

Supervision as Collaboration: Revisiting the National Practice Guidelines and Using the Five Critical Functions to Enhance Peer Support Practice

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Agenda



1

Importance of supervision

2

Recognizing the supervisory partnership as collaboration

3

Operationalizing supervision

4

Review of the National Practice Guidelines related to supervision

5

Defining the Five Critical Functions of Supervision

6

The Grid of Five Critical Functions of Supervision from concept to practice

7

Supervision situations and solutions

8

Collaboration dialogue activity exploring scenarios of supervision with a peer specialist

9

Discussion on application of material

10

Additional supervisory knowledge for peer specialists

Learning objectives

1

Review the origins and process through which the National Practice Guidelines for Peer Specialists and Supervisors were developed

2

Identify at least one of the Five Critical Functions of Supervision and provide an example of how to use this in practice

3

Describe how the Five Critical Functions of Supervision can be used as a supervisory self-assessment to enhance interactions with peer specialists

SUPERVISION AS COLLABORATION

REVISITING THE NATIONAL PRACTICE GUIDELINES AND USING
THE FIVE CRITICAL FUNCTIONS OF SUPERVISION TO ENHANCE
PEER SUPPORT PRACTICE

NATIONAL ASSOCIATION OF PEER SUPPORTERS (N.A.P.S.)
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GUIDING VISION

Please share in a few words how you would describe the concept of collaborative supervision

Please type your responses in the chat box

POLLING QUESTION #1

My supervisory relationships have been:

- ☐ Great!
- ☐ K!
- ☐ Awful!
- ☐ “What’s Supervision?”

WHY ARE WE TALKING ABOUT SUPERVISION?

- Emerging peer workforce in U.S. and internationally; recent studies estimate the number of CPS nationally to be >25,000
- Rapid increase in organizational interest and buy-in of peer support staff, both in MH and SUD programs
- Historical underutilization of established models guiding supervisory practice in human services
- Supervision guided solely by hierarchical standards; absence of staff voice in shaping and informing supervision practices

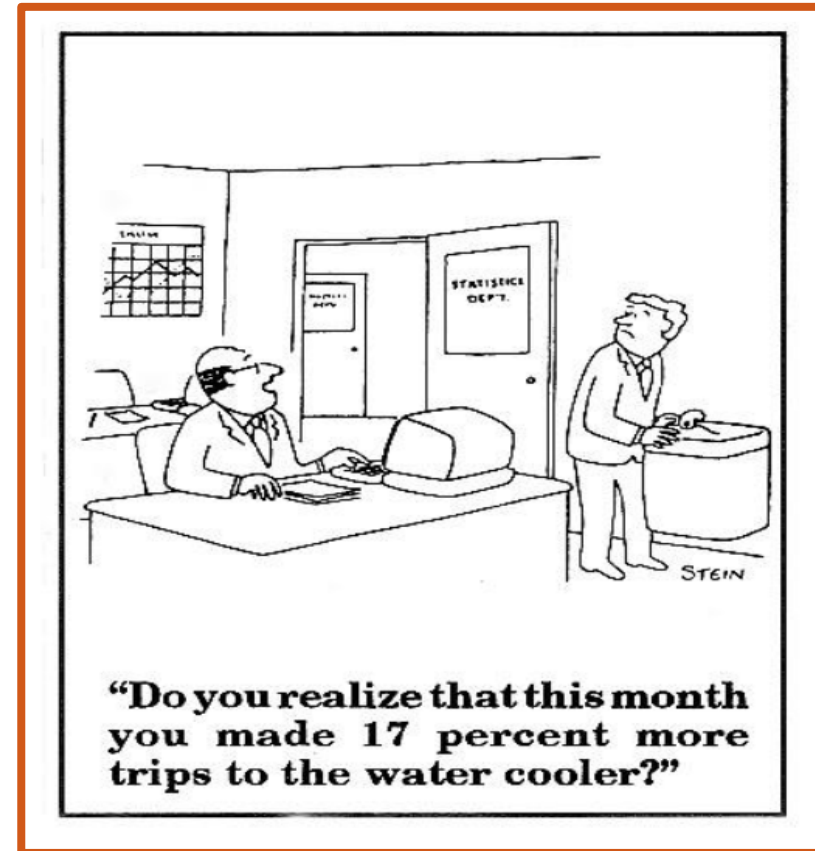
HOW CAN WE LEARN FROM EACH OTHER?

