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Supervising Peer Staff Roles: Literature Review and Focus Group Results

Canadian Mental Health Association Waterloo Wellington

SELF HELP & PEER SUPPORT

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Introduction

Self Help & Peer Support, as a consumer-survivor led department at CMHA Waterloo Wellington has been engaged in promoting and strengthening the practice of peer support work throughout the mental health and addictions system. Self Help's Centre for Excellence in Peer Support provides support and training to peer support workers and their agencies on implementing peer roles, training peer and non-peer staff on peer support practices and the value of the lived experience perspective. Part of this work has also included supervising and training peer workers who are working in non-peer settings such as hospitals and inter-disciplinary community health teams.

At times this work and peer workers journeys has been difficult. In 2010, Self Help implemented its first peer role in a non-peer setting. There was tremendous learning as to the barriers that peer workers faced when trying to provide peer support in mainstream mental health and addictions settings. Mainstream settings were dominated by regulated health professionals and often recovery philosophy was not fully embraced. Despite the many challenges that peer workers faced in these settings the value of peer support was recognized and more peer roles were developed. Through the growth of these roles we have seen some trends emerge in the practice of peer work. This tool-kit builds on that work.

The first trend is that peer worker roles tend be implemented haphazardly and without full organizational support. This gives rise to a host of implementation issues. In 2016, Self Help & Peer Support hired external researchers Harrison & Read (2016a/2016b) to develop a literature review and practice tool entitled, *Challenges Associated with the Implementation of Peer Staff Roles in Mainstream Mental Health and Addiction Agencies* and *A Reflective Practice Tool for Mental Health and Addiction Agencies that Employ Peer Staff*. These reports help identify and address some of the implementation issues and challenges that peer workers face throughout their career.

The second trend is a lack of role clarity. Peer workers often are challenged as to "What does peer support work look like?" These challenges may be voiced by co-workers, supervisors, and sometimes peer workers themselves. Additionally, formalized training for peer support work is underdeveloped, with many peer workers entering into the field with minimal training. Not having standardization of both training and role responsibility results in huge diversity of how peer work is practiced. As an example, at one organization a peer worker many be a fully imbedded member a professional team, taking on a workload similar to that of a social worker or recreation therapist. Whereas in another agency, a peer worker role may be a casual position where people still engaged as service users themselves work for a low-hourly wage providing harm reduction supplies or driving people to appointments. This tool-kit aims to address role clarity through targeted activities that help supervisors of peer workers identify what is and isn't a good fit for their organizations vision of peer work. Given that peer work is an evolving field, some ambiguity around defining a peer workers role and tasks may still remain, and for many situations there will remain no black and white answer as to what a peer worker can do.

Finally, the third trend is isolation. Peer workers are often the only peer in their organization and may lack connections to other peer workers or peer-led spaces. When the peer worker is isolated from peer settings and other peer workers they experience increased role strain. If severe enough this strain can cause one of two things to happen. Either the peer worker slowly becomes less recovery-orientated, often by adopting clinical language and eventually abandoning the values of peer support, becoming a "junior clinician." The second common impact of role strain is while standing firm in the values and principles of peer support, a worker further isolates and marginalizes themselves, painting themselves as the anti-system, and thus preventing cooperative and inter-disciplinary work from occurring. Although these two examples are extremes, many peer workers experience some degree of these strains in their work.

Appropriate and adequate supervision has been identified as an important indicator of the success of peer roles. As more peer roles are implemented in mainstream mental health and addiction systems, and peer workers are imbedded in inter-disciplinary teams, there is a trend towards supervision being provided by people who have

limited understanding or experience within the field of peer support. It is common for peer workers to be supervised by social workers, nurses, occupational therapists, or other allied health professionals.

In a 2014 survey of peer workers in Ontario the majority (59%) of paid peer workers were supervised by someone from a non-peer organization with only 8% of peer workers being solely supervised by staff from peer organizations and 17% of peer workers being supervised by a combination of peer organizations and non-peer organization supervisors (Newberry & Strong, 2015). Additionally, only 51% of paid peer workers indicated that they have regular individual supervision (Newberry & Strong, 2015). Finally, when it comes to satisfaction of supervision, only 42% of paid peer workers expressed that they were "very satisfied" with the supervision they currently receive and 27% were somewhat to very dissatisfied (Newberry & Strong, 2015). Overall the survey authors concluded that:

> *"Peer support workers want more frequent supervision and feedback in order to understand their performance. In addition they need more interpersonal, emotional support that is best provided by a peer. Non-CSI's need to provide access to peer support among the workers themselves. The availability of an external "home" CSI is very beneficial to peer support workers"*
>
> *(Newberry & Strong, 2015, p. 22)*

Furthermore in 2015, as a result of consultations with peer workers from across Ontario, supervision was identified as a top priority amongst the peer workforce and several recommendations around the supervision of peer workers were made:

- "All peer support workers have access to supervision and mentoring";
- "Develop supervision standards or best practices… to ensure quality peer support supervision"
- "Training for supervisors of peer staff including a comprehensive understanding of what peer support is, it's value, and challenges associated with peer work" (Harrison, 2015, p. 7).

This evidence, combined with anecdotal feedback from peer workers employed in non-peer settings that Self Help & Peer Support connects with on a regular basis has led us to develop a toolkit on supervising and implementing peer support roles in non-peer settings. This document is part one of the tool-kit.

This document is designed to provide an overview of the academic and gray literature on implementing and supervising peer staff roles in mental health and addictions settings. We also present results from two focus groups on peer supervision: one with peer staff and another with their supervisors. We hope this information will improve knowledge of the issues facing peer staff, the unique supervision needs of peer workers, and a non-peer supervisor's role in supporting peer staff.

Additional copies of this report can be found at http://cmhawwselfhelp.ca/

Literature Review

Few academic journal articles discuss the issue of peer worker supervision in non-peer settings and therefore grey literature was also included in this scan. In addition, there is some literature on the supervision of other health professionals in order to develop a broad understanding of supervision in health related fields, working in inter-disciplinary settings. This primarily included literature on the supervision of social workers and nurses, as these tend to be the health professionals that peer workers most often work alongside and also fields where supervision structures and functions are more developed. In total over 50 documents and journal articles that discussed the supervision of peer workers or the supervision of other healthcare practitioners were examined. From this literature several key themes relevant to the practice of peer support were identified. The following pages provide a brief summary of each theme. Two focus groups were also conducted to aid in the development of this knowledge. Focus group results are presented following the literature review.

The Importance of Supervision

Effective supervision of all staff in social services and healthcare is important to ensure quality services. Good supervision improves staff retention (Jorgenson & Schmook, 2014) and may be critical to resilient practice. Good supervision is that which is provided regularly and within a relationship where “facilitation of reflection, the exploration of emotion, support for self-care and constructive challenge” are explored (Beddoe, Davys, & Adamson, 2014, p.119). Although most authors agree on the importance of supervision it is not clear if supervision leads to changes in clinical behaviour (Spence, Wilson, Kavanagh, & Strong, 2001).

