National Association of Peer Supporters / Optum Supervision Learning Collaborative Webinar 5: Learning from the Supervisors of Youth Peers, Young Adults who Supervise, and the Wisdom of Experience: Presentation and Panel Discussion

This webinar will tie the series together with a presentation on Youth Peer Support and Supervision followed by a panel presentation designed to cover topics of interest that have come up during the full series on supervision practices. Panelists will respond to pre-submit questions about participants' work issues and situations with added information based on research findings on the supervision of peer specialists. Discussion will revisit differences in clinical and non-clinical supervision with final thoughts on how the 5 Critical Functions of Supervision and the National Practice Guidelines for Peer Specialists and Supervisors can enhance collaborative supervision.

Youth Peer Presenters: Tim Saubers and Amey Dettmer
Moderator: Rita Cronise
Series Panelists: Jonathan Edwards, Gita Enders, Celia Brown

Tim Saubers serves as the Peer Specialist Program Manager for the Wisconsin Peer Specialist Employment Initiative. He became a Certified Peer Specialist in 2016 and has worked in direct support and supervisory roles. Additionally, Tim sits on 10 state and national committees and workgroups. These workgroups are dedicated to advancing the peer profession, reforming the mental health and substance use service systems, and the rights of people living with disabilities, among others. Tim continues the development of the professional peer workforce in Wisconsin through expanding employment opportunities and community education. He centers the principles of equity and justice while moving not just to disrupt and reform systems, but to create new systems in their entirety.

Amey Dettmer, CPS, ALWF
Amey Dettmer is a person with lifelong lived experience with mental health challenges. In 2011 she graduated from a Peer Specialist Certification Training and began offering Medicaid billable and community-based peer support services in Pennsylvania. By 2014, she was introduced to the role of a peer support supervisor, and by 2016 started working with the Copeland Center for Wellness and Recovery. At the Copeland Center she works as the Program Manager of the SAMHSA-funded National Consumer Technical Assistance Center; Doors to Wellbeing. In this role, she supports the organizing of various statewide and national peer workgroups and committees, develops peer support and recovery training curriculums, conducts research, and provides technical assistance and peer support education to peer communities and organizations throughout the United States. Amey's work focuses specifically on peer specialists, youth leadership development, and peer-led recovery education. In December 2018, her devoted efforts resulted in recognition by the National

Association of Peer Supporters (N.A.P.S.) as she received the "Disruptive Innovator Award" highlighting her work in youth peer leadership and honoring her as a young adult who has made a significant transformative contribution to the field of Peer Support through leadership, programming, and activism. In September 2019, Amey became a N.A.P.S. Board Member and is currently working alongside international peer support leaders to strengthen the peer workforce globally. Additionally, in December 2019, The Copeland Center received the "Organization of the Year Rock Star Award" from Youth MOVE National. Amey played a key role in the work that recognized the Copeland Center for such an award. Also to note, Amey is a nationally recognized Advanced Level WRAP Facilitator and holds her Certified Peer Specialist Certification through the Pennsylvania Certification Board.

PANELISTS AND PRESUBMITTED QUESTIONS

Panelist	Question
(12:40 – 12:45) Tim	**#1 How do we manage work/health balance and advocate for our own wellness as supervisors?** I work for the peer-based division of a mental health non-profit. We do have divisions that are clinical, but the division I work for is peer-based, and most of the people I work with are peers. I was reporting to two supervisors who are not peers, one is a licensed LCSW, and the other is the Director of our division. I was hired to be the Peer Supervisor of our dual diagnosis support groups program, but a few months into the job, I was invited to additionally take on the coordination and peer supervision of a new program, and to help develop and launch it. The new program would offer extended evening and weekend hours to the members of our Peer Wellness Center, and once it was fully up and running, my title for that second position was going to transition to Program Coordinator. I was juggling two positions within a single organization, and found myself needing to work through the weekend, therefore 7 days a week, in order to get everything done. My organization is really great, and I think part of the difficulty for me was that I observed that even though we honor the concept of self-care, that many peer supervisors were doing so much in their work that in my opinion it was sometimes affecting their self-care boundaries. However, I wanted to be superwoman too like everyone else, and I thought I could take on this additional work and still practice self-care, and I really wanted to be helpful.

