## National Practice Guidelines for Peer Specialists and Supervisors

JONATHAN P. EDWARDS JOANNE FORBES RITA CRONISE IVANNA BOND

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### Agenda



Emergence of peer specialist workforce and billable services



Summary of research on supervision of peer specialists by non-peer supervisors



Development of Core Values and National Practice Guidelines for Peer Specialists

3

Identification and assessment of resources on peer support workforce needs



Development and application of National Practice Guidelines for Supervisors



Questions and answers



### Learning objectives



Describe the process through which the National Practice Guidelines for Peer Specialists and Supervisors were developed.



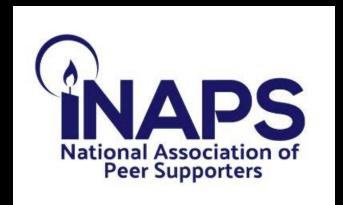
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List at least four Core Values of Peer Support and corresponding Peer Supporter Guidelines and Supervisor Guidelines.

Explain how the Guidelines for Supervisors can be used as a self-assessment for supervisors to improve the supervision experience.



# National Practice Guidelines for Peer Specialists and Supervisors



### **Presented by**

Jonathan P. Edwards, Joanne Forbes, Rita Cronise and Ivanna Bond

### Magellan Webinar Series, October 22, 2020

## **Our Presenters**



Jonathan P. Edwards, PhD, LCSW, ACSW, NYCPS, National Association of Peer Supporters (N.A.P.S.)



Ivanna Bond, Chair, NYC Peer Workforce Coalition



Joanne Forbes, PhD, CPRP, Rutgers University Doctoral Graduate, Founding Member Baltic Street AEH



**Rita Cronise, MS, ALWF,** Distance Faculty, Rutgers University, Academy of Peer Services Virtual Learning Community Coordinator





#### Jonathan P. Edwards, PhD, LCSW, ACSW, NYCPS, National Association of Peer Supporters, Board Member



## Describe Your Favorite Supervisor

Using the link provided:

Type a single word that describes your favorite supervisor, past or present.

MY FAVORITE BOSS **GAVE ME** THIS MUG





#### **Ivanna Bond,** Chair, New York City Peer Workforce Coalition





### RESEARCH STUDY OVERVIEW:

Peer Support Specialists Supervised by Non-Peer Professionals

Joanne Forbes, PhD, CPRP





### **National Practice Guidelines**

### Rita Cronise, MS, ALWF



# Who's in the room? (use link in the chat box)

Are you a:

Supervisor Peer Support Specialist Service User Family Member Service Provider (non-peer) Other





# Medicaid-billable service in 2007

Centers for Medicare and Medicaid Services (CMS) recognized peer support as an evidence-based practice



#### Medicaid required:

- State approved training
- Care coordination
- Supervision by a competent mental health professional (as defined by the state)



# No practice standards in 2007





## National Practice Guidelines



National Association of Peer Supporters (N.A.P.S.) had already done much of the groundwork

- Member surveys
- Situational analysis
- Task force



## **National Practice Guidelines**

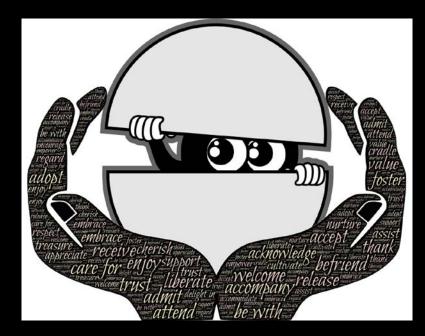


## Expert panel

- Task force recommendations
- Substance use recovery buy-in
- 98% agreement on core values



# What are the core values?

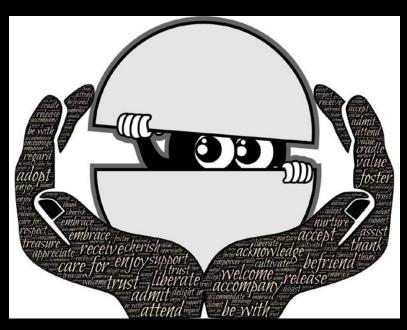


- Peer support is voluntary
- Peer supporters are hopeful
- Peer supporters are open minded (nonjudgmental)
- Peer supporters are empathetic
- Peer supporters are respectful
- Peer supporters facilitate change