We envision that, by the end of this workshop, participants will:

- Define the “Five Critical Functions of Supervision”
- Operationalize at least one supervisory function
- Develop constructive feedback statements to address supervisory situations
- Provide at least one example of collaborative supervision

SUPERVISION IS NOT DEFINED MERELY AS...

- Number of clients seen per day
- Number of forms completed
- Number of cases filed
- Number of complaints lodged



POLLING QUESTION #2

On average, the frequency of supervision has been:

- ☐ Weekly
- ☐ Daily
- ☐ As Needed
- ☐ Nonexistent!

THE SUPERVISORY PARTNERSHIP

- Supervision represents a significant alliance between two individuals in differing roles working towards many common goals
- Teamwork, communication, mutual respect and professional development are paramount in the supervisory partnership



SUPERVISION IS DEFINED LARGELY AS...

- Structured relationship with the goal to help the individual gain attitudes, skills and knowledge needed to be a responsible and effective worker
- A guiding practice rooted in the development of social work and casework, as is demonstrated in the concern for the various needs of people we assist
- A model that encompasses administrative, support, educative, advocacy and evaluative functions



POLLING QUESTION #3

The most important quality of a supervisor is being a(an):

- ☐ Partner
- ☐ Authoritarian
- ☐ Champion
- ☐ Coach

REVIEW OF THE NATIONAL PRACTICE GUIDELINES

National Practice Guidelines for Peer Specialists and Supervisors

Recovery 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.

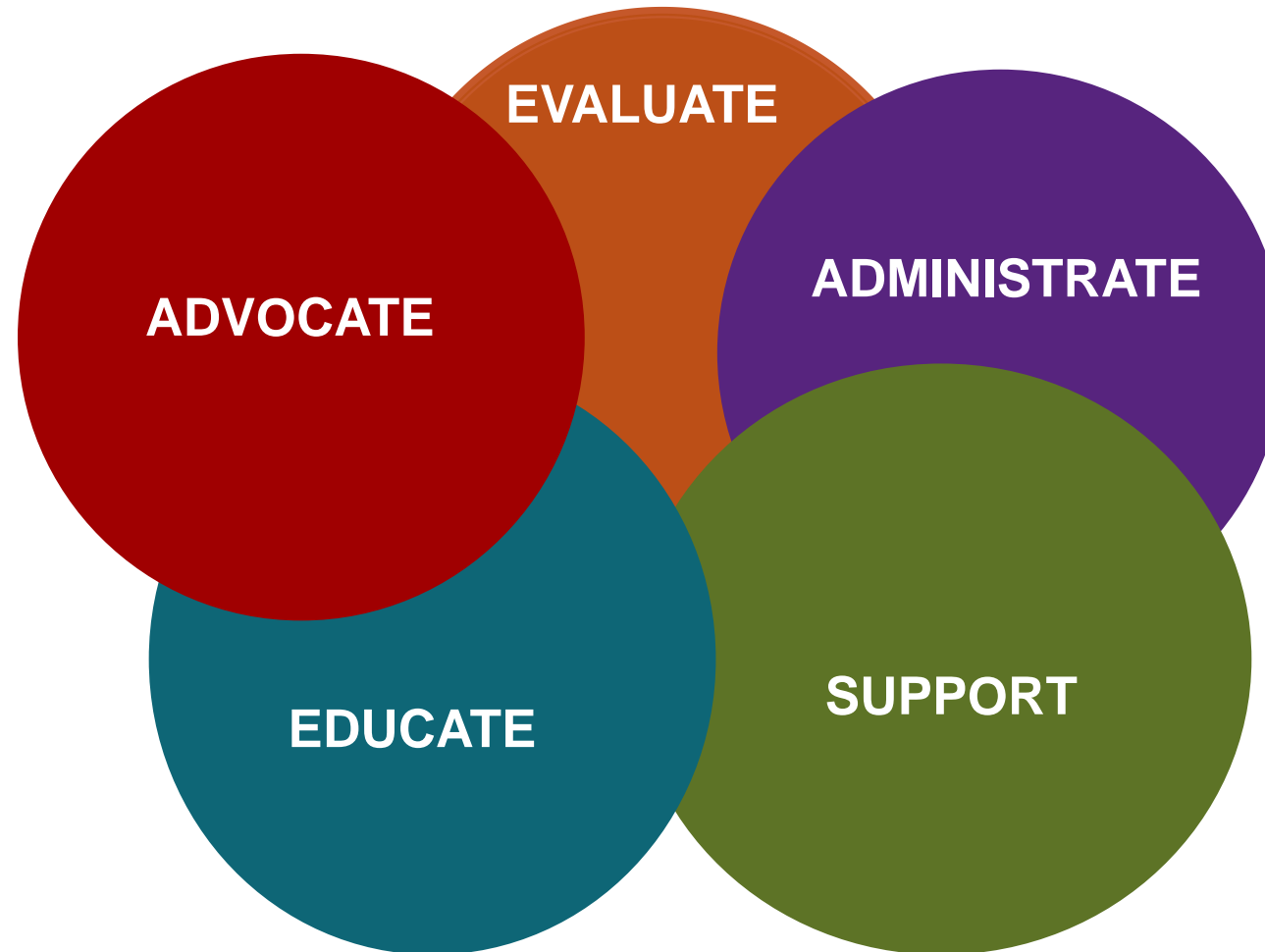
~~[SAMHSA's Working Definition of Recovery](#)

