

Supervision of Peer Specialists Handbook



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Handbook introduction

Welcome to the Supervision of Peer Specialists training handbook. This training was written by peers for peers. It weaves together the lived experiences of the writers of this handbook – both as supervisors and as supervisees – in leading practices related to supervision of Peer Specialists.

We are aware that the use of the word supervision can be problematic sometimes in the peer world, as it implies a hierarchical relationship which is at odds with the mutuality to peer relationships. Many peer oriented organizations prefer words like coaching, mentorship, or co- reflections instead of supervision. When we use the word “supervision” in this handbook, we do so with the idea of power with rather than power over. We want to show how effective peer supervision occurs in an environment of trust, built upon mutual values and empowerment, and ideally rephrased as a partnership.

We are nonetheless aware that hierarchy and power imbalances are sometimes inherent in supervisor-supervisee situations. In this handbook, we will offer strategies to mitigate this issue.

Supervision of Peer Specialists is not that different from supervision of other professionals. We hope that supervisors can create a safe environment for all their supervisees. We want all supervisors to be mindful of ethical and non-ethical behaviors and make sure the organizational culture is person-oriented and trauma-informed. Thus, we focus in this handbook on what makes the Peer Specialist role and the supervision of Peer Specialists unique and suggest supervisory practices accordingly.

We hope that going through this training will allow supervisors to see how their lived experiences can be applied to real-world situations. Ideally, it will also serve as a purposeful call for action, encouraging supervisors to recognize areas of growth in their personal and/or professional practices and gain the knowledge to improve them.

Training overview and structure

This handbook aims to provide guidance and support for supervisors working with Peer Specialists in the behavioral health field. The intention is to provide information through a recovery lens to enhance the supervisory relationship and promote trauma-informed care while incorporating culturally responsive practices.

This handbook will further provide practical tools for supervisors to effectively aid the Peer Specialist they supervise. This handbook is structured into modules.

Handbook modules

Module 1: Introduction to Peer Support

Module 2: Culture in Supervision of Peer Specialists

Module 3: Trauma-informed Supervision and Leadership

Module 4: Supervision of Peer Specialists

Module 5: Ethics and Boundaries

Module 6: Onboarding and Retention

Module 7: Documentation

Manual structure

The handbook has seven modules that consist of the same components:

- **Introduction:** Summary of the content shared in each module
- **🎯 Learning objectives:** Defined objectives that outline the specific skills and knowledge that supervisors will develop by the end of that module
- **Content:** Curriculum content
- **👤 Suggested activities:** Practices embedded in the module aimed to engage participants and provide interactive exercises designed to reinforce the materials, inspire critical thinking, and simulate real-world application of learned concepts
- **📌 Key points:** Review of the main ideas each module will be covering
- **👍 Skills check:** Appraise understanding and application of key points from each module
- **🧠 Reflect and look deeper:** Space intended to foster personal growth and encourages self-reflection.

The modules are followed by references, appendices, resources and handout sections.

For activities and skills checks, we encourage readiness and participation using a “Consider, Capture, Connect, Convey” model with the learners:

- **Consider:** Reflect upon and think about the key ideas and concepts covered in this module as you're learning. Did anything stand out to you? Did you have any realizations or “aha moments” during your learning? Has your existing knowledge base been enhanced in some way?
- **Capture:** Did any ideas, concepts or points of learning strike you as noteworthy? If you took notes, underlined text, or otherwise noted something, what was it about the presented ideas or material you wanted to remember or further explore?
- **Connect:** Be prepared to connect with other learners in the class to explore new knowledge gained, share insights, and discuss your learning collaboratively.
- **Convey:** Consider aspects and concepts of the material around which you can confidently demonstrate learning, comprehension, and new capabilities after engaging with the material, the trainers, and your co-learners.

National Practice Guidelines for Peer Specialists and Supervisors

The National Association of Peer Specialists (NAPS) publication, National practice guidelines for Peer Specialists and supervisors, includes 12 core peer values that have been recognized by all 50 states and by the World Health Organization (WHO) as a tool for guiding Peer Specialists on respecting and protecting the rights of people with lived experience.

“Vital to our processes was a diverse advisory group that included representatives from mental health and addictions fields, cultural organizations, and family support feedback. Six focus groups were conducted across the United States and more than 800 people responded to surveys. Surveys were translated to supply outreach to the mental health, substance abuse, Latino, African American and Military Veteran communities.” (NAPS)

These guidelines and values have a central role in peer work and are discussed further in Module 5, Ethics and boundaries.

What is a Peer, and what does it mean to be a Peer Specialist?

In nearly every story of recovery, at least one other person plays a significant role in the healing and empowerment process. This individual can encourage another to find the hope needed to continue along a chosen path of recovery toward a life envisioned and defined. Peer Specialists are uniquely positioned to be that person, that individual.

A peer is someone with whom we share connection. Peer relationships are free from hierarchy or structural authority. A peer can understand us because they share similar life experiences. These shared experiences can foster a natural understanding and acceptance through empathy, compassion, and perspective.

In the world of mental health and substance use recovery, the term “peer” has widely become synonymous with the concept of one who has lived experience – that is, someone who has “been there and done that.” Peers who have walked or are walking their paths of recovery draw upon their experiential strengths for empowerment. Connecting with a peer who understands and accepts you can be a powerful and hopeful experience.

Peers who choose to self-identify as someone with lived experience of recovery may choose to pursue certification training and become Certified Peer Specialists. This can also include parents or legal guardians of children (under the age of 18) with lived experience with mental and behavioral health and/or substance use.

Whether you pursue a credential or not, if you serve in a Peer Specialist capacity you will use your personal experience and, most importantly, your own recovery stories to inspire others. Peer Specialists provide inspiration, share resources and tools they’ve found helpful, and walk alongside the peers they support, as they continue to walk their recovery paths.

Peer support complements traditional mental health and substance use treatment services. Peer Specialists might work in settings such as inpatient and outpatient treatment programs, community centers, support groups, or numerous other community-based outreach settings. Their roles might include providing emotional support, modeling coping skills, advocating for their peers’ needs and preferences, supporting peers in learning self-advocacy skills, partnering in peer-directed goalsetting, and/or helping peers access and navigate community resources.

What sets peer support apart as uniquely supportive in the recovery process is its focus on positive, mutually beneficial, and empathy-based human connection. The open sharing of lived experience in peer support can create an environment of trust, connection, and healing for those in recovery. This is why the way in which the work of Peer Specialists is guided, coached, and supervised is of the utmost importance.

While we hope that you find this handbook and training comprehensive and useful, we want to emphasize that additional reading and learning is always encouraged within any career path. We will recommend suggestions for further exploration throughout this handbook and within the appendix, resource, and reference sections.

Acknowledgements

The Supervision of Peer Specialists training was developed by a work group of people with lived experience, Peer Specialists, and Supervisors. Working together was an opportunity for collaboration, partnership and open dialogue. This was a concerted effort to bring forward a variety of voices and expertise from our state's diverse communities and stakeholders.

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We hope that as you read this handbook and participate in the training, you can benefit from all the time, effort, and passion that went into the development of this handbook.

Module 1: Introduction to Peer Support



Introduction

Peer support was declared an evidenced-based practice by The Centers for Medicare and Medicaid Services (CMS) in 2007. Yet, the following statements remain primarily attributed to aspects of peer work: **Peer work is heart work; it is all about the connection; we meet people where they're at and partner alongside them; nothing about us without us.**

These declarations, accurate as they may be, do not detail the specific roles, duties, or functions of the peer support profession.

This module looks more closely at the peer support role. Module 1 includes what peer support is and isn't, as well as how to maintain role fidelity and prevent peer drift as supported in leading practices.

Learning objectives

- Understand what makes peer services a best practice in behavioral health settings.
- Learn what the peer role is and how to enhance role identity.
- Identify some of the categories of what the peer role isn't and their contribution to peer drift.

What is Peer Support?

Peer support has evolved over time, tracing its roots back to ancient societies where communities naturally provided emotional and practical support to each other. In modern times the concept gained prominence in the mental health field during the 20th century. Its most notable influence was the founding of Alcoholics Anonymous in the 1930s. The power of peer support continued to gain recognition and legitimacy through the mental health consumer movement in the 1970's.

Since then, peer support has expanded to encompass various areas such as addiction recovery, chronic illness management, social activism, family support, and more. The development of online platforms and social media has further facilitated peer support networks in recent years, enabling individuals to connect and share experiences globally.

Today, peer support is recognized not only as a valuable complement to professional services but as a standalone service, offering unique insights and solidarity in navigating life's challenges.

Peer support encompasses a range of activities and interactions between people who share similar experiences of having lived experience with mental health, substance use, or both or are the parent or legal guardian of a child who has lived experience with mental health, substance use, or both. (The Role of the Peer Specialist toolkit, 2023). The peer support worker's role is to assist people with finding and following their own recovery paths, without judgment, expectation, rules, or requirements (SAMHSA).

“Simply put, peer support is a natural human response when people in a particular circumstance reach out to help others in the same or a very similar circumstance. It is the act of a person who has experienced a particular challenge helping someone else to deal with that same life challenge. Naturally occurring peer support offers a person the hope of facing a challenge with the support of someone who has been there. It is not limited to mental health or substance use recovery” (Steve Harrington, 2021).

Peer services are provided by Peer Specialists, people who have lived experience and who have been trained to assist others in initiating and maintaining long-term recovery with consequent enhanced quality of life for individuals and their families. Peer support services are inherently designed, developed, delivered, evaluated, and supervised by individuals in long-term recovery (White, 2009).

What is Recovery?

The Substance Abuse and Mental Health Services Administration (SAMHSA) offers a working definition of recovery from behavioral health challenges:

Recovery from mental disorders and substance use disorders is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Further, SAMHSA outlines four major dimensions that support recovery: health, home, purpose, and community. These are often referred to as “pillars of recovery.”

Health entails managing one's health and wellness while making informed choices that promote physical and emotional well-being. Mental health and substance use recovery journeys are personal and unique to each person, individually.

A home is a fundamental human right that provides stability and safety.

Having purpose involves engaging in meaningful activities that provide a sense of fulfillment such as work, educational pursuits, volunteerism, caregiving, or creative pursuits.

Being part of a community means building relationships and social networks that offer support, friendship, love, security, and hope.

Although health, home, purpose, and community generally comprise the pillars of recovery, we must recognize that people who have been marginalized may experience limited access to any of these four aspects in life. Due to systemic barriers such as poverty, discrimination, and social inequality, things like healthy food, healthcare, housing, meaningful opportunities for a sense of purpose, and community networks and support systems can be unattainable or unavailable.

To foster inclusive and equitable recovery for all, it's important for everyone involved in communities of support to take part in working towards dismantling barriers and promoting social justice, equity, inclusion, belonging, accessibility and opportunities for a purpose-driven life. This includes policymakers, healthcare professionals, Peer Specialists, and other advocates.

SAMHSA promotes 10 Guiding Principles of Recovery with these concepts intended to prompt thoughtful discussion and action:

- Hope
- Person-driven
- Many pathways
- Holistic
- Peer support
- Culture
- Address trauma
- Respect
- Strengths/responsibility
- Relational

Note that although two individuals may share the same diagnosis or substance use history, their experiences are not the same. Each person brings with them their own set of values, biases, attitudes, strengths, understanding, and life experiences. The different types of unique supports people have in their lives can have a profound effect on their recovery journeys. This uniqueness must be recognized by all those who work in the mental health and substance use professions. (Adapted from Cronise, Edwards, Enders, Forbes, 2022).

Peers in Washington State



Washington was one of the first eleven states to deliver peer service using Medicaid funding. Certified peer counselor (CPC) training started in 2005. An expansion of peer support services followed in 2019 that provided access to peer services for individuals and their families in substance use recovery as a Medicaid benefit.

Current Washington Administrative Codes (WACs) associated with the peer work in Washington State are WAC 246-341-0700- Behavioral health support services—Certification standards, and WAC 182-115 Certified Peer Counselors.

The most recent legislation regarding peer services is Second substitute Senate Bill (2SSB) 5555, which passed in the 2023 legislative session. According to this bill, the Peer Specialist will provide support to others using shared experiences to assist peers learn and exercise the skills needed to support and maintain their

recovery. This support may include activities that assist individuals to access or engage in treatment, promote social connection, recovery, and self-advocacy; provide guidance in the development of natural community support and basic daily living skills; and support individuals in engagement, motivation, and maintenance related to achieving and maintaining health and wellness goals.

The legislation created three tracks for Peer Specialists.

- **Certified Peer Specialist Trainee:** An individual working toward the 1,000 hours of supervised experience to become a Certified Peer Specialist. May practice only under the supervision of an approved supervisor.
- **Certified Peer Specialist:** An individual who successfully completed the experience requirement of at least 1,000 supervised hours as a certified Peer Specialist trainee engaged in the volunteer or paid practice of peer support services.
- **Approved Supervisor:** An individual who is either **(a)** until July 1, 2028, a behavioral health provider with at least two years of experience working in a behavioral health practice that employs Peer Specialists as part of treatment teams; or **(b)** a certified Peer Specialist who has completed the following:
 - At least 1,500 hours of work as a fully certified Peer Specialist engaged in the practice of peer support services, with at least 500 hours attained through the joint supervision of peers in conjunction with another approved supervisor
 - The training developed by HCA for approved supervisors in peer settings

Peer support as a best practice in behavioral health settings



Peer support continues to grow the more we know and learn about the human condition. When working with an individual who lives with behavioral health experiences, it is never “just” about a single challenge. Mental health needs, substance use challenges, financial insecurity, incarceration, housing instability, employment instability, physical ailments, systemic racism, and myriad other traumatic intersecting experiences must be considered.

Accepting this broader definition of peer support creates greater opportunities for reciprocal sharing of experiences and lessons (Steve Harrington, N.A.P.S.).

In behavioral health settings, peer support refers to people in recovery who support others experiencing similar situations. Peer Specialists “assist people with finding and following their own recovery paths, without judgment, expectation, rules, or requirements” (Values of Peers infographics: General Peer Support, SAMHSA, n.d.).

In these settings, peer support includes mental health or substance use experiences. It can also refer to co-occurring disorders, which is a combination of mental health challenges that manifest with other conditions like substance use disorder, problem gambling, learning disabilities, or physical disabilities. Peer Specialists can work with adults, youth, parents and other guardians, and family partners.

The Center for Medicare and Medicaid Services (CMS) declared in 2005 that peer support services are “an evidence-based mental health model of care which consists of a qualified peer support provider who assists individuals with their recovery from mental illness and substance use disorders. CMS recognizes that the experiences of peer support providers, as consumers of mental health and substance use services, can be an important component in a state’s delivery of effective treatment.” (Smith, 2007).

After an executive order by President Obama mandating implementation of peer support, the Department of Veterans Affairs (VA) committed to more than 800 new peer support positions by the end of 2013 (White House, 2012; VA Press release, 2013). This was a notable milestone not only for the VA members receiving the services, but for the movement to provide a career ladder for Peer Specialists in general.

By April of 2018, 39 state Medicaid programs were covering peer support services for individuals with mental health, substance use or co-occurring conditions. This was a rapid increase over the previous decade in which only eight states funded peer services under Medicaid. Today, most states reimburse for peer services (Cronise, Edwards, Enders, Forbes, 2022).

The growing evidence of the efficacy of peer support is demonstrated by positive outcomes for people utilizing peer support services. Research indicates positive outcomes in both objective and subjective

measures when studying people who receive peer services versus those who did not. Findings in these studies highlight reduced rates of hospitalization and re-hospitalization, reduced stays in an inpatient setting (both in need and in time spent therein), decreased use of emergency rooms, and a decreased need of mental health services over time.

There are also reports of decreased substance use and overall behavioral health signs. Subjective measures showed personal reports of an increased sense of hope and degree of engagement in managing life challenges, an increase in satisfaction with family life, a larger social network, and feelings that the care received was responsive and inclusive (MHA, Evidence for peer support, May 2019).

The Peer Specialist role

Peer work, by definition, is not clinical in nature and does not focus on symptoms or diagnoses. Peer Specialists share their life experiences, they focus on sharing hope and encouraging the opening of doors to new possibilities for the peers they serve. Doing this with a trauma-informed approach is proven to support people in overcoming the effects of trauma, abuse, stigma, and discrimination.

There are numerous applications to peer support based on the setting and context. With that, common elements and functions to peer support exist regardless of setting, and they are performed with the core principles and values of the peer support role in mind.

Common key elements of peer support

- **Partnership and trust:** Building a strong, trusting relationship with peers
- **Sharing stories:** Using personal experiences to inspire and guide others
- **Building community:** Creating support networks and advocating for peers
- **Promoting wellness:** Encouraging holistic well-being and self-determination

What is not peer support?

To better understand peer support, it is helpful to have a clear understanding of what it doesn't entail. Those in peer support roles are strongly encouraged to avoid the following three areas:

Busy work: Tasks assigned because no one else wants to perform them or because supervisors are unfamiliar with peer support scope of work. These tasks do not utilize the Peer Specialist's specialized skills, nor do they contribute significantly or at all to the primary objectives of peer support. Human resource professionals would define those as "non-essential tasks," or tasks that are often administrative or logistical in nature and do not enhance the peer support relationship or the peer's goals.

As a supervisor you want to ask yourself, does this task fit the role of Peer Specialist? If it doesn't, it is probably busy work.

Example: Providing transportation to a peer simply because everyone else on the team is too busy. However, if the ride is part of the ongoing work of the peer and the Peer Specialist and it is paired with advocacy or is an opportunity to build the relationship, then this will not be considered busy work. Nonessential paperwork that consumes more than 50% of the Peer Specialist's work is also an example of busy work.

Agendas: Tasks that serve organizational needs over peer goals and potentially undermine the peer-centered approach of peer support. While expanding the peers' knowledge of natural and formal

support is part of the Peer Specialist’s role, this cannot be done by deceit or by going against the peer or family and their self-determination.

Example: Convincing a peer to take part in a group because it benefits the organization, even if the peer is not interested or it does not align with their personal recovery goals. This can also look like giving a peer a ride while stopping along the way for an appointment that the person declined going to initially.

Power imbalance: Actions that disrupt the equitable dynamic of the peer support relationship and position the Peer Specialist in a role of authority, leading to a potential breach of trust. This includes behaviors such as making decisions for the peer or the family or assessing their progress in a clinical or authoritative manner. As mentioned before, the relationship between a Peer Specialist and those they serve is reciprocal, voluntary and non-hierarchical, hence anything that could impact that balance may create a dent in the relationship.

Example: A Peer Specialist uses their relationship to persuade a peer to adhere to a medication regimen or reports back to the clinical team on the peer’s "compliance", rather than supporting the peer in discussing their own medication preferences with their healthcare provider. As far as assessments go, Peer Specialists do not assess but rather can support the person in having their voice heard in the assessment process. Any paperwork or assessment that requires the peer to step in as an “expert” position creates a power imbalance, which can move the Peer Specialist from a stance of “power with” to “power over”.

Role fidelity and Peer drift



Role fidelity means being loyal to the role duties and characteristics of a specific practice, while peer drift means straying from it. Peer drift occurs when the role of a Peer Specialist flows in different directions depending on organizational and individual circumstances.

As mentioned before, the Peer Specialist is not a clinical provider. The lived experience allows for a fulfillment of the peer’s unique role; however, this role may conflict with the traditional medical model of treatment (Building New Horizons, July 2023).

Organizational peer drift can occur when clinical staff or supervisors assign tasks to Peer Specialists that do not align with their scope of work. This also occurs when employers implement policies and practices that drive Peer Specialists out of their role.

This can similarly be described as “co-opted” into the system. Individual peer drift occurs when the Peer Specialist acts in a role different from their scope of work. A drift can occur when the Peer Specialist does not feel comfortable in their role, and they begin to shift toward a more medical or clinical model of treatment. For example, focusing on problems, barriers, symptoms, and diagnoses rather than on strengths, skills, wellness, and opportunities.


One of your duties as a supervisor is to provide role clarity and keep the role fidelity of the Peer Specialist that you are supervising (Martin et al, 2017). Educating the Peer Specialist as well as other staff on the peer role, having a standard code of ethics, and a scope of practice that is clear for everyone in the organization can help with enhancing role fidelity and eliminating peer drift.

When Peer Specialists drift outside of their role and begin to adopt the language, documentation style, and other habits from staff who are not in peer roles, it can make them less relatable to the individuals they serve. Supervisors ought to ensure Peer Specialists are aware of the drift and its effect on the relationship with peers.

While discussions about peer role, fidelity, and peer drift are important and recommended to happen, we are also aware that Peer Specialists work in multiple settings funded by various sources, under different grants and programs. Naturally, this creates diversity in the tasks that Peer Specialists perform. As a supervisor you want to be mindful of multiple components:

- The values and principles of peer support work
- Your agency's policies and procedures
- The program or contract requirements

Taking these into account, you as supervisors will better mitigate potential conflicting demands or values and be able to support the peer in settling potential conflicting issues. Begin this navigation with a clear and concise job description, continue this conversation in the interview and onboarding process, and have continuous open dialogue during supervision.

 **Suggested activity:** Discuss the following chart and how role fidelity/peer drift can be more challenging in some situations.

Role fidelity: A Peer Specialist meets participants in the settings most comfortable for those peers or families

Peer drift: A Peer Specialist only meets in the office out of convenience regardless of the peers' preference or comfort level.

Peer Support	Peer drift
Mutual and reciprocal support	Friendship
Experientially credentialed, professional not clinical	Drift into clinical and work as Case Managers or “Junior Clinicians”
Comfort using recovery story as a tool	Discomfort using recovery story as tool
Focus on strengths, skills, and opportunities	Focus on problems, barriers, symptoms and diagnoses
Self-confidence, security, and pride in the Peer Specialist role	Self-doubt, insecurity, and shame about identifying as a Peer Specialist
Support peer to make self-determined choices and advocate for the recovery.	Encourage peer to comply with professional advice, defer decisions to others, and avoid challenging situations that may be stressful
Meet peers where they are and align with their goal without judgment or expectation	Lead, direct, or coerce peers to comply with treatment goals. Trying to achieve “compliance”

🔑 Key points

- Peer support services are considered a best practice in supporting individuals and families with a variety of life experiences. Research and personal narratives have shown that peer support improves the quality of life of peers utilizing services as it promotes whole health and self-determination.
- The Peer Specialist's role has similar components across settings and is based on a voluntary, reciprocal, power-balanced model. It is easier sometimes to define what peer services are alongside what they are not.
- Peer drift occurs when organizational expectations create pressure on the Peer Specialist, or when the Peer Specialist themselves feel like they need to shift the focus of their work to a more clinical one. It is the supervisor's duty to support role fidelity for the Peer Specialist in the organization and empower them to advocate for this as well. This in turn will decrease peer drift.

