The Status of Peer Support Supervision

In Adult Community Clinical Services

September 30, 2022

Recommendations
of the
Massachusetts
Peer Support Supervision Workgroup

An Independent Advisory Group
Facilitated by the DMH Area Directors of Recovery

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ACCS Peer Support Supervision Workgroup Report

Executive Summary

To explore the status of peer support supervision in Massachusetts Adult Community Clinical Services (ACCS), the Peer Support Supervision Workgroup held three Listening Sessions. One hundred and fifty-three participants attended at least one session. Participants included Certified Peer Specialists, Recovery Coaches, Family Partners, Peer Support Supervisors, and ACCS Administrators. The Workgroup gathered feedback about strengths, challenges, needs and solutions for peer support supervision.

The general consensus from the feedback was optimistic – not so much about the current state of supervision and integration of peer supporters in ACCS but rather, a sense of optimism about the direction we are headed and a shared hope that we will be able to complete the hard work necessary to get there.

Participants asked for more opportunities to meet, exchange successes, consider challenges, and learn from each other. In this report, we detail the many strengths participants shared with us and recommend establishing a **Community of Practice** to promote the strengths of ACCS Peer Support Supervision.

Participants asked for greater clarity on the roles of peer supporters in ACCS Teams. We recommend **Guidelines** describing the roles of ACCS Peer Supporters and advising Peer Support Supervisors how best to support and integrate peer supporters into ACCS Teams (see Appendix A).

Participants asked for training for ACCS Team Members, Peer Supporters, and Peer Support Supervisors. We recommend piloting **Trainings** for (a) Peer Support Supervisors who *have not* worked as peer supporters, (b) Peer Support Supervisors who *have* worked as peer supporters, and (c) *all* ACCS Teams Members including Agency Leadership.

Participants emphasized the benefits of Peer Support Supervisors with Lived Experience who have worked in peer support roles themselves. We recommend a process to develop a **Career Ladder** that will promote Peer Supporters into roles as Supervisors, Mentors, and Leaders in ACCS Teams and Provider Agencies.

In summary, this report reviews **Listening Session Feedback** on strengths, challenges, needs and solutions for ACCS Peer Support Supervision. We make four **Recommendations** consistent with that feedback:

1. A **Community of Practice** to promote the many strengths of ACCS Peer Support Supervision,
2. **Guidelines** for Peer Support Supervisors providing greater clarity about Peer Supporter Roles,
3. **Trainings** for Supervisors and ACCS Teams focused on Role Clarity and Collaborative Communication,
4. A **Career Ladder** for promoting Peer Supporters into roles as Supervisors, Mentors, and Leaders in ACCS Teams and Provider Agencies.

Summary of Recommendations

Community of Practice. We recommend that Massachusetts DMH Area Directors of Recovery work in collaboration with ACCS Directors of Peer Support to establish a Community of Practice focused on ACCS Peer Support Supervision across the Commonwealth. A steering committee of DMH and ACCS Peer Support Leaders would organize recurring opportunities for ACCS Peer Supporters, Supervisors, and Administrators to meet, share successes, learn from each other, and work collaboratively to overcome challenges. Initially, meetings would be jointly facilitated by DMH and ACCS Peer Support Leaders. The Community of Practice would become an autonomous, self-organizing group focused on the practice and supervision of peer support. We recommend that meetings occur virtually each quarter with additional in-person meeting scheduled as needed.

Supervision Guidelines. We have adapted the National Association Peer Supporters (NAPS) Peer Support Supervision Guidelines[1] to fit the needs of Massachusetts ACCS Teams. More than any other feedback offered in the Listening Sessions, participants focused on the Peer Support Role (187 of 364 comments), specifically on clarifying the Peer Support Role (89 comments) and supporting and mentoring Peer Supporters (88 comments). The Guidelines are grounded in nationally recognized values governing peer support. They provide suggestions for how Massachusetts ACCS Teams can (a) define peer support roles more clearly and (b) support and mentor those working in peer support roles. We recommend the Guidelines be distributed broadly to ACCS Teams, Provider Agencies and DMH Leaders.

Training. Training was the primary solution recommended by Listening Session participants to address the challenges of ACCS Peer Support Supervision (33 of 50 proposed solutions). These challenges include more clearly defining peer support roles, better supporting and mentoring peer supporters, providing group supervision and co-supervision for peer supporters, educating all members of ACCS Teams on peer support roles, and addressing the specific challenges confronted by supervisors who lack experience working in peer support roles. We recommend that DMH and ACCS Provider Agencies collaborate to establish a Training Workgroup led by experienced Peer Support Trainers and ACCS Directors of Peer Support. This workgroup would develop and collaborate with select ACCS Provider Agencies to pilot three distinct trainings for: (a) peer support supervisors *without* experience working as peer supporters, (b) peer support supervisors *with* experience working as peer supporters, and (c) *full ACCS teams* including clinicians, direct support staff, administrators, and peer supporters.

Career Ladder. Most of the feedback on ACCS organizational structure focused on the role of Peer Support Supervisors (31 comments) and the value of supervisors with Lived Experience (29 comments). There was strong agreement that supervisors with professional experience as peer supporters are effective in guiding, supporting, and mentoring peer supporters (see feedback on Organizational Structure below). Participants shared examples of ACCS Providers successfully developing peer support leadership. ACCS Standard 5.3.2 states: "*Contractors must incorporate peer staff in policy and program development, supervisory activities and leadership decisions."* We recommend that DMH expect ACCS Providers to report on their efforts to implement Standard 5.3.2 by (a) providing agency data tracking their Peer Support Supervisors who are qualified by direct experience as peer supporters and (b) submitting Quality Management Plans, including relevant policies and procedures, for implementing Standard 5.3.2. This will allow ACCS Providers to work collaboratively with DMH to implement best practices for promoting peer support professionals into supervisory roles. We further recommend that in Fiscal Year 2023 the Peer Support Supervision Workgroup develop Career Ladder Guidelines for ACCS Providers.

[1] "National Practice Guidelines for Peer Specialists and Supervisors" -- National Association of Peer Supports

Peer Support Supervision Workgroup

The Peer Support Supervision Workgroup was established in January 2022 with leaders from ACCS Peer Support Services and other experienced Peer Support Supervisors: Dawna Aiello—MGH, Andy Beresky—CHD, Celeste Clerk—Wildflower, Toni Eastman—SEA ACCS, Helina Fontes*—NERLC, Ruthie Poole—Bay Cove, Lauren Robinson—SEA ACCS, Windia Rodriguez*—MGH, Amie Sica—Riverside, Adam Whitney—Vinfen, Jeff Wolfsberg*—Advocates. Each of the five Department of Mental Health Areas had two representatives. The Workgroup received Draft Guidelines for Peer Support Supervision from the Implementation Science and Practice Advances Research Center (iSPARC) at the University of Massachusetts working in collaboration with an ACCS Design Team made up of DMH leaders and representatives of ACCS provider agencies.

The Massachusetts Department of Mental Health Area Directors of Recovery facilitated Workgroup meetings and provided organizational and logistical support. The Workgroup met monthly from February to September 2022. Not all members were able to continue through September (*members who left the Workgroup before September).

The Workgroup held three Listening Sessions to explore the status of Peer Support Supervision in Massachusetts Adult Community Clinical Care (ACCS) program. One hundred and fifty-three participants attended at least one session. Participants included Certified Peer Specialists, Recovery Coaches, Family Partners, Peer Support Supervisors, and ACCS Administrators. Listening Sessions were held online on May 26, June 7, and June 22, 2022. Listening Sessions included a diverse range of participants. Almost all ACCS Provider Agencies participated. ASL interpretation was offered at the June 7th Session. A Spanish Language Listen Session was offered on July 21.

Listening Session participants were divided into Breakout Groups. Each Breakout Group was specific to one of three roles: Peer Supporters, Peer Support Supervisors, or ACCS Administrators. Breakout Groups were asked to discuss four questions:

1. What is going well with Peer Support Supervision?
2. What is challenging about Peer Support Supervision?
3. Is there anything you feel you need in your role (Peer Supporter, Supervisor, Administrator) that you are not getting? If so, please explain.
4. What are your ideas for solutions to the challenges of Peer Support Supervision?

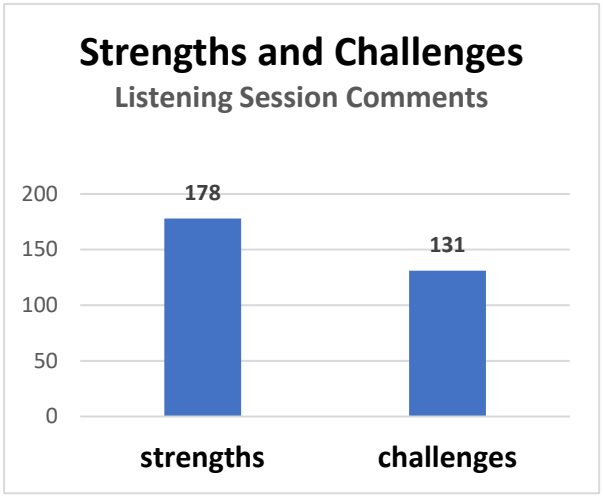
The workgroup established a website (see https://bit.ly/MASSPSUP) to publicize the Listening Sessions and solicit comments on Draft Guidelines for ACCS Peer Support Supervision (see https://bit.ly/DRAFTSUP) through an online survey (see https://bit.ly/SURVEYPSS). The final version of the Guidelines is attached to this report. The Breakout Groups reported back to the main session following their discussions. Report back sessions were videotaped and posted on the website (see https://bit.ly/ACCSLISTEN).

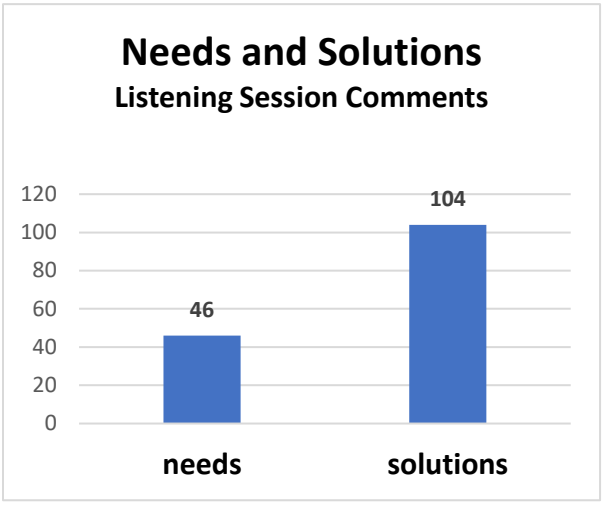
Videotapes were transcribed automatically. All comments were categorized and reviewed. A total of 364 comments were collected. Our analysis of this feedback is summarized below.

The Workgroup developed recommendations based on a review of the feedback and the experience of our members. The recommendations represent the consensus of Workgroup Members who participated through September. The recommendations do not represent the views the Massachusetts Department of Mental Health (DMH) or the DMH Area Directors of Recovery who facilitated the Workgroup.

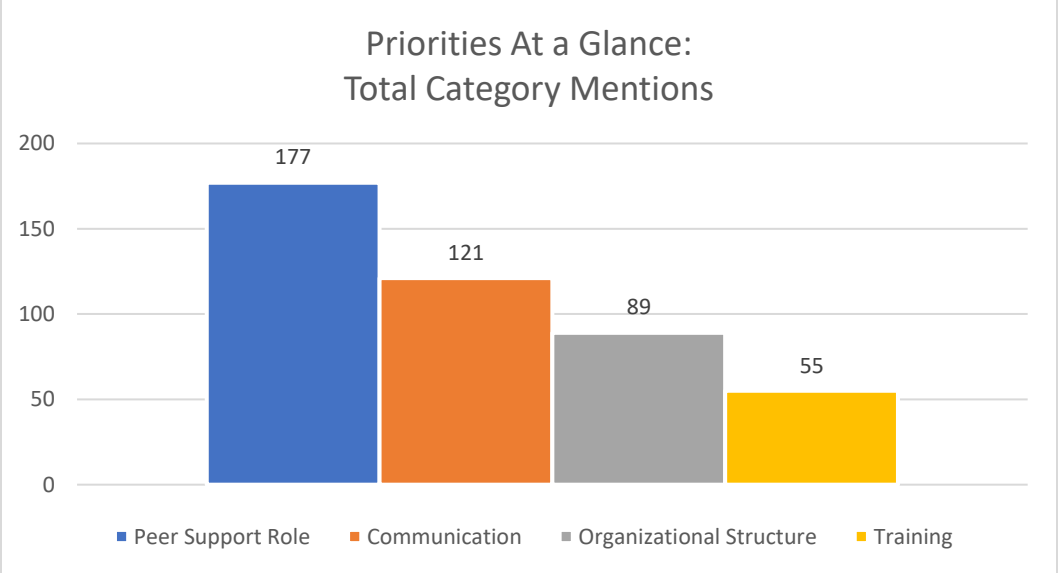
Summary of Feedback

Substantially more comments from the Listening Sessions focused on strengths (178) than on challenges (131). Breakout Groups were more than twice as likely to comment on solutions (104) as on needs (46). This focus on strengths more than challenges and solutions more than needs indicates that participants were optimistic that the challenges of Peer Support Supervision can be solved.

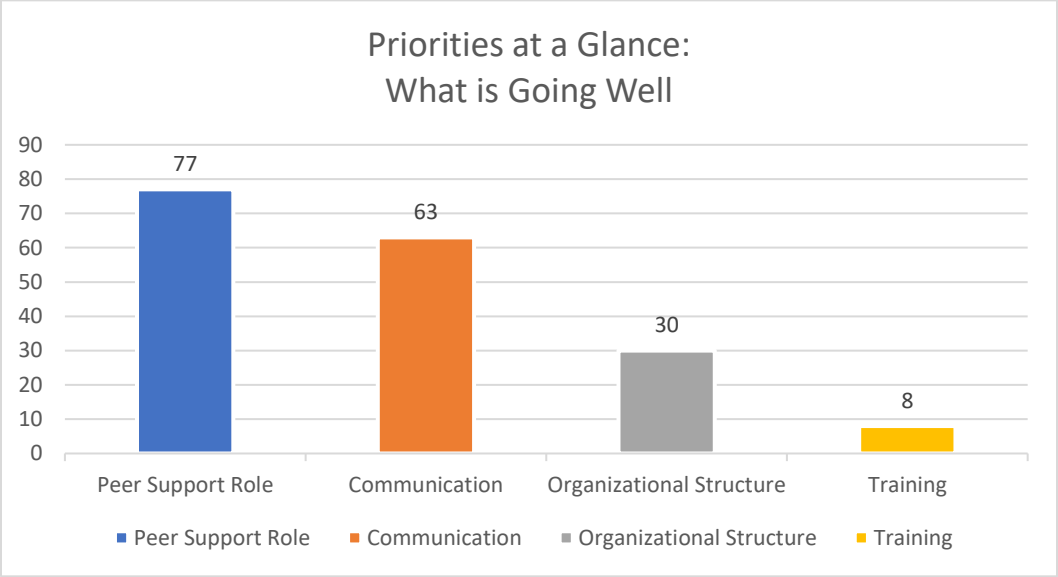




We considered four areas of participant feedback: the Peer Support Role, Communication, Training, and Organizational Structure. Breakout Groups prioritized the Peer Support Role (177 comments) followed by comments on Communication (121 comments), Organizational Structure (89 comments) and Training (55 comments). We discuss later the importance participants placed on Role Clarity as a subcategory of the Peer Support Role. We found that Peer Support Role Clarity was the highest priority in the Listening Sessions.

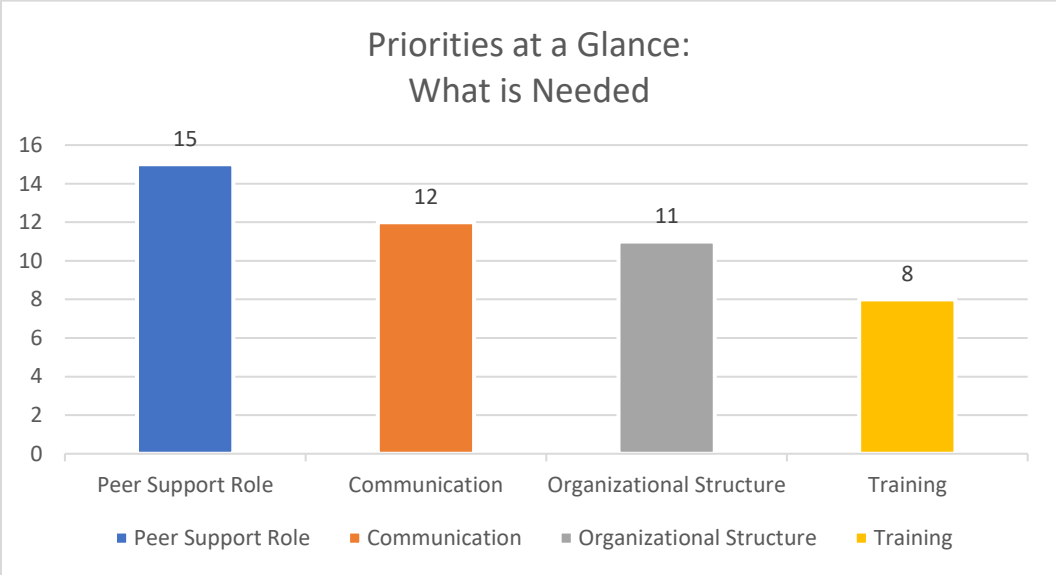


The first question we asked the Breakout Groups was **"What is going well?"** The responses fell in the same order: The Peer Support Role (77 comments), Communication (63 comments), Organizational Structure (30 comments), and Training (8 comments).



The second question was **"What is challenging?"** Again, the Peer Support Role was the first priority (63 comments). Breakout Groups commented more on the challenges of Organizational Structure (32 comments) than on the challenges of Communication (27 comment). We discuss later the importance participants placed on the Lived Experience of Supervisors as a subcategory of Organizational Structure. Supervisors with direct experience providing peer support was both the greatest strength and the greatest challenge of Organizational Structure. Challenges related to Training were the lowest priority for Listening Session participants (9 comments).

The third question was **"What do you need?"** Overall, Breakout Groups offered fewer comments on needs (46 comments) than on strengths (187 comments) and on challenges (131 comments). This was largely because only two of the three Listening Session had time to consider needs and solutions. We find the same priorities with needs as with strengths and challenges: Peer Support Role (15 comments), Communication (12 comments), Organizational Structure (11 comments), and Training (8 comments).

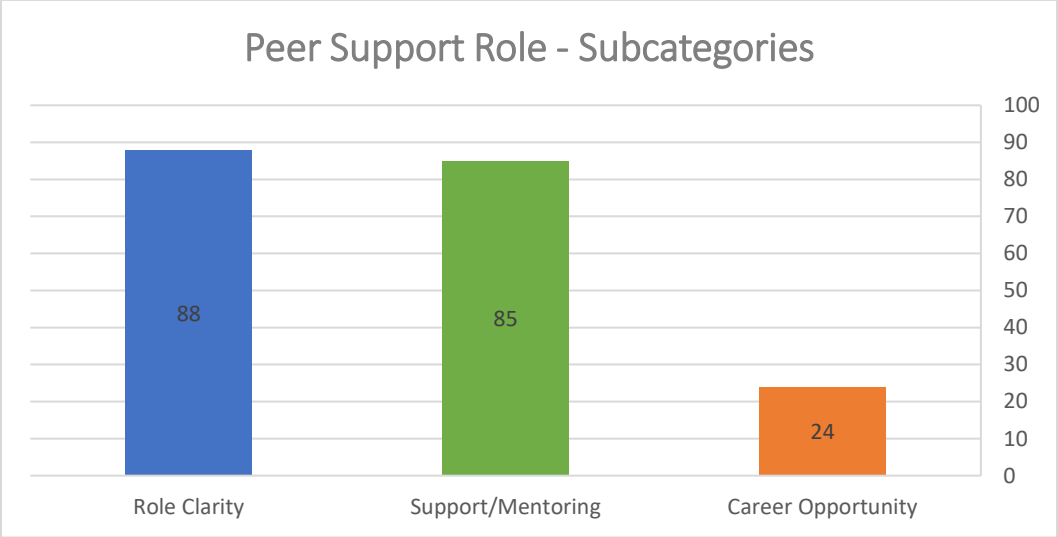


The fourth and final question asked for **solutions** to the challenges of peer support supervision. *Here we find a striking change in priorities*. Training was the highest priority (33 comments) followed by the Peer Support Role (29 comments), Organizational Structure (22 comments) and Communication (20 comments). This emphasis on *training as a solution* stands out because it was not viewed as an especially important strength or challenge; nor was it prioritized as a need. Participants overall optimism about ACCS Peer Support Supervision in Massachusetts is reflected in this emphasis on training as a solution to the challenges we face.

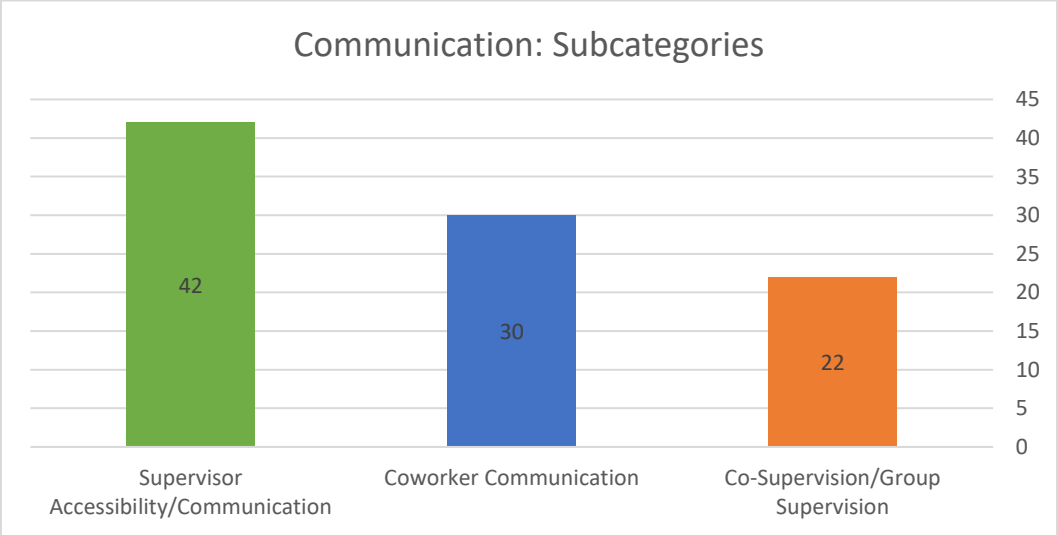
A Closer Look at Participant Feedback

We emphasize four areas of participant feedback: the Peer Support Role, Communication, Training, and Organizational Structure. Each category has subcategories.[2]

Peer Support Role. Breakout Groups provided extensive feedback on the Peer Support Role. They focused especially on the subcategories of Role Clarity (88 comments), Support/Mentoring (85 comments), and Career Opportunities (24 comments).

