

# Arkansas Peer Recovery Specialist Supervisor Training





# Introductions & Overview

## Session 1

## **Session Overview**

In this session, we will cover the following topics.

1. Welcome, introductions, and housekeeping
2. Explanation of key terms
3. Overview of the training
4. Values and principles of peer support
5. Declaration of peer roles
6. Peer support as a behavioral health service
7. Review

## **Learning Objectives**

By the end of this session, you will be able to explain...

- Why it is important to have peer specialists supervising other peer specialists.
- The basic values and principles of peer support.
- The ways peer support changes in the context of the behavioral health system.

## **Part 1 – Welcome, Introductions and Housekeeping**

Welcome the group to the Arkansas Peer Supervisor Training Program. Introduce yourself, and tell us where you currently work, what you do, and why you want to be a peer specialist supervisor.

## **Part 2 – Explanations of Key Terms**

There are three terms you will encounter throughout this training: peer, peer specialist, and peer supervisor.

**Peer** refers to the person receiving services, often called “client” by clinicians.

**Peer specialist** refers to an individual who uses their lived experience and training to work as a service provider. Sometimes they are referred to as peer supporters, peer recovery specialists, peer support specialists, peer recovery support specialists (PRSS), and peer recovery coaches.

**Peer supervisor** refers to a peer specialist who is supervising a peer specialist.

**The Arkansas Peer Specialist Supervisor Training** is the third tier of the Arkansas Model, a series of programs designed to support people in recovery from behavioral health conditions such as a mental health diagnosis or an addiction.

Peer Supervisor Training is an in-state certification course that provides peer specialists with the necessary supervisory skills to be recognized as a Certified Peer Supervisor in Arkansas.

**Peer Recovery Specialist CORE Training** is a five-day training built from the Appalachian Consulting Group’s Core Recovery Curriculum with one additional information designed specifically for Arkansans.

**Arkansas Advanced Training** is an additional three-day certification course that examines Peer Support services in greater depth and shares additional skills for peer work.

Arkansas is one of the first states to obtain permission to create and implement a path for peer specialists to become supervisors.

List three reasons why you think this is important.

1.

2.

3.

### **Part 3 - Agenda**

Session 1 – Introductions and Overview

Session 2 – Overview of Supervision

Session 3 – Peer Relationship

Session 4 – Job Descriptions

Session 5 – First Meeting

Session 6 – Supervision Methods

Session 7 – Development Models

Session 8 – Evaluation

Session 9 – Professional Ethics and Standards

Session 10 – Relationship with the Agency

Session 11 – Final Reflections

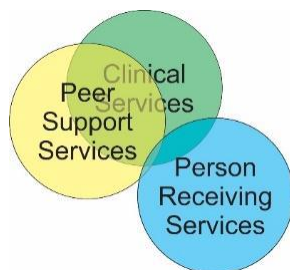
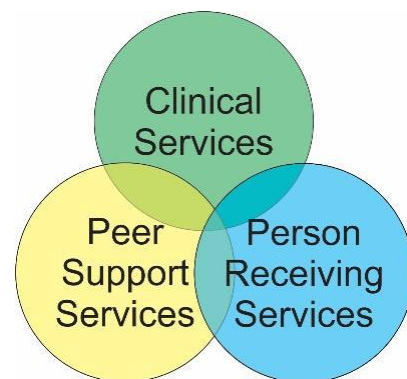
## Part 4 – Values and Principles of Peer Support

Peer support is as old as human relationships. It happens when two or more people with similar experiences come together to get through difficult times. It is mutual—each person shares their struggles, offers support, and receives support. It is voluntary—each person chooses if and how they will participate. It is relationship-based—each person is committed to a partnership in which both parties learn and grow, even when they feel uncomfortable.

From your experience, how would you define peer support, and how it differs from clinical support?

### Protecting The Values and Principles of Peer Support

Since the field of peer specialists is new, the gifts and abilities they bring to the workplace are not always understood and appreciated. Consequently, one of the major responsibilities of a peer supervisor is to help maintain the integrity of peer support services within an agency. If agencies do not understand the philosophy and values of peer support, they may fail to effectively engage the peer specialist. Instead, the peer specialist may be co-opted or marginalized or the peer specialist can drift into an informal role with the people they serve.



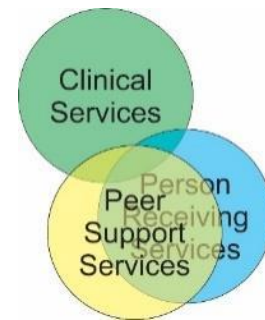
#### **Co-opted. Drifting towards a clinical role.**

When a peer specialist is co-opted, it means that they are being taken in or assimilated by a group in such a way that they are not seen as different. Consequently, overworked clinical staff may view peer specialists as “assistant clinicians” who can help lighten the workload. Agencies need to remember that peer specialists are not additional staff to help the agency do more of what it is already doing. Rather, they serve as an entity that helps the agency improve by offering a new perspective.

When and how have you seen peer specialists co-opted?

### **Drifting toward a marginalized role**

If the leaders within an agency do not understand the value of a peer specialist, they may also marginalize the role they have to play. If an organization sees a peer specialist as an outsider, for instance, that person may be relegated to an unimportant or powerless position within the agency. Peer specialists are often assigned duties such as paperwork or transportation that can be done just as well by a person without their unique, lived experience.



When and how have you seen peer specialists marginalized?



### **Drifting toward an informal or overly casual role**

Peer Recovery Specialists are perceived as a form of other support by the individuals with whom they work. For example, because peer support services are rooted in the concept of mutuality and voluntary support, boundary issues may arise between peer support workers and those they support. Over time, this relationship may become less structured and more casual, which can cause the individual they are working with to view them as a sponsor, friend, or informal therapist.

When and how have you seen peer specialists in this informal, overly casual role?



## **Part 5 – Peer Specialist Supervisor Job Description**

**Job title: Peer Specialist Performance Supervisor**

**Function:**

**Maintains the integrity of peer delivered services in the following functions:**

**Support boundaries:** Help the peer specialist maintain healthy boundaries and ethical standards.

**Provide guidance:** Provide guidance and support as needed.

**Employment Goals:** Support the Peer Specialist to pursue employment goals.

**Review Peer Specialist Skill set:** Ensure the Peer Specialist is working within their scope of work.

**Support employment development:** Including continuing education and certification advancement.

**Support communication:** Support effective communication with agency of employment.

**Advocate:** Support the evidenced based application of peer services within the agency of employment.

**Modeling:** Ethical and professional behavior.

**Responsibilities:**

Meet with supervisees on a regular basis. In person or virtually. Attaining or exceeding the required hours.

Provide clear and effective feedback to PRSS.

Encourage and model self-care.

Evaluate and enhance the skill level of the PRSS by roleplay, discussion and other means.

Orientate PRSS to credentialing documentation.

Maintain a method of accessibility with the PRSS.

Time management, including scheduling group or individual meetings.

Provide guidance and feedback to the PRSS.

Track supervision hours and activities in a timely manner.

Support PRSS with skill development.

Support the PRSS to expand and explore recovery focused skill development.

Display appropriate professional behavior, including communication and dress.

Provide education and advocacy within the agency of employment to reduce misconceptions, prejudice, discrimination, and stigma faced by PRSS.

**Qualifications:**

Must be approved by the Arkansas Peer Advisory Committee (APAC)

Must have received and maintain supervision certification.

Employed as a PRSS or APR for at least one year.

Strong leadership skills.

Effective communication skills.

Ability to demonstrate empathy and understanding.

Work with various learning styles and personalities.

Clear understanding of PRSS skills.

Willing to be flexible.

Must have good organizational skills.

Must demonstrate good ethical decision making.

Display initiative and motivation.

Ability to advocate and promote the profession of PRSS.

**Employment conditions:**

Be able to work remotely with supervisees.

**Reporting relationships**

Report supervision hours via process outlined by certifying body.

## **Part 6 – Peer Support as a Behavioral Health Service**

Peer specialists are most effective when the agency sees their major responsibility as connecting with and supporting the recovery of their peers rather than assigning them traditional work. Ideally, peer specialists will work with 12-15 peers who understand the philosophy and value of peer support and have requested a peer specialist as part of their treatment plan. They are then given the time to work with this volunteer caseload individually and as a group.

Peer support may also look slightly different in the context of the behavioral health system. For example, the principle of mutuality needs to be slightly altered. Peer support outside of the behavioral health system is mutual: in mutual support, each person shares their struggles, and each give and receives support. When peer support is a service, however, the peer specialist does not share their struggle with the peer in order to get support from them. Rather, they share their struggles only as a means of building a trusting relationship with the peer.

When have you seen a peer specialist used effectively?

What role did the supervisor play in creating an effective environment?

## **Part 7 – Questions for Review**

1. What are the three training programs within the Arkansas Model?
2. How do peer specialist roles differ from traditional clinical roles?
3. What are the three areas of peer drift that endanger peer values?
4. How does the concept of mutual support change when peer support becomes a service in the behavioral health system?



# Overview of Supervision

## Session 2

## **Session Overview**

In this session, we will cover the following topics.

8. Overview of supervision
9. Elements of supervision
10. Basics of supervision meetings
11. Supervisor Skills and Abilities
12. Indirect and Direct Supervision
13. Review Questions

## **Learning Objectives**

By the end of this session, you will be able to explain...

- Identify the elements of supervision.
- Understand the basics of supervision meetings.
- Identify supervisor skills and abilities.
- Understand the role of indirect and direct supervision.

## **Part 1 – Overview of Supervision**

Supervision is a collaborative, interpersonal, and professional activity. It involves observation, evaluation, feedback, facilitation of supervisee self-assessment, and acquisition of knowledge and skills through instruction, modeling, and mutual problem-solving. Supervision ensures that ethical standards, legal guidelines, and professional practices are used to promote the welfare of the people being served.

