Substance Use Disorder Peer Supervision Competencies

The Regional Facilitation Center

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Qualitative Review by

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Introduction

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.

Classroom Directions

This text is designed for in-class training.

1. Review and discuss a competency.
2. Ask each participant to complete the associated self-assessment. The self-assessment check box can also be used as an "agency self-assessment" check box.
3. In groups, have participants discuss their strengths and areas needing improvement based on their self-assessment.
4. Facilitate a class discussion around the insights gained by individuals through self-assessment and group discussions.
5. Move on to the next competency and repeat the process.

Methodology

1. **Stage One: Systematic Review of the Literature**. We identified 29 documents, manuals, credentialing standards, and curriculum outlines that were specific to, and related to the supervision of peers. We identified 25 common competencies which were then ranked by frequency of identification within the literature. (Appendix #1)
2. **Stage Two: DACUM Subject Matter Experts (SME).** The SME were assembled from experienced peer supervisors, all of whom are in long-term recovery from a substance use disorder. The workgroup analyzed the systematic review and generated competencies. They then edited language and developed organizational storyboard attributes to the competency and task descriptions.
3. **Stage Three: Quantitative Peer & Supervisor Likert Validation Surveys.** The SME developed survey questions for peers and supervisors regarding competencies. Eighteen peers and supervisors completed the Likert survey and feedback portion of the validation survey, with subsequent edits to competencies/task based on results (mean, median, variance, confidence intervals, margins of error and standard deviation). (Appendix #2)
4. **Stage Four: Qualitative Managerial & Administrative Validation**. A draft document was distributed to administrators with peer/recovery experience for validation through managerial and administrative review, with subsequent edits to competencies based on results.
5. **Stage Five: DACUM Curriculum**. Final edits to the Supervision Competencies were produced by the SME and the curriculum self-assessment grids were produced for training and self-evaluation.

Systematic Literature Review and DACUM Workgroup

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Table of Contents

Substance Use Disorder
Peer Supervision
20 Core Competencies

Section One: Recovery-Oriented Philosophy

□ **Competency One: Understands Peer Role** Supervisor fully comprehends the substance use disorder (SUD) peer recovery role and duties through core peer training, their lived recovery experience, and behavioral health occupational experience.

Self-Assessment ✓Checklist	
Competency #1: Understands Peer Role	
☐	Supervisor has recovery experience as an individual who identifies as a person being in recovery from a substance use disorder.
☐	Supervisor has occupational experience as a peer, and/or other substance use disorder behavioral healthcare experience.
☐	Supervisor has completed the core substance use disorder peer training.

□ **Competency Two: Recovery Orientation** Supervisor understands and supports the philosophy of recovery management and recovery oriented systems of care (ROSC), including, but not limited to: hope, self-disclosure, mutuality, person-first language, self-determination, empowerment, many pathways and styles of recovery, fostering independence, utilizes strength-based approach, addressing stigma & oppression, providing stage of change appropriate support, client choice, and advocacy.

Self-Assessment ✓Checklist	
Competency #2 Checklist: Recovery Orientation	
☐	Supervisor understands the importance of instilling hope, often facilitated through appropriate self-disclosure, and mutuality. Supervisor defines appropriate self-disclosure.
☐	Supervisor uses person-first language while simultaneously acknowledging the value of the substance use disorder recovery identity (“addict” and “alcoholic”) for those who choose their own terms of self-identification.
☐	Supervisor promotes self-determination avoiding the culture of diagnosis and labeling.
☐	Supervisor supports concepts of self-efficacy and empowerment.
☐	Supervisor honors client choice, many pathways to recovery, self-direction, and person-centered recovery planning.
☐	Supervisor supports fostering independence versus dependence, including employment assistance and overcoming barriers to independent living.
☐	Supervisor recognizes recovery capital/assets, natural supports, inclusion of family, friends and allies, and a strengths-based approach to supporting recovery.
☐	Supervisor recognizes the imperative of addressing discrimination, oppression, and stigma, and its transformative power in recovery.

☐	Supervisor acknowledges the importance of client advocacy and that peer staff are "in" but not "of" the system.
☐	Supervisor supports informed consent and client choice regarding the use of behavioral health medications. Supervisor assists peer staff in maintaining neutrality regarding prescribed behavioral health medications and the importance of operating within scope of practice.
☐	Supervisor understands that recovery support services are non-linear services, occurring pre-treatment, during treatment, and post-treatment. For some, Peer Delivered Services could also be an alternative to professional treatment, particularly those with low to moderate problem severity and moderate to high recovery capital.
☐	Supervisor recognizes that individuals receiving peer services are active agents of change in their lives and not passive recipients of services.

□ **Competency Three: Models Principles of Recovery** Supervisor models recovery philosophy and incorporates those tenets in all peer occupational role and duties, the supervisory experience, and the orientation of the greater organization.

Self-Assessment ✓Checklist	
Competency #3 Checklist: Models Principles of Recovery	
☐	Supervisor models key principles of recovery in their personal work.
☐	Supervisor promotes principles of recovery within the Peer Delivered Services program and peer supervision.
☐	Supervisor promotes these principles within the greater organization, through education and orientation to Peer Delivered Services.
☐	Supervisor promotes and monitors occupational self-care and peer wellness.
☐	Supervisor maintains their own program of recovery and health maintenance, including a personal/professional system of support.

□ **Competency Four: Supports Meaningful Roles** Supervisor supports meaningful peer roles, including: outreach and engagement, empathetic support, instilling hope, enhancing motivation, client advocacy, and system navigation. Supervisor advocates to maintain those meaningful roles and discourages the use of peers in other roles that diminish the value of their work or create ambiguity in their occupational roles, or are beyond the boundaries of one's education, training, and experience. Supervisor embraces the value of lived-experience and appropriately utilizes peers based on their lived-experience (e.g., addiction peers, forensic peers, mental health peers, and family peers).