The belief that recovery is possible for all who experience a psychiatric, traumatic, or substance use challenges is fundamental to the practice of peer support. The likelihood of long-term recovery is increased with effective support. Peer support has been demonstrated through research and practice to be highly effective.

In addition to SAMHSA's Working Definition and Guiding Principles of Recovery, the following core values have been ratified by peer supporters across the U.S.¹ as the core ethical values for peer support practice:

1. Peer support is voluntary
2. Peer supporters are hopeful
3. Peer supporters are open minded
4. Peer supporters are empathetic
5. Peer supporters are respectful
6. Peer supporters facilitate change
7. Peer supporters are honest and direct
8. Peer support is mutual and reciprocal
9. Peer support is equally shared power
10. Peer support is strengths-focused
11. Peer support is transparent
12. Peer support is person-driven

FIVE CRITICAL FUNCTIONS OF SUPERVISION



FIVE CRITICAL FUNCTIONS OF SUPERVISION: CONCEPT TO PRACTICE

ADMINISTRATE	SUPPORT	EDUCATE	ADVOCATE	EVALUATE
Hire staff who meet job qualifications	Build rapport by providing constructive feedback	Explain the big picture; provide context and value of specific role in supporting the mission	Foster good morale and a respectful work environment	Communicate and manage expectations with respect to job performance
Orient staff to organizational structure	Inspire excellence and promote wellness and self-care	Coach staff on methods for engaging and educating participants	Strengthen the practice of peer support by promoting its value	Conduct performance evaluations
Help staff understand practices, policies and procedures	Utilize a strengths based and trauma-informed approach to help staff problem-solve	Offer relevant training and conference attendance opportunities	Negotiate reasonable work accommodations when appropriate	Address areas needing improvement; progressive discipline

Source: Edwards, J.P. (2016). The Critical Functions of Supervising Peer Supporters. (Presentation Slide)