✔ **Skills check:** Describe any ah-ha! moment regarding the Peer Specialist role, role fidelity, or peer drift.

🕒 **Reflect and look deeper:** Talk about the importance of keeping the Peer Specialist role fidelity and avoiding peer drift for the supervisor, the Peer Specialist, the peer, and the agency.

Module 2: Culture in Supervision of Peer Specialists



Introduction

Culture influences our beliefs, including those around mental health, substance use, and the recovery process. Recovery practices are often rooted in our cultural beliefs, values, and customs.

When providing supervision, it is crucial to understand the cultural dynamics that impact the Peer Specialists we supervise, ourselves, staff, and the individuals and families participating in services. With endless variations of culture and recovery, it is recommended to utilize cultural humility in supervision and in peer support work. Using this mindset helps to address power imbalances and reduces stigma. It also sets a tone for person-centered conversations in supervision that emphasizes self-direction. We encourage the transition from perceiving cultural humility as a tool to viewing it as a mindset and a lifelong commitment.


🌀 Learning objectives

- Examine cultural beliefs and identities through shared learning and the honoring of customs, and values
- Learn about cultural aspects that may affect the supervision you provide for Peer Specialists and other staff
- Identify best practices for supervising a diverse workforce with members entitled to legal protections

Language

When we talk about behavioral health experiences, the words we choose are important. Respectful language can promote recovery and reduce stigma while an inadequate choice of words can have the opposite effect. For example, the phrase “behavioral health challenges” can be offensive to some as it implies that a behavioral change is needed to achieve recovery. Intentional use of positive, strength-based words and phrases can support the individual or family in finding hope and thinking differently about their situation. Ideally, supervisors and Peer Specialists utilize person-first, non-clinical language.

All behavioral health staff should strive to replace words like consumer, client, substance abuse, or compliance with words like peer, recovery, advocacy, and many pathways. We empower supervisors to challenge non-trauma-informed norms and utilize recovery language when working with Peer Specialists as well as other staff.

 **Suggested activity:** Reframing language. Divide into four groups and have each group discuss one of the topics below and then share their observations with the class.

More activities on reframing language can be found in the handout section.

Supervision reflection questions

1. How can you ensure that your Peer Specialists adopt recovery-oriented language in their daily practice?

Consider how your leadership style and feedback can shape how Peer Specialists communicate with peers.

2. What challenges might arise when coaching Peer Specialists to use re-framed language?

Reflect on how you might navigate resistance or misunderstanding among your team.

3. How does the language used by your Peer Specialists affect the overall recovery environment?

Consider how words contribute to a culture of support or stigma.

4. How can you create a structured plan to regularly assess and reinforce the use of recovery-oriented language?

Develop ways to include language evaluation in team meetings or peer reviews.

Cultural humility

Cultural humility is an ongoing process of self-exploration and self-critique combined with a willingness to learn from others. Preferably, this process is one of openness, self-awareness, removal of ego, and incorporating self-reflection and critique as you willingly interact with diverse individuals.

When practicing cultural humility, you enter a relationship with another person with the intention of honoring their beliefs, customs, and values while acknowledging differences and accepting that person for who they are.

Principles of cultural humility


- Lifelong commitment to learning and critical self-reflection
- Desire to decrease power imbalances within the peer support dynamic and a desire to repair those imbalances
- Increase in organizational accountability
- Mutual respect rooted in trust

Cultural humility is both a tool and a mindset. It empowers Peer Specialists' supervisors to foster an inclusive environment that respects individual experiences and encourages ongoing education and discussion around cultural issues. In peer support, cultural humility addresses three key areas:

- Knowledge of or learning more about different cultures and cultural perspectives
- Skills to utilize culturally responsive approaches
- Awareness of personal cultural heritage and the influence of culture on attitudes, beliefs, and experiences. (Cultural humility primer, Northwest Addiction Technology Transfer Center, 2020).

When supervisors coach Peer Specialists on questions related to culture, they encourage a mindset of curiosity in which Peer Specialists ask individuals and family members they work with how they want to be treated. Supervisors do not assume that they know everything about another person's culture, and they encourage honesty when a Peer Specialist does not know something about another's culture.

Cultural humility is a way to avoid stigmatization of individuals and families who are often marginalized and is a great way to learn how to have open discussions acknowledging that no one can "get it" all the time.

 **Suggested activity:** Cultural humility includes building awareness and an understanding of one's own culture. Have participants draw/write/express important parts of their culture (rituals, important holidays, food and others) and share in small groups to build awareness and understanding.

Stigma

Stigma is discrimination against an identifiable group of people, a place, or a nation. Stigma about people with substance use disorders and mental health experiences might include inaccurate or unfounded thoughts like, *they are dangerous, they are incapable of managing treatment, or they are at fault for their condition.*

Stigma around behavioral health may come from outdated and inaccurate ideas, or fear of things that are different or misunderstood. Today, we know that people can recover and continue to lead healthy lives after experiencing behavioral health challenges.

Stigma can affect individuals with behavioral health experiences and others around them in many ways. For instance, feeling stigmatized can make people less willing to seek support. Stigma can also

create negative stereotypes and misguide people in feeling pity, fear, or anger towards individuals with behavioral health challenges, increasing “othering” and one’s sense of isolation.

There are three general types of behavioral health stigma that supervisors of Peer Specialists should be aware of.

Public stigma involves the negative or discriminatory attitudes that others may have about individuals with behavioral health experiences.

Self-stigma refers to the negative attitudes, including internalized shame, that people with behavioral health diagnoses may have about their own situation.

Structural stigma is more systemic, involving policies of government and organizations that intentionally or unintentionally limit opportunities for people with behavioral health experiences. Examples include fewer mental health services relative to other health care.

The Regional Facilitation Center (“Substance Use Disorder Peer Supervision Competencies”/The Regional Facilitation Center. n.d.) has identified stigma-related areas in which supervisors of Peer Specialists should demonstrate competency.

Peer supervisors should:

Recognize the imperative need of addressing discrimination, oppression, and stigma, and its transformative power in recovery.

Assist Peer Specialists in developing skills to express empathic understanding and validate traumatic experiences, oppression, institutional, and judicial bias experienced by vulnerable populations that have been historically stigmatized and marginalized.

Address discrimination, stigma, and shame experienced by vulnerable populations; create and promote a culture of safety within the agency and peer-delivered services environment.

Work with Peer Specialists to jointly define safety, risk and recognize stigma and misconceptions regarding safety as it applies to race, ethnicity, infectious disease, and mental health challenges.

Thoughtful use of language and cultural humility can be a helpful way to eliminate stigma. When talking to or about people living with behavioral health experiences, use words that aren’t stigmatizing and are person-first language. This focuses on the individual, not the diagnosis or challenge the person might be experiencing.



Ask yourself how you would like others to approach you. Consider what words you have found to be offensive or empowering in the past. With that in mind, encourage others to choose how they wish to be described. If a Peer Specialist is unsure of what words to use with individuals and families they are serving, encourage them to ask how they refer to themselves and how they would like others to refer to them.

Peer support can be instrumental in breaking the cycle of stigma. Peer Specialists provide hope that recovery is possible, not only for individuals experiencing challenges, but for their families, their providers and for society in general.

Peer Specialists practicing cultural humility strive to remain aware of their own personal biases, beliefs and attitudes while providing essential services. Their language and attitudes toward individuals in recovery reflects this. This is also true for supervisors providing supervision for Peer Specialists and other non-peer staff.

Cultural considerations in supervision

Understanding and incorporating cultural considerations is critical in the realm of supervision, especially within the context of peer support. The dynamic and diverse nature of today's workforce necessitates a leadership style that is not only inclusive but also culturally intelligent. Drawing from the insights provided in the Deloitte University Model of Inclusive Leadership (Dillon, B. and Bourke, J. 2016), we identify key strategies and traits that supervisors can adopt to effectively navigate and thrive in a culturally diverse environment. We'll present these areas here and share examples of how these traits and strategies can be incorporated in the supervision setting.

Cognizance of bias

Biases are preconceived notions or prejudices that can affect judgment and actions, often unconsciously. They can significantly impact how your intentions are perceived. Recognizing personal and organizational biases is the first step toward cultural awareness.

Implicit bias is a bias or prejudice that is present but not consciously held or recognized. **Explicit bias** is attitudes or beliefs we have about a person or group on a conscious level.

Supervisors must actively seek to understand their unconscious biases and how these may affect their interactions and decisions regarding the Peer Specialists they supervise. By fostering an environment of fairness and respect, supervisors can mitigate the effects of these biases, ensuring that all individuals or families feel valued and supported regardless of their cultural backgrounds.

As a supervisor, you must walk the walk. By bringing conversations about biases to supervision, Peer Specialists can be better supported in identifying their own biases and actively work to counteract them. Create psychologically and physically safe spaces where Peer Specialists can share their thoughts and opinions without fear of judgment (see Appendix to read about the "Project implicit" tool).

Example: In team meetings, make a conscious effort to solicit input from those who might be quieter, acknowledging that different cultures express assertiveness in various ways. Another strategy is to rotate meeting leadership among team members, providing everyone the opportunity to lead discussions, which can help identify unconscious biases in team dynamics and decision-making.

Cultural intelligence

Supervisors should strive to enhance their cultural intelligence, which involves understanding and appreciating the cultural differences that influence their team members' behaviors and attitudes. This includes being aware of one's own cultural worldview, gaining knowledge about different cultural practices and norms, and developing the ability to adapt one's behavior in multicultural situations.

Cultivating cultural intelligence enables supervisors to connect with their team members on a deeper level and foster a sense of belonging and inclusivity.

Example: To develop cultural intelligence, supervisors can initiate "Cultural Insight" sharing sessions, where team members present interesting aspects of their culture, such as holidays, traditions, or even

business etiquette. This practice not only educates the team but also builds respect and appreciation for diversity. Additionally, supervisors can engage in self-study or formal training to understand cultural dimensions and how they affect workplace behavior and expectations.

Curiosity and openness

An inclusive supervisor approaches cultural differences with curiosity and openness, viewing them as opportunities for learning and growth rather than barriers. This trait involves asking questions, actively listening, and showing genuine interest in the cultural experiences of team members.

By encouraging diverse perspectives and ideas, supervisors can foster innovation and creativity within their teams, leading to more effective problem-solving and decision-making.

Example: Foster an environment where questions and learning about different cultures are encouraged. For instance, when a team member shares something related to their cultural background, show genuine interest by asking open-ended questions like, "Can you tell me more about that?" or "How does that compare to what we might do here?" This signals openness and a willingness to learn, building a deeper connection with team members.

Collaboration

Inclusive supervisors understand the power of collaboration in a culturally diverse environment. They create teams that capitalize on the diverse thinking and experiences of their members, ensuring that everyone has a voice and that all contributions are valued.

This collaborative approach not only leverages the strengths of the team but also promotes a culture of mutual respect and understanding.

Example: Create diverse teams deliberately, ensuring a mix of cultural backgrounds and perspectives. When starting to work with a new team, have a team meeting dedicated to letting team members express potential concerns and how their cultural perspectives might influence working as a team. This not only leverages diverse thinking but also ensures all voices are heard and considered in the team's work.

Commitment and courage

Developing a culturally inclusive team requires a strong commitment to diversity and inclusion principles. Supervisors must have the courage to challenge the status quo, address inequities, and advocate for changes that promote inclusivity.

This includes challenging organizational practices that may unintentionally exclude or marginalize certain groups and advocating for policies and practices that support diversity and inclusion.

Example: Demonstrate commitment to cultural inclusivity by challenging policies or practices that may disadvantage certain groups. For example, if a company event is planned on a day that coincides with a significant religious holiday for some team members, advocate for changing the date or ensuring those who cannot attend can participate in another way. It takes courage to speak up for these changes, but it significantly impacts fostering an inclusive environment.

By integrating the above strategies and practical examples into their leadership practices, supervisors can significantly enhance the inclusivity and effectiveness of their teams. Such actions not only benefit the immediate team dynamic but also contribute to creating a broader organizational culture that values and leverages diversity as a strength.

Remember, integrating cultural considerations into supervision practices is essential for fostering an environment where all individuals and their families feel respected, valued, and empowered to contribute to their fullest potential. By embodying the traits of inclusive leadership and making an intentional effort to understand and embrace cultural diversity, supervisors can play a pivotal role in advancing the goals of peer support and recovery within a diverse and ever-changing workplace.

✔ **Skills check:** Exploring cultural considerations in a team meeting setting. Break into groups. Each group will act out the practice examples related to one of the cultural considerations mentioned above. Report to the group about the main points at end of exercise.

Supervising a diverse workforce with members entitled to legal protections

Employees with lived experience of behavioral health recovery and/or past involvement in systems are often stigmatized. The organization or program must not demonstrate bias or stigma during onboarding or any period of employment. A Peer Specialist with lived experience should be treated with the same considerations, fairness, and rights as all other employees with adherence to the same policies. Any staff may need support with their mental well-being, not just Peer Specialists.

Supervising a diverse workforce requires a multifaceted approach. It's imperative to integrate ADA compliance, recovery principles, diversity, equity, inclusion, belonging, accessibility, and person-centered practices. This can foster an environment where the supervisor and Peer Specialist can thrive.

To achieve this, an easy first step is to include Human resources (HR) staff support in processes related to the Peer Specialist's employment. This may include addressing disclosure, knowledge of the Americans with Disabilities act (ADA), assisting in the development of clear peer support job descriptions, conflict resolution and career development.

Discrimination

Discrimination is the process of making unfair or prejudicial distinctions between people based on the groups, classes, or other categories to which they belong or are perceived to belong such as race, gender, age, religion, or sexual orientation. Discrimination in recovery settings acts as a barrier to recovery support and fosters an environment of distrust.

Supervisors are encouraged to implement and promote policies, procedures, and practices that address discrimination and ensure impartial treatment for all.

Employment of a staff that is part of a protected class can still be terminated if they are violating policies and procedures. Class protection pertains to the fact that they cannot be discriminated against due to their protected characteristics. An employer does not need to tolerate or excuse any actions that would result in disciplinary measures per existing policies and procedures that aren't ruled out by an employee's protected class characteristics.

An employer may discipline any employee if they are engaging in such misconduct and must impose the same equitable discipline on an employee with or without a disability.

Employee rights and ADA

The Americans with Disabilities Act (ADA) offers civil rights protections to individuals dealing with disabilities, including those in recovery from opioid use disorder. Understanding the ADA and its implications for Peer Specialists in recovery is vital to providing a supportive and legally sound environment.

The ADA ensures that people who are not using illegal substances and those with a history of Opioid Use who no longer use substances illegally are protected. Discrimination based on treatment seeking for Opioid Use Disorder (OUD) and/or based on being associated with people having OUD is prohibited, respecting individuals' commitment to recovery and emphasizing the importance of supportive networks in recovery. While the ADA doesn't protect those currently using illegal substances, it makes an important distinction for those using prescribed medication under professional supervision as part of their opioid use disorder treatment.

To ensure ADA compliance and avoid legal issues, supervisors must work closely with the Human Resources (HR) department. HR can provide guidance on workplace policies and ensure practices align with ADA regulations, including reviewing policies, implementing procedures for confidentiality, and providing accommodations for Peer Specialists in recovery. Your HR representatives can even educate supervisors on the types of questions that can be asked in interviews and what they need to avoid asking.

Transparency regarding employee rights and ADA compliance builds trust between supervisors and employees, particularly Peer Specialists living in recovery. By openly discussing policies, procedures, and available accommodations, supervisors demonstrate their commitment to fairness, equity, and respect for all employees, regardless of their personal circumstances.

Inclusive and individualized accommodations

Protected classes

Protected class refers to a group of people who are legally protected from being harmed or harassed by laws, practices, and policies.

People in a protected class must be treated equitably. It is unlawful to discriminate based on a person's race, creed, color, national origin, sex, marital status, age (40+), disability, sexual orientation/gender identity, honorably discharged veteran or military status, or use of a trained dog guide or service animal by a person with a disability.

Under law, an employer may not: (1) refuse to hire a person, (2) discharge or bar a person from a job, (3) discriminate in compensation or other terms or conditions of employment, (4) print, circulate, or use any discriminatory statement, advertisement, publication, job application form, or make any inquiry in connection with prospective employment that is discriminatory.

Reasonable accommodation

Reasonable accommodation includes any change in the work environment or in the way a job is performed that enables a person with a disability, who is qualified for the job, to perform the essential functions of that job and enjoy equal employment opportunities.

Accommodation is considered reasonable if it does not create an undue hardship or a direct threat. Reasonable accommodations are never to be considered “special treatment” it is about finding solutions to ensure equitable support for individuals. When doing this you are not creating a new job or removing the essential job functions.

Employer obligation	Examples
<p>Employers with 15 or more employees usually are required to provide reasonable accommodations under the ADA.</p> <p>Some states and local laws may apply to smaller agencies.</p> <p>Accommodations come in various forms, and their reasonableness depends on factors such as the employee’s role, the impact of their disability, and the working environment.</p>	<p>Making facilities accessible</p> <p>Job restructuring</p> <p>Adjusting work schedules (e.g., part-time, or modified hours)</p> <p>Acquiring or modifying equipment</p> <p>Changing tests, training materials, or policies</p> <p>Installing ramps, elevators, or wider doorways</p> <p>Standing desks, or different types of chairs</p>

If a request is being made by a Peer Specialist that you are supervising and you're the one who will respond, there are several considerations.

First, prior to responding to the request, the employer has the right to request documentation of the disability and the nature of its impact on work performance. Supervisors must remember the focus is not on things such as diagnosis or history of hospitalization. The focus must be only on the functional limitations of the disability, how these limitations might impact work performance, and recommendations for what types of reasonable accommodation might be effective.

Remember that reasonable accommodation requests are typically handled by your HR department. Consulting with them prior to handling a reasonable accommodation request is highly recommended.

Acknowledging employee rights, ensuring ADA compliance, and creating a workplace where employees have equal opportunities contributes to the promotion of psychological safety within the workplace.

When employees feel confident that their rights will be respected and their needs accommodated, they are more likely to feel safe and supported in their work environment. This sense of psychological safety encourages open communication, collaboration, and innovation, ultimately enhancing individual and organizational performance while reducing stigma and barriers faced by those in recovery.

Awareness of cultural intersectionality

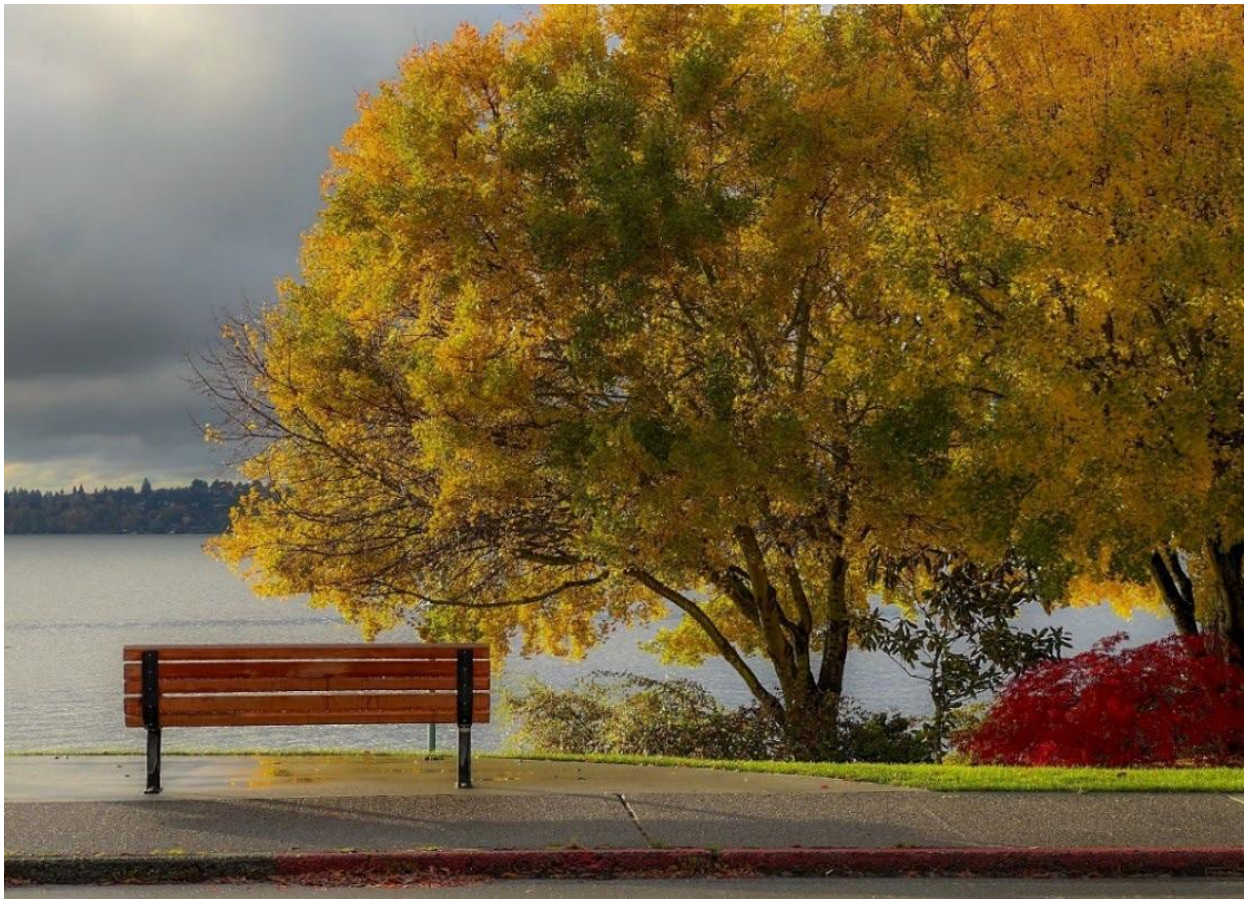
Recognize the many, often interconnected types of oppression and discrimination. This term was first coined by Kimberlé Crenshaw, “Demarginalizing the Intersection of Race and Sex,” in 1989: Supervisors should be aware that individuals may face multiple, layered identities. It is important that our policies, procedures, and practices acknowledge and support these intersecting identities with bias or restrictions.

🔑 Key points

- Fostering an organizational culture of humility in understanding and treating others is key to creating an environment for employees to feel valued and understood. Asking questions instead of making assumptions, as educated as those may be, is detrimental in creating this step towards a more inclusive work environment.
- There are cultural aspects that may affect the supervision and work of Peer Specialists in your organization. Taking the time to practice and discuss those in supervision can not only improve the wellbeing of the staff but also the individuals and the families they serve and their communities.
- While HR typically takes the lead in some of the practices related to members of a legally protected class, it is important for supervisors to be familiar with the terminology and laws that guide the hiring, supervision, and supportive retention, as this helps ensure an equitable approach working with a diverse workforce.