Notes:

## **Part 2 – Elements of Supervision**

There are four elements of supervision: administrative, educational, supportive, and advocacy. The elements often overlap within a supervisor relationship and not all activities listed below may apply to the specific supervisor.

**Administrative supervision** relates to policies and procedures. Administrative supervision is in some ways the most straightforward type of supervision.

- Setting clear job expectations
- Develop goals aligned with program mission/goals
- Provide credential documentation
- Supporting team integration efforts
- Accessing agency resources
- Solving problems
- Agency logistics
- Evaluating the effectiveness of peer activities
- Prioritizing tasks

**What are three common policies or procedures of an agency that could directly impact your work as a peer specialist?**

1

2

3

**Educational supervision** relates to the knowledge, attitude, and skills required to do the job. Supervision tasks focus on the professional development of the peer through training, modeling, and structuring learning experiences.

- Developing skills aligned with the peer role
- Identify needs for development
- Consultation
- Shares knowledge and skills
- Solving problems
- Structured learning

**What are the three most important things you need to know or know how to do to be an effective peer specialist?**

1

2

3

**Supportive supervision** relates to worker morale and job satisfaction. Supportive supervision tasks focus on a person's morale and job satisfaction.

- Role model peer support
- Identify strengths
- Support for dealing with job-related stressors
- Ensures that peers work within the scope of their role
- Validate and provide encouragement
- Promote self-care practices

**What are three challenges that directly impact your morale and job satisfaction?**

1

2

3



**Advocacy** relates to the role of the peer specialist. Advocacy may be within an organization, community or

- Ensure that job descriptions represent peer roles
- Educate others in the workforce regarding peer support roles and practices
- Support the integration of peer providers
- Share information on recovery-oriented practices to agencies
- Maintaining peer roles

**What are three challenges that have impacted your role as a peer recovery specialist integrating into a traditional behavioral health setting?**

**1**

**2**

**3**

### **Part 3 – Basics of Effective Supervision Meetings**

The most important key to good supervision meetings is that they happen. We will do a deeper dive into these later in the training but some basics include:

#### **Effective supervision meetings...**

- are structured according to the needs of both parties.
- are regularly scheduled but flexible as needed.
- involve constructive feedback, with suggestions for improvement.
- offer opportunities for direct observations.
- emphasize learning objectives agreed upon early in the relationship.

**What would you add?**

**Share experiences when one or more elements were missing.**

### **Part 4 – Supervisor Skills and Abilities**

#### **Supervisor skills and abilities:**

- Strong interpersonal communication
- Ability to positively address needs for improvement
- Appropriate time commitment to the supervisory process
- Awareness of the supervisee's job and agency expectations
- Willingness to support the supervisee's personal growth and development
- Ability to engage in joint problem-solving

**What would you add?**

**Share experiences when one or more skills were missing.**

## **Part 6 - Review Questions**

1. What is supervision?
2. What are the four elements of supervision?
3. What are some basics of supervision meetings?

**Notes:**



# Supervision, A Peer Relationship

## Session 3

## **Session Overview**

In this session, we will cover the following topics.

14. Supervision Is a Peer Relationship
15. How Peer Supervision Differs from Clinical Supervision
16. Lived Experiences as a Basis for “Peer-ness”
17. Maintaining a Recovery Focus
18. Review Questions

## **Learning Objectives**

By the end of this session, you will be able to explain...

- How supervision is a peer relationship
- The focus of a peer supervisor relationship
- Ways to maintain recovery focus.

## **Part 1 – Supervision Is a Peer Relationship**

The idea of supervision is rooted in the concept of mentorship. It is a working alliance between a more experienced worker and a less experienced worker.

When viewed in this way, clinical supervision has always been “peer supervision.” Nurses supervise nurses; therapists supervise therapists; social workers supervise social workers, etc. The person being supervised was “trained and molded” by a seasoned professional, who was a peer by profession, to carry out the duties of that profession to the best of their ability.

However, clinicians are not peers of peer specialists, and peer specialists have not been “trained and molded,” by a seasoned peer specialist professional to carry out the duties of that profession to the best of their ability.

Therefore, any issues that arose around clinicians supervising peer specialists were not created by the presence of clinical supervisors, but by the absence of the peer-to-peer relationship.

## **Part 2 – How Peer Supervision Differs from Clinical Supervision**

In a December 1, 2017 blog posting, William White made the following observations:

Peer recovery support services are not a clinical activity in the sense that they do not involve the process of clinical assessment, diagnosis, treatment planning, or the delivery of professionally directed treatment services....[Peer recovery support specialist supervision] has a much greater focus on the ecology of recovery—removing personal and environmental obstacles to recovery, assertive linkage to recovery mutual aid groups and other recovery support institutions, navigation of the larger culture of recovery, providing stage-appropriate recovery education to individuals and families, conducting on-going recovery check-up and offering guidance to improve the quality of personal/family life.

The questions we will attempt to answer in this training are not just, “How does peer supervision differ from clinical supervision?” but also, “What does peer supervision look like when both participants are peer specialists?”

The focus of the peer specialist supervisory relationship differs from the focus of the clinical supervisory relationship in the following ways. The Peer Supervisor focuses on supporting the Peer Recovery Specialist to ...

- Ensure that peer support is voluntary.
- Connect to with the person receiving services.
- Facilitate the recovery direction that the person receiving services wants to go in.
- Make sure that lived experience provides part of the context for the relationship.
- Explain the difference between peer issues and behavioral health issues.
- Focus on relationships and communication rather than methods and theories.
- Connect rather than assess.
- Advocate for the needs of the person receiving services.
- Support the person receiving services to find their own pathway to recovery.
- Connecting the person receiving services with outside resources.

What would you add to the list?



### **Part 3 – Lived Experiences as a Basis for “Peer-ness”**

Effective peer supervision is rooted in an understanding of what peer specialists do well because of their lived experience and a commitment to focus the supervisory relationship on recovery.

In September 2018, 208 certified peer specialists participated in six one-day forums for working peer specialists in Georgia. They represented 1,159 years of experience working as peer specialists. These forums were paid for by a SAMHSA technical assistance grant. The following statements come from the report to SAMHSA on the results of those forums:

Because of peer specialists’ lived experience with the disempowering experience of living with a mental illness and/or addiction and the empowering experience of engaging in recovery, they know two things...

First, they know what it is like to lose so much of what gives life a sense of meaning and purpose and to be seen through the lens of the stigma associated with mental illness and/or addiction.

Second, they know what it is like to reconnect with one’s sense of self-worth, hope, and possibility.

They have experienced much of what the peers they work with have experienced and have been able to come through it as a stronger person. This positions them to be able to hear and validate what the peer is experiencing and communicate a sense of hope and possibility.

Their experience of working as a peer specialist gives them insight into their unique role as a provider of services in a behavioral health agency. The following is a summary of their comments.

- Their lived experience allows them to connect with their peers quickly and in a different way than non-peer staff.
- This ability to connect around a common experience creates a peer-to-peer relationship.
- The peer-to-peer relationship is based on a non-judgmental understanding that validates what the peer is experiencing and creates a relationship of trust.
- This relationship of trust opens the person receiving services to sharing aspects of their life that they would usually not share with clinicians.
- Also, this relationship of trust opens the peer to receiving information from the peer specialist regarding recovery, coping skills, treatment process, agency services, and community resources.

What other benefits does lived experience give peer specialists in working with their peers?

#### **Part 4 – Maintaining a Recovery Focus**

The major task of the peer specialist is to support and promote the recovery of his or her peers.

List three challenges you have encountered in keeping recovery as your number one focus in working with a peer.

1.

2.

3.

What are three things you have found helpful in overcoming these challenges?

1.

2.

3.

## **Part 5 – Review Questions**

1. Explain the statement “supervision is a peer relationship.”
2. What benefits does a similar lived experience give peer specialists in working with their peers?
3. Why is it important for the peer specialist to keep recovery as the main focus in working with a peer?



# Job Descriptions

## Session 4

## **Session Overview**

In this session, we will cover the following topics.

1. Components of the job description
2. Job responsibilities that are not consistent with the role of a peer specialist
3. Write a job description
4. Review Questions

## **Learning Objectives**

By the end of this session, you will be able to ...

- Explain the components of a job description.
- List the functions that can be outlined in a job description.
- List the responsibilities that can be outlined in a job description.
- Write a job description.

Supervisors are often expected to develop and/or review the job descriptions of a peer specialist position.

Job descriptions are a vital part of any job. It is the outline of the expectations, tasks, functions, and roles of the employee within an agency. This is especially important for peer specialists. This is a new role within the behavioral health system and having that role clearly defined in the job description will support the understanding of that role to the employee, the supervisor, the agency, and non-peer providers.

### **Part 1 - Components of the job description:**

#### **Job title:**

Peer support specialist is a discipline, not a job title. If possible, the job title should represent the responsibilities the peer specialist will have within that discipline. Examples include Peer Housing Specialist, Peer Employment Supports Specialist, Peer Wellness Planning Specialist, Peer Crisis Response Specialist Etc.

#### **Function:**

Summarize the main role and function of the position.

Sample function statements:

- Share personal recovery experiences to make connections, build trust, and provide hope to the peers they serve.
- Support and promote the recovery of all peers served by the agency.
- Provides opportunities for people receiving services to direct their own recovery process and is an advocate for peers' needs and rights.
- Offers recovery training and outreach to peers in both group and one-on-one settings.
- Offers support to help people develop the skills and support that will help them achieve their own desires and goals.
- Supports the people they serve to discover options, within and beyond the behavioral health system.
- Supports the people they serve to develop natural support within the community.
- Supports the people they serve to navigate the behavioral health system as well as other community services.
- Supports the delivery of recovery-focused services throughout the agency.

