

SUPERVISING PEER SUPPORT WORKERS

**How do you do it well for all (the
Peer Workers, you as the
supervisor and your workplace)**

Robyn Priest
LIVE YOUR TRUTH

Land Acknowledgement

I stand on the original lands of the Anishinaabe, Cree, Oji-Cree, Assiniboine, Dakota, and Dene peoples, and the homeland of the Métis Nation. As a non-Indigenous organization, we are moving towards honoring the Treaties that were made on these territories, from within the confines of a racist and colonial healthcare system. We acknowledge the harms and mistakes of the past, and we dedicate ourselves to move forward in partnership with Indigenous communities in a spirit of reconciliation and collaboration.

This Training

You will come away with an understanding of:

- What are the expectations of supervisors and what are good practices in this sector
- How to support Peer Workers to stay true to peer values
- How you, the supervisor, can be change agents in your workplaces



**Your
comfort
zone**

**Where the magic
happens**

Key Messaging

"DO THE BEST YOU
CAN UNTIL YOU
KNOW BETTER. THEN
WHEN YOU KNOW
BETTER, DO BETTER."
— MAYA ANGELOU

- Its not about US and THEM...its about all of us
- We all want the best care possible for those being supported and ourselves
- Our system is always growing



History



FIGURE 1-SPECTRUM OF TYPES OF PEER SUPPORT



FRIENDSHIP

Informal PEER SUPPORT

Naturally occurring, voluntary, reciprocal relationship(s) with peers one-to-one or possibly in a community

Clubhouse/walk in centre

Mainly psychosocial and social recreational focus with peer support naturally occurring among participants

Self-Help, Mutual PEER SUPPORT

Consumer operated/run organizations/activities/programs, voluntary, naturally occurring, reciprocal relationships with peers in community settings e.g., housing, social/recreational, arts/culture, traditional/spiritual healing, recovery education/work, anti-discrimination education/work, human rights/disability rights education work

Formalized/Intentional PEER SUPPORT

Consumer run peer support services within community settings (either group or one-to-one) focusing on issues such as education, employment, MH systems navigation, systemic/Individual advocacy, housing, food, security, internet, transportation, recovery education, anti-discrimination work, etc.

Workplace PEER SUPPORT

Workplace-based programs where employees with lived experience are selected and prepare to provide peer support to other employees within their workplace

Community clinical setting PEER SUPPORT

Peer support workers are selected to provide support to patients/clients that utilize clinical services e.g. Outpatient, A.C.T teams, Case Management, Counselling

Clinical/conventional MH system-based PEER SUPPORT

Clinical setting, Inpatient/outpatient, institutional peer support, multidisciplinary groups, recovery centres, or Rehabilitation Centres Crisis response, Crisis Management, Emergency Rooms, Acute Wards

CLINICAL CARE



PEER SUPPORT WORKERS IN HEALTHCARE

It's Not About The Nail



Values of Peer Support

Self- determination

Being aware of power imbalances and their effects, knowing and respecting human rights, facilitating personal agency and choice.

Connection

Lived/common experience is used to make connection in the relationship. Connection is the basis on which trust and meaningful, effective learning is possible.

Values of Peer Support

Mutuality

Both people learn, grow and are challenged through the relationship. Mutuality means being in relation with another person, developing skills and expertise while staying present and aware of our own reactions, viewpoints, needs and assumptions.

Lived experience as expertise

The expertise that arises from a lived experience is of equal value to other types of expertise including lived experience of being a peer worker or carer peer worker.

Values of Peer Support

Responsibility

We are not responsible for the other person, we are responsible for our own thoughts, feelings and actions. We are considerate, and we share responsibility for the relationship. We acknowledge and respect each individual's boundaries.

Authenticity

We are honest in relating with one another and act from our fundamental humanity

Values of Peer Support

Transparency

Availability of full information required for collaboration, cooperation, and decision making without hidden agendas.

