

Integrated Care in Action Podcast: Strategies for Effective Peer Supervision

Alexis Estomin: Welcome to the first episode of the Integrated Care in Action Podcast where we will discuss the strategies for implementing a strength-based and supportive model for supervising Peer Support Specialists. This podcast features discussions with experts around innovative strategies for supporting providers and health plans in the delivery of coordinated, high-quality care to individuals enrolled in both Medicare and Medicaid.

I am [Alexis Estomin] with Resource for Integrated Care and today we have several experts with us from the Council of Southeast Pennsylvania, a recovery support organization with a robust peer services program serving greater Philadelphia.

A Recovery Support Services or Peer Support Specialist is usually used to refer to someone who is an individual in recovery from a mental health challenge, substance use disorder or co-occurring illness who, with training, uses their lived experience to assist others in their journey towards wellness.

With us we have Beverly Haberle, Executive Director and two Recovery Support Services supervisors, Fred Shue and Lena Marder, who works at the Council part-time.

I would first like to thank you all so much for chatting today about your experiences with implementing a more effective model of peer supervision and how this was really able to transform your organization. By the end of this we are hoping that listeners are going to be able to take with them concrete tips and some actionable strategies that they can actually apply to peer programs at their own organizations.

To kick us off I would like to start by talking about the model of supervision that the Council used to have before you moved to a more strength-based approach which we can go into in more detail a little bit later. Bev if you could share a bit of the history of the Peer Program at the Council I think that would be a really great place to start.

Beverly Haberle: Sure, Alexis. The Council has 20-some years of providing peer-based recovery support services. Over those years, certainly early on, we really looked at what kind of the supervision needs. Some of it was truly kind of developing as we were going along. The model that we came up with was one that was really a three-pronged model for our supervisors.

The three prongs of the supervision model were administrative; so it was all of making sure we had the right staff, orienting and placing the staff, planning, aligning and delegating work, monitoring and reviewing and evaluating the work, coordinating the work, sharing the information and all of the things that go in the administrative component. Particularly a lot of time management and how people are working.

The second prong or leg of the supervision's role was to do the informative or education piece of supervision which is sort of assessing what kinds of things people needed in order to be able to grow, to identify and acknowledge the skills that were necessary to do the work and what were the core competencies and where people were within those core competencies of what a

supervisor that was going to be supervising a peer tasks or staff would need. Then educating the staff on the role of peer support and what that is all about comes into that prong of it.

Then the third prong was the supportive piece. Within the supportive component were things like advocating. Many of our staff was folks that were going to be working in the community independently and also working within other systems to make sure supervisors were advocating for them whether there was some conflict or things needed to be worked out. Reassuring them and encouraging them, recognizing their efforts, providing opportunities for the peer to be able to vent. As I mentioned many of them are working within the community and they need to have some place to come back and share some of their frustration and some of the things they feel good about that have occurred. Then giving some perspective for folks, encouraging the self-care component and really creating opportunities within that supportive role to connect with people who are providing peer services.

What we have found throughout developing this and this role evolving is that where there was the least amount of time to really do well was the supportive role.

Alexis Estomin: Fred, I know that you were a Recovery Specialist before you moved into your supervisory role. As a peer would you be able to share your experience working under this three-pronged model?

Fred Shue: Sure, Alexis. As Bev was mentioning the supportive role seemed to have gotten crowded a little bit. I came on about five years ago and in hindsight I guess it was an exciting time where the peer role was really expanding and becoming more professional and documentation came in and it was even more recognized.

As a result, under that model there was more emphasis, I believe, on the administration and the educational because there was so much information that needed to be imparted. I could see where that supportive piece might have gotten pushed out a little bit. At the exact same time we were becoming more mobile. We were more out in the field, I believe. We were becoming more connected at our agencies and so that one hour per week or 1.5 hours per week we spent with that supervisor from a recovery specialist role it became more critical because that was sometimes our only contact in a whole week with the agency as a whole.

So at the same time we were trying to impart so much knowledge we were kind of needing that hour and I can see now from a manager perspective that is probably where they started to see they needed to adjust what they were doing. Lena Marder, who is on the call, was my supervisor at the time so she can probably tell you more about how we went from that model into the newer model.

Lena Marder: So let me pick up there. I am Lena Marder and I was the supervisor for the Peer Specialists at the time. I think from a fundamental level we recognized, I certainly did, that the role of supervising all of the peers was a large role and in juggling the administrative supervision which was really very much operational; dealing with caseloads and managing peer hours and interactions with colleagues, quality of work, all of that. A lot of that time really ended up

trumping the time that I was able to allow within a 40-hour week to provide the peer specialists with the support that they needed. The supported strength-based supervision.

