

Utah Supervisor Guide for Peer Support

- Certified Peer Support Specialist
- Family Resource Facilitator
- Family Peer Support
- Youth Peer Support

Developed by
Utah State University
Certified Peer Support Specialist Training Program

Revised by the
Utah All Things Peer Support Committee
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Letter to Peer Support Specialist Supervisors

This guide is intended for those who supervise and support peer support specialists. We refer to peer support specialists collectively though they may be referred to by different titles including Certified Peers Support Specialists, Family Resource Facilitators, Family Peer Support, and Youth Peer Support. As the peer support specialist community including supervisors of peer support specialists have gained additional experience over the last several years and more outside resources have become available, it has become evident that a more robust, detailed, and field-tested supervisor guide would benefit all. It is hoped that this revised edition will be helpful.

Utah All Things Peer Support Committee
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Definitions of Terms

The following acronyms and abbreviations are use used throughout this document:

ADA	Americans with Disabilities Act
ASUDC	Advanced Substance Use Disorder Counselor
CPSS	Certified Peer Support Specialist
DHS	Utah Department of Human Services
DSAMH	Division of Substance Abuse and Mental Health (part of DHS)
FPS	Family Peer Support
FRF	Family Resource Facilitator
SAMHSA	U.S. Department of Health and Human Services -- Substance Abuse and Mental Health Services Administration
SUDC	Substance Use Disorder Counselor
YPS	Youth Peer Support

Supervision

Resources used in the development of the following sections:

- *2013 Supervisor Guide: Peer Support Whole Health and Wellness* prepared by the National Association of State Mental Health Program Directors through a grant awarded to the Georgia Department of Behavioral Health and Developmental Disabilities and the Georgia Mental Health Consumer Network
- *Resources for Integrated Care Podcast: Strategies for Effective Peer Support* and from the *Integrated Care Podcast: Strategies for Effective Peer Support, Resources for Integrated Care* prepared by the Administration for Community Living of the U.S. Department of Health and Human Services

Unique Characteristics of Peer Support Specialist Supervision

General supervision skills required in any organizational setting are not included in this manual. Rather, only matters unique to peer support are addressed. DSAMH expects that every supervisor of peer support specialists receives adequate training and becomes very familiar with these unique aspects.

Supervising people in recovery is, in most ways, exactly like supervising any other behavioral health worker. Nevertheless, there are unique aspects that require deliberate, careful, and methodical approaches.

Peer support specialists, by definition, are individuals either in recovery from a mental health condition, a substance use disorder, or both, or have been a caregiver to such an individual. These experiences with training and certification qualify them for effective work as peer support specialists. It also gives supervisors opportunities to support and encourage them and to find satisfaction in witnessing them have profound impacts on the lives of others.

Training of Supervisors

Supervisors should receive training specific to peer support specialists. They should be instructed on techniques and approaches that work best. This training may be received from experienced supervisors within or outside of their organization. Thereafter, the supervisor should keep abreast of best practices in both supervision and peer support and make these the basis of all interactions with the peer support specialists.

Each supervisor will likely develop a supervisory approach and structure that, while based on best practices, is unique to them given their own strengths, experience, and style. Once deliberately and methodically developed, the supervisor should be consistent with them.

Further, each type of peer support specialist has its own set of ethics, core competencies, and approaches. The supervisor must provide an environment and encouragement wherein the peer support specialist can be consistent with them.

Supervision is a process whereby the supervisor helps the peer support specialist to examine their performance and continue to develop and refine their abilities to perform required duties as effectively as possible. Both the supervisor and the peer support specialist need clear expectations. This is best done by providing a clear job description, maintaining consistent supervision, and conducting ongoing performance evaluations. Performance evaluation reviews should be performed at predetermined intervals.

The supervisor is responsible for creating a positive environment for learning and growth. A punitive culture will likely negatively impact client outcomes and staff turnover.

Strength-based Supervision

Strengths-based supervision is collaborative and focuses on the peer support specialist's strengths while not neglecting challenges. It's person-centered. Communications are based on the supervisor's knowledge of the individual peer support specialist. They know what tends to motivate and encourage the individual. In most situations, it will be helpful for each encounter to provide encouragement and warmth. The peer support specialist is led to feel that they will be supported and helped rather than criticized. Challenges are dealt with in a positive way. The tone of communications is crucial.

It's important to fully understand the unique role of the peer support specialist and the peer support specialist Code of Ethics. Further, the supervisor should ensure that the new peer support specialist is oriented to the organization's policies and procedures. These matters may be new and feel foreign to the peer support specialist.

Documentation

Documentation in the organization's paper or electronic medical records systems requires training and support. It may be a particularly frustrating component of the job. Patience may be necessary and it could take a while for the new peer support specialist to become proficient. Remember that a peer support specialist can be taught how to document effectively, but the critical attributes of compassion and caring that are inherent to an effective peer support specialist cannot be taught.

What Peer Support Specialist Should Not Do

Supervisors should ensure that only tasks that are appropriate for peer support specialists to perform are assigned to them. Running errands, performing non-relevant administrative tasks, and other such activities are not appropriate. Assigning them such tasks are most likely not a good use of their time and may inadvertently send the message that the supervisor does not consider peer support specialists to be trained, experience-qualifying paraprofessionals who serve a unique and crucial role on the treatment team.

Supervisor Areas of Responsibilities

Supervisors may look at their responsibilities as being a three-pronged model:

1. **Administrative**
2. **Education**
3. **Supportive**

Administrative responsibilities include staff sizing, hiring, orienting, assigning/delegating responsibilities and coordinating among staff members, monitoring, reviewing, evaluating, sharing administrative information, and coordinating payroll, policies, and procedures.

