Clinical Supervision

The APA defines Supervision as:
- A distinct professional practice employing a collaborative relationship that has both facilitative and evaluative components, that extends over time, which has the goals of enhancing the professional competence and science-informed practice of the supervisee, monitoring the quality of services provided, protecting the public, and providing a gatekeeping function for entry into the profession. Henceforth, supervision refers to clinical supervision and subsumes supervision conducted by all health service psychologists across the specialties of clinical, counseling, and school psychology.
Roles of Clinical Supervisor

- Teacher
- Coach
- Mentor
- Consultant
- Relationship

Principles of Clinical Supervision

- Clinical supervision is an essential part of all clinical programs.
- Clinical supervision enhances staff retention and morale.
- Every Clinician regardless of level of skill and experience, needs and has a right to clinical supervision. In addition, supervisors need to have a right to supervision of their supervision.
- Clinical supervision needs the full support of agency administrators.
- The supervisory relationship is the crucible in which ethical practice is developed and reinforced.
- Clinical supervision is a skill in and of itself that must be developed.
Principles of Supervision

- Clinical Supervision in substance abuse treatment most often requires balancing administrative and clinical supervision.
- Culture and other contextual variables influence the supervision process; supervisors need to continually strive for cultural competence.
- Successful implementation of EBP’s requires ongoing supervision.
- Supervisors have the responsibility to be gatekeepers for the profession.
- Clinical Supervision should involve direct observation methods.

Clinical Supervision

Reason for supervision is to ensure quality of client care.

Supervision is all about the relationship.

Culture and ethics influence all supervisory interactions.

Be human and have a sense of humor.

Rely on direct observation of your counselors and give specific feedback.

Have and practice a model of counseling and of supervision.

Be available to take care of yourself.

You have a unique position to advocate for the agency, the counselor, and the client.
Models of Clinical Supervision

- Competency Based Models
- Treatment Based Models
- Developmental Approaches
- Integrated Models

Modes of Clinical Supervision

- Individual
- Group
- Observation
  - Groups
  - Individual sessions
  - Documentation

(U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, 2009)
Guidelines for Supervisors

- **Learn**
  - Quicky learn the organization's policies and procedures

- **Ask**
  - Ask for 3 months to allow you to learn your new role

- **Take**
  - Take time to learn about your supervisees, their goals, interest, developmental objectives, and perceived strengths

- **Work**
  - Work to establish a contractual relationship with supervisees, with clear goals and methods of supervision

- **Learn**
  - Learn methods to help staff reduce stress, address competing priorities, resolve staff conflict and other interpersonal issues

- **Obtain**
  - Obtain training in supervisory procedures and methods

- **Find**
  - Find a mentor

- **Shadow**
  - Shadow a supervisor you respect

- **Ask**
  - Ask often and as many people as possible “How am I doing” and “How can I improve my performance.”

- **Seek**
  - Seek supervision of your supervision

(U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, 2009)

Documenting Clinical Supervision

- Informal and formal evaluation procedures.
- Frequency of supervision, issues discussed, and the content and outcome of sessions.
- Due process rights of supervisees (such as the right to confidentiality and privacy, to informed consent).
- Risk management issues (how to handle crises, duty-to-warn situations, breaches of confidentiality).

(U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, 2009)
Peer Specialist Program Manager for NAADAC, the Association for Addiction Professionals. He works for NAADAC remotely from Little Rock, AR, managing the Arkansas Peer Specialist Program Grant. He oversees the development and implementation of an innovative three-tier credentialing process (Core, Advanced, Supervision) for the Arkansas Peer Support Model.

Brewer earned a Bachelor of Science degree in Addiction Studies from the University of Central Arkansas in 2013. He went on to use his lived experience with drug and alcohol addiction to become a Certified Peer Recovery Support Specialist, where he led the implementation of this position in an emergency department at the University of Arkansas for Medical Sciences (UAMS) and several hospitals across the state.