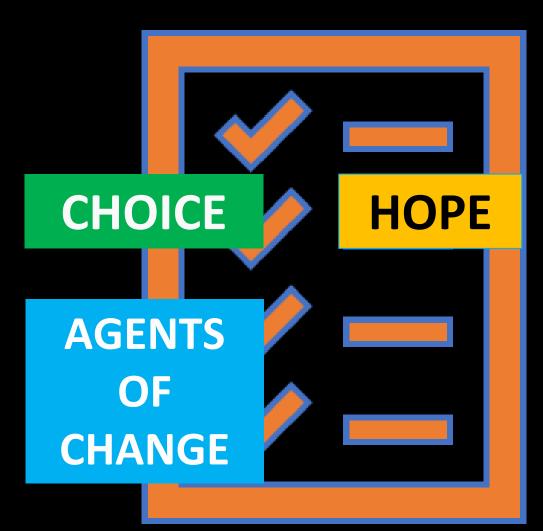


# Core values (continued)

- Peer supporters are honest and direct
- Peer support is mutual and reciprocal
- Peer support is equally shared power
- Peer support is strengths-focused
- Peer support is transparent
- Peer support is person-driven



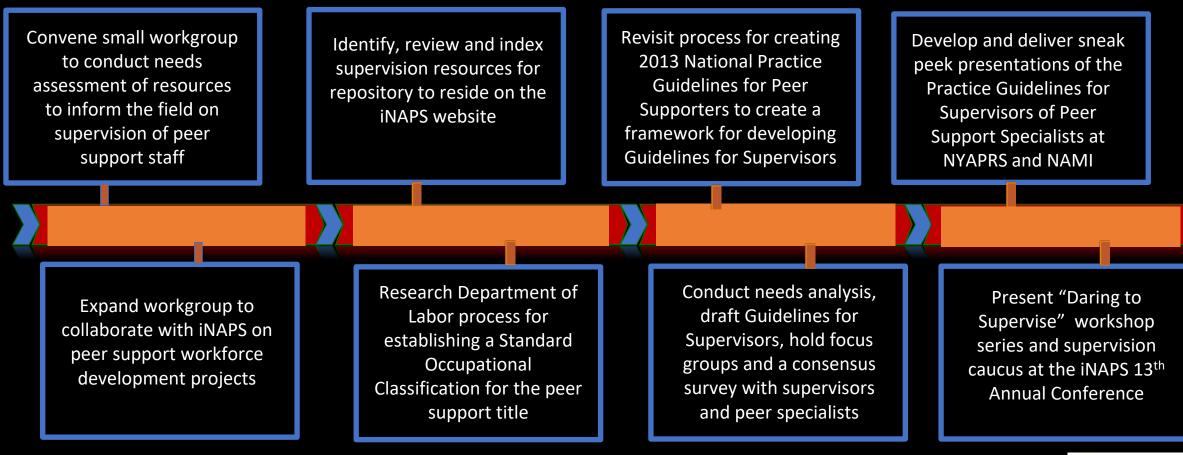




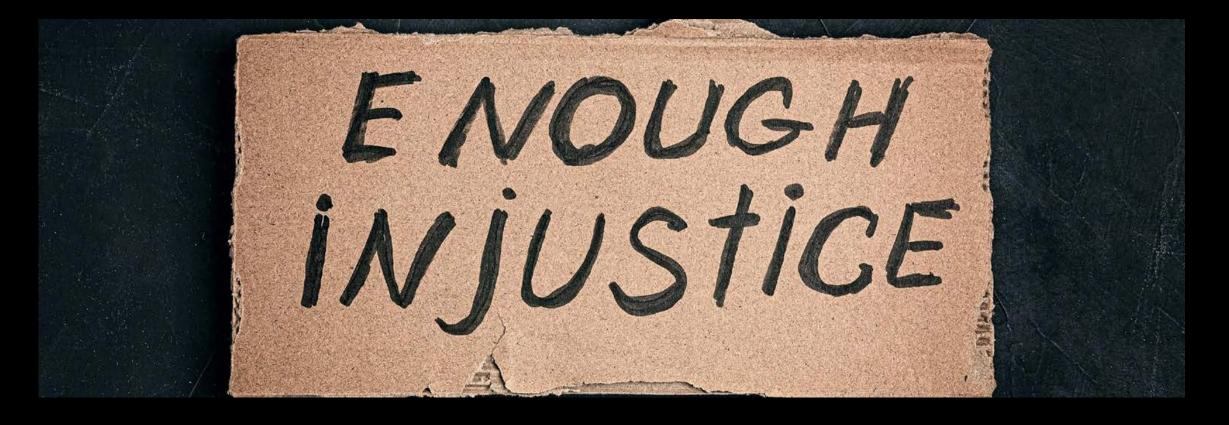
Developing Guidelines for Supervisors



## N.A.P.S. Peer Support Workforce Development Project Timeline: History in the Making

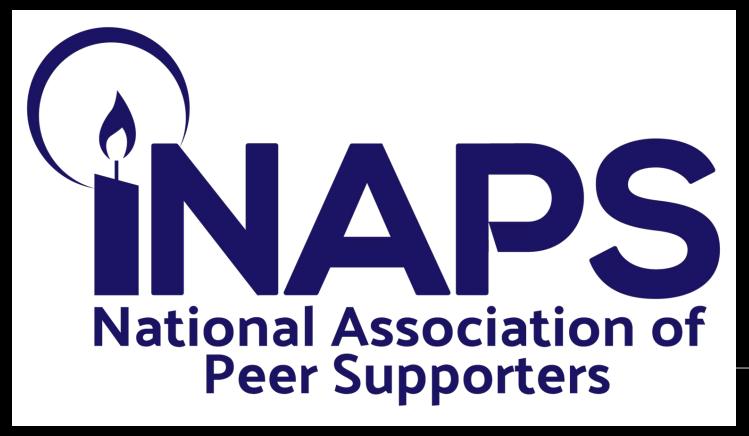






### **EXAMPLE: Peer Supporters Facilitate Change** (Core value #6)





## Guidelines are available on the NAPS website

### <u>https://www.inaops.org</u> $\rightarrow$ click on "Supervision Guidelines"

6) PEER SUPPORTERS FACILITATE CHANGE	PRACTICE: EDUCATE AND ADVOCATE	THE SUPERVISOR ROLE IS TO:
Some of the worst human rights violations are experienced by people with psychiatric, trauma or substance use challenges. They are frequently seen as "objects of treatment" rather than human beings with the same fundamental rights to life, liberty and the pursuit of happiness as everyone else.	<ul> <li>Peer supporters recognize and find appropriate ways to call attention to injustices.</li> <li>Peer supporters strive to understand how injustices may affect people.</li> <li>Peer supporters encourage, coach and inspire those they support to challenge and overcome injustices.</li> </ul>	<ul> <li>Define and model <u>advocacy</u> for peer support specialists, including advocating for organizational changes.</li> <li>Coach peer support specialists on how to respect the rights of individuals while helping individuals challenge and overcome injustice.</li> <li>Build on lived experience, model recovery and advocate for peer support workers.</li> </ul>

