiving mental health and/or co-occurring disorders services
- Educate and support people in the use of Wellness Plans, including Wellness Recovery Action Plan, as a means to recognize early triggers and signs of relapse, and use of individual coping strategies as an alternative to more restrictive services
- Outreach/accompany to ensure the individual is making a successful transition to community integration and is continuing their progress toward recovery goals
- Support the individual in seeking to connect/reconnect with family, friends, significant others and in learning how to improve or eliminate unhealthy relationships
- Provide education and advocacy within the community that promotes awareness of psychiatric disorders while reducing misconceptions, prejudice, and discrimination
- Keep treatment team informed about individual's strengths, accomplishments and obstacles in relation to their recovery goals
- Complete all required documentation in a timely, legible manner
- Educate professional staff about the recovery process and the damaging role that stigma can play in undermining recovery
- Visit community resources with people using services to assist them in becoming familiar with potential opportunities
- Facilitate (via personal coaching and WRAP groups) the transition from a professionally directed service plan to a self-directed Recovery Plan
- Model personal responsibility, self-advocacy, and hopefulness through telling one's personal recovery story, how needs are respectfully met, and how a belief in oneself is maintained
- Ensures confidentiality of individual information
- Assess emergency situations, notifies supervisor and/or appropriate clinical and administrative personnel of actual or potential problems
- Exhibits a nonjudgmental approach, effective listening, good eye contact, and positive interactions
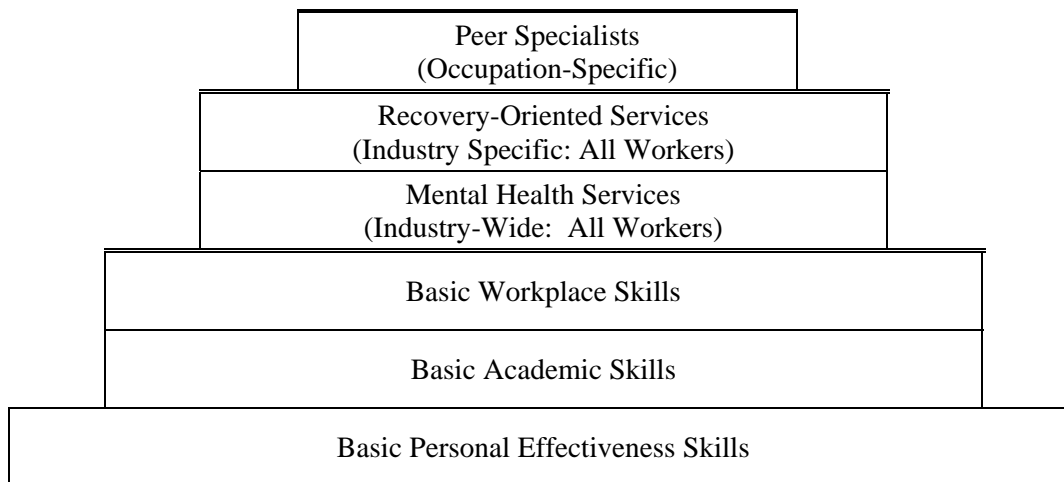
*adapted from job descriptions and materials from Pennsylvania, North Carolina, Recovery Innovations of Arizona, Florida Peer Network Inc., the Transformation Center (Boston, MA), and Collaborative Support Programs of NJ

Training

Pre-Service $\Rightarrow$ New Employee Orientation $\Rightarrow$ On-the-job Training $\Rightarrow$ Continuing Ed

Our most common approaches to instruction, involving top-down teaching through a lecture format, "have little impact on a clinician's behavior and essentially no effect on healthcare outcomes."*

A competency is the ability to apply or using knowledge, skills, attitudes, and personal characteristics to successfully perform critical work tasks, specific functions, or operate in a given role or position (Ennis, 2008). The *Competency Model Clearinghouse* identifies "tiers" of competencies that can be applied to understanding the job requirements for peer specialists:

| Peer Specialists (Occupation-Specific) |
| Recovery-Oriented Services (Industry Specific: All Workers) |
| Mental Health Services (Industry-Wide: All Workers) |
| Basic Workplace Skills |
| Basic Academic Skills |
| Basic Personal Effectiveness Skills |

Adapted from the interactive graphic: http://www.careeronestop.org/competencymodel/pyramid.aspx

Most employees need – and get – some level of mentoring when starting a job.
- Some of this is provided by the supervisor, some by line colleagues, and some by non-direct colleagues with whom the employee finds an allegiance.
- In some settings, a staff member may be assigned to focus on training new personnel.
- Even when an employee with a disability gets outside job coaching, the job coach works to taper his/her involvement quickly, in favor of the natural supports in the workplace.

A peer provider in his/her first position may well want to develop a relationship with a more experienced peer provider in that workplace or another one.
- MHANJ offers "Work and Wellness Forums," which are a kind of support group for peer providers. See: http://www.mhanj.org/pdf/wellness1.pdf
- The Consumer Provider Association in NJ (www.cpanj.org) should also be able to offer this.