✎ Self-assessment ✓Checklist	
Competency #4 Checklist: Supports Meaningful Roles	
☐	Supervisor designs meaningful work for peers, avoiding sole, excessive or primary work assignments as "treatment aids, "gofers," "staff assistants," or occupational assignments that create role ambiguity, such as "junior counselors," "junior case managers," "U.A. technicians," or "junior probation officers" tracking traditional behavioral health care treatment compliance.
☐	Supervisor recognizes the unique and specialized body of knowledge, skills and competencies involved in outreach, advocacy, and engagement in the communities where clients live.
☐	Supervisor values the synergistic importance of lived-experience combined with effective empathetic support, instilling hope through self-disclosure, and motivational enhancement interventions.
☐	Supervisor acknowledges peer roles based on a peer's lived-experience. Supervisor avoids role ambiguity by avoiding the administrative convenience of viewing all peers as "generalists." Supervisor supports peer specialization based on lived-experience (addiction peers, forensic peers, mental health peers, or family peers.).
☐	Supervisor recognizes the value of peers as "lived-experience system navigators," utilizing their knowledge and experience with varied systems (criminal justice, child welfare, vocational rehabilitation, TANF, SNAP, WIC, or others.)
☐	Supervisor recognizes and supports the value of peers as a bridge between traditional behavioral health institutions and the natural supports of friends, families, allies, and the greater recovery community.
☐	Supervisor defines peer outputs and expected outcomes. Supervisor generates data on outputs and outcomes, providing feedback regarding Peer Delivered Services and individual peer effectiveness.

□ **Competency Five: Recognizes the importance of addressing Trauma, Social Inequity & Health Care Disparity** Supervisor understands Trauma-Informed Care, social and health care equity, and incorporates that understanding into their supervision practices, peer programming, and administration. Supervisor acknowledges trauma experienced by historically oppressed and/or underserved populations (ethnic & cultural minorities, those with mental health challenges, those with addiction, sexual minorities, those in poverty, those experiencing homelessness, those who are disabled, including disabled veterans).

✎ Self-Assessment ✓Checklist	
Competency #5 Checklist: Recognizes the importance of addressing Trauma, and Social & Health Care Inequity	
☐	Supervisor recognizes the consequences of trauma on individuals, families and communities, including, but not limited to: physical health, psychological health and well-being, occupational performance, and parenting. Supervisor recognizes the consequences of institutional and societal trauma and its impacts on social determinants of health.
☐	Supervisor understands models of trauma-informed care and best practices for varied populations. Supervisor assist peers in developing skills to express empathic understanding and validate traumatic experiences, oppression, institutional, and judicial bias experienced by vulnerable populations that have been historically stigmatized and marginalized.
☐	Supervisor recognizes the traumatic challenges faced by vulnerable populations (poverty, ethnic/cultural minorities, sexual minorities, disabilities, homelessness, military experience, or other vulnerabilities).
☐	Supervisor is aware of specific health care disparity data of vulnerable populations in the local community and local systems of care. Supervisor promotes health equity in multiple ways, including overcoming barriers to diversity within organizations and eliminating health disparities among behavioral health populations.
☐	Supervisor is cognizant of their own biases and the institutional biases within organizations in which they work.
☐	Supervisor promotes trauma awareness among peer staff, peer-delivered services programming, and the greater behavioral health system in which they work.
☐	Supervisor addresses discrimination, stigma, and shame experienced by vulnerable populations, creating and promoting a culture of safety within the agency and peer-delivered services environment.

Section Two: Providing Education & Training

□ **Competency Six: Ongoing Training** Supervisor acknowledges that requisite entry level education is modest and that their role includes ongoing training & education, including coaching/mentoring peers regarding: competencies, skills development, documentation, data collection systems, ethical standards, professional boundaries, community resources, applicable laws, and client rights.

Self-Assessment ✓Checklist	
Competency #6 Checklist: Ongoing Training	
☐	Supervisor has the capacity to provide education and ongoing coaching on a variety of topics, and understands basic principles of adult learning strategies.
☐	Supervisor designs and implements ongoing education in staff meeting formats, agency in-services, and individual instruction/coaching as indicated.
☐	Supervisor provides ongoing education/training/coaching regarding: documentation standards and data entry systems, motivational enhancement techniques/micro-skills, outreach, engagement, rapport-building, peer competencies (SAMHSA, IC&RC, etc.), regulations, legal compliance, ethics, professional boundaries, cultural awareness, self-care, and community resources.
☐	Supervisor supports peer staff in obtaining ongoing training to advance their personal efficacy and competencies in delivering peer support services through participation in classes, conferences, webinars, and other forms of education and training.

□ **Competency Seven: Professional System Navigation** Supervisor assists peer staff in understanding the greater behavioral health system and its relationship to health care, allied providers, courts, child welfare, and entitlement programs. Supervisor assists peer staff in understanding the etiquette, procedures, and legal obligations of working with community partners (Courts, Child Welfare, TANF, WIC, SNAP, Probation/Parole, Addiction Treatment, and Psychiatric Institutions.)

Self-Assessment ✓Checklist	
Competency #7 Checklist: System Navigation	
☐	Supervisor assists peer staff in understanding the etiquette, procedures, and legal obligations for cooperative working relationships with Child Welfare. Supervisor orients peer staff to their role within the child welfare system: family court, case workers, protective services, foster care, ASFA timelines, termination of parental rights, alternate plans, limitations to confidentiality, and completing appropriate documentation for child welfare agencies.