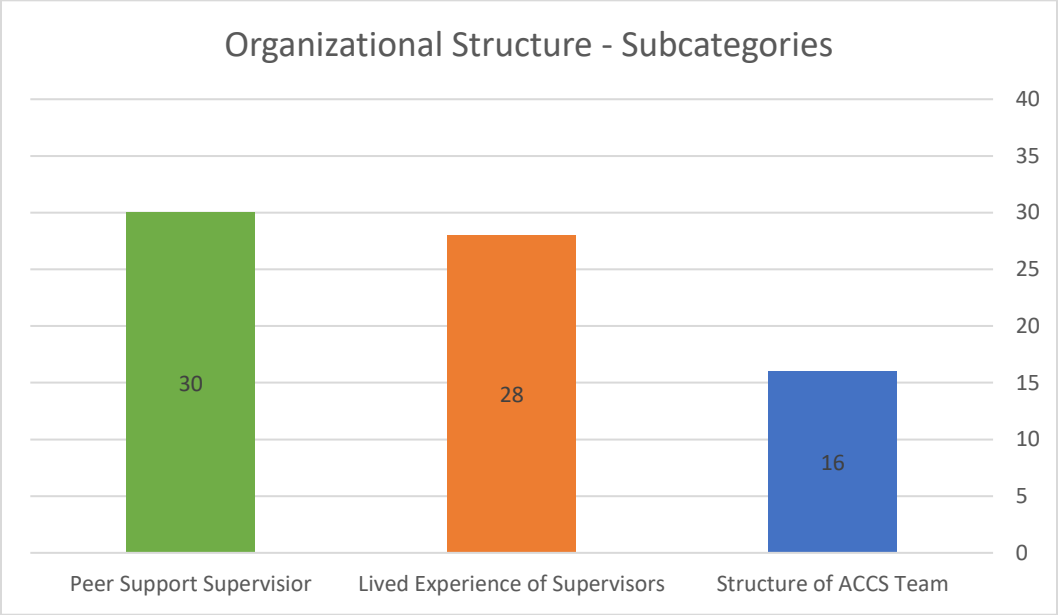


Communication. Breakout Groups provided considerable feedback on Communication including the subcategories of Supervisor Accessibility and Communication (42 comments), Co-Worker Communication (30 comments), and Co-Supervision and Group Supervision of Peer Supporters (22 comments).

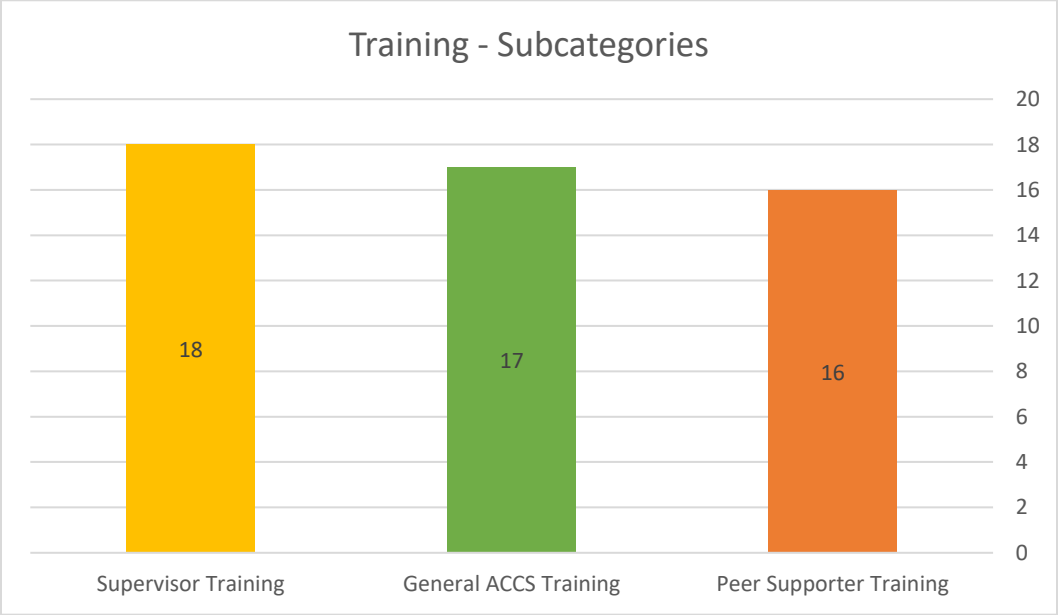


[2] See Appendix C for an analysis for the overlap of categories/subcategories.

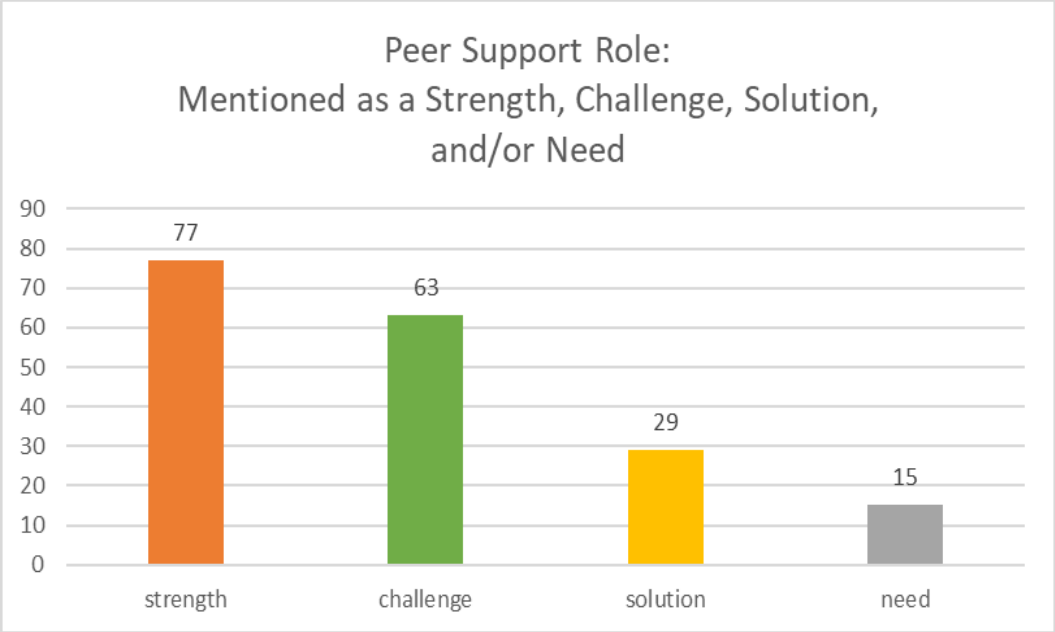
Organizational Structure. Breakout Groups commented on Organizational Structure including the subcategories of the Peer Support Supervisor (30 comments), Lived Experience of Supervisor (28 comments) and the Structure of ACCS Teams (16 comments).



Training. Breakout Groups offered feedback on Training (55 comments) including the subcategories of Supervisor Training (18 comments), General ACCS Training (17 comments) and Peer Support Training (16 comments).

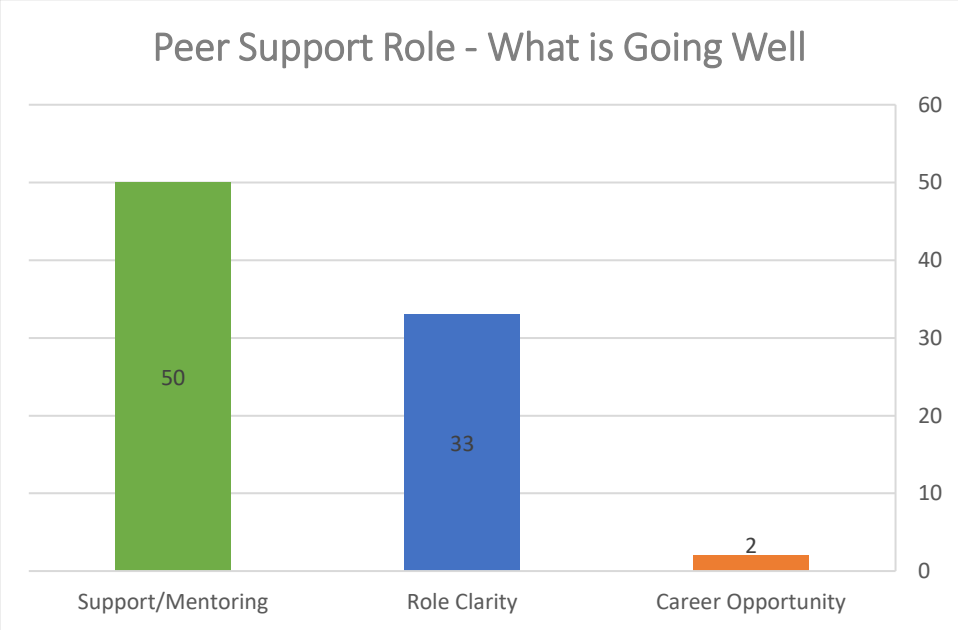


The Peer Support Role



Participants prioritized the Peer Support Role with the most comments. They mentioned more strengths (77 comments) than challenges (63 comments) and more solutions (29 comments) than needs (15 comments).

Comments on the Peer Support Role



Strengths. Breakout groups commented on strengths especially with Support and Mentoring (50 comments) which was much less likely to be viewed as a challenge (25 comments). Support was not limited to supervisors; it also came from peer supporters and other members of the ACCS team.

Role Clarity was seen more as a challenge (39 comments) than a strength (33 comments).

"Supervisors [are] succeeding at maintaining role clarity [by emphasizing] the importance of peer-to-peer mutual language and stepping away from clinical terms and clinical language."

"The first strength is the [supervisor] as role model who usually is leading by examples. It fills up people who are finding themselves trying to learn [the peer support role]."

"[Supervisors] are fostering role clarity and understanding across different positions within the agency."

"[Supervisors] ensure that we're working with clear intentions and doing the best we can to support each other and the people we serve."

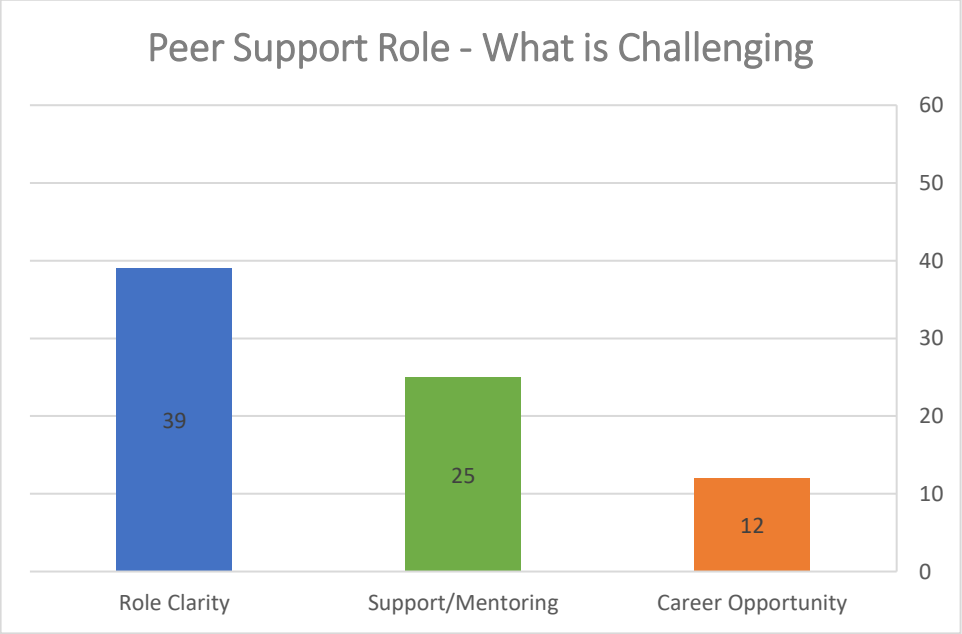
"[Having a peer support supervisor] is helpful because it allows for the team to know what peer support is and what it does within the ACCS model and other parts of the organization."

"I feel that my supervisor has a very strong grasp of role clarity, and that they embrace their role as a change agent."

"My boss is forgiving but leans on me encouragingly to get to each GLE every week and be dependable."

"One individual mentioned [she] has been meeting consistently [with her supervisor]. This has helped keep her aware of peer ethics as she is doing her job on a day-to-day basis."

"We talked about what it's like to have a supervisor who has experience in the role and not being asked to do things that fall outside of [this role]. It helps with focus and having an example of what it is to be a peer specialist."



Challenges. Breakout groups commented on challenges especially with role clarity. Having to educate other ACCS team members was frequently mentioned:

"Everyone in our group had been affected by turnover and with the shortage of residential staff and clinical staff, a lot of the peers were feeling the effect of that, having to constantly define what a peer specialist can or can't do, having to explain within the code of ethics or just to explain what our role could be and yet still being a part of the team."

Peer Supporters are asked to do tasks outside their role that could jeopardize the trust they have built with those they support:

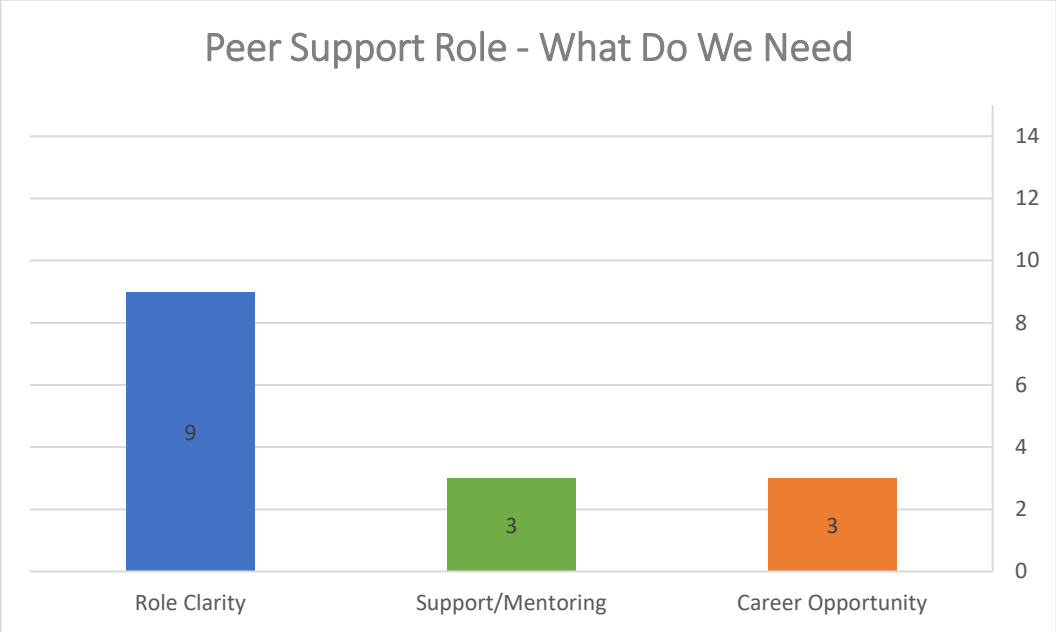
> *Peer supporters work hard and spend a lot of time building trust. Why put all that time at risk by asking [them] to do things that would jeopardize relationships and the person's wellness or support system?*

Misunderstandings regarding boundaries was another theme:

> *[We discussed] differences between the clinician and peer specialists in terms of limits to boundaries. Sometimes that peer specialist is willing to share more in terms of personal information than clinicians and then in supervision that might get a little dicey and misunderstood.*

Team meetings presented another challenge:

> *Meeting with the integrated [ACCS] team, some people feel uncomfortable discussing individuals without the individual present, while others felt that was an opportunity to advocate for them.*

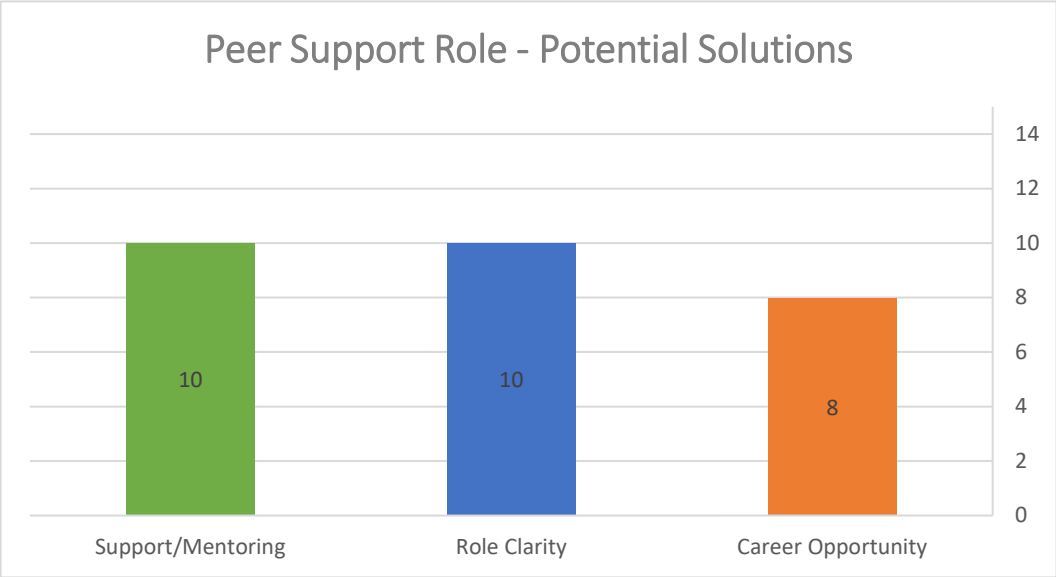


Needs. Breakout groups expressed the need for greater clarity about peer supporters attending ACCS team meetings:

> *"What is our role when we attend clinical meetings? We hear a lot of information that ends up being in conflict with our role in the interest of our being integrated into the supportive ACCS team."*

Participants also emphasize that peer supporters should not be the only staff advocating for a more recovery-oriented system of care:

> *"We spoke about needing more staff being change agents within the system and not relying on the peers to be the only change agents because it needs to start from the top down."*



Solutions. Breakout groups proposed solutions focused on support and mentoring, role clarity, and career opportunity.

The Peer Support Supervisor Guidelines were recommended as a solution to the challenge of role clarity:

The Draft Guidelines are an opportunity to create understanding across [ACCS] roles.

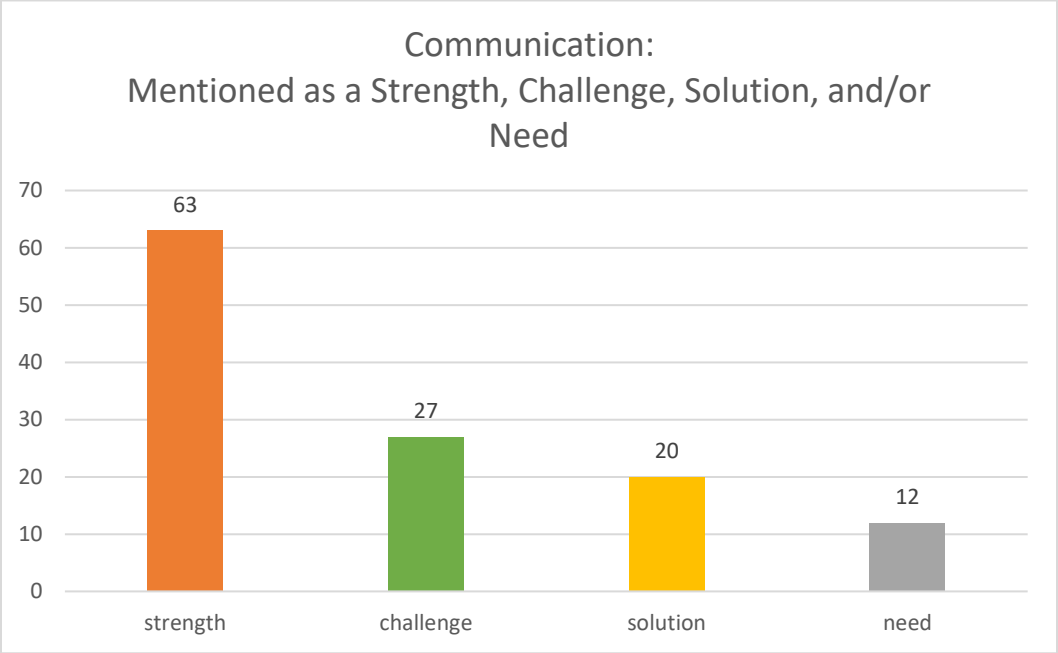
One breakout group emphasized that effective training of Peer Support Supervisors requires clear standards for peer supporters:

"It's important for peer supporters to have a concrete identity and professional standards."