In 2020, he became one of the first ten Certified Peer Support Supervisors in Arkansas. He serves on numerous committees and boards to develop and strengthen the Arkansas Model and improve peer support services across the United States. Most recently, he was awarded the 2021 Arkansas Peer Leadership Award which acknowledges and celebrates exemplary leadership that has significant and positive impact on advancing the peer movement and practices of the peer support profession.
Who’s in the room?

- The criteria and definition vary from state to state. No universal definition of a PRS exists.

- An individual, living with the disease of addiction and/or a mental health diagnosis, who has experienced and maintained the healing process of recovery for a certain amount of time.

- Trained and/or certified.

- Scope of practice and code of ethics.
Peer Recovery Specialist (PRS)?

• Lived Experience
• Connection
• Community
• Empowerment

Peer Support Services (PSS)

Peer workers wear many different hats: motivator, champion, ally, sounding board, role model, mentor, resource navigator, advocate, community organizer, educator, engagement facilitator, outreach worker, cheerleader, connector, coach, and more. These activities and responsibilities differ from those of nonpeer providers:

• Unlike a clinician providing SUD treatment, peer workers do not diagnose or treat SUDs.
• Unlike a mental health clinician, peer workers do not diagnose or provide counseling on mental disorders. They don't refer to their support services as “counseling” or “therapy.”
• Unlike a primary care provider, peer workers don't diagnose medical conditions or offer medical advice or treatment.
• Unlike a faith leader, peer workers don't work within a religious framework, unless they are in a faith-based setting.
Peer Support Services (PSS)

- Peer workers fill a key role in the SUD treatment workforce—a workforce that faces ever-increasing demands. Peer workers collaborate with others on the care team and build connections with the recovery community, social service agencies, local businesses, and other resources.

- The main role of a PRS is to provide recovery support to people who are seeking or in recovery. For example, peer workers:
  - Motivate and empower individuals in or considering recovery.
  - Support individuals in creating strengths-based recovery plans.
  - Help individuals work toward their recovery-specific goals, as well as general life goals, within multiple recovery pathways.
  - Educate the people they work with and the community at large about substance use–related problems and recovery.
  - Link individuals to important resources like housing, work, education, transportation, and childcare.

Benefits of PSS

Emerging research supports using PSS to help meet the needs of people in SUD treatment. Studies with a range of designs, including randomized trials, have explored using PSS to address SUDs. Evidence suggests that PSS can help:

- Increase treatment motivation.
- Increase treatment retention.
- Increase adherence to SUD treatment plans.
- Improve relationships with treatment providers, family members, and social supports.
- Decrease craving and increase self-efficacy.
- Improve people’s transitions between different stages of SUD care.
- Increase satisfaction with the overall treatment experience.
- Reduce recurrence rates.
Challenges

- Despite growth in the use of PSS, peer specialists report facing **stigma** and **discrimination** because of a lack of provider and administrator understanding about the nature of PSS, how these services differ from mutual help and SUD treatment, and, most importantly, how PSS can improve outcomes. Lack of appreciation for PSS may lead to underuse of peer specialists and the services they provide.

- Peers in SUD treatment settings also report experiencing **microaggressions** (i.e., subtle, often unintentional statements or actions of prejudice against a person or group), tokenism, and feelings of exclusion, isolation, and stigma that result from colleagues who do not understand or value peer specialists’ roles, who have biases against individuals with substance use–related problems, or who use disapproving language when discussing problematic substance use.

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Challenges

- **Role clarity** can significantly affect peer specialists’ job satisfaction. One of the biggest challenges peer specialists in SUD treatment settings face is lack of role clarity.

- Because peer specialists serve in multiple roles and because these roles overlap with those of other nonpeer professionals, peer specialists sometimes feel confused about their role in providing PSS and other services. Other staff may also be confused by peer specialists’ roles.

- Role confusion can lead to peer specialists performing tasks that they have not trained for or that are inappropriate for their position.
Challenges

- Two other challenges experienced by peer specialists in treatment settings are low pay and lack of opportunities to improve their career skills and knowledge.

