

Supervisory Repository

Annotated Bibliography (*alphabetically by author*)

Allen, J. A. (2017). Best practices for effectively integrating peer staff in the workplace New York State Office of Mental Health [Webinar] Broadcast Feb. 2017. Slides retrieved from http://www.academyofpeerservices.org/pluginfile.php/37061/mod_resource/content/1/presentation_pdf_best-practices_integrating_peer_staff_ja_2017.pdf.

This webinar defines “peer,” the benefits of hiring peers, and describes what goes into the job description for a peer position. One of the top concerns of employers is hiring and retention of peer staff. This webinar recommends that management involve staff that will be supervising peers in the hiring process along with staff that will be working alongside peers. When creating peer support positions, it is important to clearly define their roles, the advantages of peer workers, and ongoing support needs. Some of the challenges of hiring peer support worker include the stigma of living with a mental illness diagnosis that creates a barrier to participating in services, funding, strategic planning, and policymaking. Peer support workers have historically lacked the ability to influence important policymaking decisions to guide the field. Peer support workers traditionally may lack degrees and/or credentialing, and many chose to keep their mental health private choosing not to identify themselves within their organizations. Including individuals with disabilities and mental health diagnoses in the recruiting process is recommended. Interview do’s and don’ts are included along with sample interview questions. Supervision of the peer support worker includes professional development, boundary issues, providing ongoing support, staff retention, providing reasonable accommodations, and handling time off. Several core competencies of the supervisor are

listed including knowledge of recovery, ethical issues, confidentiality, reasonable accommodations, advocacy skills, and self-disclosure.

Keywords: peer positions, supervision, recruiting, hiring, peer job descriptions

Berger, R. & Quiros, L. (2014). *Traumatology, Vol 20(4)* 296-301.

Abstract: To become trauma-informed, a system of care must demonstrate an understanding of the complexity of trauma and recognition of it as both interpersonal and sociopolitical. Although awareness of the need to enhance systems of care to become trauma-informed has been growing in recent years, even when trauma is not the main focus of service, training of all professional, administrative, and secretarial staff is essential to transform an agency to become trauma-informed. One vehicle for training the professional staff is supervision designed to enhance the knowledge and skills of practitioners who provide services to clients who have experience trauma. This article discusses how the principles and strategies of supervision can be adapted and applied to foster the professional and personal growth of practitioners and enhance their mastery of trauma-informed care. Supervision of trauma-informed care shares with other types of supervision the major components of educational, support, and administrative guidance and oversight. However, because constant interaction with traumatized clients may have negative effects on practitioners, some elements of trauma-informed practice supervision require special attention. The article has 3 parts. First, we discuss the goals, nature, and educational, supportive, and administrative functions of supervision in the healing professions. We then review basic assumptions of trauma-informed practice, specifically, safety, trustworthiness, choice, collaboration, and empowerment. Third, we identify personal and agency-related challenges and risks to practitioners in learning and

executing trauma work and analyze the protective function of supervision in addressing these challenges. We present principles for effective supervision that enhance the ability of practitioners to provide trauma-informed services and decrease their risks for vicarious traumatization (i.e., trauma reactions caused by interaction with those directly exposed to traumatic events). Finally, we describe an illustrative case example and suggest directions for future research.

Keywords: trauma-informed practice, supervision, mental health, healing professions, vicarious traumatization

Chappell Deckert, J. & Statz-Hill, M. (2016). Job satisfaction of peers employed in mental health centers: a systematic review. *Social Work in Mental Health, 14*(5), 564-582.

Summary: The authors reviewed literature to identify existing research evaluating peer provider job satisfaction, the methods of measuring job satisfaction, and predictors of job satisfaction. Some job satisfaction surveys identified include the Job Satisfaction Scale, Job Satisfaction Index, and the Indiana Job Satisfaction Survey. Predictors of job satisfaction are job role clarity, empowerment, perceived organizational support, integration in the workplace, and the length of employment. In order to sustain the employment of peer support workers, there is a need to address these issues within organizations. This review highlights the need for additional training for supervisors on self-disclosure and education on peer delivered services.