Another solution was training not only for Peer Support Supervisors, but also for the full ACCS Team. One breakout group recommended that the Kiva Center, which currently trains Certified Peer Specialists, also train Peer Support Supervisors:

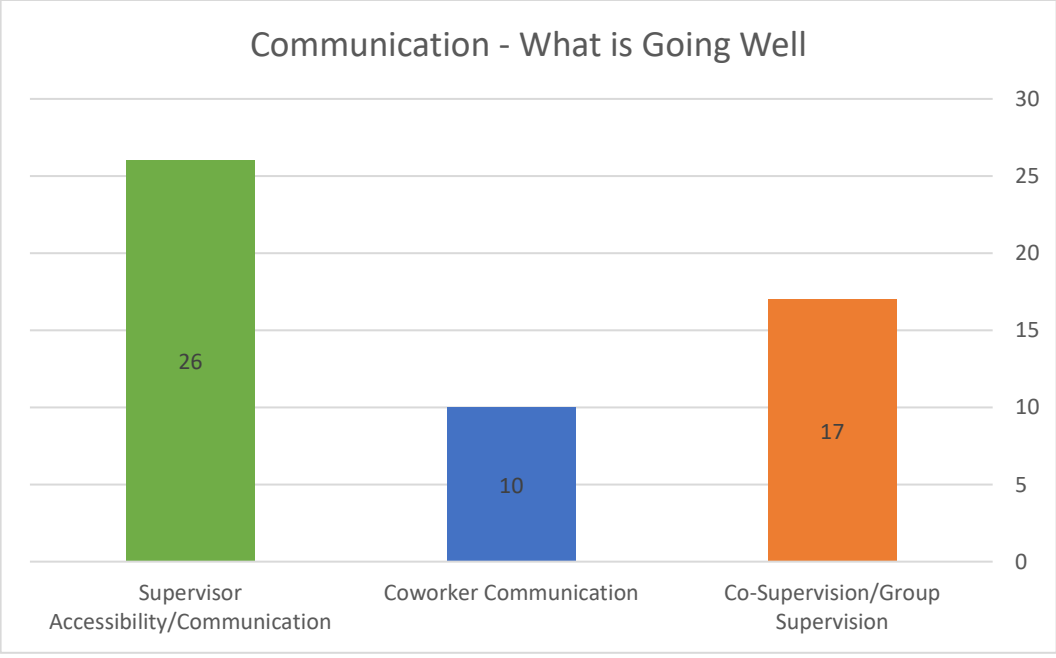
"If you want [supervision of] peer support to be improved then you need to focus on core values and approaches, which trainers from the Kiva Center are knowledgeable about. "

The Role of Communication



Communication was frequently mentioned by breakout groups. Most of the comments were positive (63 comments). Positive comments focused on supervisor accessibility and communication (26 comments), group supervision and co-supervision (17 comments), co-worker communication (10 comments).

Comments on Communication



Strengths. Open communication with supervisors was a topic frequently reported by the breakout groups:

"A lot of people felt safe and comfortable going to their supervisor, with bringing up questions, and also difficult conversations. The way it was framed within our group was the good and

the bad and the ugly meaning, you know, they weren't shying away from difficult topics and things that were just uncomfortable and didn't necessarily sit well."

There's an openness to be able to discuss problems or issues that are affecting us directly with our supervisors.

Break groups reported other strengths of peer support supervision:

"the ability to be simply heard speaking with a supervisor"

"being able to make mistakes and being transparent about it during tough conversations"

"strong empathy from our supervisors and relating to them as peers as well as supervisors"

"a common theme was developing new working relationships with individuals, building trust, transparency"

Accessibility and consistency of supervision was a frequent theme:

"People talked about accessibility being a great thing. Everybody said there was always somebody they could call in a situation when they needed to speak to a supervisor right away to get some feedback about something. And so, accessibility was considered a great positive. Everybody in my group had weekly supervision and they saw that as a good thing."

"So, one of the things that was highlighted was the importance of regular supervision meetings and particularly as needed access to supervision as situations arise. I think it's easy to understand in a job like this, situations can change. Sometimes you need the benefit of someone who has more experience or a different perspective."

Other breakout groups reported:

"Their supervisors were receptive to the feedback they were giving and the flexibility with meeting because I know peers' and also supervisors' schedules are all over the place."

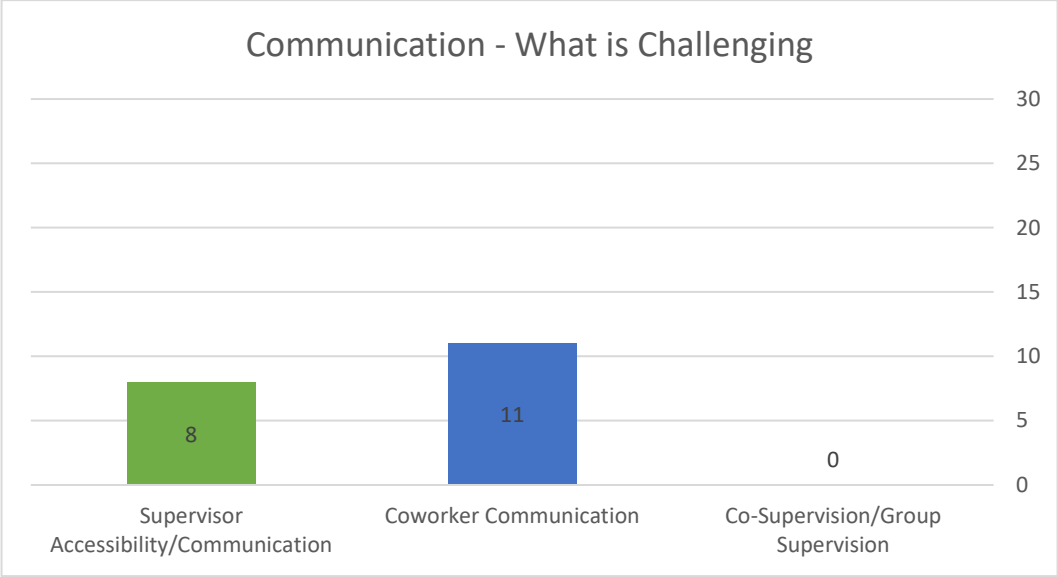
"They felt that [supervision] was more collaborative and not as structured, which they appreciated. And then just learning from each other."

Some participants thought that having a supervisor who was not a peer supporter was beneficial:

"When you have different discipline being your direct supervisor, it does bring awareness on different views and standpoints as the certified peer specialist. And that is a good point. "

"Some people who had clinical supervisors also felt like they got some benefits from that and that the curiosity and the openness they experience with particular individuals had been helpful."

"Something I heard that I really liked was how meeting somebody working in a traditional role really helped to bring the values and ethics to the forefront of that person's mind."



Challenges. Breakout groups reported inconsistent scheduling of supervision and difficulties finding the time for supervision, while at the same time some peer supporters pushed back against mandatory supervision.

"There's not enough time for regular supervision, even if it is scheduled, sometimes it gets bumped and finding room to make that a priority is really important."

"There's some difficulty with overscheduling and difficulty finding time for supervision. There's also been some issues with rigid requirements for mandatory supervision. "

One breakout group reported that both supervisors and peer supporters struggled with valuing supervision and being flexible enough to get the most out of it:

"Supervisors and the people being supervised seek good supervision tools as boxes to check versus a tool to stimulate good conversation. So, working on getting peer supporters and supervisors to see the value in supervision and adjusting supervision styles to meet the needs of each individual person."

One group reported missed opportunities to hear the perspective of peer supporters:

"Things move a little fast sometimes and not making use or utilizing the perspective of the peer, I think sometimes it gets missed at times, not on purpose, but it does get missed."

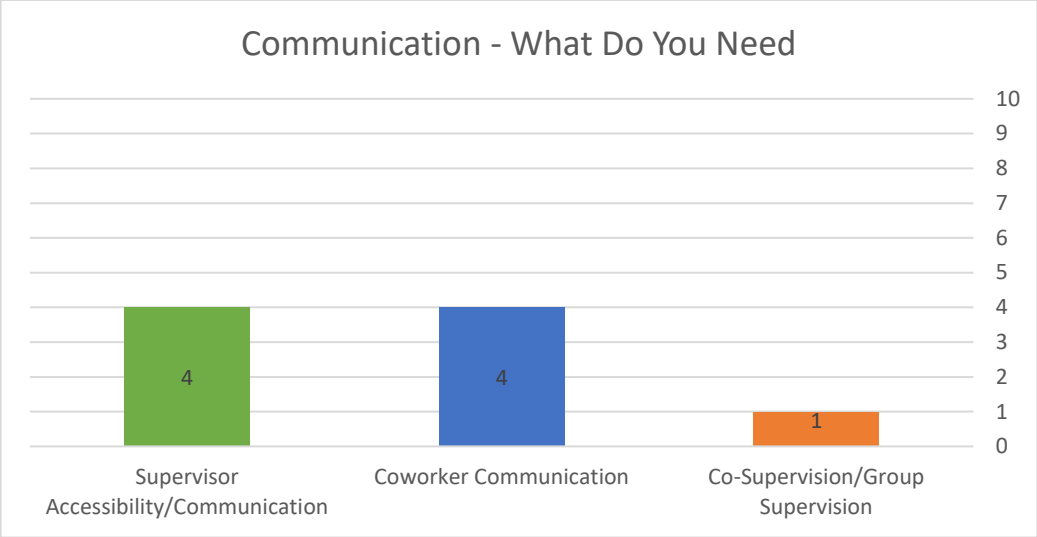
Boundaries were another topic of concern for peer support supervisors:

"We did touch upon boundaries. We want our staff to feel comfortable. We want also to maintain the role of a supervisor. So, boundaries are something we're always talking about."

"We discuss boundaries when a peer specialist overidentifies at times and believes her recovery fits everyone."

One breakout group reported lack of clear direction in supervision:

"[There is] not enough clear direction when it comes to job details and collaboration with the rest of the team."



Needs. Greater consistency in supervision was identified as a need:

"One thing that came up was having consistency around supervision and really making sure to stick to that time and make sure that it happens regularly."

One breakout group reported that peer supporters need:

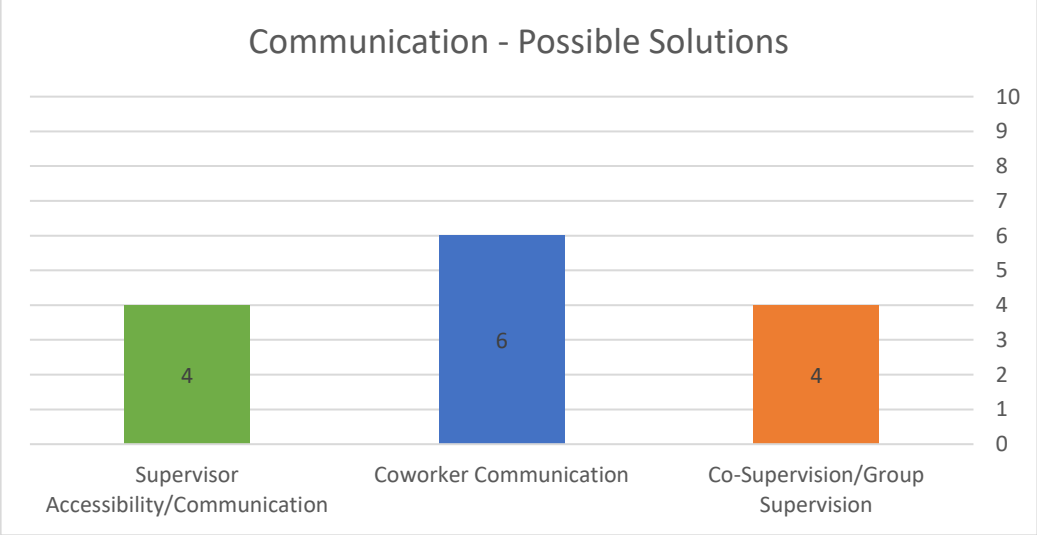
> *"a place to process specific situations that come up, for example access to food in a in a group home, if there's something going on, a place to bring that and talk through that."*

Participants also reported a need to process grief after people they support have died or have been involuntarily hospitalized:

> *"We had people who talked about wanting resources around dealing with grief, especially with a great number of losses this year, processes around dealing with situations when there are sections, especially unnecessary ones, how to best deal and process those situations."*

Another group reported on needing support with the impact Covid-19:

> *"We talked a little bit about COVID and how it has impacted our work with other organizations. So, getting back into working not just within your agency but also outside of your agency and carving out a role in that fashion and preventing isolation."*



Solutions. Beyond one-to-one supervision, many breakout groups emphasize the value of group supervision or co-supervision:

"So, peer teams across the various organizations meet as groups for group supervision. There's an impressive

[number] of topics and types of conversations that are brought up. They're thinking about how their role fits into the team around these topics. The fact that the group is using each other to do group supervision is going well."

Many solutions included training:

"to be able to give feedback in ways that are effective and comfortable"

"some coaching and reinforcement on effective advocacy"

"meetings held with peers for support and skill enhancement"

"more evaluation of lived experience and its importance in recovery and how it can inform the approaches of other [ACCS team] members"

"Pool our knowledge. We are each good at learning different things."

Breakout groups recommended other solutions:

"building strong relationships with people other than supervisors; more integration and discussion and dialog among all staff members."

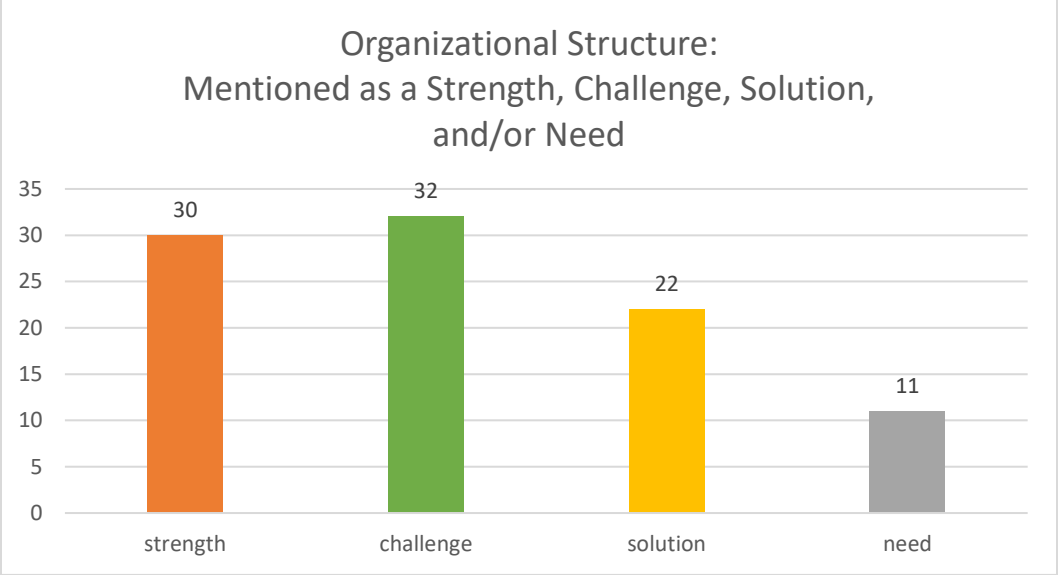
"just being part of a discussion with the clinicians and how that could be a real benefit in that discussion"

"coordination and meetings between multiple levels of supervision and administration"

"frame supervision as a container for learning and growth first and foremost, that it's an opportunity to pick the brain of someone who has done this work for a long time while maintaining high standards."

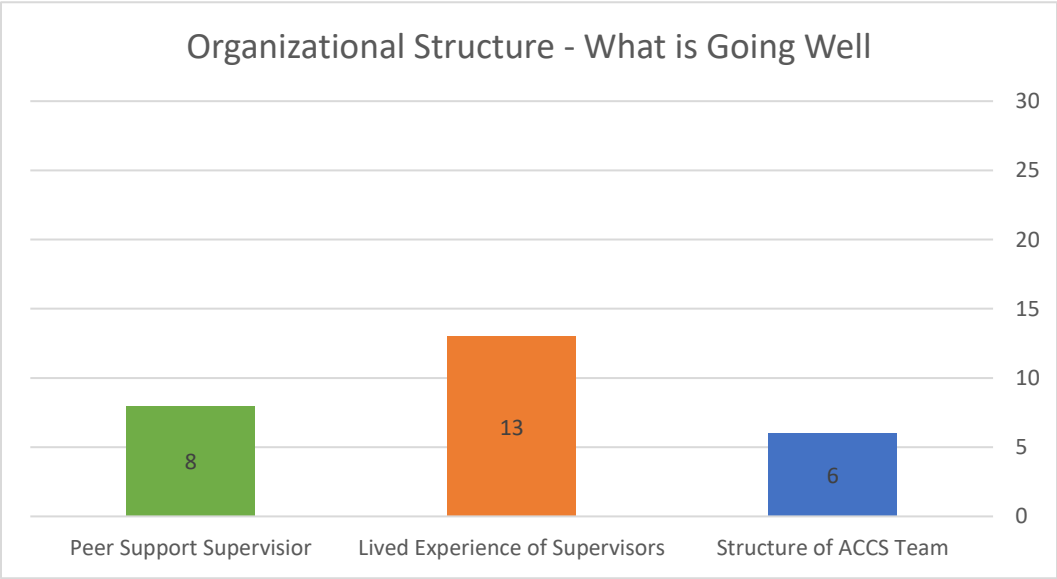
"bringing in the leaders to supervision and say, listen, you want to know what we do? You can ask questions and be more open and engaged. You can listen to us and pass on that advice to your staff."

The Role of Organizational Structure



Organizational Structure was more frequently seen as a challenge (32 comments) than as a strength (30 comments) and as a need (22 comments) than as a solution (11 comments)

Comments on Organizational Structure



Strengths. The *Lived Experience* of Supervisors (13 comments) and Peer Support Supervisor (8 comments) were viewed as the primary strengths of Organizational Structure.

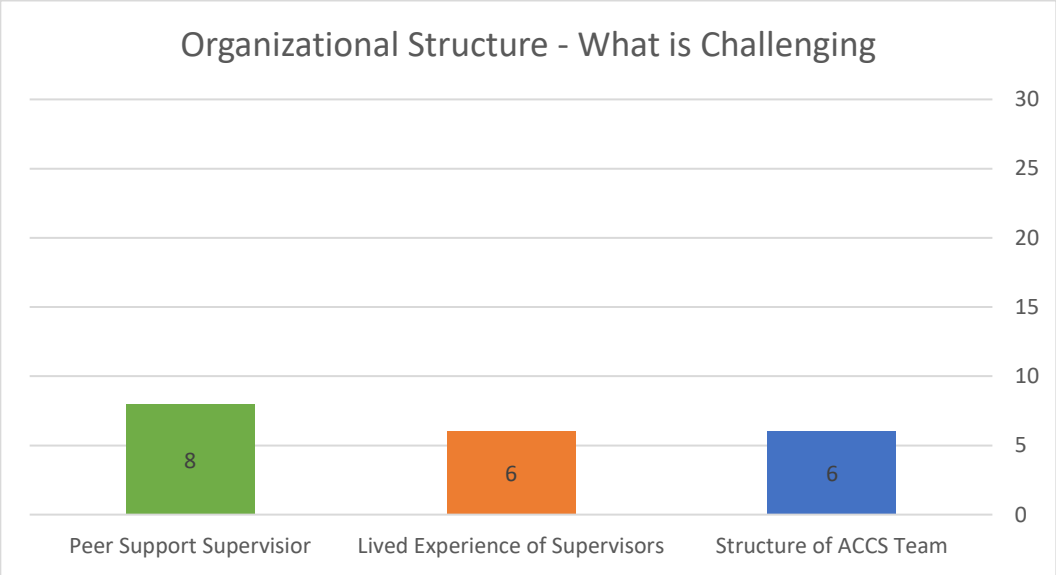
Lived Experience – the occurrence of life disrupting challenges – is the foundation of peer support. A wide range of lived experience may inform the work of peer supporters.

For the Certified Peer Specialist, these may be mental health challenges. For the Recovery Coach, these may be substance use challenges. For the family partner, these may be challenges supporting a loved one. In each of these roles, peer supporters need supervisors who mentor them, lead by example, and share their own lived experience.

"We talked about what it's like to have a supervisor who has experience in the role [so that] we are not being asked to do things that fall outside of [the peer support role]. "

"Having a supervisor who works in a peer role is helpful. If that person is doing what their role calls for, they are fostering role clarity and understanding across different positions within the agency. "

"When there is someone working in a peer role who [supervises] others in peer roles, it helps with onboarding and helps with role clarity, and it helps with explaining to the management what the role is [and] what would be out of bounds and what people in the peer role absolutely should not be involved in. "



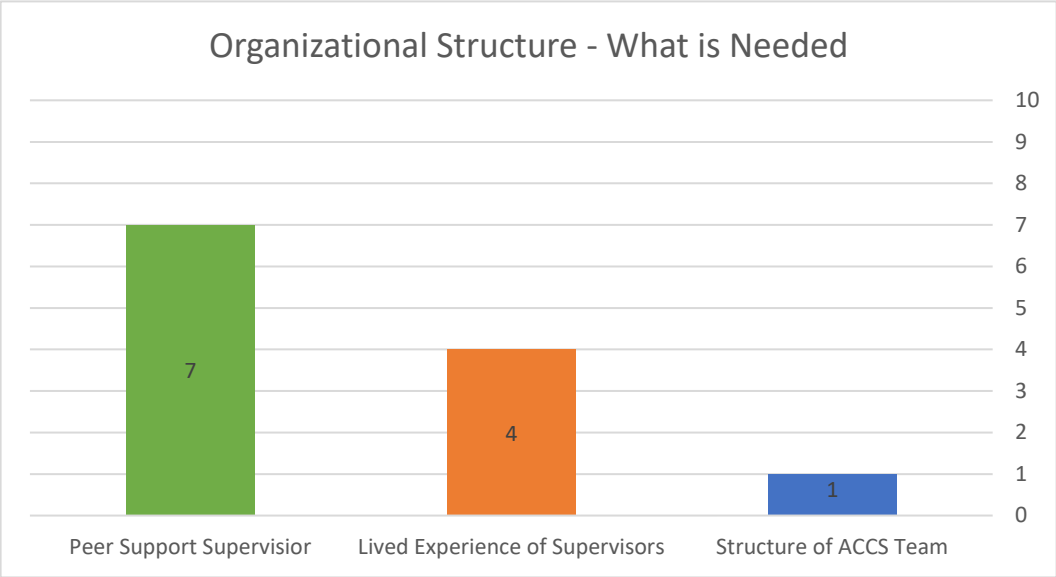
Challenges. Breakout groups reported challenges when supervisors did not have direct experience working as peer supporters:

"I don't have a supervisor who is a Certified Peer Specialist or a Recovery Coach or who identifies as having lived experience. "

"Whereas it's helpful to be supervised by other peers, it's that much more challenging when peers or recovery coaches are not supervised by peers. "

"[We talked] about not being supervised by someone working in the role being very challenging because there are gray areas with peer support that it would be helpful for someone who understands that work to be in a supervisory position."

