



morrison
child & family services

Recovery First; Family Second; Work Third

Supervising and Supporting Peers

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Parents Anonymous® of Oregon Parent Mentor Program

Overview

- Defining Recovery-Oriented Workplace
- Parents Anonymous® of Oregon Parent Mentor Program Core Values
- Our Supervision Model
- The Sanctuary Model
- Team Support & Connection
- Why Mentors love their jobs
- Small group exercise

Recovery

- What does recovery mean to you?
- What might a recovery-oriented workplace be like?

Parents Anonymous® of Oregon Recovery-Oriented Workplace

Providing a nurturing & supportive work environment for staff:

- 1.Recovery First
- 2.Family Second
- 3.Work Third

Parent Mentors!



Peer Workforce Development

Peers enter with:

- Lived experience
- Knowledge of recovery practices and resources
- Experience of supporting other people entering recovery
- Desire to give back to the community
- Motivation to learn/grow
- Sharing their story

Supervisors provide coaching on:

- Office skills & documentation
- Multiple pathways to recovery, e.g. MAT/MSR
- Self care practices
- Professional ethics
- Boundaries
- Motivational Interviewing
- Trauma-Informed Care
- Advocacy roles
- De-escalation/Crisis Intervention
- Equity & Inclusion issues

SAMHSA Trauma Informed Care Principles:

1. Safety
2. Trust & Transparency
3. Peer Support
4. Collaboration & Mutuality
5. Empowerment, Voice & Choice
6. Cultural, Historical & Gender issues

Parents Anonymous® Inc.

Core Values:

- **Parent Leadership**
- **Shared Leadership**
- **Mutual Support**
- **Personal Growth**

Parents Anonymous® of Oregon Supervision Culture

- Supervisors hold hope for each mentor's personal and professional growth
- Organizational leadership supports low supervisor to peer ratio (about 5:1) and *manageable caseloads for peers (10-15)*
- Mentors hold hope for each parent's ability to grow and change

SUD Peer Supervision Competencies

Until recently, there was little formal information available about peer supervision competencies.

Eric Martin, *MAC, CADC III, PRC, CPS* Anthony Jordan, *MPA, CADC II, CRM* and a group of peers working in the field in Oregon authored an indispensable curriculum based on a comprehensive literature review (William White completed the qualitative review.) It is available for free online. Also includes a helpful peer evaluation form. This tool filled a major gap for peer supervisors!

Don't supervise peers without it!

http://www.williamwhitepapers.com/pr/dlm_uploads/Peer-Supervision-Competencies-2017.pdf

Peer Supervisor Requirements

- *Has recovery experience as an individual who identifies as a person being in recovery from a substance use disorder*
- *Has occupational experience as a peer, and/or other SUD behavioral healthcare experience*
- *Has completed the core substance use disorder peer training*
- *In Oregon, administrative rules require “supervision by a qualified clinical supervisor and a qualified peer delivered services supervisor as resources are available”*

What is Supervision?

High quality supervision include the following features:

- Development of a trusting relationship
- Focus on empowerment
- Emphasis on building mentors' competencies

PAO Supervisors care about the whole person

- PAO Supervisors conduct weekly, strength-based supervision with each mentor that incorporates a personal & recovery check-in, in addition to client care
- PAO Supervisors build relationships with Mentors and role model how they want them to work with Parents (parallel process)

What do Mentors say about their Supervisors?

- *Recovery first, Family second and Job third. Supervisors encourage us to take care of ourselves so that we better serve our parents.*
- *I appreciate that supervisors believe in the work that we do as Parent Mentors.*
- *My supervisor checks up with me about ...what I'm doing for self-care and how my recovery is going, which gives me an opportunity to share some of my feelings honestly and openly without feeling any judgment ... I love that I can be completely honest with my supervisors.*
- *The supervisors have a unique ability to help me develop professionalism and set boundaries.*

Positive & Constructive Feedback

- Research suggests that highly effective teams make 5 positive comments to every negative 1
- Similar research shows that married relationships are happier when there is a ratio of **5 positive comments to every negative 1** (with divorced couples having ratios of 3 positive comments to every 4 negative)

Sources: Losada & Heaphy: *The Role of Positivity & Connectivity in the Performance of Business Teams*, 2004.
Gottman, John: *What Predicts Divorce?: The Relationship Between Marital Processes and Marital Outcomes*, 1994.