Keywords: peer employees, supervision, job satisfaction, scale, survey, index

Chinman, M., Henze, K., & Sweeney, P. (2015). Implementing Peer Support Services in VHA. VISN 1 New England MIRECC Peer Education Center and VISN 4 MIRECC Peer Resource Center.

Summary: This toolkit provides technical support for teams integrating peer support specialists into their workforce. The authors provide a definition of peer support, a brief overview of the research on peer support, misconceptions about peer support providers, and how to support peer support specialists. Supervision is best when it occurs regularly. The clinical team should be educated on the role of the peer support specialist, who is supervising them, how often, and general policies and procedures. During certification, peer support specialists will receive training on boundaries including sexual activities, accepting gifts, disclosure of personal information, and the entering into business arrangements. Other boundary issues that are not so clear are to be worked out by the individual team. The authors recommend identifying and discussing these “grey areas” as a part of the supervision process. Confidentiality and disclosure should be discussed as a part of regular supervision. The authors recommend monitoring the peer support specialist’s disclosures making sure they are appropriate. Supervisors must also co-sign all documentation completed by the peer support specialist. Supervisors should be responsible for conducting interviews ensuring the interview follows all legal requirements and should ensure that all peer support activities are integrated into regular clinical activities. Supervisors should develop a performance plan at the beginning of hire and be knowledgeable of reasonable accommodations. Supervision should be ongoing, educational and strengths based.

Keywords: *veterans, peer specialists, supervision, peer practices, accommodations*

Daniels, A. S., Tunner, T. P., Powell, I., Fricks, L., Ashenden, P. (2015). Pillars of Peer Support – VI: Peer Specialist Supervision. www.pillarsofpeesupport.org; March 2015.

Summary: The Pillars of Peer Support Services are core principles that guide the peer support services and workforce. This sixth summit specifically provides technical support for and addresses peer support supervision and how best to provide that supervision. The 25 Pillars of Peer Support encompass education, certification, employment, professionalism, and community advocacy. Through keynotes and panel discussions, a set of five core principles for supervision were developed and discussed. These include training in quality supervisory skills, understanding and supporting the role of the peer specialist, promoting recovery in supervisory roles, advocating for the peer specialist and peer services in the community and organizations, and promoting job-related professional and personal growth of the peer specialists within human resources. Each of the keynote presentations are included for reference and discuss the role and duties of the peer supervisor, the evidence base for peer support services, essential qualities of the peer supervisor and peer supervisee, as well as three approaches to supervision: the Supervisory Alliance Model, the Developmental Model, and coordinating multiple supervisions.

Keywords: *peer specialists, supervision, best practices, quality supervision skills*

Delman, J. & Klodnick, V. (2017). Factors Supporting the Employment of Youth Providers: Perspectives of Peers and Supervisors. *Community Mental Health Journal*, 53: 811-822.

Abstract: Peer providers are a promising practice for transition-age youth community mental health treatment engagement and support, yet little is known about the experience of being a young adult peer provider or what helps to make an individual in this role successful. Utilizing a capital theory lens, this study uses data from focus groups (two with young adult peer providers and two with their supervisors) to examine facilitators of young adult peer provider success in community mental health treatment settings.

Eight factors were identified as critical to young adult peer provider on-the-job success: persistence, job confidence, resilience, job training, skilled communications with colleagues, regular and individualized supervision, support from colleagues, and family support. Findings suggest that young adult peer providers may benefit immensely from an agency level focus on fostering social organizational capital as well as more individualized efforts to increase cultural, social, and psychological capital through training and supervision.

Keywords: *Peer, young adult, transition age, employment, capital*

Falender, C. A. (2014) Supervision outcomes: beginning the journey beyond the emperor's new clothes. *Training and Education in Professional Psychology*, 8(3), 143-148.