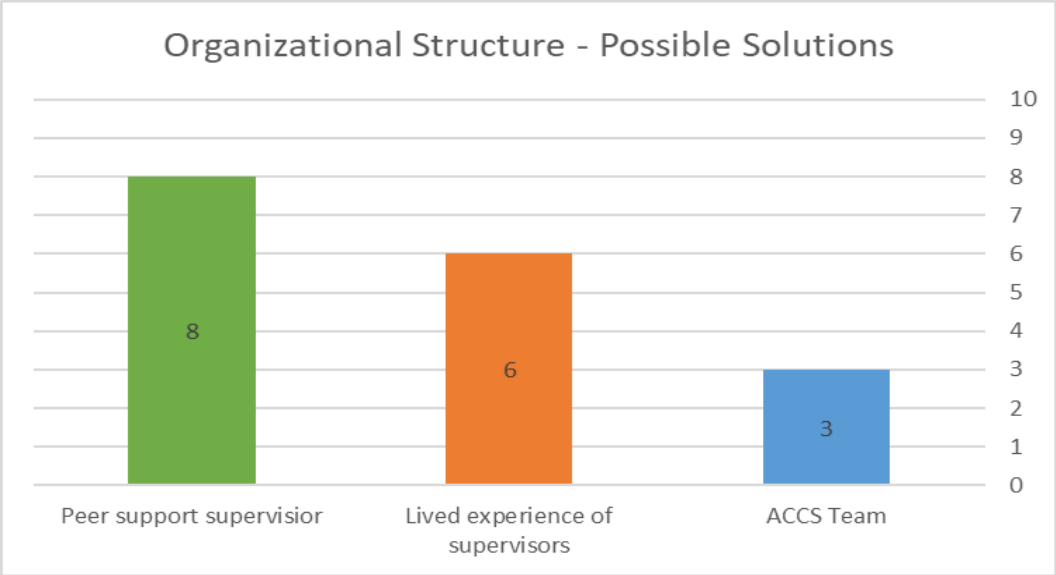
"People who have not worked in peer roles often lack the requisite understanding to make decisions that are in alignment with peer support standards and ethics."



Needs. Breakout groups identified the need for more peer support supervisors with direct experience as peer supporters:

"We just all agreed that there's a dire need of Certified Peer Specialists [as] supervisors within mental health in general."

"We need more promotions from within all [ACCS] agencies for peer supervisors. It should be a requirement that each supervisor has at least had some hands-on experience [in a peer support role]. Or again, how can they know the role from lived experience?"



Solutions. Participants emphasized the importance that supervisors are qualified by having worked in a peer support role:

"Listen to Peer Support Supervisors with lived experience."

"I think there's great value in individuals who have transitioned out of CPS/Recovery Coaching roles because of their ability to understand multiple perspectives."

Breakout Groups proposed that Lived Experience of peer support be a requirement for Peer Support Supervisors:

"I think it's important that anyone supervising a peer supporter should also be working in a peer role. "

"Peer support supervisors should be required to have lived experience in a peer role themselves, whether paid or volunteered."

Several Breakout Groups stressed that peer supervisors who have direct experience providing peer support are role models for those still learning the role.

> *Another strength that I had written down as going well with peer supervision was that there is a lot of positive role modeling and support with breaking down the power differential that can exist when maintaining mutuality [with those we support].*

Negotiating peer support relationships requires stepping out of the traditional "helper" role. SAMHSA quotes an anonymous peer supporter as saying: "I am an expert in not being an expert, and that takes a lot of expertise."[3] Supervising peer supporters also requires "expertise in not being an expert".

> *The best supervisors don't give you the answers. They help you find the answers within yourself and try things out. And then the week later, maybe it didn't work so you come back and talk about it and have other ideas.*

Shery Mead, the founder of Intentional Peer Support, describes *mutuality* as a "process of direct, honest, communication and dialogue in which both people learn and grow while continuously negotiating the terms of the relationship (and have responsibility for making it work)."[4]

> *[Supervisors support us] as we're figuring out, especially early on, the benefits of mutuality in particular, and this sort of negotiation of what [the peer support] relationship is going to be like.*

Mutuality is not just a skill used by peer supporters; it is the culture of peer support:

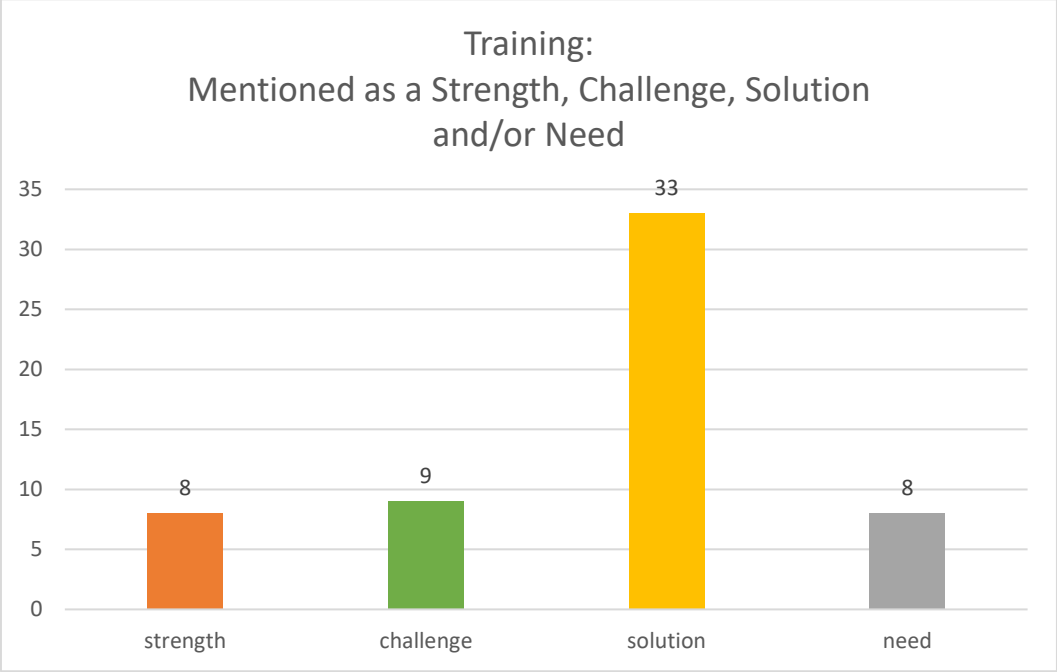
> *We talked a lot about the idea of group supervision and in a way that it's almost like our own culture, a building of culture, of shared values, the idea of mutuality, feeling that support and non-judgment when working, not only with the people we serve but also as staff as we're supervising.*

> *We also talked about overcoming the cultural workplace dynamics. You know, peer support is unique and it's mutual. [Peer] support is not a hierarchy. It is literally "there are people around you". It's not your upper; it's not your lower; there's everyone in your circle.*

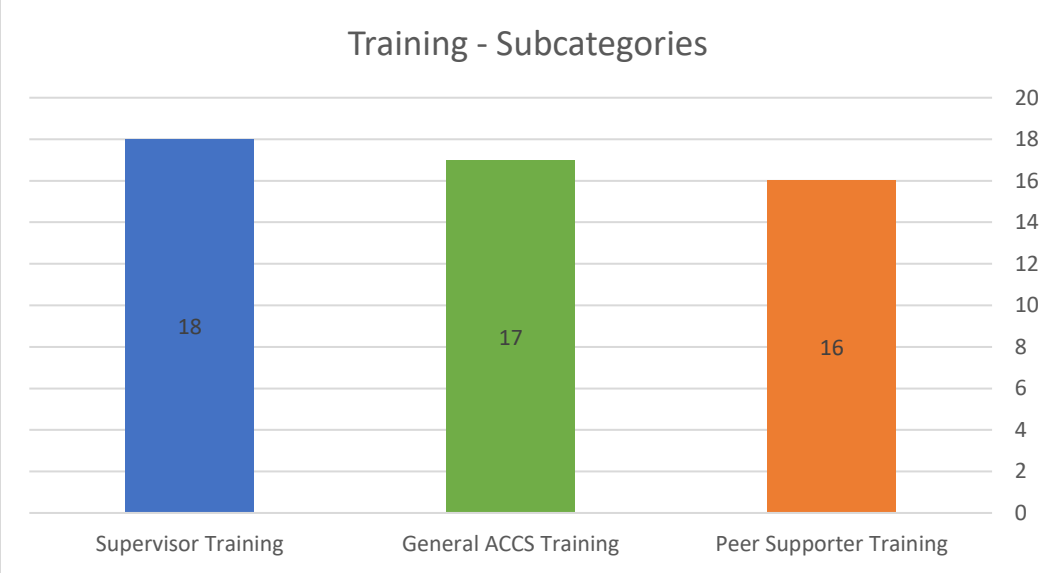
[3] https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peers-supporting-recovery-mental-health-conditions-2017.pdf

[4] https://www.pathwaysrtc.pdx.edu/HTItoolkit/files/05-Organization_of_Peer_Support/1-Peer_Support_Descriptions/B.Intentional_Peer_Support-What_Makes_It_Unique.pdf

The Role of Training

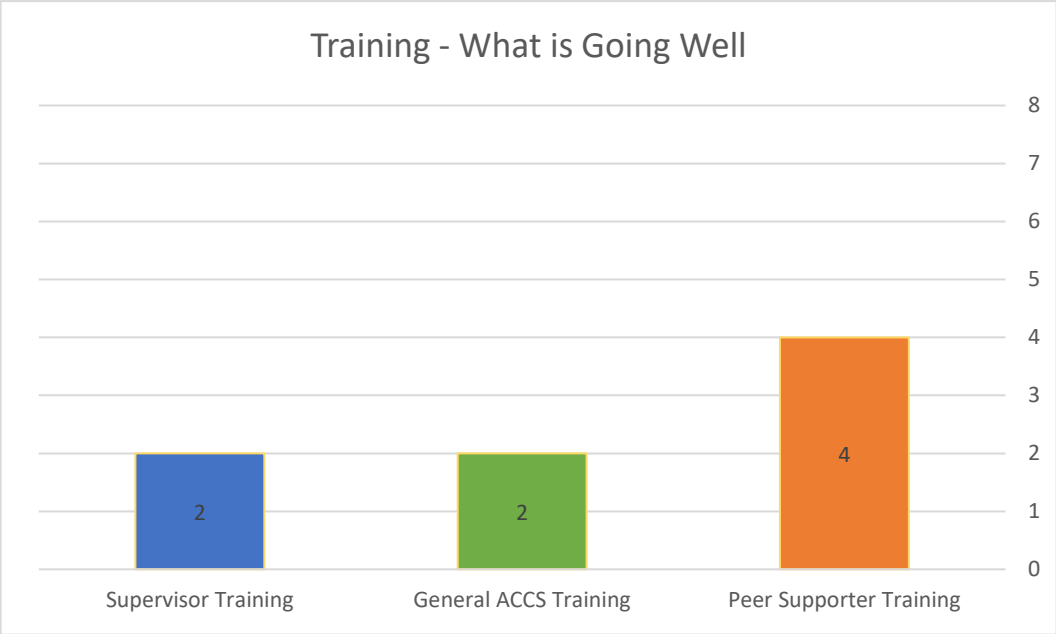


More solutions were proposed for training than for any other topic. Training was seen primarily as a solution (33 comments), and not so much as a challenge (9 comments), strength or need (8 comments each).



Breakout groups focused most on Supervisor Training (18 comments), then on General Training for ACCS Teams (17 comments) and Peer Supporter Training (16 comments).

Comments on Training

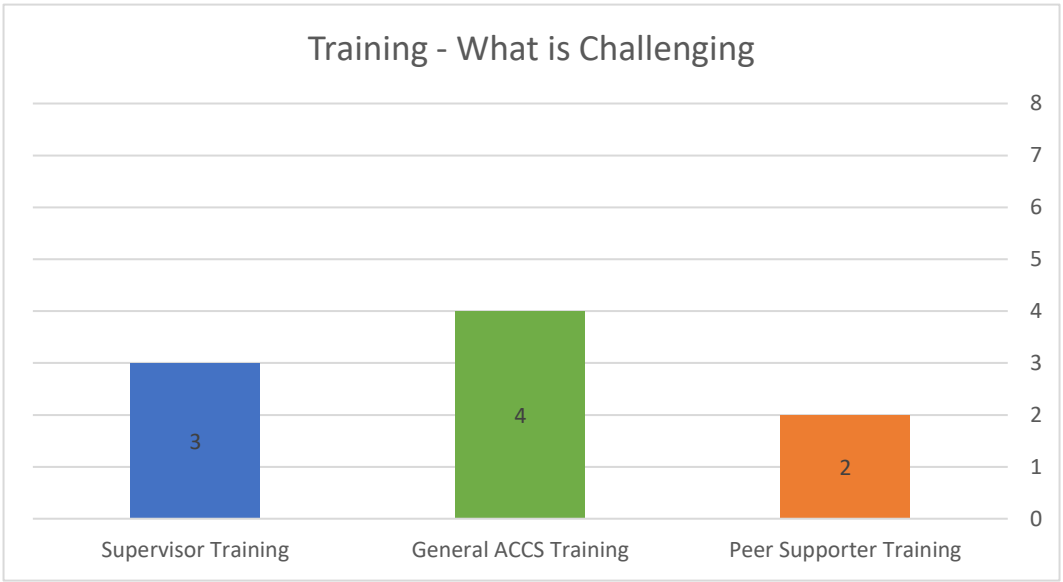


Strengths. Peer Supporter training as well General ACCS training on the peer support role were seen as going well. Beyond the Certification process for Peer Specialists and Recovery coaches, additional trainings are available for peer supporters:

"The other thing we brought up was that it was going well when people were going into the certified peer specialist training [they already] have taken other trainings, other peer based and peer generated trainings that gave them some context for what their roles were supposed to look like before they even got into the certification program. And that also helped a lot with role clarity."

"We heard about [ACCS] orientation having a peer supporter present and talk about peer support."

"Peer specialists are appreciative of agencies paying for trainings and other mental health related events."



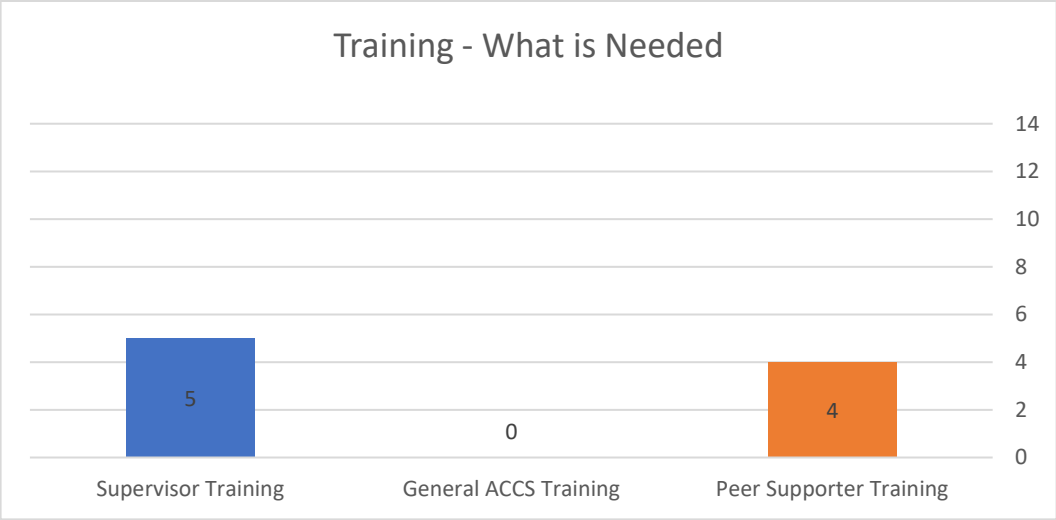
Challenges. Breakout groups report that trainings on peer support supervision are difficult to access:

"Often there aren't any trainings on how to be a supervisor."

"I know a lot of us were just put into a new [supervisor] position, and then [supervision] was one of the responsibilities. But there wasn't a

formal training as to how to do that, as [peer support supervision] does vary from [supervising] other positions."

"We recognize that people who are good at their jobs, in this particular case being a peer specialist, have become a supervisor and they haven't yet developed their supervisory skills, which impacts confidence in that area of their role."



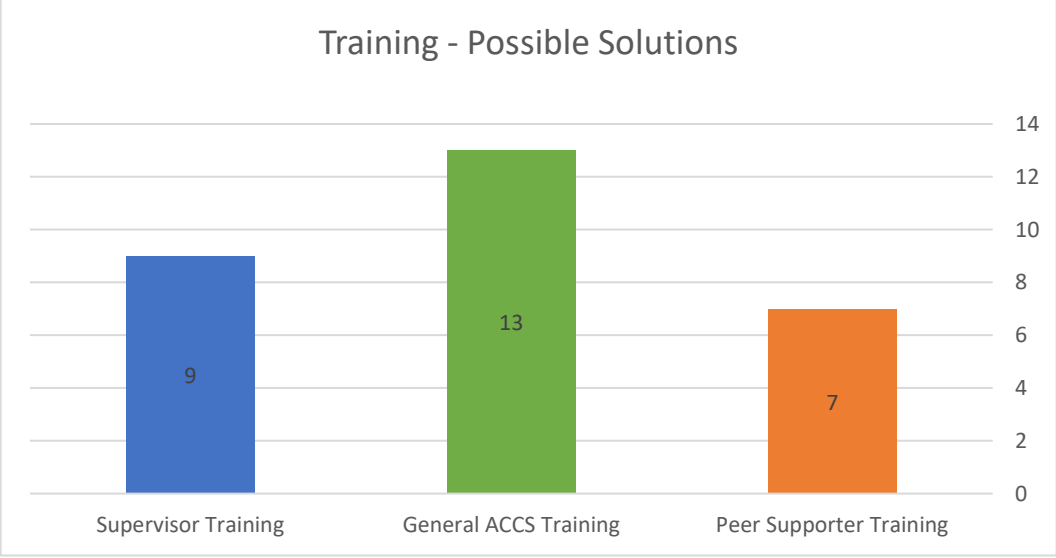
Needs. Beyond training for peer support supervisors, breakout groups identified other training needs:

"We need some clarification on how one becomes a supervisor of peers or recovery coaches and what that looks like."

"We need more direction or resources that supervisors can then provide their peers and recovery coaches, as well as having some training in itself on how to supervise a peer or recovery coach."

"We need to have an increase in training knowledge, but most importantly, implementation on microaggressions, person centered care and as well as trauma informed environments, not just for the team, but then ultimately for the individuals that we're supporting."

"We need to do more training for Wellness Recovery Action Planning (WRAP) and more Intentional Peer Support (IPS) training. Somebody may get trained in Wellness Recovery Action Planning, but when and how and if they actually use it?"



Solutions. Training for the General ACCS Team was the first priority (13 comments), followed by training for Supervisors (9 comments) and Peer Supporters (7 comments).

Breakout groups proposed a wide array of training solutions:

> *"training not just for supervisors but for agencies to best support and integrate the [peer support] role."*
>
> *"training for all new and old staff about what is peer support."*
>
> *"continuing education and training to teach all staff in the same way so there's a consistent awareness and approach [to peer support]."*
>
> *"ongoing competency-based curriculums, how to be fresh, new and up to date in our knowledge."*
>
> *"specific, in-depth trainings [on peer support supervision] that could potentially be tied to salary increases."*
>
> *"training in terms of expectations and what's appropriate and what's not appropriate for a supervisor to ask of a peer specialist or a recovery coach, something just a little more concrete."*
>
> *"trainings for peer support supervision, particularly if they don't have experience as a certified peer specialist, possibly through the Kiva Center."*
>
> *"concrete literature and education around the different peer roles."*
>
> *"better access and choice when it comes to trainings relevant to our roles."*
>
> *"training for our human resources and our recruiting departments about the roles and expectations of what those [peer support] roles are."*
>
> *"education for ACCS and DMH Leadership."*

Breakout groups discussed other possible solutions:

> *"We talked about training regarding how to effectively supervise someone, how to effectively build relationships, because one of the concerns is folks don't bring something to us due to fears of disciplinary action and or potentially losing their job if it looks like they're not doing something well."*
>
> *"We talked about [supervisors] attending certification training that peers do just so supervisors can get an understanding as to what the roles of the peers are going to be so we're on the same page and they're not getting mixed signals from different people."*
>
> *"It was mentioned how it would be great if there was a family partner training and or certification in Massachusetts."*
>
> *"If Intentional Peer Support (IPS) were a required training for anyone working in a peer role, I think that would be a great place to begin."*
>
> *"We talked about ways to enhance education by providing core reflection trainings to other disciplines on the team."*

Recommendation 1: Community of Practice for ACCS Peer Support Supervision

Based on Listening Session feedback about the many strengths of peer support supervision in Massachusetts, we recommend that ACCS Providers continue to meet, share their successes, consider their challenges, and learn from each other. The challenges ACCS Providers confront often have been overcome by other providers. The purpose of a Community of Practice is to allow ACCS Providers from across the Commonwealth to build upon each other's experience.