🕒 **Reflect and look deeper:** Are you willing to commit to the ongoing examination of your own beliefs and cultural identities combined? In a supervisor role, how might you help create a supportive work environment and ensure equal opportunities? Thinking about the practice you just took part in; did you notice bias in the group work? Did everyone get to talk and share if they wished? If you were the supervisor of this team, what are some things you think you could do to encourage awareness of individuals from different cultures who might choose to express, or not express themselves in a group setting? What are some things you're already doing that you've found helpful?

Module 3: Trauma-informed supervision and leadership



Introduction

In this module, we will explore the core elements of effective trauma-informed supervision and leadership rooted in recovery principles. We will focus on understanding your leadership philosophy and how it shapes your communication and actions.

This module covers emotional intelligence, conflict resolution, and leadership principles to empower supervisors in inspiring Peer Specialists. Great supervision is based on great leadership. It's a collaborative activity where supervisors provide guidance to promote competent and ethical service delivery through the ongoing development of professional peer work, skills and values.

🕒 Learning objectives

- Demonstrate and implement effective communication techniques to foster clear, respectful, and supportive interactions within the team.
- Utilize leadership principles, including intentional leadership, presence, and varied leadership styles, to create a strength-based and supportive work environment.
- Enhance your ability to model peer values using emotional intelligence and a trauma-informed and culturally curious and responsive approach to support.

Leadership

Leadership is the heart of supervision. As you embark on your journey to becoming a supervisor, you must understand that leadership is more than just a title or position. Leadership is an active and ever-evolving process that requires continuous presence, commitment, empathy, curiosity, and adaptability.

In this section, we explore the Five Practices of Exemplary Leadership, a well-researched and established framework that has stood the test of time. We will also touch on the importance of fostering an inclusive culture in leadership practices.

Five practices of exemplary leadership

The five practices of exemplary leadership set a framework of key behaviors and considerations, as developed by Jim Kouzes and Barry Posner in 2007.

Through collections of stories from thousands of individuals spanning over three decades, Kouzes and Posner identified a series of patterns that led them to define five practices of exemplary leadership. These practices align particularly well with recovery and peer support principles and are reflected in the National Practice Guidelines for Peer Specialists and Supervisors.

Each of the five practices is broken down into what Kouzes and Posner posture are key behaviors, indicators or examples of success within that behavior. See the **table on the next page** for more information.

Practices	Key Behaviors
Model the Way	<p>Follow through on what you say you will do, lead by example.</p> <p>Align your words, actions, and behaviors with shared peer and recovery values.</p> <p>Create opportunities for success and peer integration at all levels.</p> <p>Achieve small wins that build energy and confidence.</p> <p>Establish principles for how Peer Supporters, workers, peers, and colleagues may want to be treated – all are worthy of dignity and respect.</p>
Inspire a Shared Vision	<p>Share an uplifting vision of the future.</p> <p>Call on others to share the vision through their shared aspirations, values, interests, hopes, and dreams.</p> <p>Passionately believe you can make a difference.</p> <p>Focus on meaningful work with shared dedication.</p>
Challenge the Process	<p>Search for opportunities by seeking innovative ways to change the status quo and improve the organization.</p> <p>Experiment and take risks by constantly generating small wins and learning from mistakes.</p> <p>Set small goals so that your team can achieve small wins as they work towards larger objectives.</p> <p>Advocate within the organization when it impedes action.</p> <p>Accept occasional disappointments as opportunities to learn.</p> <p>Empower others to take initiative to improve, experiment, and take risks.</p> <p>A supervisor is a change agent, modeling risk taking, making excellent mistakes, and encouraging new ideas.</p>
Enabling Others to Act	<p>Promoting mutual collaboration towards goals and building trust.</p> <p>Share power, strengthen others, and foster collaboration.</p> <p>Actively involve others and inspire leadership at all levels.</p> <p>Understand that mutual respect sustains extraordinary efforts.</p> <p>Build a psychologically safe environment of trust and human dignity.</p>
Encourage the Heart	<p>Recognize the unique contributions of all members to the success of the team.</p> <p>Make people feel like heroes.</p> <p>Regularly provide specific, strength-based feedback and openly celebrate team accomplishments.</p> <p>Praise and acknowledge others for a job well done in a way that aligns with them.</p> <p>Celebrate actions that contribute to the culture.</p>

Emotional intelligence

In 1990, researchers Peter Salovey and John D. Mayher coined the term emotional intelligence, or EQ for emotion quotient, that was popularized by leading expert Daniel Goleman.

“The most effective leaders are all alike in one crucial way: they all have a high degree of what has come to be known as emotional intelligence” (2004).

Emotional intelligence is the ability to understand and manage your emotions, as well as recognize and influence the emotions of those around you. It is a skill that is learnable and can be attained at any point in life.

The four domains of emotional intelligence and 12 competencies



According to Goleman, there are four general domains of emotional intelligence. Each of these domains or concepts has 12 supporting competencies that foster outstanding performance at work or as a leader:

Self-awareness, which occurs as you are conscious of your own feelings and thoughts about them. Self-awareness is your ability to understand your strengths, areas of growth, emotions and their effects on you and your team’s performance.

Self-management is your ability to manage your emotions, particularly in stressful situations. This requires a capacity to maintain a positive, strength-based outlook despite setbacks and challenges. Self-management allows the emotionally intelligent individual to diffuse tense or

difficult situations and wait for the right time and place to express emotions.

Social awareness is recognizing and striving to understand others’ emotions and perspectives, particularly in a shared setting or context. This requires empathy and allows you to identify power dynamics, shifts in energy and tone, and other elements that can influence social relationships.

Relationship management involves recognizing another’s emotional state and responding accordingly. Effective verbal and nonverbal communication skills are paramount.

12 Competencies

1. Emotional self-awareness
2. Emotional self-control
3. Adaptability
4. Achievement orientation
5. Positive outlook
6. Empathy
7. Organizational awareness
8. Influence
9. Coach and mentor
10. Conflict management
11. Teamwork
12. Inspirational leadership

🧘 Suggested activity: To enhance EQ, supervisors can practice mindfulness throughout the day. Mindfulness boosts self-awareness and empathy, which are essential for building an emotional intelligence framework. Try these mindfulness techniques shared by Goleman:

Breathe deeply and slowly for six cycles, pausing on the inhale.

Name emotions as they arise to decrease their intensity.

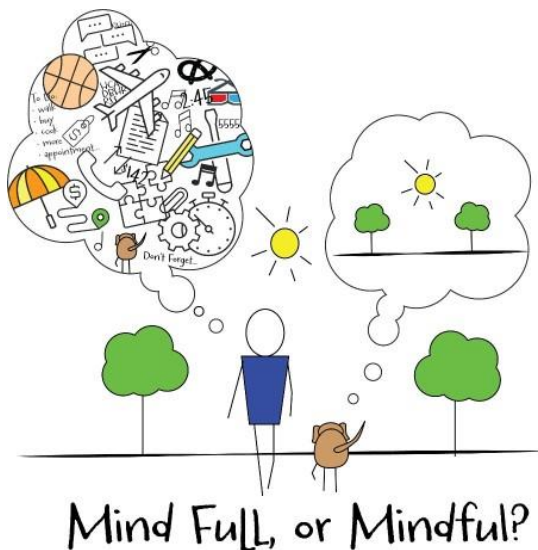
Meditate to work on how to be present in that moment. This encourages your ability to respond appropriately and thoughtfully and avoid reacting during emotionally charged situations.

Supervision

The role of a supervisor is to be present, engaged, and supportive, not to be “the expert.” While task delegation is part of the role, relationship-building should be a priority. Relationship-building is based on listening, supporting, and learning together.

Supervisors should measure success by the welfare and performance of their team as they ensure adherence to agency policies, foster an environment where vulnerability is encouraged, and view mistakes as opportunities for growth.

Steps to creating and sustaining effective supervisory relationships



Step 1: Presence

This is a practice that includes awareness of when you are and aren't present. Some days, or even moments throughout the day, it may be easier for you to be in the here and now; this could be impacted by your workload, quality of sleep, nutrition, organizational support, life stressors, etc.

To create safe spaces for supervisees, it is important to be aware of where you are now, and how you are showing up to others. Supervisors ideally should show up for and fully participate with those they supervise. We can do this by asking ourselves, “What do I need to do to be present?”

Illustration credit: Coach Approach Partners (2024), "Coach Approach to Adaptive Leadership". Used with permission. All rights reserved.

When you are present, you show others that they matter and are worthy of your time and energy. When we are not in a place where we can be present at work, we have an opportunity to model the importance of self-care. Self-care can look like taking time off when its needed, prioritizing health and wellness, and choosing to practice vulnerability by letting our team know that it may take a little longer to recenter.

Modeling vulnerability as a supervisor creates an environment where it is alright to ask for the things we need to be successful in our positions and workplace. An important part of modeling vulnerability is also modeling healthy boundaries and avoiding oversharing or putting your team members in positions of feeling as if they need to provide more support than they can.

Suggested activity: Mind Full or Mindful?

Step 1: Take a moment to reflect. Are you Mind Full or Mindful?

Step 2: Guided presence practice: Feel free to use your own or one of the examples listed below:

- Take one conscious breath in and out.
- Breathe in the present moment and on your exhale, release your day (e.g., your to-do list).
- Scan your physical, mental, and emotional state. Try not to change them, simply notice where you are in this precise moment (e.g., body scan).
- Practice the 5-4-3-2-1 Grounding Technique. 5 things you can see (e.g., colors, shapes, furniture); 4 things you can feel (e.g., your shoes, clothing); 3 things you can hear (e.g., the clock ticking, the humming of the computer); 2 things you can smell (e.g., deodorant, perfume); and 1 thing you like about yourself or are proud of (your compassion for others, goal progress).

Step 3: What did you notice during the presence practice? Do you feel different than before the mindful practice? Share your experience with the group.

Step 2: Peer-centered supervision

Just as Peer Specialists provide peer-centered care, aim for a person-centered approach in supervision. This model trusts that Peer Specialists have the capacity to develop and grow as experts and equal partners. Supervisors strive to balance power with collaboration rooted in trust.

Supervision can vary based on cultural differences and individual needs, much like unique recovery pathways. Our actions, words, and even inactions are observed and modeled by those we supervise.

Positive modeling by supervisors is one of the ways to practice peer-centered supervision. It can be done by:

Setting standards: Positive behavior established and modeled by supervisors sets clear expectations for professionalism and work ethics.

Building confidence: Observing successful strategies boosts confidence in leading and supporting a team.

Encouraging growth: Commitment to growth inspires continuous learning and development for both you and your team.

Promoting effective communication: Modeling clear and respectful communication fosters a collaborative work environment.

Fostering a positive culture: Positive attitudes contribute to a supportive workplace, enhancing engagement and motivation.

Providing a support system: Supportive behavior creates an environment where employees feel valued and empowered.

Navigating challenges: Learning from experienced supervisors helps us handle conflicts and setbacks effectively.

Demonstrating integrity: Acting with integrity and fairness builds trust and respect within the team.

Exhibiting kindness and open-mindedness: Being genuinely kind and inclusive helps Peer Specialists, and all staff members, feel seen, heard, and valued, which reflects peer principles.

Modeling through conflict: Conflict is a natural part of any relationship. When engaged in conflict resolution, it is important to take ownership of our words and actions. Supervisors can normalize conflict resolution and help build trust through actively engaging in open and honest communication. Supervisors are encouraged to lean in and look for opportunities when frustrations arise so they can facilitate thoughtful communication that supports learning and growth.

As a supervisor, it can be helpful to stop, breathe, and reflect on the situation at hand. Acknowledge any biases you may have and be honest about where you are as you step into action with curiosity. When you lead in this manner, you encourage your team to do so as well. In summary, positive modeling from supervisors provides the essential tools, behaviors, and attitudes that can enhance effectiveness. It helps build a solid foundation for leadership, contributing to a more inclusive, respectful, and supportive work environment.

Modeling vulnerability and making course corrections when needed are integral to human experience. By owning the “excellent mistakes” you make, and sharing them with your team, you create opportunities for everyone to learn and grow together, fostering an environment where it's okay to be imperfect.

🕒 Reflect and look deeper: Imagine this scenario: As a supervisor, you strongly advocate for self-care, having experienced burnout as a Peer Specialist. Your team knows you as a self-care champion, but they've recently noticed you eating lunch at your desk, coming to work when sick, rarely taking vacation, and often saying, “there aren’t enough hours in the day.”

Consider this question: Is there a discrepancy between the supervisor's words and actions? If yes, what are they, and how might they have an impact on the team?

Step 3: Effective communication and mutual respect

Effective communication is critical for supervisors. According to The Predictive Index’s 2021 People Management Report (2021), effective communication is the top skill employees feel their supervisors lack.

A communication survey or questionnaire, like the example in the Appendix (Questionnaire for Understanding Communication Styles and Preferences), is an excellent tool for establishing mutual respect and effective communication in a supervisor-supervisee relationship.

Completing this survey can help avoid conflict, promote healthy communication, offer insight into your preferred communication styles, and provide useful tools for peer interaction. Complete the questionnaire and review it individually with supervisees, focusing on identifying shared values, can support the development of shared commitment for handling challenges and celebrating successes. Review the communication agreement monthly and during annual reviews, adjusting as necessary. Set a calendar reminder to regularly review progress and seek feedback from supervisees on areas for improvement.

Recognize that you may not always be able to cater to individual learning styles due to agency policies or timelines and have a plan to address these barriers. For example, if a supervisee prefers verbal communication and you prefer written, agree to verbally share information, when possible, followed by an email for documentation. If it is not feasible, send the email first and then schedule a discussion. This requires both parties to adapt their communication styles.

Types of supervision

To best support peer staff, organizations should provide regular supervision for paid and volunteer staff. Supervision generally falls into three categories: administrative, educative, supportive. Each can stand alone or be used in combination.

Administrative

Administrative supervision should be formal, individualized, organized, consistent, and aimed at accomplishing these four goals:

- Educate Peer Specialists on best practices, policies, and procedures relevant to their roles

- Foster a supportive environment where Peer Specialists feel empowered to address challenges and seek assistance
- Promote wellness and self-care practices to prevent burnout and vicarious trauma and support work-life harmony
- Establish standards surrounding supervision, including frequency, duration and documentation practices

Standards such as job descriptions and work plans can provide clarity and structure to the supervision process. Job descriptions can be periodically reviewed and updated to reflect changes in responsibilities or expectations, while impact descriptions can highlight the broader significance and contribution of each position within the organization.

Administrative supervision must involve aspects of **flexibility** and organized **record-keeping**.

Practicing **flexibility** means you recognize that Peer Specialists may be drawn to this work due to their own experiences but may not have all the tools equipped for successful peer work.

Here, supervisors should adopt a trauma-informed approach that acknowledges and accommodates their unique needs.

Providing flexibility in scheduling as well allows Peer Specialists to choose who is the right fit for them to work with or the right group to facilitate. Offering informal supervision sessions can prioritize self-care and promote well-being of Peer Specialists. A well-structured supervisory agreement ensures that Peer Specialists receive the proper amount of supervision. Supervisors should create personalized supervision agreements that outline the frequency, timing, and responsibilities of both parties. Keeping records through a supervision log can help track progress, identify areas for improvement, and ensure accountability.

Educative

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

Effective educative supervisors:

- Provide time and space to reflect on peer practice
- Focus on knowledge, skills and attitudes
- Provide individualized training and support
- Provide venues for supporting Peer Specialists' professional development

Supportive

Supportive supervision tasks aim to enhance morale and job satisfaction. This role requires relationship- building, social awareness, and other aspects of emotional intelligence.

Effective supportive supervisors:

- Provide feedback on work
- Discuss personal reactions to the work
- Validate and offer encouragement
- Promote self-care practices
- Advocate for peer support roles
- Model and maintain boundaries



Regardless of your supervisory style or strengths, remember that you cannot impose or enforce recovery and wellness on others. It is important to check in and encourage self-care, but do not dictate how individuals manage their recovery, especially outside of work. Instead of asking about their personal recovery, ask, “How can I support you in your wellness?”

For example, if a Peer Specialist is struggling, instead of asking if they are attending recovery meetings, mention behavioral changes you've noticed and ask if they need support. Ensure they know their rights, available options, and Employee Assistance Programs (EAPs), and offer time off if needed.

As part of offering meaningful support, it is crucial to ensure employees have the resources to understand their rights and the support provided by the agency. This responsibility may fall on you or human resources.

Employee Assistance Programs (EAPs) and wellness

Creating a supportive environment that acknowledges and normalizes the effects of working with trauma survivors is essential for Peer Specialists' well-being. Encouraging self-reflection, providing an open line of communication, and promoting the use of employee assistance programs (EAPs) can help Peer Specialists address their needs and access necessary services. Employee assistance programs, if available, can serve as external support systems. By contracting with an EAP familiar with trauma-related issues, organizations can ensure Peer Specialists have access to the resources they need to promote their well-being.

Employee rights, ADA compliance, and building trust

Understanding employee rights and ensuring ADA compliance are foundational in creating an environment that supports individuals in recovery and fosters trust, psychological safety, and overall well-being in the workplace. By acknowledging and upholding employee rights, particularly those outlined in the Americans with Disabilities Act (ADA), supervisors demonstrate a commitment to creating an inclusive and supportive workplace culture.

Group supervision

Group supervision fosters a collaborative and compassionate environment. It offers staff the opportunity to support one another, share ideas, and solve problems as a collective.

This setting promotes co-learning and encourages diverse perspectives and creative brainstorming. By leveraging individual strengths, supervisors can facilitate a teach-back experience where team members share their expertise and insights.

Equitable attention to each staff member's strengths during group supervision ensures that everyone feels valued and recognized. This approach not only enhances the team's overall effectiveness but also builds a stronger, more cohesive support network.

Changing roles: Moving from co-worker to supervisor

When transitioning from a co-worker or friend to a supervisory role, be mindful of your communication styles and boundary-setting, as you are now modeling and exemplifying ideal behaviors.

Transition framework

Be professional: Use communication that is professional, clear, and respectful. Avoid overly casual or familiar language. This may have been acceptable as a Peer Specialist, but it is generally not appropriate in a supervisory role.

Set clear boundaries: Establish and maintain boundaries to differentiate personal relationships from professional responsibilities. This includes being transparent about the change in your role and what it entails.

Be consistent: Apply rules and policies uniformly to all team members to avoid perceptions of favoritism or bias. This consistency helps in maintaining fairness and trust.

Set expectations: Clearly communicate your expectations for work performance, behavior, and professional conduct. Ensure your team understands their roles and responsibilities.

Foster open dialogue: Encourage open communication, where team members feel comfortable sharing their thoughts and concerns. Be approachable but also maintain the necessary distance to uphold your supervisory authority.

Handle conflicts appropriately: Be prepared to address conflicts objectively and non-reactively. Personal relationships should not interfere with your ability to resolve issues effectively, and if they do, seek guidance from your supervisor.

Give supportive feedback: Offer feedback that is specific, actionable, and aimed at professional growth. Avoid feedback that might be interpreted as personal criticism.

Respect privacy: Be mindful of personal boundaries and confidentiality. Information shared in a personal context should not influence professional decisions or actions.

Seek support: If you're uncertain about how to navigate the transition, seek advice or further training on leadership and management to enhance your skills in your new role.

🔑 Key points

- Leadership skills are fundamental for every supervisor and involve continuous commitment to learning and serving others.
- The five practices of leadership: model the way, inspire a shared vision, challenge the process, empower/enable others to act, encourage the heart.
- Emotional intelligence is a learnable skill, and one that is crucial for anyone in leadership roles.
- The three steps to creating and sustaining effective supervision relationships are: Presence, modeling peer-centered supervision and establishing effective communication and mutual respect.
- Positive modeling by supervisors can have a huge impact on peer support work in any agency as far as enhancing growth, setting standards and expectations, and fostering an inclusive culture that prioritizes respect and equity.

✔ **Skills check:** Scenario activity “The friendship dilemma”. In small groups, identify a group member who will report back to the larger group, read the scenario and discuss and answer the questions that follow as a group. See “The friendship dilemma” study example in the Handout section.

🕒 **Reflect and look deeper:** Reviewing the transitional structure, how can you more effectively manage the transition from peer to supervisor while maintaining positive and productive relationships with your team? See Handout section for a transition action plan form.

Reflection: If you've maintained friendships with former peers, reflect on how these relationships might be perceived by the rest of the team. What steps can you take to ensure fairness and professionalism in your supervisory role?

Action plan: Create an action plan for maintaining balance between personal friendships and your responsibilities as a supervisor. This could involve setting limits on social interactions or establishing more professional boundaries during work hours.

Module 4: Supervision of Peer Specialists



Introduction

In this module, we will suggest that your role as a supervisor is not to assert authority, it is to model collaborative and respectful interactions to ensure that your leadership style reflects the principles of peer support. Consider supervision as a learning journey for both you and your supervisees. By embracing a stance of mutual learning and growth, you can better support your team and create an environment where everyone feels safe, seen, heard, valued, and empowered.

Your success as a supervisor is measured by the success and development of those you support. Therefore, focus on providing guidance, encouragement, and opportunities for the Peer Specialists you supervise to thrive in their roles. Through this module, you will learn how to balance the responsibilities of supervision with the foundational values of peer support, ensuring that your leadership is effective, compassionate, and culturally inclusive.

🌀 Learning Objectives

- Understand various supervision practices, fundamental principles, and competencies essential for supervisors of Peer Specialists, including strategies to prevent peer drift.
- Gain insights into building supportive relationships based on trust with Peer Specialists and foster an environment of learning from mistakes.
- Deepen your understanding of the boundaries between a Peer Specialist and their supervisor, learning how to provide meaningful feedback while respecting personal recovery boundaries.

Fundamental principles for supervisors of Peer Specialist

It can be difficult to determine which aspects, perspectives, and components of supervision are the most important for supervisors of Peer Specialists. We've already mentioned the 12 National Practice Guidelines for Peer Specialists and Supervisors in this training. Beyond these guidelines, consider this list of fundamental principles suggested by SAMHSA in their "supervisor of peers" training.

Supervisors understand peer roles and core competencies of peer support. Peer support supervisors acknowledge, support, and understand the development of unique knowledge and skills needed for peer support practices. This allows them to support their Peer Specialists within their roles and prevent peer drift. They also expand this knowledge and understanding to other staff, so they don't unintentionally encourage peer drift as well.