Summary: In this article, Falender identifies a number of barriers to supervision and offers a reconceptualization of supervision outcomes to repurpose outcomes as a mechanism for continuous quality improvement. Limited knowledge on how to train for supervisor competencies and a lack of agreement on what constitutes effective supervision and expected outcomes impede the progress of the assessment of supervision

outcomes. The need for an agreed upon set of competencies and their associated value is imperative to begin effectively studying supervision outcomes. There is a need to move toward competency-based supervision where knowledge, skills, and values are clearly defined. Increasing supervisor and supervisee competence in supervision, adherence to an evidence-based treatment model or supervision model, clearly identified supervision practices, increasing the strength of the supervisor/supervisee bond, and the incorporation of multicultural and organizational factors are all proposed ways of strengthening of supervision. Although this article did not specifically address the supervision of peer support staff, the implications are applicable.

Keywords: supervision, competency-based supervision, evidence-based supervision, multicultural awareness

Gates, L., Mandiberg, J. & Akabas, S. (2010). Building capacity in social service agencies to employ peer providers. *Psychiatric Rehabilitation, 2*, 145-152.

Summary: This pilot test, The Peer Integration Project (PIP), provides a framework for building organizational capacity to support the inclusion of the peer service workforce in social service agencies. Themes related to the roles of the peer support worker, confidentiality, social support on the job, and attitudes and beliefs of the peer worker from non-peer staff were identified along with strategies and goals to respond to these challenges. Some of these goals include clearly defined roles, consistent Human Resources policies, disclosure and confidentiality, written job descriptions to provide clarity, empowerment, additional supports and accommodations for peer staff, training, communication strategies, and commitment to the reduction of stigma.

Keywords: peer support workforce, organizational capacity, supervision, job descriptions, accommodations

Hendry, P., Hill, T., & Rosenthal, H. (2014). Peer services toolkit: a guide to advancing and implementing peer-run behavioral health services. ACMHA: The College for Behavioral Health Leadership Optum.

Summary: This toolkit emphasizes the importance of developing a clear job description and definitions of the unique role of the peer support provider. The authors discussed the importance of engaging in meaningful supervision while giving peer support workers clear information about their role, salary, and responsibilities. The role of the peer support worker is unique in that they share the lived experience thus making the boundaries for the peer support worker different from that of the usual clinical boundary. Because of these distinctive roles, the supervised peer staff should be evaluated differently. Supervisors should have increased knowledge of recovery and the unique skills that peer staff offer. The authors note that regularly scheduled supervision is best and is especially important at the beginning of first hire to aid in the transition process. Supervision should include topics such as confidentiality, job roles and responsibilities, self-disclosure, and professional boundaries. It is important that Human Resources departments generate clear policies and procedures regarding peer support workers in a recovery-oriented manner. Supervisors are key in the promotion of a recovery-oriented environment. Peer support workers should be provided with appropriate accommodations as needed. Peer support staff support groups can be made available to provide the opportunity for mutual support. Core competencies should be developed to ensure peer staff understand their role and should reflect the unique duties of the position.

Keywords: peer support workers, peer support staff, job descriptions, role clarity, supervision

Hoge, M., Migdole, S., Cannata, E. & Powell, D. (2014) Strengthening Supervision in Systems of Care: Exemplary Practices in Empirically Supported Treatments. *Clinical Social Work Journal*, 42: 171-181.