## Demonstration Role Play 1



Ivanna – A newly certified peer specialist



**Rita** – A supervisor with years of experience in traditional service settings



## Demonstration Role Play 1

### **Demonstration Scenario**

#### **Core Value 6: Peer Supporters Facilitate Change In Practice: Educate and Advocate**

Barry, a 32-year old African American man receiving peer support services, has been court ordered to take antipsychotic medication by injection. He has gained close to 60 lbs.' since the treatment began 4 months ago.

Barry says he has tried to control his eating and increase his exercise to lose the weight but it isn't working. He feels that he has been fighting a losing battle with weight gain and his doctor doesn't seem concerned about how harmful this is to both his physical and his mental health.

Idealistic Ivanna is a newly certified peer support specialist, and she is sharing this situation with her supervisor.



### Demonstration Role Play 1

ACTIVITY: Agree or Disagree?

Did the Supervisor act in ways that upheld the practice guidelines for Core Value #6?

Use the polling link provided and indicate your level of agreement with each of the following statements.



# **Role Play #1: Did this Supervisor...**



- Define and model advocacy for peer support specialists, including advocating for organizational changes?
- 2. Coach peer support specialists on how to respect the rights of individuals while helping individuals challenge and overcome injustice?
- 3. Build on lived experience, model recovery and advocate for peer support workers?