Supervisors have recovery orientation and model recovery-oriented practices. As we discussed in module 3, modeling is fundamental to supervision. Every conversation with the Peer Specialist is an opportunity to model recovery principles and practices such as person-first language, addressing trauma, supporting many pathways, strength-based feedback and supporting self-determination.

This practice helps model core recovery principles and supports positive, growth-centered workplace cultures while combating stigma of those who live with behavioral health conditions. When we don't speak up or act in support of recovery practices, we can unintentionally model complacency and devalue the important work that Peer Specialists do.

Ways for supervisors to model recovery-oriented practices:

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

Supervisors support the development of the unique knowledge and skills needed for peer support practice. Supervisors can share with Peer Specialists the additional knowledge and skills they need to perform work tasks, specific to their role and organization's practices. Evaluation is another way supervisors can help develop knowledge and skills. This can be accomplished through direct observation, co-working, assessments, and reflection, all in collaboration with the Peer Specialist. Supervisors continuously provide structured learning opportunities to help workers grow as they advocate for ongoing continued education.

Supervisors recognize the connections between behavioral health conditions and trauma, health disparities, and social inequity. Supervisors have a holistic view of people with lived experiences, seeing that they are more than a diagnosis or addiction, one that involves more than just symptom reduction and abstinence. They look deeper at the social aspects and intersectionality of those who live with behavioral health experiences while also having conversations with staff around explicit and implicit biases.

Supervisors also support Peer Specialists in recognizing the impact of trauma while also considering the interconnected nature of race, age, class, socioeconomic status, physical and mental ability,

gender or sexual identity, religion, and ethnicity. They can further support and model the process of learning and growing through biases.

Supervisors use strengths-based supervision. Strengths-based supervision is the leading practice for supervising Peer Specialists and is at its core, a collaborative process. As the supervisor, you can discover and amplify Peer Specialists' strengths and competencies and identify their successes as they arise. Sharing gifts of affirmation and growth are key tools in strengths-based supervision. Focusing on strength does not mean ignoring problems. Instead, we are framing problems as opportunities for learning. We use feedback and self-assessment tools to discover and amplify worker's strengths and to encourage learning. Sharing strength-based affirmations is also known to increase motivation and professional development.

Supervisors provide a safe space to address ethical and boundary issues. This is vital when challenging situations arise. It's important that as supervisors, we create safe and brave spaces for our supervisees to feel seen, heard, and valued. We can do this by being present in our supervision sessions, consistent in our support and share and model messaging around an environment of learning that normalizes mistakes.



Supervisors advocate for the integration of Peer Specialists in the workplace. By communicating Peer Specialists' contributions in the open as well as in more private office settings, supervisors can also educate other staff around the unique role of Peer Specialists. All staff should be aware of the specialized knowledge, skills, and abilities of Peer Specialists. It is common for these assets to be misunderstood by staff who haven't previously worked alongside Peer Specialists or had the opportunity to be trained in the peer support role.

Supervisors want to work with leadership to create more optimal working conditions for Peer Specialists. Integration opportunities like including Peer Specialists in interdisciplinary meetings, connecting Peer Specialists with other teams, inviting Peer Specialists into leadership meetings and committees, and having Peer specialists be part of the strategic planning process can help inspire this growth. By engaging and involving Peer Specialists in the creation of initiatives, they can see that their perspectives are valued.

As mentioned in previous modules, when engaging and involving Peer Specialists in your organization, you must actively work to avoid **tokenism**: "the practice of superficially engaging individuals with marginalized identities without empowering them with real decision-making abilities, for the sake of appearing diverse or inclusive" (Start with Hope but Don't Stop There an Insights and Resource Guide, 2024).

Rather than encouraging participation simply because one is a peer, highlight and value the unique expertise, perspectives, and contributions of those with lived experience to avoid this common pitfall.

Effective ways to engage and demonstrate peer value

- Include peer voice in developing policies and procedures
- Create and review agency publications to ensure they are trauma-informed, and utilize recovery-oriented language
- Encourage pathways to leadership and advancement for Peer Specialists
- Include the expertise and perspectives of peers in the community to drive agency initiatives and priorities

Resources to support developing community compensation guidelines and lived experience stipends can be found in the Appendix.

Person-centered practices in supervision

Integrating person-centered practices ensures respect for the individuality of each team member. Active listening, cultivating an inclusive environment and leveraging lived experience are essential in administrative, educative, and supportive supervision.

Active listening and goal setting

Engaging in active listening to understand each Peer Specialist's perspectives and preferences while setting individualized goals are crucial aspects of person-centered supervision. By tailoring work schedules, tasks, and responsibilities to support Peer Specialists' needs, supervisors can foster a caring and empowering environment.

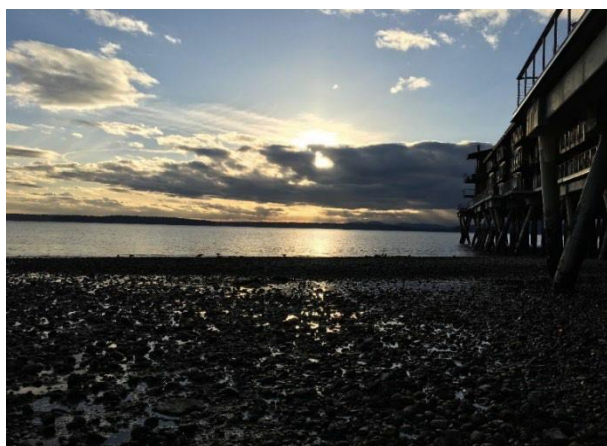
Benefits:

- 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 can empower, motivate, and increase employee satisfaction

Challenges:

- Supervisors may lack experience and working knowledge of peer practice
- Supervisor may have a clinical approach to service provision
- Lack of knowledge about peer roles and practices
- Organizations may not be aligned with recovery-oriented values, practices, and culture
- Challenges in integrating Peer Specialist and recovery values in a treatment setting

Cultivating an inclusive environment



Promoting an inclusive environment that respects diverse cultural backgrounds and experiences is essential in person-centered supervision. Applying cultural humility in supervisory practices fosters a sense of belonging and inclusion among team members, enhancing collaboration and mutual respect.

By integrating these components, supervisors can lead the charge in creating empowering workplaces that not only comply with ADA requirements but also actively support the recovery and growth of Peer Specialists.

As a supervisor, you can champion diversity and inclusion through various initiatives. Cultivate inclusivity with the following:

- Implement diversity training sessions to raise awareness and promote understanding
- Establish affinity groups where Peer Specialists can connect based on shared identities or experiences, fostering a sense of belonging and community
- Ensure equitable access to resources and opportunities for professional growth, leveling the playing field for all team members

Leveraging lived experience

As a supervisor, sharing personal recovery experiences can build rapport and trust with the Peer Specialists you supervise. This also provides occasions for discussion about professional boundaries and confidentiality. This practice demonstrates empathy and understanding, which creates a supportive, strength-based supervisory relationship, built on modeling and vulnerability.

Building trusting supervisory relationships

In peer support, as in many supportive relationships, building a trusting connection is the most fundamental step. It is important for the Peer Specialist to learn how to create and maintain physical and emotional safety to support individuals through their recovery journeys.

Peer Specialists can help create these types of environments through modeling presence, effective communication, and culturally responsive actions. This is true for supervisors as well.

Supervisors are encouraged to hold regular supervision sessions and prioritize availability for Peer Specialists. Supervision is an opportunity to check in, discuss individuals that the Peer Specialist is supporting, and to coach around professional development.

Since supervision is the time to explore topics such as peer drift, ethical dilemmas, burnout, self-care and other relevant topics that can affect the peer's work experience, it is important to address these openly and authentically to promote a supportive and trusting supervisory relationship and effective practices.

A key method for supervisors to build trust with Peer Specialists is modeling self-care and the principles of recovery. Supervisors should be aware of how they show up and how they adjust behaviors and actions as needed.

Rebuilding trust

Rebuilding trust after it has been broken is a challenging process and a crucial one. This process requires humility and commitment to re-establish positive relationships.

Suggested steps to restore trust:

Acknowledge the issue and take responsibility. Openly recognize and admit the mistake or situation that led to the loss of trust. Avoiding or downplaying the issue can further erode trust. Own up to your role in the issue without making excuses. Taking accountability shows integrity and a willingness to address the problem head-on. It also models that it is okay to make mistakes and to come back from them.

Apologize sincerely and make amends. Offer a genuine apology to those affected. A sincere apology demonstrates humility and a commitment to making amends. Do not dwell on the apology and make it about yourself. Take accountability and move into the solution and opportunity. Where possible, take concrete steps to rectify the issue.

Model vulnerability. Be open and honest in your communications. Provide clear, consistent, and timely updates on what is being done to rectify the situation and prevent similar issues in the future.

Listen actively. Give team members the opportunity to express their concerns and feelings. Listening without interrupting or becoming defensive helps validate their experiences and shows that you value their input. Use your active listening skills and model moving through conflict.

Demonstrate consistent behavior. Consistency is key in rebuilding trust. Follow through on your commitments and demonstrate reliable, ethical, and fair behavior over time.

Set clear expectations. Re-establish clear expectations for yourself and your team. Ensure that everyone understands their roles and responsibilities and what they can expect from you as their supervisor. Examine your communication agreements and adjust or reinforce as needed.

Seek feedback. Regularly ask for feedback on how you're doing in terms of rebuilding trust and making improvements. Be open to constructive criticism and use it to guide your actions.

Be patient and persistent. Rebuilding trust takes time and consistent effort. Be patient and remain committed to the process, understanding that trust is rebuilt gradually through repeated positive interactions.

By taking these steps, you can work towards rebuilding trust with your team and fostering a stronger, more resilient, and respectful working relationship. Incorporating these practices into your role and relationships as a supervisor demonstrates that you value the individuals you supervise. This approach can increase retention and create safe spaces where people want to grow and be a part of.



Navigating past experiences as a supervisor

Your journey as a Peer Specialist transitioning into a supervisory role may be colored by past negative or positive experiences with supervision. Negative experiences, possibly marked by betrayal, misuse of confidential information, or a lack of trust, can pose significant challenges.

However, by addressing these past experiences with sensitivity and empathy, you can lay the foundation for a trusting and supportive supervisory relationship.

Strategies to navigate past negative experiences

- Create a safe space for open dialogue, where team members feel comfortable sharing their concerns and past experiences
- Actively listen without judgment and collaboratively establishing clear expectations and boundaries
- Conduct regular check-ins to assess the well-being of team members and provide opportunities for anonymous feedback
- Advocate for policies that prioritize psychological safety and trust-building within the workplace
- Utilize the questionnaire referenced in Module 3 and create a communication agreement

By fostering trust, transparency, and mutual respect, you can cultivate an empowering and supportive supervisory environment that encourages professional growth and development (See appendix for “Positive experience with supervision”).

Transparency

Effective supervisors recognize that everyone they supervise will bring prior experiences, beliefs, ideas, and associations around supervision to the supervisory relationship. Supervisors bring their own past experiences, beliefs, and assumptions into the supervisory relationship, as well. It is therefore important to begin the supervisory relationship by sharing these experiences, expectations,

hopes, and fears to build trust and pave the way for a shared understanding of what the current supervisory relationship will look like.

A supervisor's willingness to be open, appropriately transparent, and attentive to the Peer Specialist's ideas, concerns, and needs will help shape the supervisory relationship. It is important that both supervisor and supervisee view the supervisory relationship as a safe space for the supervisee to receive support, perform honest introspection, candidly share difficulties, and expose vulnerabilities.

Providing feedback



Providing feedback, including providing gifts of **affirmation** and gifts of **growth**, is essential for team growth and cohesion.

As a peer support supervisor, it is crucial to provide feedback in ways that are individualized and culturally responsive. This means recognizing and respecting the unique backgrounds, experiences, and preferences of each team member.

When giving feedback, focus on growing strengths and addressing needs as opportunities for development. Ensure that your feedback is equitable and timely; don't wait for formal performance reviews to offer praise or address challenges. Use tools like the "Questionnaire for understanding communication styles and preferences" (See Appendix) to understand everyone's communication preferences and provide feedback accordingly.

Feedback is an ongoing process. Encourage your supervisees to send you weekly acknowledgments or wins, along with feedback from the individuals they serve. Keep a folder of these accomplishments to reference during performance reviews. This not only helps you stay informed about their successes but also models the importance of celebrating strengths and achievements.

Providing feedback is an essential form of support, especially when done in a specific, strengths-based manner. Focusing on strengths does not mean ignoring areas for growth; it means framing them as opportunities for learning. Offer feedback as gifts of affirmation and gifts of growth, helping your team members to recognize their potential and continuously improve.

By approaching feedback with a focus on strengths and cultural responsiveness, you create a supportive environment where your team feels valued and motivated to excel. This, in turn, leads to better outcomes for the individuals they serve and a more cohesive, effective team.

Gifts of affirmation

Gifts of affirmation are words and actions that acknowledge and validate a supervisee's efforts and contributions. These affirmations show appreciation for specific actions, behaviors, and demonstrations of skill, enhancing an individual's sense of value and belonging within the organization. This approach can lead to greater job satisfaction and retention. Providing gifts of affirmation helps create a strengths-based workplace culture where employees feel supported and recognized for their efforts and contributions.


We do not assume how employees want to be acknowledged for their work. Rather, ask how each person would like to be acknowledged for a job well done. You can also include consideration for what is suitable for everyone.

Individual references: What motivates one person may be uncomfortable, embarrassing, or demotivating for another.

Diversity and inclusion: Recognizing the diverse cultural backgrounds in the workplace makes acknowledgment more effective and appreciated.

Effectiveness of recognition: Recognition is most impactful when aligned with the Peer Specialist's values and needs. When employees feel seen, heard, and valued, it reinforces a positive sense of self.

Communication and relationships: Ask Peer Specialists how they prefer to be recognized, show them that their preferences and opinions matter, and enhance open communication to build trust. This ensures that gifts of affirmation are effective and well-received.

 **Suggested activity:** The training facilitator is going to share a list of different acknowledgements with you and invite you to respond positively if you agree with the statement around how you would like to be acknowledged for a job well done.

- In an all-staff email blast
- With a \$10 Starbucks gift card
- With a handwritten note from my supervisor acknowledging my efforts
- With an office pizza party
- With additional paid time off (PTO)

What do you think the purpose of this activity is?

Gifts of growth

Gifts of growth in the workplace involve coaching Peer Specialists to expand their knowledge, enhance their skills, and provide actionable insights. This feedback should be specific, objective, and framed to encourage professional growth while focusing on strengths. Asking permission is the first step in providing trauma-informed feedback or gifts of growth. It's essential to ask permission first, recognizing that individuals may not always be ready to receive coaching.

Common elements of gifts of growth

- Specificity: Clear and detailed feedback
- Objectivity: Unbiased and fact-based
- Timeliness: Provided promptly
- Actionable: Offering practical steps
- Strength-based: Highlighting strengths
- Mutual benefit: Collaborative approach
- Follow-up: Ensuring progress and support

When effectively delivered, gifts of growth empower Peer Specialists to make meaningful changes, enhance their skills, and foster a culture of continuous learning and improvement. This encourages ownership, communication, and higher trust and engagement levels.

Supervisors must be capable of giving and receiving gifts of growth with mutuality and trust. It's not always easy; it requires accepting feedback without reacting personally. If you do react, remember it's part of being human. Mistakes are opportunities to model trust-rebuilding practices, which are crucial for creating a safe atmosphere for feedback. This process promotes self-reflection and personal and professional growth.

Steps for gifts of growth

1. Ask what went well
2. Give your specific feedback on what went well from your perspective
3. Ask if anything should be or could be done differently next time
4. Give your developmental feedback
5. Ask what can be committed to going forward (Reprinted from the Coach Approach with permission)

Tips for giving and receiving feedback in supervision

Ask permission: Ensure the person is in a space to receive feedback.

Focus on strengths: Use the 80/20 rule, highlighting their positive actions 80% of the time. Catch them doing something right!

Acknowledge any power imbalance: Be mindful of the power dynamic between supervisor and supervisee.

Consider different perspectives: Recognize diverse worldviews and potential trauma responses to feedback.

Manage reactions: Be aware of your defenses and reactions when receiving feedback.

Respond appropriately: Focus on your responses and apologize if you react personally or defensively.

Respecting boundaries

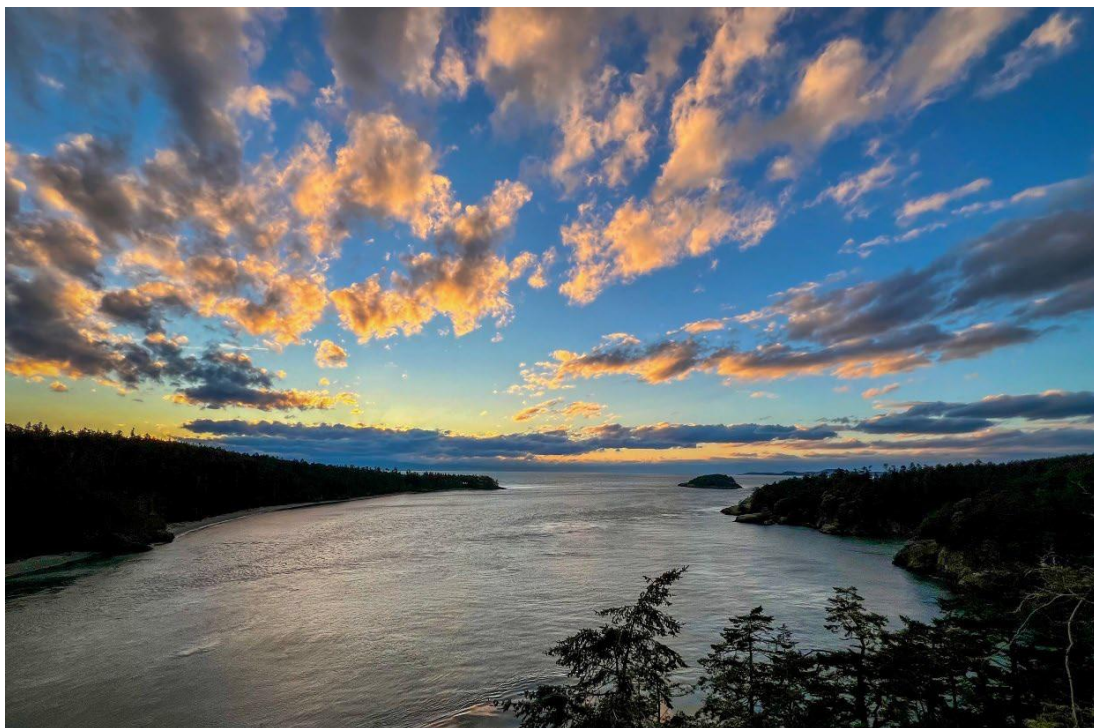
As mentioned before, it is not our role to address the Peer Specialist's personal challenges unless they are affecting their performance.

Peer Specialists are trained in sharing their recovery journey with those they serve. They are not expected to share it with their supervisor(s) or coworkers.

This about the way you approach boundaries with your communication. Avoid saying, "I noticed you seemed really depressed yesterday and didn't get your notes in. Have you been working on your recovery plan?" Instead, consider phrasing your concern like this: "I noticed you didn't get your notes in yesterday and wanted to check in. How are you doing, and how can I support you in getting caught up?"

Often, coaching/improvement plans are perceived as punitive. By framing them as support or success plans, you can collaboratively explore opportunities and resources to foster the supervisee's growth and professional development.

This is a good time to remind them of Employee Assistance Programs (EAPs) and resources for reasonable accommodation. Remember, you can share these resources but cannot mandate that someone seek or requests accommodation.



Regular and annual reviews

Annual reviews are a formal way of providing feedback to Peer Specialists. Employees should never be surprised during a performance review by being told they are not meeting job expectations. Address issues as they arise instead of waiting for annual or other review times. Annual reviews should focus on celebrating achievements, setting goals, and identifying growth opportunities. Ensure that the peer understands the review process in advance and has sufficient time and information to prepare. Orient them to the process well before the actual review.

When conducting reviews and exploring professional goal setting with a Peer Specialist, it is common to focus on areas where the supervisee needs improvement. While ensuring they have the necessary skills to meet job requirements is important, strengths are what ultimately enable them to exceed expectations and thrive.

Create opportunities not only to address areas of challenge but also to expand and develop existing strengths. Look for opportunities within the agency that allow them to grow and excel in their areas of interest.

A helpful practice to use as a supervisor is to start a list of the supervisors' strengths and add at least one new strength every time you meet with them. Review the list before walking into supervision sessions and before providing challenging feedback.

Just as we encourage Peer Specialists to look for the strengths in the people they support, we also want to train our brains to look for strengths and to celebrate them with the employees we get to support.

What we focus on grows. Consider where your focus is as a supervisor and work to broaden that focus.

Supervision from a lens of harm reduction

The National Harm Reduction Coalition defines harm reduction as “a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm reduction is also a movement for social justice built on a belief in, and respect for the rights of people who use drugs” (T2019).

Rooted in principles of respect, rights, dignity, empathy, and non-judgment, harm reduction prioritizes safety and well-being over punishment or exclusion. It’s a non-judgmental approach that, like peer support, meets people where they are and treats everyone with dignity, compassion, and respect.

Harm reduction can also be found beyond substance use environments. Harm reduction can include things like sunscreen, seat belts, speed limits, birth control, and cigarette filters.

The principles of harm reduction

- Accept, for better or worse, that licit and illicit drug use is part of our world and choose to work to minimize its harmful effects rather than simply ignore or condemn them.
- Understand drug-use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe use to total abstinence and acknowledge that some ways of using drugs are clearly safer than others.
- Establish quality of individual and community life and well-being – not necessarily cessation of all drug use – as the criteria for successful intervention and policies.
- Call for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live to assist them in reducing attendant harm.
- Ensure that people who use drugs and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.
- Affirm people who use drugs (PWUD) themselves as the primary agents of reducing the harms of their drug use and seeks to empower PWUD to share information and support each other in strategies which meet their actual conditions of use.
- Recognize that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people’s vulnerability to and capacity for effectively dealing with drug related harm.
- Do not attempt to minimize or ignore the real and tragic harm and danger that can be associated with illicit drug use. (National Harm Reduction Coalition, 2019)

When considering the many factors related to the supervision of harm reduction principles, we recognize and respect the freedom, choice, and autonomy of the individuals we endeavor to support.

Recovery is not a straight line or linear path, and the journey may include the stumbling and setbacks that are simply part of being human. However, we can encourage peers to see the relationship between their empowered choices, struggle, and risk by taking a strength-based focus that emphasizes human resilience.

In this way, we honor people’s dignity while promoting and celebrating their decisions to explore their choices and take healthy risks (e.g., feeling the discomfort of visiting a support group for the first time and choosing to attend anyway).

