Supporting the Workforce: Effective Supervision and Support of Parent Peer Support Providers
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What we’re going to cover...

- PPSPs – a unique and powerful workforce
- Supervising and supporting PPSPs – the basics
- Effective supervision structures and strategies
A unique workforce

PPSP defined, characteristics, roles and services
Parent Peer Support (PPS) defined

- Caregiver to caregiver approach
- Provided in variety of venues
- Not clinical but complementary to clinical services

- providing empathetic listening and emotional support
- assisting families in navigating systems
- supplying information about child-serving systems, children’s behavioral health and development, and community resources
- rendering advocacy support
- encouraging self-care activities
- facilitating familial engagement with service providers
- modeling collaboration between families and professionals
- engaging in safety and care planning
- exploring and eliminating barriers to care plan follow-through
- offering skill-building for parents that enhances resiliency, communication, advocacy and other areas affecting the ability to maintain a child with complex needs in the home, school and community
PPS Provider defined

- Caregivers hired to work with other families across systems
- Based on life experience, not degree
- Peer to peer support that facilitates effective service connection and delivery
- Modeling of advocacy and collaboration skills
- Fulfilling variety of roles, infusing family voice at all levels of service delivery
Roles for Parent Peer Support Providers Based on Intensity Level of Service Need/Use

- **Tier 1**
  - Education, information & referral
  - Policy-making & Advocacy
  - Data Collection & Evaluation

- **Tier 2**
  - Individual advocacy, information & system navigation, intake and assessment
  - Parent peer support (individual and/or team)
  - Care coordination
  - Training, Support Groups
  - Respite & Crisis Planning
  - Policy-making and Advocacy
  - Data Collection & Evaluation

- **Tier 3**
  - Training, Support Groups
  - Information & referral, intake
  - Data Collection & Evaluation
  - Policy-making & Advocacy

- **Tier 4**
  - Intensive in home services (such as HFW, HomeBuilders, etc.)
  - Parent peer support (part of tx team or additional service)
  - Respite & Crisis Planning
  - Training, Support Groups
  - Policy-making & Advocacy
  - Data Collection & Evaluation

**INTENSITY of NEED**
This workforce does not need clinical supervision...
They need peer supervision with clinical consultation
PPSPs are often still living their “lived experience”

- May still struggle with child/youth and accessing services
- DOES NOT mean they are unable to help others in similar situations
- Need organizational policies that reflect the experience of this workforce, i.e., hired for lived experience and therefore should not be penalized for it when it occurs
Supervision of PPSPs – the basics

Developmental approach, policies & procedures, workplace culture
Supervision of parent professionals:

• May need access to clinical consultation to complement personal experience used and to address clinical issues in complex situation

• Need an understanding of how parent professionals operate in various systems – constructively channeling their passion

• Supervisor must sometimes balance dual role – authority figure and professional support

• Establishing a supportive workplace environment

• Handling inevitable home issues with workplace needs
Challenges faced by supervisors

**Supervision:**
- Boundaries – being supervisor and informal support but **not** therapist
- Handling calls from other professionals when staff advocates “aggressively”
- Reviewing and rewriting documents for professionalism

**Programmatic:**
- Consistent re-training on boundaries, documentation, etc.
- Gossip, in fighting among co-workers
- Balancing work product and being supportive of staff’s family needs (IEP meetings, etc.)
- Sustaining program – funding for non-traditional service (non-degreed personnel)
Challenges faced by PPSPs

• Balancing work/life dynamics
• Self-care
• Maintaining documentation
• Staying on track with the family plan
• Resistance to change
Using a developmental approach
Supervision is best understood as a process

• Human learning research has shown that learning occurs in spurts and is affected by a number of individual and contextual factors

• PPSPs function at different levels of development for different aspects of their job

   It is the role of the supervisor to create a safe environment in which the employee can work through the developmental stages/challenges of each level to gain the necessary motivation, self-awareness and autonomy to move to the next level of development.

   *adapted from The 10 Keys to Effective Supervision: A Developmental Approach. Rising Sun Consultants. 2005

This is very much in line with family driven care practices.
Using a developmental approach means to...

1. Support growth
2. Unite with your team
3. Praise others
4. Expect excellence
5. Require accountability
6. Verify potential
7. Instill independence
8. Share continuously
9. Optimize ownership
10. Reinforce relationships
Three main areas of supervision for this workforce:

1. Family (case) work
2. Performance
3. Professional growth
Coaching is critical

- It’s critical that PPSPs are coached through any and all procedural issues they may encounter.

