An Intervention to Improve Peer Supervision:

Evaluation of the Supervision of Peer Workforce Project

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Overview

- Funded by California Office of Statewide Health Planning and Development
- Developed and implemented by SHARE! the Self-Help and Recovery Exchange
- Project sought to maximize the efficacy of both peer workers and their supervisors, thereby improving outcomes for service recipients
- Trainings provided by nationally recognized leaders with decades of experience with peer workforce
- Cluster randomized trial evaluated project outcomes
- This presentation focuses on preliminary findings

Intervention

SHARE! provided a series of four trainings on:

a) strategies for an effective peer workforce
b) becoming an ally to address discrimination
c) a trauma-informed developmental model of supervision
d) the anti-stigma workshop

Strategies for an Effective Peer Workforce

- Training covered best practices in Peer Services, including:
  1) peer listening and disclosing
  2) recovery planning
  3) use of self-help support groups
  4) peer bridging
  5) evoking the helper therapy principle
- Learning objectives included:
  - Best practices for self-help group referrals
  - Understanding differences between peer worker and clinician responsibilities
  - Strategies for peer providers and supervisors to reduce stress and improve self-care

Becoming an Ally

- Addressed discrimination within agencies and the community
- Allies allow people to move away from stigma and “othering”
- Allies support people in speaking for themselves and using their voice to attain personal goals
- Training cultivated “dialogue,” balancing inquiry and advocacy

Trauma-informed Developmental Model of Supervision

- Taught trauma-informed practical tips and strategies for self-care and supervision
- Emphasized supervisory relationships as allies working together for better results
- Helped peers and supervisors understand how their trauma experience is connected to mental health
- Built self-awareness, motivation and autonomy
- Peers and their supervisors developed a joint trauma-informed developmental model of supervision for their specific work

The Anti-Stigma Workshop

- Evidence-based training delivered by On Our Own of Maryland, a peer-run organization (Michaels et al., 2014)
- Training helped participants recognize how they are impeded by stigma against people with mental illness
- By recognizing stigma within and around them, participants gained awareness of stigmatizing comments and behaviors
- Explored changing behavior to reduce stigma in the workplace

Method

- Cluster-randomized trial with baseline and 12 month follow-up data collection
- Online surveys administered via email to peer workers and supervisors
- 90 sites initially agreed, 5 withdrew during baseline data collection
- 85 sites participated in trial (54 organizations)
- 32 LACDMH operated sites, 51 contracted sites, 2 sites outside LA
- Average of 4 peers and 1.5 supervisors per site
- Sites matched on LACDMH status and size
- Matched pairs assigned to intervention or standard practice control condition

Peer Worker Sample

- 373 peer workers from 85 sites invited to participate
  - 8 (2%) did not meet inclusion criteria
  - 22 (6%) declined participation
  - 49 (13%) left their job before the follow-up
  - 13 (3%) dropped for unknown reasons
  - 70 (19%) never responded to invitations
- 211 peer workers (57%) from 76 sites participated in study
- 169 (80%) from 67 sites completed the 12 month follow-up survey

Peer worker sample

- 23% male, 75% female, 2% other
- Average age of 48 years (Range of 21 to 76 years)
- Median educational attainment of some college, no degree
- 59% were mental health consumers
- 33% were family members of a consumer
- 32% were parents of a consumer
- 18% were caregivers of a consumer

Intervention engagement

Among 169 people with baseline and follow-up data:

- 78 in comparison condition
- 91 in intervention condition

- 57 (63%) attended 1st training - Strategies for an Effective Peer Workforce
- 40 (44%) attended 2nd - Becoming an Ally
- 47 (52%) attended 3rd - Trauma-informed Developmental Model of Supervision
- 40 (44%) attended 4th - The Anti-Stigma Workshop

