The Peer Recovery Support Series is provided as a collaborative effort between the Great Lakes ATTC and NAADAC.

Welcome, your facilitator will be:
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SUPERVISION AND MANAGEMENT
Peer Recovery Support Series, Section V

Supervision and Management
Webinar Presenters

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Webinar Learning Objectives

- Cite supervision models, supervisor skills and capacities
- Explain effective elements of PRSS supervision, consistency and performance reviews
- Propose a plan for PRSS retention

Polling Question 1

How many trainings on Peer Supervision have you been to?

A. This (and/or this training SERIES) is my first
B. 1-2
C. 3-5
D. I am a Peer Supervision expert!
Peer-based Supervision

The 6th Annual Pillars of Peer Support Services Summit held at The Carter Presidential Center in 2014 focused on Peer Provider Supervision.

- Supervisor serves as a guide and/or partner, and promotes the unique role of the Peer Recovery Support provider
- Supervisor must have intimate knowledge of the Peer Recovery Support role, understanding the principles and philosophies of recovery and the Code of Ethics for Peers
- Job descriptions serve as a tool for the Peer Recovery Support provider and the supervisor to guide roles and responsibilities
- Should challenge Peer Recovery Support providers to seek solutions and provide support and feedback during the process
- Supervisors are advocates for the Peer Recovery Support role within the organization, conveying the importance of the peer role throughout the organization

From the Peer Specialist Supervision Summit…

The most important part of supervision is that it happens

Types of Supervision

- Supportive
- Administrative
- Professional Development
- Leadership Skills Training
- Constructive
- Motivational
- Reflective
- Policies and Procedures
- Payroll and HR Resources and Supplies
Types and Functions of Supervision

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<td>Relationships</td>
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<td>Management issues</td>
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<td>Personal Wellness1</td>
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Supervision Considerations

- How will supervision impact the supervisor’s current roles and responsibilities?
- How many Peer Recovery Support providers within the organization?
- What are the activities of the Peer Recovery Support providers?
- If working with Medicaid or MCO reimbursement, what are the requirements?

Lessons from Community Health Workers

- Penn Center for CHWs, Philadelphia, PA – In the Center’s IMPaCT model, teams of six CHWs and two Senior CHWs are managed by one full-time manager and one half-time coordinator. CHW managers are typically social workers and CHWs work primarily at the community level. As of early 2016, 24 CHWs had been hired to serve 1,500 high-risk clients.
- HCMC/MVNA, Minneapolis, MN – After the integration of HCMC and MVNA in January of 2016, HCMC has 31.4 FTEs of CHWs working in the primary care clinic, hospital, Emergency Department and home visiting settings. HCMC has 2 CHW Supervisors and 2 program managers involved in the supervision and management of CHW services and programs.
- Mayo/IMAA, Rochester, MN – IMAA co-supervises CHWs seconded as contractual employee to Mayo Clinic. At Mayo, a public health nurse with a doctorate in nurse practitioner services provides day-to-day supervision, but regular meetings are held with various teams at Mayo and in the community.
- WellShare International, Minneapolis, MN – WellShare uses a co-supervisory model in its partnerships with clinics, with overall supervision provided by a WellShare manager and day-to-day supervision provided by clinic staff (usually a clinic manager or care coordinator).
The Council on Accreditation of Peer Recovery Support Services (CAPRSS) is a private organization that provides asset-based accreditation™ of addiction peer recovery support services (PRSS) provided by recovery community organizations (RCOs) and qualifying programs. CAPRSS promotes the quality, value, and optimal outcome of PRSS through a consultative accreditation process that centers on enhancing the lives of the persons served.

**CAPRSS: Peer Supervisor Development**

- **Recruitment**
  - The program uses enhanced and effective practices to recruit quality peer supervisors.

- **Selection**
  - The program has clearly defined requirements for selecting peer supervisors.

- **Training, Mentoring, and Support**
  - The program provides peer supervisors with training and ongoing support to gain knowledge, skills, experience, attitudes, and attributes necessary to effectively supervise peer leaders in a non-clinical context.