Hope

Having an expectation of positive outcomes for each other

Peer Specialist Perspective	Overlap	Clinical Perspective
<p>Work is guided by the Principle of Mutuality and there is reciprocity.</p>	<p>Unconditional positive regard for the individual being served.</p>	<p>Clinicians are in the role of helping and supporting participants with a focus on diagnosis, identification of strengths and treatment. There is not an expectation of reciprocity in clinician/participant relationships.</p>
<p>Focus on learning together rather than assessing or prescribing help.</p>	<p>A desire to support recovery and the person's achievement of their human potential.</p>	<p>Focus on assessing and helping.</p>
<p>Emphasis on sharing and exploring life experiences where both individuals share personal experiences and perspectives.</p>	<p>The importance of connection, finding common ground, and respect.</p>	<p>Emphasis on exploring program participants' experiences, with less expectation for the clinician to share their personal experiences.</p>

Peer Specialist Perspective	Overlap	Clinical Perspective
<p>There are many ways to understand the experience of what gets diagnosed as mental illness: bio-psycho-social; spiritual; cultural; distress as teacher; altered states; a natural variation of human experience, etc.</p>	<p>A commitment to support the person in making meaning of their experience.</p>	<p>The bio-psycho-social approach is the main framework for diagnosis and treatment while utilizing a cultural competency framework.</p>
<p>Do not participate in the delivery of involuntary interventions such as commitment to a hospital or outpatient commitment.</p>	<p>Both clinicians and Peer Specialists recognize the importance of choice and self-determination in the recovery process.</p>	<p>Involuntary interventions such as commitment to a hospital can be justified as clinicians struggle to balance the Duty to Care with the Dignity of Risk.</p>
<p>Trained to be advocates for and with participants. Advocacy may include speaking up about participant's needs and goals, and/or coaching participants in speaking for themselves. Advocacy may also include advocating for participant's legal rights, civil rights and human rights.</p>	<p>Both clinicians and Peer Specialists strive to listen carefully to the needs, preferences, goals and aspirations of participants.</p>	<p>Many are trained in recovery oriented practice which is strengths based, person-centered and aimed at supporting participants in achieving their unique goals.</p>

Peer Specialist Perspective	Overlap	Clinical Perspective
<p>Peer Specialists are members of a socially devalued group often referred to as “the mentally ill”. As such they are keenly attuned to stigma, dehumanizing practices, discrimination in mental health service systems. As advocates, Peer Specialists will speak up if clinicians slip into language or practices that (often unintentionally) devalue participants or reinforce the status of being socially devalued.</p>	<p>Together, clinicians and Peer Specialists strive to create a culture of respect throughout behavioral health systems and in the general public.</p>	<p>Clinicians who have not self-disclosed a personal psychiatric history, are not part of the socially devalued group known as the mentally ill.</p>

Studies tell us that accessing peer support leads to...

Fewer and shorter hospitalizations and a reduced need for intensive mental health services

Reduction in symptoms

Improved daily functioning and quality of life

Decreased substance use

People feeling more empowered and hopeful

Increased satisfaction with treatment and better communication with care providers

Improved social functioning and expanded social networks

Development of coping and interpersonal skills

The Centre for Innovation in Peer Support's validated tool to measure...

Integrity

Is peer work actually taking place?

Quality

How are people feeling about services/peer services?

Impact

Do people feel peer work is impacting what the evidence has said it does?

High Peer Work Integrity, Quality and Impacts

“The peers were both phenomenal and encouraged me to get better. They shared from their experiences in a way that related to the group, which is a breath of fresh air.”

“He/she makes me feel like my future will be a solid and positive life experience.”