Within social work, literature has highlighted that supervision promotes knowledge, skill development and emotional support (Hair, 2013). When supervision is supportive it helps workers to "share concerns and raise questions" and "identify self-care needs" (Hair, 2013). Given, peer workers lived experience with mental health and/or addiction issues we can also assume that identifying self-care needs and sharing concerns and asking questions would also be important goals of peer worker supervision.

Literature specific to the importance of supervision to peer workers is scarce on the details, often stating only that it is important or is a challenge (Repper & Carter, 2011). Hendry, Hill, & Rosenthal (2014) state that supervising peer workers is different but do not go into much detail on why is it different. There is no consensus within any literature (peer support or otherwise) on the purpose of supervision, the duration of supervision throughout the career, or discipline of supervisors (Hair, 2013). Milne, Aylott, Fitzpatrick, & Ellis, (2008) found that most models of supervision are not grounded in empirical evidence.

In 2010 Veteran’s Affairs in the United States conducted a survey of peer support workers and their supervisors (Depression and Bipolar Support Alliance, 2010). They found that:

- 73% of peer workers felt that their supervisors had the necessary knowledge for supervising a peer worker; even though only 67% of peer workers felt they themselves had the necessary language for the peer position.
- Many supervisors of peer workers over-estimated their understanding of the peer role with 94% of supervisors agreeing strongly that they understand the role of peer staff, but only 64% of peer workers agreeing strongly that their supervisors understood the role. The same was true for understanding the role of the supervisor.
- 61% of peer workers strongly agreed that their supervisor understand the supervisory role, with 82% of supervisors strongly agreeing.

This lack of understanding roles may not be unique to peer support. It is possible that these disconnects between perceived understanding may exist between many front-line staff and supervisors throughout the mental health and addictions system. However, as noted earlier, peer workers themselves have identified supervision as a top priority. Daniel, Turner, Powell, & Fricks (2015) define peer support supervision as occurring “when a peer support

supervisor and peer support specialist supervisee(s) formally meet to discuss and review the work and experience of the peer provider, with the aim of supporting the peer in their professional role." (p.7).

Peer Workers Commonly Experience Implementation and Integration Issues

It is impossible to talk about supervising peer workers without first discussing how peer roles come into existence within non-peer services. Peer workers often experience a host of implementation issues unique to the peer role (Harrison & Read, 2016a). Organizations that are aware of these challenges and work to minimize or eliminate them are much better positioned for successful peer worker roles.

Historically, most peer support roles within the mental health field were within consumer-survivor led agencies. In these settings all staff had lived experience with a mental health issue(s) and thus peer staff worked within an environment where peer support was the dominant culture. In the addictions field, people with lived experience often took on the same roles as people without lived experience (e.g., counselors). This ensured that lived experience knowledge was embraced within the addictions field except taking on the role of a non-peer failed to differentiate that lived experience. A recent swing towards professionalization of the addictions field has lessened the lived experience perspective. Today, both mental health and addictions systems struggle to both fund and integrate peer workers into their services. Most new peer roles are within interdisciplinary settings, typically hospitals, community health teams, or intensive mental health services such as Assertive Community Treatment Teams. Addictions services are also moving to employ more peer workers in peer specific roles. As mental health and addictions systems merge, so do the challenges that peer workers face. A 2010 study of peer workers within US Veterans Affairs revealed that only 38% of peer workers felt that they were treated the same as other staff members (Depression and Bipolar Support Alliance, 2010).

Earlier work by the Centre for Excellence in Peer Support identified the common issues that peer workers face in their roles (Harrison & Read, 2016a). Nearly all the issues that peer workers face can arise during implementation of the role. These issues include:

- Access to accommodations
- Application process
- Clarity of purpose
- Compensation
- Cooptation
- Employment status
- Identity conflict
- Isolation
- Relationships with non-peer colleagues
- Relationships with service users
- Resources to meet job requirements
- Role clarity
- Supervision
- Training
- Using lived experience

Being overworked and overextended might be less likely to occur at implementation and further in the peer workers employment journey if maintaining good mental health and well-being as well as opportunity for career advancement are priorities.

Jorgenson & Schmook, (2014) provide a list of necessities when implementing peer roles, these include: senior leadership buy-in; using a readiness checklist; identifying staff champions; defining and planning the role with multiple stakeholders; reviewing policies on hiring; creating job descriptions; and determining how the impact of peer role will be evaluated. Minehart, et.al. (2016) discuss ethical concerns that often arise during implementation of a peer worker role. These include the peer workers demeanor, conduct between the peer worker and the organization (such as exploitation of the peer workers history); boundaries with people supported, confidentiality, paternalism, duty to report; and peer worker relationships with service providers.

How Unique Are Peer Workers?

Not all peer workers experience challenges in integrating to the workplace. A survey of certified peer specialists in Kansas (Grant, Reinhart, Wituk, & Meissen, 2012) found that overall peer workers were sufficiently integrated into the workplace using a standardized measure of workplace integration. This survey highlights some specific factors that may lead to successful peer worker integration into mainstream services. Grant, et.al. (2012) found that successfully integrated peer workers have high levels of satisfaction with supervision and co-workers and the peer workers also reported high levels of organizational support. We can therefore infer that organizational support, satisfaction with supervision and relationships with co-workers are key elements of successful integration of peer workers into a team. Interestingly although the peer workers had low satisfaction with pay, advancement opportunities, and job security, those factors appeared to have less of an impact on integration (Grant et al., 2012). Consultations with peer workers in the province of Ontario echoed this. Peer workers desire to work in organizations that understand the value of peer work and where there is an integration of peer support culture into the mainstream values of a particular organization or agency setting (Harrison, 2015).

One of the best ways to address the challenges that implementation brings is through training. Specific training to prepare organizations for peer workers needs to be delivered to all levels of the organization (Swarbick & Nemec, 2010). This training also needs to be peer led and offered on an ongoing basis (Grey & O'Hagan, 2015). The need for training may go beyond the team that the peer worker works in. Cabral, Strother, Muhr, Sefton, & Savageau (2014), call for system-wide training on integrating peer staff, stating that doing so will be of specific help with issues of role clarity. Orwin (2008) echoes this, reinforcing the value of training on the uniqueness and philosophy of peer support:

> *"The same provider stated that it was important to train all managers across the organization from the chief executive to the front-line managers of peers in the peer support role, the philosophy of the peer support service and the recovery approach"* (p. 20).