☐	Supervisor assists peer staff in understanding the etiquette, procedures, and legal obligations for cooperative working relationships with Courts, Probation, and Parole. Supervisor will orient peer staff to their role and participation within courtroom proceedings, the Department of Corrections, forensic peer services, court expectations, common violations, limitations of confidentiality and completing appropriate documentation required by to probation/parole and the courts.
☐	Supervisor assists peer staff in understanding the etiquette and procedures for cooperative working relationships with various entitlement programs. Supervisor orients peer staff to self-sufficiency services (employment services, Vocational Rehabilitation, Medicaid enrollment, TANF, SNAP, WIC, Assurance Wireless, etc.) and regulatory compliance issues involved in working with these services.
☐	Supervisor assists peer staff in understanding the etiquette, procedures, and legal obligations for cooperative working relationships with addiction treatment. Supervisor orients peer staff regarding the nature of addiction treatment services, expectations, legal compliance, treatment completion status, abstinence requirements/court orders, DUI, DMV completion certificates, addiction treatment client rights, urine drug testing, other drug screening, and consequences of non-attendance/substance use.
☐	Supervisor assists peer staff in understanding the etiquette, procedures and legal obligations for cooperative working relationships with traditional mental health institutions. Supervisor orients peer staff to the nature of traditional mental health services, involuntary commitment, social security disability, payee services/representative payees, mental health client rights, the use of psychiatric medications, and abusable medications (anxiolytics, ADHD medications), and client choice regarding medications.
☐	Supervisor assists peer staff in understanding the etiquette, procedures, and legal obligations for cooperative working relationships with Medication Assisted Treatment services. Supervisor orients peer staff to the nature of Medication Assisted Treatment, Methadone, Suboxone, Vivitrol, addiction treatment client rights, anticipated effects from changes in medication dosage, ADA protections, and outcome research supporting the use of MAT.
☐	Supervisor assists peer staff in understanding the etiquette, procedures and legal obligations for cooperative working relationships with primary care providers. Supervisor orients peer staff regarding the nature of primary care services, scope of practice regarding medicine and medical advice, pretreatment peer support, and HIPAA.
☐	Supervisor audits peer staff documentation to allied health care and governmental agencies and coach peers with writing skills and documentation practices appropriate to circumstances and congruent with client rights and protections.

□ **Competency Eight: Applicable Laws & Regulations** Supervisor is aware of all relevant laws and can advise peers regarding the application of those laws in their peer work (CFR 42 p.II, HIPAA, Mandatory Reporting, ADA, Civil Rights, Fair Housing, Medicaid Fraud).

	Self-Assessment ✓Checklist
	Competency #8 Checklist: Applicable Laws & Regulations
☐	Supervisor advises peer staff regarding the applicability of confidentiality regulations HIPAA and Code of Federal Regulation 42, Part II in their cases. Supervisor is available to discuss disclosures, releases of information, items to be discussed, responding to subpoenas, and permissible disclosures within the exceptions to confidentiality (medical emergency, QSOA, crime on premises or against Peer Delivered Services program personnel, duty to warn, child/elder abuse, research, audit, court order, medical emergency) and restrictions and notice of prohibitions on re-disclosure.
☐	Supervisor advises peer staff regarding the applicability of Mandatory Reporting Guidelines and their obligations to report suspected child abuse.
☐	Supervisor advises peer staff regarding the applicability of the Americans with Disabilities Act, reasonable accommodations, and those participating in Medication Assisted Treatment as a protected class under the ADA.
☐	Supervisor advises peer staff regarding the applicability of the Civil Rights Act of 1964 and the principles of non-discrimination.
☐	Supervisor advises peer staff regarding the applicability of Medicaid Fraud reporting, investigations, and legal consequences.
☐	Supervisor advises peer staff regarding the applicability of the Fair Housing Act and protections for those participating in addiction and recovery services and those participating in Medication Assisted Treatment.
☐	Supervisor monitors relevant service obligations specific to the contracts/conditions provided by funders including reporting criteria and schedules, service restrictions, special requirements, and respecting their legal and regulatory obligations.
☐	Supervisor supports, advises, and develops policies regarding accommodations for those with other special needs, language barriers, literacy challenges, and other impediments.

□ **Competency Nine: Community Resources** Supervisor facilitates finding and sharing community resource information through organizational resource libraries, binders, databases, and other research methods. Supervisor models appropriate use of community resources.

✎ Self-Assessment ✓Checklist	
Competency #9 Checklist: Community Resources	
☐	Supervisor assists peer staff in maintaining access to community resource directories and facilitates the sharing of community resource information within the team.
☐	Supervisor assists peer staff in developing referral relationships with varied community resources, including indigenous recovery support resources that are not part of the traditional health and human services system.
☐	Supervisor provides means for the development and ongoing maintenance of a resource library/directory and/or access to community resource information (e.g., computer access, notebooks/binders, and directories.)
☐	Supervisor models methods for seeking and understanding community resources and models the appropriate use of community resources. For example, supervisor discourages peers from using inpatient addiction or psychiatric treatment as a "housing" program for individuals who are experiencing homelessness. Moreover, supervisor discourages the fraudulent acquisition of resources, encouraging peers to model "*practicing an honest program*" with their clients.

Section Three: Facilitating Quality Supervision

□ **Competency Ten: Role Clarity** Supervisor provides role clarity for peers through accurate job descriptions and the written articulation of duties, utilizing supervision time to identify, discuss, and process situations where there is role ambiguity or role confusion.

Self-Assessment ✓Checklist	
Competency #10 Checklist: Role Clarity	
☐	Supervisor clearly defines a concrete description of job tasks, duties, obligations, and competencies.
☐	Supervisor reviews the job description with peers to ensure that they understand their role, tasks, duties, and responsibilities.
☐	Supervisor uses the job description to assign occupational duties to peer staff and to perform annual evaluations.
☐	Supervisor ensures that the job description accurately reflects the expected outputs and outcomes of peer staff.
☐	Supervisor utilizes supervision time to identify, discuss, and process situations where there is role ambiguity or role confusion.

□ **Competency Eleven: *Strength-based* Person-Centered Supervision** Supervisor exercises strength-based person-centered approach to supervision. Supervisor has capacity to give and receive feedback, engendering mutuality and trust. Supervisor creates a safe atmosphere for all staff to give and receive feedback, facilitate self-reflection, and the experience of professional growth. Supervisor utilizes a strength-based approach and can consistently give recognition and praise for competency development and successful outputs/outcomes with clients.

Self-Assessment ✓Checklist	
Competency #11 Checklist: Strength-Based Person-Centered Supervision	
☐	Supervisor demonstrates skills in both giving and receiving feedback.
☐	Supervisor consistently gives recognition and praise for competency development and individual peer staff successes.
☐	Supervisor creates a safe atmosphere for peers giving and receiving feedback, through established rules of participation and mutuality, creating person-centered relationships versus the “expert” and “intern” hierarchal model common in traditional behavioral health settings.

☐	Supervisor assists peers in identifying their strengths and processes with them how to utilize their strengths in working with clients and excelling in their professional development. Supervisor develops action plan to resolve issues, through a strength-based model of capitalizing on assets and coaching peers regarding areas of needed improvement.
☐	Supervisor facilitates self-reflection through encouraging objective self-assessment and non-judgmental feedback regarding skills and competencies. Supervisor creates group supervision rules for giving and receiving feedback from peers to create a safe atmosphere for professional development and growth.