## **Responsibilities:**

List several core responsibilities of the position and identify several specific duties within each area.

Sample responsibility statements:

- Assist in the orientation process for people who are new to the behavioral health system.
- Support recovery education and wellness planning.
- Connect peers to self-help strategies.
- Support individuals transitioning between service levels or programs.
- Support the peers they serve to access and utilize community resources.
- Support with skill development.
- Provide education and advocacy within the community to reduce misconceptions, prejudice, discrimination, and stigma faced by people receiving behavioral health services.
- Improve the agencies' understanding of lived experience.
- Educate all employees about the recovery process including what helps and hinders the process.
- Improve communication and understanding between people receiving services and traditional providers.
- Assist the people they serve to identify interests and needs within community-based resources by linking, supporting, and accompanying the person.
- Accompany the people they serve when accessing community services when requested by the person.
- Support the people they serve with goal setting.
- Role model recovery through personal responsibility, self-care, and sharing coping skills.
- Support the people they serve who are experiencing emotional distress by listening.
- Develop a partnership with the people they serve, who may be experiencing crisis utilizing trauma-informed, recovery-oriented, peer support.
- Support the people they serve to develop healthy coping skills.
- Assist the people they serve to make informed decisions about participation, and engagement in services, appointments, and treatment.



## **Qualifications:**

List the required and preferred qualifications, credentials, and competencies in order of importance.

Sample qualification statements:

- Educational requirements (e.g., high school diploma or equivalency)
- Training or certification as a peer recovery specialist or any additional training requirements.
- Have lived experience with the behavioral health system and willingness to share personal experience appropriately and respectfully.
- Ability to utilize critical thinking, problem-solving, and de-escalation skills to assist with creating and maintaining an environment that promotes recovery.
- Ability to work independently and as part of a team.
- Ability to utilize various computer programs, specifically. Microsoft Word Internet, and Email
- Commitment to recovery-oriented practice.

## **Employment conditions:**

Any relevant circumstances.

Sample employment condition statements:

- Physical requirements e.g., standing lifting.
- Work schedule (rotating shifts, on-call, weekends)
- Driver's license requirements.
- Background checks.

## **Reporting relationships**

- Program where the peer specialist will be working in.
- Who will be supervising the position?
- Type of supervision the peer specialist will receive.

A well-crafted job description will reflect the unique circumstance in which the peer specialist is working while demonstrating and staying true to the core values of the role. It should allow for flexibility that allows the role to develop based on the strengths and experience of the peer specialists but not so vague that it leads to misunderstanding and uncertainty.

## Part 2 - Job responsibilities that are not consistent with the role of a peer specialist

Any duties that represent a power imbalance, an agenda other than that of the person receiving services, or busy work.

### Areas of work that are not consistent with peer roles

Three main categories of work that are not consistent with peer roles.

**Busy Work:** Does not utilize the unique skills of the peer specialist.

Questions to consider:



- Is this busy work because you don't know what else to do with a peer specialist?
- Is there no one else who wants or has time to do a particular task?
- Are you not recognizing the special skills and training of the peer specialist?
- Is this a task that anyone could do?

**Agenda:** The peer specialist should be focused on the needs of the person being served.

Questions to consider:



- Is the peer specialist expected to focus on a particular agenda?
- Are they being seen as mainly a way to get information for the rest of the team?
- Is their job as defined by provider paperwork like treatment plans?

**Power Imbalance:** A power imbalance will reduce the 'peerness' of the relationship.

Questions to consider:



- Are the tasks of the peer specialist expected to do things that will increase the power imbalance (or perception of a power imbalance) between the peer specialist and the person they're supporting?

What are some responsibilities that should not be in the job description of a peer specialist?

**Part 3 - Write a job description.**

Using your current position as a peer specialist, write your own job description:

**Job title:**

**Function:**

**Responsibilities:**

**Qualifications:**

**Employment conditions:**

**Reporting relationships**

#### **Part 4 – Review Questions**

1. Why is a clear job description important?
  
  
  
  
  
  
  
  
  
  
2. List three job functions of a peer specialist.
  
  
  
  
  
  
  
  
  
  
3. List three job responsibilities of a peer specialist.
  
  
  
  
  
  
  
  
  
  
4. List three things that should not be in the job description of a peer specialist.



# First Meeting

## Session 5

## **Session Overview**

In this session, we will cover the following topics.

- The importance of the first meeting
- The first meeting: Role-Play 1
- Reflection on the role-play
- Review Questions

## **Learning Objectives**

By the end of this session, you will be able to ...

- Explain why the first supervisory meeting is important.
- List the components of the first meeting.
- Be more prepared for your first meeting with your peer supervisor.

## **Part 1 – The Importance of the First Meeting**

The peer specialist supervisor meetings should be offered on a weekly basis to PITs.

The first meeting should be an individual meeting, and often it will need to last longer than an hour. It is important that this first interaction set a positive tone for all subsequent sessions.

Your first meeting is the best opportunity to create a positive, collaborative working relationship. It's vital to embrace this opportunity to connect with the person you will be supervising to understand their perspectives and inspire them to achieve shared goals. The foundation of this meeting will be to:

- Building rapport,
- Set the stage for future communication,
- Communicate expectations.

## **Part 2 – First Meeting Role-Play**

In pairs, you will use the following outline to role-play a first meeting. One person will roleplay the supervisor and one the supervisee. Take your time as you move through the outline.

### **First meeting outline**

- **Introductions**

Start by briefly introducing yourself and your background. Share some of the values or principles of peer support that you try to always remember.

Encouraging them to introduce themselves, their background, and values or principles of peer support that they try to always remember.

By asking about their backgrounds and interests, you can get to know them more personally and uncover unique skills and perspectives that they bring to the table.

- **Past experience of supervision**

Discuss the peer specialist's past experiences with supervision and how being supervised by another peer specialist might be different.

- **Expectations**

Clarify both individuals' expectations. (For example, "My role as your supervisor is...My role is not...In light of that, what do you want from me?")

- **Motivation to become a peer specialist.**

Both individuals explain what motivated you to become a peer specialist and how you have taken care of yourself during recovery.

- **Self-care**

Discuss each of these questions if the peer specialist seems open to it:

If you felt the stress of your job was becoming overwhelming, what would you do to take care of yourself?

What might be some signs that I could look for to know when you are getting stressed out?

What might you want from me as your supervisor work stress is too much?

What might you want from your agency if the work stress is too much?

- **Job description**

Review the job description. How does the peer specialist's current job description reflect the unique role of a peer specialist?

- **Future meetings**

Discuss and come to an agreement about the following issues:

How often and how long will supervisory meetings be?

How will we handle emergencies?

What will be the content and structure of our meetings?

- **Goals**

Set work-related and personal goals for the first six months.

- **Supervisor agreement**

Review and sign the Supervisor agreement.

- **Issues of concerns**

Discuss issues or concerns, if there are any.



### **Part 3 – Reflection on Role-Play**

What was that experience like?

Which discussions were the most helpful?

What topics, if any, would you add?

#### **Part 4 – Review Questions**

1. Explain why the first supervisory meeting is important.
2. List the major components of the first meeting.



# Supervision Methods

## Session 6

## **Session Overview**

In this session, we will cover the following topics.

1. Supervision methods
2. One-to-one supervision
3. Group Supervision.
4. Observational Supervision
5. Difficult Conversations
6. Review Questions

## **Learning Objectives**

By the end of this session, you will be able to...

- Describe supervision methods.
- Explain how to have difficult conversations.

## **Part 1 – Supervision Methods**

Supervision can be applied by many methods but the overriding mission remains:.

- Ensure that the peer specialist has the tools they need to do their job.
- Ensure that the peer specialist has the training they need to do their job.
- Support the peer specialist to set goals to improve their performance.
- Provide resources, support, and problem solve.
- Ensure that the peer specialist is upholding the values of peer support.

## **Part 2 - One-to-one supervision**

One-on-one supervision meetings are a regular opportunity for peer specialists to have their supervisors' undivided attention in a private setting. This meeting can be done in person or virtually.

- Time management.
- Planning for supervision meetings
- Scheduling
- Bottling up issues
- Unstructured conversations

## **General outline of the meeting.**

- Review of the period since the last supervision meeting
  - ‘What have you been most excited about since our last meeting?’
  - ‘What has been your greatest challenge since our last meeting?’
- Review of goals and priorities.
  - ‘What progress have you made on your priorities since our last meeting?’
- Any new goals or changing priorities
  - ‘What new priorities do you have as a part of your role as a peer support specialist?’
- Discussion around what the employee would like to achieve by the next meeting
  - ‘What things do you want to achieve before our next meeting?’
- What the person feels can be done to support them in their work
  - ‘What kind of support do you need to do your job more effectively?’
- A chance to discuss any other issues or concerns
  - ‘Are there any other issues or concerns that you have as a part of your role as a peer specialist?’
- Self-care
  - ‘How would you rate your stress level concerning your job?’
  - ‘Are you practicing good self-care?’
- Training & Development
  - ‘What kinds of training have you been attending?’
  - ‘What kinds of training do you feel you need to support your work?’
- Planning for next meeting
  - ‘What would you like to discuss at our next meeting?’

### Part 3 - Group Supervision.

One of the benefits of group supervision is that it allows people to learn from and with their peers, as well as from the supervisor. Therefore, you need to encourage participation and interaction among the group members, as well as between the group and the supervisor. The recommended group size is four to six people to allow each group member adequate time for interaction.