It is worth considering why so much careful attention is needed for the successful implementation of peer worker roles. When not implemented in workplaces that embrace recovery values, peer roles can become co-opted and stray from their philosophical base (Hendry, Hill, & Rosenthal, 2014) or peer workers experience significant role conflict. This tension drives the assumption that peer roles are different from non-peer roles and will forever be so. However Jeanie Whitecraft (as cited in Hendry et.al., 2014) offers a more optimistic explanation, that peer roles and peer support services are new, not special:

> *"Peer support services are a "new role" in the mental health system, not a "special position." Peer support is a role that complements the work of the system, not one that competes. The supervisor's role is one of leadership that has a clear understanding of each staff member's role and principles of recovery in order to provide support and guidance. Supervisors are key to the smooth integration of peers on the team and integration into the workforce of recovery*

oriented practices. Supervisors are instrumental to the checks and balance of a recovery oriented practice" (p.32-33).

Viewing peer worker roles as new instead of special reframes the work that needs to be done to implement peer roles as capacity-building. Eventually, with careful attention, training, and shifting practices to be recovery orientated, peer worker roles will be simpler to implement, as the system will have established the capacity to do so. This capacity building may be referred to as becoming "peer positive" (Peer Positive, n.d.).

One of the largest issues facing peer workers is supervisors unable to distinguish the considerable differences between what supervision of peer workers and non-peer professionals, understanding the need for regular contact and what role responsibilities peer workers have and addressing concerns promptly (Minehart, et.al., 2014). One article recommends against supervising and evaluating peer workers with same criteria as case management as standard clinical boundaries do not apply (Hendry et.al., 2014). This is why understanding the values and scope of peer support at the implementation stage is vital for both supervisors in their role, other staff and team members, as well as peer workers moving forward.

Peer Workers Need Ongoing Support and Supervision Around Being a Peer Worker

Overall the literature indicates that effective and supportive supervision is a crucial part of successful peer worker roles (Chinman et.al., 2008; Daniel et al., 2015; Orwin, 2008; Swarbick & Nemec, 2010). Only 62% of peer workers within the US Veterans Affair's report that they are able to meet and consult with their supervisor as often as is needed (Depression and Bipolar Support Alliance, 2010). Consultations with peer workers in Ontario identified supervision as one of the top most pressing issues in the peer support field (Harrison, 2015). Without supervision, peer workers may stray from peer support philosophy (Orwin, 2008) or burnout. Acker (1999) found that workers supporting individuals who have been labeled severely mentally ill often experience a "lack of feedback regarding the progress and improvement of clients with severe mental illness" and this that "reinforces clinician's own sense of failure a major factor leading to burnout" (p.113).

Similarly, most social workers express the need for career-long supervision. Hair (2013) found that the majority of social worker's (80%) believe that supervision should be throughout ones career, especially for emotional support and professional development. Given that peer workers often experience unique challenges when working in mainstream mental health and addictions services it is essential they have access to regular and ongoing supervision. In addition, it is also important for people supervising peer workers to have a strong understanding of what peer workers need from supervisors and the common issues and challenges they may have to deal with.

Why Supervision?

"Effective supervision will also help maintain integrity. A skilled supervisor, knowledgeable about the peer support role, can help PSWs [peer support workers] to "stay peer". External supervision, especially, can help PSWs to step out of their role to understand and reflect on what they do. Effective supervision is crucial to the development of emerging roles like peer support."

(Orwin, 2008, p. 20)

Peer support supervision is defined as occurring "when a peer support supervisor and peer support specialist supervisee(s) formally meet to discuss and review the work and experience of the peer provider, with the aim of supporting the peer in their professional role" (Daniel et al., 2015, p.7). Supervision can minimize the drift that

often occurs in peer roles (Chinman, et al., 2008) and prevent burnout (Acker, 1999). Daniel et.al. (2015) identify that peer worker supervision provides "a safe, confidential and supportive space to reflect critically on professional practice" and improves "mental health practice via provider self-reflection, learning, and competency development" (p.7). Yet, many peer workers indicate that their supervisors often lack an understanding of peer support roles (Depression and Bipolar Support Alliance, 2010).

Supervisors may need to play close attention to both advocating for their peer staff and developing trusting relationship. Depression and Bipolar Support Alliance (2010) found that only 50% of peer staff felt that their supervisors advocated for them when needed; whereas 91% of supervisors felt they advocated when needed. The same discrepancy between staff and supervisor perspective existed for elements of trust: 55% of peer staff trust their supervisors but 94% of supervisors believe that their peer staff trust them; and 59% of peer staff felt that their supervisors held trust in them compared to 73% of supervisors reporting that they trusted their peer staff.

What constitutes an adequate amount of supervision may change over a peer workers career. In some U.S. states, where certified peer specialists are covered under Medicaid, peers are required to have one hour of supervision a week during probation and at least once a month afterwards (Daniel et.al., 2015). Another model includes supervision with the individual peer worker, other staff, and an external supervisor:

- one-to-one formal line management supervision with their team leader monthly
- one-to-one supervision with an external supervisor monthly
- structured group supervision every two weeks
- less structured group supervision every two weeks

(Adapted from Orwin, 2008, p.27)

Orwin (2008) further recommends the creation of local networks that connect peer workers from different agencies, and regional and national networks be developed that connect and nurture peer support services. Minehart, et al. (2014) propose that the frequency of supervision can be tailored to each peer worker and include informal daily connection with their supervisor and formal supervision meetings on a monthly or quarterly basis. Additionally, peer workers deserve annual performance reviews, helping them to identifying areas for growth (Hendry et.al., 2014). When supervising peer workers the role of the supervisor is to act as champion, challenger, and consultant (Fricks, Kennerson King, & Sharp, 2015).

Implementing Peer Roles Requires Visioning

Organizations may spend years seeking funding and stakeholder buy-in to implement a peer role. When roles are finally funded it is not uncommon for organizations to jump into implementation quickly. Garrison (2010) argues pressured implementations of peer roles can result in tokenism (as cited in Grey & O'Hagan, 2015). For example, a peer worker may be implemented without a clear job description, leading them to take on the menial tasks the other team members dislike, many of which don't involve the use of their lived experience. Orwin (2008) identified six aspects common to peer support services that can be judged successful.

Aspects of a Successful Peer Support role

- A clear philosophy and guiding values that differentiate the peer role from other roles
- The maintenance of the integrity of peer support by allowing peer support to be operationally independent when possible
- Effective recruitment
- Training consistent with the role
- An effective supervision structure
- Fully developed organization structure allowing for peer support to be delivered with integrity.