Abstract: The last few decades have witnessed major growth in the evidence base on effective client interventions used by social workers and other health and social service professionals. As the pressure for service agencies to offer empirically supported treatments has been increasing, financial and time constraints have driven a decline in the frequency and amount of supervision provided within many of these organizations. While the reduction in staff supervision presents a challenge for effective implementation of all treatments, there are comprehensive empirically supported treatment models for clients that serve as exemplars of supervisory practice through their explicit requirements, processes and tools for supervision and supervisor development. After a review of the current status of supervision nationally, an implementation science-based approach is described, which builds organizational support for supervision and promotes optimal supervisory practice through training and consultation of supervisors and supervisees. The elements of this comprehensive approach, developed by the Yale Program on Supervision, are detailed. Supervisory policies, practices, and tools created by the developers of empirically supported treatments and similarly grounded in the principles of implementation science are offered as further examples of strategies for ensuring effective supervision.

Keywords: *Supervision, empirically supported treatment, staff development, organizational change*

Hoge, M., Migdole, S., Farkas, M., Ponce, A. & Hunnicutt, C. (2011) Supervision in Public Sector Behavioral Health: A Review. *The Clinical Supervisor, 30(2):183-203.*

Abstract: Supervision plays a key role in the provision of health and human services. An extensive literature exists on supervision as an element of professional development in behavioral health care. However, much less attention has been given to the practice of supervision in publicly funded systems of care for persons with mental and substance use conditions. This article provides a comprehensive review of the literature on supervision in the public sector, highlighting its current status, definition, functions, competencies, applicable standards and requirements, training approaches, and outcomes.

Recommended strategies for restoring and advancing supervision as an essential practice in systems of care are discussed.

Keywords: *mental health, outcomes, public sector, substance use, supervision*

Jacobson, N., Trojanowski, L. & Dewa, C. (2012). What do peer support workers do? a job description. *BMC Health Services Research, (12)205.*

Summary: Using data from interviews, focus groups and activity logs, the authors in this article define the scope of work performed by peer support workers and create a job description. The authors identified the type of work peer support workers do as advocacy, resource linking, experiential sharing, community building, relationship building, group facilitation and planning, skill building and goal setting, socialization and communication, administrative tasks, information gathering and verification, and

research. Using this data, the authors developed a job description that defines the role and qualifications of the peer and their responsibilities regarding meeting with clients, goal setting, administrative duties, and communication expectations. This article assists human and social service agencies in the development of job descriptions and defining the role and qualifications of their peer support workforce.

Keywords: peer support workers, job descriptions, qualifications, role clarity, supervision

Johnson, V., Way, K., Long, M. H., Wyatt, M., Gibson, L., & Shaw, W., S. (2015) Supervisor competencies for supporting return to work: a mixed-methods study. *Journal of Occupational Rehabilitation, 25*(1), 3-17.

Summary: Using a mixed-methods design with focus groups and a survey of industry experts, the authors identified the competencies needed by a supervisor to facilitate the return to work of an employee following an absence due to mental health or a musculoskeletal disorder. Through this study, 84 competencies were identified specific to supporting workers with a mental health condition or musculoskeletal disorder with 10 competencies being identified as “very important” or “essential.” These include conflict management, honesty, delivery of sensitive information, fairness, privacy and confidentiality, legal obligations, worker abilities and limitations, knowledge of the tasks and workload of the worker, respectful communication, and managing privacy and disclosure. This article is consistent in its findings of the competencies identified within the literature regarding peer support supervisors.

Keywords: supervision, competencies, mental health, absence, return to work

Kemp, V. & Henderson, A. R. (2012). Challenges faced by mental health peer support workers: peer support from the peer support's point of view. *Psychiatric Rehabilitation Journal*, 30(4), 337-340.

Summary: The intent of this study is to identify challenges, solutions, and priorities encountered by peer support workers. The group identified five major challenges: lack of a clearly defined role, unease upon returning to work following a relapse and associated stigma, workload expectations, disclosure, and receiving adequate supervision/lack of supervisor understanding of the peer support worker's role. To alleviate challenges related to role definition, participants recommended an accredited peer support course and associated credential. A peer support manual would provide clear expectations and best practices. A written agreement outlined by the organization would be helpful in responding to peer support worker relapse. Open and honest communication with supervisors allows the peer support worker to self-advocate with their managers in order to receive support with time management and prioritizing tasks. Advanced training in confidentiality and disclosure was a recognized need to assist the peer support worker with disclosing personal information. Training specific to the supervisor on the roles of the peer support worker improves adequate supervision of the peer support worker. This article supports the existing literature regarding the challenges that the peer support workforce experiences and offers solutions to overcome these challenges.

