

JULY 25-28, 2018 | WASHINGTON, D.C.

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



- 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





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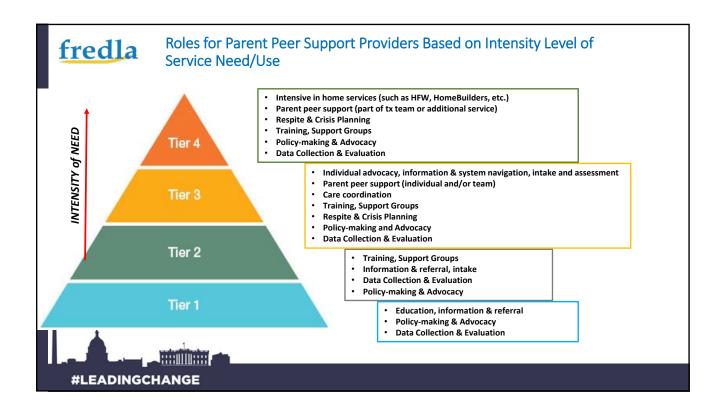
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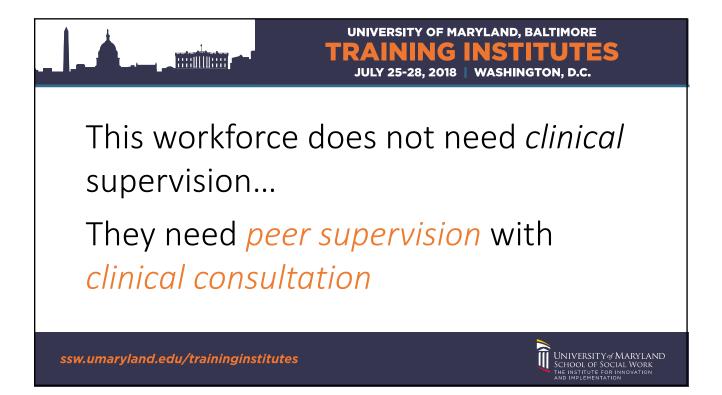
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PPS Provider defined



- 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







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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



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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

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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 coworkers
- Balancing work product and being supportive of staff's family needs (IEP meetings, etc.)
- Sustaining program funding for non-traditional service (nondegreed personnel)

Challenges faced by PPSPs

- Balancing work/life dynamics
- Self-care
- Maintaining documentation
- Staying on track with the family plan
- Resistance to change





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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.

This is very much in line with family driven care practices.



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

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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
- Optimize ownership
- 10. Reinforce relationships





Three main areas of supervision for this workforce:



- 1. Family (case) work
- 2. Performance
- 3. Professional growth

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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



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- 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)

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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

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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

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Policies and Procedures



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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

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Examples



- Background check/criminal history
 - Maryland Coalition for Families
- Interview process:
 - Readiness tip sheet (FREDLA)
 - Interview tool kit (The Alliance)



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Workplace culture



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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 highquality 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



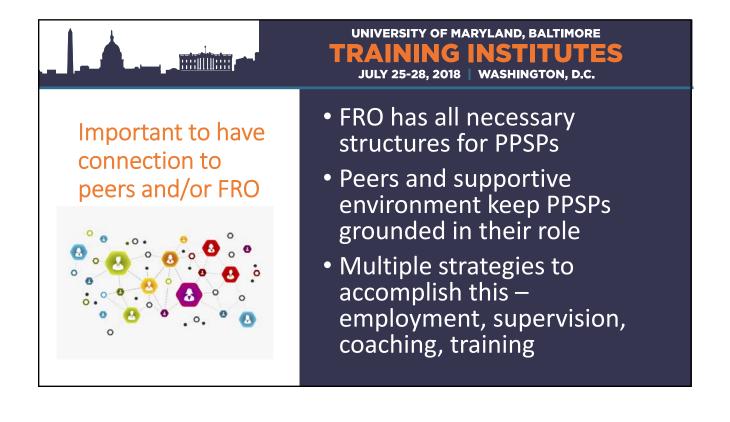
Best practices and national trends, state examples - promotion within organization (AZ), structured approach and consultation (IL), FRO contract for peer supervision



- 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

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Focus on strengths and barriers, triggers and solutions, identity as Peer **PPSP** Supervision Professional and personal growth Discuss case strategies Administrative and/or programmatic Clinical Focus on casework, intervention strategies Consultation Skill-building, prof. development Administrative and/or programmatic #LEADINGCHANGE





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Promotion from within organization

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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

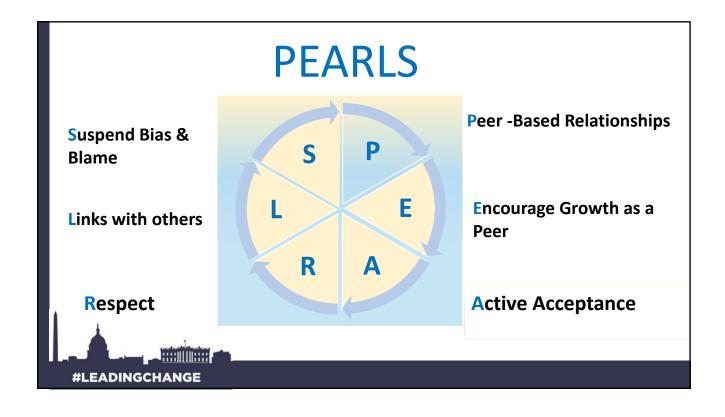














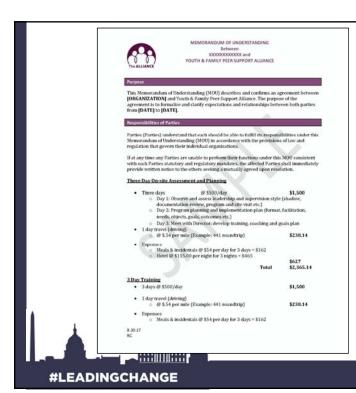
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Consultation for development of supervisors with other organizations

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FRO contract for peer supervision



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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

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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.

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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



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