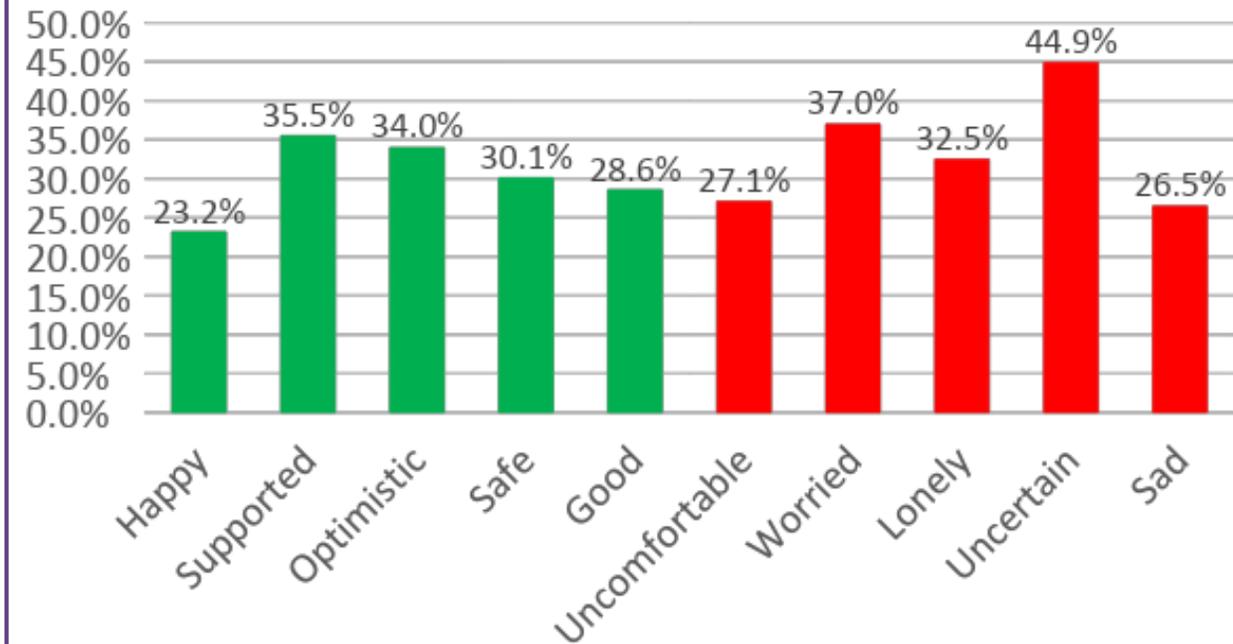
“I felt heard. The peers were highly supportive, encouraging and empathetic.”

“It allowed me to feel normal; I wasn't alone on the journey”
(family member)

Quality Results

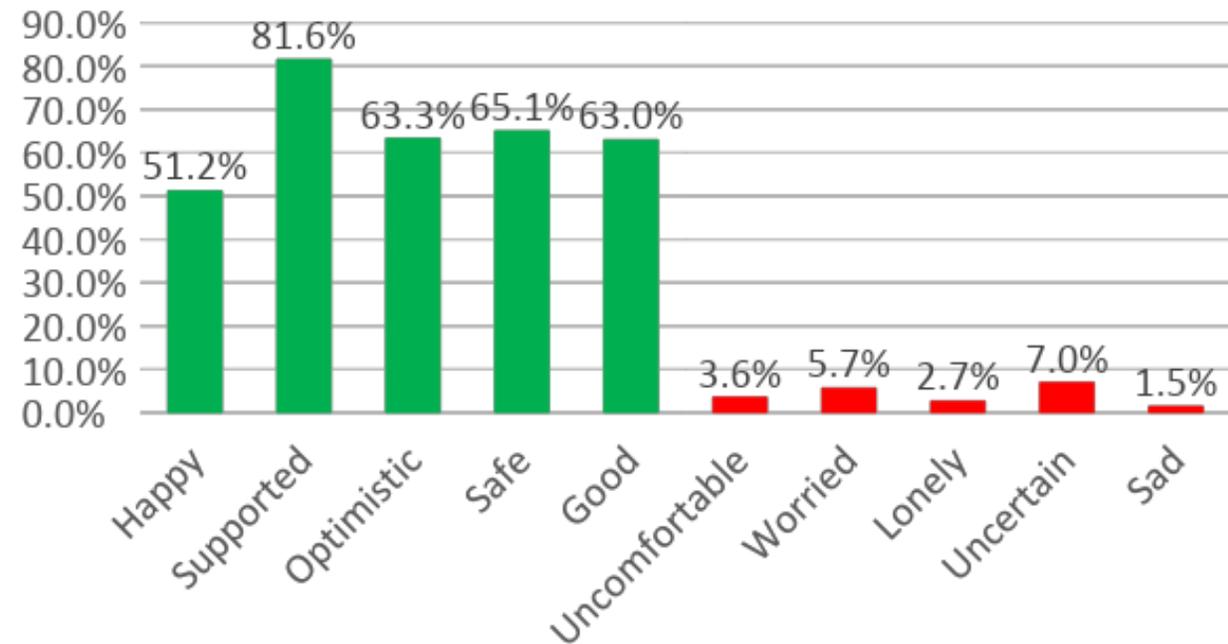
Words People Used to Describe Their Feelings about Services Prior to Receiving Peer Support