Keywords: *peer support worker, challenges, role definition, supervision*

Ledford, R. (n.d.) Strength-Based Supervision. 2-Hour Training Module. Contributed by Jessica Wolf. ([Shared link](#))

Martin, Jordan, Razavi, Burnham, Linfoot, Knudson, DeVet, Hudson, & Dumas (2017). SUD Peer Supervision Competencies, The Regional Facilitation Center, Portland, Oregon.

Retrieved from http://www.williamwhitepapers.com/pr/dlm_uploads/Peer-Supervision-Competencies-2017.pdf

Abstract: Very little has been written about SUD (Substance Use Disorder) Peer Supervision Competencies. In remedy, this competency analysis is offered, using a series of investigative protocols, including: a systematic review of the literature, DACUM (Developing A Curriculum) workgroup, quantitative peer and supervisor validation survey, and a managerial and administrative validation review. This competency analysis is specifically designed for training purposes. Competencies with specific KSA's (Knowledge, Skills, and Attitudes) are described in checkboxes for classroom participant self assessment.

This competency analysis from The Regional Facilitation Center for substance use disorder peer supervision includes a competency self-assessment checklist, a systematic review of the literature summary, and quantitative peer and supervisor validation surveys. The systematic review of the literature summary identified 29 items related to peer supervision. The most common 25 competencies were summarized and ranked by frequency. This systematic review was used by subject matter experts to identify 20 core competencies that were included in a self-assessment, in checklist format, to be completed by individuals or as an agency to be discussed as a group. The competency topics include recovery-oriented philosophy, providing education and training, facilitating quality supervision, and performing administrative duties. A Validation Survey including competency statements with a 1-4 Likert scale rating allowed for the

ranking of the competency statements. A rating of one was considered “very important for supervisors to demonstrate or perform” and a four “not important for supervisors to perform this task.” This tool was used to determine unreliable competency statements for revision or exclusion by the subject matter experts. The Peer Employee Competency Evaluation Form is a checklist designed to be used by peer supervisors to evaluate the competencies of peer staff.

Keywords: supervision, supervision competencies, KSA (knowledge, skills, and attitudes).

Martin, E., Jordan, A., Razavi, M. & Burnham, V. (2017). Systematic Review of the Literature. Identifying Top 25 Core Competencies of SUD Peer Supervisors. Metroplus Substance Use Disorder Peer Supervision Collaborative. Retrieved from <http://www.oregon.gov/oha/HPA/CSI-BHP/Documents/6-23-2017-PDS-Supervisor-Core-Comps-Supervision-Systematic%20Review-Summary-12-2016.pdf>

Abstract: Very little has been written on the topic of Peer Supervision. We identified 29 documents, manuals, credentialing standards, etc. specific to Peer Supervision. The most frequently identified 25 core competencies were summarized and ranked by frequency of identification in these key documents.

Keywords: supervision, supervision competencies, evaluation, checklists

Mead, S. (2015). Intentional Peer Support: An Alternative Approach. Co-Reflection Guide. Plainfield, NH: Shery Mead. Retrieved from <http://www.intentionalpeersupport.org/wp-content/uploads/2015/07/IPS-CoReflection-Guide-2015.pdf>

Summary: In the co-reflection guide, the author distinguishes co-reflection from supervision. Traditional supervision is based on performance evaluation, quality improvement, and accountability. Co-reflection is based on mutual learning and reflecting on practice. Co-reflection is a collaborative process that is modelled after the peer support relationship. Giving and receiving feedback is essential to the co-reflection process. When giving feedback, it is important to make a connection, ask permission, ensure mutuality, focus on the positives, maintain and awareness of power, observe, and consider worldviews. When receiving feedback it is important to be aware of defenses, recognize the truth in feedback, and move toward building strengths. The author list ways to develop a co-reflection relationship such as creating a discomfort agreement, create a list of values and principles of Intentional Peer Support, review the giving and receiving process, and use examples of personal experience. The author makes evaluation recommendations such as narrative inquiry, appreciative inquiry, and ethnography.