Alexis Estomin: In a few sentences, would you be able to define what strength-based supervision is?

Lena Marder: The key word in a strength-based supervision is that it is a collaborative process. It values the skills, the knowledge and the potential in the peer specialist. It focuses on the strengths of the peer specialist while at the same time it doesn't ignore any challenges they may have and so through working collaboratively with the peer specialist in a supportive, supervisory style you can provide consistent, frequent opportunities to explore and problem solve their work, their success and their challenges on an ongoing basis.

When I say ongoing basis that is a good lead in for me in terms of some really key tips to providing supportive, strength-based supervision because you want to ensure you are consistently providing opportunities on a regular basis in a structured setting. That there is an ongoing frequency that the peer knows when to expect that supervision, that they are receiving encouragement every time during their supervision, that your supervision is also individualized.

If you are supervising 10 people or 20 people it needs to be individualized because each peer is different and each of their needs is different. Each of their strengths is different and each of their challenges is different. So as supervisor you need to know as a supervisor the person you are working with during that time.

As Fred talked about before one of the things I really try to do on an ongoing basis was to model for them so their supervision really modeled what they might be doing in their peer-to-peer role so that modeling is coaching them on how to perform in a helping role and helping them with guidance and how to address personal challenges they might experience each time in that role. That really is a great forum for modeling what they are doing on a day-to-day basis as a peer specialist.

Alexis Estomin: It sounds like when you all made the change Fred was talking about how he came in about five years ago which is a really exciting time because you all were expanding so it seemed kind of like a natural point for you all to make some changes. Coupled, Lena, with the extra time you are able to dedicate, or at least more focused time with you moving to a part-time role and allowing to bring someone else to provide additional support. What is the size of your peer workforce or at least the size during the time that you all made these changes? How many supervisors did you have versus the number of peers that you work with?

Beverly Haberle: At the time we were about to make this change we had about 10 peers and 1.5 supervisors. Our peer force has increased greatly. We are up to around 23 peers working in various counties throughout the Southeast region. We have six supervisors.

Alexis Estomin: That is incredible. So kind of going back to really understanding what the shift looked like and the new model you moved to if I am understanding this correctly you kind of

split up the administrative and supportive supervisory roles. Is that correct? Could you kind of describe what now your new model looks like and how it manifests?

Beverly Haberle: That is correct. Our supervisors are also the site coordinators for each of the areas because we are diverse in various counties. So our supervisors are the people who are on a home-base, if you will, for our peers even though they are working out in the community. They are the people who are anchored within that community, within that county. Then we have one full-time supervisor. Lena talked about starting out two days a week.

We have one full-time supervisor who provides just the supportive kind of role for all of our peers. So we have a full-time supervisor that does that and then the other coordinators, supervisors are able to provide the administrative and educative components for their peers.

Alexis Estomin: When you guys made this change did it take a long time or was there any pushback from peers, supervisors or anyone else at the organization? If there was how did you handle that?

Lena Marder: From my perspective, I really did not see any pushback at all. If anything I saw the opposite. I really saw the ability to now provide supportive supervision for our peers welcomed by them because they now were getting an opportunity and a venue to really talk about the work they were doing and the specific cases and people they were working with that they didn't have the opportunity to before so it was really very welcomed by them.

Beverly Haberle: I would agree with that. The only thing I would add to that is as with any change the devil is in the details. Sometimes what we have found is it is important to make sure that the supervisors/coordinators and Lena were very aligned and there was an opportunity for them to communicate so that the peer who was receiving supervision from two different people was getting the same message from both.

Alexis Estomin: Fred with your perspective as a peer since I know that was your role when this change happened did you experience any pushback on the ground as a result of the change? What was your experience with that?

Fred Shue: As Lena said, it felt more supportive. It felt better. It felt more comfortable. The way she explained it to me really helped and I believe that is the way she explained it out that she was going to in modeling our sessions in a similar way she wanted us to model our CRS (Certified Recovery Specialist) sessions with our peers. Similar form and philosophy. Strength-based. Person-centered and just that feel made it very helpful and very supportive to where I think we were able to become even -- I felt more able to be open with my concerns and what we were dealing with, being able to be more open about my own issues because it felt like it wasn't going to be judged it was going to be supported.

Alexis Estomin: It sounds like the way you modeled these supportive supervisor sessions kind of reinforced what you were doing on the ground with the folks you were working with and vice versa if you are following that same approach, that same model with the people who are working on the ground that kind of feeds back into building a relationship with their supervisor and

having your supervisor support you in that same way. That seemed to be what really worked for your organization.