MYTHS AND FACTS

MYTH / CONCERN	FACT
1. Aren't peer staff too "fragile" to handle the stress of the job?	✓ Focus should be on whether or not the peer staff is able to perform the essential functions of the job
2. Don't peer staff relapse?	✓ All employees, including peer staff, take off time because of illness, including mental health issues
3. Can peer staff handle the administrative demands of the job?	✓ Supervision and specific job-skills training can support peer staff in managing these tasks
4. Won't peer staff cause harm to clients by breaking confidentiality or by saying the "wrong" things?	✓ Given their own experiences, peer staff may in fact be more sensitive around issues of participant confidentiality
5. Won't peer staff make my job harder rather than easier?	✓ The perspective of a peer specialist provides an important and useful complement to traditional mental health services; they can enrich participants' lives while other staff focus on their own roles

Source: Davidson, Bellamy, Guy, & Miller, 2012

SUPERVISION SITUATIONS AND SOLUTIONS

SITUATION / CHALLENGE	SOLUTION / RECOMMENDED PRACTICES
1. Lacking formal supervision structure	<ul style="list-style-type: none"> ✓ Establish formal supervision guidelines ✓ Establish a clear agenda ✓ Clarify tasks and expectations
2. Distinguishing supportive supervision from therapy	<ul style="list-style-type: none"> ✓ Establish clear and professional boundaries ✓ Redirect or identify appropriate support
3. Understanding and respecting the peer supporter's role	<ul style="list-style-type: none"> ✓ Discuss the value of peer support ✓ Clarify expectations and tasks
4. Resolving interpersonal conflicts	<ul style="list-style-type: none"> ✓ Listen to all "sides" of the story ✓ Facilitate mutual respect and resolution
5. Evaluating performance	<ul style="list-style-type: none"> ✓ Document regularly, keep a journal ✓ Provide feedback, guidance, and support ✓ Implement progressive discipline when necessary

COLLABORATION DIALOGUE ACTIVITY

OVERVIEW OF ACTIVITY

1. **Presenters** will model the activity
2. **Participants** will read and reflect on the scenario shown on the screen
3. **Participants** will refer to one of the NPGs and the Five Critical Functions of Supervision, which will also be shown on the screen after we read the scenario, to assist in developing responses to the question: “How might you, as the supervisor, collaborate with the supervisee around this issue?”
4. **Participants** will be invited to type responses into the chat box
5. **Presenters** will call on participants to talk about their response

THE GOAL IS TO LEARN FROM EACH OTHER AND ADVANCE PEER SUPPORT PRACTICE AND SUPERVISION THROUGH COLLECTIVE WISDOM, REFLECTION AND COLLABORATION

PROVIDING SUPERVISION WITH A PEER SPECIALIST IN A SUPPORTIVE HOUSING PROGRAM

Jo is a peer specialist working in a supportive housing program. While the policy of this program states that residents are not required to abstain from substance use or be medication-compliant, substance use on the premises is prohibited for residents and their guests. One Saturday evening, Jo observed Chad, a long-time resident, entertaining a couple of friends in their room. Jo also noticed a strong aroma of cannabis and alcohol in the hallway outside Chad's room. Unsure of what to do, Jo emails their supervisor and shares their observations. Jo's supervisor schedules a meeting for 10:00 a.m. the next morning.

Using one or more examples from **The Five Critical Functions of Supervision**, how might you collaborate with Jo around this issue?

ACTIVITY
MODEL

FIVE CRITICAL FUNCTIONS OF SUPERVISION: CONCEPT TO PRACTICE

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Source: Edwards, J.P. (2016). The Critical Functions of Supervising Peer Supporters. (Presentation Slide)

PROVIDING SUPERVISION WITH A PEER SPECIALIST SEEKING PROFESSIONAL ADVANCEMENT

Peggy Sue has been working in the psychiatric emergency department for seven years and discovered a job opening for a crisis intervention counselor position. Peggy Sue is a Certified WRAP Trainer and scored extremely well on both the written and practical exercises required as part of the non-violent crisis intervention training. Several managers consistently comment on Peggy Sue's positive impact on people in crisis, and that she is invaluable in her role as a peer specialist. They recommended instead that she be promoted to a team leader in the same unit. Peggy Sue is not sure whether she would like to retain her peer title or advance professionally at the risk of feeling disconnected from her peer identity.