The effectiveness of group supervision depends on the facilitation skills of the supervisor leading the group and the openness of the peer specialist within the group.

A variety of methods can be used in group supervision:

- Discussion of how peer support skills have been utilized
- Discussions of obstacles faced by the peer specialists
- Role-plays of situations faced by peer specialists
- Feedback from each other regarding situations
- Practice exercises
- Resource sharing
- Guest speakers

Group supervision can benefit from some ground rules. Group supervision ground rules may include:

- confidentiality — what is spoken about at the session stays within the room unless permission is sought and granted to share this wider or safety issues are raised
- not to talk over each other — one voice at a time
- respect for each other and each other's opinions
- try to bring a sense of humor but not trivialize or laugh at others
- challenge others respectfully
- speak for yourself — use “I”, not “we” when voicing an opinion
- if there are disagreements within the session, where possible, these may be addressed in another meeting

What group supervision is not

- An opportunity for catching up with each other or socializing
- Conversations that go off track are not helpful to individual members and the role of the peer specialist.
- A regular meeting where the peer specialists can complain about work.
- A chance for more dominant members of the group to impose their views and opinions on others.
- An opportunity for others to sit back and just listen, without contributing.

If the supervisor becomes aware at a group supervision meeting of a breach in professional conduct or that policies and procedures have not been followed, then this will need to be followed up with after the session.

What has been your experience with group supervision?

What are some of the benefits of group supervision for the peer specialists being supervised?

What are some of the benefits of group supervision for the supervisor?

What are some of the reasons for using group supervision?

What are some shortfalls of group supervision?



## Part 4 - Indirect and Direct Observational Supervision

**Indirect observation** is the process of gathering information pertaining to the peer specialist's performance and may include the following elements:

- Documentation review
- Peer interviews or surveys
- Peer supporter interviews
- Agency reporting

What is your experience with indirect observation?

### Drawbacks of Indirect Observation

- A peer specialist will document a session only as he or she experienced it. Thus, reports to supervisors may lack the perspective of the peer.
- The peer specialist's report is affected by personal bias. The report does not provide a thorough sense of what really happened in the session because it relies too heavily on the counselor's recall.
- There is a time delay between the peer specialist's actions and the supervisor's observations.
- The peer supporter may withhold information due to evaluation anxiety or inexperience.

**Direct observation** allows the supervisor to see the peer specialist's work up close in real time.

Observational supervision is generally done in the following ways:

- Direct observation. Sitting in on meetings between the peer specialist and the person they are serving.
- Shadowing. Commonly, this would be used when observing group settings.
- Role-playing. This can be used between the peer specialist and the supervisor or with another person.

What is your experience with direct observation?

## Guidelines for Direct Observation

- Simply by observing a session, the dynamics will change. You may change how both the peer and peer supporter act. You get a snapshot of the sessions. Peer supporters may say, “It was not a representative session.” Typically, if you observe the counselor frequently, you will get a fairly accurate picture of the peer supporter’s competencies.
- You and your supervisee must agree on procedures for observation to determine why, when and how direct methods of observation will be used.
- The peer specialist should provide a context for the session.
- The peer should give written consent for observation and/or recording. Additionally, peers need to be notified of an upcoming observation by a supervisor before the observation occurs.
- Observations should be selected for review because they provide teaching moments. You should ask the supervisee to select what cases he or she wishes you to observe and explain why those cases were chosen. Direct observation should not be a weapon for criticism but a constructive tool for learning: an opportunity for the peer supporter to do things right and well so that positive feedback follows.
- When observing a session, you gain a wealth of information about the peer supporter. Use this information wisely and provide gradual feedback, not a litany of judgments and directives. Ask the salient question, “What is the most important issue here for us to address in supervision?”
- Ideally, the supervisee should know at the outset of employment that observation and/or recording will be required as part of informed consent to supervision.

\*Requires approval of the person receiving services. The peer specialist should share with the person receiving services that the reason the supervisor is to provide feedback to the peer specialist. A release of information form or similar document should be utilized.

Using the following scenario two people will role-play a meeting between a peer specialist and a person they are working with. The group will act as a supervisor observing the interaction.

### **Scenario**

Sandra, a peer in a reentry program, is scheduled to meet with Alex, a peer specialist. The two have had a working relationship for 6 months, and Alex has been working in the field for 18 months. The peer supervisor has scheduled a direct observation of Alex and Sandra, who previously agreed to allow the supervisor to sit in on their meeting. As the peer and specialist meet, the supervisor sits to the side quietly and observes the encounter. Sandra confides in Alex that she is struggling to find a job. She has put in 20 applications over two weeks but has only gotten three calls back. Even though she has an upcoming interview with one of the jobs, she doubts her ability to interview successfully, and her anxiety makes her want to give up altogether.

Discuss the following questions after the role-play.

As a supervisor observing this situation, what would you write in your supervision notes?

What would you discuss with the peer specialist?

## Part 5 - Difficult Conversations

Despite the importance of commenting on a person's performance some supervisors can find providing feedback difficult to do. It is a skill that supervisors need to develop and practice. Constructive criticism of poor performance or behavior is often required and is just as valuable as positive feedback and praise. However, providing this type of feedback can feel uncomfortable and supervisors can often try and avoid this awkward situation by assuming that the problem:

- will burn itself out, correcting itself in due course,
- is not that bad really,
- will be made worse if we say anything.

This avoidance is a way of taking the 'line of least resistance' against the issue. In other cases, the thought of confronting the person can also trigger the supervisor's fight or flight response. It can cause us to psyche ourselves up and be overly harsh, meaning that the person will probably focus on the 'unfair' way they have been treated rather than listening to the feedback. Alternatively, the supervisors may try to make themselves feel more comfortable by 'watering down' what they want to say. In this case, the person may miss the point altogether or just fail to take the matter seriously.

### Assessing the situation

There are two parts to this skill – being aware that there is a problem and then identifying the cause of the problem.

For example, supervisors may become aware that they have a performance/behavior problem when they have someone, they supervise that displays the following:

- requires constant supervision and is unable to work effectively alone
- carries out work that frequently requires correction or completion
- avoids unpleasant tasks and avoids their fair share of work
- exercises initiative or judgment at a level below that which it is reasonable to expect
- refuses to co-operate
- has an unacceptable attendance, sickness, or punctuality record
- causes conflict in their working relationships

Before supervisors can take appropriate action, they must identify the correct cause of the performance/behavior.

**There are four main reasons why people under-perform:**

1. **The person does not know what the supervisor wants them to achieve.**  
**Communication** is key here. It is important to clarify expectations and agree objectives with the person.
2. **The person knows what the supervisor wants them to achieve but lacks the capability to achieve it.**  
 This is a **learning** problem that can be resolved by providing training. Where training has been provided, but the person's performance is still below the standard on one specific task, then this is likely to be a **person/task fit problem**. In this case, the supervisor may want to consider shifting the task where possible.
3. **The person knows what the supervisor wants them to achieve, and they have the ability to achieve it, but they lack control over other significant factors.**  
 If the person is reliant on other people to help them complete the task, then there may be an **interference** problem. In this case, it is important that the supervisor finds out what the problem is and addresses it.
4. **The person knows what the supervisor wants them to achieve, they have the ability and control to achieve it but do not want to achieve it.**
  - ❖ If the person usually performs well on other tasks but seems to be demonstrating a lack of understanding, then the supervisor needs to check whether the importance of the role or task has been clearly established. This could be another example of a **communication** problem.
  - ❖ Alternatively, the person may hold views, values, or beliefs that conflict with those necessary for effective performance. This is especially apparent where performance improves under close supervision, but then deteriorates again. This can be classed as an **attitude** problem. If this is the case then the supervisor needs to spend time discussing the situation with the person, clearly explaining the consequences of under-performance and giving the person a chance to improve.
  - ❖ Finally, if past performance has been acceptable, but there is a sudden deterioration, then the person may be experiencing **personal** problems that are impacting their work. In this type of case, the supervisor should talk to the person about the underlying causes. However, the supervisor should never try and counsel or offer personal advice.

## Using the right language

There are two aspects to this skill - using terminology that creates clear communication and avoiding terminology that irritates people which, in turn, can make it difficult for them to listen to the feedback.

Clear terminology should be specific, descriptive, and factual rather than vague, general, and subjective. For example, rather than saying 'You've got to do better' it is much clearer to say 'I would like you to achieve the objectives we agreed on'.

Supervisors can often use irritating terminology without realizing it. Often a supervisor may use words or phrases that they feel strengthen their case and help to get their message across. However, in reality, this terminology actually irritates and makes communication difficult. Examples of irritating phrases include:

- 'The reason I've called you in...' which can make the person feel they are being called into the principal's office.
- 'What you must do is...' which can, make the person feel like a child.
- 'With respect...' which can make a person feel like they are about to be insulted.
- 'I'm being perfectly reasonable...' which implies it is the person who is being unreasonable.

There are more positive alternatives available that are likely to have a much better effect such as:

- 'Thanks for coming in. There's something I want to discuss. Let me explain...'
- 'What would be the effect if I suggested ...?'
- 'How would you feel if I suggested...?'
- 'If I understand you correctly, what you're saying is... Here's an alternative viewpoint...'

## Strengths-based Approach

The strength-based approach applies in difficult conversations in the same manner as any other conversation. Skilled peer supervisors deliver constructive criticism in a sensitive way and know how to help manage strong emotions.

Ways to prepare for difficult conversations:

- Think about the key points you want to communicate.
- The outcome you are seeking.
- Consider the 'four reasons people under perform' listed above.
- Determine what you might say and how you might say it.

- Consider writing down your key points to help keep you on track.
- Remind yourself that your role as a supervisor is to develop the strengths of the peer specialist.
- Keep your ideas simple.
- Identify the specialist's strengths and consider how those strengths can serve as potential solutions for the problem.