The second prong is **education**. Education responsibilities include assessing what kinds of things people need to learn in order to grow, and to identify and acknowledge the skills that are necessary to fulfill their responsibilities including the core competencies. In-house training or outside workshops and conferences should be considered. DSAMH sponsors conferences and webinars that may be helpful.

The third prong is **supportive**. This prong may be the most important, but yet often the most neglected by supervisors. It is important to always treat the peer support specialist with the respect due to any other mature

responsible adult and member of the team. One-on-one meetings between the supervisor and each peer support specialist should be held in a private setting. The frequency should be based on the experience and skill level of the peer support specialist. Initially, daily meetings with newly minted peer support specialists may be called for. Over time, it may be prudent to reduce the frequency to weekly.

These one-on-one meetings typically may last about a half hour. The following matters should be considered to be addressed:

- The written job description forms the basis for structuring a supervision session and creates the parameters for the relationship between the supervisor and the peer support specialist.
- How generally is the peer support specialist doing? How is their family doing? Encourage self-care. Seek to show genuine concern about the peer support specialist individually. If the peer support specialist runs into any personal or behavioral health issues affecting their work responsibilities, it is important that the supervisor **not** address these issues themselves, but rather follow the organization's policy and refer them to an Employee Assistance Program (EAP) or outside services. This is necessary because of workplace boundaries and privacy needs.
- Review each of the individuals to whom the peer support specialist provides services one-by-one. How are they interacting together? Are they bonding appropriately? What goals are being set by the client peer and what is being done to help achieve them? What special challenges are being encountered? Are proper boundaries being maintained? How are interactions going with other members of the treatment team related to serving the client?
- Assist the peer support specialist to set professional goals to develop and refine skills and abilities. Expectations should be explicitly stated, recorded in writing by the supervisor, shared with the employee, and signed by both.
- What is working well?
- Time management.
- Give regular constructive feedback—especially about their strengths.
- Provide help and support regarding documentation requirements of the job. This is an area that can be new, frustrating and even overwhelming to the peer support specialist.
- Allow the peer support specialist to vent about frustrations they have encountered in working with peer clients, with other members of the team, and with community partners. Offer hope, encouragement, and support.
- Actively request feedback from the peer support specialist about the workings of the organization and team.
- Address cultural humility and how the peer support specialist uses it to customize their interactions with each peer client. Ensure that they know how to nurture what is important. Always be sensitive and respectful and act appropriately with regard to cultural differences.
- Peer support specialists do not work in a vacuum. They should consult often about the peer for whom they are providing services. They should be transparent with their supervisor.
- Management issues - general agency policies and procedures.

Also, it may be good to hold periodic group meetings with all or subgroups of the peer support specialists in the organization. Topics may include appropriate items from the above list for one-on-one meetings.

Supervisors should periodically observe peer support specialist while interacting with individuals and families in the field and then discuss strengths and opportunities for growth. Observations may be via joining in on the interaction, videoing it, or some other appropriate means. This is a part of having structured mechanisms for feedback. Competent peer support specialists thrive on positive, constructive feedback that both encourages and helps them enhance their skills.

The supervisor should consider orchestrating occasional team building activities or even multi-day retreats to promote camaraderie and skill building. Ideas: meals out, holiday parties, bowling, ropes courses, and other outdoor activities.

Wherever possible, a career laddering structure should be offered to provide opportunities for the peer support specialist to grow and progress within the organization. Career laddering, also known simply as job promotion, is the progression from entry level positions to higher levels of pay, skill, and responsibility.

The above is by no means the only good model appropriate for the supervision peer support specialists.

Other Communications

In addition to the above regularly scheduled meetings, supervisors should make themselves available to answer questions and resolve problems during the course of each workday. If unavailable for any reason the supervisor should clearly communicate who the peer support specialist should turn to as back up.

While the content of each meeting is important, the modeling of skills by the supervisor for the peer support specialist is also crucial. These skills include healthy unselfish communications, trust and relationship building, the appropriate uses of story-telling and humor, and the balance between performing specific work routines and not making things too heavy. Also emphasizing a strength-based, person-centered approach.

Supervision also includes orienting clinicians and other team members on the role of the peer support specialist and how it fits into the treatment protocols of the organization. Emphasis should be given that peer support specialists are an important and integral part of the treatment team and should be given appropriate respect. As a supervisor, you need to educate other staff members regarding the following:

The peer support specialist role should not be overlapping or usurping the role of clinical therapists. At the same time, other team members, such as the therapist and case manager, need to be accessible to the peer support specialist as resources and supports, and should collaborate fully with the peer support specialist to provide services that are well-integrated, seamless, and effective. Treatment team meetings should include the peer support specialist as a full member. Information about treatment plans and issues will be important for the peer support specialist.

Emphasize the organization's commitment to using peer support specialists to support people served and improve outcomes. Promote how the peer support specialist can and should be a valuable extension to the clinician's role. Peer support specialists and other members of the staff need to operate on mutual respect. As the supervisor, you need to model and expect respect and cooperation.

Peer support specialists are members of a team who have defined responsibilities and roles, and who contribute to the success of the team, which is providing efficient, effective, and appropriate services to individuals, youth and their families. It is likely that maximum integration occurs when the peer support specialist is given clear and meaningful roles and responsibilities. Involving a peer support specialist in a meaningful role has the following advantages:

- Offers the team a special service from the lived experience of the peer support specialist,
- Increases the team members' sense of value and respect, and
- Sends a positive message to other team members regarding the belief in recovery.

Modeling is something that supervisors and colleagues all do, and probably will not be any different when supervising a staff member who is assuming the peer support specialist role. Being professional, timely with deliverables, respectful of individuals, and respectful of oneself are characteristics that supervisors model for

supervisees and colleagues, which are not likely to change due to the presence of a peer support specialist. A peer support specialist is expected to arrive at work on time, meet deadlines, and be respectful—just like any other staff member. Direct communication of job duties and expectations for the peer support specialist is essential, and represent good employment practice in general. Excluding a peer support specialist from a subset of team meetings, or from training open to all other team members, has the potential negative effects of demeaning the value of the peer support specialist, communicating disrespect, and perpetuating stigma.

