

Peer Support Supervision

Utilizing a Trauma Informed Approach

Donald R. Altemus, MS, CPS, CRS

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Community Meeting

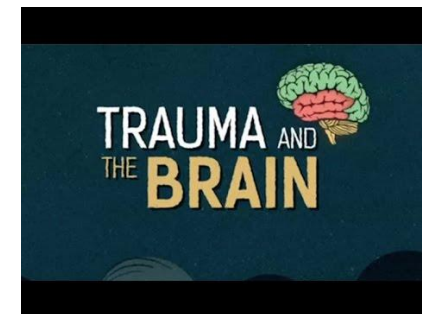
- Please tell us the following:
 - Your Name
 - Your gender/pronoun
 - How you feel today
 - What your goal is for today/this workshop
 - Who you will ask for support

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Overview

- Define trauma
- Define Role of Trauma Informed Care
- Understand the Role of Peer Support
- Pillars of Peer Support Supervision
- Functions of Peer Support Supervision
- Trauma Informed Supervision
- Staff wellness and Vicarious Trauma

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Trauma and the Trauma Response

- Trauma
 - An event that occurs that is out of our control
 - Overwhelms the coping strategies we have at that time

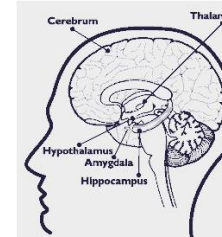
- Trauma Response
 - Fight
 - Flight
 - Freeze

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Trauma and Trauma Response

- Limbic System
 - Controls basic emotions
 - Fear
 - Pleasure
 - Anger

- Amygdala
 - Part of the Limbic System
 - Alarm center - lets us know when in danger



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Trauma Response

- Normal reaction to abnormal event
- Triggers
 - Remind of trauma
 - Take the person back to traumatic event
 - Are automatic and person may know or not know them
 - Involve the senses
 - Smell
 - Sight (a color)
 - Sound



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Trauma Informed Care

- More than just a current buzzword
- Difference between connect and disconnect
- Difference between healing and harm
- Makes services either inviting or terrifying

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Trauma Informed Care

- Gold Standard of Care
- Creates Safety
- Builds Trust & Incorporates Transparency
- Has a mutual relationship - items are completed in a collaborative way
- Empowers
- Provides Voice and Choice

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Foundational Principles of Peer Support

- Recovery Oriented
- Person Centered
- Voluntary
- Relationship Focused
- Trauma-Informed

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Core Competencies for Peer Workers

- I. Engagement
 - Involves initiating and maintaining caring relationships with participants
 - Initiates contact
 - Listens
 - Continual reaching out to keep engagement
 - Acceptance and respect
 - Shows an understanding of the participant's experience

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Core Competencies for Peer Workers

- II. Provides Support
 - Skill set to provide the mutual support a participant may want
 - Validation
 - Encourages
 - Conveys hope
 - Celebrates accomplishments
 - Provides assistance

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Core Competencies for Peer Workers

- III. Shares lived experience
 - Key difference between peer support and other professional roles that may limit or even prohibit sharing of own experience
 - Relates own recovery story and examples from recovery of others (with permission)
 - Talks about ongoing work to enhance wellness
 - Knows when to share versus when to listen
 - Describes own recovery practices and assists with discovery of recovery practices

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Core Competencies of Peer Workers

- IV. Personalizes
 - Has an understanding that there are multiple pathways to recovery
 - Understands how personal bias can affect the way they provide support
 - Respects cultural beliefs of participant and their family
 - Recognizes that each person's recovery is unique
 - Tailor's services to meet preferences of participant

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Competencies of Peer Workers

- V. Supports Recovery Planning
 - Recovery planning assists participants with creating goals about the direction they want in various domains of their lives.
 - Assist with setting goals and thinking about future possibilities
 - Suggests strategies for the participant to use in attaining goals
 - Supports to use decision-making strategies when thinking about supports and/or services to use
 - Assists the participant as a member of the treatment team
 - Researches and assists with finding credible resources with information

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Core Competencies of Peer Workers

- VI. Links - resources, supports and services
 - Assists the participant with finding and accessing the supports that will enhance their recovery. This includes both resources within the treatment system and those from the community
 - Develops and maintains knowledge of resources
 - Assists participant with checking into resources and using those that are desired
 - Helps find and utilize health services/supports
 - Provides support at appointments when desired
 - Provides support with community resources when desired

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Core Competencies of Peer Workers

- VII. Informs about skills to improve wellness, health, and recovery
 - Done through information, coaching and modeling
 - Educates about supports for health, wellness, and recovery
 - Participates in co-learning experiences
 - Coaches about accessing services and navigating the system
 - Coaches in developing skills
 - Educates the participant's supports about recovery
 - Does all this in a way that matches the participant's preferences

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Core Competencies of Peer Workers

- VIII. Assists with managing crisis
 - Identify risks and take measures to reduce risk. Work to ensure safety of both self and others
 - Recognize signs of distress
 - Provide reassurance
 - Work to create a safe space when meeting with participant
 - Take action to address distress - have knowledge of local resources
 - Assist peers in developing crisis prevention tools such as advance directive and/or crisis plan

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Core Competencies for Peer Workers

- IX - Communication
 - Highly valued - guides language of communication which is used to reflect the language of respect
 - Person centered, recovery oriented with: participant, family, treatment team, other providers
 - Active listening
 - Clarifies when in doubt
 - Conveys point of view with colleagues
 - Documents as required
 - Follows laws about confidentiality

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Core Competencies of Peer Workers

- X. Supports Collaboration
 - Develops and maintains relationships with colleagues and enhances the support given through peer work
 - Works together with colleagues
 - Assertively engages providers to meet needs of participant
 - Coordinates efforts with participants other supports such as family
 - Partners with those in the community and other organizations
 - Strives to resolve conflict

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Core Competencies of Peer Workers

- XI. Promotes Leadership & Advocacy
 - Using leadership within behavioral health organizations to develop and maintain a recovery focus and also advocate for legal and human rights of peers
 - Uses knowledge of laws to make sure rights are protected (HIPAA, Fair Housing, ADA, Olmstead, etc)
 - Advocates for the needs of participant with family, treatment team, etc
 - Uses knowledge of resources to build advocacy plan
 - Works to eliminate discrimination and prejudice (stigma)
 - Educates about recovery and recovery support services
 - Maintains a positive reputation in peer/professional community

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Core Competencies of Peer Workers

- XII. Promotes Growth & Development
 - Becomes more reflective and competent. Works to grow as a professional
 - Recognizes limits and seeks others for additional knowledge
 - Uses supervision effectively - prepares for meetings and takes an active part
 - Reflects- examines own motivations
 - Seeks learning opportunities to develop knowledge and skill

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What do we know about Peer Workers?

- Lived experience with Mental Health Recovery (CPS)
- Lived experience with Substance Use Recovery (CRS)
- It is likely that they have experienced trauma

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Trauma Likelihood

- Between 34% and 53% of people diagnosed with a severe mental disability report childhood physical or sexual abuse (with some studies reporting figures as high as 51% to 98%);
- As many as 80% of adults (both men and women) in psychiatric hospitals have experienced physical or sexual abuse;
- The majority of adults diagnosed with Borderline Personality Disorder (81%) or Dissociative Identity Disorder (90%) were abused as children;
- Up to 66% of adults (both men and women) in substance abuse treatment report childhood abuse or neglect;
- 82% of young people in inpatient and residential treatment programs have histories of trauma;
- 93% of psychiatrically hospitalized adolescents had histories of physical, sexual, and/or psychological trauma, and 32% met criteria for PTSD.

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Supervision of Peer Specialists

- Different than clinical supervision of therapists
- Supervisor is a partner, mentor and guide
- Supervision is a collaborative process

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Supervision Goals

- Training and staff development
- Staff maintain own personal wellness & recovery
- Recognize issues that may be arising in the field before they become big problems

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Supervision Goals

- Peer Specialist to meet required productivity
- Peer Specialist to complete documentation to required standards
- Peer Specialist to provide support to Program Participant with a trauma informed approach

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Pillars of Peer Support Supervision

1. Peer Specialist Supervisors are trained in Quality Supervisory Skills
2. Peer Specialist Supervisors Understand and Support the Role of the Peer Specialist
3. Peer Specialist Supervisors Understand and Promote Recovery in their Supervisory Roles

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Pillars of Peer Support Supervision

4. Peer Specialist Supervisors Advocate for Peer Specialist and Peer Specialist Services Across the Organization and in the Community.

5. Peer Specialist Supervisors Promote both the Professional and Personal Growth of the Peer Specialist within Established Human Resource Standards

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1. Peer Specialist Supervisors are Trained in Quality Supervisory Skills

- Good at Direct Service Does Not Equal Good at Supervising
- Clinical Supervision Is Not the Same as Peer Supervision

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2. Peer Specialist Supervisors Understand and Support the Role of the Peer Specialist

- Know the Peer Specialist Job Description
- Understand State Level Certification Codes and Requirements
- Goals of Supervision
 - Help Peer Specialist understand their role
 - Develop a collaborative relationship with the Peer Specialist
- An understanding of the Principles of Recovery
- Continuing Education

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3. Peer Specialist Supervisors Understand and Promote Recovery in their Supervisory Roles

- Model Principles of Recovery
- Encourage Peer Specialist to Model Recovery and Resiliency
- Understand the differences between Peer Specialist roles and other team members

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4. Peer Specialist Supervisors Advocate for the Peer Specialist and Peer Specialist Services Across the Organization and in the Community

- Promote Peer Services
- Educate about Peer Services
- Advocate for Policy & Procedures that promote Recovery

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5. Peer Specialist Supervisors Promote both the Job Related Professional & Personal Growth of the Peer Specialist within Established Human Resource Standards

- Advocate for Compensation & Benefits
- Promote Professional and Job Related Growth
- Supportive relationship with boundaries

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Peer Specialist Supervision Exercise #1

You arrive at the office and as you start your day, you check your voicemail. You discover a message from a participant who is calling to complain about an interaction with a Peer Specialist (Sue) who has very recently joined your team. The participant reports that this PS Sue came to an event at their community religious organization. PS Sue came along with another Peer Specialist (Monica) you also supervise and that PS Monica had been invited to come for support of another participant in your program who also attends the same community religious organization.

The participant is angry because PS Sue was not invited by them and the participant reports that during the event PS Sue came over to them and asked if she could sit with them. The participant stated that was okay until at the end of the event, PS Sue asked them to sign a paper that she was there. The participant said that they told PS Sue that they would not sign. The participant states in the voicemail that after saying they won't sign, PS Sue states that she will just write "refused to sign" on the note and then walked off in a huff. The participant feels that this was a egregious boundary violation and now states that they refuse to allow PS Sue to be their Peer Specialist as you had recently assigned.

What do you do?

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Peer Specialist Supervision Exercise #1

Some additional notes:

- Participant has a goal: "I want to improve my social skills."
- Participant has a strength of frequent self advocacy
- Participant is working on learning how to talk to other people and have them receptive to their wants
- PS Sue has been in the field 3 days and was assigned to shadow PS Monica
- Participant states that they told PS Monica at the beginning of the event that they were not signing any paperwork
- PS Monica is very "unit driven"

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Trauma Informed Supervision Reaction to Exercise #1



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Trauma Informed Approach Review

- Trauma Response = Fight, Flight or Freeze
- Limbic System Controls: Fear, Pleasure, Anger
- Participant angry due to perceived boundary violation
- PS Sue fearful going to be judged for not performing well in new job
- Growth opportunity for all parties involved

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Peer Specialist Supervision Exercise #2

You receive the following via email about an encounter that occurred on your day off from a Peer Support Worker you supervise:

Don Mr Daniel Smith pulled me in his office and said marge made a complaint , she said I was saying things to her in a wrong way . I AM REALLY BOTHERED BY HOW SHE DID THAT . WE HAVE DEVELOPED A GREAT WORKING RELATIONSHIP AND I EVEN ASSISTED HER IN HER PERSONAL SITUATION .FOR HER TO GO TO HIM FOR NO REASON IS REALLY DISTURBING TO ME I HAVE BEEN VERY SUPPORTIVE AND PROFESSIONAL WITH HER. I WILL CONTINUE TO DO MY JOB AS A TEAM I AM VERY MUCH UPSET RIGHT NOW SO I AM CLOCKING OUT THEY CAN DOCK ME thank you

What do you do?

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Peer Specialist Exercise #2 -

Some additional notes:

- The email is from a peer worker Yasmine
- Yasmine and Marge work in the same department and spent some time without any direct supervision due to manager's medical issue
- You are coming onto the scene as an "interim manager" because their manager will be out an extended time
- It's quite obvious in observations that Yasmine and Marge trigger each other, repeatedly
- As the employee who was there longer, Marge assumed a "supervisory" role for Yasmine when the manager was out

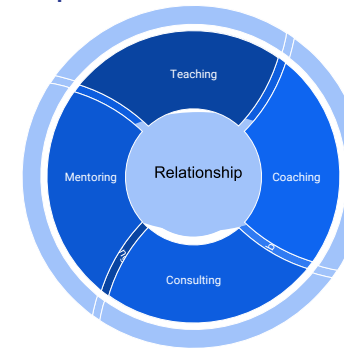
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Trauma Informed Supervision Reaction to Exercise #2

- Trauma Response = Fight, Flight or Freeze
- Limbic System Controls: Fear, Pleasure, Anger
- Inappropriate boundaries between the Peer staff that were caused partially due to circumstances outside their control
- A chance to teach about both boundaries and trauma response
- Need to redefine boundary between Peer workers

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Functions of Supervision



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Functions of Supervision

Teaching - Peer Support training gives the basis but is a brief introduction into the work to be done

Coaching - Building morale. Encouraging professional development. Encouraging continued Recovery growth

Consulting - Evaluating work performance. What needs to be developed?

Mentoring - role models skills to use

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Trauma Informed Supervision

- **Safety** - builds trust and reduces fear
- **Trust & Transparency** - Interactions are honest and open dialogue is maintained. No hidden agendas
- **Collaboration/Mutuality** - power dynamic is minimized. This is a partnership
- **Empowerment** - skill building and development is shared by both parties in the relationship
- **Voice and Choice** - whenever possible the Peer Specialist Worker is given the ability to execute choice in what happens

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Trauma Informed Supervision Includes:

- Education about trauma and trauma responses
- Focus on the relationship between Peer Support Worker and Participant
- Safe environment to discuss reactions maintained
- Education about working with trauma and effects exposure to trauma can have

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Feedback in Trauma Informed Supervision

- Start with clear expectations of job
- Create a learning atmosphere
- Believe in the possibility for growth and development
- Approach from a strengths based perspective
- Regular supervision feedback remains helpful
- Remain clear by remaining specific

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When giving Feedback

- Start with the strengths
- Make factual statements
- Approach with an attitude of curiosity
- Facilitate brainstorming - assist with discovery of alternative choices and options

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Relationships in Trauma Informed Supervision

- This is the MAIN focus
 - Relationship between the Peer Specialist and the Participant
 - Relationship between the Peer Specialist and other Peer Specialists
 - Relationship between Peer Specialist and Supervisor

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Relationship Between PS and Participant

- Professional Boundaries Maintained
 - Friendly but not friends

- Appropriate Sharing of Lived Experience
 - Think before sharing

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Relationship Between PS and other PS

- Professional Communication
 - Model it
 - Insist Upon it
 - Realize that some PS workers have never done this before

- Appropriate Boundaries
 - Sharing - appropriate or inappropriate?
 - Model it
 - Insist upon it

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Relationship Between PS and Supervisor

- Communication
 - Maintain professional communication
 - Transparency - say what you mean, mean what you say. Keep to agreements made
- Boundaries
 - Keep professional boundaries
 - Friendly but not friends
 - Careful with self-disclosure in Supervision
- Supervision Itself
 - Frequent - weekly is best
 - Make it a priority to maintain the time
 - Find a private space

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Trauma Informed Supervision Needs Safety & Respect Maintained

- **Collaboration** - recognize the person is an expert in themselves and that they bring that experience to the table, change is harder but being a part of creating the plan makes that change easier
- **Respect, Information, Collaboration, Hope (RICH)**- basis of the relationship
- **Mistakes Seen As Facilitating Growth** - attitude that mistakes happen, happen often and are a way to grow

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Trauma Informed Supervision is Strengths Based

- Encourage Peer Specialist to identify their own strengths
- Shifts the view from being deficit based
- Mirrors the way Peer Specialists will work on Recovery with Participants
- When challenges occur, Peer Specialist should lead in thinking of ways to overcome. Supervisor Facilitates that discussion and leads in positive direction but allows ideas to come from Peer Specialist

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Vicarious Trauma

- Recognize that Peer Support work exposes the Peer Specialist to Trauma
- Trauma of Participants may be a Trigger for Peer Specialist's own Trauma
- Preventive Measures should be a part of the job

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Vicarious Trauma and Self-Care

- Being affected by vicarious trauma needs to be accepted
 - This can happen to anyone in the Recovery field, not just Peer Specialist Staff
- Voice of need for Self-Care respected and supported
 - Assist with carry out of Self-Care requested
- Resources for Self-Care Provided
 - EAP
 - Community resources such as a Warm Line
 - Time off - allow sick time use for Self-Care

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