**Polling Question 2**

Let’s hear from you. My organization’s current Peer Recovery Support supervisor is:

- A. A Peer Recovery Specialist
- B. A clinician
- C. Both a PRS and clinician
- D. We are still figuring it out
- E. Not applicable at this time
Elements of Supervision
Developing an Infrastructure of Supports

What’s Our Why?

• Our peers on the front line need well-developed, evidence-based informed, infrastructural support.
• Need for leadership and supervisors to advocate for fidelity to role clarity within larger, clinical systems.
• In some ways, the human resources functions in peer supervision will resemble many other organizations, and in some ways, there will be differences that impact the role of the supervisor:
  - Job requirements for the peers and the governing substance use policy may look different from other organizations.
  - Adherence to boundaries and ethics standards will look different from other organizations.
  - Requirements for supervisor job descriptions may change over time.

Community Based Organization
Implementation of Peer Recovery Support Services in a community with no existing PBRSS structures, history of experience, and a significant monolithic recovery community presence.

• 2010 - Single State Agency (SSA) in Texas initiates preparations to implement recovery oriented systems of care (ROSC) and recovery support services (RSS).
• 2011 - SSA works with local community-based organizations and councils to organize and mobilize convenings for ROSC.
• 2012 – SSA launches series of Recovery Symposiums across the state, bringing in national experts and holding café sessions to identify gaps and resources.
• 2013 – SSA dedicates federal block grant funds and releases a funding opportunity announcement to implement RSS across the state.
• Treatment organizations, Community-based organizations, and Recovery Community Organizations were all eligible.
• Our agency was one of 22 awarded with services beginning in 2014.
This was frontier territory
We don’t know what we don’t know.
How do you hire a peer supervisor when there aren’t any peer specialists already working in the field?
Is it OK to hire a clinician?
How do we address clinicians overseeing peers?
What about role clarity?

A Word About Clinical Supervisors

Effective Clinical Supervisors
- Understand role clarity
- Understand that this kind of supervision will look different than the clinical supervision they had
- Ensure supervision is clearly outlined in agency policy and procedures.
- Are advocates of peer services
- Are unafraid to ask questions
- Develop leadership in the PRS staff
- In agencies that are not required to have clinical oversight (as some state and Medicaid rules may dictate) a clinical supervisor should develop a training program that will lead him/herself out of a job so the PRS leadership can assume that role.
- Must have management buy-in
- Must have PRS staff buy-in

Assimilation Processes Are Important
- Implications for implementation in treatment or purely clinical settings
- Making room for para-professional staff
- Ensuring fidelity to the constructs
Barriers for Implementation

- No executive and leadership buy-in
- Inadequate preparation of staff and culture
- Inadequate community preparation
- Lack of support for the supervisor
- Some supervisors were assigned the role and did not volunteer for or want it.

Resulting Outcomes

When agencies do not prepare for implementation, organizations can experience negative outcomes. Negative outcomes yield a monetary cost with turnover, productivity hours lost, and when an environment is unsatisfying, absenteeism.

- PRS left out and marginalized
- Misuse of their role within the agency
- Diffusion of responsibility for oversight
  - Supervisor
  - Peer Recovery Support provider
- Philosophical divide may widen
- Ongoing resistance to change

Polling Question 3

What is CAPRSS?

A. A clinical measure of effectiveness for peer recovery support services
B. An asset-based accreditation of addiction peer recovery support services (PRSS) provided by recovery community organizations (RCOs) and qualifying programs
C. An accreditation of peer recovery support services within treatment programs
D. I have no idea.
CAPRSS

- An asset-based accreditation of addiction peer recovery support services (PRSS) provided by recovery community organizations (RCOs) and qualifying programs.

- As more states dedicate funding to recovery support services, we see more agencies beginning to implement these programs.
- Some are part of the national opioid response, and some are in response to Medicaid and other payer benefits becoming available for coaching.
- More co-location with
  - Treatment
  - Recovery Housing
  - Other clinical services
- CAPRSS standards are a helpful and effective way to ensure appropriate implementation of recovery support services, across any organizational setting.

Consistency
A Key to Supervision

- Application of policy and procedure
  - Critical Incident Response
  - Substance Use
  - Boundaries/Ethics

- Documentation
  - Group and individual supervision
  - Time and attendance
  - Training and Development Plans

- Language and Culture
  - Recovery oriented
  - Cultural Competence/Humility
  - Universal application on all documents and interface.