Keywords: *supervision, alternative approach, mutual learning, co-reflection, intentional peer support*

National Association of Consumer/Survivors Mental Health Administrators. (2014). Enhancing the peer provider workforce: recruitment, supervision and retention. Retrieved from <https://www.nasmhpd.org/content/enhancing-peer-provider-workforce-recruitment-supervision-and-retention>.

Summary: In order to provide technical assistance to peer support providers, this publication offers guidance on the recruitment, supervision, and retention of the peer support workforce. The authors express the need for clearly defined positions, job descriptions, salaries, and benefits for peer support workers. Some strategies for hiring

qualified peer support workers is include the areas of recruitment, hiring, supervision, clinical and administrative supervision, and retention. Appropriate advertising to recruit individuals with the lived experience is important including careful wording in advertisements. The authors recommend recruiting from peer training programs and screening candidates for essential minimum requirements. Following universal hiring practices ensures organizations are hiring peer support staff just as any other staff. Supervising peer support workers should include mentoring, coaching, and training. Clinical supervision requirements differ by state and Medicaid standards should be reviewed. The clinical supervisor should be involved throughout the process including in the hiring of the individual. Clinical supervisors should be available for regular consultation, training, and support within the peer support workers clinical duties and may provide support in job role clarification, confidentiality, disclosure, and boundaries. Administrative supervisors often assign job duties, manage time, performance, and keep records. They should be knowledgeable and able to provide appropriate accommodations as needed. Supervisors may provide mentoring and coaching to guide individuals about career goals and skill development. Providing competitive pay and benefits, flexible work schedules, support, clearly defined roles, training, and educational opportunities in a stigma free and inclusive environment increase the retention rates of the peer support workforce.

Keywords: peer support, supervision, hiring, retention, accommodations

Nemec, P. & Swarbrick, M. (2010). Practices in Peer Specialist Supervision and Employment. Presentation for the NJPRA Conference, November 17-18, 2010.

Summary: Through a workshop, the authors seek to provide a summary of best practices for peer support supervision and employment. The idea of offering HR policies based on universal design is presented including the building of a job description. The authors list sample peer specialist job description components containing sample function statements and sample responsibility statements. Authors present ways in which supervision responsibilities may be conflicting with the recommendation that peer supervisors be familiar with job requirements, know their limits, and methods to be individualized or a contract to be negotiated. A summary of ten best practices in employment of Peer Specialists is listed.

Keywords: *peer support, supervision, best practices, HR policies, job description*

Noelker, L. S., Ejaz, F. K., Menne, H. L., Bagakas, J. G. (2009). Factor affecting frontline workers' satisfaction with supervision. *Journal of Aging and Health, 21*(1), 85-101.

Summary: Through surveys, the authors examined background characteristics, personal and job-related stressors, and workplace support on satisfaction with supervision. Personal and job-related stressors were found to be significant predictors of supervision satisfaction thereby making interventions in these domains essential to supervision. Additional training by the supervisor in areas related to depression, stress management, and positive coping strategies are needed to increase satisfaction with supervision. Other interventions recognized to have positive effects are peer mentoring, job orientation, continuing education, and involving workers in the development of program design and delivery. The authors recommend targeting both positive and negative support in identifying and implementing interventions to increase worker satisfaction with

supervision. This article identifies common workplace stressors that are important for peer support supervisors to address to increase the quality of their supervision.