□ Competency Twelve: Identify & Evaluate Peer Competencies

Supervisor can identify SUD peer competencies (knowledge, skills and attitudes) specific to the peer role (active listening, motivational interviewing, and other skills). Supervisor monitors the fidelity of those competencies and can give feedback to individual peers regarding their efficacy, and creating work plans as indicated.

Self-Assessment ✓Checklist	
Competency #12 Checklist: Identify & Evaluate Peer Competencies	
☐	Supervisor develops performance evaluation based on job description with occupational strengths and improvement areas.
☐	Supervisor elicits feedback from peers regarding their performance and performance improvement planning.
☐	Supervisor will identify underlying competencies based on the peer's job description and will clearly define those competencies.

□ Competency Thirteen: Confidentiality

Supervisor maintains appropriate confidentiality of supervision relationship, and recognizes their obligations to support peer staff in occupational self-care and ongoing recovery while maintaining professional boundaries and avoiding acting as therapist, diagnostician, or sponsor. Supervisor understands their obligation to monitor and facilitate "occupational self-care" of peer staff versus "the personal recovery" of peer staff.

Self-Assessment ✓Checklist	
Competency #13 Checklist: Confidentiality	
☐	Supervisor avoids discussing the contents of any supervision relationship they have with other staff. Supervisor shows discretion when discussing the contents of any supervisory relationship they have with other staff by discussing supervision content only as it applies to the health, safety, and welfare of clients.
☐	Supervisor assists peers in developing a professional self-care plan to minimize "burnout," vicarious traumatization, compassion fatigue, and substance use triggers. Supervisor monitors and supports "occupational self-care" versus the "personal recovery" of peers. Supervisor avoids taking the role of therapist, diagnostician, or sponsor for peer staff.

□ **Competency Fourteen: Ethics & Boundaries** Supervisor is aware of ethical standards for peers and boundary issues common with peers. Supervisor recognizes the difference between boundary issues and ethical violations, and understands the difference between clinical and non-clinical boundaries. Supervisor models healthy boundaries and can train peers regarding a variety of boundary issues through role-playing and case examples.

Self-Assessment ✓Checklist	
Competency #14 Checklist: Ethics & Boundaries	
☐	Supervisor obtains training and consultation, if needed, that assists in their understanding of the complexities of ethics and boundaries within the peer profession and wider recovery culture.
☐	Supervisor develops written peer policies regarding ethics and boundaries to minimize the risk of ethical and boundary violations.
☐	Supervisor articulates the difference between "ethics" and "boundaries." While most ethical violations are typically self-serving, most occupational boundary violations are usually well-intentioned transgressions. Supervisor assists peers in understanding both ethical conduct and appropriate occupational boundaries.
☐	Supervisor utilizes case scenarios, examples, and role plays in group supervision to help peers better understand ethics and boundaries, and to rehearse various occupational scenarios before they occur. Supervisor gives examples of common ethical and boundary violations with specific examples of impacts upon clients, including, but not limited to: breach of confidentiality and potential harms to clients, favoritism and its impact upon the client and other clients, sexual/romantic exploitation of clients, and other transgressions.
☐	Supervisor self-monitors and reflects on their relationship with peer staff to assess for boundary issues and when concerns arise will seek consultation from other peer supervisors while respecting the confidentiality of the supervisory relationship.
☐	Supervisor introduces a "model" or "policy" of ethical decision making that typically includes consultation with peers and supervisors regarding a course of action.
☐	Supervisor clarifies responsibility of peer staff as opposed to the responsibilities of clients, assisting peer staff in their understanding that motivation for change arises from the interaction between two equal individuals engaged in recovery-oriented support and activities.
☐	Supervisor acknowledges their responsibility to initiate corrective action when faced with unethical conduct. Supervisor acknowledges and accepts their responsibility to report unethical conduct to the appropriate credentialing board to protect the health, safety, and wellbeing of the clients.
☐	Supervisor orients peer staff on the differences between peer support role responsibilities and other service and support roles, e.g., addiction

	counselors, psychologists, social workers, nurses, physicians, and recovery mutual aid sponsors. Supervisor assists peers in understanding the ethical obligations of other professionals.
☐	Supervisor orients peer staff to the boundary between private behavior (including social media like Facebook) and service responsibilities via the potential effects of private behavior on their clients, their reputation as a peer specialist, their organization, and the community.

☐ **Competency Fifteen: Quality Supervision** Supervisor maintains the integrity of Peer Delivered Services supervision. Too often in traditional behavioral health, supervisors are promoted to leadership roles due to their administrative competencies as opposed to their supervision competencies. Supervisor can balance administrative/clerical supervision versus quality peer services supervision, and continuously provides peer supervision, and resisting "administrative compliance" being the primary function of peer-delivered services supervision.

Self-Assessment ✓Checklist	
Competency #15 Checklist: Quality Supervision	
☐	Supervisor maintains integrity and quality of the supervisory relationship by primarily focusing on skills, competencies, best-practices, ethics, and boundaries versus primarily focusing on administrative compliance and documentation. Supervisor has the capacity to articulate concrete objective feedback regarding skills, competencies, use of best-practices, ethical decision-making, and boundaries.
☐	Supervisor demonstrates capacity to implement person-centered strength-based supervisory relationship. Supervisor experiences equality and mutuality with peer staff and builds upon individual strengths.
☐	Supervisor is open to feedback from peers regarding their supervision skills and practices.
☐	Supervisor demonstrates respect for the importance of supervision and the peer's work-time by arranging for regular, uninterrupted supervision meetings and spending supervision time focused on topics most relevant to supporting the peer in their job and professional development.
☐	Supervisor conducts periodic *in vivo* supervision, monitoring the practices and skills of peer staff while working with clients.
☐	Supervisor accepts their responsibilities to assist and/or intervene with peer staff that present impairments to their occupational duties, ethical misconduct, or other conduct inconsistent with best practices and recovery oriented systems of care. To maintain objectivity, the supervisor evaluates "occupation fitness" versus other measures of recovery. Supervisor initiates corrective action plans, coaching, and other strategies to remediate the inconsistent conduct. Supervisor documents the remediation/coaching plan with concrete goals and objectives. Supervisor documents progress or lack thereof towards remediation.