Supervisors must advocate for peer support specialists in the community. Sometimes misunderstandings and conflicts must be worked through.

A crisis debriefing should be used when unusual, unexpected, and even traumatic events occur in the course of a peer support specialist's performing duties. Typically, this should be carried out as soon as possible after the incident and when the workers have had enough time to take in the experience. Mental health and substance abuse treatment is inherently stressful, and the additional stress caused by events such as witnessed death, elder or child abuse, and aggression and violence can have profound impacts on staff members. The supervisor may want to meet individually or with a group of peer support specialists to dialog on what was witnessed, how they feel about it, and ideas for self-care. Peer support specialists should be managed as any other staff member would who experiences vicarious trauma.

When the three-pronged approach is used, the organization's management may wish to consider assigning different supervisors distinct roles. For example, some organizations assign certain supervisors to perform the administrative and education roles—prongs 1 and 2—and then other supervisors to perform the supportive role—prong 3. An advantage may be that the administrative and education prongs will not tend to crowd out the supporting prong.

Ethics

Ongoing communication about ethical areas and common ethical dilemmas encountered can avoid confusion and help a peer support specialist to perform the role effectively. Providing education focused on the agency code of ethics and support for adhering to the peer support specialist Code of Ethics is an important supervisory task. Establishing a clear position description and performance evaluation process can be the key to effectively supporting peer providers.

Regularly scheduled supervision that focuses on competency and growth will form the basis of a supervisor-supervisee relationship that aims to empower peer support specialists in their role.

Every supervisor should have clear-cut guidelines for when to refer an employee to the Employee Assistance Program (EAP) or other counseling, and when employee behavior should result in a mandatory referral. Neither an employee's disclosed psychiatric condition nor a supervisor's mental health credentials and experiences are an appropriate reason for counseling to be given in-house when it should be referred outside of the organization.

Peer support specialists should not give or receive gifts of significant value to or from their peers. Nevertheless, they should always try to be gracious if a peer should want to give a gift. Peer support specialists should consult with their supervisor about this and other related issues.

Boundaries

Content boundaries refer to the types of things that a supervisor deems eligible for discussion, whereas *process* boundaries refer to acceptable behaviors within the supervision relationship. Both sets of boundaries need to be clarified (minimally) at the beginning of a supervision relationship, as part of orienting the new supervisee.

The most obvious content boundary is deciding on the focus of supervision. Another type of content boundary is drawing the line between what is “supervision” and what is “therapy”—an easy conceptual distinction that can be difficult to draw in actual practice. A supervisor must draw this line and it needs to be explained fully to the new supervisee.

Supervisors should not work in the direct line of supervision if the peer support specialist has been a previous client or patient. If providing services on the same team as a previous treatment provider, the previous provider should adhere to the strict ethics of confidentiality and not disclose any information about the peer support specialist. The previous provider should inform the team leader or their supervisor of the possible conflict.

Some boundaries between peer support specialists and their peer clients are set by the Code of Ethics. Others may be set by policy by the organization. Still others must be carefully drawn in discussion between the supervisor and the peer support specialist. Some of these may vary from client to client depending on individual circumstances. Many kinds of boundary issues may need to be addressed. These may include but are not limited to the following:

- Sharing personal telephone number
- Communications between scheduled meetings
- Being alone with the client outside the clinical setting
- Going to the home of the client for social activities or outside of home visits directed by the plan
- Engaging in social media with the client
- Each situation and organization is unique. Peer support specialist should work with their supervisor to ensure healthy and appropriate boundaries are in place for the safety of the individuals, youth and families as well as the peer support.

Peer Support Specialist as Advocate

Peer support specialists have an ethical responsibility to advocate for the person served. Supervisors and team leaders must understand and respect this, and ensure that the treatment team gives the attention and respect due to the peer support specialist. Collaboration and negotiation are key skills for all team members. Peer support specialists should use all proper chain of commands in advocating for the peer to avoid triangulating or undermining the mental health provider's credibility. The peer support specialist should also remain within their own scope of practice with education and knowledge they are sharing with the peer. For example, the peer support specialists may have had a bad experience with a medication because of undesirable side effects. Nevertheless, the peer support specialist should not advocate that their peer change medications or stop taking them.

Accommodations

The peer support specialist should be treated like any other employee, so it is expected that existing company/agency personnel policy, practices, and forms will meet these needs. Reasonable accommodations may be needed by some individuals, but this does not mean waiving responsibilities. Rather, with such accommodations, an employee with a disability must be capable of doing all of the essential functions of the job.

Supervisors will benefit from learning more about accommodations (see the next section).

Medicaid Reimbursement

In order for peer support services to be reimbursed from Medicaid, the individual providing the services must have current CPSS certification which includes the titles of FRF, FPS and YPS. Further, the CPSS

must receive supervision by a licensed clinician. *Section 2* of the *Utah Medicaid Provider Manual* states, “Certified peer support specialists are under the supervision of a licensed mental health therapist...or a licensed ASUDC or SUDC when the peer support services are provided to individuals with [a substance use disorder]. Supervisors must provide ongoing weekly individual and/or group supervision to the certified peer support specialists they supervise.” (See <https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Rehabilitative%20Mental%20Health%20And%20Substance%20Use%20Disorder%20Services/RehabMentalHealthSubAbuse1-20.pdf>) The manual lists the specific licenses and certifications that qualify one to provide the required supervision.

Some organizations have made non-licensed-clinicians the direct supervisors of CPSSs, but then additionally provided the weekly oversight by a licensed clinician as required for Medicaid reimbursement.