A Community of Practice (CoP) is "a group of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise by interacting on an ongoing basis."[5] Beyond relationships built and knowledge gained, the goal of the ACCS Peer Support Supervision Community of Practice is to share the *day-to-day practice* – the lived experience – of peer support supervision. Grounded in everyday challenges faced by ACCS Teams, supervisors who have direct experience working as peer supporters will share their skills and expertise.

Feedback from the Listening Session indicates that one of the many strengths of peer support supervision is that supervisors learn from the peer supporters they supervise:

> *I know for myself, as someone who doesn't have that lived experience, [I value] being willing to listen and to hear where they're coming from for certain ideas, that they have the experiences that they had, how they might relate to the client which is why they're going with this sort of option.*

Supervisors, especially those who have not worked in a peer support role, benefit from new perspectives:

> *One of the things that was brought up during our breakout group that was going well was supervising new people in their peer specialist role. And one of the things that was enjoyable about this as a supervisor is being asked new questions. You get new ideas because you have new people, new perspectives.*

Supervisors who lack direct experience providing peer support have much to learn from the peer support community. Peer supporters, as well as supervisors with peer support experience, have much to teach. For this reason, both peer supporters and their supervisors will be invited to participate in the ACCS Peer Support Supervision Community of Practice.

Breakout Groups reported on the benefits when peer support perspectives and clinical perspectives intersect:

> *Overall, collaboration has been going really well. Our peer supporters bring what they're getting in their [peer support] supervision into their [administrative] supervision with team leaders and clinicians on the ACCS team. This brings those [different] perspectives together and really collaborating on cases to make it more a person-centered approach for the folks we are serving.*
>
> *They're supportive and helping to solve problems, letting [peer supporters] lead and come up with their ideas and also adding their own and seeing what kind of fits and to meet in the middle.*

[5] "Introduction to CoPs" Center for Disease Control Community of Practice Resource Kit https://www.cdc.gov/publichealthgateway/phcommunities/resourcekit/intro/introduction-to-cops.html

Listening Session participants also recommend clarifying specific areas such as MAP certification, handling money, documentation, and clinical meetings. They proposed more opportunities for ACCS providers to come together and share solutions in these areas. One Breakout Group emphasized:

> *the potential for something like this [Listening Session] or other ways that allow us to continue to talk about peer topics.*

We recommend that DMH and ACCS Peer Support Leaders organize a Steering Committee to develop recurring opportunities for ACCS Peer Supporters, Supervisors, and Administrators to meet, share experiences, learn from each other, and work collaboratively to overcome challenges. Initially, statewide virtual meetings would be jointly facilitated by DMH Area Directors of Recovery and ACCS Directors of Peer Support. Facilitation would rotate among the five DMH Areas.

Over time, the Community of Practice is designed to become an autonomous, self-organizing group focused on the practice and supervision of peer support. We recommend that statewide virtual meetings occur each quarter with additional in-person meetings scheduled as needed.

Recommendation 2: Guidelines for Peer Support Supervision

In collaboration with iSPARC,[6] we have adapted NAPS Peer Support Supervision Guidelines[7] to fit the needs of Massachusetts ACCS Teams. More than any other feedback offered in the Listening Sessions, participants focused on the Peer Support Role (187 of 364 comments), specifically on clarifying the role (89 comments) and supporting and mentoring peer supporters (88 comments). Our Guidelines for Peer Support Supervisors are designed to increase role clarity for peer supporters and their supervisors. They also offer ways to support and mentor peer supporters.

The term "peer" describes the nature of the relationship in which power is as equally shared as possible, within the limits of the inherent power differential between individuals receiving ACCS service and those being paid as peer supporters. Peer Supporters prioritize the *ideal of mutuality* in their relationships with the person they support for the purpose of encouraging their voices, their self-determination, and their recovery. In addition, they provide advocacy on an individual and systems level to promote recovery-oriented values and principles in ACCS services.

One Breakout Group reported:

> *We talked a lot about the idea of mutuality -- feeling that support and that nonjudgment attitude -- when working not only with the people we serve but also with [peer support] staff we're supervising. So, we talked a lot about having that comfort level to come to a supervisor and have difficult conversations and having that ability to express yourself and not feel judged.*

Successful supervisors encourage peer supporters to support each other and develop an individualized approach to peer support:

> *We have the importance embracing aspects of mutuality within peer supervision by providing support among the peer team and at times coming to the peer team for their own support needs and the idea of mutuality.*
>
> *[Supervisors] really encourage someone to be their own individual self and figure out what that loo*ks *like for them as a peer because that's a very individualized role.*

We strongly recommend that peer supporters be supervised by someone who is certified or credentialed as a peer supporter. If this is not currently possible within an organization, the supervisor should be trained and well-versed in the Certified Peer Specialist (CPS) Code of Ethics and/or the Certified Addictions Recovery Coach (CARC) Ethical Considerations. Peer Support Supervisors should understand the values, expectations, and responsibilities of peer support roles and the modalities used in this work. Further, we strongly recommend that ACCS providers who have not already promoted peer supporters into supervisory roles create a quality improvement plan with measurable outcomes to promote and recruit peer supporters into these roles (see Recommendation 4: Career Ladder).

[6] UMass Chan Medical School Implementation Science & Practice Advances Research Center (iSPARC)

[7] "National Practice Guidelines for Peer Specialists and Supervisors" -- National Association of Peer Supports https://www.peersupportworks.org/wp-content/uploads/2021/07/National-Practice-Guidelines-for-Peer-Specialists-and-Supervisors-1.pdf

"Peer Supporters" include Peer Support Specialists, Recovery Coaches, and Family Partners. Peer Specialists, Recovery Coaches and Family Partners are distinct disciplines, each with their own unique training, job responsibilities, core competencies, and certification/credentialing processes. A notable distinction is that Peer Specialists must have lived experience of mental health conditions, while Recovery Coaches may or may not have lived experience. A Family Partner must have navigated the service system on behalf of their own child and family and be able to draw upon their personal experience to support, guide and empower other families.

Peer Specialists focus on mental health that can often encompass substance use; Recovery Coaches primarily focus on substance use. However, the core values and overall purpose of Peer Specialists and Recovery Coaches have such significant overlap that our Guidelines are designed to be applicable to both disciplines. While those who supervise Family Partners may find much of this guidance useful, they should recognize that Family Partners have their own distinct values and expectations.

ACCS family peer support positions are sometimes called 'Family Partners', 'Family Support Specialists', or 'Parent Coordinators'. Their presence tells families and ACCS staff alike that the organization values the expertise that comes from the day-to-day experience of supporting a child or other family member with emotional, behavioral, or substance use challenges. Family Partners should recognize that persons served directly by ACCS are *not their peers.* Rather Family Partners develop a *peer relationship with family members* of the persons served by ACCS. This is an important distinction. At times, the needs of families may conflict with the needs of individuals served by ACCS, so is important that supervisors be clear that Family Partners are peers with other family members and not with those directly receiving ACCS services. Within an ACCS team, Family Partners, Peer Specialists and Recovery Coaches will collaborate but *their roles are not interchangeable*.

ACCS teams are comprised of a variety of disciplines and backgrounds. Therefore, team decisions are made within the framework of a multidisciplinary partnership. The role of the Peer Support Supervisor is to encourage multidisciplinary conversations that include peer supporters as equal participants with their own unique qualifications and perspective. The open and honest acknowledgment of power and privilege – the interplay of these and their impact on options for recovery of the people served – is integral to both supervision and the delivery of peer supports. ACCS Peer Support Supervisors should look for opportunities to increase the sharing of power at an individual, team and agency level.

The Guidelines are designed to assist Peer Support Supervisors to understand and navigate peer support values, the culture of mutuality, and the dynamics of power and privilege found in the day-to-day work of ACCS teams. The Guidelines are driven by the nationally recognized values governing peer support roles. The Guidelines suggest how these values can be applied to the supervision of peer supporters on ACCS Teams. They are *suggestions for a way to approach* supervision. They are *not intended to be specific protocols* for supervisory action. Protocols and procedures will vary by agency and organizational context.

Recommendation 3: Training for Peer Support Supervisors and ACCS Teams

Training was the primary solution recommended by Listening Session participants for addressing the challenges of peer support supervision in Massachusetts ACCS Teams (33 of 50 proposed solutions). These challenges include more clearly defining peer support roles, better supporting and mentoring peer supporters, providing group supervision and co-supervision for peer supporters, educating all members of ACCS teams on peer support roles, and addressing the specific challenges confronted by supervisors who lack experience working in peer support roles.

We recommend piloting three distinct trainings for: (a) peer support supervisors *without* experience working as peer supporters, (b) peer support supervisors *with* experience working as peer supporters, and (c) *full ACCS teams* including clinicians, direct support staff, administrators, and peer supporters.

Breakout Groups recommended:

> *"training with respect for peer support that is not siloed, and training that is person centered, trauma informed [and addresses] what is peer support – start with very basic. "*
>
> *"mandatory training and education around the different peer support [roles] upon entry to an ACCS team or mental health division."*
>
> *"trainings that help standardize the process for supervising peers, a clear understanding of what peer work is and best practices meeting consistently."*

Senior Massachusetts Peer Support Leaders have developed a comprehensive training for Peer Support Supervisors. The training aims to be equivalent to the Recovery Coach Supervisor training for substance use challenges. Other ACCS providers offer half-day trainings for Peer Support Supervisors and ACCS Teams.

We recommend piloting trainings in collaboration with select ACCS providers guided by a Statewide Steering Committee led by experienced Peer Support Trainers. The committee would include ACCS Directors of Peer Support, ACCS Peer Support Supervisors with Lived Experience, a DMH Area Director of Recovery, and the ACCS Agencies collaborating in the pilot trainings. Peer Support Supervisors will benefit from training about the primary modalities of three distinct peer support roles: Certified Peer Specialists, Recovery Coaches, and Family Partners.

Certified Peer Specialists have a Code of Ethics (Appendix B) that defines ethical behavior, guides best practices, and establishes professional identity. Supervisors of Certified Peer Specialists should be trained in the CPS Code of Ethics and recognize that it stands as the cornerstone of mutual peer support. Additional training is needed for supervisors to become skilled in applying the CPS Code Ethic in the context of the ACCS program structure.

Massachusetts has three core competencies for Certified Peer Specialists: "Mutual Peer Support", "Change Agent", and "In but not Of" the mental health system. The concept that peer supporters are "In" but not "Of" the system can sometimes cause confusion among ACCS providers. Embedded in the ACCS team, Peer Supporters are a non-clinical profession on a multi-disciplinary team. The Peer Support role is intended to both balance and supplement the clinical emphasis of ACCS. Peer Supporters need training to shield themselves against "peer drift", a term used to define the shifting of peer roles into more medicalized duties. Peer supporters are trained to maintain their own values, use human-experience language, and avoid clinical terminology.

By utilizing the hope-filled, strength-based perspective peer supporters champion, ACCS Teams are able to build upon ACCS services that empower the people we support to live the lives they choose. Clinicians will benefit from training about the importance of "complimentary" supports in a multidisciplinary team where concerns about risk are balanced by peer supporters' lived experience of courage and possibility. A growing appreciation of peer supporters' presence "In" the room but not "Of" the clinical profession will enrich ACCS Teams' understanding of the multidisciplinary design of the ACCS model.

The three Massachusetts Peer Specialist competencies are an extension of the Certified Peer Specialist fundamental modality: Intentional Peer Support (IPS) as developed by Shery Mead. Supervisors should be trained to guide Certified Peer Specialists in the four core tasks of Intentional Peer Support: (a) establish connection, (b) explore worldview, (c) develop mutuality, and (d) move towards a person's hopes, goals and dreams. The Intentional Peer Support Self-Assessment[8] provides a useful (but not required) tool to assess peer supports (Appendix C). The IPS Self-Assessment reviews ten areas of peer support: Cultivating Connection, Shifting from Helping to Learning, Exploring Worldview, Shifting from Individual to Relationship, Mutuality, Shifting from Fear to Hope and Possibility, Moving Towards not Away, Self-Reflection, Giving and Receiving Feedback, and Co-Reflection. Taken together, the three core competencies, the four IPS tasks, and the ten areas of peer support provide a robust framework for training Peer Supporter Supervisors.

Peer Recovery Coaches utilize their own core competencies: active listening, asking good questions, and managing one's own biases. The primary modality utilized in Recovery Coaching is Motivational Interviewing, which seeks to support those in active recovery through the Five Stages of Change. Recovery Coach Supervisors are trained in various competencies by the Recovery Coach Academy such as recovery capital, harm reduction, and ethical considerations. A Recovery Coach Supervisor understands how a Recovery Coach differs from a self-help sponsor or a substance use counselor. Recovery Coaches have a mandatory training and a two-day Ethical Considerations training. We recommend that Recovery Coach Supervisors also take the Ethical Considerations training.

Family Partners do not currently have a state accredited certification training. Although included in the ACCS standards, Family Partners are less frequently found on ACCS teams. The established best practices for Family Partners are (a) current or previous experience raising a child or youth with emotional or behavioral challenges, (b) knowledge of the mental health system as well as other relevant support systems, and (c) understand parents' unique experiences and struggles. Provider Agencies and Peer Support Supervisors will benefit from guidance in properly recruiting, training, and operationalizing the Family Partner role within the ACCS model.

The commonality of all three roles is the direct use of lived experience and the ability to share one's story to inspire hope, raise awareness, and advocate for change. Peer Support Supervisors will require training to understand that the professional boundaries of peer supporters differ significantly from clinical ACCS roles. The application of traditional clinical boundaries stifles the effectiveness of peer support. Peer Support Supervisors should be trained to offer guidance on how peer supporters can effectively use their stories to mutually support others and promote positive change.

We recommend training for ACCS Supervisors to distinguish the three distinct peer support modalities as well training in the common elements of peer support. This training is a necessary foundation for supervisors to implement the Peer Support Supervision Guidelines (see Recommendation 2 above).

[8] https://www.intentionalpeersupport.org/wp-content/uploads/2017/03/IPS-Core-Competencies-1-4-17.pdf

Recommendation 4: Peer Support Career Ladder

We recommend that the Department of Mental Health encourage ACCS Providers to develop an agency-wide Peer Support Career Ladder. The Career Ladder would provide a pathway for promoting and recruiting peer supporters into supervisory roles. Listening Session participants viewed supervisors with lived experience as peer supporters to be most effective in guiding, encouraging, and mentoring peer supporters. We reviewed the benefits of Supervisors with Lived Experience in our summary of feedback on Organization Structure (above).

Breakout groups emphasized the importance of ACCS agencies developing a Career Ladder:

> *Creating a career ladder would create a clear pathway toward ensuring that anyone supervising a peer supporter is someone who works in a peer role.*

Most of the feedback on ACCS Organizational Structure focused on the role of Peer Support Supervisors (31 comments) and the value of supervisors' Lived Experience (29 comments).

> *Having lived experience supervisors for peer roles is best to educate, advocate and support the unique nature and expectations of the role on an integrated ACCS team.*
>
> *What was brought up was the importance of peer supervision being done by peer specialists or certified peer specialists, and that they have the knowledge of things like the code of ethics and the general roles that peer support is supposed to fill, and that puts them in a position where they can better support that and guide people doing that work.*
>
> *Everyone in this particular organization who is supervising has lived experience, and this structure seems to be extremely helpful.*

ACCS Standard 5.3.2 states: "*Contractors must incorporate peer staff in policy and program development, supervisory activities and leadership decisions."*[9] We recommend that DMH expect ACCS Providers to report on their efforts to implement Standard 5.3.2 by (a) providing agency data tracking employment of peer support supervisors who are qualified by their training and experience as peer supporters and (b) submitting quality management plans, including relevant policies and procedures, for implementing Standard 5.3.2. This will allow ACCS providers to work collaboratively with DMH to implement best practices for promoting peer supporters into supervisory roles.

We further recommend that in Fiscal Year 2023 the Peer Support Supervision Workgroup develop Peer Support Career Ladder Guidelines for ACCS Providers with a report due by June 30, 2023.

[9]Adult Community Clinical Services (ACCS) Request for Response, DMH Document Number: RFR # 2018-DMH-3054-01, November 10, 2017, Page 28.

Appendix A

Peer Support Supervision Guidelines

Guidelines for Supervision of Peer Supporters

In Massachusetts

Adult Community Clinical Services

September 30th, 2022

ACCS Peer Support Supervision Workgroup

An Independent Advisory Group of
Massachusetts Peer Support Leaders
https://bit.ly/MASSPSUP

In collaboration with iSPARC

Implementation Science & Practice Advances Research Center
UMass Chan Medical School
https://www.umassmed.edu/sparc/

Adapted from: The National Association of Peer Supporters (2019).
National Practice Guidelinesfor Peer Specialists and Supervisors.
Washington, DC: https://www.peersupportworks.org/

INTRODUCTION

With the inclusion of peer supporters as a mandatory and crucial element in the service delivery model of Adult Community Clinical Services (ACCS), the Massachusetts Department of Mental Health has reaffirmed what we have known all along. Peer supporters play a vital role in the journeys of those who have experienced life-disrupting challenges with emotional distress, extreme states, trauma histories, and issues with substance use. Whether we call this process recovery, personal growth, human development, or any other relevant term, peer supporters have invaluable insights and wisdoms into the inner workings of these processes because they literally have "been there." By offering mutual and non-judgmental support, advocating within complex social service systems, and acting as beacons of hope, peer supporters can affect change on both the interpersonal and systemic levels.

When a need arises within a community, there are generally two types of broad response: a grassroots response and a systemic response. Peer support originated in a grassroots form, and the challenge for ACCS providers is embedding a grassroots response within a systemic response. This challenging dynamic has caused some tensions and confusions with both traditional providers and peer supporters alike. The purpose of this guidance document is not to provide all the answers. Rather, it serves as a lantern, a guiding light towards establishing a model of supervision that reflects best practices and role clarity.

Adapted from the National Association of Peer Supporter's 2019 "National Practice Guidelines for Peer Specialists and Supervisors", the following document adopts the spirit of the original while recognizing the diversity of peer support practices from state to state. We made every attempt to include elements from both our state's unique Certified Peer Specialist training modules as well as the larger community of peer supporters practicing throughout Massachusetts. We have gathered feedback on these Guidelines from peer supporters and their supervisors across Massachusetts. It is our sincere hope that peer supporters will see elements of their work and their words reflected in the contents of this document. It is also our hope that supervisors operating in both traditional and peer roles will see the value in using this document to form an effective and dynamic partnership with those they supervise.

Eleven Core Values of Peer Support are listed below and then the practice of each value is explained in detail. This document serves to identify a simple, direct practice phrase, and then names the steps necessary for peer supporters and their supervisors operating within the ACCS model to practice this value. The ultimate goal is to identify the tasks of an ACCS peer supporter, and then to tie these tasks to the supervisor's specific actions so that supervisors can best offer support, guidance, and clarity to those they supervise.

CORE VALUES

In addition to SAMHSA's Working Definition of Guiding Principles of Recovery (https://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf), twelve core values have been ratified by peer supporters across the United States (NAPS, 2019) as the core ethical values for peer supporter practice. Eleven[i] of these core values form the basis for the Massachusetts Guidelines for Supervision of Peer Supporters. They are defined in each section of the document.

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

CORE VALUE 1

Peer Support is Voluntary

Our journey and our recovery are ***personal choices***. 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 very nature of genuine peer support. The voluntary nature of peer support makes it easier to build trust and connections with another. That trust cannot be violated and should not be forced.

The giving and receiving of peer support is rooted in mutuality and is therefore an inherently unique and valuable contribution by peer supporters to ACCS services. The integrity of this mutuality should be protected; peer supports should ***not*** be co-opted into a role of case management or service coordination. People may want peer support for various areas important to them, such as housing, employment, or benefits, for example. The role of peer support is not just another form of service coordination, nor does it simply represent a means of accumulating resources to accomplish change in these domains.

Rather, peer support requires mutual and voluntary support, participation, and partnership. Through an organic process that takes place on each person's own terms, peer supporters support the person's life goals. Peer support actively encourages community, self-growth, and an increase in both self-confidence and self-worth. By acting as a bridge to community life, peer support shows by living example that people in services can be people outside of services.

PEER SUPPORTER GUIDELINES	**SUPERVISOR GUIDELINES**
Practice: **Support Choice**	The supervisor role vis a vis ACCS is to:
• Peer supporters do not force or coerce others to participate in peer support services or any other service. • Peer supporters respect the rights of those they support to choose or cease support services or use the peer support services from a different peer supporter. • Peer supporters, like all members of the ACCS Team, may find it difficult to work with certain individuals both for personal or professional reasons (e.g., conflicts of interests or dual relationships; trauma triggers etc.). • In these situations, the peer supporter may develop more skills and continue to	• Encourage peer supporters in promoting individuals' choices including the choice to participate in ACCS. • Support peer supporters in understanding that ACCS services are voluntary and being able to fully explain to the person they support that they can choose not to enroll or stay in services. • Develop/Maintain current knowledge about trauma-informed approaches that reduce or eliminate force and coercion, to create a safer environment for all. • Create non-judgmental relationship with peer supporter, to promote the exploration, selection and delivery of

work with the individual; choose to terminate the relationship/refer to others; add another team member to deal with specific tasks etc. to provide assistance with the individuals' interests and desires. • Peer supporters advocate for choice when they observe coercion in any mental health or substance use service setting.	effective strategies to respond to difficulties/differences in views in the peer support relationship. • Provide support/guidance/coaching to peer supporters around the skill of advocating for choice or speaking up when coercion occurs, especially when it is subtle or systemic. • Advocate on behalf of the peer supporter when they are asked to take part in tasks that place the peer supporter in a position of control or power over people, they support. Support the ACCS Team as a whole in understanding that peer supporters are "in but not of" the system. • Advocate on behalf of the peer supporter with other leadership entities if a peer supporter meets resistance in advocating for change or to support them in their need to maintain autonomy over their personal lived experience and how they share this experience with others.

CORE VALUE 2

Peer Supporters Are Hopeful

The belief that self-defined recovery is possible brings hope to those feeling hopelessness and despair. For many people, hope is the catalyst for healing. Hope is the lighthouse that leads us on our journeys to the safe shores where our goals and dreams become a reality.