Dignity of risk

The concept of "dignity of risk" originated from the Disability Rights Movement and evolved as a response to the excessive medicalization of the lives of those with behavioral health experiences. It is rooted in the belief that the freedom to make decisions and exercise self- agency is fundamental to human dignity.

The principle of dignity of risk acknowledges that much of what we do involves some level of risk— whether it's the risk of harm or failure.

For example, applying for a job carries the risk of rejection, and riding a bicycle involves physical safety risks. The right to take risks and make mistakes is intrinsic to our humanity and is a crucial aspect of the recovery journey.

By supporting individuals in taking risks, we emphasize their choice and self-determination, allowing them to venture into the unknown, test their limits, and explore their capabilities.

Often, removing someone's right to dignity of risk comes from a well-meaning place. Peer Specialists may feel concerned for the individual's safety, leading to overprotective behavior, through coercion or bribery, to "encourage" the person to make the "right choice." Doing that may neglect the needs and autonomy of individuals, failing to provide the necessary support.

As supervisors, we always model taking appropriate risks and learning from our mistakes. This behavior demonstrates to Peer Specialists that making mistakes with the people we serve is a natural part of the process and so is modeling how to come back and make amends or move forward.

By learning from these mistakes, we can become even more effective in our jobs and the work we do. This modeling fosters an environment where appropriate risk-taking is seen as an opportunity for growth and improvement, both for supervisors and Peer Specialists.

“We meet the people we’re working with on the common ground of our shared humanity.”

- Pat Deegan

🔑 Key points

- Supervisors of Peer Specialists have responsibilities beyond administrative, educative, and supportive functions. They act as champions and ambassadors of peer support services within their organization, leading efforts to integrate these services and values, and creating an optimal work environment for Peer Specialists through expert knowledge.
- Supervisors are encouraged to embrace person-centered practices in supervision, including active listening, fostering an inclusive environment, and leveraging lived experience. This approach emphasizes presence, strength-based leadership, and building trust in the supervisory relationship.
- Gifts of affirmation and growth refer to the supervisor's feedback to the Peer Specialist. Consider the supervisee's culture, style, and communication preferences, focusing on strengths and opportunities.

✔ **Skills check:** In pairs or in a group setting discuss what kind of supervisor do you want to be? Share more about the type you aspire to be and why, considering your values, your lived experience and your experience with supervision in the past. Try to consider some of the fundamental principles for supervisors of Peer Specialists.

🕒 **Reflect and look deeper:** Reflect on your relationship with conflict and how you can respond by leveraging your strengths (See Appendix for “The Values in Action (VIA) Strengths Test”).

What communication style do you tend to gravitate toward when conflict arises? How can you adapt your style to better support Peer Specialists with different preferences?

Recall a recent conflict that arose within the team. How did/would you handle it, and what could have been done differently to achieve a more positive resolution?

Module 5: Ethics and boundaries



Introduction

This module continues to delve into principles and practices of supervisory work that can be relevant and utilized with any care provider, as well as those elements that are unique to the peer support role.

The values in peer support serve as the foundation for the ethical guidelines that Peer Specialists are required to work according to. Boundaries are crucial and are an area of potential challenge in peer support work. This module will provide resources and guidance for supervisors in coaching Peer Specialists through ethical and boundary questions while creating a safe space for ongoing learning and growth.

🌀 Learning objectives

- Describe the values and ethics of peer support and how these can become practice guidelines for Peer Specialists and supervisors
- Understand the nature and purpose of boundaries in the Peer Specialist-peer working relationship
- Coach Peer Specialists in resolving ethical and boundary dilemmas and maintaining an open conversation about those in supervision

Values and ethics of peer support

Ethical behavior is based on both written and unwritten societal codes of principles and values. Ethical principles and values serve as a guide to behavior on a personal and professional level. Core values can function both as an ethical guideline and a practice guideline for Peer specialists and supervisors.

Ethical guidelines provide a safe and clear working environment for any professional so they can in turn provide effective and goal-directed services as well as support to the people they serve.

Washington State is in the process of creating a statewide code of ethics for Certified Peer Specialists and Certified Peer Specialist Trainees. We currently look at the 12 core values of Peer Specialists as listed in the N.A.P.S. document “National Practice Guidelines for Peer Specialists and Supervisors”, as mentioned in previous modules. Let’s look at one core value and see how it can function as both an ethical guideline and a practice guideline for Peer Specialists and supervisors.

Peer support is voluntary

Recovery is a personal choice. The most basic value of peer support is that people freely choose to give or receive support. Being coerced, forced, or pressured is against the nature of genuine peer support. The voluntary nature of peer support makes it easier to build trust and connections with another.

Peer specialist ethical and practical guidelines

- Peer Specialists do not force or coerce others to participate in peer support services or any other service.
- Peer Specialists respect the rights of those they support to choose or cease support services or use the peer support services from a different Peer Specialist.
- Peer Specialists also have the right to choose not to work with individuals with a particular background if the Peer Specialist’s personal issues or lack of expertise could interfere with the ability to provide effective support to these individuals. In these situations, the Peer Specialist would refer the individuals to other Peer Specialists or service providers to aid with the individuals’ interests and desires.
- Peer Specialists advocate for choice when they observe coercion in any mental health or substance use service setting.

Supervisor ethical and practical guidelines

- Encourage Peer Specialists in promoting individuals’ choices, including becoming more knowledgeable about trauma-informed approaches that reduce or eliminate force and coercion to create a safer environment for all.
- Explore the Peer Specialist’s choices about how they might or might not choose to work with certain individuals, especially if there are issues related to dual relationships or trauma.
- Provide guidance to Peer Specialists when they are advocating for choice or speaking up when coercion occurs, especially when it is subtle or systemic.

The N.A.P.S guidelines quoted above encourage supervisors to be mindful of roles and circumstances; avoid putting Peer Specialists in a position in which they are asked to do something that is outside the scope of their role or is not within their core values. Supervisors must not create a situation wherein the service provided by the Peer Specialist could be perceived as involuntary.

Moreover, supervisors need to endorse the advocacy of Peer Specialists as well as self-advocacy of the individuals participating in the services. If the Peer specialist declares that working with a specific individual is outside of their lived experience or that the working relationship is putting their own recovery at risk, the supervisor must have a conversation with the Peer Specialist, confirm that the peer support relationship can't be continued, and that reassignment is beneficial to both the Peer Specialist and the peer.

Throughout their basic training, Peer Specialists learn to think critically about ethical and boundary dilemmas. They are encouraged to bring dilemmas to a supervisor with their thoughts on possible resolution strategies.

Supervisors are encouraged to invite Peer Specialists to think creatively about solving ethical dilemmas, offering opportunities for discussion and role plays around challenging topics.

Consider the following model. This is an eight-step ethical decision-making process highlights a proposed flow of action when facing ethical dilemmas.

Actions	Questions
Gather the facts	What happened? Describe the situation in as much detail as you can, without judgment.
Define the ethical issues	Which ethical standards are in conflict here? Is one standard more important than another?
Identify the affected parties	Who is involved in this? Peers or colleagues?
Identify the consequences	Who might get hurt? Is there a law or WAC attached to this standard?
Identify the obligations	Is there a Mandatory Reporter obligation? Is there an ethical obligation to any other party?
Consider your character and integrity	What is your personal ethical code? What will align with your personal integrity?
Think creatively about potential actions	There are many more possibilities than the actions we've always taken. Think creatively with the peer.
Check your gut	Last step: are you sure you're on solid ground here? Would you feel proud if your actions were featured on "60 Minutes"?

Whether this model or another is used, supervisors should have early, regular conversations with new and existing Peer Specialists about ethics, potential or existing dilemmas, how they are managed within your agency, and how a Peer Specialist might approach these decisions.

Questions to consider when exploring ethical boundaries in peer support work:

- Do any of the following address the situation?
 - The law
 - Peer Support Values and Ethics
 - Employer policies and guidelines
 - Personal values or boundaries
- How might the peer be impacted—either positively or negatively—by the circumstances of the situation?
- How might the Peer Specialist be impacted—either positively or negatively—by the circumstances of the situation?

The nature and purpose of boundaries in peer support services

Proper boundaries keep us in the right lane, protect the peer’s confidentiality, and reduce legal liability while increasing ethical adherence. Creating healthy boundaries is a great self-care exercise. Boundaries support better life-work balance or harmony. They also maintain and enhance recovery and promote self-growth.

When a Peer Specialist practices good boundaries, it provides space to promote building skills, confidence and responsibility for the person or family participating in services. This empowers individuals to make positive changes. Laying healthy boundaries is a strength-based approach to working with individuals that are on their recovery journey.

Supervisors need to monitor and manage appropriate boundaries. Discuss boundaries and expectations thereof not just with your peer team, but also with any care providers you supervise when there is potential for ethical challenges.

What makes peer supervision unique in this area is that the peer-to-Peer Specialist relationship is non-hierarchical but rather more reciprocal. The active effort to minimize the social distance between the two could create opportunities for crossing boundary lines.

Unclear boundaries

Because peer support can be an emotionally intimate experience, peers can feel very connected to the Peer Specialist, and vice versa. This close connection can foster unclear ideas about respective roles and boundaries.

When boundaries get unclear or uncomfortable there is always the option to reassign the peer to another Peer Specialist. Supervisors can also coach the Peer Specialist on how to set clear boundaries and support peers in honoring those boundaries. Reassignment is used as a last resort.

Peer Specialists are encouraged to discuss boundaries with peers at their first meeting. It is a great way to determine together what types of communication, boundaries, and expectations are in place. Peer Specialists use core values as a foundation for any negotiations. Ethical standards are, however, non-negotiable.

Supervisors will pay attention to how Peer Specialists set boundaries with their peers. Setting boundaries is an important part of our work as supervisors; it’s a safety mechanism for the Peer Specialist and the peer.

Breach of boundaries

As mentioned, an ongoing discussion on ethics and boundaries is expected in supervision. Role playing is suggested to help Peer Specialists learn how to set and practice appropriate boundaries with peers. If boundary setting is needed in the supervisor-Peer Specialist relationship, modeling that boundary setting by the supervisor can be a great way to demonstrate that skill to the Peer Specialist.

When ethical and boundary issues arise, and it's clear that the Peer Specialist has violated them, disciplinary action may be needed. Every agency must have a clearly defined disciplinary action policy that both the supervisor and the employee are aware of and fully understand.

Peer Specialists who violate ethical standards or peer support boundaries – especially if they do so repeatedly – can expect disciplinary actions to be taken. It should be emphasized that the choices that a care provider and a supervisor make around these topics affect many more people than just that one employee: they impact the peers, their families, other employees, and other agency relationships. Unethical behavior cannot be tolerated and must be carefully defined.


Mandatory reporter obligations

Mandatory reporting refers to the legal obligation to report certain information to authorities.

Supervisors need to make sure both they and their staff know and understand federal, state, and agency policies and procedures around mandatory reporting.

Peer Specialists have four mandatory reporter obligations

- Suspected abuse or neglect of a child (RCW 26.44)
- Suspected abuse, abandonment, neglect, or financial exploitation of a vulnerable adult (RCW 74.34)
- Duty to warn/Intent to harm (refer to (RCW 71.05.120)
- Impaired DOH license-holder (RCW 18.130)

 **Reflect and look deeper:** How comfortable are you with the Mandatory Reporter guidelines? Where can you find more information and support? Schedule ethics refreshers annually or bi-annually. When you're planning for a refresher for the people you supervise, look for ethics programs that are specific to peer support. Check out the "Boundary maintenance checklist" in the handout section.

Call to action

- To report abuse or neglect of children: **1-866-END-HARM**
- To report abuse, abandonment, neglect, exploitation or self-neglect of vulnerable adults: **1-877-734-6277**

Remember, calls to Child Protective Services (CPS) and Adult Protective Services (APS) may result in an investigation.

It is not the Peer Specialist or supervisor's place to determine if harm is being caused. If a Peer Specialist needs to call CPS, they should first let the involved peer and/or family member(s) know and invite them to participate in the reporting process. The Peer Specialist is expected to report this to their supervisors and further discuss this in supervision.


Mandatory reporter guidance in Washington State

The Duty to Warn guidance in Washington State (RCW 71.05.120), issued by the Washington Supreme Court in *Volk v. DeMeerLeer*, puts much greater responsibility on the providers of voluntary, outpatient services. In *Volk v. DeMeerLeer*, the Supreme Court held that, in the out-patient and voluntary inpatient treatment setting, the duty of health care providers to warn or protect potential victims of violence extends to all individuals who may be “foreseeably” endangered by a patient, even if no specific target was identified.

The Court said that “juries may differ” about who might “foreseeably” be endangered, so they declined to suggest who must be warned. This guidance leaves Peer Specialists with some tools, since they have no capacity to detain or assess the possibility of future violence.

It is important to remember that even when the Peer Specialist is working with individuals who are expressing more risk in their meetings, this does not always require reporting of any kind.

In these instances, peers can be offered additional support in the form of more frequent visits, education about the possible consequences of threatening language and suggesting options for learning to get one's needs met more effectively. It's recommended that a Peer Specialist checks in with a supervisor prior to reporting unless there is a clear and immediate threat.

 **Suggested activity:** In pairs, use a scenario provided below. These scenarios are taken from the Certified Peer Specialist training and in this practice you will address them from the supervisory angle. One person will play the role of the supervisor while the other plays the role of the Peer Specialist in the scenario.

As the supervisor, walk the Peer Specialist through the ethical decision-making process above or utilize the three-question model. Then switch roles using a different scenario. When you return to the full group, discuss your experience as the supervisor.

What worked well? What was challenging? Was there a common consensus in the decision-making process?

Scenario 1: During a home visit, Jamie (she/her), a Peer Specialist, notices bruising on Sam (he/him), an elderly man with limited hearing, sight, and mobility. Concerned, she asks about his well-being. Sam admits to falling and mentions that his nephew, who is supposed to help, is often too busy, leaving him without adequate support.

Scenario 2: Jada (she/her) was working with Marcus (he/him), a young man of 21 years, who had been using peer services for about six months. Jada and Marcus just started working together last month. She noticed that while she was trying to gain his trust and start a partnership, he had started to get more and more flirtatious. She oriented him to the goals of the peer support relationship, but it didn't seem to deter him. Jada wondered if she was doing something to lead him on, or whether he expected that all relationships with women were supposed to be romantic. She was starting to dread meeting with him.

Ethical considerations

Power differential

Understanding power differentials is important. The Peer Specialist should be aware that even though peer support work is reciprocal, there will always be a power differential between the individual participating in the service and the person providing the service.

This power differential can be positive if the peer feels confident in the Peer Specialist's knowledge and professionalism and if the Peer Specialist can maintain healthy boundaries. The power differential, however, as small as it may be, could also be damaging if the power is "over the individual" and not with the individual. The Peer Specialist needs to work on balancing the power as much as possible.

Dual relationship

Dual relationship is a term that describes when the Peer Specialist and the peer know each other from a personal context or other paid role. In these situations, there could be a potential conflict of interest.

In small or rural communities this might be unavoidable. If dual relationships are indeed unavoidable, the Peer Specialist will work with the supervisor to minimize the possible negative effects of it. If dual relationships can be prevented the peer might benefit from being reassigned to another Peer Specialist.

Confidentiality

Confidentiality can be a source of ethical dilemmas in peer support work. Peer Specialists are required to keep all documentation related to the person in services confidential, and to abide by HIPAA requirements. At the same time, there are limitations to confidentiality. The peer should be notified of these limitations during the first encounter with the Peer Specialist. These limitations need to be handled with care and discussed continuously in supervision. There are ways for the Peer Specialist to be transparent with the individual they're serving and at the same time adhere to federal and state requirements as well as the agency's policies.

The Department of Health created Ethical guidelines for peers that can be found on their website.

As a supervisor, you may have the opportunity to review Ethics and Boundaries with the people you supervise, every year. Many behavioral health licensure programs including the certified Peer Specialist credential renewal require a review of ethics and boundaries.

🔑 Key points

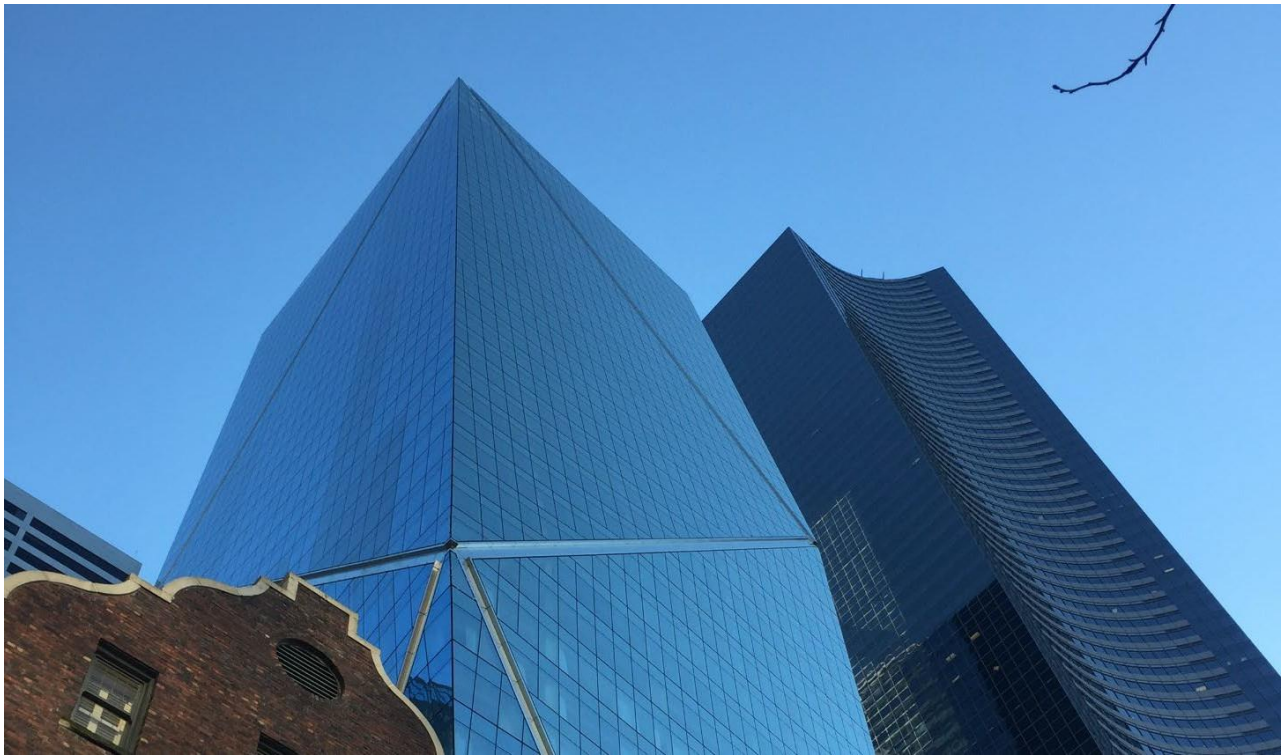
- The 12 core values of peer support can be found in the National association of Peer Specialists (NAPS) publication, “National Practice Guidelines for Peer Specialists and Supervisors”.
- The National Practice Guidelines serve as a foundation for peer support work, they educate supervisors around how to apply core peer support values in the supervision of Peer Specialists. These guidelines can be helpful in resolving ethical dilemmas and in setting healthy professional boundaries for peer support work.
- While some work-related situations can be potentially conflicting and challenging, the most helpful way in resolving them is ongoing and open conversations in supervision. For that to happen, the supervisor must create a safe environment for Peer Specialists to openly share their conflicts, and real-life, work-related dilemmas.

✔ **Skills check:** Work in pairs. Choose between the two scenarios below. One person will play the role of the supervisor, while the other will play the role of the peer specialist. As the supervisor, walk the peer specialist through an ethical decision-making process. Then, switch roles in the scenario. When you return to the whole group, discuss your experience as the supervisor. What worked well? What was challenging? Was there a common consensus in the decision-making process?

Scenario 1: A peer being supported by a Peer Specialist you supervise says to the Peer Specialist, “Hugs are an important part of my recovery—may I have a hug from you?” The Peer Specialist doesn’t want to disregard this important self-identified aspect of the peer’s recovery plan, but they don’t feel comfortable with the situation.

Scenario 2: A Peer Specialist you supervise works on your agency's employment support services team. The Peer Specialist is doing everything they can to help their peers access, obtain, and maintain meaningful employment as identified and desired by the peers themselves in their service plan goals. A peer says to the Peer Specialist, “You’ve been so helpful to me! Thank you! Would you be willing to be a personal reference for a job application? If so, I will need your email address and cell number.” The Peer Specialist feels like they’d be letting their peer down if they said “no” to this request, but they feel it’s outside of what they should be doing to support their peer.

Module 6: Onboarding and Retention



Introduction

Planning to hire new peer support staff can be difficult and time-consuming. Understanding what you are looking for in a new hire, writing a clear job description, and recruiting qualified candidates to apply is part of the planning process.

A planned onboarding strategy assists new Peer Specialists with clearly understanding their role and covers employee rights and agency expectations. A comprehensive onboarding process is critical to the success of the employee and organization.

The Society for Human Resource Management (SHRM) observes that “organizations with a standard onboarding process experience 50 percent greater new-hire productivity” (SHRM, n.d.). A mindful, onboarding experience can create a strong connection with the agency and increase retention and performance of peer support staff. Retention in turn benefits both the agency and the individuals and families in services.

If the onboarding process is rushed, it can lead to Peer Specialists not feeling valued, being confused about their role, burning out, and seeking employment opportunities elsewhere. Another key part of the onboarding process that is frequently overlooked is announcing new peer support staff members to the organization.

🔄 Learning objectives

- Describe key elements of planning to hire new Peer Specialists and effective peer support staff onboarding processes.
- Learn about ways to create career ladders for Peer Specialists that you supervise.
- Discuss strategies that prevent Peer Specialist burnout and ways to promote compassion satisfaction at work.

Planning for the implementation of peer services

Peer Specialists are increasingly employed in public health and behavioral health systems; however, service agencies often struggle with high turnover, burnout, and role clarity. Peer Specialists can be challenged by peer drift, and a scarcity of knowledgeable supervisors.