(Orwin, 2008)

Several authors discuss how support for the peer worker role needs to be at all levels of organization (Jorgenson & Schmook, 2014; Swarbick & Nemec, 2010; and Grey & O'Hagan, 2015). Strong organizational commitment to peer support includes clearly communicating the value of the peer role and of recovery, and supporting opportunities for peer support practices to be communicated across the organization, such as in all new employee orientations (Swarbick & Nemec, 2010). Supervisors of peer workers must be a strong advocate for peer roles and communicate the importance of them to the broader organization and system (Daniel et al., 2015). Clearly communicating the value of the role includes having organizations define what they hope to get out of a peer role. Minehart, et al. (2014) found that most organizations are looking for a peer worker to increase service quality by "bringing experiential knowledge, styles of engagement and dimensions of support not previously available" (p. 7). Finally, full integration and successful implementation requires that peer workers are full team members (Tucker, et al., 2013) with the same privileges and accountabilities as other employees.

Visioning the peer worker role is a strategic process that should involve agency leadership including directors and possibly board members. Service users should also be involved in the process of defining the role is important as they identify tasks that others miss (Hino, 2014). If an organization is new to implementing peer workers it is essential that roles be well planned with senior leadership and front-line staff support. Visioning involves exploring and linking, assessing, and creating.

Exploring / Environmental Scan

- **Structure of Peer Roles:** What other local organizations have peer workers? How have they structured the roles? What would you want to replicate and what would you want to avoid? How are the peer workers trained and supervised? Are peer workers employed by a peer agency and then seconded to work in a mainstream service/ agency? Or are they employed by your agency and maybe supported by people with expertise in peer work?
- **Status of the Position***:* Is there sustainable funding for the peer position? If your funding is time limited are you considering this a pilot project? If it is a pilot what outcomes will you be looking for? Is it possible to share a peer worker between several agencies?
- **Learning from a Peer-Run Service:** Does your agency currently have connections with a peer run-service and how can you involve them in the development of the peer staff role? What is the level of expertise of peer support practices and peer support staff in your organization? If you do not have internal expertise, who in your region holds that expertise and can support you in developing the peer worker role? What on-going connection will your organization have with experts in peer support?
- **Who are the internal champions of peer support?** How will you use these champions to help intregrate the peer role and how can you foster new champions for peer support at all levels of the organization?

Linking

- **Linking with Organizational Vision, Mission, and Values**: How will peer support or strengthen your agency's mission and vision? How will peer staff roles fit with what your organization values? Are there areas where peer support values might conflict with how your organization delivers services? If so, how will your organization address this?
- **Linking with Organizational Goals:** Why you want to hire a peer worker? What benefit or value added will they bring to your services? How does this link with your organizations strategic plan and goals? How does it link with service /team goals? How does peer support fit within logic models?

Assessing

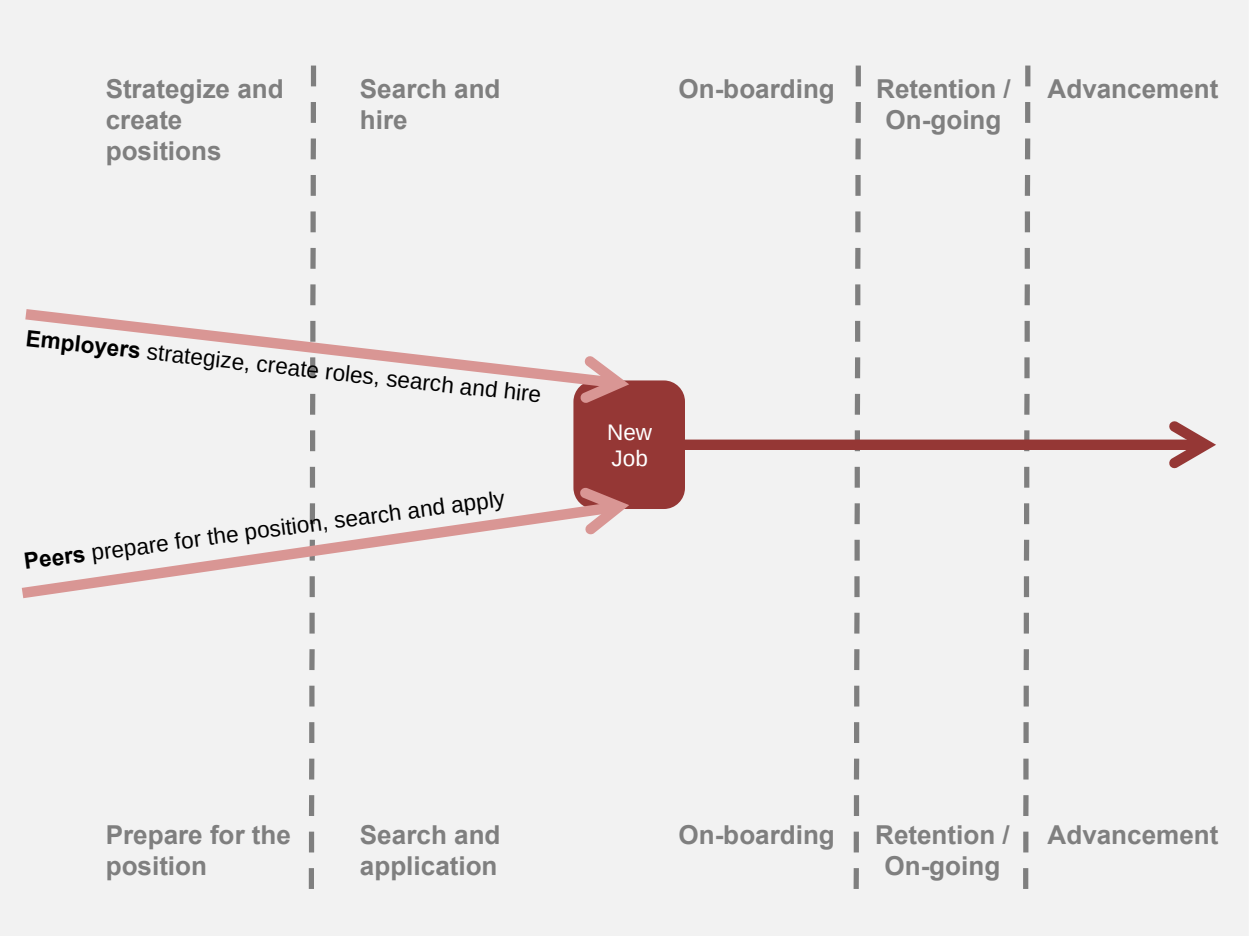
- **Assessing organizational readiness:** a checklist to determine if your organization is ready for a peer worker
- **Evaluating the implementation and impact of the role:** How will you measure the implementation process? How will staff provide feedback on the integration of a peer worker? How will decisions about changes to the role be made? How much feedback will be solicited from team members, service recipients, and the peer staff? How will you evaluate the impact of the role? On individuals receiving service and on the service overall?

Creating

- Who will create job descriptions and work-plans for the peer worker? How will you ensure that peer worker duties stay true to the values of peer support?