By allowing our own hope to shine, peer supporters demonstrate that recovery is real. We intentionally share our own lived experience, our own stories, and our personal accomplishments to provide concrete proof that people can and do overcome a wide variety of challenges.

As peer supporters, we understand that "hope" is not exactly the same thing as optimism. Rather, we use our lived experience to demonstrate that healing is deeply personalized; there are many pathways to self-defined recovery for the people that we support. Every pathway is valid and equally noble, and we endeavor to honor them all.

PEER SUPPORTER GUIDELINES	SUPERVISOR GUIDELINES
Practice: **Share Hope**	The supervisor role vis a vis ACCS is to:
• Peer supporters disclose their personal lived experience with the purpose and intention of promoting the other's journey to a meaningful life. • Peer supporters model recovery behaviors at work and act as ambassadors of recovery in all aspects of their work. • Peer supporters often help others reframe life challenges as opportunities for personal growth, while not unintentionally invalidating the person's pain and struggles. • Peer supporters remain grounded in hope when individuals feel hopeless. Peer supporters believe in the potential for growth and change in those they support. Even more importantly, they recognize the importance of having someone that truly believes in you in a person's own process of coming to believe that for themselves.	• Coach the peer supporter to develop their expertise in disclosing personal experience, in order to inspire hope, develop trust and rapport, and foster strengths. • Model self-care, and an authentic belief in recovery through language, attitude, and actions. • Advocate for remaining grounded in hope, while also supporting the Peer Supporter in doing so; educating the ACCS team on the critical necessity for doing so. • Promote a culture of high expectations for the people that the ACCS team serves.

CORE VALUE 3

Peer Supporters Are Empathic

The Oxford Dictionary defines "empathy" as "the ability to understand and share the feelings of another". Peer supporters, however, do not ***assume*** that we know exactly what other people are feeling, even if we have experienced similar challenges. Even when there are many overlaps and similarities, no two people ever experience the world in exactly the same way. Everyone has their own unique worldview; we have all come to know the world in different ways.

When viewed in this light, empathy is an emotional connection actively co-created by two or more people striving to understand one another's worldview through a process of mutual sharing and exploration. Peer supporters ask open-ended, thoughtful questions and listen with an open mind and an open heart in order to respond emotionally and spiritually to what the other people are feeling and expressing. This ongoing process serves to both establish and then deepen a sense of true human empathy and sensitivity for all of those involved.

PEER SUPPORTER GUIDELINES	**SUPERVISOR GUIDELINES**
Practice: **Listen with Emotional Sensitivity**	The supervisor role vis a vis ACCS is to:
• Peer supporters practice effective Listening skills that are non-judgmental and clearly focus on the experience of the other/ They approach the people they support with curiosity and seek to learn about and understand their worldview. • Peer supporters understand that even though others may share similar life experiences, how people are impacted by and respond to those experiences may vary considerably. • Peer supporters share relevant aspects of their own story to build a human connection.	• Conduct supervision sessions using non-judgmental empathy, utilizing the supervisor's expertise in active listening. • Provide adequate time and space, with coaching and feedback, for peer supporters to become proficient in the critical skills of active listening, validation, and establishing emotional connection. • Train, coach, and mentor peer supporters on the practice of strategic self-disclosure while also helping other ACCS team members to understand the purpose, intention, and benefits of the peer support practice of sharing personal experiences.

CORE VALUE 4

Peer Supporters Are Respectful

Every person in this world has inherent value. We all possess different gifts and strengths that we can share with those in our communities. Peer supporters accept and are open to differences, encouraging people to share these gifts and strengths that flow naturally from the well-spring of human diversity. Every person is valued and seen as having something important and unique to contribute to the world.

Peer supporters treat people with kindness, warmth, and dignity. We also honor and make room for everyone's ideas and opinions and believe every person is equally capable of contributing to the whole. We are eternally curious about the experiences, viewpoints, and cultures of others around us.

PEER SUPPORTER GUIDELINES	SUPERVISOR GUIDELINES
Practice: **Be Curious and Embrace Diversity**	The supervisor role vis a vis ACCS is to:
• Peer supporters embrace a diversity of culture and thought. They respect every person's right to their reality in addition to a full range of approaches, to recovery for those they support and for themselves. • Peer supporters encourage others to explore how differences can contribute to their lives and the loves of those around them. • Peer supporters practice patience, kindness, warmth, and dignity with the people they support and see them as worthy of all basic human rights. • Peer supporters respect the unique boundaries within the tradition of each discipline on the ACCS Team and are clear about the purpose of their own boundary choices. • Peer supporters respect each ACCS role, seek to work collaboratively while	• Strengthen the peer supporter's core role of supporting the individual as a person, rather than "working with a case": ○ Support peer supporters in relating to many different world views, i.e., support peers to refrain from seeing differences as pathology (symptoms); consider "what happened?" rather than focusing on "what's wrong?" ○ Support peer supporters to view differences as an opportunity for learning. • Coach peer supporters to recognize the difference between problems as perceived by a person served, and the peer supporter's own perceptions of the problems to address. • Identify and work through the supervisor's own world view, including personal stigmas, stereotypes, and bias, that can interfere with the ability to treat all employees, including peer supporters, with respect and fairness.

maintaining the integrity of their own unique role within the Team.	• Identify the extent to which agency employees, peer supporters and supervisors have expertise in the concept of “cultural humility” and its applications. • Arrange for additional training on this topic when necessary. • Ensure that there is adequate education for all team members, including peer supports, on the critical roles, practices, principles, and responsibilities within those practices, of each member of the ACCS Team, e.g., self-disclosure is a critical element of peer support. • Coach the peer supporters, as well as the other team members, in ways to act as agents of change in working to shift these perspectives.

CORE VALUE 5

Peer Supporters Facilitate Change

People with psychiatric diagnoses, trauma histories and substance use challenges often experience some of the worst human rights violations. 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 enjoyed by others. Additionally, when someone’s rights are violated, this runs a real risk of opening old wounds and reactivating past traumas.

Adopting a basic framework of trauma informed care means understanding that the people we support are very likely the survivors of trauma and violence (including physical, emotional, spiritual and mental abuse and/or neglect). Trauma often manifests in the form of extreme states, emotional distress, or behaviors and beliefs that have deeply personal meanings, but are not readily understood by the world at large. Those with certain beliefs and behaviors that make others uncomfortable may find themselves stereotyped, stigmatized and outcast by society. Internalized oppression and negative self-image are common among people who have been rejected by society and have experienced oppression within systems originally designed to help. Help isn’t help if it’s not helpful.

Peer supporters treat people as human beings and remain alert to any practice that is dehumanizing, demoralizing, or degrading. This includes working diligently to explore and reframe the way that people treat themselves because of internalized oppression, stereotypes, and stigmas. We use our personal story and/or advocacy to be an agent for positive change, on both the personal and systemic levels.

PEER SUPPORTER GUIDELINES	SUPERVISOR GUIDELINES
Practice: **Educate and Advocate**	The supervisor role vis a vis ACCS is to:
• Peer supporters recognize injustices faced by those who use services, in all contexts, act as advocates, and facilitate change where appropriate. • Peer supporters encourage, coach and inspire those they support, to challenge and overcome injustices when and as they are able, often by joining with others • Peer supporters model use of human experience/” people first” language that is supportive, encouraging, inspiring, and respectful, while also being sensitive to differences across disability communities in its use.	• Define and model advocacy for peer supporters, including advocating for organizational changes. This requires positive relationships with ACCS team leaders/directors and GLE managers/directors. • It requires allies in MH service leadership who help the supervisor raise issues in a way in which it does not create defensiveness or negative feelings • Coach peer supporters on how to respect the rights of individuals they support, while also helping individuals challenge and overcome injustice.

• Peer supporters help those they support, to explore areas in need of change for themselves and others.	• Act as an ally to peer supporters and the people they are supporting when bringing up issues of real or perceived injustice. • Advocate for peer supporters within the overall DMH workforce system to ensure respect for the role and equity in the workplace. • Assist colleagues with understanding the role, the perspective and experience of peer supporters on the ACCS Teams. • Address the differences of opinion that may occur on the team, particularly in situations in which the supervisor has the responsibility to balance issues of liability, risk management, disclosure, confidentiality and other ethical issues - with the peer supporter's potential perspectives.

CORE VALUE 6

Peer Supporters are Honest and Direct

True safety is created through trust.

When we adopt truly trauma-informed philosophies of care, we must come to realize that most people in programs have very good reasons not to give their trust easily to others. Too often, the actions of others have been a source of our pain. When service providers are not fully transparent and direct in their interactions, it can serve only to replicate those sources of trauma. Peer supporters understand that all healing relationships are built upon the foundations of trust, and that even the perception of coercion and/or deception is extremely damaging to the formation of healing processes that feel safe to all involved.

Peer supporters and peer support supervisors encourage traditional providers to partner and collaborate in modeling interpersonal dynamics that foster mutual honesty and informed consent. Ensuring privacy and confidentiality in all encounters also rebuilds trust. This unified and uncompromising commitment to trust is what ultimately builds safe, supportive relationships and environments.

Clear, thoughtful, and intentional communication is fundamental to human relationships of any form. "Being intentional" means "communicating in a manner that encourages all involved to step outside of their current narratives". In order to further such simultaneously challenging and supportive relationships and communications, it is crucial that all conflicts and differences of opinion are addressed directly and respectfully. This applies equally whether such conflicts involve peer supporters, traditional providers, or people in ACCS programs.

Honest communication moves beyond the fear of conflict or hurting other people to the ability to respectfully work together to resolve challenging issues with caring and compassion, including issues related to stigma, abuse, oppression, crisis, or safety.

PEER SUPPORTER GUIDELINES	**SUPERVISOR GUIDELINES**
Practice: **Address Difficult Issues with Caring and Compassion**	The supervisor role vis a vis ACCS is to:
• Peer supporters respect privacy and confidentiality and explain to the person they are supporting the bounds and limitations on confidentiality as pertaining to their involvement in ACCS services. • When the limits of confidentiality become an issue, peer supporters are able to identify natural and community resources outside of the traditional service framework and are able to inform both those they support and traditional	• Establish clear, self-defined boundaries, set reasonable and mutually agreed-upon expectations that are consistent with and unique to peer support practice rather than clinical expectations. I.e., peer supporters openly share their stories in accordance with our Code of Ethics, whereas traditional providers often set up boundaries around sharing about their personal life and experiences.

providers around the scope of these resources and their limitations on confidentiality. • Peer supporters engage when desired by those they support, in candid, honest discussions about stigma, abuse, oppression, crisis or safety. Peer supporters will facilitate conversations around crisis and safety in a manner that fosters partnership and emphasizes the needs of those they support first and foremost. • Peer supporters strive to build peer relationships based on integrity, honesty, respect, and trust.	The peer supporter's role may be more nuanced in practice. Support the supervisee in navigating grey areas when partnering with the people they are supporting. • Build trust and develop the integrity of the supervisory relationship with peer supporters through honest and respectful communication about strengths and areas that need improvement. • Directly and honestly address any identified area of professional development, performance issues, or personal needs. • Model and support the supervisee in presenting information that they are passionate about to others in a way that is honest and impactful, even when it may seem critical or controversial. • Support supervisees to act as change agents, offering honest and direct critical feedback to each other, to providers, to the agency and to the funders. The supervisor must be knowledgeable and skilled in advocacy that allows for effective change and must also be willing and able to fully support supervisees when they are acting as advocates and agents of change.

CORE VALUE 7

Peer Support is Mutual and Reciprocal

In most community relationships, each person gives and receives in a fluid, constantly changing manner. Community life is based on the premise that we all have something to contribute and to learn from one another.

This is very different from what most people experience in treatment programs, where people are seen as needing help and staff is seen as providing that help. When people in programs take on the identity of a "service recipient" or a "person served", it de-emphasizes the nature of genuine human relationships found in most community life. Each person in a community is generally seen as capable of both giving and receiving. Too often programs mimic institutional life where this intimate concept of mutuality is not the standard.

The Certified Peer Specialist Code of Ethics states: "Certified Peer Specialists will advocate for the full integration of individuals into the communities of their choice and will promote the inherent value of these individuals to those communities. Certified Peer Specialists will be directed by the knowledge that all people have the right to live in the least restrictive and least intrusive environment of their choice."

Therefore, it is the task of peer supporters to model the mutual, genuine human relationships found in community life with not only those they support, but also with other service providers. This is what it means to be an agent of change, to encourage other providers to adopt an approach and ethos that fully allows for community integration. This is what it means to be "in but not of the system", to not take on the rigid, institutional roles of a fixer, a helper, an expert. Peer supporters hold mutuality as so vitally sacrosanct because it rebuilds those vital bridges into community life, into the communities that people can freely choose to belong.

PEER SUPPORTER GUIDELINES	**SUPERVISOR GUIDELINES**
Practice**: Encourage to Give and Receive**	The supervisor role vis a vis ACCS is to:
• Peer supporters embrace the fundamental principle that we are all capable of giving and receiving, that we all have things to learn from one another. Peer supporters focus on establishing this mutuality in all interactions and set that as the standard for all roles and relationships within the ACCS framework. • Peer supporters encourage those they support to fulfill a fundamental human need – to be able to give as well as receive. Peer supporters work with other	• Tailor the supervisory style and approach to the PS' preference and learning style (e.g., different avenues for supervision – 1:1, group, experiential, co-reflection) • Encourage co-learning (collaborative learning) and welcome peer supporters' input in decision-making wherever possible. Push upward within the program and agency leadership structure to continue creating space for peer support driven co-learning, and advocate for the voices of peer support to be

ACCS and agency staff to also encourage the fulfilment of this need in those they support in order to empowerment towards fulfilling • Peer supporters respect and honor a relationship with those they support that evokes power-sharing and mutuality, wherever possible. They seek to reduce or eliminate power differentials wherever possible, while also acknowledging that such power differentials will always inherently exist due to the nature of the paid role.	present at all program and agency decision-making platforms. • Model mutuality and the reciprocal nature of peer support by offering opportunities for and welcoming feedback from peer supporters during supervision sessions. • Coach peer supporters to ask exploratory questions and discuss shared emotional experiences, especially when a peer supporter is working with someone whose life experience, background, culture, worldview, and recovery journey may differ from their own.

CORE VALUE 8

Peer Support is Based on Equally Shared Power

Sharing power in a peer support relationship means providing an equal ***opportunity*** for each person to express ideas and opinions, offer choices and contribute to community life and dialog. By definition, peer supporters engage in promoting a mutual relationship to the greatest extent possible, based on the perspective of the person we are supporting.

Obviously, peer supporters carry both real and perceived power. We are in paid agency roles, we received specialized training, and we have immediate access to people and information within our organizations that the people we support may not. These factors carry the potential for the abuse of power, which must be avoided at all costs. Collaboration and open communication allow for the exploration and resolution of any real or perceived power imbalances. When the container created by peer support is a truly collaborative one, we avoid the abuse of power and move forward together, as a unified body and mind.

PEER SUPPORTER GUIDELINES	SUPERVISOR GUIDELINES
Practice: **Embody Equality**	The supervisor role vis a vis ACCS is to:
• Peer supporters use language and behave in ways that reflect respect for the intended mutuality of the relationship with those they support. • Peer supporters foster relationships that are meant to be transparent and in which power is equally shared, within the limits of the inherent power differentials (e.g., one is paid, and the other is not) • Peer supporters offer services which may be complementary to diagnostic or medical services, which they do not offer.	• Educate peer supporters on the concept of interpersonal and organizational power and the potential for inadvertently reinforcing power differentials in the PS relationships. Educating peer supporters may include role-play scenarios that might be encountered, to help the peer supporter navigate challenges (e.g., power imbalances, role confusion/ misunderstanding of roles, lack of education or knowledge about the different roles in ACCS and how they fit together – both for the peer supporter and for the other ACCS team roles). • Support the network of relationships the peer supporter has (e.g., with the people they are supporting, the supervisor and the ACCS team members and others). • Discuss the application of the CPS/CARC Code of Ethics and core values to the ACCS service model,

	related to dual relationships and conflict of interest. • Model how to support the person in their self-determination, identifying areas where they have control and power, and help them to explore their options so they feel more empowered and practice more autonomy. • Reinforce the non-clinical nature of the peer support role with both the peer supporters and other colleagues, to avoid “peer drift”, co-optation, and role ambiguity. • Support peer support values and the scope of non-clinical, voluntary and anti-oppression practice, especially in situations in which the peer supporter is called upon to endorse or enforces a form of treatment or clinical practice. • Support the peer supporter in balancing the need to navigate conflict and avoid adversarial relationships that will prevent the peer supporter from being most effective in their advocacy-- while also respecting the need to be consistent with the peer support role. • Step in to mediate issues/advocate for the integrity of the peer role with other ACCS team members, especially when peer role drift has occurred or is suggested, or when the peer support function of being a change agent conflicts with other team members’ views. • Create a safe work environment by considering how power in relationships, including the relationship between the supervisor and PS effects those with histories of trauma.

CORE VALUE 9

Peer Support is Strength-Focused

Every person has skills, gifts, and talents we can use to better our life, to create meaning, to find fulfillment, and to move towards self-defined actualization. As peer supporters, we share our own experiences to validate the hardship of adversity while also promoting the building of resilience. We all possess the ability to persevere through a wide variety of life challenges, and ultimately to learn and grow from such challenges.

Through peer support, people get in touch with their strengths and the positive things we already have going on in their lives. We rediscover childhood dreams, unveil deep-seeded hopes, and reignite long-lost passions to fuel recovery, healing, and growth towards reaching our full potentials. Through this process of personal transformation, we are able to see what is strong in our lives, rather than simply what's been traditionally defined as "wrong." These strengths become the foundation that allows for continuous transformation and upward growth towards self-actualization.

PEER SUPPORTER GUIDELINES	SUPERVISOR GUIDELINES
Practice: **See what's Strong, Not What's Wrong**	The supervisor role vis a vis ACCS is to:
• Peer supporters walk alongside a person as they explore and identify their strengths and how to utilize them to make desired changes. • Peer supporters use their own experience to demonstrate resilience in the face of adversity while empathizing with the challenging emotions and experiences of those they support • Peer supporters acknowledge the strengths, informed choices and decisions of people they support as a foundation of recovery. Peer supporters are honest and direct (core value #6), while also building off a person's strengths. Peer supporters support others to explore dreams and goals that are meaningful to them and work to assist in advocating for those goals with others involved in the person's life	• Model a focus on strengths rather than deficits, with all employees. • Explain the reasoning for using a strengths-based approach is part of creating a recovery-oriented system of care, and how to productively and more effectively correct others when problematic language is used. • Encourage peer supporters to use a strength-based approach to evaluate their own progress and performance; invite them to provide a similar strength-based approach when working with others. • Encourage peer supporters to develop meaningful personal, career, and leadership development goals and suggest they use a similar process with those they support. • Use existing agency performance evaluation tools, Recovery Coach

• Peer supporters don't fix or do for others what they can do for themselves.	supervisory tools, and other measures, to support peer supporters in self-evaluating their performance, strengths, and areas where they may need or want to grow, in order to set personal and professional development goals. • Use supervision to discuss progress on goals, using the peer supporter's strengths as a springboard for professional and personal growth. • Brainstorm and partner with the peer supporter. • Value all peer supporters as assets / resources / contributors vs. dictating what to do.

CORE VALUE 10

Peer Support is Transparent

Peer supporters communicate in plain language that people can readily understand. We make everything we do visible to the people we support in order to build trust and promote participation in a truly self-directed decision-making process. Peer Support is predicated on the premise of treating people as capable of hearing all of the details and being fully informed about any and all conversations related to the services they receive.

Transparency in peer support means all of the above, and there is a deeper level. It also refers to the mutually agreed upon expectations navigated with each person about what can and cannot be offered within the context of a peer support relationship. This includes privacy, confidentiality, mutual agreements around safety, a shared vocabulary, and the nuances of navigating a mutual and reciprocal relationship that occurs in a professional setting.

Such a navigation can be extremely challenging for all parties involved. Our duty is to be upfront about what our agencies require us to report or document, so that the people we support can make informed choices on what they choose to share with us, and what they choose not to. When we become skilled in doing so, transparency also becomes a powerful means of empowering personal choice, agency and autonomy in the lives of those we support.

PEER SUPPORTER GUIDELINES	**SUPERVISOR GUIDELINES**
Practice**: Set Clear Expectations and Use Plain Language**	The supervisor role vis a vis ACCS is to:
• Peer supporters clearly explain what can or cannot be expected of the peer support relationship. • Peer supporters use language that is clear, understandable and judgement - free. • Peer supporters use language that is supportive and respectful. They promote a shift in language towards words that align with the lens through which the person views their experience. • Peer supporters make only promises they can keep and use accurate statements. • Peer supporters do not diagnose, nor do they prescribe, recommend medications or monitor their use.	• Orient peer supporters to job duties and requirements based on job descriptions, including the type of documentation a peer supporter is expected to keep, and to guide understanding of the performance review process. • Strategize with the peer supporter in finding and implementing strategies to minimize power differentials inherent in some agency-specific job requirements (e.g., writing service/encounter notes). • Explain the supervisor's role, including connecting peer supporters to other colleagues with additional expertise, as needed. • Describe the benefits and expectations of the supervisory relationship, including

• Peer supporters are upfront and actively acknowledge their own privilege in relationships with the people they support.	the frequency and duration of supervision meetings. • Model transparency by being up front about what can and cannot be expected from the supervisory relationship (i.e., the supervisor can provide emotional support around challenging situations, difficult interactions, and losses, though should not be someone's main support system or therapist). • Emphasize using plain person-first, "human experience language" – in trainings, discussions, supervisions, writing – and caution against excessive usage of jargon/clinical language. Having a shared language helps to create a recovery-oriented system of care. • Identify potential issues in informed consent that require that a peer supporter notify their supervisor or others, so that the peer supporter can be equally clear in their communications with those whom they support.