Reliability

Meeting Times
- Group time established through participatory process
- Individual time should be mutually beneficial
- Neither should be ascribed

Meeting Structures
- Daily, informal or formal: Morning Huddle
- Weekly, informal or formal
- Informal, loosely structured, meeting organizational needs.
Performance Reviews

Performance reviews are often dreaded by the supervisor and staff. They don’t have to be a terrible experience. They are undervalued as a workforce development and continuous quality improvement tool.

- On the supervisor’s end, there may be concerns about providing a fair assessment of job performance and offering constructive feedback.
- On the staff’s end, there may be concerns about receiving criticism, thinking they’ve not performed within expectation, or not well enough to merit an increase in pay.
- But there is great utility in the Performance Review:
  - Measure the efficacy of the organization’s training and development plan with the PRS
  - Evaluate the goodness of fit between the PRS and the roles, tasks, or duties s/he has assumed
  - Ensures continuous quality improvement for the service delivery
  - Instrumental in developing collective workforce, individual career paths, and leadership skills.

Performance Reviews

Lay the Groundwork
When it comes to putting together a good performance review, anchor it in your organizational mission and vision.

Recovery Principles
Lay your staff, volunteers, and board to help develop your organization’s performance review standards.

Adapt as Needed
As your agency grows, you may find it necessary to re-tool your performance reviews to fit the agency’s mission and vision.

Rater Bias
It is important to understand what types of explicit and implicit biases you may have that affect a review positively or negatively.

Rater Reliability
Sometimes having a team of raters instead of just one increases the validity of performance review. This can be done in a participatory way.

Review Tool
Some performance review forms are better than others. The form should be born of a thoughtful process.

Providing Feedback
There is science around how we accept and process feedback. Strengths-based approaches are always best.

Appreciative Inquiry
Asking PRS to identify what they perceive as strengths and areas to strengthen prior to a performance review.

Administering Performance Reviews

Providing Feedback
There is science around how we accept and process feedback. Strengths-based approaches are always best.

Appreciative Inquiry
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**Supervision and Retention**
Putting it all together

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

Adapted from: Bringing recovery support services to scale Technical assistance center. Supervision of Peer workers TA Resource. Retrieved from https://www.samhsa.gov/brss-tacs

*Individual Supervision*

**Performance**
- Use strengths-based performance evaluations
- Start with what is going well
- Address concerns, time-management, documentation

**Colleagues**
- Ask the Peer Recovery Support provider how relationships with other staff is going
- Offer feedback on navigating difficult situations

**Education**
- Include Peer Recovery Support provider in training available to other staff
- Identify peer specific training outside of the organization

**Management Issues**
- Are any policies and procedures creating unnecessary barriers to service delivery?
- Supervisors can advocate for policy changes

**Personal Wellness**
- Discuss challenges and the Peer Recovery Support provider's ability to manage workload, documentation
- Discuss ways to improve wellness on the job

### Styles of Supervision

#### Individual

**Advantages**
- Exclusive attention to the worker
- Often experienced as more effective by the worker
- More confidential

**Disadvantages**
- Dependence can develop
- Exposure to only one perspective in supervision
- Lost opportunity to learn from colleagues

#### Group

**Advantages**
- More efficient than individual supervision
- Supervisees share information and may learn from each other
- Can be a powerful way to reduce isolation and may foster group cohesiveness

**Disadvantages**
- Supervision in a group setting can be intimidating for some workers
- There is a risk discussions remain generalized and do not meet anyone’s needs in a satisfactory way; This should not replace individual supervision

#### Co-Supervision

**Advantages**
- Workers benefit from the guidance of more than one person
- Workers can develop their competencies with a skilled peer support worker

**Disadvantages**
- Some agencies don’t have the resources to offer co-supervision
- There may be challenges in communication or disagreements between the co-supervisors
- Co-supervisors may not share the same expectations

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*Bringing recovery support services to scale Technical assistance center. Supervision of Peer workers TA Resource. Retrieved from https://www.samhsa.gov/brss-tacs*
Providing Feedback

- Describe behavior
- Unbiased
- Assessments should be based on meeting or exceeding clear, predetermined standards
- Recognize and praise strong or increased performance
- Provide opportunities for self-assessment

Opportunities to Gather Feedback

Citations


Core Competencies for peer workers in behavioral health services (2015). SAMHSA. Bringing recovery support services to scale Technical assistance center Strategy.