Peer Employment Journey Map

It is helpful to think of hiring peer workers as separate journeys undertaken by the organization and the peer worker. The following journey map developed by Harrison & Read (2016b) helps “us to understand the system in which peer staff are employed by mainstream agencies and in which subsequent implementation issues arise” (p.2).



Adapted from a system map created by the MaRS Solutions Lab. van den Steenhoven, J., Koh, J., Laban, S., & Goebey, S. (2014). *New Solutions to Youth Employment Lab: First Report – Draft.* Toronto, ON: MaRS Solutions Lab.

The journey begins long before hiring. In the beginning the organization visions the role (exploring, linking, assessing, and creating). Separately the potential peer worker is preparing the work in the field, possibly through internships or training or completing post-secondary education and gaining relevant work experience. Next, during application and hiring the peer worker and organization meet and agree to journey together. At some point the individual peer worker and organization may part ways but with proper care and attention and by paying attention to issues of retention the position will be strengthened and maintained.

Relationships with Non-Peer Colleagues

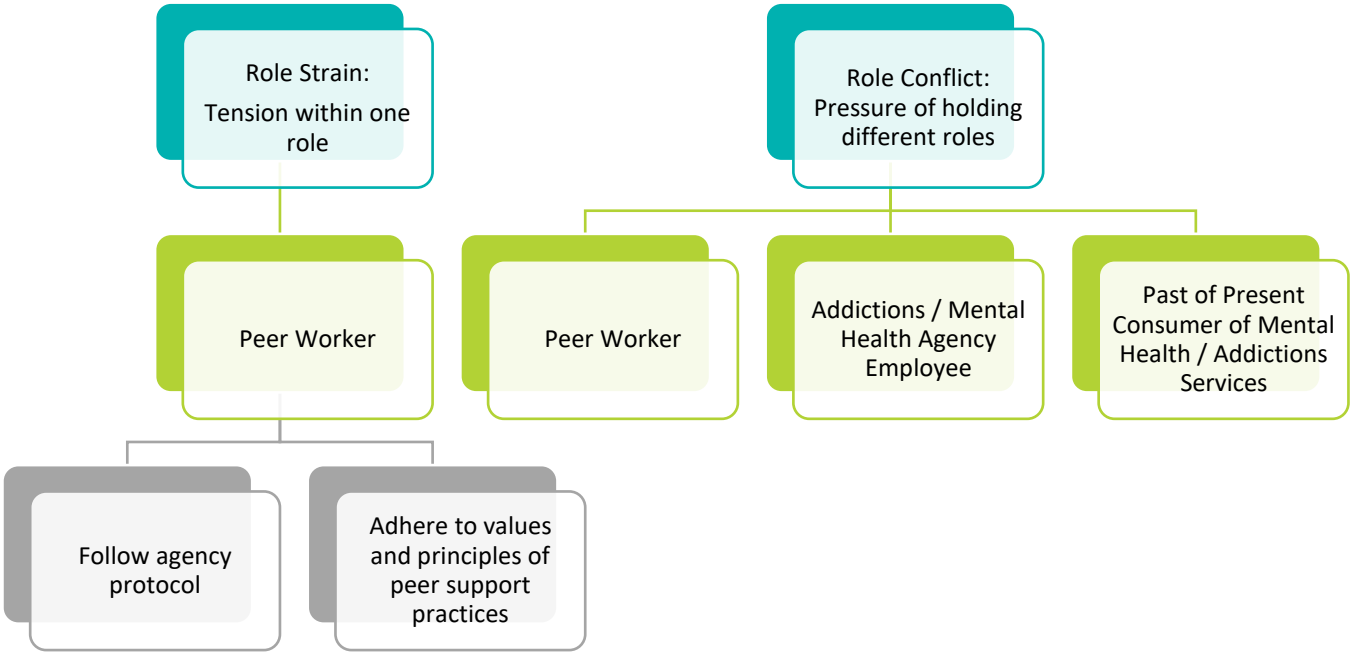
> *"Consumer work is most effective when it is supported by non-consumer colleagues"*
> (Grey & O'Hagan, 2015, p.12)

Co-worker support for peer staff roles is of considerable consequence to the successful implementation of peer staff role as without collegial support agencies risk worker retention (Beddoe et.al, 2014). However, many clinical teams are unsure of how to best integrate a peer support worker as there is often a lack of expectations and presence of "role ambiguity" for peer staff (Cabral et.al, 2014). Ambivalence towards peer support workers is common among professionals when experiential ways of knowing attempt to be integrated with clinical knowledge (Minehart, et al., 2014). Tradtional clinical workers may feel that disclosure of personal experiences is unethical and may be "unsure of the etiquette of interacting with peer workers" (Minehart, et al., 2014, p.11).

There is good news in terms of non-peer colleagues growth in accepting peer workers. Minehart, et al. (2014) points out that staff who express early resistance or ambivalence toward peer staff roles often go on to feel a growing acceptance of peer work when there is strong communication. Supervisors are influential when it comes to addressing staff resistance or ambivalence towards peer workers and their support for the peer role can set the tone for the remainder of the team (Chinman, et al., 2008). It is possible that peer workers often experience more acceptance and support from supervisors than from colleagues. Kuhn, Bellinger, Stevens-Manser, & Kaufman (2015), found high levels of both supervisor understanding of peer role and level of supervisor supportiveness but less support from other staff. This disconnect between supervisory and collegial support highlights one reason why staff at all levels of the agency need to be involved in the visioning and preparing of the peer role, and why all staff can benefit from training on understanding peer support. It is also important for the peer role to be understood by the whole team so everyone knows when a peer should be involved with someone (Hino, 2014). Early on in the peer role it is important for the peer worker to have regular interaction with non-peer colleagues as this has been shown to enhance a team's recovery orientation and understanding of mental health issues and facilitate faster integration of the peer role (Minehart, et al., 2014).

Role Strain

Role strain and role conflict are issues for many peer workers. The two concepts are very similar and the diagram below illustrates how role strain occurs when a peer worker is strained by competing demands within one role. For peer workers role strain may occur when they have an ethical responsibility to advocate for the service user whereas other team members may not (Tucker, et al., 2013). Role conflict is when a peer worker holds several different roles with competing values. Peer staff are often described as "in but not of the system" a position which is an important area to explore routinely in supervision (Swarbick & Nemec, 2010).



Staff who experience role conflict experience less job satisfaction especially those who hold different "perceptions and expectations of their roles than those of the organization" (Acker, 1999). When role conflict is combined with a lack of autonomy, inadequacy of organizational resources, and lack of social support, staff burnout is likely to occur (Acker, 1999). Unfortunately, these are common experiences for peer staff employed in non-peer services. Lastly, non-peer supervisors may experience role strain because of differences between peer and clinical roles (Daniel et al., 2015).