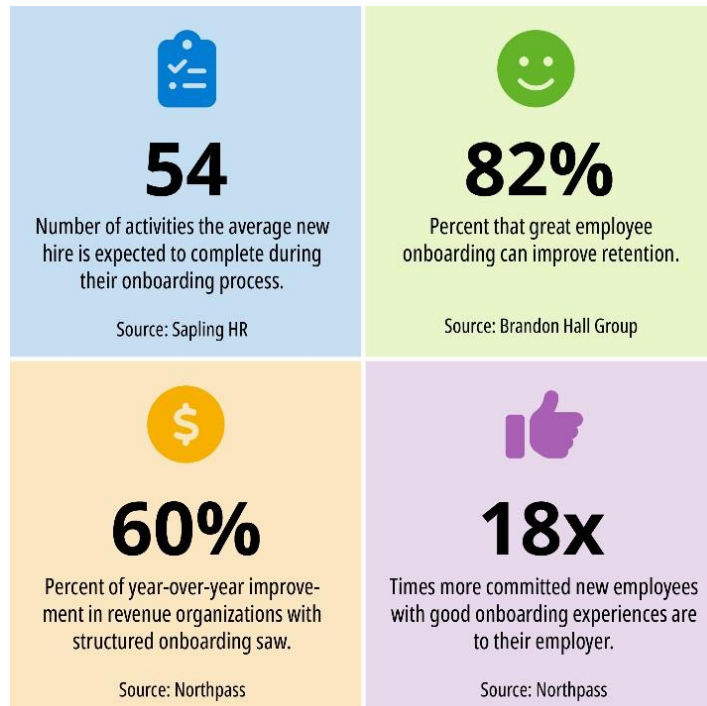
Role description

Creating a clear role description prior to hiring Peer Specialists is critical to a Peer Specialist's success and integration in the agency. Interview questions should be crafted to ensure candidates fit the need and role they are being hired for. This helps confirm that you are hiring individuals who match with the employer's mission, vision, values, and culture. The City of Philadelphia's Peer Support Toolkit includes sample interview questions (see Appendix). Also, see an example of an impact description for Peer Specialist positions, in the handout section.

Having a member of the team or organization with whom the Peer Specialist will work as part of the interviewing panel will allow for varied perspectives. Prepare and review questions that will be asked prior to interviewing candidates.

Clear role descriptors	Potential interview questions to find the right fit
Lived experience with recovery and understands there are many pathways to recovery	What does recovery mean to you?
Ability to partner with clinicians, case managers and front desk staff to ensure coordination of care	Why do you think it is important to partner with others who are providing care for someone you also support?
Values Diversity, Equity, Inclusion, Belonging, and Accessibility	How have you, or past employers implemented Equity, Diversity, and inclusion into the workplace?

Peer Specialist integration



Peer Specialists need to be part of the team and engrained in the organizational culture. This is why planning for the integration of Peer Specialists within the organization or program is valuable. Involvement will allow your organization to better recognize the benefits of peer work and for other staff members to appreciate the contributions of Peer Specialists. This inclusive culture is ideally adopted prior to the arrival of Peer Specialists. Your goal in planning is to ensure smooth and cohesive integration.

A supervisor who is also a Peer Specialist can aid other professionals in understanding what a Peer Specialist is, which can lead to more knowledgeable staff and team partners who can act as champions for peer support as they better

understand the value that Peer Specialists bring. Committed agency leaders are essential to the success of Peer Specialists and their supervisors.

Onboarding

Onboarding is the process of integrating a new employee into a program or organization through familiarizing them with the organization's expectations, policies, methods, and so forth. Onboarding is about making sure that the Peer Specialist can perform their role with confidence, understand where they fit in, and have knowledge of their strengths and areas of growth.

It is proven that great employee onboarding can improve retention significantly. Here are a few onboarding considerations that can help create an onboarding experience and a working environment that are both positive and helpful for new hires.

Onboarding considerations

Engage a supervisor who has experience in being a Peer Specialist to assist in the onboarding process. This helps the Peer specialist see that their role offers career advancement opportunities. This can also assist new staff in feeling more comfortable asking questions. Being supervised by a Peer Specialist also helps the peer staff in knowing they may seek support from someone who is familiar with the toll it can take from revisiting challenging life experiences and who has also faced the challenge of relying on personal stories to make connections.

An onboarding checklist assists in letting the Peer Specialist and supervisor know what to expect. You can find an example of an onboarding checklist and a comfort level evaluation form in the Appendix. A checklist with clear learning objectives and continuous check-ins on progress and troubleshooting early on can support a peer staff in feeling like they are on track for the timeline the employer has for them to start working more independently.

Shadowing another Peer Specialist is recommended (See Appendix). This can be helpful for the busy supervisor and can provide professional development opportunities for the peer providing the shadowing.

Consider various adult learning styles. Adult learners often learn from doing or being involved in using more hands-on practices. You can use tools like the VARK (See Appendix). VARK is an acronym for the four communication modes used for learning: Visual, Aural, Read/Write and Kinesthetic. Early in the onboarding process, the VARK can be used to identify what learning style(s) are most effective for your new hire. With this awareness, the supervisor can then tailor the onboarding process.

Use tools like the VARK, questionnaires, and a welcome buddy the first few days. This may provide a more enjoyable and thorough onboarding experience. Ensure that whoever is onboarding has continued access to new materials and information and provide ample time and space for them to ask questions and get feedback.

<p>Verbal</p>  <p>Words are your strong point. You prefer to use words, both spoken and written.</p>	<p>Visual</p>  <p>You prefer to use pictures, diagrams, images, and spatial understanding to help you learn.</p>	<p>Musical/ Auditory</p>  <p>You prefer using sounds, music, or even rhythms to help you learn.</p>	<p>Physical/ Kinaesthetic</p>  <p>You use your hands, body, and sense of touch to help you learn. You might “act things out”.</p>
<p>Logical/ Mathematical</p>  <p>Learning is easier for you if you use logic, reasoning, systems, and sequences.</p>	<p>Social</p>  <p>You like to learn new things as part of a group. Explaining your understanding helps you to learn.</p>	<p>Solitary</p>  <p>You like to work alone. You use self-study and prefer your own company when learning.</p>	<p>Combination</p>  <p>Your learning style is a combination of two or more of these styles.</p>

There are various onboarding styles to choose from once a Peer Specialist is hired, some of them formal and some more informal. Successful onboarding will depend on maintaining a style that reflects your organization or program’s culture, values, and expectations.

Regardless of the onboarding method, the supervisor must ensure mutuality and clear expectations of the program, department, and the agency. Using tools like the Introductory Peer Supervisor Questionnaire (See Appendix) can help the supervisor learn what works best for new staff. The supervisor can also utilize feedback surveys at the beginning and end of the onboarding process to continue enriching the new hire’s experience.

Over the course of onboarding, a Peer Specialist may move from needing a directive approach with clearly defined steps and timeframes to a more supportive approach. This is especially true as they become more comfortable, confident, and begin to take initiative independent of their supervisor.

Communicate regularly with the Peer Specialist and review the check list to understand any gaps in information that still need to be filled. Be particularly clear about ongoing expectations and boundaries.

Remember, as Peer Specialists are onboard, they should be supported by their supervisor(s), the staff they work with, and the organization as a whole.

Thoughtful onboarding provides Peer Specialists with the necessary information so they can feel confident in their new role. An organized onboarding process ultimately will set the peer support staff up for success in their role, on the team, and with the agency overall.

Career development

Prioritizing the growth and development of staff is fundamental. By supporting continuous education and professional development opportunities, supervisors can empower Peer Specialists in their roles. A commitment to the Peer Specialist's growth contributes to their personal and professional development.

Supervisors can aid Peer Specialists with career development and advancement. Initially, the Peer Specialists need to get familiarized with their role and develop proficiency in it. After accomplishing that they need to be offered opportunities for growth in their role and responsibilities. Strength-based supervision incorporates regular discussions on the Peer Specialist's career goals. If an agency is unable to commit to improving the Peer Specialist's career advancement there should be a discussion about supporting the Peer Specialist in considering a career path outside of the current workplace.

Continuous training and networking

Encourage and provide resources and opportunities for Peer Specialists to attend conferences, seminars, and networking events. These external events enable them to stay updated with the latest research, best practices, and innovations (California Mental Health Services Authority, 2023).

Washington State's Health Care Authority (HCA) has multiple continuing education courses on its website. Peer Specialists may also benefit from attending Washington State's annual "Peer Pathways" conference and getting involved with the Washington Peer Network and other peer run events in their communities.

Career ladders

Career ladders can have several directions. One direction of growth can be achieved by a lateral move. A Peer Specialist can work in a different department or with a different team or split their time between working in the community and in an agency.


Another direction for career advancement opportunities can be accomplished by the agency having a tier system with opportunities for the Peer Specialist to become a team lead, supervisors, program managers and other senior leadership positions such as a director of recovery services. The Peer Specialist's expertise will further benefit organizations when they are integrated at all levels.

The Mental Health Association of San Francisco offers additional suggestions for supervisors of Peer Specialists:

- Consider having step levels of advancement within a position as well as clear steps up the ladder to other positions.

- Advocate for an organization policy statement that recognizes the value of lived experience in all positions.
- Create more advancement possibilities by placing equivalency value on lived experience in lieu of education.
- Clearly define the performance standards required for advancement. Some examples include increased job responsibilities, increased numbers of individuals/families to work with, working independently, etc.
- Assist the Peer Specialists in identifying the skills needed for advancement. Create a skill development plan targeting areas for growth, such as better time management, increased participation in staff meeting, improved writing skills, etc.; and
- Provide information and feedback about how current job responsibilities differ from the responsibilities required for jobs at the next level.

As a supervisor, be prepared to advocate for livable wages, merit increases, and salary increases for peer support staff.

 **Reflect and look deeper:** Consider how your onboarding process(es) went as a new peer support staff. What worked well for you? What didn't work so well for you? How might you adapt your onboarding process as a supervisor of Peer Specialists?

Promoting self-care and compassion satisfaction

Promoting and supporting self-care and wellness for Peer Specialists is one of the most important things supervisors can do to create a successful, sustainable team.

All employees working in behavioral healthcare, both Peer Specialists and non-peer-identified, tend to be at high risk of burnout and compassion fatigue. Work diligently to mitigate these common pitfalls, beginning with building a work culture that encourages holistic wellness. This will enhance the staff's ability to thrive in their work environments.

Ideally, proper self-care and a supportive work environment can promote compassion satisfaction and prevent burnout and compassion fatigue.

Consider encouraging the Peer Specialist you supervise to complete the Self-Care Check-in Questionnaire (See Appendix) and encourage them to explore effective self-care strategies.

While promoting and encouraging self-care is helpful, by itself it is insufficient. Supervisors should be on the lookout for signs of burnout and compassion fatigue (See Appendix) and understand self-care must not be solely placed on individual staff members.

Commonalities of burnout and compassion fatigue include emotional, mental, and physical exhaustion. Other commonalities are a reduced sense of meaning in one's work and an increase in isolation.

Terms related to self-care

Burnout: A state of emotional, mental, and often physical exhaustion brought on by prolonged or repeated stress.

Compassion fatigue: A form of stress that arises from frequent contact with traumatized people, or those experiencing emotional distress, where one becomes preoccupied with the suffering and pain of others. Compassion fatigue has a more rapid onset, while burnout emerges over time. Signs of compassion fatigue can be sleep disturbance, depression, cognitive ability decrease, impaired judgement, loss of hope, loss of morale, loss of self-worth.

Compassion resilience: The ability to maintain emotional, mental, and physical well-being while compassionately supporting others through the challenges of daily work. It involves maintaining empathy, strength, and hope in the face of adversity while taking steps to prevent compassion fatigue.

Compassion satisfaction: The positive feeling you derive from being able to do your work well, to receive gratification and reward from the supporter role. Fostering compassion satisfaction lessens burnout and compassion fatigue.

Vicarious trauma: The result of prolonged exposure to others' trauma; this can deeply affect a person's identity, worldview, and relationships.

Ways to **promote compassion, positive resilience, and satisfaction** within your workplace:

- Provide proper training and continuing education
- Aim to be supportive as coworkers and supervisors
- Advocate for and be a workplace that invests in staff wellness
- Give encouragement to speak up
- Give encouragement to make autonomous choices

Moreover, consider inviting your staff to complete the Professional Quality of Life (ProQol) scale (See Appendix). This tool measures both the negative and positive effects of working with those that have experienced trauma, and it has subscales for compassion satisfaction, burnout, and compassion fatigue.

Proactive steps to address burnout and compassion fatigue help create a supportive environment, mitigate its impact and foster a workplace culture that prioritizes mental health and wellness. In preventing these adverse situations, you can better nurture compassion and satisfaction among the Peer Specialists you supervise.

Consider these ideas to promote team's wellness

Prioritize work-life balance: Encourage a culture that values time off, flexible work arrangements, and reasonable working hours. Share your self-care routines and show that taking breaks is acceptable and essential for workplace well-being.


Encourage physical activity: Organize team walks or fitness challenges. If possible, have standing or walking meetings or schedule group yoga classes.

Promote healthy eating: Provide nutritious snacks and encourage mindful eating habits. Discuss how healthy eating contributes to your well-being.

Address mental health: Normalize mental health discussions in the workplace. Share resources for stress management, and make sure your team knows they can come to you if they need support.

Foster a culture of empathy and kindness: Show kindness and understanding towards your team members and encourage a supportive work environment.

Take time for yourself when needed and demonstrate how self-care is beneficial and essential for workplace well-being and productivity.

 **Suggested activity:** Get into groups of two or three and discuss the following question: Given what you have learned, what strategies might you use to promote self-care and compassion satisfaction for the Peer Specialists you supervise?

Write your answers on a large sheet of paper and be prepared to share your answers with the larger group.

🔑 Key points

- An intentional onboarding plan helps ensure Peer Specialists approach their new roles with confidence and with an understanding of how their contributions make a difference on their team. It also fosters awareness of their current strengths and opportunities for professional growth.
- Career development opportunities for Peer Specialists not only supports retention and workplace satisfaction, it assures better service for the individuals, families and communities that your agency serves.
- Making self-care a priority in the work environment helps prevent burnout and compassion fatigue while encouraging and promoting compassion satisfaction. As a supervisor you want to engage in continual strategies to support your team in their self-care journey and model self-care as an ongoing practice.

🕒 **Reflect and look deeper:** How do you care for you? It's often easy to pass along well known self-care practices and ideas, but prioritizing our own well-being and practicing personally meaningful self-care also takes intentional planning and specific action.

In what unique ways can you, or do you, care for yourself? Why is caring for yourself in this way important to you? What personal rewards or benefits do you derive from caring for you? How might you encourage Peer Specialists you supervise to care for themselves?

✔️ **Skills check:** Idea toss. Each participant writes one take away from this module on a notecard and tosses it in a pile. They then grab one and read it out loud and explain what it means to them. Next, the person who wrote the note will explain what it means to them.

Tip: Remember someone else will be reading yours so try to be clear so they can interpret or try to understand your meaning.

Module 7: Documentation



Introduction

Part of the role of a supervisor is to train new Peer Specialists in the style and nature of peer documentation using the Electronic Health Record (EHR), if available. Supervisors monitor the Peer Specialist's documentation to make sure it is done in a manner that reflects both agency and/or state requirements as well as the values and practices of the peer support role.

This module will discuss elements of the peer support note, other documentation that is done by Peer Specialists, and how supervisors can guide Peer Specialists in documenting their encounters with peers.

Although the focus of this module will be on settings that require documentation, especially Medicaid reimbursed ones, we will also touch on documentation in peer support settings that do not require documentation, do not use electronic health records as part of their documentation or altogether choose not to document.

Learning objectives

- Define necessary elements for peer support documentation and how they differ from clinical notes
- Explain how supervisors can strengthen Peer Specialists' documentation skills and what to watch for as a supervisor, including in writing supervision notes
- Make an informed decision about the need to document and some crucial reporting elements

Peer documentation

Peer Specialists have a different role than clinicians or case managers, and their documentation will reflect that. Peer support doesn't deal with symptom management, medication, or any kind of compliance. Peer support notes use the language of ordinary human experience to describe what peers say and do while capturing peer voice and choice. While the clinical note must bring forward diagnosis, symptoms, compliance or barriers, the peer support note focuses on recovery and wellness, resiliency, and strength, centering the peer's goals and voice.

As a trauma-informed provider, a Peer Specialist will avoid using language that is judgmental, disrespectful, or dehumanizing. Peer support notes focus on strengths and possibilities, telling the peer's story in simple, clear language.

When Peer Specialists write any kind of note or documentation, they want to consider that this document can be requested by the individual receiving these services and read by them. A best practice is to write the note the way that you'd like others to document services for you.

Types of peer support documentation

Progress notes

A commonly used note format is the DAP format. The DAP acronym refers to: Data, Assessment, Plan. Plainly speaking, this acronym accounts for "what happened today," "how today connects to the goal(s)", and "what happens next." The DAP format can be implemented outside of EHR systems. It is important to emphasize that the Peer Specialist wants to make efforts to involve the peer participating in the service with the note writing. The peer and the Peer Specialist can write the note together, this can be referred to as "concurrent documenting". Also, the peer is the one assessing their progress towards the goals, not the Peer Specialist. The peer is the expert on their life and experiences, not the Peer Specialist.

Data

- What happened, what was said (quotes)
- What you noticed (without judgment)
- What you did (the "intervention")

Assessment

- Refer to one or more goals
- Describe progress toward goal(s)

Plan

- Next steps toward goal
- May include continuing services

Service planning documentation

Peer Specialists may have a role in supporting a service plan for peers. Regardless of who is leading or directing the service plan from the agency, remember that the true main lead is the individual seeking services: the peer. The Peer Specialist partners with the peer to identify their goals and the steps necessary to achieve them.

When a supervisor reviews a service plan, they look for several components, starting with the goals.

Goals should be specific, measurable, achievable, realistic, and timely (**SMART**):

- **Specific:** Clearly define your goal and make it specific to the peer
- **Measurable:** Break down your goal into feasible steps or benchmarks so progress may be tracked, accounted for, and celebrated
- **Achievable:** Make sure your peer has the capacity to reach the goal
- **Realistic:** The goal should be within reach given the resources and timeframe available
- **Timely:** Set a specific period within which you plan to achieve your goal

Additionally, a service plan ideally considers the frequency and duration of the services or the intervention. Frequency accounts for how often services will be offered (such as weekly), and duration accounts for overall timeframe. SMART goals have appropriate frequency and duration.

Group notes

There are many similarities between individual notes and group notes, but group notes need to detail how the group is supporting the individual's or the family's goals, and progress, or lack of progress, toward it.

The group note can describe the interactions among peers, bearing in mind that other peers' responses must be confidential while working per HIPAA regulations.

To learn more about the Peer support modality reporting and billing visit "Service Encounter Reporting Instructions (SERI)" at <https://www.hca.wa.gov/billers-providers-partners/program-information-providers/service-encounter-reporting-instructions-seri>.

Incident reporting

An incident report is completed any time a Peer Specialist witnesses or participates in a critical incident. The supervisor must ensure that Peer Specialists understand the incident reporting process, and how and when to complete incident report forms.

Critical incident examples:

- Death of a peer, staff, or visitor
- Suicide/self-harm attempt
- Serious injury (Injury requiring medical attention)
- Patient rights
- Sexual harassment
- Communicable disease
- Facility event (fire, theft, earthquake, etc.)
- Credentialing issues
- Emergency services called to premises
- Litigation
- Other (to be specified by supervisor or employee)

Incident reports are not filed with the Electronic Health Record (EHR). They are kept in a separate file, apart from peer medical records or employee personnel records.

A copy of an incident report might be forwarded to the personnel files if the incident involves an employee who will experience disciplinary action as a result. If you place incident reports in personnel files, ensure that no peer-identifying information is in the report.

The golden thread concept



The “golden thread” is the connection between the peer’s goals and the services provided. The golden thread begins with the presenting challenge and is followed by the goals to overcome that problem or achieve that goal.

Progress notes need to demonstrate how the golden thread is maintained from service planning to the actual work with the peer.

How supervisors can support Peer Specialists with documentation

As mentioned, the supervisor will work with new employees to help them understand the agency’s documentation policies, system and EHR. When Peer Specialists are new to the agency or have little former experience in writing documentation, they may need sizable support when they first begin actual documentation, or they may need just a little guidance.

If you are unsure of what a Peer Specialist was taught in their training due to changing curriculum, ask the Peer Specialist about it, so you know what gaps need to be filled. Offer to sit in with the Peer Specialist when they start their first note to be sure they understand the software or EHR, if used.

Even after the Peer Specialist is familiar with the system, it is important that the supervisor keeps monitoring the documentation. Some Peer Specialists will be able to work independently, and others may need a little “tune-up” or coaching. Check everyone’s work occasionally, to be sure it remains consistently ethical, timely and complete.

When reviewing documentation, look for the following components in the peer support notes

- What happened? What has the peer or family done since you last met?
- How is the peer feeling? Is the peer still showing interest in working with a peer?
- What did the Peer Specialist observe? Anything different or unusual?
- Is there a quote from the peer?
- What did the Peer Specialist do (the intervention)?
- Are there any referrals?
- Did the Peer Specialist share relevant parts of their recovery story?
- What is the peer’s goal, and did they make progress toward that chosen goal?
- What happens next?

As you review notes for important points, check if the peer is active in writing the note. Peer Specialists want to encourage peers to take an active role in the note writing process. Look for evidence of such collaboration.

The supervisor's responsibilities for documentation

Ensure role clarity in documentation: It's crucial that Peer Specialists understand the distinction between clinical documentation and peer support documentation. Supervisors must regularly review documentation to ensure that it reflects the non-clinical nature of the Peer Specialist role.

Example for supervisors: During a documentation review, if a Peer Specialist has written something clinical, like "observed signs of depression," guide them to instead document: "Peer expressed feeling low and was encouraged to join a support group for emotional wellness."

Provide regular feedback and guidance: Supervisors should review documentation frequently, especially for new Peer Specialists, and provide feedback on maintaining ethical boundaries in written records. Use feedback sessions to emphasize the importance of documenting factual, non-clinical support provided.

Example for supervisors: In your recent documentation, I noticed that you used the term 'assessed the peer's anxiety.' Let's reframe this so that it reflects your role more accurately. Try documenting the interaction like this: 'Discussed coping strategies for managing anxiety, shared personal experiences, and provided resource suggestions for support groups.'

Focus on ethical documentation: As a Peer Supervisor, you are responsible for ensuring that Peer Specialists adhere to the Peer Code of Ethics, especially when it comes to maintaining confidentiality and documenting sensitive information appropriately. Encourage documentation that is respectful, nonjudgmental, and professional.

Example for supervisors: It's important that documentation reflects respect for the peer's experience without crossing into clinical territory. In this example: 'The peer seemed distressed, and I offered emotional support,' consider documenting instead: 'The peer expressed concerns about their current situation, and I listened and provided resources for further support.'

Train and reinforce documentation timeliness: Ensure that Peer Specialists complete documentation as soon as possible after sessions. Documentation delays can lead to incomplete or inaccurate records, which could pose risks to both the peer and the Peer Specialist.