Keywords: *peer support, supervision, satisfaction, stress, mentoring*

Oh, H. & Solomon, P. (2014). *The Journal of Behavioral Health Services & Research*. 41(2) 216-229.

Abstract: This article presents role-playing as an activity that can help managers in hiring, evaluating, and supervising peer providers. With the increasing employment of peers in mental health care systems, supervisors have had to face dilemmas related to peer employment more frequently and with little guidance and direction. In response, this article presents role-playing as a practical tool to hire, train, and supervise peer providers. The effectiveness of role-playing depends largely on context and execution, and so this article also offers direction on how to maximize the utility and benefits of role-playing to enhance the performance of peer providers.

Keywords: *peer support, supervision, hiring, role-play, performance*

Paulson, L. R. & Casile, W. J. (2014) Building bridges: a pilot program for training and support of rural supervisors. *The Clinical Supervisor*, 33(2), 204-227.

Summary: Supervisors in rural areas face unique challenges. Supervisors in rural areas report feeling less equipped for their role, often take on multiple roles, lack training and resources, and are at risk for burnout. To alleviate some of these challenges, the authors conducted a one-day supervision-training program and six follow-up peer supervision group sessions. This training included supervision competencies from the Association for Counselor Education and Supervision. Training and follow-up sessions were found to

increase the level of confidence and competencies in rural supervisors. This study highlighted a need additional training and support for supervisors that is also affordable.

Keywords: *supervision, rural, competencies, rural supervision, confidence*

Philadelphia Department of Behavioral Health and Intellectual Disabilities Services. (2017). Peer support toolkit. Retrieved from

https://dbhids.org/wpcontent/uploads/1970/01/PCCI_Peer-Support-Toolkit.pdf

Summary: This toolkit provides technical support for organizations hiring peer support providers. The peer support workforce is an essential component of recovery-oriented systems. Peer providers help to fight the stigma and misinformation that often plagues individuals with behavioral health conditions. Based on their lived experience, peer support staff are an invaluable resource. This toolkit provides information for the development of organizational culture; the recruitment and hiring of peer staff; effective service delivery; and supporting, supervising, and retaining peer staff. The toolkit gives recommendations for the hiring of peer staff including interview formats, advertisement guidelines, writing job descriptions, competitive pay and benefits, and reasonable accommodations. Several promising practices in the supervision of peer staff are included in Module 4. Supervision should be diverse, collaborative, consistent, meaningful, and accessible. Supervisors should be highly skilled and knowledgeable in recovery-oriented principles, and assist on the promotion of self-care. Given the types of supervision: administrative, formative and supportive, it may be necessary to have more than one supervisor to supervise peer staff.

Keywords: *peer staff, supervision, recruiting, hiring, retention*

Repper, J. & Carter, T. (2011). A review of the literature on peer support in mental health services. *Journal of Mental Health, 20*(4), 392-411.

Summary: The authors review the literature on peer support workers in mental health service to drive implementation within the UK. This literature review found that workers with lived experience might be more effective in service delivery related to self-empowerment, social inclusion, recovery, hope, and engagement. These benefits were found to be reciprocal, helping not only the individuals served but also the peer support workers themselves. A number of challenges were identified throughout the literature. Some of these challenges include accountability, boundaries, and peer staff relationships with other team members.

Keywords: *peer support, mental health, service delivery, reciprocal, benefits to the peer workers*

Stoltenberg, C. (1981). Approaching Supervision From a Developmental Perspective: The Counselor Complexity Model. *Journal of Counseling Psychology, 28*(1): 59-65.

Abstract: This article presents a developmental model of counselor supervision that conceptualizes the training process as a sequence of identifiable stages through which the trainee progresses. The progress of the supervisee is described from the entry level counselor through the advanced master counselor stage. Characteristics of supervisees at each of the four levels of the model are discussed as well as the appropriate supervision environments that encourage development to the next highest level. The supervisor skills of discrimination and the creating of environments are discussed in relation to the

characteristics of supervisees and the appropriate environments for the supervision process. Suggestions are offered for future directions of supervision research.