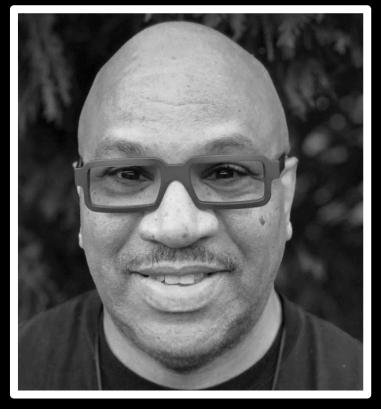


#### 4=Strongly Agree, 3=Agree, 2=Disagree, 1=Strongly Disagree

Supervisor 1

## Demonstration Role Play 2





Ivanna – A newly certified peer specialist

#### Jonathan

 An experienced peerinformed supervisor



## Demonstration Role Play 2

### **Demonstration Scenario**

#### **Core Value 6: Peer Supporters Facilitate Change In Practice: Educate and Advocate**

Barry, a 32-year old African American man receiving peer support services, has been court ordered to take antipsychotic medication by injection. He has gained close to 60 lbs.' since the treatment began 4 months ago.

Barry says he has tried to control his eating and increase his exercise to lose the weight but it isn't working. He feels that he has been fighting a losing battle with weight gain and his doctor doesn't seem concerned about how harmful this is to both his physical and his mental health.

Idealistic Ivanna is a newly certified peer support specialist, and she is sharing this situation with her supervisor.



### Demonstration Role Play 2

ACTIVITY Part 2: Agree or Disagree?

Did the Supervisor act in ways that upheld the practice guidelines for Core Value #6?

Use the polling link provided and indicate your level of agreement with each of the following statements



# Role Play #2: Did this Supervisor...



Supervisor 2

1.Define and model advocacy for peer support specialists, including advocating for organizational changes?

2.Coach peer support specialists on how to respect the rights of individuals while helping individuals challenge and overcome injustice?

3.Build on lived experience, model recovery and advocate for peer support workers?



### 4=Strongly Agree, 3=Agree, 2=Disagree, 1=Strongly Disagree

# **Practice Summary** Putting these guidelines into practice

Here are a few ways...

- Share guidelines with employers / supervisors
- Focus on putting one per week into practice
- Use the guidelines in supervision sessions
- Share examples with your peers
- Debrief challenges with your peers





# NYC PEER WORKFORCE COALITION moving peers forward

## **Research Summary**

What is the key ingredient to supervisory success?

The relationship between supervisor and supervisee



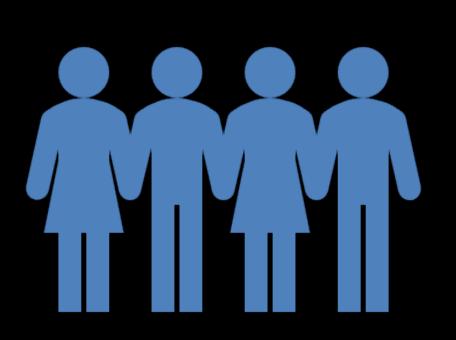


# All supervision benefits from:

- Listening
- Availability
- Goal setting
- Transparency
- Responsibility
- Realism



# What we learned...



- Preference for supervision by more experienced peer
- Supervisor attitude
- Role integration
- Trauma informed supervision
- Building supports





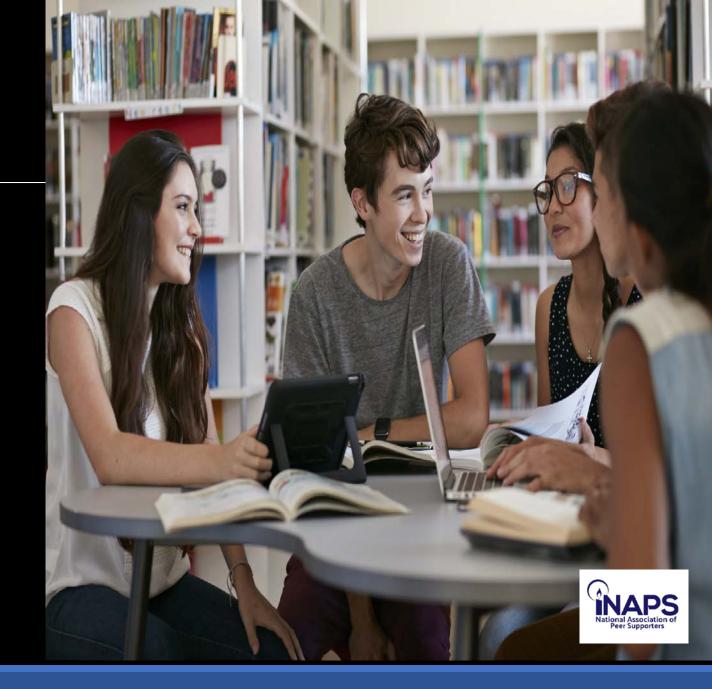
# Supervisor's Attitude is Critical

- Respect
- Positive non
  - judgmental regard
- SUPPORT for AUTONOMOUS FUNCTIONING