□ **Competency Sixteen: Accessibility** Supervisor is accessible, maintaining regular supervision appointments and providing consistent availability for crisis support. Supervisor practices good time management and demonstrates respect for the importance of supervision by keeping supervision appointments and being present and accessible to peer workers.

Too often in traditional behavioral health care, supervisors become absorbed into the "administrative meeting" culture, forgoing their duties of quality supervision in favor of administrative meetings with city, county, state officials, funders, auditors, and other "important" people. They eventually become "absentee supervisors."

Self-Assessment ✓Checklist	
Competency #16 Checklist: Accessibility	
☐	Supervisor maintains regularly scheduled group and individual supervision sessions.
☐	Supervisor is consistently available through phone, email, text messaging, and within the facility.
☐	Supervisors engages with peer staff and resists the culture of the traditional behavioral health care system of "absentee supervision" where attending meetings, state/county meetings, administrative meetings, and administrative compliance is the primary function of the supervisor.

□ **Competency Seventeen: Occupational Equity & Staff Development** Supervisor affords opportunities for participation, and training to all staff equally, including peer staff. Supervisor promotes professional development and advancement through a career ladder. Supervisor develops written professional development plans with peer staff.

Self-Assessment ✓Checklist	
Competency #17 Checklist: Occupational Equity & Staff Development	
☐	Supervisors identifies training needs based on the level of development of the peer employee.
☐	Supervisors stay up-to-date on new evolving peer practices that improve the quality of services being delivered.
☐	Agency and community-wide meeting attendance becomes a "shared responsibility" of all staff, not just the supervisor. Peer workers are afforded the opportunity to participate in meetings within the greater behavioral healthcare system.
☐	Supervisors maintain written "professional development plans" with peer staff, and assists peers with understanding their desired career ladder, including, but not limited to: advanced peer certification, enhanced education, college education plans, and other credentialing opportunities

	(addiction counselor certification, community health worker certification, among others).

□ **Competency Eighteen: *Staff Safety*** Supervisor understands safety issues inherent in community-based work, outreach, and in-home care. Supervisor considers reasonable precautions for staff safety when working outside of the confines of an institution or community recovery center. Supervisor and peers recognize stigma and misconceptions regarding safety as it applies to race, ethnicity, infectious disease, and mental health challenges.

Self-Assessment ✓Checklist	
Competency #18 Checklist: Staff Safety	
☐	Supervisor elicits input from peers regarding occupational safety in communities where clients reside. Supervisor and peers jointly define safety risk, and recognize stigma and misconceptions regarding safety as it applies to race, ethnicity, infectious disease, and mental health challenges.
☐	Supervisor recognizes the inherent dangers, emotional triggers, and drug use triggers involved in outreach work and have safety and support plans to address emotional distress.
☐	Supervisor develops safety plans for peers based on the population that they are providing services to and the service delivery settings. Safety plans may include peers in tandem or other protocols in potentially high-risk situations that are common with outreach into communities where clients live and where they provide peer support.
☐	Supervisors will educate peers on typical high-risk situations and how to address those situations.

Section Four: Performing Administrative Duties

□ Competency Nineteen: Peer Delivered Services Advocacy

Supervisor advocates for and promotes SUD peer recovery services within the organization and in the greater healthcare system, understanding the importance of outcome data and cost-benefit research. Supervisor has a key role in data collection and insuring its accuracy. Supervisor uses data to inform the agency regarding expected peer-delivered services outputs and outcomes. Supervisor understands funding sources and their obligations to collect data and work with various and diverse funding sources.

Self-Assessment ✓Checklist	
Competency #19 Checklist: Peer Delivered Services Advocacy	
☐	Supervisor is familiar with expected outcomes of Peer Delivered Services, and uses data to promote services.
☐	Supervisor insures that peers are collecting the necessary data regarding service outputs and outcomes.
☐	Supervisor has the capacity to use data to advocate for peer services within the organization and the greater behavioral health system.
☐	Supervisor uses data collection to inform the agency regarding appropriate peer caseloads, cultural disparities, and necessary and required staff trainings.

□ Competency Twenty: Employment Practices

Supervisor facilitates the hiring process and includes existing peer staff in the hiring process. Supervisor has awareness of the ADA, and in providing reasonable accommodations to peer staff. Supervisor is aware of generally accepted HR practices and applicable laws regarding applicant questioning and interviewing, compensation and benefits, grievances, employee rights, whistleblower policies, and mandatory trainings, such as Medicaid, Fraud Waste Abuse, Civil Rights, Safety Regulations, and others.

Self-Assessment ✓Checklist	
Competency #20 Checklist: Employment Practices	
☐	Supervisor consults with peer staff to formulate a desired job description for potential new hires.
☐	Supervisor includes peer staff on the hiring panel to interview potential candidates, and educates those peer staff on the hiring panel about questions legally prohibited from asking job applicants.
☐	Supervisor understands the application of ADA standards in the workplace and employer obligations to provide reasonable accommodations.
☐	Supervisor understands generally accepted human resource employment practices and applicable laws, including, but not limited to: compensation and benefits, grievances, employee rights, whistleblower policies,

	mandatory trainings such as Medicaid Fraud Waste Abuse, Civil Rights, infectious disease control, CPR, and other policies.
☐	Supervisor is knowledgeable about laws pertaining to interviewing job applicants including prohibitions relating to the Title VII of the Civil Rights Act of 1964 and other federal and state laws that deem it illegal to discriminate against applicants on the basis of race, color, sex, religion, national origin, citizenship, disability, age, sexual orientation, and marital status.

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Appendix 1

Systematic Review of the Literature:

Summary

Identifying Top 25 Competencies

of SUD Peer Supervisors

Eric Martin, MAC, CADC III, PRC, CPS, Anthony Jordan, MPA, CADC III, CRM,

Michael Razavi, MPH, CADC I, PRC, CPS, & Van Burnham IV, B.Accy, CRM

Methodology: Very little has been written on the topic of Peer Supervision. We identified 29 documents, manuals, credentialing standards, curriculum outlines, and syllabi specific to Peer Supervision. The most frequently identified 25 competencies were summarized and ranked by frequency of identification in these key documents. The following chart is a summary of that analysis.