Using one or more examples from **The Five Critical Functions of Supervision**, how might you collaborate with Peggy Sue (and your colleagues) around next steps to honor both her professional ambitions and the needs of the department?

GROUP ACTIVITY #1

FIVE CRITICAL FUNCTIONS OF SUPERVISION: CONCEPT TO PRACTICE

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Source: Edwards, J.P. (2016). The Critical Functions of Supervising Peer Supporters. (Presentation Slide)

PROVIDING SUPERVISION WITH A PEER SPECIALIST ADDRESSING BOUNDARY ISSUES

Timothy is a peer navigator for a well-known, community-based organization. Delores, one of the people he supports, overheard Timothy talking about the wonderful and enlightening church service he attended last week. Seeking to find a church family and wanting a sense of belonging, Delores approached Timothy to ask if she could attend service with him on the following Sunday. Unsure of how to respond, Timothy asks Delores if he can get back to her later and then contacts his supervisor to discuss the matter.

Using one or more examples from **The Five Critical Functions of Supervision**, how might you collaborate with Timothy around this issue?

GROUP ACTIVITY #2

FIVE CRITICAL FUNCTIONS OF SUPERVISION: CONCEPT TO PRACTICE

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PROVIDING SUPERVISION WITH A PEER SPECIALIST REQUESTING TIME OFF TO ATTEND A CONFERENCE

Marylee has been working for a managed care organization (MCO) for nine months. She came across information about an annual peer specialist conference focused on trauma-informed care for peer specialists working in forensic settings and would like to attend. Marylee acknowledged that she enjoys being around other peers with whom she went through training, and that she feels isolated being the only peer specialist working for the MCO. As Marylee's supervisor, you feel reasonably concerned that she has a backlog of paperwork to review and that she has also just returned from a three-day managed care summit.

Using one or more examples from **The Five Critical Functions of Supervision**, how might you, as Marylee's supervisor, collaborate with her around issues of job performance and professional development?

GROUP ACTIVITY #3

FIVE CRITICAL FUNCTIONS OF SUPERVISION: CONCEPT TO PRACTICE

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FOR PEER SPECIALISTS

What are your needs from a supervisor in terms of guidance, understanding, support and professional development?

Please type your responses in the chat box

FOR SUPERVISORS

What is the most important thing you want to know about the peer specialist's experience in their job role?

Please type your responses in the chat box

DISCUSSION

What do you feel would inform or contribute to a set of best practices for supervision?

Please type your responses in the chat box

ADDITIONAL RECOMMENDATIONS

SUPERVISORS SHOULD ALSO BE:

- ✓ Knowledgeable about peer support values and their importance in peer support practice
- ✓ Empathic and use a trauma-informed lens when listening to and supporting staff
- ✓ Proficient in their understanding of various supervisory functions
- ✓ Dedicated to supporting their staff and recognizing them as a capable asset to the organization

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KEY TAKE AWAYS AND QUESTIONS





Thank you!

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About the presenters



Jonathan P. Edwards, PhD, LCSW, ACSW, NYCPS, 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.



Gita Enders, LMSW, MA, CPRP, NYCPS, currently holds the position of Director in the NYC Health + Hospitals / Office of Behavioral Health, where she oversees numerous health care delivery system activities and concerns impacting individuals who use mental health, substance use and co-occurring treatment services. Gita has presented locally and nationally on programming and supervision. She is a Licensed Master Social Worker; she has a Master's degree in English (Creative Writing), a Bachelor's degree in Psychology, is a Certified Psychiatric Rehabilitation Practitioner (CPRP) as well as an NYS Certified Peer Specialist (CPS). She serves as supervisor to the Peer Advisor Program as part of the Public Psychiatry Fellowship of Columbia University and New York State Psychiatric Institute, and is also involved with the Community Access Howie the Harp Advocacy Center as a Peer Training Program instructor.



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.



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