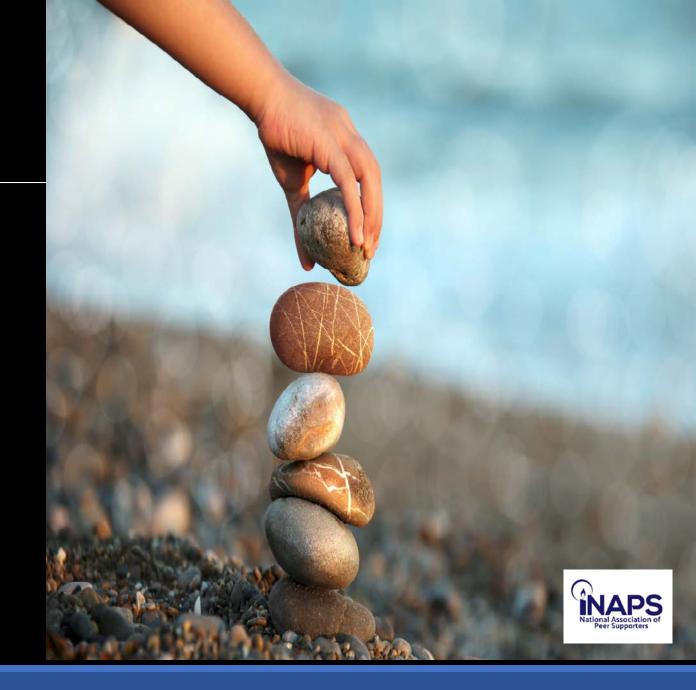
## Role integration

- Role clarity
- Role adaptation



## Trauma-informed techniques

- Support self-care
- Recognize
   compassion fatigue
   and moral injury
- Frequent debriefings



# **Building Supports**

Facilitative Environment

Addressing stigma

**Opportunities for Networking** 

Internal and external



# Questions



#### Workforce Development and Supervision Work Group

We gratefully acknowledge the contributions of our esteemed colleagues:

- Dana Foglesong, Magellan Health
- Kelsey Stang, Magellan Health
- Jessica Wolf, Decision Solutions and Yale University
- Jonathan P. Edwards, National Association of Peer Supporters (N.A.P.S.)
- Rita Cronise, Rutgers University
- Martha Barbone, National Association of Peer Supporters (N.A.P.S.)
- Mike Weaver, National Association of Peer Supporters (N.A.P.S.)
  - Ivanna Bond, NYC Peer Workforce Coalition
  - Joanne Forbes, Rutgers University



#### References



National Practice Guidelines for Peer Supporters, National Association of Peer Supporters (2013)

https://inaps.memberclicks.net/assets/docs/nationalguidelines\_upd ated.pdf

National Practice Guidelines for Peer Supporters, presented by Andy Bernstein, Steve Harrington, and Rita Cronise [International Association of Peer Supporters Webinar, recorded August 3, 2018] 60:00 min. <u>https://www.inaops.org/past-webinars</u>

National Practice Guidelines for Supervisors of Peer Specialists. Released at the International Association of Peer Supporters (iNAPS) Annual Conference in San Diego, October 2019.

Daring to Supervise, Workshop on using the Practice Guidelines for Supervisors at the International Association of Peer Supporters Conference in San Diego, October 2019.