CORE VALUE 11

Peer Support Is Person-Driven

The first and most fundamental tenant of the CPS Code of Ethics states: “The primary responsibility of Certified Peer Specialists is to help people achieve what they want most in life, their own goals, needs and wants. Certified Peer Specialists will be guided by the principles of self-determination for all”

All people have a fundamental right to make decisions and to be their own experts on the things related to their own lives, hopes and dreams. This is essential to any model that incorporates person-centered approaches, such as ACCS. It is also essential that any agency that acts as an ACCS provider fully demonstrates a top-down philosophy of person-centeredness in congruence with the principle of self-determination. Peer supporters can further drive a person-centered agency culture by informing people and providers about options, providing the most accurate and up-to-date information about choices, and then making sure those decisions are truly honored and respected.

Peer supporters encourage people to move beyond their comfort zones, learn from their missteps, and grow from dependence on the system toward their chosen level of freedom and inclusion in the communities of their choice.

PEER SUPPORTER GUIDELINES	**SUPERVISOR GUIDELINES**
Practice: **Focus on the Person, Not the Problems**	The supervisor role vis a vis ACCS is to:
• Peer supporters encourage those they support to embrace self-determinism, to make their own decisions, and to self-advocate for their wants, needs, and goals. • Peer supporters encourage those they support to try new things, and partner with people to explore new activities and experiences when desired and/or needed. • Peer supporters help others learn from mistakes and see them as opportunities for growth and learning. • Peer supporters encourages resilience in the face of a system that is not always ideal in supporting personal agency. Peer supporters will empower those they support to use their own voices and	• Provide an environment where peer supporters are empowered to move beyond comfort zones and learn from their mistakes. • Reframe unexpected outcomes as opportunities for personal growth, recovery, and resilience while also creating ways for the program and agency staff to debrief and review what went well, what did not, and what needs to change in the future to support better outcomes. • Assist peer supporters in identifying areas for personal growth and creating professional and development plans. • Recognize when the issues a peer supporter brings up in supervision, are

stories to also self-advocate for the changes that will best support their autonomy. • Peer supporters encourage personal growth in others and will seek ways to reframe challenging situations often referred to as "crises" into learning and growth opportunities. • Peer supporters encourage and coach those they support to decide what they want in life and how to achieve it. • Peer supporter role is to offer open-ended, non-directive supports in order to encourage the people they support to discover their own pathways and solutions.	beyond the supervisor's role, expertise, or knowledge; and suggest constructive ways to obtain help for these issues. • Instead of problem-solving for them, use intentional, open-ended questions and empower peer supporters to develop creative solutions to the problem at hand in order to undertake their own journey and learn from their own experiences on the job.

[i] While the original NAPS document contained "open-mindedness" as a 12th Core Value, the Massachusetts Peer Support Supervision Workgroup believes that open-mindedness is both implied and explicit in the other 11 values. Open-mindedness and genuine curiosity are foundational in all aspects of peer support. We don't know what we don't yet know. Additionally, we believe that all those working in human services should constantly strive to be open-minded. Whether it applies to new trainings, new evidence, new practices, or new folks we work with, open mindedness is the diamond thread that runs through all aspects of agencies, programs, services and supports, making way for new meaning.

Appendix B

Certified Peer Specialist
Code of Ethics
Massachusetts

Core Competencies
Self-Assessment Tool
Intentional Peer Support

Certified Peer Specialists
Code of Ethics
Massachusetts

Written and approved by the Georgia Mental Health Consumer Network for the State of Georgia Certified Peer Specialist Training Program – Revised and Updated by members of the Massachusetts Consumer Operated Programs & Activities leadership in 2006. Further revisions were done in the summer of 2008 and summer of 2013, and 2015 based on survey and other feedback from the field.

The following principles will guide Certified Peer Specialists in the various roles, relationships, and levels of responsibility in which they function. These expectations also apply to training participants with respect to interactions with their colleagues.

In other words, your professional CPS life starts today !

1. The primary responsibility of Certified Peer Specialists is to help people achieve what they want most in life, their own goals, needs and wants. Certified Peer Specialists will be guided by the principles of self-determination for all.

2. Certified Peer Specialists will maintain high standards of personal conduct. Certified Peer Specialists will also conduct themselves in a manner that fosters their own recovery and integrity.

3. Certified Peer Specialists will openly share their recovery stories, and will likewise be able to identify and describe the supports that promote their recovery.

4. Certified Peer Specialists will, at all times, respect the rights and dignity of the people with whom they work.

5. Certified Peer Specialists will never intimidate, threaten, harass, use undue influence, physical force, or verbal abuse, or make unwarranted promises of benefits to the individuals with whom they work.

6. Certified Peer Specialists recognize that everyone is different and we all have something to learn from one another. Therefore, Certified Peer Specialists will not practice, condone, facilitate or collaborate in any form of discrimination on the basis of ethnicity, race, gender, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical disability, or any other preference or personal characteristic, condition or state.

7. Certified Peer Specialists will advocate as a partner with those they support that they may make their own decisions in all matters when dealing with other professionals.

8. Certified Peer Specialists will respect the privacy and confidentiality of those they support.

9. Certified Peer Specialists will advocate for the full integration of individuals into the communities of their choice and will promote the inherent value of these individuals to those communities. Certified Peer Specialists will be directed by the knowledge that all people have the right to live in the least restrictive and least intrusive environment of their choice.

10. Certified Peer Specialists will not enter into dual relationships or commitments that conflict with the interests of those they support.

11. Certified Peer Specialists will not engage in business, extend or receive loans, or accept gifts of significant value from those they support.

12. Certified Peer Specialists will keep current with emerging knowledge relevant to recovery, and openly share this knowledge with the people with whom they work.

13. Certified Peer Specialists will never engage in sexual/intimate activities with those to whom they are currently providing support, or have worked with in a professional role in the past year.

14. Certified Peer Specialists will not offer support to another when under the influence of alcohol or when impaired by any substance, whether or not it is prescribed.

I _____ fully understand the Code of Ethics and commit myself to carrying out the fourteen principles listed above during my CPS training, and on becoming Certified and obtaining a role as a Certified Peer Specialist.

*Signature*_____ *Date:*_____

Intentional Peer Support Self-Assessment

Source: IPS Resource Page

https://www.intentionalpeersupport.org/resources

Intentional Peer Support Core Competencies 1-4-17
Self-assessment tool

Competency 1	**Connection: Nurtures and cultivates connection with others**				
Description	Demonstrates warmth, openness, curiosity and interest in others' experiences, stories and perspectives • Pays attention to where we connect and what we have in common, versus getting side-tracked by differences or dislikes. • Is aware of disconnection • Reconnects with authenticity, owning one's own part				
	1	2	3	4	5
Rating Scale	Unaware of impact on relationship of valuing or validating responses.	Some attention to impact on relationship of valuing and validation.	Intermittent attention to impact on relationship of valuing and validation.	Frequent attention to impact on relationship of impact of valuing and validation.	Continual awareness of impact on relationship of of valuing and validation.
Example: Sarah has been talking to Lisa for the last couple of weeks, and each time they get together, Lisa tells Sarah she's depressed.	Why don't you just get over it, you can't always be depressed.	Depression is hard, but maybe you're too focused on it.	It must be hard for you. You must be tired, but you have to remember that you'll get through it.	Sounds like things have been really hard for you lately.	I can imagine that it's been really hard for you lately. I remember a time when it seemed the only thing I felt was depressed.

Competency 2	**Shifting the focus from Helping to Learning Together**
Description	• Sees others as capable co-learners and responsible adults; does not take an advising or problem-solving role • Approaches relationship with curiosity and interest (vs. set ideas, assumptions and predictions) • Hears what can be learned from someone else's way of looking at things rather than imposing own viewpoint • Is open to new ideas and ways of seeing things

	1	2	3	4	5
Rating Scale	Usually assumes the role of helper, with little effort to learn from or about the other.	Makes some effort to learn with others, but usually begins with or shifts into helping.	Combines helping and learning in approximately equal measure.	Primarily learning with each other, but occasionally shifts into helping.	Nearly always learning from each other.
Example: Sarah has been talking to Lisa for the last couple of weeks, and each time they get together, Lisa tells Sarah she's depressed.	You look depressed, you should write in your journal.	How's it going? You look a little down, maybe you should write in your journal.	How's it going? You look a little down but I'd like to hear what you think is going on.	I realize that I mostly know you from our talks about depression. I'd like to get to know some other things about you.	I realize that I don't know you beyond talking about your experience. I'd like for us to get to know each other more.

https://www.intentionalpeersupport.org/wp-content/uploads/2017/03/IPS-Core-Competencies-1-4-17.pdf

Intentional Peer Support Self-Assessment

Intentional Peer Support Core Competencies 1-4-17
Self-assessment tool

Competency 3	Worldview: Awareness of Own and Other's Worldview
	• Understands that "worldview" is the way we see the world based on our own experiences • Is aware of own worldview and readily explores own assumptions • Is comfortable with exploring and affirming others' worldview, listening with curiosity for the untold story • Understands that trauma-awareness means listening for "what happened" rather than for "what's wrong" • Uses language that explores meaning rather than diagnosis or symptom language

	1	2	3	4	5
Rating Scale	Unconscious of worldview. Nearly always takes own and other's told story at face value. Worldview differences are seen as "right or wrong"	Developing awareness of differences in worldview. Conversation stays mostly on the surface. Feels that some worldviews are clearly better than others.	Conscious of worldview. Starting to explore and open up untold story. Still responds from a place of "knowing," but beginning to acknowledge alternate perspectives.	Consciously exploring worldview and opening up the untold story. No longer presumes to know others' experience or have answers for them. Invites and respects alternate perspectives.	Exploration of worldview and untold story are integrated natural responses. Does not make assumptions about others' experiences. Demonstrates deep respect and appreciation of multiple perspectives.
Example: Sarah has been talking to Lisa for the last couple of weeks, and each time they get together, Lisa tells Sarah she's depressed.	You're chronically depressed; You should see your doctor.	You've been pretty depressed lately. It might be good if you called your doctor.	You've talked about feeling depressed - what would you think about calling your doctor?	"Depressed" sounds really painful. What does 'depressed' mean for you?	I know what "depressed" means for me. Can you help me understand what it's like for you?

Competency 4	Shifting the focus from the Individual to the Relationship
	• Works to co-create relationships that work well for all concerned • Notices disconnections, and is prepared to explore assumptions, patterns, power/privilege, and meaning • Invites and encourages feedback about how the relationship is working for all parties concerned

	1	2	3	4	5
Rating Scale	Gives little or no attention to relationship; almost entirely focused on individuals and their needs	Demonstrates some awareness of relationship and the need to nurture the relationship, although the interaction is focused on individual needs	Touches on relationship and nurturing the relationship in conversation, but focus is still on individual needs and concerns	Attends to relationship and the need to nurture it directly in conversation, but may occasionally overlook this when it is relevant	Continually aware of relationship; addresses need to nurture relationship both proactively and spontaneously in a way that deepens mutual understanding and connection.
Example: Sarah has been talking to Lisa for the last couple of weeks, and each time they get together, Lisa tells Sarah she's depressed.	I'm here to support you in your recovery.	Let's share some ideas about what might support your recovery.	I got frustrated in our conversation last week, but how are you doing today?	I got frustrated in our conversation last week. I wish you'd be more open with me in the future.	I got frustrated in our conversation last week. I wonder how it was for you?

https://www.intentionalpeersupport.org/wp-content/uploads/2017/03/IPS-Core-Competencies-1-4-17.pdf

Intentional Peer Support Self-Assessment

Intentional Peer Support Core Competencies 1-4-17
Self-assessment tool

Competency 5	**Mutuality**

	• Actively invites and makes space for everyone's perspectives without either ignoring others or imposing
	• Negotiates relational needs and interests in ways that work everyone (self as well as others)
	• Seeks to negotiate power and privilege in ways that work for everyone
	  ○ Is aware of and able to own power and privilege held by self and others
	  ○ Invites mutual exploration of impact on relationship
	• Works to share risk and responsibility rather than taking control

	1	2	3	4	5
Rating Scale	No apparent attention to creating relationships that work for everyone. Needs and interests are ignored or unilaterally asserted with little attempt at negotiation	Beginning awareness of mutuality and shared responsibility. Relationship negotiations remain infrequent and inconsistent. Needs and interests are mostly ignored or unilaterally asserted.	Aware of mutuality and shared responsibility. Relationship negotiations seek to address everyone's needs and interests, though genuine co-creation is often lacking	Importance of mutuality and shared responsibility is fully appreciated. Genuine dialogue is invited to negotiate relational needs and interests.	Practice of mutuality and shared responsibility appears natural and organic. Relationships are negotiated in ways that appear both co-creative and inspired.
Example: Sarah has been talking to Lisa for the last couple of weeks, and each time they get together, Lisa tells Sarah she's depressed.	"I'm here to help you" OR "Stop being so attention-seeking"	"I can listen again if you really need me to..." OR "It's my turn to talk now"	"I can listen for a while, but I'd like to talk about myself some, too"	We seem to be talking about depression a lot. I'd like to look at how that's working for both of us.	This is hard to bring up. I'm feeling a bit stuck always talking about depression, and wonder what we might do differently?

Competency 6	**Shifting the focus from fear to hope and possibility**

	• Forms hope-based relationships, focused on:
	  ○ What is possible
	  ○ Where we are going
	  ○ How we can co-create something new

	1	2	3	4	5
Rating Scale	Focuses almost entirely on "illness" and managing symptoms. Routinely imposes fear-based concerns on others.	Fear-focused, but able to recognize some fear-based assumptions when they are pointed out.	Sometimes able to see fear-based assumptions on own, and usually if pointed out. Sometimes able to shift focus to hope and possibility on own initiative.	Often able to focus on hope and possibility independently. Usually aware of own fears. Sometimes able to self-correct after imposing own fears on others.	Nearly always focuses on exploring possibilities. Aware of and owns personal fears as limited by life experience
Example: Sarah has been talking to Lisa for the last couple of weeks, and each time they get together, Lisa tells Sarah she's depressed.	Your depression isn't going away. We need to call your doctor.	I'm concerned that you've been depressed for so long. Should we call your doctor?	It worries me that you've been depressed for so long. What do you think we should do?	It seems as though things have been rough for you. What would you like to see happen from here?	I know you've been having a hard time, and each time we get together, we seem to have the same conversation. What's it like for you? How might we do this differently?

https://www.intentionalpeersupport.org/wp-content/uploads/2017/03/IPS-Core-Competencies-1-4-17.pdf

Intentional Peer Support Self-Assessment

Intentional Peer Support Core Competencies 1-4-17
Self-assessment tool

Competency 7	**Task 4: Moving Towards versus Moving Away From**
Description	• Invites mutual sharing around values, hopes, dreams, possibilities and aspirations for living • Focuses on what is possible rather than what is bad, wrong, or isn't wanted • Co-creating rather than focusing on goals or problem-solving

	1	2	3	4	5
Rating Scale	Focuses on moving away from problems, problem-solving and individual goals	Some awareness of possibility, but still focuses on problem-solving and individual solutions.	Invites moving toward what is wanted. Sometimes uses problem-solving language.	Consistently invites moving toward what is wanted, co-creating a focus on the relationship-creating focus	Possibilities evolve naturally from the conversation.
Example: Sarah has been talking to Lisa for the last couple of weeks, and each time they get together, Lisa tells Sarah she's depressed.	You've got too much going on. Just stop doing so much!	You'll feel better if you take better care of yourself and don't get so over-extended	Gosh, we've been talking a lot about depression lately. Maybe you'd feel better if you had some goals	I wonder what might be different in our relationship if our focus wasn't on depression? What would you rather feel?	I can hear your dark feelings have got you stuck. I know that feeling. What might it look like if we were working together to get unstuck?

Competency 8	**Self-Reflection**

Description	• Actively reflects on the experience of self in relationship- able to 'own one's own part'
	• Is aware of own worldview and how it developed, including personal feelings, thoughts, attitudes, assumptions, judgments, agendas, power, privilege, defaults and patterns
	• Welcomes differences in experiences/ perspectives/ beliefs/ judgments as opportunities to learn and grow
	• Resists the tendency to blame others for uncomfortable feelings
	  ○ Uses relational differences or discomfort proactively to notice and examine personal agendas, patterns, default responses and worldview assumptions
	  ○ Asks and explores with curiosity and interest: "What is my part?
	  ○ Invites and encourages others to share alternate perspectives and experiences that challenge personal agendas and worldview assumptions
	• Uses self-awareness to build connection by being transparent, approachable and authentic

	1	2	3	4	5
Rating Scale	Unaware of, or not interested in, how own values and assumptions affect relational interactions.	Shows some recognition of own values and assumptions but continues to imposes them others.	Generally able to identify own values and assumptions. Mixed success in refraining from imposing these on others.	Aware of, and willing to own, values and assumptions. Avoids imposing them on others. Able to acknowledge and self-correct as needed.	Deep awareness of own values and assumptions. Uses self-disclosure and transparency to further mutual exploration and relational connection
Example: Sarah has been talking to Lisa for the last couple of weeks, and each time they get together, Lisa tells Sarah she's depressed.	You need to listen better. I just told you what worked for me	I realize that not everything that's worked for me will work for you but at least you should try it.	I realize that not everything that's worked for me will work for you.	I realize I've quietly been pushing my own agenda so I'd like to work towards noticing when my agenda seems to come up.	I'm feeling a little uncertain right now. How would you like me to respond when you tell me you're depressed?

https://www.intentionalpeersupport.org/wp-content/uploads/2017/03/IPS-Core-Competencies-1-4-17.pdf

Intentional Peer Support Self-Assessment

Intentional Peer Support Core Competencies 1-4-17
Self-assessment tool

Competency 9	**Able to Give and Receive Feedback**
Description	• Ensures connection • Acknowledges and appreciates others' positive contributions • Looks at the situation through the lens of the other person's life experience, in addition to one's own • Considers whether own worldview is a reflection of privilege or bias • Frames feedback around observation rather than judgment • Keeps the focus on moving towards what is wanted for the relationship (closeness, connection, trust), rather than away from what isn't wanted (dishonesty, dirty dishes) • Invites and gives honest responses • Validates other's response and demonstrates willingness to learn and be changed by what they have

	1	2	3	4	5
Rating Scale	Fails to allow space for others' experience or consider 'own part' when receiving feedback or difficult messages	Makes some effort to acknowledge others' experience or 'own part' when receiving feedback or difficult messages	Both acknowledges others' experience and 'own part' when receiving feedback or difficult messages. The conversation takes on an appreciably mutual tone.	Others' experience and own part are fully acknowledged. A deeper understanding is actively sought. Mutual learning is apparent.	Receives feedback in a way that naturally deepens relational connection. Validates others' experience, acknowledges own part and opens door to mutual growth.
Example: Sarah has been talking to Lisa for the last couple of weeks, and each time they get together, Lisa tells Sarah she's depressed. When Sarah offers Lisa feedback, Lisa responds.	I am too depressed – you're just like everyone else! OR You're right. I must be faking it.	Don't get frustrated. I can't help it. I'm just so depressed.	It's hard for me to hear what you're saying, but maybe it's true…Maybe I need to change.	I didn't know you felt that way. I'd like to hear more. Maybe it is a pattern for me.	I guess I hadn't really been paying attention. It was just so nice to have someone listen and be there for me. I guess I kind of forget that there were two of us here. What was it like for you?

Competency 10	**Co-Reflection**
Description	• Attends co-supervision regularly • Shows up prepared and on time • Readily identifies areas for personal learning and growth • Expresses curiosity about others' intentions and aspirations for co-learning • Maintains connection, mutuality and actively cares for relationships with co-participants • Listens for worldview and explores power and privilege and their impact • Maintains attitudes of hope, possibility, co-learning, co-creation and moving toward during co-reflection period

	1	2	3	4	5
Rating Scale	No observable commitment to co-supervision. Rarely attends, or gets stuck in blaming or fixing	Some observable commitment to co-reflection; demonstrates some willingness to grow in relationships	Observable commitment to co-reflection. Attends regularly and demonstrates clear interest in relational growth.	Actively participates and uses co-reflection to deepen understanding of – and connection with - self and others	Participates in co-reflection that inspires mutual growth, connection and understanding.
Example: Sarah has been talking to Lisa for the last couple of weeks, and each time they get together, Lisa tells Sarah she's depressed. Sarah goes to co-reflection.	Lisa is a difficult peer. She's always complaining and expecting me to take care of her. She needs to work on this in her therapy.	I feel frustrated because of a peer's co-dependency. She's got so much potential. How can I get her to see that?	I don't understand someone I've been working with. I'd like to know what she wants from me.	I realize I've been trying to 'help' someone else 'get better' and it's based on my agenda. I wonder what I should do - should I go apologize to her?	I've been pretty uncomfortable. Someone I know has had some really low feelings for several weeks now. I realize I'm responding out of fear.

Appendix C

Additional Resources

&

Endnotes

BRSS TACS

Bringing Recovery Supports to Scale

TECHNICAL ASSISTANCE CENTER STRATEGY

Supervision of Peer Workers

Introduction

Peer support services have expanded to a wide variety of behavioral health environments and within a range of program models. In addition to providing recovery support services designed to engage, activate, and support people with behavioral health conditions and their family members, peer workers are emerging as important members of treatment teams. Organizations that include peer workers and provide peer support services want to know how to best supervise peer workers and integrate them into their workforce. Because peer support services represent a relatively new service within behavioral health services, there may be too few supervisors who understand the peer role well enough to supervise peer workers. This group of resources helps supervisors understand how to supervise peer workers in behavioral health services.

Audience

This group of resources is primarily for practitioners who are supervising peer workers.

Components

This group of resources consists of the following components:

- *Slide Deck with Trainer Notes:* A PowerPoint presentation with trainer notes is the main component of these resources. The 48-slide deck presents an overview of peer worker supervision. Each slide has notes for the trainer delivering the presentation.
- *Supervisor Self-Assessment:* This one-page self-assessment tool enables supervisors to evaluate their own knowledge and skills related to supervising peer workers in behavioral health settings.
- *Supervision Resource List:* This one-page list contains critical resources for future learning about the supervision of peer workers in behavioral health.