Trusting Relationships

- Show mentors you care about them
- Prioritize mentor's wellness
- Recognize positive steps taken
- Curiosity not criticism
- Be available

"I'm calling my supervisor saying, 'OK, I have a client and she needs to go into the psych ward...and she wants me to pick her up and take her somewhere. She is detoxing and suicidal... [supervisor] is just walking me through it."

– Mentor

Focus on Empowerment

- Respect life experience as much as professional training
- Provide opportunities for shared leadership
- Peer Advocacy roles

“You don't want the mentor to have a top-down approach with their clients, and we... don't manage with a hammer... [we] try to involve mentors in decision making.”

–Supervisor

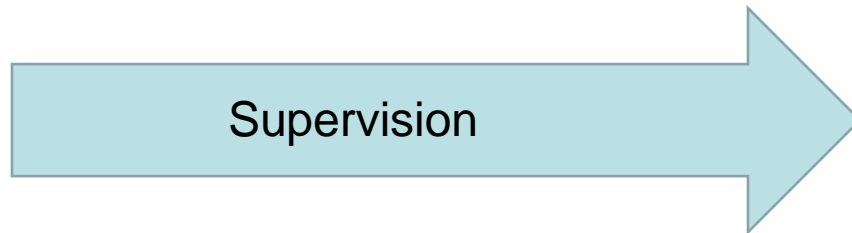
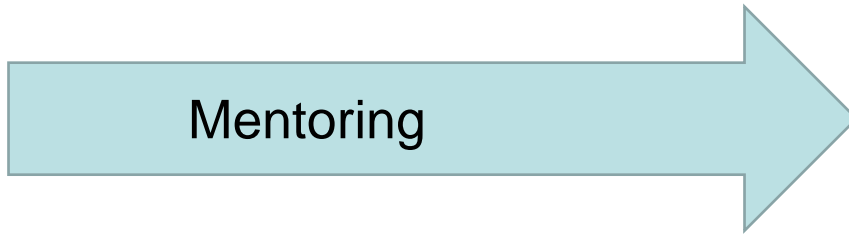
Building Competencies

- Help mentors establish and adhere to professional boundaries
- Assist mentors in building their workplace toolkit
- Offer regular feedback and recognize steps towards growth
- Provide additional workforce development opportunities

Trauma-Informed Team Environment

- Discussing and modeling Self Care
- Weekly Team Meetings
- Meeting Agendas
- Rotating Team Leaders
- The Supervision Checklist
- The Community Meeting
- Allow peers to attend recovery meetings on work time when needed

Supervision as Parallel Process

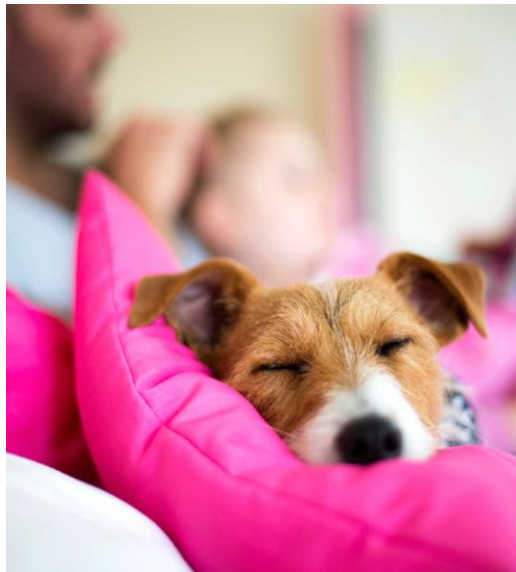
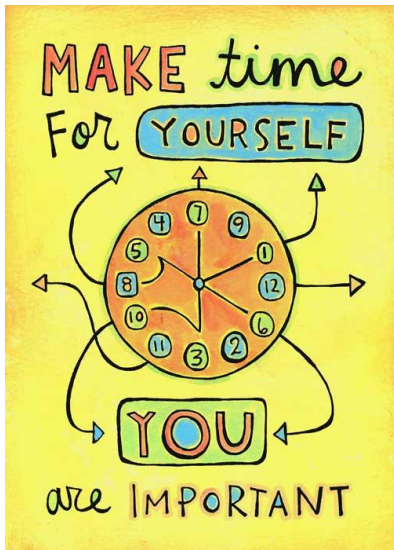


Boundaries

Boundaries

Boundaries

MODEL SELF CARE!