### **Contact Us**



Jonathan P. Edwards, PhD, LCSW, ACSW, NYCPS, National Association of Peer Supporters (N.A.P.S.), jphilipedwards@msn.com



Joanne Forbes, PhD, CPRP, Baltic Street AEH, forbesjl@rutgers.edu



**Rita Cronise, MS, ALWF,** Distance Faculty, Rutgers University Department of Psychiatric Rehabilitation, Academy of Peer Services Virtual Learning Community Coordinator <u>rita.cronise@rutgers.edu</u>



Ivanna Bond, Chair, NYC Peer Workforce Coalition, bondquik@gmail.com





## Thank you!

#### **MAGELLAN CONTACT INFORMATION**

FOR CE QUESTIONS – <u>CE@MAGELLANHEALTH.COM</u>

FOR GENERAL QUESTIONS – TLANE@MAGELLANHEALTH.COM



#### About the presenters



**Dana Foglesong, MSW, NCPS, CRPS**, is an accomplished healthcare professional, earning the reputation of a systems change leader adept in combining innovation and planning expertise to execute local, state and national initiatives. She currently works as the Director of Recovery and Resiliency Services for Magellan Complete Care of Florida, a specialty health plan for individuals living with mental health conditions. She serves on the senior leadership team and oversees programs impacting social determinants of health for Medicaid enrollees, in addition to providing technical assistance and training to providers and community stakeholders. Prior to joining Magellan, Dana worked for the Florida Department of Children and Families in the Office of Substance Abuse and Mental Health and founded the peer network, The Peer Support Coalition of Florida. In these roles she has leveraged opportunities for current and past recipients of services and their families to have their voices included in the creation, implementation and review of service delivery practices.

Dana is a subject matter expert on recovery-oriented systems of care, supervision of peer support workers, and peer delivered and whole health approaches within integrated health settings. She currently serves as the president of the board of directors for the National Association of Peer Supporters and is a member of the American Psychiatric Association's Presidential Taskforce on Interprofessional Collaboration. Dana is a former member of the board of directors for NAMI National, and the National Council's Addressing Health Disparities Leadership Program. As a native of Southwest Florida, she is active on local issues related to public safety, fostering a livable community and eliminating homelessness. Dana is a nationally certified peer specialist and holds a master's degree in social work from the University of Central Florida.





Jonathan P. Edwards, PhD consults nationally on peer support services implementation and supervision and plays an integral role in advancing peer workforce development. Jonathan wears many hats; recently earning a PhD from the Social Welfare program at CUNY Graduate Center and a Doctoral Fellow in the SAMHSA-funded Council on Social Work Education's Minority Fellowship Program; as an adjunct professor at the Silberman School of Social Work at Hunter College; as a licensed clinical social worker and member of the Academy of Certified Social Workers; as a program consultant, New York City Department of Health and Mental Hygiene, Bureau of Alcohol and Drug Use Prevention, Care, and Treatment; as a member of the National Association of Peer Supporters Board; as an executive member of the New York Peer Specialist Certification Board; a New York Certified Peer Specialist; and a person in long-term recovery.





Joanne Forbes, PhD CPRP is a graduate of Rutgers University's Department of Psychiatric Rehabilitation. Her research addressed the experiences of peer support specialists supervised by non-peer supervisors. She has years of experience in the field of psychiatry as a therapist, educator, advocate, and administrator. She is a frequent presenter at conferences and is the author of the book, *Madness: Heroes Returning from the Front Lines*. She is one of the original founders of Baltic Street AEH, Inc. one of the largest national peer run agencies. She has been widely recognized by state and national organizations as a visionary and advocate for those diagnosed with mental illness.





**Rita Cronise, MS, ALWF** is an instructional designer with lived experience of a major mental health diagnosis who has been a certified peer support specialist, an advanced level WRAP facilitator, peer specialist training developer, and served as acting director for the International Association of Peer Supporters (iNAPS) from 2015-2017 where she had previously coordinated development of the National Practice Guidelines for the peer workforce and a SAMHSA-funded advanced level training for peer specialists. Rita holds a distance faculty position at Rutgers University on the Academy of Peer Services (APS) online training for the New York State peer specialist certification. She coordinates the Virtual Learning Community, which serves as a bridge from online learning to real world practice. She continues to serve on a national peer support workforce workgroup with iNAPS and lectures nationally on peer support values, practice and supervision.





**Ivanna Bond** is a mental health advocate and survivor with over 25 years' in nonprofit business management experience. She is a graduate of the Howie the Harp peer training program at Community Access. In the context of her Howie the Harp training she worked at the ACT Institute at the Center for Practice Innovation at the NY State Psychiatric Institute/Columbia University, on a Scope of Practice Guideline for Peers on ACT Teams in NY State. Bond is also chairperson of the NYC Peer Workforce Coalition, a professional association for peer workers (peer specialists and peer advocates).



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