Special Issue

The Americans with Disabilities Act

Supervising people living with a health condition or disability is very much like supervising people without disabilities.

Supervisors and all staff members should be aware of the provisions of Title I of the ADA, which require employers with 15 or more employees to provide qualified individuals with disabilities an equal opportunity to benefit from the full range of employment-related opportunities available to others. For example, the ADA prohibits discrimination in recruitment, hiring, promotions, training, pay, social activities, and other privileges of employment. It restricts questions that can be asked about an applicant's disability before a job offer is made, and it requires that employers make reasonable accommodation to the known physical or mental limitations of otherwise qualified individuals with disabilities, unless it results in undue hardship. Supervisors should proactively ask each peer support specialist shortly after hire if they need an accommodation. Most requests will likely be reasonable, easily implemented, and inexpensive—but yet can make a significant positive difference in the peer support specialist's job performance and job satisfaction.

Basic elements of the protections of the ADA are that:

- Accommodations are individualized
- Accommodations can be requested by an employee who discloses a disability, or can be proposed by an employer
- There is no requirement for an employee to disclose a disability in advance of requesting an accommodation
- Reasonableness tests are imposed, which generally rule out accommodations that cause undue hardship on the employer or change the essential nature of the job
- Casual and common sense accommodations certainly can and should be sought at the front-line levels, and may not need the involvement of upper management and the personnel department
- Vocational rehabilitation professionals can play a role in developing accommodations, including job parsing and the selection, acquisition, and utilization of assistive technology.

An employer resource on accommodations is the Job Accommodation Network (<https://askjan.org>), which provides information on job accommodations and the employment provisions of the ADA. It is a service of the U.S. Office of Disability Employment Policy and provides free consulting for employers in order to expand employment opportunities for individuals with disabilities. They offer individualized worksite accommodation solutions and technical assistance with understanding and applying the ADA and other disability-related legislation.

A supervisor should understand well the ethics and core competencies expected of peer support specialists. Supervisors must support peer support specialists in maintaining the standards and in helping them ever further develop their skills.

Appendix 1: Code of Ethics for Certified Peer Support Specialists

The following was prepared and is promulgated by DSAMH.

Utah Peer Support Specialist Code of Ethics

The following principles will guide Certified Peer Support Specialists in their various roles, relationships, and levels of responsibility in which they function professionally.

1. The primary role of the peer support specialist is to help individuals achieve their own needs, wants, and goals. Peer support specialists will be guided by the principle of self-determination for all.
 2. A peer support specialist will:
 - Maintain high standards of personal conduct. They will also conduct themselves in a manner that fosters their own recovery.
 - Appropriately share with the people they serve, peers and colleagues, their recovery stories from mental illness, co-occurring disorders, and substance use disorder and will likewise be able to identify and describe the supports that promote their recovery.
 - At all times, respect the rights and dignity of those they serve.
 - Promote self-direction and decision making for those they serve.
 - Strictly respect the privacy and confidentiality of those they serve.
 - Advocate for the full integration of individuals into the communities of their choice and promote the inherent value of these individuals to those communities.
 - Be directed by the knowledge that all individuals have the right to live in the least restrictive and least intrusive environment.
 - Keep current with emerging knowledge relevant to recovery, and openly share this knowledge with their colleagues.
 3. Peer support specialists should not dictate their idea of recovery to those they serve, but should assist them in determining their own definition of recovery.
 4. Peer support specialists will never:
 - Intimidate, threaten, harass, use undue influence, physical force or verbal abuse, or make unwarranted promises of benefits to the individuals they serve.
 - Engage in sexual/intimate activities with those they serve.
 5. Peer support specialists will not:
 - Practice, condone, facilitate or collaborate in any form of discrimination on the basis of ethnicity, race, gender, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical disability, or any other preference or personal characteristic, condition or state.
 - Enter into dual relationships or commitments that conflict with the interests of those they serve.
 - Abuse substances under any circumstance.
 - Accept gifts of significant value from those they serve.
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Appendix 2: Core Competencies for Peer Support Specialists

The following is based on the December 7, 2015 version of wording from the SAMHSA website. DSAMH concurs with this material.

Background

What is a peer worker?

The role of the peer support worker has been defined as “offering and receiving help, based on shared understanding, respect and mutual empowerment between people in similar situations.” Peer support has been described as “a system of giving and receiving help” based on key principles that include “shared responsibility, and mutual agreement of what is helpful.”¹ Peer support workers engage in a wide range of activities, including advocacy, linkage to resources, sharing of experience, community and relationship building, group facilitation, skill building, mentoring, goal setting, and more. They may also plan and develop groups, services or activities, supervise other peer workers, provide training, gather information on resources, administer programs or agencies, educate the public and policymakers, and work to raise awareness.²

What is recovery?

SAMHSA developed the following working definition of recovery:

Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.³

Throughout the competencies, the term “recovery” refers to this definition. This definition does not describe recovery as an end state, but rather as a process. Complete symptom remission is neither a prerequisite of recovery nor a necessary outcome of the process. Recovery can have many pathways that may include:

- Professional clinical treatment;
- Use of medications;
- Support from families and in schools;
- Faith-based approaches;
- Peer support; and other approaches.

SAMHSA has identified four major dimensions that support a life in recovery:

- 1 Health—Learning to overcome, manage or more successfully live with the symptoms and making healthy choices that support one’s physical and emotional wellbeing;
- 2 Home—A stable and safe place to live;
- 3 Purpose—Meaningful daily activities, such as a job, school, volunteer work, or creative endeavors; increased ability to lead a self-directed life; meaningful engagement in society; and
- 4 Community—Relationships and social networks that provide support, friendship, love, and hope

Peer workers help people in all of these domains.