Example for supervisors: I noticed that your last session's documentation wasn't completed until a week later. To ensure accuracy, try to complete your notes within 24 hours of the session while the details are fresh. This also ensures we're aligned with organizational policy."

Documentation audit for compliance: Supervisors should perform periodic audits of Peer Specialist documentation to ensure that it complies with organizational policies and legal requirements such as HIPAA. If discrepancies or issues arise, address them promptly and offer corrective training if necessary.

Example for supervisors: During our documentation audit, we found some entries that didn't follow our confidentiality standards. Let's schedule a refresher session on HIPAA compliance and documentation protocols to ensure we're all adhering to best practices."

Supporting Peer Specialists in crisis documentation: Supervisors must guide Peer Specialists on how to document crisis situations appropriately, ensuring that facts are presented without clinical interpretation. In crisis documentation, focus on actions taken, referrals made, and any immediate resources provided.

Example for supervisors: In crisis situations, it's important to stick to the facts without diagnosing the situation. Instead of writing, 'The peer had a panic attack,' you could document, 'The peer reported feeling overwhelmed and was offered resources for a crisis hotline.' Referred the peer to clinical staff for further support.'

 **Suggested activity:** In small groups, review the progress notes below. What's missing from these notes? How would you coach the Peer Specialist to improve their documentation skills based on this sample.

Progress note scenario: Lisa learns about housing options

Recovery goal: Lisa wants to learn about housing options in the community with the support and assistance of her Peer Specialist from the housing team.

D (Data): Lisa came to the office 20 minutes late for our peer support appointment.

A (Assessment): I asked Lisa if she was taking her medications as prescribed by her mental health provider. Lisa seemed fully oriented to time and place.

P (Plan): I told Lisa about her current housing options and that I would look up housing options for her later today after our appointment. I also told Lisa how important it was to be at our appointments on time.

Supervisor tips for documentation

Tips drawn from the Philadelphia toolkit (referenced in Appendix E).

- Facilitate group discussions on how to make completing the paperwork feasible.
- Identify specific times of the day and week dedicated to completing paperwork.
- Identify a structure for progress notes that will be easy to follow.
- Create templates that will be quick and easy for peer support staff to update.
- Ask Peer specialist to complete a self-assessment tool to explore their attitudes, beliefs, strengths, and challenges related to documentation. This tool can be used to help guide any training and support needs.
- Ensure that Peer specialist understand why the documentation is important beyond meeting regulatory requirements.
- Work with peer support staff to identify documentation strategies based on individual strengths and skills.

On the decision to document or not document

Situations wherein you may question whether to document or not may arise.

Potential situation: A peer requests a Peer Specialist to not document parts of the meeting. Peer Specialists are taught to consider several factors if a peer asks them not to document something. First, is there a law that covers the activity being discussed? Second, is the individual under a court order for treatment? A supervisor needs to know what the person is required to do by the court, and what the Peer Specialist is required to report to that court.


Consider if the person or a family member is under supervision by the Division of Children and Families (DCF). If so, consider whether the clinical service provider needs to know. Is there an RCW or WAC that describes this activity? Follow applicable RCWs and WACs (See more in the Mandated reporter instructions in module 5).

Finally, does the rest of the team need to know this information? It is possible that the Peer Specialist might agree not to document but would verbally tell other members of the team. When a request to not document comes up in supervision it is crucial to guide the Peer Specialist through all the considerations that were brought up here.

Potential situation: The service is performed in a non-Medicaid setting or with no documentation requirements.

In these instances, it is still possible that there is a need for some type of documentation. Supervisors will need to educate the Peer Specialist on the nature and policy related to the documentation.

Documentation must follow the peer values regarding language used and protecting the voice and choice of the peers. Good documentation can help with protecting the peer and the agency, and in some situations, good documentation may also elevate concerns or information to the appropriate authority as needed.

 **Reflect and look deeper:** Consider how it was for you to learn documentation. What worked best for you? How will you adapt your teaching style to match the learning style of the people you supervise?

Why does documentation matter? It serves as a **memory aid, improves coordination of care, tracks progress goals and allows for reimbursement.**

Supervision notes

Effective supervision includes documentation of supervisory conversations. In essence, these notes are reflections, discussion points, and possibly next steps.

The use of a supervision note serves as a record of a supervision conversation between the supervisor and the employee. The supervision note includes the types of peer supervision offered, and may include comments about workplace satisfaction, workload, and discussions around things such as the importance of work-life balance.

During supervision, the supervisor models the skillsets they'd like to see from the Peer Specialist including mutuality, self-care, person-first language, cultural humility, and more.

The supervision note is always shared with the peer and can be edited or discussed further (Paul, pg. 267).

The handout section includes a suggested supervision form following the idea of How to C.R.E.A.T.E. (Connect, Recognize, Encourage, Acknowledge, Train, Empower) a supervision environment for Peer Specialist success.

🔑 Key points

- As a supervisor you want to be familiar with the unique elements of the peer support note, guided by the Peer Specialist role and values and the language associated with those.
- Supervisors can guide the Peer Specialist in writing accurate and timely notes by making sure they are aware of the type and nature of notes they are required to write and the agency's EHR and policies.
- Peer Specialists are typically required to write progress notes, elements of the service plan and sometimes group notes or incident reports. As a supervisor you are responsible for providing the initial training for the Peer Specialist about all the documentation needed and monitor the ongoing documentation done by the Peer Specialist.

✔ **Skills check:** Discuss these questions as a large group: What is your current process of working with a new Peer Specialist on documentation? Would you change anything after this training? Are you following the supervisory checklist for documentation? Do you have another perspective on notes now that you're a supervisor compared to the time you were working as a Peer Specialist?

Glossary

Advocacy: Acting and speaking out on behalf of, and in partnership with, individuals experiencing challenges, to promote their rights and interests, work to remove barriers to supportive services, and to ensure the expressed desires, wishes and needs of participants are being met.

Approved supervisor: (a) Until July 1, 2028, a behavioral health provider, with at least two years of experience working in a behavioral health practice that employs Peer Specialists as part of treatment teams; or (b) A certified Peer Specialist who has completed: (i) At least 1,500 hours of work as a fully certified Peer Specialist engaged in the practice of peer support services, with at least 500 hours attained through the joint supervision of peers in conjunction with another approved supervisor; and (ii) has taken the training developed by HCA for supervisors.

Behavioral health: The promotion of mental health, resilience and well-being, including the treatment of mental health and substance use disorders, often with the support of those who experience and/or are in recovery from these conditions, along with their families and communities.

Certified Peer Specialist trainee: An individual working toward the supervised experience and written examination requirements to become a certified Peer Specialist. May practice only under the supervision of an approved supervisor.

Certified Peer Specialist: An individual who successfully completed the experience requirement of at least 1,000 supervised hours as a certified Peer Specialist trainee engaged in the volunteer or paid practice of peer support services.

Colonization: The practice of domination of another culture. Colonization occurs when a country or other entity violently invades another and claims land as its own. During colonization, new inhabitants move in, displace, control, and oppress indigenous peoples.

Compassion: An act or feeling of empathy and care; to suffer together. Among emotion researchers, it is defined as “the feeling that arises when you are confronted with another’s suffering and feel motivated to relieve that suffering.”

Compassion-informed care: A methodology of care that recognizes and acknowledges existing trauma(s) and focuses on an individual’s strength and resilience. A compassion-informed approach is based on encouraging open conversation by listening to people’s stories and building trusting, respectful relationships.

Culturally competent: Understanding, respecting, and effectively working with people from different cultural backgrounds. It means being aware of and sensitive to each person’s unique beliefs, values, and traditions, as well as being mindful of systemic issues such as racism, discrimination, and privilege that can affect mental health and substance use recovery. It’s about equally providing inclusive, respectful peer support for everyone, regardless of their cultural background.

Cultural considerations: Behaving in a way that acknowledges how an individual’s cultural background may influence beliefs, values, behaviors, and perceptions of recovery and well-being. Cultural considerations may influence an individual’s mental health and substance use recovery, as well dictate the peer support relationship.

Culturally intelligent: Having the awareness, knowledge, and skills to effectively understand, respect, and respond to the diverse cultural backgrounds of individuals and communities. This

requires ongoing learning, practice, and a commitment to valuing diversity and promoting equity and inclusion. It can help individuals and communities receive high-quality, culturally responsive care tailored to their unique needs and experiences.

Cultural humility: A process of openness, self-awareness, disregarding egos, and incorporating self-reflection and critique after willingly interacting with diverse individuals. The results of achieving cultural humility are mutual empowerment, respect, partnerships, optimal care, and lifelong learning. Cultural humility involves a change in the overall perspective and way of life. Employing cultural humility means being aware of power imbalances and being humble in every interaction with every individual. This process will not happen immediately, but it is speculated that with time, education, reflection, and effort, progress can be made.

Cultural responsiveness: The ability of service providers, systems, and interventions to understand, address, and appropriately and dynamically serve the needs of individuals from various cultural backgrounds. It requires an ongoing commitment to learning, self-reflection, and supportive collaboration with individuals, families, and communities.

Critical thinking: The disciplined process of actively processing information, with the intention of deliberately trying to suspend one's own judgements. Critical thinking involves conceptualizing, analyzing, synthesizing, reflecting on, and/or evaluating information.

Decolonization: The process of examining oppressive beliefs about indigenous peoples. In practice, decolonization releases oppressive methods and supports indigenous peoples in reclaiming land, culture, language, community, family, history, and traditions that were, and may continue to be, taken away through the process of colonization.

Empathy: An emotional connection that is created by “putting ourselves in the other person's shoes,” a state of understanding via shared experiences and sympathetic perspective.

Equality: The state of all people having equal value in terms of status, rights, and opportunities.

Equity: An ideal that promotes overall fairness wherein all people start from the same place and receive commensurate opportunities and resources regardless of status, background, culture, socioeconomic status, etc. Equity differs from equality in that an individual or group's specific needs are considered in affording opportunities and resources.

Evidence-based practice: Programs or practices that effectively integrate the best research evidence, while considering cultural factors and the values of the person or family participating in services. These programs or practices will have consistent scientific evidence showing improved outcomes for program participants or communities.

Explicit bias: Conscious and intentional attitudes, beliefs, or preferences individuals hold about different groups of people based on their race, ethnicity, gender, sexual orientation, age, ability, or other social identities.

Generosity of assumption: The practice of extending someone the most generous interpretation of their intent, actions, or words through the removal of bias, judgement, or inference.

Harm reduction: The approach of focusing on minimizing the negative consequences associated with potentially harmful behaviors rather than eliminating the behaviors entirely.

Holding space: The concept of being with someone without expectations or a desire to fix or save. It means that we choose to be fully present without taking the other person’s power away. When we are holding space for someone, we are humble, and we mindfully challenge any judgements or assumptions we may find stirring up for us.

Humility: An attitude of nonjudgement; an open-minded approach to a person or situation knowing that there is much we don’t know or understand, and we are not better than anyone else.

Identity-first language: A language term born from the Disability Pride movement, because it is something to be embraced, proud of, and not shamed for. The descriptor is in the identity category. For example, “Autistic” is preferred over “person with autism.” “Deaf person” is preferred over “person with deafness.” (This is common with specific disability communities.)

Implicit bias: Judgements, prejudices, and attitudes that live deep in one’s subconscious and affect actions, assumptions, and understanding.

Intentional: Something done with purpose, deliberately and consciously.

Intersectionality: Intersectionality refers to the idea that people have multiple, intersecting aspects of their identities (such as race, gender, sexual orientation, socio-economic status, etc.) that can impact their recovery experiences, access to supportive services, and overall well-being. Peer Supporters and their supervisors should strive to recognize and consider these intersecting identities and how they interact. Awareness of intersectionality can help Peer Supporters address the unique challenges participants might face while encouraging opportunities for individuals to receive the most relevant and uniquely person-centered peer support.

Lived experience: In the context of mental health and substance use, having personal experience with mental health, substance use, and/or trauma issues.

Medical model: A model of care that tends to define recovery in negative terms. Symptoms and complaints need to be eliminated. illnesses need to be cured or removed. Patients need to be relieved of their conditions and returned to their premorbid, healthy, or more accurately not-ill state.

Peer: A person with whom we identify in some capacity. This can include anything from age to gender to sexual orientation to shared language. In the behavioral health field, peer can also mean an individual who participates in services. Parents may be referred to as peers when they are in a peer relationship with another parent.

Peer-delivered services: Services delivered by people with lived experience, while holding a peer or mutual approach. These services aren’t always formal peer support. Some examples of peer-delivered services are employment counselors, substance use counselors, job coaches, peer navigators, clerical workers, or organizational leaders.

Peer drift: A phenomenon when, over time, the work of Certified Peer Specialists begins to resemble the work of clinicians on the team, taking on quasi-clinical roles rather than practicing as Peer Supporters according to peer support guidelines and standards. This can become the result of being embedded in a clinical or medical culture where peer staff inadvertently become over-professionalized and begin to function as junior clinicians or case managers.

Peer support: A therapeutic activity that encompasses a range of activities and interactions between people with shared similar experiences around mental health, substance use, or both; or a rang of

activities and interactions between the parent or legal guardian of a child who has lived experience with mental health, substance, use or both. This support is provided by Peer Supporters – people who have “lived experience” and have been trained to assist others in initiating and maintaining long-term recovery and enhancing the quality of life for individuals and their families. Peer support services are inherently designed, developed, delivered, evaluated, and supervised by peers in long-term recovery (White, 2009).

Peer Specialist: An individual with a life-altering lived experience of psychiatric, substance use, or other challenges who has made a personal commitment to his or her own recovery and has a desire to use what was learned from one’s own lived experiences to assist others with similar experiences.

Person-centered: A process of service delivery that puts the person receiving services in the center of their own care. This means professionals see the person as an expert on their own life. This means that professionals continually keep them at the center of all decision-making that affects their well-being.

Person-first language: A style of communication that puts the person before the diagnosis. This is about avoiding labels to identify a person. For example: Person with diabetes, instead of “diabetic.” Or person with schizophrenia, instead of “schizophrenic.”

Recovery: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Recovery capital: The internal and external resources that support a person's recovery: The resources inside and outside a person that can help them recover from behaviors that they perceive as problematic.

Recovery model: A whole-person approach that emphasizes the idea that recovery from mental health and substance use challenges is a reality and is possible for everyone without limitation. Recovery is a profoundly personal journey that is unique to the individual. This model encourages individuals to draw upon their strengths and support, take control of their recovery process, and build and strengthen their resilience as they live personally meaningful and rewarding lives in the communities of their choosing.

Social determinants of health: “The social determinants of health influence the health of populations. They include income and social status; social support networks; education; employment/working conditions; social environments; physical environments; personal health practices and coping skills; healthy child development; gender; and culture.” (The Public Health Agency of Canada)

Tokenism: The practice of superficially engaging individuals with marginalized identities without empowering them with real decision-making abilities, often for the sake of appearing diverse or inclusive.

Trauma: Any wound, mental, physical, emotional, or psychological, usually stemming from an event or series of events antithetical to one’s beliefs, health, values, etc. In peer work, trauma generally refers to the psychological feeling of overwhelm and helplessness that may follow a traumatic event or series of events. An event is considered traumatic when our experience of it overwhelms our capacity to cope with, process or integrate it. Traumatic events can be difficult to define because the same event may be more traumatic for some people than for others – i.e. they may overwhelm.

Trauma can result from a single distressing event (e.g., car crash, violent assault, death of a loved one, war or natural disaster) or from a long-term, chronic pattern (e.g., ongoing childhood neglect, sexual or physical abuse).

Trauma-informed approach: A course of action by a person or agency with deliberate intention to create an environment that is very safe for anyone who has a trauma history and can be triggered and re-traumatized. Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. A trauma-informed approach reflects adherence to six key principles that apply across multiple types of settings: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; and cultural, historical, and gender issues.

Worldview: The lens through which one sees the world, based on all one's past life experiences.

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- Supervisor Tips for Documentation pg. 257
- Documentation Self-Assessment Tool Facilitator's Guide pg. 258
- Documentation Self-Assessment Tool pg. 259

California Mental Health Services Authority. (2023). <https://www.calmhsa.org/>

The Health Care Authority (HCA): Multiple continuing education courses on their website: <https://www.hca.wa.gov/billers-providers-partners/program-information-providers/peer-counselors>

Washington State's annual "Peer Pathways" conference: Washington Peer Network and other peer run events in their communities, <https://washingtonpeernet-work.org/>

The Mental Health Association of San Francisco offers additional suggestions for supervisors of Peer Specialists: <https://www.mentalhealthsf.org/wp-content/uploads/2018/10/MHASF-Peer-Support-Toolkit-Module-3.pdf>

Module 7

SERI Guidelines:

<https://www.hca.wa.gov/billers-providers-partners/program-information-providers/service-encounter-reporting-instructions-seri>

Recovery support services [WAC 246-341- 0718](#)

Paul, pg. 267: Share! 2020 Conference on supervision presentation: Supervision and co-supervision for family peer support, Tammi S. Paul, deputy director, Oregon family support network (OFSN)

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<https://www.hca.wa.gov/assets/billers-and-providers/certified-peer-counselor-training-handbook-youth-family.pdf>

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<https://psycnet.apa.org/record/1999-03053-003?doi=1>

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Supervisor Checklist for Peer Specialists
https://spotlightonmentalhealth.com/wp-content/uploads/2024/07/supervisor_peer_supporter_checklist-1.pdf (This resource is offered with generous permission by Pat Deegan, PhD & Associates, LLC - <http://www.patdeegan.com>)

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Project Implicit

Project Implicit is a research initiative launched in 1998 by Harvard University that aims to explore and better understand implicit biases. The mission of Project Implicit is to educate the public about bias and to provide a “virtual laboratory” for collecting data on the internet. Project Implicit scientists produce high-impact research that forms the basis of our scientific knowledge about bias and disparities.

The Implicit Association Test (IAT) measures attitudes and beliefs that people may be unwilling or unable to report. The IAT may be especially interesting if it shows that you have an implicit attitude that you did not know about. At the link listed below, you may access and take the Implicit Association Test (IAT) to help uncover any unconscious biases they may have by measuring the strength of associations between concepts (e.g., ability, gender, religion, race, weight, or age) with evaluations (e.g., good, bad).

Project Implicit’s tools and research are intended to shed light on stereotypes and hidden biases and inform further discussions on discrimination and social justice. It also allows the test taker to gain greater self-awareness and understanding of the unconscious aspect of social attitudes.

<https://implicit.harvard.edu/implicit/takeatest.html>

Questionnaire for understanding communication styles and preferences

General communication style:

- How do you prefer to communicate (e.g., in-person, email, phone, instant messaging)?
- What time of day do you feel most comfortable having important conversations
- How do you typically respond when you're given new information?

Giving and receiving information:

- How do you prefer to receive feedback (e.g., written, verbal, formal, informal)?
- What’s the most effective way for you to give feedback to others?
- Do you prefer detailed information upfront or a brief overview followed by more details as needed?
- How do you like to be updated on progress or changes in plans?

Recognizing signs of distress:

- What are some signs that you are feeling stressed or upset that others could be aware of?
- How would you prefer someone to approach you when they notice you seem upset? What would be supportive? What would not be supportive?

Celebration and recognition:

- How do you like to be recognized for your accomplishments (e.g., public acknowledgment, private praise, written notes, small gifts)?
- What makes you feel most appreciated and valued at work?
- How do you prefer to celebrate team or personal milestones?

Personal values and preferences:

- What are your core values that you bring to your work?

- What motivates you and keeps you engaged in your role?
- How do you like to approach problem-solving and decision-making?
- What are your top priorities when it comes to your professional development?

Stipend calculator

The Washington State Office of Equity has Community Compensation Guidelines, and a Lived Experience stipend calculator found within its Resources page. Community compensation guidelines were developed to remove barriers and reflect co-creation of policies with communities for communities.

Guides and links to additional resources can be accessed at the Office of Equity website:

<https://equity.wa.gov/index.php/resources/community-sompensation-guidelines>

Positive experience with supervision

I had only been at my job for about a year and, while I liked it, I wasn't sure if it was where I wanted to stay long-term. There was a legislative issue important to me, so I took the day off to testify against a bill. Our CEO, who was planning to testify in favor of the bill, found out and reached out to me to set up a meeting. During our meeting, she asked why I opposed the bill and explained how its passage could benefit our company.

I was incredibly nervous and worried she would tell me I couldn't testify or that my job was at risk. However, she listened attentively to my reasons for opposing the bill and then reinforced the importance of civic engagement. She assured me that if I wasn't representing the company, she supported my right to have a voice on issues that mattered to me.

A year later, when similar legislation was introduced, the company decided not to take a stance, recognizing the serious pros and cons on each side. I left that initial conversation feeling heard and respected, not just as an employee, but also as an individual allowed to hold and act on my own views and values without repercussion.

Since then, I've been promoted, and my opinions are regularly solicited and valued. She approaches disagreements with curiosity, openly communicates the reasons behind her decisions, and encourages me to prioritize my needs inside and outside the company. Knowing that my opinions, needs, and values are respected keeps me motivated and thriving in my position. Mutual respect leads to retention, and I hope to be with this company for a long time. I apply this same approach with the individuals I have the privilege of supporting and always strive to pause and get curious when opportunities for disagreement arise.

The Values in Action (VIA) Strengths Test

This online test identifies an individual's unique character strengths. According to the VIA Institute on Character, character strengths are the positive parts of your personality that impact how you think, feel and behave. Scientists have identified 24-character strengths that you have the capacity to express.

By taking the VIA Survey you will discover your unique character strengths profile. Knowing and applying your highest character strengths is the key to you being your best self. The shared characteristics are what help make you feel genuine, contribute to your achievements, and help you live a more happy and meaningful life. Refer to the link below to take the free survey.

<https://www.viacharacter.org/Surveys/TakeSurvey>

The City of Philadelphia Department of Behavioral Health Peer Support Toolkit

The entirety of the toolkit can be accessed at this link:

<https://dbhids.org/wp-content/uploads/2024/02/PSToolkit-2023.pdf>

Tools mentioned in the handbook: Comprehensive List of Sample Interview Questions (see page 188)

Onboarding checklist

New hire name: _____

Peer Supervisor name: _____

Welcome! We are happy to have you join our team.

Peer onboarding checklist

Initials	Task	Notes	Who	Due/completed
	Welcome buddy	Orient to office and introduce to coworkers	Peer with experience	
	Meet Peer Supervisor	Review checklist, discuss onboarding, online trainings, give documents and weekly check-in sheet	Peer Supervisor	
	Complete "Comfort level" document	Self-paced		End of day
	Review and sign new hire documents and forms	To do with another Peer for support and questions	New Peer return to Peer Supervisor	
	Send welcome email to all staff	Introduce self to team (share strengths)		End of day
	Shadow support group	Debrief with Peer facilitating		
	Review coworker calendars and schedule check-ins	Okay to use meet and greet sheet or not		

Comfort level evaluation form

You can use the answers to the questions below to better understand what your new peers may need support/ training in. You may customize this form as needed.