*Stuart, G.W., Hoge, M.A., & Tondora, J. (2004). *Theory and evidence-based teaching strategies: Implications for behavioral health*. Retrieved Jan 25, 2006, from http:www.annapoliscoalition.org (quote is from p. 18)

Effective Supervision

Ultimately, the supervisor represents the service agency or institution in a quality control and quality improvement capacity, but the supervisor also other responsibilities. At times, these responsibilities may conflict with one another, which can create ethical dilemmas and stress.
- The responsibility to the service agency is to achieve the goal of delivering the highest possible care at the lowest possible cost in the shortest possible time.
- The responsibility to people who use the agency's services is to help them achieve their own goals in the most efficient and supportive way.
- The responsibility to the trainee is to allow ample opportunity to practice and improve.

In human services, supervisors provide both administrative task-oriented supervision and reflective/consultative supervision. These two roles are both complementary and contradictory.
- Administrative supervision focuses on organizational efficiency, with all of the necessary attention on performance measures, required tasks, and urgent deadlines.
- Consultative supervision focuses on the professional development of the supervisee, along with his/her relationships with service users.
- Supervisees often benefit from having separate supervisors for these roles.

Supervisors of peer specialists must be thoroughly familiar with the job role requirements.
- Ideally, each peer specialist will have a reflective/consultative supervisor with experience working as a peer specialist. Someone learning a professional discipline or role benefits from mentorship from someone trained and experienced in that role.
- Peer specialists are often described as "in but not of the system." This position can create job strain, and is an important area to explore routinely in supervision.

Supervisors need to know their limits (boundaries), when to refer to personnel to the EAP.
It's natural for a mental health worker who is a supervisor to try to help a colleague or a direct report using mental health techniques. This does the supervisee, whether a peer or non-peer, a disservice because:
- It blurs or distorts the normal work relationships.
- It may reduce the person's self-efficacy.
- It has the potential to result in either inappropriate disclosure or clumsy "talking around" personal issues.

Supervisory methods and content need to be individualized, and may require negotiation.
- Negotiating a contract for the supervision (timing, content, and process) is helpful.
- The supervisee's cognitive style, conceptual ability, personal approach to problems, and style of interaction are relevant to the supervision process, and need to be valued.

When supervisors share their experiences, especially their mistakes and anxieties, supervisees learn important lessons. Such disclosures create an atmosphere of trust and openness.

Some content adapted from Bernard & Goodyear. (1998). Fundamentals of clinical supervision (2nd ed.) and Bradley & Ladany. (2001). Counselor supervision: Principles, process, and practice. Phila: Brunner-Routledge.

Summary: Best Practices in Employment of Peer Specialists

1. Hire people who are qualified to do the job—no tokenism; lived experience by itself is not enough. Peer specialists need relevant work experience and/or training.
2. Clarify the essential functions of the job.
3. Develop a clear job description and provide detailed information about job expectations and requirements. Revisit the job description from time to time to ensure that it is up to date.
4. Apply the principles of universal design when you develop human resources policies that are flexible enough to create an accepting, adaptable program culture that works for everyone.
5. Provide accommodations through a standardized disability policy that applies to everyone. Inform all of your staff about the process for requesting accommodations.
6. Provide competency-based training and supervision, and remember that changing practice (or any habitual behavior pattern) is much more difficult than teaching an inexperienced person the right way from the beginning
7. Separate administrative task-oriented supervision from reflective/consultative supervision.*
8. Use a qualified and knowledgeable supervisor. If at all possible, use an experienced peer specialist to provide the best supervision for a peer specialist.
9. Enforce requirements through existing and standardized feedback, supervision, and performance evaluation mechanisms.
10. If all else fails, and you are sure that you have provided full support through orientation, training, supervision, performance evaluation, and any needed accommodations, then you need to fire the person who can't do the job.

For more information, most of the following resources are available on-line:

California Community College Economic and Workforce Development Program Health Initiative. (2007). DACUM competency profile for behavioral health peer specialist.

Campbell, J., & Leaver, J. (2003). Emerging new practices in organized peer support. Washington, DC: National Technical Assistance Center for State Mental Health Planning, NASMHPD.

CASTLE Worldwide. (2007). Role delineation study for the North Carolina Department of Health and Human Services Division of Mental Health, Development Disabilities and Substance Abuse Services: Peer Support Specialist (Executive Summary).

Chinman, M., Young, A.S., Hassell, J., Davidson, L. (2006). Toward the implementation of mental health consumer provider services. Journal of Behavioral Health Services and Research, 33(2), 176-195.

Johnson, E. (2008). Minnesota Peer Support Implementation Consultant's Report. Downloaded April 23, 2009, from http://www.californiaclients.org/pdf/Sue%20Watson%20Presentation%20Attachment.pdf

Katz, J., & Salzer, M. (November, 2006). Certified Peer Specialist program descriptions. Philadelphia: University of Pennsylvania Collaborative on Community Integration.

Mead, S., & MacNeil, C. (December, 2004). Peer support: What makes it unique? (Unpublished).

RAND (Chinman, M., Hamilton, A., Butler, B., Knight, E., Murray, S., & Young. A.; 2008). Mental health consumer providers: A guide for clinical staff. Arlington, VA: RAND Corporation.

SAMHSA. (2005). Building a Foundation for Recovery: A Community Education Guide on Establishing Medicaid-Funded Peer Support Services and a Trained Peer Workforce. DHHS Pub. No. (SMA) 05-8089. Rockville, MD: Center for Mental Health Services, Substance Abuse and M H Services Admin.

Stoneking, B.C., & McGuffin, B.A. (2007). A review of the constructs, curriculum, and training data from a workforce development program for recovery support specialists. Psychiatric Rehabilitation Journal, 31(2), 97-106.