% of documents	Common Core Competencies identified in the Literature Review
65.5 %	1. Supervisor understands SUD peer recovery role.
13.7 %	2. Supervisor supports meaningful peer roles, including; outreach and engagement, empathetic support, instilling hope, enhancing motivation, client advocacy, and system navigation.
20.6 %	3. Supervisor has occupational experience in SUD peer recovery, or is in recovery from an SUD and has completed core SUD peer recovery training.
58.6 %	4. Supervisor provides role clarity for peers through clear job descriptions and the written articulation of duties.
62.0 %	5. Supervisor understands and supports the philosophy of recovery oriented systems of care, including, but not limited to; recovery values of hope, identity vs. person-first language, self-determination, self-efficacy, fostering independence, client choice, many pathways of recovery, recovery capital, natural supports, mutuality, social equity, etc.
41.3 %	6. Supervisor models recovery philosophy and incorporates those tenets in the peer occupation, supervisory experience, and the orientation of the greater organization.
75.8 %	7. Supervisor advocates for and promotes SUD peer recovery services within the organization and in the greater healthcare system, understanding the importance of outcome data, and cost-benefit research. Supervisor has a key role in data collection and insuring accurate data collection. Supervisor utilizes data to inform the agency regarding Peer Delivered Services caseloads and expected Peer Delivered Services outputs.
37.9 %	8. Supervisor has capacity to give and receive feedback, engendering mutuality and trust.
31.0 %	9. Supervisor creates a safe atmosphere for all staff to give and receive feedback, facilitate self-reflection and the experience of professional growth.
75.8 %	10. Supervisor exercises strength-based person-centered approach to supervision. Supervisor acknowledges that entry level education is modest and that their role includes ongoing training & education, including coaching/mentoring peers regarding; competencies, skills development, documentation, data collection, ethical decision making, boundaries, community resources, applicable laws, client rights, etc.
82.7 %	11. Supervisor promotes professional development and advancement through a career ladder.
72.4 %	12. Supervisor develops written professional development plans with peer staff.
31.0 %	13. Supervisor can identify SUD peer competencies (knowledge, skills and attitudes) specific to the peer role. Supervisor monitors the fidelity of those competencies and can give feedback to individual peers regarding their efficacy. Supervisor utilizes a strength-based approach and is able give recognition and praise for competency development and successful outputs/outcomes with clients.
13.7 %	14. Supervisor maintains confidentiality of supervision relationship, and recognizes their obligations to support peer staff ongoing recovery while maintaining professional boundaries and avoiding acting as therapist or diagnostician with and of peer staff.
55.1 %	15. Supervisor is aware of ethical standards for peers and boundary issues common with peers. Supervisor recognizes the difference between boundary issues and ethical violations, and understands the difference between clinical and non-clinical boundaries. Supervisor models healthy boundaries and can train peers regarding a variety of

	boundary issues through role playing and case examples.
17.2 %	16. Supervisor recognizes that peers are "in" but not "of" the system. Supervisor understands and accepts peer role as client advocate.
41.3 %	17. Supervision duties of administrative and Peer Delivered Services supervision should ideally be separate. If they are not, supervisor must be able to separate administrative supervision vs. Peer Delivered Services supervision, and can continuously provide Peer Delivered Services supervision, resisting the inclination and ethos of administrative compliance being the primary function of Peer Delivered Services supervision.
62.0 %	18. Supervisor is accessible, maintaining regular supervision appointments and providing consistent availability for crisis support.
20.6 %	19. Supervisor is knowledgeable regarding community resources and can provide that information to peer staff.
13.7 %	20. Supervisor assists peer staff in understanding the greater behavioral health system and its relationship to healthcare, allied providers, courts, child welfare, and entitlement programs.
17.2 %	21. Supervisor is aware of all relevant laws and can advise peers regarding the application of those laws (CFR 42 p.II, HIPAA, Mandatory Reporting, ADA, Civil Rights, Fair Housing, etc.).
41.3 %	22. Supervisor facilitates the hiring process and includes existing peer staff in the hiring process.
24.1 %	23. Supervisor affords opportunities for participation, training, etc. to all staff equally, including peer staff.
68.9 %	24. Supervisor promotes self-care and peer wellbeing.
31.0 %	25. Supervisor has awareness of ADA, and providing reasonable accommodations to peer staff.

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Appendix 2

Validation Survey of Peers and Peer Supervisors

Eric Martin, MAC, CADC III, PRC, CPS, Anthony Jordan, MPA, CADC III, CRM,

Michael Razavi, MPH, CADC I, PRC, CPS, & Van Burnham IV, B. Accy, CRM

Methodology: Survey "competency statements" were authored by the DACUM subject matter expert group. Survey "competency statements" were designed with a Likert scale of four. Averages 1-4 were calculated for ranking of supervision competencies. Results were then analyzed by the DACUM workgroup and assimilated into their occupational analysis.

Validation Survey

Introduction: A 4-scale Likert Validation Survey ranging from "very important for supervisors to demonstrate or perform" to "not important for supervisors to perform this task," was statistically ranked by peers and supervisors. Mean, median, variance, confidence intervals, margins of error, and standard deviations were evaluated to refer unreliable "competency statements" to the DACUM workgroup for re-evaluation and editing. Eighteen participants responded to competency statements through a Turning Point Response system.