## Part 4 – Review Questions

1. List the three methods of supervision discussed.
2. Describe one of the reasons why people underperform.





# Development Models

## Session 7

## **Session Overview**

In this session, we will cover the following topics.

7. Stages of supervisor development
8. Stages of peer specialist development
9. Reflection
10. Review Questions

## **Learning Objectives**

By the end of this session, you will be able to...

- Describe the stages of development in supervision.
- Explain why it is important for the supervisor to understand this concept.

## Part 1 - Stages of Supervisor Development

Supervision can lie on a continuum of two extremes.

- One extreme is where the supervisor acts as a friend and a shoulder to lean on.
- On the other end, supervision demands strict accountability. Here, the supervisor may be most focused on fault finding.

Supervision is an essential part of the continued development of the individual peer specialist as well as the profession. It ensures quality peer services. A good supervisor is a good leader

|                  | INEFFECTIVE     | EFFECTIVE         | LEADER                                    | DICTATOR                    |
|------------------|-----------------|-------------------|---|-----------------------------|
| Level of Control | Out of Control  | In Control        | Shares Control                            | Dominates                   |
| Knowledge        | Uninformed      | Informed          | Share Information                         | Withholds Information       |
| Support          | Needy, Helpless | Self-Reliant      | Helpful                                   | Take Over or Offers No Help |
| Confidence       | Insecure        | Secure, Confident | Reinforces Others' Strengths              | Arrogant                    |
| Ability          | Inadequate      | Capable           | Trusts Others' Capabilities               | Pushy, Conceited            |
| Problem-Solving  | Fearful         | Risk Taker        | Offers Other Challenges, Supports Efforts | Reckless, Self-Absorbed     |

Four styles of supervision that provide the least productive results:

- Constrictive (too close),
- Unstructured (too loose),
- Aloof (disinterested), and
- Therapeutic (personal).

Just as peer specialists grow over time, so do supervisors. The developmental model presented below provides a framework to explain supervisor development. It would be expected that someone new to supervision would be at Level 1 as a supervisor. However, supervisors should be at least at the second or third stage of peer specialist development before taking on a supervisory role.

| Peer Supervisor Developmental Model |  |   |
|-------------------------------------|--|---|
| Developmental Level                 | Characteristics  | Steps for Advancement   |
| <b>Level 1</b>                      | <ul style="list-style-type: none"> <li>• Anxious regarding role</li> <li>• Inexperienced in assuming the role of supervisor</li> <li>• Focused on doing the “right” thing</li> <li>• Overly confident</li> <li>• Uncomfortable providing direct feedback</li> </ul>  | <ul style="list-style-type: none"> <li>• Follow structure and formats</li> <li>• Design systems to increase the organization of supervision</li> <li>• Assign Level I peer specialists</li> <li>• Seek support from other more experienced supervisors</li> </ul> |
| <b>Level 2</b>                      | <ul style="list-style-type: none"> <li>• Shows confusion and conflict</li> <li>• Sees supervision as complex and multi-dimensional</li> <li>• Needs support to maintain motivation</li> <li>• Overly focused on peer specialist’s deficits and perceived resistance</li> <li>• May fall back to a peer specialist role occasionally</li> </ul> | <ul style="list-style-type: none"> <li>• Receive supervision from another clinician or peer supervisor</li> <li>• Assign Level 1 peer specialists</li> </ul>  |
| <b>Level 3</b>                      | <ul style="list-style-type: none"> <li>• Highly motivated</li> <li>• Provides honest self-appraisal</li> <li>• Comfortable with the evaluation process</li> <li>• Provides thorough, objective, strength-based feedback</li> <li>• Supervisees seek out the supervisor</li> </ul>  | <ul style="list-style-type: none"> <li>• Continue on the present track</li> <li>• Continue to learn and apply learnings</li> </ul>  |

What caught your attention about the developmental levels?

In small groups discuss each developmental level and answer the questions. Prepare to report to the full group. Try to stay as close as you can to the level you are assigned.

|  |
|--|
| <b>Level 1</b>   |
| What would it look like as a supervisor at this level?               |
| What strengths would they display?                                   |
| What dangers might exist for a peer supervisor at this level?        |
| In what ways can a supervisor strengthen their skills at this level? |

|  |
|--|
| <b>Level 2</b>   |
| What would it look like as a supervisor at this level?               |
| What strengths would they display?                                   |
| What dangers might exist for a peer supervisor at this level?        |
| In what ways can a supervisor strengthen their skills at this level? |

|  |
|--|
| <b>Level 3</b>   |
| What would it look like as a supervisor at this level?               |
| What strengths would they display?                                   |
| What dangers might exist for a peer supervisor at this level?        |
| In what ways can a supervisor strengthen their skills at this level? |

## Part 2 – Stages of Peer Specialist Development

When supervising a peer specialist, you must take into account their level of training, experience, and proficiency and adapt your approach accordingly. An understanding of the peer's developmental needs is an essential ingredient for any model of supervision.

Consider the following factors as you evaluate peers:

- There is a beginning but not an end point for learning peer support skills; be careful with peer specialists who think they “know it all.” Every day as a peer is a learning curve.
- Learning styles and personalities vary. Try to adapt your approach to meet their needs and personal preferences.
- There is a logical sequence to development, but it may not play out in a predictable timeline. Some peer specialists may have been in the field for years but remain at an early stage of professional development, whereas others may progress quickly.
- Advanced peer specialists have different learning needs and require different supervisory approaches from those at Level 1.
- Peer specialists may advance quickly in one domain but slowly in another.



| Peer Specialist Developmental Model |   |   |   |
|-------------------------------------|---|---|---|
| Developmental Level                 | Characteristics   | Development Needs from Supervisor   | Techniques  |
| <b>Level 1</b>                      | <ul style="list-style-type: none"> <li>• Focuses on self</li> <li>• Anxious, uncertain</li> <li>• Preoccupied with performing the right way</li> <li>• Over-confident of skills</li> <li>• Over-generalizes</li> <li>• Over-uses a skill</li> <li>• Gap between vision, goals, and interventions</li> <li>• Under-developed ethics</li> </ul>         | <ul style="list-style-type: none"> <li>• Provide structure and minimize anxiety</li> <li>• Address strengths first, then weaknesses</li> <li>• Suggest new approaches</li> <li>• Start connecting peer specialist skills to work with peers</li> </ul>  | <ul style="list-style-type: none"> <li>• Observation</li> <li>• Skills training</li> <li>• Role-playing</li> <li>• Expand knowledge base</li> <li>• Group supervision</li> <li>• Closely monitor peer work</li> </ul> |
| <b>Level 2</b>                      | <ul style="list-style-type: none"> <li>• Focuses less on self and more on peer</li> <li>• Confused, and frustrated with the complexity of peer work</li> <li>• Over-identifies with peer</li> <li>• Challenges authority</li> <li>• Lacks integration of peer specialist skills</li> <li>• Over-burdened</li> <li>• Strong grasp of ethics</li> </ul> | <ul style="list-style-type: none"> <li>• Allow more autonomy</li> <li>• Supportive</li> <li>• Offer new approaches periodically</li> <li>• Confront discrepancies</li> <li>• Introduce alternative perspectives</li> <li>• Process comments</li> <li>• Highlight countertransference</li> </ul> | <ul style="list-style-type: none"> <li>• Observation</li> <li>• Role-playing</li> <li>• Share observations</li> <li>• Group supervision</li> <li>• Expand knowledge base</li> </ul>                                   |
| <b>Level 3</b>                      | <ul style="list-style-type: none"> <li>• Focuses intently on peer</li> <li>• A high degree of empathic skill</li> <li>• Objective third-person perspective</li> <li>• Integrative thinking and approach</li> <li>• Highly responsible and ethical</li> </ul>  | <ul style="list-style-type: none"> <li>• Supervisee directed</li> <li>• Focus on professional advancement</li> <li>• Supportive</li> <li>• Consultation</li> </ul>  | <ul style="list-style-type: none"> <li>• Peer supervision</li> <li>• Group supervision</li> <li>• Expand knowledge base</li> </ul>  |

What caught your attention about the stages of development?

Sum up each stage in 2-3 words.

How does supervision change as the peer advances?

What skills does the peer specialist need regardless of their level?

In small groups discuss each developmental level and answer the questions. Prepare to report to the full group. Try to stay as close as you can to the level you are assigned.

|   |
|---|
| <b>Level 1</b>  |
| What strengths would they display?  |
| What dangers might exist for a peer specialist at this level?             |
| In what ways would you supervise a person at this level?                  |
| In what ways can a peer specialist strengthen their skills at this level? |

|   |
|---|
| <b>Level 2</b>  |
| What strengths would they display?  |
| What dangers might exist for a peer specialist at this level?             |
| In what ways would you supervise a person at this level?                  |
| In what ways can a peer specialist strengthen their skills at this level? |

|   |
|---|
| <b>Level 3</b>  |
| What strengths would they display?  |
| What dangers might exist for a peer specialist at this level?             |
| In what ways would you supervise a person at this level?                  |
| In what ways can a peer specialist strengthen their skills at this level? |

### **Part 3 – Reflection**

Why is it important for the supervisor to be aware of what development level they are at as a supervisor?

How does knowing that impact the role of the supervisor?

Why is it important for the supervisor to be aware of what development level the peer specialist is at?

How does knowing that impact the role of the supervisor?

## **Part 4 – Review Questions**

3. Explain the stages of development in supervision.
  
  
  
  
  
  
  
  
  
  
4. Why is it important to know the stage of the peer specialist?
  
  
  
  
  
  
  
  
  
  
5. How does knowing that impact the role of the supervisor?

Notes:





# Peer Evaluation

## Session 8

## **Session Overview**

In this session, we will cover the following topics.