Don't assume things about someone's experience level. It is important to ask them so you can provide support in the onboarding stage and check in regularly on the support they may need.

Comfort level support needed

What's your comfort level with computers? How familiar are you with emails and electronic correspondence?

Have you written a progress note in the past? If so what format?

What's your comfort level with the Electronic Health record system?

What's your comfort level using Microsoft products? (Excel, Teams, and other platforms similar to OneDrive)

What's your comfort level of asking for and giving feedback? How do you best receive feedback?

Are you clear on your role and the role of others in the program/agency? If you are unclear, what questions do you have?

Have you had supervision in the past? What do you want supervision to look like?

Shadowing form

Name of staff you are shadowing: _____

What did you shadow: _____

Below are principles peers embody in the work that they do! As you are shadowing look for examples of the following principles:

- **Voluntary:** Peer support is voluntary, respecting an individual’s autonomy.
- **Hopeful:** Peer Supporters maintain a hopeful outlook, emphasizing possibilities for recovery.
- **Open-Minded:** They remain open-minded, recognizing diverse perspectives.
- **Empathetic:** Empathy is central to peer support, understanding and validating others’ experiences.
- **Respectful:** Peer Supporters treat everyone with respect and dignity.
- **Facilitate Change:** They actively facilitate positive change in others.
- **Honest and Direct:** Honesty and direct communication build trust.
- **Mutual and Reciprocal:** Peer support is a two-way street, benefiting both parties.
- **Equally Shared Power:** Power dynamics are balanced in peer relationships.
- **Strengths-Focused:** They emphasize individual strengths and resilience.
- **Transparent:** Transparency fosters trust.
- **Person-Driven:** Peer support is tailored to the individual’s needs and preferences

Examples of principles above	Comments/questions/thoughts

VARK learning questionnaire

How do I learn best? Follow the QR code to take the questionnaire and find your learning style.

<https://vark-learn.com/the-vark-questionnaire/>



Introductory peer supervision questionnaire

This document is a draft that you can use and modify to your needs at your workplace. Using a form like this to establish the peer supervisor's relationship with their peer team can help set the tone and give clear expectations regarding peer work and the supervisor-peer relationship.

To ensure that peer supervision time is both valuable and efficient, please review the following discussion points recommended for your time onboarding your peer:

- During our time together, you may bring questions about the agency or workflows, provide feedback, share struggles within your work, raise safety concerns, or inquire about the people we serve.
- You can expect me to use this form and our time to support you in your role as a peer. I am a peer and want to ensure you get what you need out of this time.
- I will be trauma-informed, treat you with as much mutuality as possible within my supervisor role and encourage you to advocate for your professional development and self-care.
- Please answer the following questions from the perspective of your role at this job.
- This will not be shared outside our supervision and is a tool we can use as needed.

Questions

1. What population do you have experience and skills in supporting, and what population do you feel you want to learn more about or have the least amount of knowledge with?
2. What is your familiarity with technology, electronic health records, Microsoft or other products like this and how comfortable are you using it in the workplace?
3. What is your experience with supervision? What do you want out of supervision?
4. What types of learning style do you have? To find out, complete the VARK Questionnaire at <https://vark-learn.com/the-vark-questionnaire/>
5. How do you best receive feedback, and how comfortable are you giving feedback?
6. Is there anything you would like to share with me that may be helpful for me to know about you and your individual needs in your role?
7. How do you best receive feedback, and how comfortable are you giving feedback?
8. What strengths do you bring to this role (what's your superpower)?
9. What is your comfort level in talking about self-care, burn-out or compassion fatigue with your supervisor?
10. What are your professional development goals- What would you like to know or be doing in the next year, or two?

Thank you for taking your time to complete this and for being here!

Supervisor name: _____

To be placed in Supervisor file. We can review this yearly or when you see fit.

Questionnaire and signs of burnout or compassion fatigue

The self-care questionnaire as well as signs of burnout and/or compassion fatigue were developed by Altarum, a nonprofit organization focused on improving the health of individuals with fewer financial resources and populations disenfranchised by the health care system. Altarum is also the National Training and Technical Assistance Center on Peer Recovery Support Services for the Bureau of Justice Assistance (BJA) Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP).

To learn how organizations that offer peer recovery support services can encourage self-care for their peer providers, Altarum staff members met with their counterparts at the Wellbeing Initiative, Inc., a nonprofit organization developed, driven, and run by peers

Through significant research, feedback, data tracking, interviewing, and more, Altarum offers tools that are routinely used within peer-centric organizations to reduce compassion fatigue and burnout and to support and encourage wellness and self-care among peer providers.

https://www.cossup.org/Content/Documents/Articles/Altarum_Self_Care_for_PRS_Specialists_Dec%202022.pdf

Professional Quality of Life (proQOL)

Professional Quality of Life (proQOL) is intended for any helper: health care professionals, social service workers, teachers, attorneys, emergency response, etc. Understanding the positive and negative aspects of helping those who experience trauma and suffering can improve your ability to help them and your ability to keep your own balance. Visit the Professional Quality of Life Measure (proQOL 5.0) to access the survey found here: <https://proqol.org/proqol-measure>

Additional Resources

Edmonson, Amy C. (2018). *The Fearless Organization: Creating Psychological Safety in the Workplace for Learning, Innovation, and Growth*. Harvard Business School.

The Arbinger Institute. (2015). *Leadership and Self-Deception: Getting Out of the Box*. A guide to understanding how self-deception affects leadership and relationships.

Patterson, et al. (2002). *Crucial Conversations: Tools for Talking when Stakes are High*. McGraw-Hill.

Chapman and White. (2019). *The 5 Languages of Appreciation in the Workplace: Empowering Organizations by Encouraging People*. Northfield Publishing.

Ruiz and Mills. (1997). *The Four Agreements: A Practical Guide to Personal Freedom*. Amber-Allen Publishing

Thomas and Kilmann. "The Four Styles of Conflict Resolution: Exploring Different Approaches to Conflict Resolution and when to Apply Each Style."

Power Presence Academy Podcast: "The Power of Presence in Leadership: Exploring the importance of being present and engaged as a leader in various contexts,"

SHARE! Workshop on YouTube: "Supervision Through the Looking Glass: How to See and Respond to Trauma in the Workplace"

The Supervisor's Guide to Documentation: <https://community.pepperdine.edu/hr/content/supervisor-guide-to-documentation-quick-guide.pdf>

Handouts

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Handout 1: Reframing language

Instructions: As a Peer Supervisor, it's essential to coach your Peer Specialists in using recovery-oriented language and understanding its impact. This activity focuses on how you can guide your team in reframing stigmatizing terms and fostering a recovery-focused environment.

Stigmatized terms	Reframed language	How to facilitate
Addict	Person with substance use disorder	Ask, "What alternatives can we use to empower them?"
Alcoholic	Person in recovery from alcohol use disorder	Discuss, "How does focus on recovery aspect of language shift the conversation?"
Clean/dirty (test results)	Positive/negative drug test	Ask, "How can we remove moral judgement from the language we use?"
Schizophrenic	Person living with schizophrenia	Consider, "Why is it important to separate a person's identity from their condition?"
Relapse	Return to use or setback for recovery	Ask, "How does this reframing challenge the peer's perception of their journey?"

Reframing language coaching guide

Supervision reflection questions

- 1. How can you ensure that your Peer Specialists adopt recovery-oriented language in their daily practice?**
Consider how your leadership style and feedback can shape how Peer Workers communicate with peers.
- 2. What challenges might arise when coaching Peer Specialists to use reframed language?**
Reflect on how you might navigate resistance or misunderstanding among your team.
- 3. How does the language used by your Peer Specialists affect the overall recovery environment?**
Consider how words contribute to a culture of support or stigma within your team.
- 4. How can you create a structured plan to regularly assess and reinforce the use of recovery-oriented language?**
Develop ways to include language evaluation in team meetings or peer reviews.

Continued on next page.

Your coaching challenge

Identify three situations from recent supervision sessions where your Peer Specialists used stigmatizing language. How did you address it, and how will you continue to guide your team toward more recovery-focused language?

Situation/term	How it was addressed	Next steps for coaching

Advanced discussion

Coaching your Peer Specialists to adopt recovery-oriented language is a continuous process. By modeling the behavior and providing constructive feedback, you foster a supportive environment that enhances both peer relationships and recovery outcomes.

- How can reframing language help build trust between Peer Specialist and individuals they support?
- What role does recovery-oriented language play in promoting a positive culture and improving outcomes?
- As a supervisor, how can you model this behavior to reinforce its importance?

Handout 2: Transition action plan

Instructions: This form provides a structured approach to navigating the shift from peer to supervisor, ensuring new leaders establish clear boundaries, communicate effectively, and maintain strong team dynamics. As you transition into your new role as a supervisor, use this action plan to guide your process. Reflect on each section and outline specific steps you will take to manage the change in your relationships and responsibilities.

Clarifying your role as supervisor

What will you communicate to your team about your new role?

Write down how you will explain the shift from peer to supervisor, ensuring that your former peers understand the boundaries and responsibilities of your new position.

When will you have this conversation?

Plan a specific time to communicate your new role and expectations to your team.

Managing friendships with former peers

How will you handle social interactions with former peers outside of work?

Reflect on whether or how you will continue to maintain personal friendships and how you will ensure these relationships don't affect your leadership role.

What boundaries will you establish?

List specific boundaries you'll set to keep personal and professional relationships separate.

Establish professional boundaries at work

How will you manage any potential conflicts of interest?

Consider how you will avoid favoritism or conflicts with former peers who are now your direct reports.

How will you ensure the entire team perceives your decisions as fair?

Outline steps you will take to be transparent and impartial in your leadership.

Action plan summary

Three key actions I will take:

Timeline for implementation:

Next steps

1. **Review your action plan regularly** to maintain boundaries and support your team effectively.
2. **Adjust your approach** as needed and seek feedback to refine your leadership style as you grow into your new supervisory role.

Handout 3: Boundary maintenance checklist

Instructions: Use this checklist to reflect on your recent interactions with peers. Answer each question honestly to ensure that you are maintaining appropriate boundaries in your role as a Peer Specialist.

Did I refrain from giving advice or making decisions for the peer?

- Yes
- No (if no, explain)

Did I avoid sharing personal information that was not relevant to the peer's support?

- Yes
- No (if no, explain)

Did I remind the peer of the boundaries of our relationship when necessary?

- Yes
- No (if no, explain)

Did I keep the conversation focused on the peer's recovery journey?

- Yes
- No (if no, explain)

Did I maintain boundaries and avoid becoming personally involved?

- Yes
- No (if no, explain)

Did I refrain from interacting socially with the peer outside of the support sessions?

- Yes
- No (if no, explain)

Did I make sure the peer understood my role is not to provide therapy or clinical advice?

- Yes
- No (if no, explain)

Did I avoid discussing my own personal issues or seeking support from the peer?

- Yes
- No (if no, explain)

Did the relationship remain focused on support and mutuality, not friendship or dependence?

- Yes
- No (if no, explain)

Did I feel comfortable with the level of involvement I had with the peer?

- Yes
- No (if no, explain)

Reflection

If you answered “no” to any of these questions, take a moment to reflect on why the boundary may have been crossed. What could you do differently next time to ensure boundaries are maintained?

Next steps

1. **Discuss any challenges** you faced in maintaining boundaries with your supervisor during your next supervision session.
2. **Create an action plan** if necessary to strengthen your boundary maintenance in future interactions.

Handout 4: The friendship dilemma

Study example

Introduction

Transitioning from Peer Specialist to Peer Supervisor can be exciting and challenging. One of the most significant changes is learning to balance personal relationships with former peers and uphold the professional boundaries required by your new role. As a supervisor, you are responsible for ensuring that all team members are treated fairly, maintaining ethical standards, and avoiding potential conflicts of interest.

In this scenario, you'll explore a situation where a newly promoted supervisor must navigate the complexities of maintaining friendships with a former peer while stepping into their new leadership role. This will help you think about establishing and communicating professional boundaries and maintaining trust within the team.

Scenario: The Friendship Dilemma

Sarah (she/her) has recently been promoted to a supervisory role in the peer support team, where she previously worked as a Peer Specialist. One of her closest friends, Jordan (they/them) is still a Peer Specialist under her supervision. Before Sarah's promotion, she and Jordan regularly spent time together after work, often discussing personal issues and sometimes even discussing challenges at work.

Since Sarah's promotion, Jordan has continued to reach out to her after hours, expecting to maintain the same level of friendship. Jordan often shares concerns about other team members or asks for Sarah's advice about peer support cases, expecting Sarah to offer guidance and make decisions. During team meetings, Jordan sometimes behaves informally with Sarah, referencing their personal conversations and past experiences, which makes other team members uncomfortable.

Sarah now worries that her continued close friendship with Jordan might affect her ability to lead the team fairly and maintain professional boundaries.

Discussion questions

Identifying the Issues

- What are Sarah's key ethical and boundary issues in this situation?
- How might Jordan's behavior and friendship affect the team dynamics?

Addressing Team Perception

- How can Sarah ensure that other team members don't feel like she's showing favoritism toward Jordan?
- What should Sarah do to restore trust and fairness within the team?

Maintaining Professional Boundaries

- What steps should Sarah take to re-establish boundaries with Jordan while preserving their friendship?
- How can Sarah communicate to Jordan that their after-hours conversations should no longer involve work-related matters?

Supervisor Responsibilities

- If Jordan continues to blur the boundaries, how should Sarah address it formally as a supervisor?
- How can Sarah prevent future boundary issues with other team members who may have been former peers?

Action Planning

- What actions can Sarah take to balance her personal friendship with Jordan?
- How can Sarah manage similar situations if other former peers begin to form friendships?

Learning objectives for the scenario

Recognizing Boundary Issues

Help newly promoted supervisors identify situations where personal friendships and professional responsibilities conflict.

Managing Team Dynamics

Encourage supervisors to think about how the rest of the team perceives their actions and what steps they can take to create an inclusive, fair environment.

Navigating Conversations on Boundaries

Teach supervisors to have respectful yet firm conversations with former peers about establishing and maintaining clear boundaries.

Preventing Boundary Violations

Equip supervisors with strategies to address boundary violations in a way that preserves professional integrity while managing personal relationships.

Managing team dynamics

- Understand the importance of clearly separating personal relationships from professional responsibilities.
- Learn how to communicate boundaries effectively while maintaining trust and respect within the team.
- Develop steps to prevent favoritism or perceived bias in a newly formed team dynamic.

Handout 5: Impact description for Peer Support Specialist at Peers Rock

Who we are

Welcome to All Peers Rock, where we believe that recovery is a unique journey, and everyone deserves the support they need. Our mission is to empower individuals through peer-led support, ensuring every person has access to compassionate, relatable guidance that respects their path. Our core values include empathy, respect, collaboration, and personal growth. At All Peers Rock, we strive to create a supportive community where both our team and the people we serve can thrive.

Who you are

You are someone who understands that recovery isn't just about following a set path-it's about walking alongside others as they discover their own. You have lived experience in recovery, which gives you a unique ability to connect with peers on a deeply personal level. Your strength lies in your ability to build trusting relationships, create safe spaces for honest conversations, and guide peers through challenges by offering hope, support, and lived experience.

You are compassionate, patient, and always eager to help others see the possibilities ahead. In this role, you're not just a supporter but a partner in the recovery journey. Your understanding of the challenges and victories of recovery allows you to provide empathetic and empowering guidance.

Why this role matters

As a Peer Support Specialist at All Peers Rock, you are at the heart of what we do. Your role is critical because you offer something no one else can-lived experience. Sharing your story and listening to others provides hope and validation to those navigating their recovery journey. Your presence helps reduce stigma, promotes recovery, and offers community to those who may feel isolated or unsure of their next steps.

Your ability to offer emotional and practical support makes a profound difference in the lives of the individuals you serve. You help them recognize that recovery is not only possible-it's something they can shape for themselves.

Who your internal customers are, and how this role delivers value to them

Your primary customers are your peers-those in recovery who look to you for guidance, support, and understanding. You also collaborate closely with the rest of the All-Peers Rock team, including other peer specialists, case managers, and supervisors. Together, you create a network of support that ensures everyone's needs are met in a person-centered, non-judgmental way.

Additionally, your role provides value to the organization by representing the heart of our mission-peer support. You help bridge the gap between clinical services and the personal, lived experiences that drive true healing and growth.

Responsibilities

Your day-to-day activities will vary but will always center around providing authentic, empathetic support. Here's what you'll typically do:

Daily

- Meet with peers to offer one-on-one support, whether in-person, via phone, or virtually.
- Facilitate group sessions where peers can share their stories and support one another.
- Document interactions and progress while maintaining confidentiality and professionalism.

Weekly

- Collaborate with your team to discuss progress and share insights about the individuals you support.
- Participate in team meeting sessions to enhance your skills and knowledge.
- Check-in with peers on their goals and offer guidance in setting or revisiting personal milestones.

Monthly

- Attend supervision sessions to reflect on your work, discuss challenges, and celebrate successes.
- Update your personal development plan and explore growth opportunities.

Performance metrics/KPIs/needle movers

Your success in this role will be measured by your positive impact on your peers and your contribution to the All-Peers Rock community. Key metrics include:

Peer engagement: The number of peers you connect with regularly and the quality of those interactions.

Progress toward recovery goals: How you help peers identify and work toward their personal recovery goals.

Collaboration: Your ability to work effectively with other team members, sharing insights and contributing to a positive team environment.

Peer feedback: Regular feedback from the peers you support about the quality and impact of your support.

Potential career path

At All Peers Rock, we believe in growth-for our peers and team members. As a Peer Support Specialist, you'll have opportunities to:

- Grow into a Senior Peer Support Specialist, where you can mentor others and take on more responsibilities.
- Explore roles in Supervision or Program Development where you can help shape the future of peer-led services.
- Engage in specialized training that could lead to Advocacy or Peer Leadership roles within the organization.

Leadership level of role

This role is designed for an individual contributor. While you may not manage others, your leadership is reflected in how you guide peers through their recovery journeys, model recovery principles, and influence the recovery culture at All Peers Rock.

Learning and development opportunities

You will have access to ongoing training and development, including workshops on trauma-informed care, motivational interviewing, harm reduction strategies, and advanced peer support techniques. You'll also be able to attend conferences and seminars to continue growing personally and professionally.

Acknowledgement of acceptance of responsibilities

I confirm the accuracy of the responsibilities above and commit to providing necessary support for success in this role.

Employee signature

By signing, I acknowledge that I understand the responsibilities and expectations outlined in this impact description.

Signature: _____ **Date:** _____

Supervisor signature and acknowledgement of accuracy and dedication to support

Signature: _____ **Date:** _____

Handout 6: How to C.R.E.A.T.E a supervision environment for Peer Specialist success

Peer support supervision is like other types of supervision in many ways. However, there are unique considerations when structuring and approaching a supervision check-in with Peer Specialists. The **C.R.E.A.T.E.** format below is offered as a supportive and recovery-oriented approach to supervision.

Connect

Strive to build an intentional and focused connection with the Peer Specialist. Help them see this is their time. Honor this opportunity to connect by eliminating distractions (phone, email, off-topic subjects, etc.). Practice active listening to demonstrate a commitment to hearing and understanding what the Peer Specialist shares.

Recognize

Look for opportunities to point out and celebrate achievements and successes. Did the Peer Specialist advocate for a peer's needs in a recent team meeting? If so, mention this as a strong demonstration of advocacy. Build a strengths-based environment that looks for what's strong!

Encourage

Allow the Peer Specialist to share any challenges they encountered in their work since your last check-in. Have they experienced any challenges in supporting their peers? Do they feel "stuck" or unsure about how to best offer peer support? Do they have any concerns about the well-being or safety of their peers? Create an environment of safety and trust that encourages the Peer Specialist to feel comfortable in sharing challenges and brainstorming solutions.

Acknowledge

Look for opportunities to acknowledge how the Peer Specialist is taking the initiative in their work, making recovery-oriented and peer-focused decisions, and demonstrating leadership and advocacy. As their supervisor, you are in a unique position to celebrate their

skills and successes. Doing so in a team environment, if the Peer Specialist is comfortable with the recognition, also sends a powerful message about their contributions and their unique role in overall service delivery.

Train

The world of peer support services and best practices for delivering them is constantly evolving. Regularly ask the Peer Specialist if there are trainings they would like to attend, specific skills they would like to learn, resources they would find helpful, or practical tools they need help with to offer the best Peer Support possible. This might include peer support webinars and recognized recovery and support methods such as the Wellness Recovery Action Plan (WRAP), Intentional Peer Support (IPS), and Emotional CPR (eCPR), to name a few.

Does the Peer Specialist feel confident and equipped to successfully use your electronic health record (EHR) system? As their supervisor, you have a unique opportunity and responsibility to support them in feeling confident in all aspects of their work.

Empower

Regularly find out if the Peer Specialist feels they have everything they need to do their job. Suppose the Peer Specialist has a busy peer support schedule. Are you encouraging on-the-clock time for them to complete documentation? If the Peer Specialist is required to transport their peers are agency vehicles available? Is the Peer Specialist facilitating peer support groups? If so, do they

have any needed material such as manuals, worksheets, poster paper, etc.? Does the Peer Specialist have scheduled access to a meeting room?

Empowering Peer Specialists with what they need to do the work sends a powerful message that recognizes the importance and value of the role and the unique support they provide.

Remember: Peer Specialist supervision is about the person first, and then about supporting the actions they take to offer the best peer support services possible to achieve peer-driven recovery and wellness goals.

C.R.E.A.T.E Peer Specialist Supervision form

C.R.E.A.T.E.: Connect, Recognize, Encourage, Acknowledge, Train, Empower

Supervision participants and meeting deadlines

Peer Specialist's name: _____

Supervisor's name: _____

Mode of supervision

- In-person
- Online
- Phone call

Date and duration of supervision meeting: _____

Description and documentation of topics discussed

Connect: As the supervisor, did you strive to focus, minimize distractions, and actively listen?

- Yes
- No

Recognize: Success, achievements, etc.

Encourage: Challenges, difficulties, etc.

Acknowledge: Initiative, leadership, advocacy, etc.

Train: Learning opportunities, classes, webinars, comfort level with agency processes, etc.

Empower: Adequate time for documentation, peer transportation, meeting materials, etc.

C.R.E.A.T.E. action plan for implementation of discussed topics:

Peer Specialist's signature: _____ **Date:** _____

Supervisor's signature: _____ **Date:** _____