DACUM Draft Supervision Competencies	Mean	Median	Variance	Confidence Interval 95%	Margin of error	Standard Deviation
Competency 1 "Understands Peer Role": Supervisor fully comprehends the SUD peer recovery role & duties through core peer training, their lived recovery experience and behavioral health occupational experience.	1.000	1.000	0.000	(CI95%) 1 ± 0	0.0	0.000
Competency 2 "Recovery Orientation": Supervisor understands and supports the philosophy of recovery oriented systems of care, including, but not limited to: hope, self-disclosure, mutuality, person-first language, self-determination, empowerment, many pathways to recovery, fostering independence, strength-based, and advocacy.	1.120	1.000	0.100	(CI95%) 1.12 ± 0.15	0.15	0.320
Competency 3 "Models Principles of Recovery": Supervisor models recovery philosophy and incorporates those tenets in peer occupational role & duties, the supervisory experience, and the orientation of the greater organization.	1.180	1.000	0.150	(CI95%) 1.18 ± 0.18	0.18	0.380
Competency 4 "Supports Meaningful Roles": Supervisor supports meaningful peer roles, including; outreach and engagement, empathetic support, instilling hope, enhancing motivation, client advocacy, and system navigation. Peers are not used as "treatment aids," "gofers," or "junior case managers."	1.000	1.000	0.000	(CI95%) 1 ± 0	0.0	0.000
Competency 5 "Recognizes the importance of Trauma, Social Equity & Disparity": Supervisor understands trauma-Informed care and social equity, incorporating that understanding into their supervision practices, peer programming and administration.	1.240	1.000	0.180	(CI95%) 1.24 ± 0.2	0.2	0.420
Competency 6 "Ongoing Training": Supervisor acknowledges that entry level education is modest and that their role includes ongoing training & education, including coaching/mentoring peers regarding; competencies, skills development, documentation, data collection systems, ethical standards, professional boundaries, community resources, applicable laws, client rights, etc.	1.00	1.000	0.000	(CI95%) 1 ± 0	0.0	0.000
Competency 7 "System Navigation": Supervisor assists peer staff in understanding the greater behavioral health system and its relationship to healthcare, allied providers, courts, child welfare, and entitlement programs. Supervisor assists peer	1.280	1.000	0.200	(CI95%) 1.28 ± 0.21	0.21	0.450

staff in understanding the etiquette and procedures in working with community partners (Courts, Child Welfare, TANF, WIC, SNAP, Probation/Parole, Addiction Treatment, Psychiatric Institutions, etc.)						
Competency 8 "Applicable Laws & Regulations": Supervisor is aware of all relevant laws and can advise peers regarding the application of those laws in their peer work (CFR 42 p.II, HIPAA, Mandatory Reporting, ADA, Civil Rights, Fair Housing, Medicaid Fraud, etc.).	1.170	1.000	0.140	(CI95%) 1.17 ± 0.18	0.18	0.370
Competency 9 "Community Resources": Supervisor is knowledgeable regarding community resources and can provide that information to peer staff. Supervisor facilitates the sharing of community resources through organizational resource libraries, binders, databases, etc.	1.560	1.000	0.470	(CI95%) 1.56 ± 0.32	0.32	0.680
Competency 10 "Role Clarity": Supervisor provides role clarity for peers through accurate job descriptions and the written articulation of duties.	1.280	1.000	0.200	(CI95%) 1.28 ± 0.21	0.21	0.450
Competency 11 "Strength-based Person-centered Supervision": Supervisor exercises strength-based person-centered approach to supervision. Supervisor has capacity to give and receive feedback, engendering mutuality and trust. Supervisor creates a safe atmosphere for all staff to give and receive feedback, facilitate self-reflection and the experience of professional growth.	1.060	1.000	0.060	(CI95%) 1.06 ± 0.11	0.11	0.240
Competency 12 "Identify & Evaluate Peer Competencies": Supervisor can identify SUD peer competencies (knowledge, skills and attitudes) specific to the peer role (active listening, motivational interviewing, etc.). Supervisor monitors the fidelity of those competencies and can give feedback to individual peers regarding their efficacy, and creating work plans as indicated. Supervisor utilizes a strength-based approach and is able give recognition and praise for competency development and successful outputs/outcomes with clients.	1.310	1.000	0.210	(CI95%) 1.31 ± 0.22	0.22	0.460
Competency 13 "Confidentiality": Supervisor maintains confidentiality of supervision relationship, and recognizes their obligations to support peer staff in ongoing recovery while maintaining professional boundaries and avoiding acting as therapist or diagnostician with and of peer staff. Supervisor understands their obligation to monitor and facilitate "self-care" of peer staff vs. "the recovery" of peer staff.	1.130	1.000	0.110	(CI95%) 1.13 ± 0.16	0.16	0.330
Competency 14 "Ethics & Boundaries": Supervisor is aware of ethical standards for peers and boundary issues common with peers. Supervisor recognizes the difference between boundary issues and ethical violations, and understands the difference between clinical and non-clinical boundaries. Supervisor models healthy boundaries and can train peers regarding a variety of boundary issues through role playing and case examples.	1.060	1.000	0.060	(CI95%) 1.06 ± 0.11	0.11	0.240
Competency 15 "Quality Supervision": Supervisor maintains the integrity of peer delivered services Supervision. Supervision duties of administrative and peer delivered services supervision should	1.880	1.500	1.110	(CI95%) 1.88 ± 0.5	0.5	1.050

ideally be separate. If they are not, supervisor must be able to separate administrative supervision vs. peer delivered services supervision, and can continuously provide peer delivered services supervision, resisting the inclination and ethos of administrative compliance being the primary function of peer delivered services supervision.						
Competency 16 "Accessibility": Supervisor is accessible, maintaining regular supervision appointments and providing consistent availability for crisis support.	1.380	1.000	0.230	(CI95%) 1.38 ± 0.23	0.23	0.480
Competency 17 "Occupational Equity & Staff Development": Supervisor affords opportunities for participation, training, etc. to all staff equally, including peer staff. Supervisor promotes professional development and advancement through a career ladder. Supervisor develops written professional development plans with peer staff.	1.310	1.000	0.210	(CI95%) 1.31 ± 0.22	0.22	0.460
Competency 18 "Staff Safety": Supervisor understands safety issues inherent in community-based work, outreach, and in-home care. Supervisor considers reasonable precautions for staff safety when working outside of the confines of an institution or community recovery center.	1.060	1.000	0.060	(CI95%) 1.06 ± 0.11	0.11	0.240
Competency 19 "Peer Delivered Services Advocacy": Supervisor advocates for and promotes SUD peer recovery services within the organization and in the greater healthcare system, understanding the importance of outcome data, and cost-benefit research. Supervisor has a key role in data collection and insuring accurate data collection. Supervisor utilizes data to inform the agency regarding peer delivered services caseloads and expected peer delivered services outputs. Supervisor understand funding sources and their obligations to collect data and work with varied funders.	1.560	1.000	0.800	(CI95%) 1.56 ± 0.43	0.43	0.900
Competency 20 "Employment Practices": Supervisor facilitates the hiring process and includes existing peer staff in the hiring process. Supervisor has awareness of ADA, and providing reasonable accommodations to peer staff. Supervisor is aware of generally accepted HR practices and applicable laws regarding compensation and benefits, grievances, employee rights, whistleblower policy, etc., and mandatory trainings, such as Medicaid Fraud Waste Abuse, Civil Rights, etc.	1.170	1.000	0.140	(CI95%) 1.17 ± 0.18	0.18	0.370