Individuals in recovery typically celebrate introspectively often about getting to a better place in their lives. Every day is much sweeter and more fulfilling than the previous ugly space. They look around themselves and see others who may not have had the same opportunities for recovery. They feel passionate and caring about helping these other individuals achieve a higher level of living in their lives. They feel hope for others. This quest leads them to seek to be peer support specialists. The qualities of

being passionate, caring, and hopeful combined with lived experience and training and then nurtured by competent supervision can result in truly powerful resources as part of a team to help others achieve recovery! Several studies have shown peer support services to be evidence-based and to have many positive impacts including the following:

- Increased empowerment and hope
- Increase quality of life and satisfaction
- Reduced use of impatient services
- Increased treatment retention
- Decreased criminal justice involvement

Peer support specialists typically work in the following settings:

- Local mental health and substance use disorder authorities
- Integrated healthcare clinics
- Outpatient clinics and residential treatment centers
- Peer-run organizations
- Crisis response teams and phone lines
- Judicial facilities

Depending on the types of services being rendered and the needs of their clients, a peer support specialist may work in office/clinical space, a call center, out in the community, or in the client's home. A goal of the services may be to extend the reach of treatment beyond the clinical setting into the everyday environment for sustained recovery.

Core Competencies, Foundational Principles and Values

Core Competencies for peer workers reflect certain foundational principles identified by members of the mental health and substance use disorder recovery communities. These are:

RECOVERY-ORIENTED: Peer workers hold out hope to those they serve, partnering with them to envision and achieve a meaningful and purposeful life. Peer workers help those they serve identify and build on strengths and empower them to choose for themselves, recognizing that there are multiple pathways to recovery.

PERSON-CENTERED: Peer recovery support services are always directed by the person participating in services. Peer recovery support is personalized to align with the specific hopes, goals, and preferences of the individual served and to respond to specific needs the individuals has identified to the peer worker.

VOLUNTARY RELATIONSHIPS: Peer workers are partners or consultants to those they serve. They do not dictate the types of services provided or the elements of recovery plans that will guide their work with peers. Participation in peer recovery support services is always contingent on peer choice.

RELATIONSHIP-FOCUSED: The relationship between the peer worker and the peer is the foundation on which peer recovery support services and support are provided. The relationship between the peer worker and peer is respectful, trusting, empathetic, collaborative and mutual.

TRAUMA-INFORMED: Peer recovery support utilizes a strengths-based framework that emphasizes physical, psychological, and emotional safety and creates opportunities for survivors to rebuild a sense of control and empowerment.

Core Competencies

Category I: Engages peers in collaborative and caring relationships

This category of competencies emphasizes the peer providers' ability to initiate and develop on-going relationships with people who have behavioral health conditions and/or their family members. These competencies include interpersonal skills, knowledge about recovery from behavioral health conditions and attitudes consistent with a recovery orientation.

- 1 Initiates contact with peers
- 2 Listens to peers with careful attention to the content and emotion being communicated
- 3 Reaches out to engage peers across the whole continuum of the recovery process
- 4 Demonstrates genuine acceptance and respect
- 5 Demonstrates understanding of peers' experiences and feelings

Category II: Provides support

The competencies in this category are critical for the peer worker to be able to provide the mutual support people living with behavioral health conditions may want.

1. Validates peers' experiences and feelings
2. Encourages the exploration and pursuit of community roles
3. Conveys hope to peers about their own recovery
4. Celebrates peers' efforts and accomplishments
5. Provides concrete assistance to help peers accomplish tasks and goals

Category III: Shares lived experiences of recovery

These competencies are unique to peer support, as most roles in behavioral health services do not emphasize, or perhaps even prohibit, the disclosure of lived experiences. Peer workers need to be skillful in telling their recovery stories and using their lived experiences as a way of inspiring and supporting a person living with behavioral health conditions. Family peer support workers likewise share their personal experiences of self-care and supporting a family-member who is living with behavioral health conditions. Sharing one's story is always motivated by a desire to help the other individual and never for one's personal benefit.

1. Relates their own recovery stories, and with permission, the recovery stories of others' to inspire hope
2. Discusses ongoing personal efforts to enhance health, wellness, and recovery
3. Recognizes when to share experiences and when to listen
4. Describes personal recovery practices and helps peers discover recovery practices that work for them

Category IV: Personalizes peer support

These competencies help peer workers to tailor or individualize the support services provided to and with a peer. By personalizing peer support, the peer worker operationalizes the notion that there are multiple pathways to recovery.

1. Understands their own personal values and culture and how these may contribute to biases, judgments and beliefs
2. Appreciates and respects the cultural and spiritual beliefs and practices of peers and their families
3. Recognizes and responds to the complexities and uniqueness of each peer's process of recovery
4. Tailors services and support to meet the preferences and unique needs of peers and their families

Category V: Supports recovery planning

These competencies enable peer workers to support other peers to take charge of their lives. Recovery often leads people to want to make changes in their lives. Recovery planning assists people to set and accomplish goals related to home, work, community and health.

1. Assists and supports peers to set goals and to dream of future possibilities
2. Proposes strategies to help a peer accomplish tasks or goals
3. Supports peers to use decision-making strategies when choosing services and supports
4. Helps peers to function as a member of their treatment/recovery support team
5. Researches and identifies credible information and options from various resources

Category VI: Links to resources, services, and supports

These competencies assist peer workers to help other peers acquire the resources, services, and supports they need to enhance their recovery. Peer workers apply these competencies to assist other peers to link to resources or services both within behavioral health settings and in the community. It is critical that peer workers have knowledge of resources within their communities as well as on-line resources.

1. Develops and maintains up-to-date information about community resources and services
2. Assists peers to investigate, select, and use needed and desired resources and services
3. Helps peers to find and use health services and supports
4. Accompanies peers to community activities and appointments when requested
5. Participates in community activities with peers when requested

Category VII: Provides information about skills related to health, wellness, and recovery

These competencies describe how peer workers coach, model or provide information about skills that enhance recovery. These competencies recognize that peer workers have knowledge, skills and experiences to offer others in recovery and that the recovery process often involves learning and growth.