Gathering 500+ behavioral signals per day

Providing deeper insights into behavior & recovery

AI is continuously analyzing data to assess, measure, predict and prescribe next steps.
Join the Sober Peer revolution! Become a better practitioner using your skills with a new set of tools.

- Deeper insights into your clients.
- Manage clients more easily and add new revenue.
- Connect to patients in your area seeking help.
- Provide continuous, responsive care.
- Ensure post-treatment accountability.

Thank You! Any Questions?

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www.naadac.org/supervision-peer-recovery-webinar
UPCOMING WEBINARS

April 20th, 2020
Psychological First Aid During COVID-19
By: Fradelia Centionwax, PhD, LMHC, MAC, CASAC

May 13th, 2020
Energy Psychology Techniques for Reducing Trauma & Addiction
By: Tricia Chandler, PhD, MA, LPC, MAC

May 1st, 2020
Advocacy Series, Session I: Shaping Policy and Practice Through Advocacy
By: Cynthia Moreno Tuohy, BS, NCAC II, CDC III, SAP and Tim Casey, Policy Advisor

May 17th, 2020
Peer Recovery Support Series, Section VI: A Deeper Dive Into Coaching Recovery
By: Phil Valentine, RCP

May 15th, 2020
Psychological First Aid During COVID-19
By: Fradelia Centionwax, PhD, LMHC, MAC, CASAC

Supervision and Management

April 10th, 2020
Hiring, Onboarding, and Integration
By: Dona Dmitrovic, MHS, Mirna Herrera, MA, MTBC, and Tiffany Irvin, VPRS

April 15th, 2020
Supervision and Management
By: Kris Kelly, BS, Jenna Neasbitt, MS, LCDC, MAT-R, and Aaron M. Laxton, MSW, LMSW

April 17th, 2020
The Participatory Process for Solutions to Addiction
By: John Shirkheder and Honesty Liller, CPRS

April 24th, 2020
Hiring, Onboarding, and Integration
By: Dona Dmitrovic, MHS, Mirna Herrera, MA, MTBC, and Tiffany Irvin, VPRS

May 1st, 2020
Advocacy Series, Session I: Shaping Policy and Practice Through Advocacy
By: Cynthia Moreno Tuohy, BS, NCAC II, CDC III, SAP and Tim Casey, Policy Advisor

May 15th, 2020
A Deeper Dive Into Coaching Recovery
By: Phil Valentine, RCP

Clinical Supervision in the Addiction Profession Specialty Online Training Series

Part One: The Supervisory Relationship
By: Thomas Durham, PhD

Part Two: Using Technology for Clinical Supervision
By: Malcolm Horn, PhD, LCSW, MAC, SP

Part Three: Legal and Ethical Issues in Supervision
By: Thomas Durham, PhD

Part Four: Stages of Clinical Supervision
By: Thomas Durham, PhD

Part Five: How to Structure Clinical Supervision
By: Thomas Durham, PhD

Part Six: Motivational Interviewing in Clinical Supervision – A Parallel Process
By: Alan Lyme, LISW, MAC

www.naadac.org/peer-recovery-support-webinars

www.naadac.org/clinical-supervision-online-training-series
Addiction Treatment in Military & Veteran Culture Specialty Online Training Series

Part One: Supporting Those Who Served – Substance Use and Comprehensive Mental Health for Military Affiliated Populations
Part Two: Supporting Life After Service – Addiction and Transition to Post-Military Life
Part Three: Mental Health for Military Populations – Core Clinical Competencies for Treating Service Members, Veterans, and Their Families
Part Four: Beyond Basic Military Awareness – Cultural Competence in Working with Military Affiliated Populations
Part Five: Identifying Presenting Concerns – Assessment Competencies for Service Members, Veterans, and their Families
Part Six: Using What Works – A Review of Evidence-Based Treatments for Military Populations

Series Presented By: Duane K.L. France, MA, MBA, LPC

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