Weekly Team Meetings

- Trust
- Predictability
- Group Supervision/Case Staffing
- Support – *helping each other cope*
- Connection
- Learning
- Fun!*

Parent Mentor Team Meeting Agenda

August 29th, 2016

- *Team leader today is Belinda*
- *Michelle is taking her son to his first day of middle school! and will be late*
- *Brittany will be out of the office Thursday & Friday this week*

Agenda

- 9:30-9:45 Community Meeting
- 9:45-10:15 Outreach check-in and Case Assignment:
- 10:15-10:30 Office Etiquette Reminders/Discussion
- 10:30-11:15 Case Staffing
- 11:15-11:30 Announcements

Announcements:

- No team next Monday (Labor Day Holiday)
- Please make sure to schedule time to complete August summaries by Wed. Sept. 7
- Scholarships available for Shoulder to Shoulder. Who wants to attend this conference on Oct. 24th?
- Our new Program Supervisor for D3, Chad, is starting today! He will be in the Irving office tomorrow – Please introduce yourself and make him feel welcome!
- Remember to check your email for Back to School Resources
- Required 30-minute Online Privacy & Security Training
- Court coverage –who can revise the calendar today?
- Does anyone here need some personal support today?
- Do mentors have any announcements?
- Would anyone like to share gratitude or appreciation?
- Who will lead team next week?

The Supervision Checklist

Date of Supervision:

- personal check in: family/relationships recovery _____
 mentor attended weekly recovery meeting job satisfaction team dynamics _____
 self care other: _____

<input type="checkbox"/> created a to do list and	<input type="checkbox"/> reviewed last week's to do list	<input type="checkbox"/> reviewed monthly report, billing or monthly contact hours
<input type="checkbox"/> mentor brought their charts for review	<input type="checkbox"/> mentor submitted all monthly reports on time this month	<input type="checkbox"/> discussed Stages of Change
<input type="checkbox"/> identified blind spots, countertransference or bias	<input type="checkbox"/> provided a coaching, teaching or skill development moment	<input type="checkbox"/> Reviewed IAP, Action Plan or DHS Safety Plan
<input type="checkbox"/> discussed closing a client	<input type="checkbox"/> discussed annual review goals	<input type="checkbox"/> discussed personal goals
<input type="checkbox"/> identified under-engaging clients and developed a new plan	<input type="checkbox"/> requested feedback/input on supervision	<input type="checkbox"/> scheduled next supervision _____

The Community Meeting!

- “How are you feeling today?”*
- “What is your goal for today?”
- “Who can you ask for help?”

What is The Sanctuary® Model?

The Sanctuary® Model is a blueprint for clinical and organizational change which, at its core, promotes safety and recovery from adversity through the active creation of a trauma-informed community. A recognition that trauma is pervasive in the experience of human beings forms the basis for the Sanctuary Model's focus not only on the people who seek treatment, but equally on the people and systems who provide that treatment.

The Sanctuary® Model originated in the Philadelphia area in the early 1980s, created by a team of clinicians working in a small inpatient adult hospital unit. This team, led by Dr. Sandra Bloom, combined their clinical knowledge with their own experiences to create a trauma-informed program they called Sanctuary.

What is The Sanctuary Model?

"A traumatic experience impacts the entire person – the way we think, the way we learn, the way we remember things, the way we feel about ourselves, the way we feel about other people, and the way we make sense of the world..."

- Sandra Bloom, M.D.

The 7 Principles of Sanctuary:

- Non-Violence
- Emotional Intelligence
- Social Learning
- Democracy
- Open Communication
- Social Responsibility
- Growth & Change

Q&A!

Acknowledgments

- Ruth Taylor, Retired Program Director, Parents Anonymous® of Oregon
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- Eric Martin, Anthony Jordan & the DACUM Workgroup in Oregon
- Dr. Lisa Pion Berlin, CEO Parents Anonymous®
- All of The Parent Mentors in Oregon!

Thank you!

*Remember to take care of yourself in
this work - your staff needs you to!*

Resources

- Peer Supervision Competencies:

http://www.williamwhitepapers.com/pr/dlm_uploads/Peer-Supervision-Competencies-2017.pdf

- A great article about the basics of Supportive Supervision from the Family Connections Project at Children's Hospital Boston:

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/docs/supportivesupervision.pdf>

- To learn more about Sanctuary:

<http://thesanctuaryinstitute.org/about-us/the-sanctuary-model>

- To learn more about Parents Anonymous®, visit

<http://parentsanonymous.org/>