1. Educates peers about health, wellness, recovery and recovery supports through recovery concepts and practices
2. Participates with peers in discovery or co-learning to enhance recovery experiences
3. Coaches peers about how to access treatment and services and navigate systems of care
4. Coaches peers in desired skills and strategies
5. Educates family members and other supportive individuals about recovery and recovery supports
6. Uses approaches that match the preferences and needs of peers

Category VIII: Helps peers to manage crises

These competencies assist peer workers to identify potential risks and to use procedures that reduce risks to peers and others. Peer workers may have to manage situations, in which there is intense distress and work to ensure the safety and well-being of themselves and other peers.

1. Recognizes signs of distress and threats to safety among peers and in their environments
2. Provides reassurance to peers in distress
3. Strives to create safe spaces when meeting with peers
4. Takes action to address distress or a crisis by using knowledge of local resources, treatment, services and support preferences of peers

5. Assists peers in developing advance directives and other crisis prevention tools
6. Asks questions regarding suicide ideation and immediately initiates the involvement of other resources when it appears that the current risk so warrants

Category IX: Values communication

These competencies provide guidance on how peer workers interact verbally and in writing with colleagues and others. These competencies suggest language and processes used to communicate and reflect the value of respect.

1. Uses respectful, person-centered, recovery-oriented language in written and verbal interactions with peers, family members, community members, and others
2. Uses active listening skills
3. Clarifies their understanding of information when in doubt of the meaning
4. Conveys their point of view when working with colleagues
5. Documents information as required by program policies and procedures
6. Follows laws and rules concerning confidentiality and respects others' rights for privacy

Category X: Supports collaboration and teamwork

These competencies provide direction on how peer workers can develop and maintain effective relationships with colleagues and others to enhance the peer support provided. These competencies involve not only interpersonal skills but also organizational skills.

1. Works together with other colleagues to enhance the provision of services and supports
2. Assertively engages providers from mental health services, addiction services, and physical medicine to meet the needs of peers
3. Coordinates efforts with health care providers to enhance the health and wellness of peers
4. Coordinates efforts with peers' family members and other natural supports
5. Partners with community members and organizations to strengthen opportunities for peers
6. Strives to resolve conflicts in relationships with peers and others in their support network

Category XI: Promotes leadership and advocacy

These competencies describe actions that peer workers use to provide leadership within behavioral health programs to advance a recovery-oriented mission of the services. They also guide peer workers on how to advocate for the legal and human rights of other peers.

1. Uses knowledge of relevant rights and laws (ADA, HIPAA, Olmstead, etc.) to ensure that peer's rights are respected
2. Advocates for the needs and desires of peers in treatment team meetings, community services, living situations, and with family
3. Uses knowledge of legal resources and advocacy organization to build an advocacy plan
4. Participates in efforts to eliminate prejudice and discrimination of people who have behavioral health conditions and their families
5. Educates colleagues about the process of recovery and the use of recovery support services
6. Actively participates in efforts to improve the organization
7. Maintains a positive reputation in peer/professional communities

Category XII: Promotes growth and development

These competencies describe how peer workers become more reflective and competent in their practice. The competencies recommend specific actions that may serve to increase peer workers' success and satisfaction in their current roles and contribute to career advancement.

1. Recognizes the limits of their knowledge and seeks assistance from others when needed
 2. Uses supervision (mentoring, reflection) effectively by monitoring self and relationships, preparing for meetings and engaging in problem-solving strategies with the supervisor (mentor, peer)
 3. Reflects and examines own personal motivations, judgments, and feelings that may be activated by the peer work, recognizing signs of distress, and knowing when to seek support
 4. Seeks opportunities to increase knowledge and skills of peer support
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Appendix 3: Code of Ethics for Family Resource Facilitators

(Adapted from the National Federation of Families for Children’s Mental Health Code of Ethics for Peer Support Providers and has been approved by DSAMH)

Upon completing training and requirements for certification as a Family Resource Facilitator with the Utah Family Coalition and Division of Substance Abuse and Mental Health Family Resource Facilitator program, I _____ pledge to strive to:

- Share my experience as a parent when it may help other family members,
- Support other family members as peers with a common background and history rather than as experts who have all the answers,
- Acknowledge that each family member’s answers may be different than mine,
- Take responsibility for clarifying my role as a Family Resource Facilitator and as a parent of a child who experienced emotional, behavioral or mental health challenges,
- Build partnerships with others who are involved in the care of our children,
- Commit to honesty in all my interactions as a Family Resource Facilitator and expect the same from others,
- Commit to a non-judgmental and respectful attitude in my dealings with & discussions regarding families,
- Commit to a non-adversarial approach to advocacy in my role as a Family Resource Facilitator, and

THEREFORE, in order to fulfill this pledge, I agree to abide by the following principles, rules and procedures.

Principle 1 – Integrity

In order to maintain high standards of competence and integrity, I will:

1. Apply the principles of resiliency, wellness and/or recovery, family-driven approach, youth guided or youth-driven approach, consumer-driven approach and peer to peer mutual-learning principles in every day interactions with family members;
2. Promote the family member’s ethical decision-making and personal responsibility consistent with that family member’s culture, values and beliefs;
3. Promote the family members’ voices and the articulation of their values in planning and evaluating children’s behavioral health related issues;
4. Teach, mentor, coach and support family members to articulate goals that reflect each family member’s current needs and strengths;
5. Demonstrate respect for the cultural-based values of the family members engaged in peer support;
6. Communicate information in ways that are both developmentally and culturally appropriate;
7. Empower family members I am assisting to be fully informed in preparing to make decisions and understand the implications of these decisions;
8. Maintain high standards of professional competence and integrity;
9. Abstain from discriminating against or refusing services to anyone on the basis of race, ethnicity, gender, gender identity, religion/spirituality, culture, national origin, age, sexual orientation, marital status, language preference, socioeconomic status or disability;

10. Only assist family members whose concerns are within my competency as determined by my education, training, experience and on-going supervision/consultation;
11. Abstain from establishing or maintaining a relationship for the sole purpose of financial remuneration to me or the agency associated with me; and
12. Terminate a relationship when it becomes reasonably clear that the peer relationship is no longer the desire of the family member.