Learning Goals

1. Describe the essential functions of supervision
2. Understand the principles and practices of peer support
3. Explore a recovery-oriented approach to the supervision of peer workers
4. Learn two critical supervision skills
5. Access additional resources to improve competency in peer worker supervision

SAMHSA
Substance Abuse and Mental Health Services Administration

Using the Supervision of Peer Workers

BRSS TACS created these materials to assist practitioners who supervise peer workers. Trainers can use the Supervision of Peer Workers as part of their own curriculum or students can use these tools in their own self-directed study.

Trainer-Led Instruction:

An experienced trainer can present the slide deck using the trainer notes in a 2-hour training (or two 1-hour trainings) for the basic instruction. Trainers can expand the training by including time to practice the skills of *"giving feedback"* and *"giving strengths-based affirmations."* The trainer may also assign the readings included in the resource list and facilitate discussions about the information learned.

Self-Directed Study:

Students can study the PowerPoint presentation and resources independently or in small groups of practitioners without a lead trainer. This self-directed approach enables practitioners to learn the information on their own schedule, at their own pace. Students can use the lessons learned in self-directed study to practice their supervision skills.

Use the **Supervisor of Peer Workers Self-Assessment** tool as a pre- and post-test for both the trainer-led and self-directed study and as an ongoing assessment of supervisors' progress in learning the knowledge and skills required for the supervision of peer workers.

Want more information?

BRSS TACS has conducted virtual trainings on topics related to the supervision of peer workers. Here are links to recording trainings available online:

- **Recovery LIVE! Strategies for Supervising Peer Support Workers**
  (April 2017, 58 min)
  https://www.youtube.com/watch?v=v49QD-UaQK4&list=PLBXgZMI_zqfSRZVtxRBWg7cDja_qy2e-M&index=5

- **Integrating Peers into the Workforce: Supervision and Organizational Culture**
  (March 2016, 85 min)
  https://c4innovates.adobeconnect.com/_a966410469/p2k7kf5dxi9/?launcher=false&fcsContent=true&pbMode=normal

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BRSS TACS

Bringing Recovery Supports to Scale

TECHNICAL ASSISTANCE CENTER STRATEGY

Resources for the Supervision of Peer Workers

The resources on this list provide education on peer support practices, best practices in supervision, and recovery-oriented services.

Meaningful Roles for Peer Providers in Integrated Healthcare: A Guide

This 167-page toolkit, written by the California Association of Social Rehabilitation Agencies in collaboration with other provider and service agencies, includes a chapter on the supervision of peer workers. Other topics include the basics of peer support practice, leadership development, and financing peer support. Download the PDF at http://www.casra.org/docs/peer_provider_toolkit.pdf.

Peer Support Toolkit

Philadelphia's Department of Behavioral Health and Intellectual Disability Services' toolkit supports behavioral health treatment agencies with integrating peer providers into their service settings. Structured as an interactive PDF in four easy-to-read sections, the toolkit incorporates many promising practices and resources relevant to leadership, supervisors, and peer staff. For more information and to download the free toolkit, visit https://dbhids.org/peer-support-toolkit.

For a quick tutorial in how to use the *Peer Support Toolkit,* follow this link to a YouTube video: https://youtu.be/IinLpwRvcMs.

Program Development Guide: Ongoing Monitoring, Supervision, and Support

Peers for Progress promotes peer support as a key part of health, health care, and prevention around the world. The mission of Peers for Progress is to accelerate the availability of best practices in peer support. To learn more, go to http://peersforprogress.org/resource-guide/ongoing-monitoring-supervision-and-support.

Supervisor Guide: Peer Support Whole Health and Wellness

This guide for supervisors outlines the role and responsibilities of peer workers who support the whole health and wellness of people living with mental illness and co-occurring health problems. The guide details the supportive actions of the supervisor.

Core Competencies for Peer Workers in Behavioral Health Services

The Substance Abuse and Mental Health Services Administration directed BRSS TACS to identify and describe the core competencies needed to provide peer support services to individuals with or in recovery from mental illness or substance use disorder. This document describes the 61 competencies used by peer recovery support workers in behavioral health services. These competencies, which promote best practices in peer support, can guide the creation of job descriptions, train peer workers, and help set certification standards. Download the PDF at https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/core-competencies.pdf.

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SAMHSA

Substance Abuse and Mental Health Services Administration

City of Philadelphia
DBHIDS
DEPARTMENT of BEHAVIORAL HEALTH and INTELLECTUAL disABILITY SERVICES

ACHARA CONSULTING

yale program for recovery and community health

Peer Support toolkit

Module 4 Tools

Practice 1. Provide Three Types of Supervision

- Organizational Guidelines for the Delivery of Supervision to Peer Staff
- Supervision Agreement Template

Practice 2. Provide the Right Supervisory Structure

- Group Supervision Tips
- Developing a Co-Supervision Working Agreement
- Tips for Giving and Receiving Reflective Feedback During Co-Supervision

Practice 3. Ensure that Supervision Is Consistent, Accessible, and Helpful

- Individuals Served Progress Review Tool
- Shadowing Tool Facilitator's Guide
  - Shadowing Tool
- Peer Mentor Checklist Facilitator's Guide
  - Peer Mentor Checklist
- Supervision Session Documentation Template

Practice 5. Collaboratively Assess Strengths and Areas for Growth

- Interim House Inc. Staff Feedback Form
- Aspects of Diversity Self-Assessment Facilitator's Guide
  - Aspects of Diversity Self-Assessment Form
- New Employee Self-Assessment Facilitator's Guide
  - New Employee Self-Assessment Tool
- Supervisor's New Employee Orientation Checklist

Practice 6. Familiarize Supervisors With Common Concerns of Peer Staff

- Agency Assessment of Common Peer Staff Concerns Facilitator's Guide
  - Agency Assessment of Common Peer Staff Concerns Scale

Practice 7. Help Peer Staff Develop Time Management and Documentation Skills

- Supervisor Tips for Documentation
- Documentation Self-Assessment Tool Facilitator's Guide
  - Documentation Self-Assessment Tool

Practice 11. Provide the Right Supervisory Structure

- Recovery Wellness Cafés Facilitator's Guide
  - Recovery Wellness Cafés
- Self-Care Assessment
- Professional Quality of Life Scale
  - ProQOL Scoring

Group Supervision Tips

The group format is used to disseminate information, maintain cohesiveness and a shared vision of the program, share experiences and knowledge, and role-play situations and responses. Ideally, peer support staff will participate in group supervision meetings as soon as they are hired so that they become accustomed to the format and understand that supervision is an essential component of the program. Below are some tips for conducting effective individual and group supervision sessions.

- Provide an hour and a half of group supervision on a weekly basis and at a regularly scheduled meeting time.
- Use a standard format for each session. For instance, briefly review all individuals being served (no more than 15 minutes to review all individuals served; withhold discussion on challenging situations until later).
- Always have an agenda and stick to time frames.
- Identify agenda priorities and understand that not all elements need to be covered at every meeting.
- Encourage participation and creativity.
- Respect opinions and ideas.
- Use humor and have fun.
- Encourage punctuality and reward promptness.
- Encourage problem solving, but don't immediately fix problems for staff.
- Keep staff on track and avoid extended discussions into other topics.
- Always explore the connection between peer support activities with the recovery plans that people initially developed for themselves.
- Limit discussions on any one person to a maximum of 15 minutes and keep staff members focused on the primary and relevant issue of the person.

Avoid topics, issues, or discussions that are not related to improving skills. Topics and issues that should be avoided from group supervision meeting include:

- Personnel and HR issues (benefits, time off, salary)
- Excessive complaining about particular people being served, other staff members, units or other agencies
- Discussions about peer support supplies; e.g., pens, post-its, etc.
- Matters related to personal recovery outside of the workplace

Source: Adapted from *Manual for Recovery Coaching and Personal Recovery Plan Development* by D. Loveland and M. Boyle, 2005, Illinois Department of Human Services, Division of Alcoholism and Substance Abuse, p. 25.

Developing a Co-Supervision Working Agreement

When developing an initial working agreement for co-supervision session, it may be beneficial to discuss working arrangements, ground rules, and individual responsibilities. It is advisable to keep the initial structure and framework flexible enough to be changed over time, as needed.

WORKING ARRANGEMENTS

Discussions about working arrangements may include the following:

Where and how often will the group meet? Group meetings should optimally be conducted weekly or bi-weekly. This provides enough regularity to develop a strong working relationship among group members.

How long will sessions last? Generally, 45 to 90 minutes is recommended for a co-supervision session. This allows for enough time to explore the topics and concerns that come up during a session and to reflect and plan for next steps.

How will the time be structured? It may be helpful to designate a specific amount of time at the beginning or end of the session for planning future sessions or checking in with group members. The group may also decide to create a fairly unstructured session, although this may be difficult for some members.

What will be discussed during the sessions? Agendas can vary based on the needs of the group, but a standing format can often work well in structuring the sessions, with room for change as needed.

GROUND RULES

Ground rules help the group members feel safe and comfortable, and they help establish shared expectations for the format and overall content of the group. Ground rules may resemble the following.

Group co-supervisees will

1. promote processes that will help individuals and the group obtain its goals;
2. introduce activities that promote goal attainment;
3. ensure that the group's culture, norms, structures, and relationships in the environment are conducive to the attainment of the group's goals; and,
4. facilitate group process and take action about the status of the circumstances of individuals and the group.

INDIVIDUAL RESPONSIBILITIES

Co-supervision participants are expected to attend meetings with an intention to learn, practice, and reflect. Therefore, they should bring stories and examples of how they are learning and practicing skills. For some, this may include taking notes and preparing an outline of what to present during supervision.

Tips for Giving and Receiving Reflective Feedback During Co-Supervision

Giving and receiving reflective feedback is an important part of a successful co-supervision relationship. Learning how to give and receive reflective feedback will enable continuous learning and growth. Below are points from Shery Mead (2008) that are particularly useful for co-supervision groups conducted in community-based settings.

GIVING FEEDBACK

Ensure connection and group cohesion. A co-supervisory group should ensure a safe learning environment. It may be useful to check in with group members to learn whether individuals feel comfortable in the group. Questions to consider include: Does it feel safe enough within the group? Are there factors that will distract group members from hearing one another? Refrain from offering feedback until a level of rapport has been established.

Focus on the positive. It is always useful when giving feedback to begin with the positive. Before giving feedback, ask your colleague to tell the group what worked well, and then focus on what could be improved. Then provide your own suggestions for what worked well and what could be improved. This opens up a broader discussion with the group and includes those things that are going well in the work. It also encourages reflection on behalf of colleagues.

Ask permission. Before giving feedback, be certain to ask whether the person is in a place to receive it. Based on the person's learning style, worldview, or other factors, it may just not be the right time to give people feedback. This may be especially true if a strong connection has not been established within the group. Timing is critical in allowing a person to benefit from the feedback being shared.

Strive for mutuality. Remember that co-supervision is about people learning from one another, regardless of the level of experience. By sharing stories and examples, all involved will be able to share in the learning experience.

Be aware of power. Are there power issues that may get in the way of providing critical feedback? It is important that these be addressed at the onset and throughout the group process so they do not interfere in the relationship among group members. Reminding participants that co-supervision is a non-hierarchical approach can be helpful.

Consider worldviews. Remember that we are all influenced by our worldviews. Discussing in the group how one's worldview may or may not have influenced an interaction is helpful in facilitating understanding, learning, and mutuality.

Plan next steps. Allow time for the individual to discuss ideas and plans for integrating into future practice the feedback and reflection on the situation discussed.

continued

Tips for Giving and Receiving Reflective Feedback During Co-Supervision

continued

RECEIVING FEEDBACK

The following are tips on how to receive, accept, and reflect on feedback.

Be aware of your defenses. Hearing feedback can be challenging. It is important to remember that co-supervision is a mutual relationship and that colleagues are there to learn from one another. Self-awareness is key to understanding what is not allowing one to make use of feedback being shared. Noting defenses such as rationalizing or denial can be a first step in understanding and moving beyond those first reactions.

Try to focus on your reactions to the feedback. What is the immediate response when someone gives unexpected feedback? What are the physical, emotional, and cognitive responses? It is normal to feel defensive or vulnerable; the key is being able to not react based on these feelings. As Mead states: "Breathe, listen from a 'position of not knowing,' and allow your defenses to take a back seat for a few minutes."

Remember there may be a grain of truth in all reflective feedback. A person may have thought that he or she did a great job, but received feedback that indicated something different. It is important to remember that both views are "truth." Use the feedback to inform reflection and motivate change.

Ask: "In light of this feedback, is there something for me to move toward?" Don't be discouraged by negative or critical feedback. Ask if is there something to take from this discussion that will improve service.

Source: Adapted from *Intentional Peer Support Co-Reflection Guide* by S. Mead, 2014, Burlington, VT: Intentional Peer Support, 2014. Used with permission.

Agency Assessment of Common Peer Staff Concerns Scale

AGENCY ASSESSMENT OF COMMON PEER STAFF CONCERNS SCALE				
COMMON CONCERN Indicate your level of agreement with the following statements:	**1** Disagree	**2** Somewhat Agree	**3** Completely Agree	**4** Not Sure
Peer staff often feel isolated and experience difficulty integrating into the service team.				
We do not have an integrated team approach that incorporates both clinical and peer staff.				
Some staff distrust or feel threatened by peer staff.				
Peer staff drift toward performing traditional case management or clinical roles.				
Peer staff lack career advancement opportunities.				
The roles of volunteers and paid peer staff are not clearly differentiated.				
Peer staff are treated differently from other staff.				
The role of peer staff is unclear to non-peer staff.				
Peer staff experience time-management challenges.				
The role of peer staff is unclear to individuals seeking services.				
Training is inadequate and does not address key issues.				
The role of peer staff is unclear to clinical staff.				
Peer staff suggestions are not taken into consideration.				
Other concerns:				

Endnotes

Workgroup Report Endnote: Charts in the Peer Support Supervision Workgroup Report accurately reflect the number of comments in each category/subcategory. However, categories/subcategories can overlap which appears to inflate the total number of comments. The same comment may fit in two or more categories/subcategories. As a result, the total comments in our charts may include comments that are counted more than once. This requires some explanation.

We placed most of our comments into several categories/subcategories. For example, two subcategories overlap in this comment: *"One individual mentioned [she] has been meeting consistently [with her supervisor]. This has helped keep her aware of peer ethics as she is doing her job on a day-to-day basis."* We could have divided this comment into two smaller "micro" comments: (a) "consistent supervision" which falls under Support/Mentoring and (b) "aware of peer ethics" which falls under Role Clarity. Instead, we kept these two parts together in a single comment and then applied both subcategories. The benefit of allowing categories/subcategories to overlap in this way is that we retain the context and interrelationship of the two micro comments. This would be lost if we divided comments into smaller parts.

	Total	Peer Support Role	Training	Communication	Organization	Percent Overlapping	Non Overlapping Comments
Peer Support Role	**187**		13	57	44	61%	73
Training	**55**	13		7	10	55%	25
Communication	**124**	57	7		21	69%	38
Organizational Structure	**93**	44	10	21		81%	18

As the table above indicates, most of our comments fell into overlapping categories. In fact, we only considered 154 non-overlapping comments. We appear to have 459 comments in total, but when the total is reduced to account for overlapping categories, only 328 comments were included in the charts. We reviewed a total of 364 comments, but we did not include 36 comments because they did not fit into one of the four primary categories.

For example, one comment on the challenge of "grief and loss" was not included in our analysis:

> *Challenges wise, I heard the prevalence of grief and loss being a particular challenge this year, as well as just the overall tough year that everyone's had, has been a topic that's been frequent.*

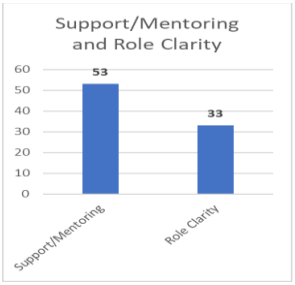
We reviewed four comments on grief and loss. Three of these comments overlapped with a primary category in our charts. For example, this comment on grief and loss was a need expressed in terms of "Support/Mentoring" as a subcategory of the primary category "Peer Support Role":

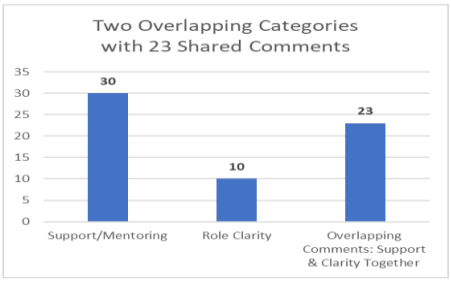
> *We had people who talked about wanting a process and resources around dealing with grief, especially with a great number of losses this year.*

Because the first comment was not a challenge specific to Peer Support Supervision while the second identified a need for Peer Supporters to have a supportive process and resources, only the second comment was included in the charts. All four comments on grief and loss were reviewed, but only three were included in the charts. Because we reviewed all four comments, we were careful to include a quotation on grief and loss, even though one of the four comments was not counted.

Of the 187 comments on the Peer Support Role, 114 (61%) overlap with another category. When we dive deeper into the Peer Support Role, we find that subcategories also overlap. We found 23 comments where strengths of Support/Mentoring and strengths of Role Clarity overlap. For these 23 comments, the two subcategories so closely intertwined that we could not pull them apart without losing the comments' meaning and context. Instead of dividing these comments into smaller "micro" comments, we placed them in both subcategories.

In the chart below, 23 comments with overlapping subcategories are presented in two columns – one for the strengths of Support/ Mentoring and the other for the strengths of Role Clarity. This appears to inflate the total number of comments. A second chart with three columns avoids this inflation.





The first chart appears to have 86 comments, while the second chart has only 63 comments. In the first chart, the 23 overlapping comments are counted twice (once in each column). This gives the impression that we have 23 additional comments. When the overlapping comments are placed in a third column, we avoid counting them twice. Notice however that in both the two-column and the three-column chart the difference between Support/Mentoring and Role Clarity is 20 comments. Regardless of how we chart them, this difference remains.

In this example, the two-column chart effectively divides overlapping comments into micro comments. Our original 63 comments become 86 comments. As long as we recognize that this chart counts overlapping comments twice – effectively dividing each overlapping comment into two micro comments – the counts are accurate. The total of 86 is the number of micro comments.

We recognize that this explanation is overly complex, but it leads to a simple conclusion: *If we add additional columns for overlapping categories/subcategories, our charts would be overly complex.* For two column charts, we would need three columns. For three column charts, we would need seven columns. With our four-column charts, we would need 15 columns. We decided that these multi-column charts would be more confusing than helpful. Our simple three and four column charts accurately count the number of *micro comments* in each category/subcategory. By allowing the charts effectively to divide overlapping comments into micro comments, we have the benefit of retaining the meaning and context of the full comments for the purpose of quotation while also representing the micro comments accurately in our charts.

Supervision Guidelines Endnote: The Peer Support Supervision Guidelines were developed through an initiative undertaken by the Commonwealth of Massachusetts Department of Mental Health (DMH) to implement the Adult Community Clinical Service (ACCS) Model.

The Implementation Science and Practice Advances Research Center (iSPARC) at the University of Massachusetts was asked to work with a Design Team made up of DMH leaders and representatives of DMH providers in 2020-2021 to develop feasible strategies to assist providers in improving the implementation of the ACCS Model.

One of the issues identified by the Design Team for the effective roll out of the DMH ACCS model, was the supervision of both Peer Specialists and Recovery Coaches. Other relevant issues included a career ladder for the Peer Support workforce; core competencies; hiring and orientation of all ACCS staff, among others.

Subgroups of the Design Team were formed to address each issue specifically. The Design Team Workgroup dealing with the supervision of the Peer Supporter workforce included: Adam Whitney, Director of Recovery Services, Vinfen; M. Andrew Beresky, Director of Recovery Supports, Center for Human Development; Daniela Johnson, Director of Clinical Practice and Standards, Vinfen; Kyle Hochstin, ACCS clinician, Brockton Multi Service Center.

The Design Team workgroup was facilitated by Marianne Farkas, Director of Training, TA & Knowledge Translation, Boston University Center for Psychiatric Rehabilitation/iSPARC consultant and Mary Ann Preskul-Ricca, Program Implementation Specialist, iSPARC.

The Design Team Workgroup met for 8 months in 2021 to consider how to guide supervisors of Peer Specialists and Recovery Coaches on ACCS teams in Massachusetts. In January 2022, the Design Team Workgroup completed Draft Guidelines. In consultation with DMH, the Design Team Workgroup submitted the Draft Guidelines to newly formed Peer Support Supervision Workgroup consisting of leaders from ACCS Peer Support Services and other experienced Peer Support Supervisors: Dawna Aiello—MGH, Andy Beresky—CHD, Celeste Clerk—Wildflower, Toni Eastman—SEA ACCS, Helina Fontes*—NERLC, Ruthie Poole—Bay Cove, Lauren Robinson—SEA ACCS, Windia Rodriguez*—MGH, Amie Sica—Riverside, Adam Whitney—Vinfen, Jeff Wolfsberg*—Advocates.

Each of the five Department of Mental Health Areas had two Peer Support Leaders on the new Workgroup. The Massachusetts Department of Mental Health Area Directors of Recovery facilitated meetings and provided organizational and logistical support. This Workgroup met monthly from February to September 2022. Not all members were able to continue through September (*members who left the Workgroup before September).

The new Workgroup established a website (see https://bit.ly/MASSPSUP) to publicize three Listening Sessions to gather feedback on the strengths, challenges, needs and solutions of ACCS Peer Support Supervision. The Workgroup also gathered feedback on the Draft Peer Support Supervision Guidelines (see https://bit.ly/DRAFTSUP) through an online survey (see https://bit.ly/SURVEYPSS). Listening Session feedback was videotaped and posted on the website (see https://bit.ly/ACCSLISTEN).

The new Workgroup developed recommendations based on a review of Listening Session feedback and the experience of its members. The recommendations represent the consensus of Workgroup Members who participated through September.