- Limited pay and a lack of opportunities for full-time work compound the difficulties peer specialists have in finding and retaining long-term employment.

- PRS’s often lack supervision, training opportunities, and career development opportunities.

- The lack of training opportunities can be a particular challenge because most states now require peer certification for paid peer work. Ongoing training for peer specialists is critical.

Integrating Peer Support Services

- Despite the need and evidence for PSS, many treatment programs may require a significant cultural shift when creating positions for peer workers.

- Some nonpeer staff may view peer workers as unqualified or prone to reoccurrence of use and, therefore, may resist bringing them in.

- Even programs that have committed to a recovery orientation may face challenges in integrating peer workers into a clinical environment.

- To integrate peer workers successfully, you will need to invest time and resources into ensuring that they become a valued and well-understood part of your treatment program.
Supervision of Peer Workers

- Appropriate and regular supervision and support for peer workers is VITAL to the success of integrating PSS.

- Having a supervisor with experience working as a PRS is ideal.

- If your program is small, you may not have a single individual with both administrative and peer worker experience. In this case, you may need to use dual supervision, where one supervisor handles the administrative aspects of the role and the other supports peer workers in their professional development and helps them address ethical questions and any role confusion.

- In addition to committing to a recovery-oriented approach, anyone supervising peers must understand the peer worker’s roles, ethical issues that arise with peer work, and state licensing and certification requirements for peer workers.

Peer Supervision

Peer support is the “process of giving and receiving encouragement and assistance to achieve long-term recovery.”

Peer Specialists “offer emotional support, share knowledge, teach skills, provide practical assistance, and connect people with resources, opportunities, communities of support, and other people”.

Peer Specialists offer their unique lived experience with substance use and/or mental health challenges to provide support focused on advocacy, education, mentoring, and motivation.
Supervision - is a professional and collaborative activity between a supervisor and a worker in which the supervisor provides guidance and support to the worker to promote competent and ethical delivery of services and supports through the continuing development of the worker's application of accepted professional peer work knowledge, skills, and values.

“Supervision of Peer Workers” SAMHSA

Peer Supervision – Peer Career Ladder

Lived experience (personal) is the foundation for Peer Support and lived experience + professional experience is the foundation for Peer Supervision.

When well-trained and experienced peer specialists are empowered to lead and provide supervision, co-opting, burn out, and inappropriate use of the peer role are minimized.

The likelihood of successful integration of the peer role is also increased within the organization and system.
As the Peer Specialist role was relatively new in Arkansas, the need for appropriate and effective supervision became evident.

The substantial growth in the peer specialist workforce, resulted in supervisors with no peer support experience or direct knowledge of the peer support role or values. Clinical supervisors’ ethical codes often prevented practice of essential aspects of peer support such as self-disclosure (sharing relevant elements of one’s own personal story to connect with someone else).

Arkansas identified many different opportunities for workforce development. Including the need for additional training to support seasoned Peer Specialists’ growth into a supervisory role.
Peer Career Ladder: Why?

- Appropriate Supervision and Support
- Decrease Burnout
- Effective Integration of Peer Services
- Workforce Development
- Workforce Retention
- Professional and Leadership Development
- Competitive Pay
- Improved Employment Opportunities

Arkansas Peer Specialist Program (APSP)

The APSP is supported by the Arkansas Department of Human Services, Department of Aging, Adult, and Behavior Health Services (DAABHS) with funding received from the Substance Abuse Mental Health Services Administration (SAMHSA).

Innovative three-tiered credentialing process that allows an individual the opportunity to progress through the core, advanced and supervision levels of The Arkansas Model.