Principle 2 – Safety

In order to maintain the safety of all members involved with their services, I will:

1. Comply with all laws and regulations applicable to the jurisdiction in which the peer support services are provided;
2. When complying with laws and regulations involving mandatory reporting of harm, abuse or neglect, make every effort to involve the family members in the planning for services and ensure that no further harm is done to family members as the result of the reporting;
3. Discuss and explain to family members the rights, roles, expectations, benefits and limitations of the peer support process;
4. Avoid ambiguity in the relationship with family members and ensure clarity of my role at all times;
5. Maintain a positive relationship with family members, refraining from premature or unannounced ceasing of the relationship, until a reasonable alternative arrangement is made for continuation of similar peer support services;
6. Abstain from engaging in intimate emotional or physical relationships with family members engaged in a peer support relationship;
7. Neither offer nor accept gifts, other than token gifts, related to the professional service of peer support, including but not limited to, personal barter services, payment for referrals, or other remunerations; and
8. Abstain from engaging in personal financial transactions with family members engaged in a peer support relationship.

Principle 3 – Professional Responsibility

Through educational activities, supervision and personal commitment, I will:

1. Stay informed and up-to-date with regard to the research, policy and developments in the field of parent/peer support and children's behavioral health which relates to my own practice area and children's general health and well-being;
2. Engage in helping relationships that include skills building not exceeding my scope of practice, experience, training, education or competence;
3. Perform or hold myself out as competent to perform only peer services not beyond my education, training, experience, or competence;
4. Seek appropriate professional supervision/consultation or assistance for my personal problems or conflicts that may impair or affect work/volunteer performance or judgment;
5. File a complaint with the Utah Family Coalition when I have reason to believe that another Family Resource Facilitator is or has been engaged in conduct that violates the law of this Code. Making a complaint to the Utah Family Coalition is an additional requirement, not a substitute for or alternative to any duty of filing report(s) required by statute or regulation;

6. Refrain from distorting, misusing or misrepresenting my experience, knowledge, skills or research findings;
7. Refrain from financially or professionally exploiting a colleague or representing a colleague's work, associated with the provision of peer support or the profession of peer support, as my own;
8. In the role of a supervisor/consultant, be responsible for maintaining the quality of my own supervisory/consultation skills and obtaining supervision/consultation for work as a supervisor/consultant;
9. In the role as a volunteer member or employee of an organization, give credit to persons for published or unpublished original ideas, take reasonable precautions to ensure that my employer or affiliate organization promotes and advertises materials accurately and factually.

Principle 4 – Certification Responsibilities

As an applicant or certificant, I will:

1. Comply with DHS Standards of Practice, UFC Family Resource Facilitator Code of Ethics and recertification requirements set forth by UFC/DSAMH;
2. Notify the UFC or DSAMH of any legal action with potential impact on my practice of peer support, including but not limited to: the filing in any court of an information, complaint indictment, conviction, revocation of suspended imposition of sentence, revocation of probation/parole, filing of any charge or action before a state, tribal or federal regulatory agency or judicial body concerning the practice of peer support or related professions, or a matter before another certification body. Such notification shall be made within sixty (60) days of the filing of such charge or action, and I shall provide documentation of the resolution of such action within sixty (60) days of that resolution.

By signing this form, I affirm that I have read through and understand all the information provided in this document described as Principle 1-4. By signing below, I understand that I will be held responsible and accountable to following these principles, rules and procedures. If a complaint is made or it is alleged that I have broken any of these principles, rules, or procedures than I agree to have these actions or inactions reviewed and assessed by the UFC in accordance with the complaint guidelines. If it is found that I have violated any of these principles, rules and procedures, then I understand that measures will be taken against me, up to and including revocation of the certification by the UFC and DSAMH.

Print Name

Signature

Date

Appendix 4: Core Competencies for Family and Youth Peer Support Specialists

The following is provided by Allies with Families and has been reviewed and approved by DSAMH.

FRF and FPS workers are a parent/guardian or caregiver who is raising (or has raised) a child/youth with a behavioral health challenge. FRF and FPS workers are directly working with and supporting the parents/caregivers so that they can get the information, help, resources, support and services they need that will ultimately benefit their children/youth's recovery.

FRFs are linked to the Local Mental Health Authorities (Entities designated by a county or group of counties to provide substance use and mental health services with funding from federal, state, and county funding) to and work with the families who receive those services.

FPSs may be part of the High Fidelity Wraparound workforce within the DHS System of Care. High Fidelity Wraparound (HFW) is a team-based, collaborative planning process for developing and implementing individualized care plans for children with behavioral health challenges, and their families. The HFW workforce members can work with the youth and family to help them identify and prioritize their needs, and guide them in learning how to meet their needs. The workforce works with the youth and family to identify natural supports and the role they have. System of Care is a customized service approach to keep families safely together while effectively helping children with emotional and/or behavioral health needs thrive in their homes, schools and communities.

FRFs and FPSs share their lived experience to effectively support families and youth; inspire hope and the vision that recovery and resiliency are possible. The family peer support program uses the RACE Core Competencies below that help to develop Resources, Advocacy, Communication and Empowerment for the families they serve.