Keywords: supervision, developmental model, training, stages of development, supervision research.

Tucker, S. J., Tiegreen, W., Toole, J., Banathy, J., Mulloy, D., & Swarbrick, M. (2013).

Supervisor Guide: Peer Support Whole Health and Wellness, Georgia Mental Health Consumer Network. Retrieved from

https://www.integration.samhsa.gov/Supervisor_guide_to_Peer_Support_Whole_Health_and_Wellness_-c-2013.pdf.

Summary: The Georgia Mental Health Consumer Network provides this manual for use by supervisors and managers of mental health agencies to introduce Peer Support services into their agencies. This manual includes resources and approaches for Peer Support staff including the scope of practice, responsibilities, purpose of supervision, agency culture, and quality improvement strategies using recommended satisfaction surveys. The authors have included a free of cost, reproducible satisfaction survey. This manual includes sections relating to personal care, career development and the code of ethics of the Peer Support staff. In section five, this manual provides resources for effective supervision with a list of supervisory tasks. Several evaluation tools and elements of a good job description are included in the appendix. Given that Georgia was the first state to receive Medicaid fee-for-service reimbursement for peer services, this is a valuable resource manual for Peer Supervisors.

Keywords: peer support, supervision, mental health, satisfaction, ethics

United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. (2017). The interview: recruitment, retention, and supervision of peer support workers. Retrieved from https://virtualcommunityblog.files.wordpress.com/2017/07/brsstacs_policy_academy_interviewquestions_ada-compliant.pdf

Summary: In this SAMHSA handout, sample interview questions are provided to help organizations ensure they are selecting the best possible candidates for peer support positions. Given that the ADA prevents asking any questions regarding the nature of the peer applicant's diagnosis or treatment, it is recommended that employers ask questions specifically about the candidate's ability to perform job functions and how they would perform those functions. ADA compliant sample questions are provided include ways to determine the interviewees' skill set and to get a sense for their preparedness to work in the peer setting.

Keywords: *peer support, supervision, hiring, ADA, assessment*

United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration Technical Assistance Coalition. (Producer). (2017). Strategies for Effective Supervision of a Growing Workforce [Video Webinar]. Retrieved from <https://www.nasmhpd.org/sites/default/files/Strategies%20for%20Effective%20Supervision%20of%20a%20Growing%20Peer%20Workforce.pdf>.

Summary: In this webinar, the authors discuss the benefits of hiring peer specialist based on their lived experience. Because of their lived experience, peer specialists share insight and skills that affects stigma and instills hope. A number of challenges exist including staff attitudes of relapse, a lack of a clear job description, low compensation, lack of

support, increased criminal backgrounds impeding employment opportunities, and ethical relationship concerns. For effective supervision, supervisors must have knowledge of recovery, an understanding of peer support and their roles, and an awareness of stigma and discrimination. The authors suggest that supervision should be driven by the job description using a coaching and mentoring model with group or team supervision.

Keywords: peer support, supervision, hiring, lived experience, recovery, stigma

Walker, G. & Bryant, W. (2013). Peer support in adult mental health services: a metasynthesis of qualitative findings. *Psychiatric Rehabilitation Journal* 36(1), 28-34.

Summary: By conducting a review of the literature, the authors found a number of concerns experienced by peer support workers. Low wages and the desire to work more hours, the treatment and stigma received from other employees, and boundaries between being a mental health consumer and peer support worker are among a few. Concurrently, the authors identified that peer support workers are viewed as role models, a strength in the pursuit to destigmatize mental illness, and their ability to teach non-peer staff about recovery and the lived experience. This review highlights the further need to place value on the hiring of peer support workers and how professionalism is to be defined within agencies hiring peer support staff to reduce challenges that arise.

Keywords: peer support, supervision, low wages, boundaries, professionalism