- A PPSP should not just know how to do their jobs but understand why it’s being done.
Training is important

- Orientation
- Initial training
  - Competencies of parent peer support providers
  - Role
  - Organizational policies and procedures
- Ongoing training in relevant topics
Example - The Alliance

• CANS Training
• Developmental Assets Training
• Trainings offered locally – child abuse, sexual abuse, IEP etc.
• Conferences
• In-Service
Example - Parent Support Network of RI

- PSN Orientation
- 16 hour introductory peer mentor training
- Shadowing - at least 2 weeks
- Coaching - ongoing
- Individual and group supervision - weekly (family reviews)
- Monthly Topical in-service presentations
- Conference/state and community training opportunities
- Certification opportunities (Wraparound, Peer Provider, and Recovery Specialists)
Example - *PSN Peer Mentor Training*

- Peer Mentor Overview
- Ethics & Core Conditions of Peer Support
- Values, Beliefs, and Prejudices
- Family Support Circle/Natural Supports
- Confidentiality-Records
- Boundaries
- Self Care
- Active Listening /Skills of Asking Questions
- Setting Goals & Strategies
- Navigating Services- Referral
- Meetings-Collaboration
- Preparing for and Responding to Crisis
- Documentation
Example – *PSN Family Support Partner Trainings*

- Safety & Risk Training
- Wraparound Team Based Training
- Data Management Training
- Advanced Family Support Partner Training
- Wraparound Coach/Supervisor Training
- Child Welfare, Juvenile Justice: Navigating the Department of Children, Youth, and Families (DCYF system

- Visual Diagnosis
- Domestic Violence Training
- Substance Abuse Training
- Mental Health Training
- Trauma Informed Training
- Positive, Behavioral, Interventions, and Supports (PBIS) & School Based Wrap Training
Policies and Procedures
What policies should be in place for PPSPs?

• Clear job description and responsibilities, their role within the agency and program

• HR policies that recognize and meet the needs of staff hired for their lived experience

• Graduated levels of employment – FT, PT, PRN

• Opportunities for professional growth (training, conferences, etc.) and advancement
Examples

- Background check/criminal history
  - Maryland Coalition for Families
- Interview process:
  - Readiness tip sheet (FREDLA)
  - Interview tool kit (The Alliance)
Workplace culture
Equity in the workplace leads to positive workplace culture

• PPSP’s MUST be held at the same level of accountability and professional standards as any other employee

• The PPSP’s lived experience is no less important or valuable than any other professional
Productive workplace culture - Delivering high-quality services successfully within Medicaid and state guidelines

- Progress note writing reflects contract needs
- Family-friendly support is personal and individual
- Protect the role and maintain the integrity of PPSP standards and ethics
- Use management tools as teachable moments
Effective Supervision Structures and Strategies

Best practices and national trends, state examples - promotion within organization (AZ), structured approach and consultation (IL), FRO contract for peer supervision.
Overview of trends and best practices
• Most states with certification or Medicaid billing for PPS require supervision or oversight by Master’s level person
  - Seek Master’s level person who is also a parent
  - Can have clinician providing consultation to sign off on work (if billing Medicaid) or as supervisor of peer supervisor

• Several types and structures:
  • PPSP level – individual, group
  • Co-supervision of peer and clinician within organization or via contract
    - Peer supervisor with access to clinical consultation
Peer Supervision
- Focus on strengths and barriers, triggers and solutions, identity as PPSP
- Professional and personal growth
- Discuss case strategies
- Administrative and/or programmatic

Clinical Consultation
- Focus on casework, intervention strategies
- Skill-building, prof. development
- Administrative and/or programmatic
Important to have connection to peers and/or FRO

- FRO has all necessary structures for PPSPs
- Peers and supportive environment keep PPSPs grounded in their role
- Multiple strategies to accomplish this – employment, supervision, coaching, training
Promotion from within organization
Identify potential

• Seeing a leader in a parent
• Having experience with child-serving systems isn’t enough
• Recognizing a passion for helping others
• Readiness
• Hiring logistics
Develop skills

• Understand what the role is
• From a manager’s standpoint
• What parent to parent support really means
• Helping them fall in love with the work and the role
Sustain staff

• Flexible
• Creative Schedules
• Management Style
• Expanding on staff strengths
• Supporting staff in the “processes” and logistics of our work
PPSP Perspective....
PPSP perspective, continued
Structured approach
PEARLS

Suspend Bias & Blame

Links with others

Respect

Peer-Based Relationships

Encourage Growth as a Peer

Active Acceptance
Consultation for development of supervisors with other organizations
MEMORANDUM OF UNDERSTANDING
Between XXXXXXXXXXXXXXXX and
YOUTH & FAMILY PEER SUPPORT ALLIANCE

Purpose
This Memorandum of Understanding (MOU) describes and confirms an agreement between [ORGANIZATION] and Youth & Family Peer Support Alliance. The purpose of the agreement is to formalize and clarify expectations and relationships between both parties from [DATE] to [DATE].