Supervision Needs to be Tailored to The Unique Needs of Peer Work

There is no consensus in the literature as to whether or not the supervision of peer workers is different compared to other health professionals. Hendry et.al, (2014) argue that supervision of peer workers is different as boundaries in peer support relationships are different than in clinical ones. Conversely, Jeanie Whitecraft (as cited in Hendry et.al., 2014) states that challenges when supervising peer workers are more about the roles being new than being different. Minehart, et al. (2014) indicates that supervisors of peer workers need to pay close attention to issues of role clarity but that otherwise peer workers do not have unique supervision needs. Other authors disagree, pointing out that although the process may not be different the content is. "This is not just because PSWs [peer support workers] already carry vulnerability from their experience of mental illness and use of mental health services, but also because the peer support role is so different from traditional support or clinical roles" (Orwin, 2008, p.26).

Overall the literature recommends that supervision of peer workers focus on the following areas:

- Providing space of reflective practice (Tucker et.al., 2013). Reflective practice needs to pay particular attention to how peer workers are drawing from and communicating their lived experience in their work.
- Identifying areas for growth and setting professional goals (Tucker et.al., 2013)
- Discussing accommodations (if needed) with their supervisor (Harrison et.al., 2015) and possibly relapse prevention (Culbreth & Borders, 1999)
- Discussing boundaries, confidentiality, and dual relationships (Chinman, et al., 2008)
- Avoiding cooptation and addressing it when it arises (Chinman, et al., 2008)

This specialized supervision is similar to the practice of clinical supervision within other health professions. Clinical supervision fosters resiliency and "creates space for doing the work necessary for replenishment and working on use of self" (Beddoe et.al., 2014, p.121).

Supervisors Need Training

Currently most supervisors draw from their own experiences of frontline work (Hair, 2013) and most supervisors in the mental health and addictions sector lack formal training on how to effectively supervise staff (Hair, 2013; Landsman, 2007; Laschober, Eby, & Sauer, 2012).

This is especially true for the supervision of peer support workers. A 2010 survey of supervisors of peer workers within US Veterans Affairs revealed that 39% of supervisors felt they received the necessary training and information before beginning their role as a supervisor of peer workers (Depression and Bipolar Support Alliance, 2010). When lacking the necessary information on the peer support roles supervisors may become confused about the role, impacting their ability to assess performance (Hino, 2014).

Training programs for supervisors of peer workers are emerging in the United States. Common themes of these training programs include:

- Understanding peer support and recovery philosophy and principles of peer support (Daniel et.al., 2015; Minehart, et al., n.d.; Orwin, 2008)
- The history of peer support (Daniel et.al., 2015)
- Understanding the peer workers role, fidelity to peer support, and how peer support is different from other forms of support (Daniel et.al., 2015)
- Implementing the peer role (Minehart, et al., 2014)
- Managing the performance of peer workers (Minehart, et al., 2014)

Peer Workers Benefit From Being Supervised by Supervisors Who Have Also Been Peer Workers

A big question within the field is whether or not peer workers need to be supervised by people who have been peer workers. Peers workers certainly desire to be supervised by peers. Culbreth (1999) compared addictions counselors in recovery (peers) to non-peer addictions counsellors and their expectations of supervision and found that "respondents indicating they were in recovery reported a significantly greater preference for their supervisor to have personal experience with the recovery process" (p.21). Grey & O'Hagan (2015) state that part of the role of the supervisor is to help the peer worker stay grounded in peer work and this is more difficult for non-peer supervisors. Several authors also express that peer workers should be supervised by peer workers (Hendry et.al, 2014; Daniel et.al., 2015). This argument is not dissimilar to supervision practices within other health professions. For example, Hair (2013) found that social workers have a strong desire to be supervised by other social workers. The desire to be supervised by someone in the same profession speaks to the supervisors need to understand profession specific issues as well the language, philosophy, and history of a profession (Bogo, Paterson, Tufford, & King, 2011).

In desiring peer workers to be treated as equals to other staff Chinman et.al. (2008) argue that peer staff do not require supervisors to be peers themselves, provided that they have acces to other peer workers on a regular basis. Providing workers inter-professional supervision can be beneficial as it can enhance team cohesion and allow for diverse perspectives and share learning (Bogo, 2009).

One solution to this dilemma is to offer peer workers external supervision by skilled peer-led organizations (Orwin, 2008; Repper & Carter, 2011; Swarbick & Nemec, 2010). Connecting peer workers with external peer-organizations helps maintain the "peerness" of the role and during group supervision of peer workers each member can provide one another support and share insights (Repper & Carter, 2011).

Supervisors Provide Role Clarity

Peer roles are often implemented with little definition. Organizations may express that is lack of definition is purposeful into order to not box the peer worker into tasks and to allow peer support practices to be visible throughout service areas. It is much more likely that a lack of role clarity is due to organizations not fully understanding peer work and not properly visioning the peer role before implementing it. This lack of defined scope, purpose, and tasks often results in a lack of role clarity. Role clarity is a lack of adequate information needed to do ones job effectively (Donnelly & Ivancevich, 1975). Role clarity leads to the peer worker experiencing stress and dissatisfaction and erosion of the integrity of peer support.

Some peers found lack of role definition positive is it allows them to be able to define the role for themselves (Cabral et.al., 2014) possibly leading to innovation within the role. However, unless a peer worker is well grounded in peer support practices and values this lack of role clarity can threaten the integrity of the peer support delivered by peer workers. This is especially true when peer workers work in settings with different values from peer support:

> *"The integrity of peer support can be undermined by what one participant called "systems erosion" whereby peer support is subjected to mental health system requirements developed with a different underlying philosophy and value base. Without a clear understanding of its role, peer support will have difficulty relating to other professions and boundaries will be unclear".*
>
> *(Orwin, 2008, p.20).*

Supervisors of peer workers need to have a well-developed understanding of the peer role in order to properly evaluate peer worker performance and be able to articulate to other staff and service users what a peer worker goes (Cabral et.al., 2014). The supervisor sets the tone for how peer support is seen by the broader agency including senior leadership and the peer workers colleagues (Kuhn et.al., 2015) and embodies the organizations commitment to peer roles (Tucker, et al., 2013). Having a well-defined role and scope for peer workers is also useful if conflicts and role confusion arise between peer workers and their non-peer colleagues (Kuhn et.al., 2015).

The peer workers role also needs to be "clearly differentiated from other support roles" with the supervisor having an understanding of how the peer role is grounded in intentional use of lived experience (Orwin, 2008, p. 20). Supervisors need to know what tasks a peer worker will do in their roles and how the peer role does and does not overlap or usurp other professionals (Tucker, et al., 2013)**.** When differentiating how peer roles are different from other roles it is also important to identify the commonalities that peer work shares with other professionals. These can include: being recovery focused, having "unconditional positive regard for the individual," valuing connection, choice, and self-determination, and how people create meaning out of the lived experiences of illness and distress (Deegan, 2017).