19. Why Evaluate
20. Evaluating Skills
21. Review Questions

## **Learning Objectives**

By the end of this session, you will be able to explain...

- Why evaluation is important.
- What skills should be evaluated.

## **Part 1 – Why Evaluation is Important?**

The major role of the supervisor is to monitor and improve the performance of the person they are supervising. This involves the awareness of both parties of the following elements.

- Whether the work of the peer specialist is in line with peer recovery values.
- Whether the agency and peer specialist are in agreement regarding job description and work responsibilities
- Whether the agency environment is supportive of the peer specialist as a provider of peer support
- Whether the peer specialist's work is within the policies and procedures of the agency
- Whether the peer specialist has the knowledge, skills, and attitude to do quality work.
- The peer specialist's level of worker morale and job satisfaction

Since these items have a direct impact on the peer specialist's job performance, there needs to be some way to monitor and measure how these items are affecting the quality of the peer specialist's work performance.

Evaluation helps to:

- Guide the peer specialists in the work they do,
- Ensures quality peer services.
- Supports the honest assessment of the peer specialist's strengths.
- Identifies areas for improvement.

## Building trust

Supervisor observation and feedback can lead people to feel uncomfortable and defensive. It is essential to build trust and rapport first. Below is a list of things you can do as a supervisor to build trust and rapport before observation and feedback.

- First, demonstrate that you care. There is a famous quote. "No one cares how much you know unless they know how much you care." When the person knows that you care, trust is created.
- Lead with imperfection. Share some of the mistakes you have learned from as a peer specialist. This can help the person be more comfortable with their mistakes as you make observations. When supervisors appear perfect, the peer specialist can fear the consequences when you make observations and give feedback.
- Not making a big deal about every mistake. This sends the message that it's OK to make mistakes.
- Be vulnerable. This makes it easier for the person you supervise to be vulnerable.
- Create an atmosphere of identification. Share stories about experiences you have had as a peer specialist, letting the person know that you identify with their challenges.
- Periodically ask for feedback. "How am I doing as your supervisor?" Modeling openness to feedback can be instrumental in helping the peer specialist be more open to feedback.
- Transparency, predictability, and calmness. Being transparent, consistently predictable, and calm can build trust in supervision before observations and feedback.

## Part 2 – Evaluating Skills

The following skills and competencies represent areas to assess a peer specialist's work performance and to guide the further development of peer specialist skills.

### **Group 1 –**

#### **Skill - The peer specialist relationship is voluntary.**

##### **Skill Indicators:**

- The person receiving services has requested per services.
- Peer specialists do not force or coerce others to participate in peer support services or any other service.
- Peer specialists advocate for choice when they observe coercion in any service setting.
- Peer specialists do not dictate the types of services.

What are some examples of how a peer specialist would demonstrate ability with this skill?

What are some examples of how a peer specialist would demonstrate a gap in this skill?

How would you support the peer specialist to strengthen this skill?

#### **Skill – The peer specialist fosters hope.**

##### **Skill Indicators:**

- Peer specialists tell strategic stories of their personal recovery in relation to current struggles faced by those who are being supported.
- Peer specialists model recovery behaviors at work and act as ambassadors of recovery in all aspects of their work.
- Peer specialists help others reframe life challenges as opportunities for personal growth.

What are some examples of how a peer specialist would demonstrate ability with this skill?

What are some examples of how a peer specialist would demonstrate a gap in this skill?

How would you support the peer specialist to strengthen this skill?

**Skill – The peer specialist exercises self-care.**

**Skill Indicators:**

- Peer specialists practice deliberate self-care.
- Peer specialists must maintain healthy work and life balance.
- Peer specialists manage stress in healthy ways.

What are some examples of how a peer specialist would demonstrate ability with this skill?

What are some examples of how a peer specialist would demonstrate a gap in this skill?

How would you support the peer specialist to strengthen this skill?

**Skill – The peer specialist demonstrates empathy.**

**Skill Indicators:**

- Peer specialists practice effective listening skills that are non-judgmental.
- Peer specialists understand that even though others may share similar life experiences, the range of responses may vary considerably.

What are some examples of how a peer specialist would demonstrate ability with this skill?

What are some examples of how a peer specialist would demonstrate a gap in this skill?

How would you support the peer specialist to strengthen this skill?

## **Group 2 –**

### **Skill – The peer specialist demonstrates respectfulness.**

#### **Skill Indicators:**

- Peer specialists embrace the diversity of culture and thought as a means of personal growth for those they support and for themselves.
- Peer specialists encourage others to explore how differences can contribute to their lives and the lives of those around them.
- Peer specialists practice patience, kindness, warmth, and dignity with the people they support.
- Peer specialists treat each person they encounter with dignity and see them as worthy of all basic human rights.
- Peer specialists embrace the full range of cultural experiences, strengths, and approaches to recovery for those they support and themselves.

What are some examples of how a peer specialist would demonstrate ability with this skill?

What are some examples of how a peer specialist would demonstrate a gap in this skill?

How would you support the peer specialist to strengthen this skill?

### **Skill – The peer specialist is honest and direct.**

#### **Skill Indicators:**

- Peer specialists respect privacy and confidentiality.
- Peer specialists engage in candid, honest discussions about stigma, abuse, oppression, crisis, or safety when desired by those they support.
- Peer specialists exercise compassion and caring in peer support relationships.
- Peer specialists respect privacy and confidentiality.
- Peer specialists strive to build relationships based on integrity, honesty, respect and trust.

What are some examples of how a peer specialist would demonstrate ability with this skill?

What are some examples of how a peer specialist would demonstrate a gap in this skill?

How would you support the peer specialist to strengthen this skill?

**Skill – The peer specialist supports a reciprocal relationship.**

**Skill Indicators:**

- Peer specialists and those they support learn from each other.
- Peer specialists encourage peers to fulfill a fundamental human need: to be able to give as well as receive.
- Peer specialists respect and honor a relationship with peers that evokes power-sharing and mutuality, wherever possible.

What are some examples of how a peer specialist would demonstrate ability with this skill?

What are some examples of how a peer specialist would demonstrate a gap in this skill?

How would you support the peer specialist to strengthen this skill?

**Skill – The peer specialist maintains good ethical standards.**

**Skill Indicators:**

- Peer specialists maintain good boundaries.
- Peer specialists consult with others in tricky ethical situations.
- Peer specialists maintain confidentiality.

What are some examples of how a peer specialist would demonstrate ability with this skill?

What are some examples of how a peer specialist would demonstrate a gap in this skill?

How would you support the peer specialist to strengthen this skill?



### **Group 3**

#### **Skill – The peer specialist supports an equal power-sharing relationship.**

##### **Skill Indicators:**

- Peer specialists use language that reflects a mutual relationship with those they support.
- Peer specialists behave in ways that reflect respect and mutuality with those they support.
- Peer specialists do not express or exercise power over those they support.
- Peer specialists do not diagnose or offer medical services.

What are some examples of how a peer specialist would demonstrate ability with this skill?

What are some examples of how a peer specialist would demonstrate a gap in this skill?

How would you support the peer specialist to strengthen this skill?

#### **Skill – The peer specialist is strength-focused.**

##### **Skill Indicators:**

- Peer specialists encourage others to identify their strengths and use them to improve their lives.
- Peer specialists focus on the strengths of those they support.
- Peer specialists use their own experiences to demonstrate the use of their strengths and to encourage and inspire those they support.
- Peer specialists operate from a strength-based perspective and acknowledge the strengths, informed choices, and decisions of peers as a foundation of recovery.
- Peer specialists encourage others to explore dreams and goals meaningful to those they support.
- Peer specialists don't fix or do for others what they can do for themselves.

What are some examples of how a peer specialist would demonstrate ability with this skill?

What are some examples of how a peer specialist would demonstrate a gap in this skill?

How would you support the peer specialist to strengthen this skill?

## **Skill – The peer specialist is transparent.**

### **Skill Indicators:**

- Peer specialists clearly explain what can or can't be expected of the relationship.
- Peer specialists use language that is clear, understandable, and value and judgment-free.
- Peer specialists use language that is supportive and respectful.
- Peer specialists provide support in a professional yet humanistic manner.
- Peer specialists' roles are distinct from the roles of other behavioral health providers.
- Peer specialists make only promises they can keep and use accurate statements.
- Peer specialists do not diagnose, nor do they prescribe recommend medications or monitor their use.

What are some examples of how a peer specialist would demonstrate ability with this skill?

What are some examples of how a peer specialist would demonstrate a gap in this skill?

How would you support the peer specialist to strengthen this skill?

## **Skill – The peer specialist provides person-centered support.**

### **Skill Indicators:**

- Peer specialists encourage those they support to make their own decisions.
- Peer specialists, when appropriate, offer options to those they serve.
- Peer specialists encourage those they serve to try new things.
- Peer specialists help others learn from mistakes.
- Peer specialists encourage resilience.
- Peer specialists encourage personal growth in others.
- Peer specialists encourage and coach those they support to decide what they want in life and how to achieve it without judgment.

What are some examples of how a peer specialist would demonstrate ability with this skill?

What are some examples of how a peer specialist would demonstrate a gap in this skill?

How would you support the peer specialist to strengthen this skill?

## Group 4 -

### - The peer specialist demonstrates open-mindedness.

#### **Skill Indicators:**

- Peer specialists embrace the differences of those they support as potential learning opportunities.
- Peer specialists respect an individual's right to choose the pathways to recovery they believe will work best for them.
- Peer specialists connect with others where and as they are.
- Peer specialists do not evaluate or assess others.