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Words People Used to Describe Their Feelings about Their Meetings With Peer Support Staff

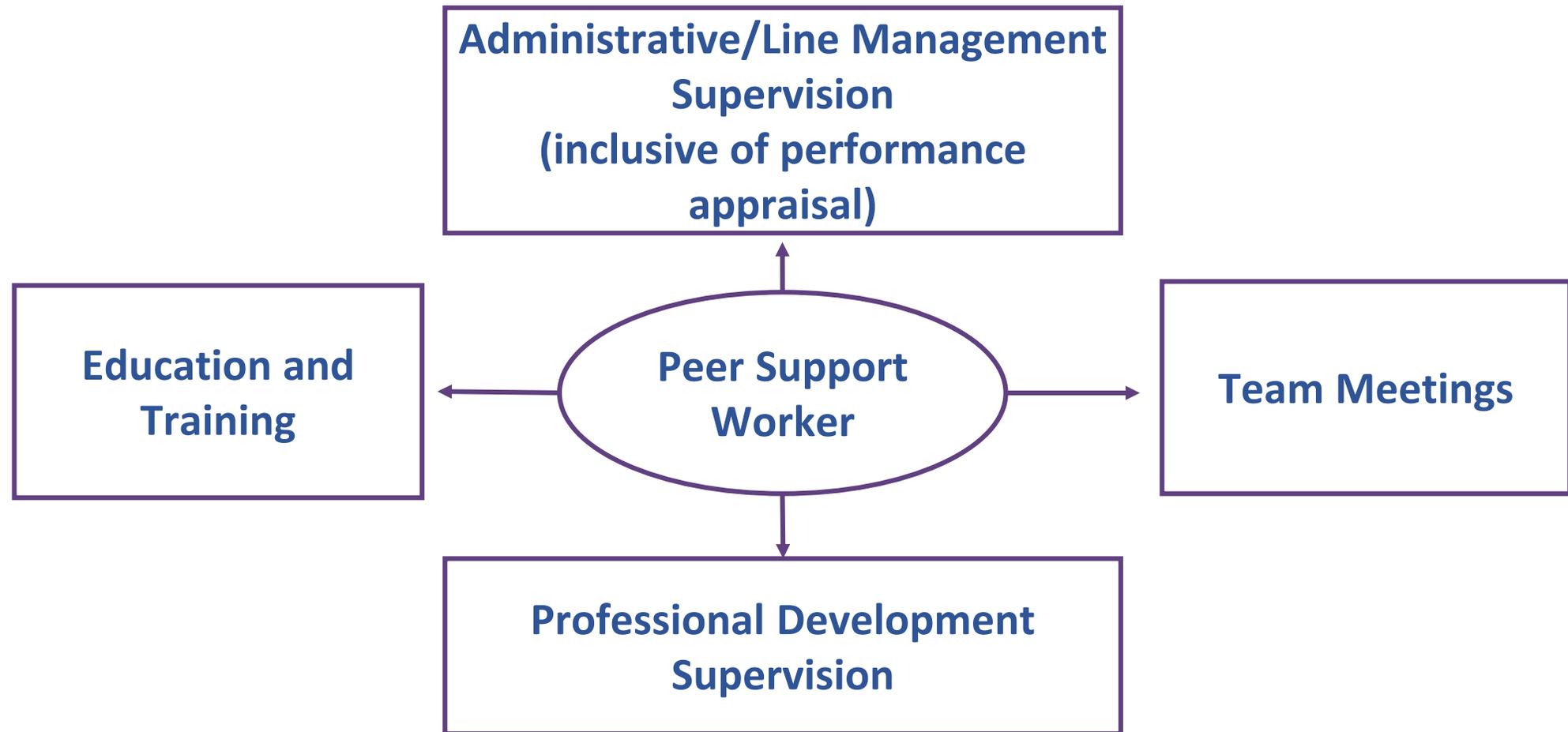
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What's My Role As a Supervisor?



Organizational Contributors to Professional Development



- **Adequate Supervision-** invest more time, especially during new program start ups and new positions/people.
- **2 main functions needed:** one is the development of peer work based on integrity of values and the other is admin/follow through of policies and procedures. These roles may be found in the same supervisors or different.
- **Career Development:** consider advancement roles within your agency for Peers
- **Training and Skills development:** ensure trainings are in line with Peer Values
- **Complete Performance Reviews**

A couple things to keep in mind...