Role clarity requires an understanding of the functions of the peer role. Minehart, et al. (2014) express the primary role of peer support in non-peer settings is to engage people, share stories intentionally, and provide linkages to more formal care. Peers 4 Progress, who promote peer work throughout healthcare, especially for people experiencing diabetes list four functions of peer support: "assistance in daily management, social and emotional support, linkages to clinical care and community, ongoing support, extended over time" (Peers for Progress, n.d.). Similarly Salzer (1997) identifies four domains of peer support work: emotional, informational,

instrumental, affiliational. Most mental health and addictions peer support work fits within Peers 4 Progress' functions and Salzer's domains. However, a fifth function of social justice and decreasing the discrimination and prejudice that exists within the mental health and addictions systems, is also a critical function of peer support work (Stratford, et al., 2017).

In consulting with peer workers across Ontario, Harrison (2015) identified that organizations can enhance role clarity by:

1. Defining peer support, core principles, variations, differentiation from other roles, the value of peer support, and its theory of change.
2. Identifying peer specific roles… and roles that peer and non-peer workers may have in common
3. The creation of standardized job descriptions and sharing job descriptions
4. Having a standardized orientation binder.
5. Identifying best practices for peer support jobs and making them available to employers.

(Adapted from: *Peer Support Consultations: A Summary*, 2015)

Supervision Impacts Job Satisfaction

The link between supervision and job satisfaction is well established in other helping professions (Bogo, 2009; Batson & Yoder, 2012; and Landsman, 2007) and there is emerging evidence that this is also the case for peer work. When peer workers experience low morale in their work it is often "the result of lack of clarity about job expectations, improper supervision, and impractical evaluation methods" (Hendry et.al, p.34). Job satisfaction is influenced by a peer worker's perceptions of the extent to which their work is understood by their supervisor. A study by Kuhn et.al. (2015) found that peer workers perceptions of their supervisors understanding of the peer job, and not supervisors or colleague support, was the largest indicator of peer worker job satisfaction. Yet, not all studies make a clear link between peer worker supervision and job satisfaction. Davis (2013) surveyed members of the National Association of Peer Specialists and found that job satisfaction was influenced by only psychological empowerment and job role clarity, not supervisory alliance. However, given that role clarity is most often provided by the supervisor it would be irresponsible to infer Davis' findings as dismissing of any link between supervision and peer worker job satisfaction.

To what extent peer workers are satisfied in their jobs is also explored. Chang, Mueller, Resnick, & Osatuke (2016) explored the job satisfaction of veterans peer workers and found that peer support workers were more satisfied in with jobs than non-peer colleagues. The authors suggest this could be for two reasons: many peer workers were in their roles of a shorter duration than other employees and newer workers tend to have higher levels of job satisfaction; and peer support work is sometimes seen as a "mission" or "calling" (Chang et.al., 2016). They also found that peer workers were more satisfied with quality of direct supervision than non-peer colleagues (Chang et.al., 2016), although no details on supervision structure were provided.

The Style and Structure of Supervision Matters

Supervision typically provides three types of support: administrative, educational, and supportive. Administrative supervision includes monitoring workload, "case" assignment, ensuring staff are working within agency policies and procedures, and evaluating the workers performance" (Bogo, 2009). It is common for the administrative tasks of supervision to trump practice related needs (Hair, 2013) although many staff find administrative support from supervisor was positive experience (Milne, Aylott, Fitzpatrick, & Ellis, 2008). Educational supervision is instructive

and knowledge building, whereas supportive supervision helps the employee cope with job stress, improves morale, and provides "encouragement, reassurance, and appropriate autonomy" (Bogo, 2009, p.3).

In peer support literature, supervision tends to be delineated between administrative supervision and supportive or consultive supervision (Daniel et.al., 2015). The educational element of supervision, while always mentioned can reside in either category. Tucker et.al., (2013) further define the role of administrative supervision as including setting work duties, time management, record keeping, human resources related issues, workplace accommodations, and supporting ongoing education. "Clinical" supervision for peer support workers, [or rather supportive supervision], includes role clarity, performance, confidentiality, disclosure, working with other staff, and boundaries (Tucker, et al., 2013). Peer workers want supervision to reinforce the role of the peer worker and to help avoid co-optation (Daniel et.al., 2015).

Particular attention to the content of supportive supervision is important for the success of peer worker roles. Supportive supervision should focus on work performance and is not therapy (Daniel et.al., 2015). Peer workers do not necessarily want their supervisors to monitor their mental wellbeing or recovery. Depression and Bipolar Support Alliance (2010) found that 43% of peer workers surveyed strongly agreed that it was important for supervisors to monitor mental wellbeing, while 27% strongly disagreed that this is important. Supervisors should be aware of the differentiation between supporting employees to maintain wellness in the workplace and monitoring worker mental health. Several authors discuss the importance of reflective practice in peer worker supervision. Reflective practice, which allows for non-judgemental critical reflection enables learning and growth, enhances worker retention (Beddoe, Davys, & Adamson, 2014) and goal setting (Daniel et.al., 2015) and helps the peer examine performance and develop skills related to job duties (Tucker, et al., 2013)**.** For reflective practice to occur the supervisor needs to create a supportive and stimulating environment using strengths based approach (Daniel et al., 2015). Reflective practice supervision is preferred over simply "venting" frustrations to a supervisor as "over-use of ventilation and sympathy seeking for long periods may not always be adaptive" (Beddoe et.al., 2014, p.119).

Several authors discussed the structure of peer worker supervision, especially as to whether peer workers should have separate administrative and supportive supervisors. Daniel et.al.(2015) present three models of peer worker supervision: an alliance model, a developmental model, and a multiple supervisor's models (Daniel et.al., 2015). The alliance model differentiates administrative, educational, and supportive parts of supervision but how each is applied is unclear. In the developmental model peers learn from seasoned peer workers, and in the multiple supervisors model peer workers have separate administrative and supportive supervisors (Daniel et.al., 2015). Preference within the field tends to be for peer workers in non-peer services to have separate administrative and clinical / supportive supervision (Hendry et.al., 2014; Swarbick & Nemec, 2010; Tucker et.al., 2013).

Goal Setting

- What personal strengths do you tap into most often on the job?
- What areas of your work performance would you like to change or further develop?
- How can you use your personal strengths and past accomplishments to develop or increase your skills?
- How will you will you know when you have reached your work performance goal?
- What supports can your supervisor provide as you work towards this/these goals?