Results

Three competency statements presented the lowest reliability (#9, #15, #19). These competency statements presented margins of error at .32+, standard deviations at .68+, C.I. values at 1.56+ +/- .32+, and variance scores of .47+. These three competencies were referred to the DACUM Workgroup for re-evaluation and editing to increase clarity.

Appendix 3

Peer Employee Evaluation Form

SAMHSA Peer Core Competencies, BRSS TACS, 2015
IC&RC Peer Competencies & Domains, Job Analysis, 2013

Condensed Competency Peer Employee Evaluation Form

Eric Martin, MAC, CADC III, PRC, CPS, Anthony Jordan, MPA, CADC III, CRM,

Michael Razavi, MPH, CADC I, PRC, CPS, & Van Burnham IV, B.Accy, CRM

Peer Employee Competency Evaluation Form

Employee Name	Date

Need coaching to better assist clients	Meets client needs	Excels	Condensed SUD peer competencies adapted from the SAMHSA and IC&RC competencies.
☐	☐	☐	Peer staff initiates contact with clients across the continuum of recovery pre-treatment, concurrent treatment, post-treatment. Initiates contact in varied settings (community, home, recovery centers, courts, hospitals, treatment centers, probation/parole offices, etc.).
☐	☐	☐	Peer staff demonstrates capacity to be non-judgmental and attentively listen, and reflect accurate understanding of the client's experiences and feelings. Clarifies their understanding of information when in doubt of the meaning.
☐	☐	☐	Peer staff demonstrates skills in motivational enhancement and understands the stages of change, and demonstrates capacity to engage clients in "quit talk," give affirmations, develop discrepancy, and honors client's self-efficacy, self-determination, and client choice.
☐	☐	☐	Uses and models recovery oriented principles with clients: person first language, multiple pathways, client choice, informed consent, self-determination, many pathways, empowerment, self-advocacy, fostering independence, etc.
☐	☐	☐	Uses respectful, person-centered, recovery-oriented language in written and verbal interactions with clients, family members, community members, and others.
☐	☐	☐	Validates and normalizes client recovery experiences.
☐	☐	☐	Assists and supports clients to set goals and to dream of future possibilities. Proposes strategies to help a peer accomplish tasks or goals. Provides concrete assistance to help clients accomplish goals, and then celebrates client efforts and accomplishments.
☐	☐	☐	Inspires hope through the sharing of recovery stories, recognizing when to share experiences and when to listen.
☐	☐	☐	Describes personal recovery practices and helps clients discover recovery practices that work for them. Peer is open to exploring many paths to recovery with their clients.

Need coaching to better assist clients	Meets client needs	Excels	**Condensed SUD peer competencies adapted from the SAMHSA and IC&RC competencies.**
☐	☐	☐	Appreciates and respects the cultural and spiritual beliefs and practices of clients and their families, demonstrating an understanding of peer's own personal values and culture and how these may contribute to biases, judgments and beliefs.
☐	☐	☐	Recognizes and responds to the complexities and uniqueness of each peer's process of recovery, tailoring services and supports to meet the preferences and unique needs of peers and their families.
☐	☐	☐	Helps clients to function as a member of their treatment/recovery support team.
☐	☐	☐	Participates in maintaining up-to-date information about community resources and services, assisting peers to find, investigate, select, and use needed and desired resources and services.
☐	☐	☐	Accompanies peers to community activities and appointments when requested and participates in community activities with peers when requested.
☐	☐	☐	Assist clients in system navigation (traditional institutions of care, criminal justice, child welfare, SNAP, TANF, WIC, etc.)
☐	☐	☐	Educates family members and other supportive individuals about recovery and recovery supports. Coordinates efforts with clients' family members and other natural supports.
☐	☐	☐	Uses approaches, recommendations and linkages that match the preferences and needs of clients.
☐	☐	☐	Recognizes signs of distress and threats to safety among clients and in their environments, provides reassurance to clients in distress.
☐	☐	☐	Strives to create safe spaces when meeting with peers, acting to address distress or a crisis by using knowledge of local resources, treatment, services and support preferences of peers and assists peers in developing advance directives and other crisis prevention tools.
☐	☐	☐	Conveys client's point of view when working with colleagues.
☐	☐	☐	Documents information as required by program policies and procedures.
☐	☐	☐	Follows laws and rules concerning confidentiality and respects others' rights for privacy. Can describe client rights, responsibilities, informed consent, and obligations of mandatory reporting.
☐	☐	☐	Complies with agency specific policies regarding peer-client practices and boundaries, social media rules, financial policies, smoking policies, etc.

Need coaching to better assist clients	Meets client needs	Excels	**Condensed SUD peer competencies adapted from the SAMHSA and IC&RC competencies.**
☐	☐	☐	Works together with other colleagues to enhance the provision of services and supports, assertively engaging providers from mental health services, addiction services, and physical medicine to meet the needs of clients. Coordinates efforts with health care providers to enhance the health and wellness of clients.
☐	☐	☐	Partners with community members and organizations to strengthen opportunities for clients.
☐	☐	☐	Strives to resolve conflicts in relationships with clients and others in their support network.
☐	☐	☐	Can recognize and respond to risk, crises and emergency indicators affecting client welfare and safety.
☐	☐	☐	Recognizes and responds to the traumatic experiences of vulnerable populations (cultural/ethnic minorities, sexual minorities, people in poverty, people experiencing homelessness, those with a history of military service, etc.).
☐	☐	☐	Exercises appropriate self-care.