Measures

Site outcomes

- **Peer supportive organizational climate (primary outcome):** 6 items on a seven-point scale assessing the extent to which the site supports peer workers (Jones et al., 2019)
- **Recovery orientation of services:** 4 items on a seven-point scale assessed extent to which service users and providers at the site interact in a respectful and equitable manner (Jones et al., 2019)

Supervisor outcomes

- **Supervision quality:** 11 items on a seven-point scale from the Supervision Evaluation and Supervisory Competence scale Gonsalvez et al. (2017)

Proximal peer worker outcomes

- **Discrimination Experience:** 5 items on a four-point scale assessing experience with discrimination related to mental health (Ritsher et al., 2003)
- **Use of peer support:** 4 items on a eight-point scale assessing the amount of time spent on peer support activities, as opposed to non-peer support activities

Distal peer worker outcome measures

- **Recovery (primary outcome):** 24 items on a five-point scale assessing (a) personal confidence and hope, (b) willingness to ask for help, (c) goal and success orientation, (d) reliance on other, and (e) not dominated by symptoms. From Recovery Assessment Scale-Short Form (Corrigan et al., 2004)
- **Job satisfaction:** 1 item on a five-point scale from the Individual Work Performance Questionnaire (Koopmans et al., 2014)
- **Work-related burnout:** 7 items on a five-point scale from the Copenhagen Burnout Inventory (Kristensen et al., 2005)
- **Sick leave and disability days:** 1 item assessing self-reported number of sick leave or disability days in past 6 months (Stapelfeldt et al., 2012)
- **Brief Symptom Inventory:** 27 items on a four-point scale assessing anxiety, depression, and other symptoms (Derogatis, 1993)
- **Stress:** 7 items on a five-point scale assessing global stress (Cohen et al., 1983)
- **Social Support**: 6 items on six-point scale assessing satisfaction with social support (Sarason et al., 1987)

Analysis

- SAS 9.4
- Multilevel regression models accounted for the clustering of individuals within sites
- Multiple imputation estimated missing data
- Covariates were:
  - Baseline measure of dependent variable
  - Gender
  - Age
  - Educational attainment
  - Mental health consumer status (yes/no)

Results: Site, supervisor, and proximal outcomes

Outcome	Cohen's d	95% CI	P-value
Site outcomes			
Peer supportive organizational climate	**.35**	.02 to .68	.04
Recovery orientation of services	**.44**	.13 to .74	.006
Supervisor outcomes			
Supervisor quality (peer-rated)	.09	-.21 to .38	.57
Proximal peer worker outcomes			
Discrimination experience	.04	-.26 to .35	.78
Use of peer support	.16	-.17 to .49	.35

Results: Distal peer worker outcomes

Outcome	Cohen's d	95% CI	P-value
Recovery	.14	-.16 to .45	.35
Job satisfaction	-.04	-.36 to .28	.79
Work-related burnout	.09	-.19 to .36	.54
Sick leave and disability days	.19	-.50 to .89	.58
Brief symptom inventory	.12	-.11 to .35	.32
Stress	-.16	-.41 to .10	.23
Social support	.12	-.18 to .42	.43

Discussion

- Significant improvement in site outcomes:
  - peer supportive organizational climate
  - recovery orientation of services
- Small to medium effect size (Cohen, 1988)
- Trainings may lead organizations to value peer workers more
- Trainings may have promoted more equitable relations between service providers and recipients
- How this may impact treatment outcomes is unknown
- Hope to examine in future

Discussion

- Intent-to-treat analyses produced null findings for all supervisor and peer outcomes
- Limited to the peer worker perspective
- Supervisors may have benefited – need to examine data
- Treatment non-compliance may have limited detection of significant findings

Study strengths

- High internal validity of randomized trial
- Implementation in practice settings improves external validity
- Acceptable response rates
- Established measures

Study challenges

- Minimal funding for a large cluster randomized trial
- No participant incentives
- New director of LACDMH at the outset
- Power dynamics of a peer-run organization training supervisors
- Attendance at day-long trainings difficult
- Trainings developed without time to pilot test

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