Responsibilities of Parties
Parties (Parties) understand that each should be able to fulfill its responsibilities under this Memorandum of Understanding (MOU) in accordance with the provisions of laws and regulation that govern their individual organizations.

If at any time any Parties are unable to perform their functions under the MOU consistent with such Parties statutory and regulatory mandates, the affected Parties shall immediately provide written notice to the others seeking a mutually agreed upon resolution.

Three Day On-site Assessment and Planning

- Three days @ $500/day $1,500
  - Day 1: Observe and assess leadership and supervision style (shadow, documentation, review, program and site visit etc.)
  - Day 2: Program planning and implementation plan (format, facilitation, needs, objects, goals, outcomes etc.)
  - Day 3: Meet with Director; develop training, coaching and goals plan
- 1 day travel (driving) @ $.54 per mile (Example: 441 roundtrip) $238.14
- Expenses
  - Meals & incidentals @ $54 per day for 3 days = $162
  - Hotel @ $155.00 per night for 3 nights = $465
- Total $2,165.14

Weekly Peer Coaching (40 weeks)

- Weekly peer coaching with LPC @ $65.00/hour, once a week for 1 1/2 hrs. (or as needed)
- Total $3,900

Monthly Coaching (9 months)

- Monthly coaching call with Director @ $65.00/hour, once a month for 1 (or as needed)
- Total $585

Uly Lullard
Director
Date:

Sally Sue
CEO
Date:

8/30/17
RC

#LEADINGCHANGE
FRO contract for peer supervision
UNIVERSITY OF MARYLAND, BALTIMORE
TRAINING INSTITUTES
JULY 25-28, 2018 | WASHINGTON, D.C.

parent support network
OF RHODE ISLAND

Peers 4 Recovery
Health, Home, Purpose & Community

Hope Recovery Center of Newport

ssw.umaryland.edu/traininginstitutes
Statewide Certified Peer Workforce

• 46 Hours of skill based competency training across the domains of ethical responsibility, advocacy, mentoring and education, wellness & recovery and other evidence based and trauma informed trainings such as Seeking Safety, Wraparound, WRAP, and WHAM.

• Individuals go through online application process, face to face interview and are selected to participate in training based on meeting our readiness scale.

• Paid and volunteer internship program- cover letter, resume, and interview for selection-board process for individuals with felony backgrounds

• 500 peer work experience hours with Certified peer supervisor with lived experience in partnership with clinical supervisor at PSN or a placement agency

• This includes learning the soft skills of being in the workforce, navigating agency environments, co-workers and supervision, learning core skills and competencies to become certified including documentation in electronic health records
Peer Special Populations of Focus

• Children, Youth, and Adults with mental health, substance use, or co-occurring mental health and substance use disorders and their family members—special focus on transition age, elders, and minorities.

• Parents and families of children with complex trauma and child welfare involvement.

• Pregnant and Parenting women with substance exposed newborns/neonatal abstinence syndrome.

• Families and individuals who are homeless.

• Parents and individuals who are justice involved, incarcerated and re-entering to home and community.

• Parents and individuals who have psychiatric hospitals and re-entering to home and community.
Peer Co-Supervision Model

• Partnership with other peer driven organizations (NAMI-RI, RICARES, etc.), child and family agencies, community mental health centers, substance use treatment centers of excellence, hospitals, department of corrections, and homeless shelters.

• We bring the skills of a peer supervisor with lived and work experience providing peer services

• Agencies are required to have individual or group peer supervision by a licensed clinical supervisor once a week.
Peer Co-Supervision Delivery

• FRO Peer Supervisors deliver individual and group supervision in partnership with the Clinical peer supervisor.

• FRO Peer Supervisors attend monthly clinical team meeting with the Clinical Supervisors of health homes and discuss supervision approaches and challenges – learn more about person and family driven approaches, system of care and recovery oriented principles.
Monthly Peer Provider Group Soup

• Peer providers from across the state come together for non-clinical supervision with our FRO supervisors and provide each other with mutual support and assistance with their service delivery roles within their respective agency.

• Continued work on self-care and becoming solution based around working within clinical driven programs.
Questions or Comments?

Thank you!
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