For you personally did the model help you overcome any of the challenges that you experienced when you first became a peer support specialist Fred?

Fred Shue: Yes I believe it did. I struggled very much with the documentation portion as it got more and more developed and more and more specific. I am not a natural documentation person. I am not naturally organized. Those are the kinds of things maybe early on I would be hesitant to bring to a supervisory session. You don't want to look weak. You don't want to look like you are having trouble with the job but I believe it was easier to bring that challenge to the sessions because it felt less judged and you kind of knew after a while that it was going to be dealt with in a positive way.

I think I heard over and over again from Lena and other supervisors that Fred we can teach you documentation. We can't teach you compassion and caring that the peer role has. You have that and we can teach the rest of it and we will get you there. I think I have come a long way from there and I think it all got started from making that shift.

Beverly Haberle: I knew we were on the right track in making these changes as Executive Director of the organization when we were monitored, our records were all reviewed by our funding agency and one of the things that I was told at the end of the monitoring visit was one of our peers had the best records they had ever seen and they truly want to be able to have my permission to use it as an example for other organizations and we should use it as an example within our own organization.

At the time I was curious about who it was that, which one of our peers it was and it turned out it was Fred.

Alexis Estomin: In your working with Fred did you kind of see this happening as well along with the other people you were supervising? Also from your own experience as supervisor do you think that this change also strengthened your skills in the role you had?

Lena Marder: Absolutely. First off if we talk about using the example of documentation and we go back to when we were a combined supervisory model again when you went into a supervisory session and you had to address documentation from an administrative perspective it always came off more in terms of I am putting these post-it notes on here and you need to fix this and though I've always been known as the post-it queen even when we shift to a supportive role when my post-it notes would go on a chart after I would look at it the quality from my own perspective of the post-it notes whereas previously it was almost like the red ink you would put on something "fix this."

The post-it notes, the quality of them changed where it was think about a different way to say this. It was really my perspective on even putting a post-it note on something shifted to a more strength-based perspective and a more supportive perspective to really be a trigger for a conversation. The conversation in supervision, and I do recall even saying possibly to Fred

during the course of this time that this was a growth experience for me as well in terms of how to look at things differently from a supervisory perspective.

Fred Shue: Lena was talking about the post-it notes and how it went from early on from somewhat punitive to later on it felt more supportive. I think a great example of that is as Lena was going into retirement again, and this is a good tip, we also do monthly group supervision so the CRS' can kind of work off of each other and share best practices and talk about cases.

As Lena was heading towards retirement the last CRS group meeting she was going to be at we gave her the typical farewell card where everybody signs it. Typical. However, in this case the card was filled with post-it notes that were all signed and written on by all the CRS'. So that kind of brings it full circle to the way they went from something that was not exactly welcomed at first to a supportive part of the job. Just to put that out there. That was pretty neat the way it all played out.

Alexis Estomin: So this shift in approach aligned with moving away from a punitive culture towards a positive one given that you have more than doubled your peer workforce since this shift have you been able to keep this model sustainable?

Beverly Haberle: Sure. Certainly as the workforce has grown we now have a full-time person doing what Lena had done and in the supportive supervision role. Combining the administrative supervision along with that role has certainly showed that our people are able to have a higher quality of work. I think some of what Lena referred to as the post-it notes are getting changed quickly and without any resistance to doing that.

The positive kind of approach to doing this everybody sees it as a learning opportunity where I don't believe in the past they would have seen it as a learning possibility. Many of our folks have never experienced a strength-based supervision kind of thing so I think early on there was some real resistance to that. This has changed that kind of thing that it is a collaborative, supportive kind of culture that has evolved as we made these kinds of changes and I think within peer culture that supportive modeling of the kind of work we are expecting our peers to do has paid off in many, many ways and has been beneficial to the agency as a whole.

Alexis Estomin: I just want to thank everyone again for speaking with us today and sharing more about your experiences with your peer supervision program. It is clear that you've been able to build a more supportive culture for both supervisors and recovery support specialists.

For our listeners if anyone is interested in reaching out to the Council of Southeast Pennsylvania for more information their website is www.CouncilSEPA.org and the phone is 215-345-6644. I would like to thank everyone for joining our conversation today. If you are interested in learning more about the resources we have at Resources for Integrative Care we have several tip sheets on implementing peer programs and reducing negative attitudes towards peer staff and also complementary videos which also feature our speakers for today. Those are available on the RIC website.

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