Why Formal Supervision

Supervision that is well implemented is a key component for:

- a highly skilled and supported workforce; leading to
- high quality services with positive outcomes for all

**What
Supervision
is
and What it
is NOT**

Supervision is:

- a practice-focused activity
- a professional-led activity

Supervision is not:

- personal therapy (support peers to find the range of supports they need to do their job, example: other peers)

Supervisor Responsibilities

- Maintain knowledge on peer support
- Ensure everyone is clear about expectations of supervision
- Ensure agreement of goals and review process for supervision
- Facilitate a safe environment
- Validate good practice

Supervisor Responsibilities

- Challenge inappropriate practices
- Provide constructive feedback
- Work within the bounds of confidentiality
- Maintain required documentation
- Participate in supervision of their practices
- Support workers to participate in community of practices/co-supervision with other peer workers

- be curious
- be non-judgmental
- have good leadership skills
- be eager to learn
- be willing to not be “the expert”
- be able to foster an open and encouraging atmosphere
- have strong ethics
- have self-awareness and have your own support circle

Characteristics of a Good Supervisor

Peer Support Worker Responsibilities in Supervision

- Maintain regular attendance at supervision sessions
- Work with the supervisor on goal development
- Address any issues in relation to practice and taking identified actions
- Maintain documentation
- Find other supports needed to do their job (e.g. dealing with personal issues that impact work, informal supervision and support)

What the Peer Staff and Supervisors are Experiencing

Peer Staff Low Rating

Other staff reach out to the peer staff for the purposes of collaboration

I feel people receiving service in my organization are able to make meaningful choices about their care

Peer work is valued equally to the work of other staff in the organization

Peer Staff & Supervisors Low Rating

Peer staff role is well understood by others in the organization

Based on my experiences, I feel my organization was well prepared to support peer roles.

I feel there is an opportunity for employment growth in the organization for peer staff

How Do You Support a New Role/ Discipline

- Who is the expert?.....
- Ask experts in the field of peer work
- Connect with others who have peer work
- Ask the peer worker if they are experienced

Preparation

- Buy in from senior leaders/management
- Finding champions
- Policy development/revisions (guidelines)
- Preparing the team – culture shift/training
- Identifying appropriate supervisor/onsite contact people
- Debunking myths and misconceptions
- Developing job descriptions and person specifications

Job Description Scenario

Your team is looking to hire a peer into your team.

They are concerned that someone has not been “sober” long enough they may not be healthy enough to be a peer worker.

You consider adding to the job description “must be in recovery for 2+ years” ?



Recruitment

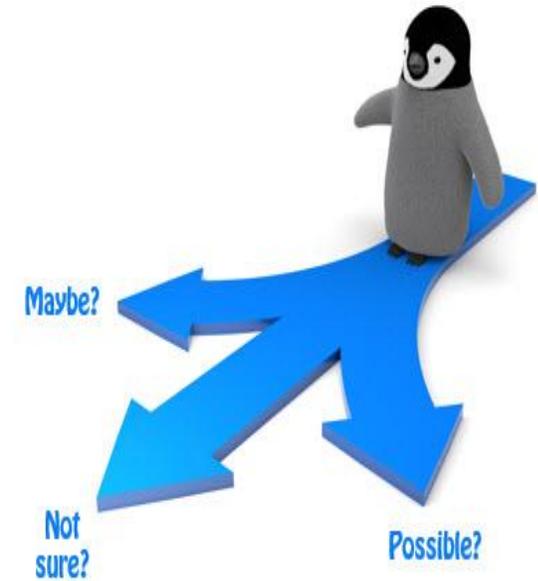
- Advertisements
- Interview process
- Background checks
- Orientation
- Mentoring
- Training

Hiring Scenario

One of your Team Leads is excited to introduce peer support into their program.

They have an individual who has been receiving supports through your organizations for several years.

They explain this person is at a great place in their life and the Team Lead feels they would make a great peer worker and wants you to hire them.