What are some examples of how a peer specialist would demonstrate ability with this skill?

What are some examples of how a peer specialist would demonstrate a gap in this skill?

How would you support the peer specialist to strengthen this skill?

### Skill – The peer specialist thoroughly documents support.

#### **Skill Indicators:**

- Peer specialists submit timely documentation.
- Peer specialists provide accurate documentation.
- Peer specialists provide recovery-focused documentation.

What are some examples of how a peer specialist would demonstrate ability with this skill?

What are some examples of how a peer specialist would demonstrate a gap in this skill?

How would you support the peer specialist to strengthen this skill?

**Skill – The peer specialist participates in ongoing skill development.**

**Skill Indicators:**

- Peer specialists seek out recovery-focused information.
- Peer specialists share acquired knowledge.
- Peer specialists fulfill necessary continuing education requirements.

What are some examples of how a peer specialist would demonstrate ability with this skill?

What are some examples of how a peer specialist would demonstrate a gap in this skill?

How would you support the peer specialist to strengthen this skill?

**Skill – The peer specialist facilitates change.**

**Skill Indicators:**

- Peer specialists recognize and find appropriate ways to call attention to injustices.
- Peer specialists strive to understand how injustices may affect people.
- Peer specialists encourage, coach, and inspire those they support to challenge and overcome injustices.
- Peer specialists use language that is supportive, encouraging, inspiring, motivating, and respectful.
- Peer specialists help those they support explore areas in need of change for themselves and others.
- Peer specialists recognize injustices peers face in all contexts and act as advocates to facilitate change where appropriate.

What are some examples of how a peer specialist would demonstrate ability with this skill?

What are some examples of how a peer specialist would demonstrate a gap in this skill?

How would you support the peer specialist to strengthen this skill?

## Review Questions

1. Why is evaluation important?
2. What are some skills that a supervisor evaluates?
3. What are ways you can support a peer specialist to strengthen their skills?

Notes:



# Professional Ethics and Standards

## Session 9

## **Session Overview**

In this session, we will cover the following topics.

22. Introduction and review of peer ethics
23. Supervisory role in ensuring ethical behavior
24. You Know You Are in Trouble If...
25. Guiding Peer Specialists in Ethical Situations
26. Reporting ethical violations
27. Review Questions

## **Learning Objectives**

By the end of this session, you will be able to explain...

- The Arkansas Peer Recovery Specialist Code of Ethics.
- The Supervisors Role
- Warning signs
- Ways to Guide peer specialists in ethical decision making
- The process of reporting ethical violations



## **Part 1 - Arkansas Peer Recovery Support Specialist Code of Ethics**

### Handout

What elements are you glad to see in the Code of Ethics?

What are the top one or two elements that you think peer specialists struggle with the most?

Have you ever had to inform your supervisor or someone in authority about possible abuse or someone's ethical violation? If so, what was that experience like?

Share a time when the Code of Ethics gave you direction or helped inform you about what to do, or what not to do.

## **Part 2 - Supervisory role in ensuring ethical behavior.**

### **Ethical Decision-Making**

Supervisors support the peer specialist in learning strong ethical decision-making skills. The supervisor models both the intellectual and emotional aspects of ethical decision-making.

The supervisor should support the peer specialist in examining ethical issues as they arise, applying peer values, and exploring possible consequences and benefits of their actions and choices. The supervisor should also support the peer specialist to evaluate the decision after it is implemented.

When ethical mistakes happen, the supervisor can assist the peer specialist in attempting to make the situation better and learn how to avoid that mistake in the future.

Depending on the extent of the violation the supervisor may be required to report the violation. It is best that the peer specialist is informed that this report will be taking place. Ethical reporting will be covered later in this session.

Often ethical violations can happen simply because the peer specialist has a blind spot or has not fully thought through the situation.

### **Boundaries**

All ethical violations are boundary issues but not all boundary issues are ethical violations. Good boundaries are not always as clear-cut as ethical standards. Boundary issues are always a slippery slope. Addressing boundary issues as they are observed can prevent future ethical violations.

## **Areas where supervision can provide guidance.**

Some areas more than others require support from the supervisor.

### **Self-Disclosure**

Self-disclosure or sharing our story is a part of the function of a peer recovery specialist. It is vital that the supervisor supports the peer specialist in understanding the difference between sharing your story and sharing personal information. The supervisor supports the peer specialist in knowing when, how, and why we share our lived experience.

### **Preventing Harm**

One of the overriding ethical standards is sustained vigilance in preventing harm and injury to those to whom we have pledged our loyalty. This includes the safety of the peer specialist as well as the people being served, the agency, co-workers, and the profession of peer specialists.

### **Person-Centered Practice**

The supervisor ensures that the peer specialist is performing their duties in a person-centered manner. Treating them with dignity and respect and supporting them to make decisions for themselves.

### **General inability**

Not everyone with lived experience is cut out to be a peer specialist or the peer specialist may be working in an area that does not fit their skill level or personality.

### **Personal problems**

Personal problems that are not addressed or a lack of self-care can lead to ethical violations. They are not a valid excuse for poor work performance.

### **Dual relationships**

The supervisor must be on the lookout for any dual relationships that the peer specialist may be involved in. Any time the person is the peer specialist and.... The “and” can be anything from neighbor, to on the same softball team, to being a sponsor.

### Part 3 - You Know You Are in Trouble If..

The following statements come from real-life supervision situations. They identify areas the supervisor may observe or can be used along with a person they may be supervising.

In pairs go through the “You know you’re in trouble if...” list, this assigning a letter from the list below that identifies the problem with the statement. If multiple problems apply, mark all corresponding letters.

- A. Boundary issue
- B. Need for consultation
- C. Dual relationship
- D. Violation of ethics
- E. Program policy violation
- F. Possible violation of the law

#### You know you are in trouble if...

- 1\_\_\_\_\_ The peer feels more like a friend than a peer.
- 2\_\_\_\_\_ You often share personal problems with the peer.
- 3\_\_\_\_\_ You feel sexually aroused by the peer.
- 4\_\_\_\_\_ You want to be friends with the peer when they finish treatment.
- 5\_\_\_\_\_ Sessions run overtime with the peer.
- 6\_\_\_\_\_ You have had sexual contact with the peer.
- 7\_\_\_\_\_ You sometimes choose clothing with a particular peer in mind.
- 8\_\_\_\_\_ There’s something you like about being alone in the office with a peer.
- 9\_\_\_\_\_ This peer is very seductive, and you don’t know how to handle it.
- 10\_\_\_\_\_ You find yourself cajoling, teasing, and joking a lot with the peer.
- 11\_\_\_\_\_ You identify with the peer’s pain to the point you can hardly provide support.
- 12\_\_\_\_\_ You allow the peer to comfort you.
- 13\_\_\_\_\_ You feel that you and the peer are very much alike.
- 14\_\_\_\_\_ The peer scares you.
- 15\_\_\_\_\_ You enjoy your authority over the peers.
- 16\_\_\_\_\_ You feel you are in over your head.
- 17\_\_\_\_\_ You feel invaded and have a hard time standing your ground against the peer.
- 18\_\_\_\_\_ You sometimes hate the peer.
- 19\_\_\_\_\_ You feel like the peer should be punished.
- 20\_\_\_\_\_ You feel protective of the peer.
- 21\_\_\_\_\_ You accommodate the peer’s schedule and then feel angry or manipulated.
- 22\_\_\_\_\_ The peer has invested money in an enterprise of yours (or vice versa).
- 23\_\_\_\_\_ You have hired a peer to work for you.
- 24\_\_\_\_\_ You find it hard not to talk about the peers to people close to you.
- 25\_\_\_\_\_ You find yourself telling the peer a lot about yourself.
- 26\_\_\_\_\_ You could envision having sex with a peer.

- 27\_\_\_\_\_ The peer has spent time at your home.
- 28\_\_\_\_\_ You correspond with the peer after they leave treatment.
- 29\_\_\_\_\_ You accept gifts or favors from peers.
- 30\_\_\_\_\_ You have contacts with the peer other than in the treatment role.
- 31\_\_\_\_\_ You perform errands for the peer (such as picking up cigarettes).
- 32\_\_\_\_\_ You have accepted rides from the peer.
- 33\_\_\_\_\_ The peer helped you get a good deal on a car with his brother who is a car dealer (or similar action).
- 34\_\_\_\_\_ You have had a dinner date with the peer after treatment.
- 35\_\_\_\_\_ You allow the peer to hang around your office.
- 36\_\_\_\_\_ You allow or ask the peer to perform office tasks.
- 37\_\_\_\_\_ While helping you with a report, the peer made copies of documents from another peer's chart.
- 38\_\_\_\_\_ You gave the peer a couple of aspirin from a bottle that you keep in your desk.
- 39\_\_\_\_\_ You are the peer's sponsor.
- 40\_\_\_\_\_ The peer asks very personal questions about your family.
- 41\_\_\_\_\_ You have "made out" with the peer or another employee in your office.
- 42\_\_\_\_\_ You saw another peer specialist having dinner with a peer at a restaurant.
- 43\_\_\_\_\_ Another peer specialist's peer came to you requesting to switch to you.
- 44\_\_\_\_\_ The peer offered to set up a date between you and a family member.

What caught your attention?

Any surprises?

Are there any that you feel do not apply to peer specialist-peer relationships?

Were there any statements for which you could not answer? If so, which ones?

Were there any statements for where multiple letters applied? If so, which ones?

## **Part 4 - Guiding Peer Specialists in Ethical Situations**

The code of ethics provides a clear guideline for peer specialists but in the real world, it is often a murky environment. The role of the supervisor is to support those they serve to navigate the ethical landscape.