The process is designed to produce highly trained and knowledgeable peer specialists. The organized system streamlines each step of the credentialing process and allows candidates access to a one-stop shop for all their peer credentialing needs.
Supervision 101: Supervising Peers and Clinicians in an Ever-Evolving Field

Presented by: Tiffany Gormley, LIMHP, LMHP, LADC and Kyle Brewer, BS, PRPS

Arkansas Peer Specialist Program

Peer in Training (PIT)

Roles & Responsibilities:
- Direct peer-to-peer services
- Resource broker
- Facilitate peer groups
- Role model recovery
- Motivate through hope and inspiration
- Share recovery story
- Break stigma in community
- Foundational peer support services
- Requires frequent and close supervision and coaching

Employment Opportunities:
- Full-time/Part-time
- Entry level peer support positions
- Jails, hospital, recovery community organizations and others

Base Salary:
- $28,000 - $30,000

Code of Ethics:
- Core Peer Recovery Code of Ethics (next slide)
Core Peer Recovery Specialist (PR)

Roles & Responsibilities:
- Direct peer-to-peer services
- Resource broker
- Facilitate peer groups
- Role model recovery
- Motivate through hope and inspiration
- Share recovery story
- Break stigma in community
- Foundational peer support services
- Requires regular supervision but is trusted to perform their job duties without being micromanaged

Employment Opportunities:
- Full-time/Part-time
- Entry level peer support positions
- Jails, hospital, recovery community organizations and others

Base Salary:
- $30,000 - $35,000

Code of Ethics:
- Core Peer Recovery Code of Ethics

*Similar to a Peer in Training

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Advanced Peer Recovery Specialists (APR)

Roles & Responsibilities:
- Direct peer-to-peer services
- Resource broker
- Facilitate peer groups
- Role model recovery
- Motivate through hope and inspiration
- Share recovery story
- Break stigma in community
- Foundational peer support services
- Requires regular supervision but is trusted to perform their job duties without being micromanaged
- Eligible to facilitate peer trainings
- Public speaking and conference presentations
- Trusted with leadership roles

Employment Opportunities:
- Full-time/Part-time
- Entry level peer support positions
- Jails, hospital, recovery community organizations and others
- Peer Trainings
- Program Coordinator

Base Salary:
- $35,000 - $40,000

Code of Ethics:
- Core Peer Recovery Code of Ethics

Presented by: Tiffany Gormley, LIMHP, LMHP, LADC and Kyle Brewer, BS, PRPS
When a candidate becomes eligible to take the PRPS credentialing exam in Arkansas they have completed a **minimum** of:

- 1250 experience hours of providing peer support services
- 250 experience hours of providing peer supervision
- 121 hours of continuing education
- 75 hours of peer supervision
- A minimum of 1 – 2 years of consistent employment as a Peer Recovery Specialist

**Peer Supervision: Roles & Responsibilities**

- Support PRS in day-to-day activities
- Weekly direct supervision meetings (individual and group)
- Regular wellness check-ins*
- Create individual development plans with supervisee
- Provide regular training and professional development opportunities for PRS (ethics, boundaries, self-care)
- Provide regular peer introduction training for new nonpeer staff
- Provide regular direct and indirect supervision (individual/group sessions, observation, documentation review, coaching, mentoring)
- Help to ensure peer role is authentic and co-opting is not occurring
- Bridge between clinical and non-clinical staff
- Assist and support the successful integration of PSS
- Engage in local, state and national recovery advocacy efforts
Peer Supervision: Employment Opportunities

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<thead>
<tr>
<th>Type</th>
<th>Possible Locations</th>
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<tbody>
<tr>
<td>Full-time Employee</td>
<td>Non-profit organizations</td>
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<tr>
<td>Part-time Employee</td>
<td>State and National agencies/organizations</td>
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<tr>
<td>W-9 Independent Contractor</td>
<td>Inpatient and outpatient treatment settings</td>
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<td>Program Coordinator</td>
<td>Recovery Community Organizations</td>
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<td>Program Manager</td>
<td>Crisis Centers</td>
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<td>Program Director</td>
<td>Insurance Companies</td>
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<tr>
<td>Trainer</td>
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Peer Supervision: Base Salary & Code of Ethics

PRPS Code of Ethics

Scope of practice changes

Peer Supervisor Base Salary

$40,000 - $50,000
Thank you!

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