	After 11 months or so, it became necessary for me to speak up about self-care and work boundaries when I hadn't yet seen anyone else do that around me. I decided that it was really up to me to speak up about my needs for self-care no matter what others were doing or thinking. This IS a place that understands and honors self-care as a peer value, so I thought if I can't speak up and be honest here, where can I be? The new program was up and running well by then, and my primary supervisor was very supportive of my need for self-care and supported me as I shaped my thoughts and prepared to speak up about my need to all those involved. I then spoke to the Division Director, explained my situation and my self-care needs, and requested to go back to the original work position I was hired for. She listened, understood, and agreed to my request.
(12:45 – 12:50) Jonathan	**#2 What is the supervisor's role in getting peer staff to take responsibility for managing their own self care?** I am quite interested in a discussion around peer workers and their responsibility for their mental/physical health and wellness and substance use relapse. My greatest struggle as a peer supervisor (who is a mental health peer) has been creating buy-in for personal and professional self-care. Whenever I raise the topic of mental and emotional wellness and how necessary it is for all us working in this field, especially in a crisis setting, my team either knowingly nods their heads in agreement, or stares blankly at me. Meanwhile, they confide in me as though I'm their therapist or their sponsor. It's like they don't reach for self care until they are in crisis. I've had several staff members relapse in substance use or get swallowed up by so much mental and emotional despair - work or non-work related- I'm just exhausted. I remember a few years ago as a new peer supervisor, at one point I simply stopped doing staff supervision because I was so overwhelmed with everyone's personal matters. I'd like to know how to have honest discussions with staff around self-care as it relates to their personal and professional well-being. Or is that my place as a supervisor?

(12:50 – 12:55) Celia	**#3 How do we manage/supervise dual relationships among staff?** Here is a hypothetical situation for the panel. A supervisor works in a peer-run wellness and recovery center. One of the peers who has been participating in the activities at the center has just been hired as a Peer Support Specialist to work at the same center he has been attending. He is now a paid employee of the center. While he was attending the center, he "got into" a relationship with another center member and this relationship became intimate. The supervisor did not know this when he was hired. What are the ethical issues that must be addressed in this situation? It continues… The supervisor addresses these issues with the new peer support staff and he becomes defensive. He tells the supervisor that there is no reason why he can't be a peer support staff and continue his relationship with the other center member. He doesn't understand. How does the supervisor handle this situation?
(12:55 – 1:00) Ivanna	**#4 How can we support single peers who have been hired without contact with other peers; educate non-peer supervisors on the importance of peer network?** As programs in my workplace expand into offering more services, they are hiring more peers, but just one peer here, another single peer at another program. It feels like the non-peer supervisors need training and then the new employees need training and network capabilities.
(1:00 – 1:05) Amey	**#5 How can we address non-peer students or professionals who want to observe peer groups or activities?** I am a supervisor of a team of dual diagnosis support group facilitators. We have had the experience of going to sites only to find a group of students or nurses in the room expecting to sit in on our peer group. I have needed to diplomatically explain to site staff that our group work model is 100% peer based, that this model creates the necessary safe space for peers to support each other, and that it is this model that allows the

	supportive healing to happen. In the context of this explanation, I then request that we not have any observers as we cannot conduct a peer group if everyone present is not a peer.
(1:05 – 1:10) Gita	**#6 How can we better promote peers for the strengths they bring to a team?** Currently developing a training for Peer Supervision for both Peers and Clinical supervisors. Other than first explaining the purpose and principles of peer support, how can we promote the use of Peer Supervisors that are also peers?