Questions adapted from Ashcraft & Martin (2007) (as cited in Chinman, 2014)

Typical agenda for supervision meeting:

- **Performance**- how things are going, what is working well, time management
- **Education/Growth** - skill development, sharing of resources, assistance with accessing resources, review of progress towards professional goals
- **Relationships with co-workers –** interpersonal concerns
- **Management issues** - general agency policies and procedures
- **Personal Wellness** - any challenges getting in the way of performing duties or factors that can improve performance and wellness on the job

(Tucker, et al., 2013, p.27)

Focus Groups

Focus Group with Peer Workers

A focus groups with ten peer workers working a in a variety of non-peer services (hospitals, outreach centres, intensive support teams) was held on December 6, 2017. All peer workers were currently supported by the Centre for Excellence in Peer Support. The focus group was conducted by Centre for Excellence in Peer Support staff. Full results of the focus group can be found in Appendix A.

What role does non-peer supervision play in the work you do?

- Allows for debriefing
- Validation
- Check-in with wellbeing
- Role clarity
- Direction
- Navigating relationships with non-peer staff
- Venting
- Educational

What is helpful about non-peer supervision?

- Creates understanding
- Support for move forward in my work
- Logistical support
- Support in changing policy or influencing other staff
- Feedback and meeting targets
- Informs inter-professional practice
- Access to workplace accommodation

What is not helpful about non-peer supervision?

- When supervsion is too focused on targets or numbers
- Supervsiors not understanding the amount of work we do
- Feeling shut down – especially around lived experience
- When supervision goes from supportive to intrusive
- Lack of understanding about peer support work
- Tokensim
- Infrequent or rushed supervision
- Worrying about using lived experience in supervision
- Supervsior desire to quantify the experience of peer support can dismiss the person's narrative

What do you normally talk about at non-peer supervision?

Peer workers noted that topics discussed at supervision are somewhat grounded in the employment agreement and that preference on topics depends very much on the rapport a worker has with their supervisor.

Peer workers were also clear about what they do not want to spend supervision time discussing and several noted that they did not want to talk about their recovery and or struggles or personal issues. However other peer workers felt that it was useful and supportive to discuss these topics during supervision. Peer workers expressed that if discussing limitations with a supervisor, they don't want the conversation to feel intrusive.

Peer workers were also asked about their preferred structure of non-peer supervision. They expressed that they desire regularly scheduled supervision, once a month at a minimum, and additional opportunities to connect with their supervisor as needed. Several peer workers did not receive regular non-peer supervision while others had access to an abundance of supervision opportunities. Peer workers also felt that interdisciplinary group supervision was useful when peer workers are able to participate fully and are received as equal staff. However, group supervision can also be limiting, especially if the peer worker feels undervalued on the team.

What do you want to discuss at peer supervision?

Peer workers expressed that more clarity around what peer supervision is versus regular supervision would be helpful. Peer workers stated they felt peer supervision is more of a mentorship relationship, not punitive, and that the topics discussed at peer supervision need to be grounded in the written agreements between the Centre for Excellence in Peer Support and the peer workers agency.

What do you want non-peer supervisors to avoid doing?

- Judge me or think that I have little to contribute based on my history
- Judge me on what I shared with you
- Diminish my voice at the table because it's not considered clinical in language
- Pathologize my passion, conviction, or emotion
- Treat the peer different from clinical staff
- Assume – ask me instead

What is the number one thing to know about supervising peer workers?

- My story is a part of my work
- Listen and be supportive of my needs
- I can feel isolated as the single non-clinical voice at the table
- It is appropriate and encouraged and valid for a peer to share experience and trust that the peer will do so intentionally
- Welcoming a peer to the team can be challenging, know about the implementation issues for peer roles
- The core to peer worker effectiveness is their ability to share their lived experience with the people they serve
- Learning is mutual

What do you need to sustain and strengthen your peer support practice?

- Learning about self-care
- Grounded in peer support
- More direction, more learning
- Building institutional memory of peer practice
- Bring local practices in
- Learn from other peers in informal setting
- Theoretical book learning
- Self-confidence – feeling validated for personal experiences

Focus Group with Supervisors

On February 16, 2017 a focus group with non-peer supervisors currently supervising peer workers was held in Kitchener. There were three supervisors in attendance, with ten supervisors having been invited. All supervisors currently hold partnerships with the Centre for Excellence in Peer Support to provide coaching and support to their peer workers. The focus group lasted for one hour and was conducted by Centre for Excellence in Peer Support staff. The following is a summary of the focus group conversation.

What is currently working well in regards to supervising peer workers?

- Coaching and support provided by Centre for Excellence in Peer Support
- Presentations to teams on understanding peer support and integrating peer roles
- Collaborating as interdisciplinary teams to share learning and solve problems
- Structure of support provided to peer workers: co-supervision, team meetings, 1:1 support, yearly retreat
- Reinforcing the expectations of the role and peer supervisor providing clarity about scope and practices of peer work.

What are the greatest challenges that supervisors of peer workers are facing?

- Other staff not understanding peer roles or how to integrate the role.
- Other staff feeling threatened by presence of a peer worker.
- Interpersonal conflicts between peer staff and other staff.
- There is a less of an addictions lens in current peer support practices.
- Peer workers experiencing role strain as a result of multiple supervisors and mixed messages.
- Other team members dictating what the peer worker will do.
- Peer workers taking on tasks outside of their role (out of necessity) but then straying from the roots of peer support.
- Adjusting the level or style of supervision needed by the peer worker.
- Being sensitive to the needs of the peer worker while not treating them differently from other staff (e.g., around accessing workplace accommodations).

What do you know now that you wish you knew when you started supervising peer workers?

The valuing of training the team on peer support (upfront and ongoing)	The history of peer support work	The scope of peer support work
How to document peer worker interactions with service recipients	How to navigate when the peer worker needs to access help in the community that participants also use	How to build organizational support for peer worker roles

What is the role of the non-peer supervisor and what is the role of peer supervisor/mentor?

Non-Peer Supervisor/ Agency Supervisor	•Responsible for "clinical" practice •Performance •Monitoring and auditing work •Assessing capacity at work •Not obligated to share personal lived experience •If life is impacting work, go through the agency process
Peer Supervisor / Peer Mentor or Coach	•How to make best use of lived experience in environment •How to navigate with co-workers and make use of lived experience with co-workers •Practice lead: know and understand the scope of peer support practices,, guide and coach, mentor •Advise the supervisor when there is a disconnect

What specific content areas would be useful in a supervisory toolkit?


How to sell the merit of peer workers to resistant people on the team
Values of peer support
Dealing with fear, boundary issues, stigma and trust
The history of peer work
How agencies can shift the paradigm to be more recovery oriented
How to provide role clarity for peer workers
Understanding how ill people can get from a mental health issue and still look well
Stories from peer workers on their experiences

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