Family and Youth Peer Support Specialist Core Competencies

R – A – C – E

R – Resource Coordination Skills

A – Advocacy Skills

C – Communication Skills

E – Empowerment Skills

Resource Coordination Skills

1. Knowledgeable about a wide variety of local resources in the community, including how to access and link families and youth/young adults to appropriate resources, programs and services.
2. Aware of policies and procedures related to school and educational resources and support services for children/youth, including but not limited to IEPs and 504 plans
3. Knowledgeable about how to find and summarize information on behavioral health diagnosis, assessments, treatment options and levels of care, including how to access appropriate behavioral health services.

4. Aware of bullying and stigma associated with emotional, mental, behavioral challenges and how these relate to school performance and attendance.
5. Aware of programs and services for transition age youth and emerging adults, including post high school training, education and employment resources
6. Knowledgeable about how to help families and youth/young adults cultivate relationships with their natural supports and/or build new natural supports as resources.

Advocacy Skills

1. Knowledgeable about child-serving agencies and their policies, procedures and services (i.e., schools, juvenile courts, child welfare, juvenile justice, etc.) and demonstrate their ability to help families and youth/young adults understand how to navigate the processes they are involved with.
2. Aware of the roles of professionals involved with families and youth/young adults, including caseworkers, care coordinators, wraparound facilitator, social workers, program managers, etc. and follows protocol and procedures for sharing information.
3. Models strengths-based and solution-focused approach with families, youth/young adults and professionals and understands how to foster cooperation and partnership between families, youth/young adults and professionals, including helping families and youth/young adults understand their rights and responsibilities.
4. Aware of grievance and appeals procedures and processes and how families and youth/young adults can access these when they believe there has been a denial or misapplication of services.
5. Aware of system level advocacy and opportunities for families and youth/young adults to become involved in systems change and system level advocacy work.

Communication Skills

1. Knowledgeable about cultural and linguistic diversity including, but not limited to age, race, gender, ethnicity, marital status, religion and spirituality, socio-economic status, language, disability and geographic location.
2. Demonstrates a holistic view of a family and youth/young adults' biological, psychological, social and spiritual needs and resources (cultural awareness).
3. Models excellent written and verbal communication skills, including active listening, win/win conflict resolution, strengths-based, people first language and practical problem-solving skills. (Might come up with language to include other languages. Also "self-directed"?)
4. Understands and uses motivational interviewing skills to help families and youth/young adults articulate their needs, vision, strengths, goals and concerns. Uses motivational interviewing skills to help build increased partnership relationships between families, youth/young adults and professionals.
5. Understands and models effective interpersonal communication skills including assertive communication.

Empowerment Skills

1. Understands how to serve as a role model for families and/or youth/young adult by teaching, supporting, coaching and mentoring parents/caregivers and/or youth/young adults in articulating their needs and goals (do for, do with, cheer on) (i.e., not being a case manager).
2. Ability to effectively and appropriately use lived experience to connect with families and/or youth/young adults, to inspire hope and self-efficacy.
3. Uses people first language and understands how stigma affects families and youth/young adults in their ability to engage in services, education, and community and in forming relationships.

4. Understands and teaches families and youth/young adults how to prevent crisis and keep family and youth/young adult safe using crisis/safety planning tools.
5. Practices good self-care and boundaries with families and youth/young adults and teaches families and youth/young adults how to develop plans for self-care and wellness.
6. Understands the impact of trauma on families and youth/young adults; demonstrates sensitivity and acceptance of individual experiences, practice cultural sensitivity as it relates to beliefs around trauma, promote dignity, respect and shared decision making and understand your own triggers and when to seek appropriate clinical supervision (transference and secondary trauma).
7. Ability to teach families and youth/young adults problem-solving skills and how to set goals and make plans that are individualized, person-centered, strengths-based and measurable.
8. Knowledgeable about high fidelity wraparound and how it can be used to assist families and youth/young adults with complex needs and how to use the wraparound approach, including values and principles, with all families and youth/young adults.

Basic Work Competencies/Skills

1. FRF/FPS/YPS understands the role and meets the qualifications for Family and Youth Peer Support Specialist. FRF/FPS/YPS understands the value and application of their lived experience in the role.
 2. FRF/FPS/YPS enters data into the FRF database in a timely and accurate manner. FRF/FPS/YPS meets the documentation and if applicable, the Medicaid billing requirements of the agency/site.
 3. FRF/FPS/YPS participates in on-going coaching and training activities with Allies with Families and demonstrates interest in continuous quality improvement and being a part of an effective learning collaborative.
 4. FRF/FPS/YPS has a good understanding of the role of DSAMH and behavioral health services in Utah. FRF/FPS/YPS understands how the other Department of Human Services Divisions and child-serving agencies operate individually and together, including DWS, DCFS, DJSS, education and juvenile court.
 5. FRF/FPS/YPS understands the credentialing process for their role, understands the coaching and supervision roles and processes and knows how to work collaboratively with their site and their Coach.
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Appendix 5: Supervisor Resources

Below is a list of resources that may be helpful to supervisors of peer support specialists:

SMI Advisor -- Peer Support Supervision: A Mix of Traditional and Unique Supervisory Models

- <https://education.smiadviser.org/users/ViewActivityContent.aspx?ProductID=7027&PageCode=TC>

International Association of Peer Specialists

- <https://inaps.memberclicks.net/assets/National%20Practice%20Guidelines%20for%20Peer%20Supporters%20and%20Supervisors%20%28final%20101816%29.pdf>
- <https://inaps.memberclicks.net/supervision-resources>

Resources for Integrated Care -- Integrated Care In Action Podcast: Strategies for Effective Peer Supervision

- https://resourcesforintegratedcare.com/behavioral-health/peer_supports/peer_supervision_podcast

Mental Health Partnerships

- <http://www.mentalhealthpartnerships.org/institute>

RI International --

- <https://riinternational.com/consulting/training/for-supervisors>

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