Examine relevant values

Think about relevant laws, policies, regulations, and code provisions

Hypothesize about different consequences

Identify who will be helped and harmed in terms of the most vulnerable

Consult with supervisors and other colleagues.

### **Scenario**

John is a highly sought-after peer specialist. He is charismatic and unrelenting in his support activities. As his supervisor, you have one area of concern, he is emotionally possessive of those he works with. He is competitive with and overly critical of other service providers who he feels do not live up to his standards. Many of the peers that John works with do very well in their recovery but see John as a source of their recovery. You are troubled that those whom John works with have developed an excessive emotional dependency in their relationship with him.

What ethical issues does this situation raise?

How would you address these issues with John?

In small groups discuss how you would address the following ethical situations with someone you supervise. Each situation raises multiple ethical issues.

### **Scenario 1**

Elle a peer specialist that you supervise informs you that their agency is asking them to provide transportation for residents of the treatment center and telling them to just document the conversations they have in the car so it can be a “billable” service. More and more of the work they are doing seems to be shifting in this direction. Elle is asking for your guidance.

What ethical issues does this situation raise?

What would you tell Elle?

How would you address these issues?

### **Scenario 2**

Michael has approached you because several of the people he serves have reached out to him with Facebook friend requests. He works with a younger group of peers who are interested in communicating virtually including by text. Michael wants to start a separate Facebook account where he can communicate with the people he works with and has come to you for guidance.

What ethical issues does this situation raise?

How would you address these issues with Jared?

### **Scenario 3**

You become aware that Jared has been posting inappropriate information online. He complains about his job, and the people he serves, shares inappropriate jokes, and spreads gossip.

What ethical issues does this situation raise?

How would you address these issues with Jared?

### **Scenario 4**

Taylor approaches you because they are working with a person who has some extreme political views that they are uncomfortable with. They are not sure if they can work with the person. They would like the person removed from their caseload. Taylor has approached you with this kind of request more than once.

What ethical issues does this situation raise?

How would you address these issues with Taylor?



### **Scenario 5**

You have learned from Emily, a peer specialist you supervise, that Angela who you also supervise had a recurrence of her alcohol use. Angela realized her mistake immediately and discussed it at her AA meeting. This is how Emily learned about it. Angela has not mentioned it to you.

What ethical issues does this situation raise?

How would you address these issues with Angela?

What do you say to Emily?

### **Scenario 6**

Steve approaches you because someone they are working with is seeking a treatment that he adamantly disagrees with. Years ago he received a similar treatment that he feels harmed his recovery. He wants to steer the peer away from this treatment. He is asking for your guidance.

What ethical issues does this situation raise?

How would you address these issues with Steve?

### **Scenario 7**

Susan approaches you because Kevin, who she has been working with for the past 18 months, has invited her to his wedding. Kevin told her that she has been such a big part of his recovery and that this wedding and relationship could never have happened without her support. The wedding is on a Saturday evening. His family and friends, some of whom also receive services at the agency will be there. She is unsure if she should go or not.

What ethical issues does this situation raise?

How would you address these issues with Susan?

### **Scenario 8**

Doris is a very outgoing and friendly peer specialist. She calls everyone “sweetie” and greets them with a big hug.

What ethical issues does this situation raise?

How would you address these issues with Doris?

## Part 5 – Reporting violations.

It is important to recognize that there is a difference between policy violations and ethical violations. You should know the process for reporting violations to both.

### Policy violation Reporting

All agencies have written policies as well as unwritten policies. Know the policy of the agency and consult with others if you are unsure of when or how to report a policy violation.

### Ethics violation reporting

The obligation to report unethical conduct that could harm the people we are entrusted to support is fundamental to our responsibility as peer recovery specialists. This can be one of the most difficult things to do. It is never easy to see one of our professional peers behaving in unethical ways.

Any reported violations should be based on objective information. The difference between objective and subjective information is the difference between fact and opinion:

| Objective                    | Subjective                   |
|------------------------------|------------------------------|
| Can be observed              | Formed by opinion            |
| Can be described             | Based on personal judgment   |
| Can be counted or quantified | Based on a belief            |
| Close to 'the truth'         | Varies from person to person |
| Factual                      | Based on myth or rumor       |

### Ethics Reporting Form and Process Form – Handout

How many of you are familiar with the form?

Any questions about the form?

How many of you have ever reported a policy or ethics violation?

Without providing details, what was the experience like for you?

## Part 6 – Review Questions

1. List two ethics from the Arkansas Peer Recovery Support Specialist Code of Ethics.
2. Explain the difference between ethics and boundaries.
3. List three signs that a peer may be in danger of violating ethics.



# Relationship with Agency

## Session 10

## **Session Overview**

In this session, we will cover the following topics.

1. Educating the agency
2. Potential justifications for resistance
3. Addressing Stigma
4. A reminder that we all share the same goal.
5. Promoting the role of the peer specialist
6. Review Questions

## **Learning Objectives**

By the end of this session, you will be able to explain...

- The importance of educating the agency about the role of a peer specialist.
- Potential reasons for resistance.
- Why roles outside a peer role will inhibit peer work.

## Part 1 - Educating the Agency

The whole agency needs to be on board with integrating peer specialists as providers at an agency. System transformation does not happen without the people of that system involved. This includes all employees of the agency, not just clinical staff.

Reams of research could be cited that show the benefit of peer specialists, but it would not increase the understanding of integrating peer specialists into behavioral health. Agency-wide discussion groups should be held that introduce and explain peer support and why the agency will be including peer specialists.

A discussion of the following questions can be helpful:

- What is your understanding of what a peer specialist does?
- What excites you about bringing peer support services into the organization?
- What concerns you about bringing peer support into the organization?
- How do you believe your job will be different when peer specialists join the team?
- In what ways could peer specialists interfere with or disrupt clinical services?
- In what ways could peer specialists enhance clinical services?
- What would you recommend to leadership to ensure that our efforts are successful?
- Based on your experiences, are there other ways that we could improve the quality of our services?

What is your plan for educating existing employees about the role of a peer specialist?

## Part 2 -Potential justifications for resistance

Resistance to new ideas often comes in many interesting and creative forms. Respond to existing staff members' resistance with kindness and confidence, and gently move through it. Plan on resistance and make accommodations to handle it, but don't be derailed by it. Use resistance as an opportunity to define and clarify issues and support all staff members in moving through the changes that will begin the transformation process.

Some typical concerns include:

- **Potential risk for relapse** – Some individuals may be concerned about potential relapse for peer specialists. They may possess conscious and unconscious biases that contribute to stigma and associated resistance. There can be questions as to whether a peer specialist can handle the demands of the job.
- **Ability and skills** – There may be concern about the competence of peer workers, particularly if they play a role in peer education and treatment. Since many peer workers do not have advanced education and degrees, there could be questions about their knowledge, skills, and ability to work with their peers.
- **Competition for resources** – Some providers or clinicians may be concerned about being replaced by peer workers who may be able to provide some of the same services at a lower cost to the organization. Also, in a setting with limited resources, hiring peer workers may be viewed as an unnecessary expense or the first positions to be cut if a reduction in the workforce needs to be made.

What are ways you could respond to these concerns?



### **Part 3 – Addressing Stigma**

Given that many misconceptions about behavioral health disorders remain prevalent in our culture, it is likely that many traditional providers have internalized at least some negative beliefs and biases about people. These unconscious biases and beliefs will have a negative effect when those very people become coworkers.

What is your plan for addressing the potential underlying stigma that the peer specialists you supervise may face?

### **Part 4 - Reminder that we all share the same goal.**

Peer specialists want to see people engaged in the recovery process just as much as any other provider. When we see peer specialists as a part of the array of services we provide, when we see peer specialists as a valued part of the team it benefits everyone.

How will you remind traditional providers of the ways that peer specialists add to the services provided?

## **Part 5 - Promoting the Role of the Peer Specialist**

### **Scenario –**

Many of the traditional providers at the agency do not seem to understand what the role of the peer specialist is. You have heard questions like “How are peer specialists different than a sponsor?” and you have seen some of the peer specialists working in marginalized roles such as only doing transports with peers.

You have been given the opportunity to speak at the next team meeting about the role of peer specialists on the treatment team.

### **Directions**

#### **Activity 1 - Preparation**

Each small group has 15 minutes to create a five-minute presentation about

##### **The role of peer specialists on the treatment team.**

The small group will choose one person to speak with another small group.  
The speaker from group 1 will move to group 2 and the speaker from group 2 will move to group 3, etc.

#### **Activity 2 - Presentation**

During the presentation, the people in each small group will then assume they are members of the treatment team. After the 5-minute presentation, they will have 10 minutes to ask questions of the presenter.

#### **Activity 3 – Reflection**

What were some of the most important ways that the speaker explained the role of the peer specialist?

What were some of the challenging questions from the group?

## Part 6 – Review Questions

1. List two ways that you can educate the agency about the role of peer support.
2. List two areas that agencies could be concerned about the role of peer specialists.
3. List two ways you could respond to the resistance of traditional providers to the role of peer specialists.

Notes:



# Final Reflections

## Session 11

## **Part 1 – Reflection on the Training**

Using the agenda in Session 1, pick your 3-5 favorite sessions.

1.

2.

3.

4.

5.

What are three things you learned about the role of the peer supervisor in peer specialist development?

1.

2.

3.

What are three things you learned about the role of the peer supervisor in peer specialist evaluation?

1.

2.

3.

What are three things you learned about the role of the peer supervisor in Professional Ethical Standards?

1.

2.

3.

What are three things you wish we had covered that were not in the training?

1.

2.

3.

What are three things you wish we had spent more time discussing?

1.

2.

3.



## **Part 2 – Next Steps**

What is your next step personally?

What is your next step professionally?

Notes: