BUILDING RESILIENT SUPERVISORY SUPPORT NETWORKS:

PART 1: SUPERVISING AND SUPPORTING PEER SUPPORT

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PART 2: STRATEGIES FOR EFFECTIVE LEADERSHIP AND COLLABORATION

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Supervising and Supporting Peer Support

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Peer Support is a Force of Nature

Treatment is a Work in Progress

KNAR (HBBCCOD

Administrative segregation prisoners take part in a group therapy session at San Quentin state prison in San Quentin, California, June 8, 2012.

Photo: MSNBC

Peer Support ("Informed Friendship") is a technology now...

There is money in it.



Professionalization of **informed friendship**: Healthcare funding drives professionalization.

Mental health protest leads to self-care movements and nonmedical strategies.

- Clifford W. Beers A Mind That Found Itself (1923) led to founding of Mental Health America.
- Judi Chamberlin On Our Own 1978 documents grassroots self-support.
- Clinical systems professional-run peer support in 1980s, which connects to Medicaid in Georgia in 1999.
- Warmlines, Clubhouses, Peer Respites

 effective peer models, but not well funded even today.

Substance use mutual support leads to professionalization of peer workforce.

- Alcoholics Anonymous 1930s.
- Hazelden "Minnesota Model" 1949 "a place of nature strolls, easy chairs, long conversations over coffee and a holistic approach to healing the body, mind and spirit."
- Synanon and Therapeutic Communities 1960s.
- Medicaid reimbursement drives professionalization of peer counselors – 2000s.



- HIPAA WORLD
- SERVICE WORLD
- DISABILITY WORLD
- INNOVATION WORLD
 - SOCIAL WORLD

Friendship is effective no matter the realm. Adaptation to realm is like dressing for the situation.

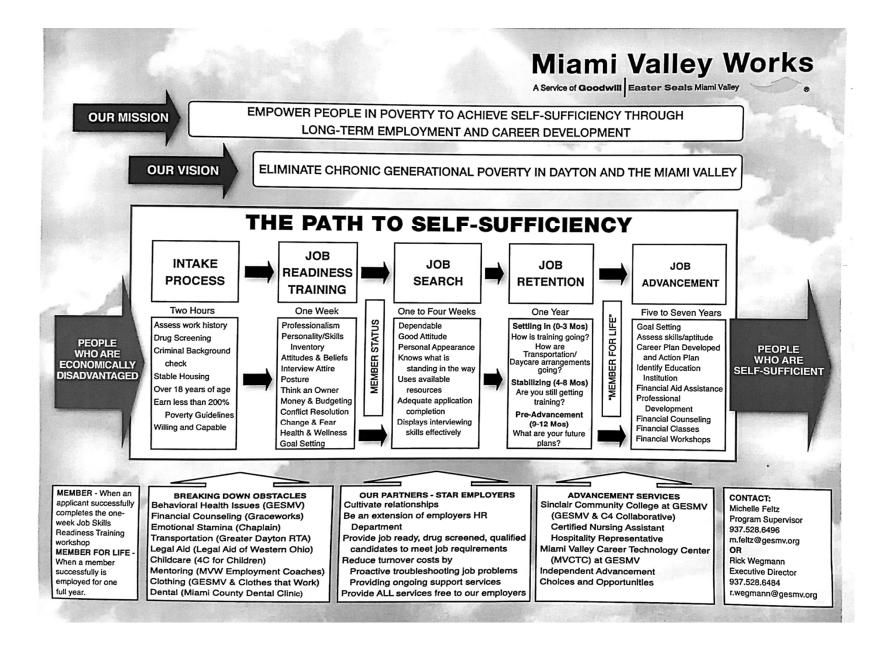
Peers in HIPAA World

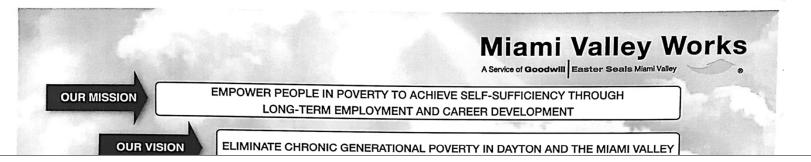
More preparation. Artificial environment. Constraints on activities. Documentation workload. Errors have consequences.



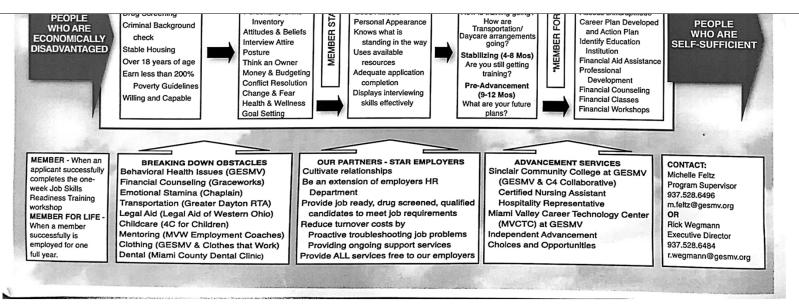
Service World. Peers have skills, and use them.







"Our Peer Support Specialist will work with you to provide supports during your job search and after you've obtained employment to support your growth and long-term job retention. We want to support you as you work towards a better life for you and your family."



Disability World: People control their own fate.



In Mental Health Disability World, peer support means self-determination, power

1.20	Trusting People as Experts of Themselves: Sera Davidow on the Wildflower Peer Support Line
	An interview with Sera Davidow, Executive Director of Wildflower Alliance on their Peer Support Line and the founding principles of not tracing calls or contacting police without consent.

Peer Support in the **Realm of Innovation**: Supervision of Peer Support in Wisconsin

Q: "My question for you is whether any policy changes around supervision are expected in the course of the next year or so. And if so, then what policies are advancing towards implementation?"

A: "It has been discussed in the preliminary planning at the state level. The process will take until 2025."

Frequently Unasked Questions – PK's View

- Is Peer Support clinical? Sometimes yes, sometimes no.
- Is Peer Support social? Typically yes, even within clinical systems.
- Can a clinician be a Peer Support person? Not if the clinical role prohibits self-disclosure and is most comfortable with "objectivity" and distancing. Clinical roles are seldom compatible with strong social connection. Also, many clinical disciplines have longstanding hangups around issues of personal disability. As a result, there are many "closeted clinicians."
- Are peer relationships meant to reinforce clinical plan objectives, or to reinforce the power of the person who is undergoing treatment or receiving care? It's time to have this chat.
- Is there a "best way" to do Peer Support, or a "standard" around how it should take place? No. Innovation around Peer Support is happening right now, in multiple contexts and realms.
- What's the best way to move forward? The Peer Support community will need to figure this out.

Lessons from research on high-performing groups. Leaders of successful groups focus on the team

Daniel Coyle. (2018). The Culture Code: The Secrets of Highly Performing Groups New York: Bantam Books

Skill I. **Build Safety.** Signals of connection generate bonds of belonging and identity.

Skill 2. Share Vulnerability. Habits of mutual risk drive trusting cooperation.

Skill 3. Establish Purpose. Narratives create shared goals and values.

"The three skills work together from the bottom up, first building group connection and then channeling it into action."

Thank you.

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BRIEF TIME LINE

1

<u>1973</u>: Truax and Carkhuff's study found that peer supervision was associated with a 15% increase in counselor effectiveness and client improvement compared to non-peer supervision.



<u>2014</u>: Lovell and colleagues found that non-peer supervision could be potentially damaging to the worker's confidence and sense of identity, leading to reduced job satisfaction compared to peer supervision.

3

2018: Persson and colleagues found that peer supervision was associated with a 5.5% increase in clinical outcomes, a 10% increase in self-efficacy, and a 23% decrease in job dissatisfaction and self-efficacy among peer support workers with non-peer supervision. Persson and colleagues found that non-peer supervision was associated with lower job satisfaction and self-efficacy among peer support workers. The study found a 23% decrease in job dissatisfaction and a 20% increase in job satisfaction with peer supervision compared to non-peer supervision, a 12.5% decrease in self-esteem, and a 10% decrease in confidence compared to those with peer supervision.



• Peer supervision by peers is a critical component of effective peer support work. Studies consistently show that peer supervision by peers is associated with improved clinical outcomes, greater job satisfaction and self-esteem, and increased professional growth and development. Non-peer supervision of peers can have detriments, including reduced job satisfaction and self-efficacy.

• Studies on peer supervision by peers have been conducted over several decades, and the findings consistently support the effectiveness of this approach.

• Peer supervision by peers provides a supportive and non-judgmental space for practitioners to receive feedback, enhance their skills, and reduce burnout.



Peer Supporter Outcomes of Supervision, a Review of the Evidence and History By: Mitchell Sherman CPS IPS ECPR

CPIPE: CARING FOR PROVIDERS TO IMPROVE PATIENT EXPERIENCES

(1) Training Person-centred maternity care Understanding stress and burnout and developing positive coping mechanisms. Introduction to mindfulness Bias awareness and mitigation Dealing with difficult situations Emergency obstetric and neonatal care Teamwork and communication Mentorship and peer support (2) Peer support groups Groups for providers to meet with other providers of their cadre, and discuss issues they are facing, brainstorm solutions, and provide support to one another.

(3) Mentorship

Mentor-mentee relationships that provide the opportunity to coach junior providers on professional development, work-life balance, clinical skills, career advancement and other topics. Mentors develop their mentorship and leadership skills.

(4) Embedded champions

To facilitate ongoing engagement and sustainability at the facility level, we identified facility champions who lead in organizing and facilitating peer support groups and refreshers at their facilities and serve as role models

(5) Leadership engagement

Engagement of County leadership at the onset of the project through a community advisory board, regular updates of the study and findings, and discussing systemic gaps that impact provider stress and bias.



RESOURCES



Peer Supporter Outcomes of Supervision, a Review of the Evidence and History

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<u>www.Puresupport.us/</u> <u>supportive-resources/</u>