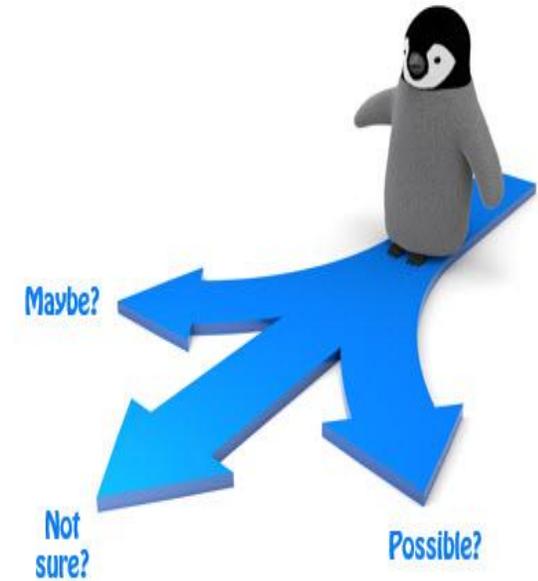
**But ...how do we
stay true to peer
support values?**



Peer Worker Role Scenario

One of the Assertive Community Treatment Team (ACTT) members expresses concern that an individual is not taking their medication and is becoming unwell.

They feel this person connects better with the peer worker and would like the peer to bring the medication and encourage the person to take it.

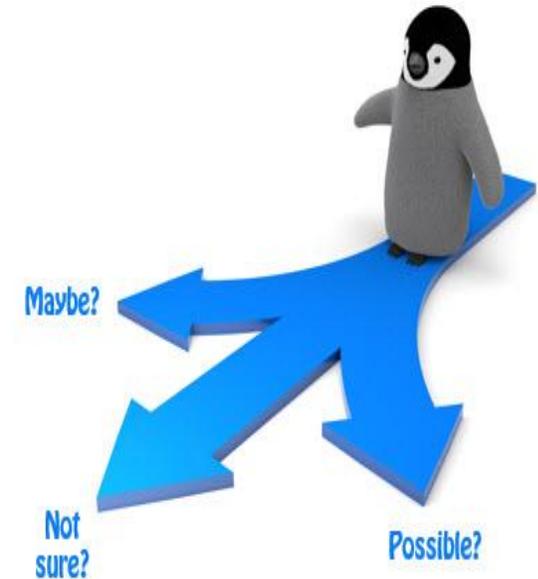


Documentation Scenario

Your peer worker is part of a multi-disciplinary team.

All team members document on the “client’s” file. The team expects the peer worker will document everything they observe in their meetings with the individual.

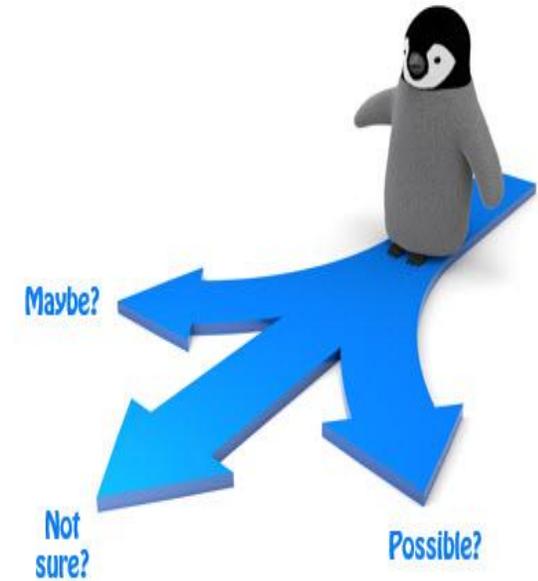
The peer worker feels uncomfortable with this.



Dual Relationships Scenarios

A peer worker facilitates a 8 week long WRAP course. 4 weeks after the group has ended another staff member lets you know they saw the peer worker and the participant on the weekend in a social setting together.

A peer staff approaches you and shares that a new individual referred to them is someone they know from community groups they attend.



R E M E M B E R

- The peer worker is a regular staff member
- The peer is not their diagnosis, you are not their therapist
- All staff are multi-faceted human beings – with needs, interests & lives
- Their experience/story is what makes their role unique
- Take time to understand the role, the history and the movement.

R E M E M B E R

- Treat others as you wish to be treated...
namely with respect
- Be honest and ethical
- Challenges are a normal part of life – find solutions
- Give praise and recognition
- Be human – laugh, share, and apologize

A Peacock in the Land of Penguins





Thank You!

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