Learner Manual

Supervision for Peer Supporters
Session 4: Self-Care and Support: The Role of a Supervisor
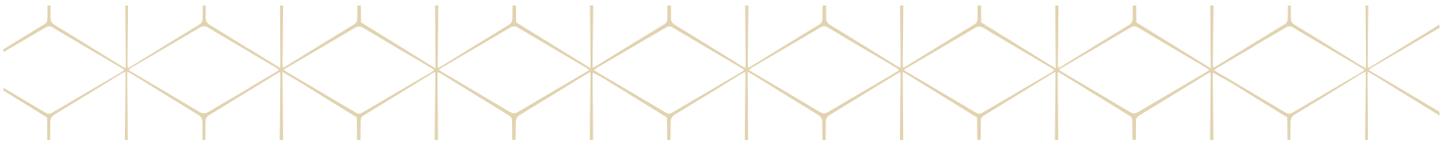
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Session 4:
Self Care and Support, the Role of a Supervisor

Learning Objectives

At the end of this session, Learners will be able to:

- Describe self-care and recognize self-care as an individualized practice

- Recognize misconceptions held about peer workers' self-care needs

- Identify strategies for promoting self-care organizationally.

- Understand the role of the supervisor in supporting a peer identified worker.
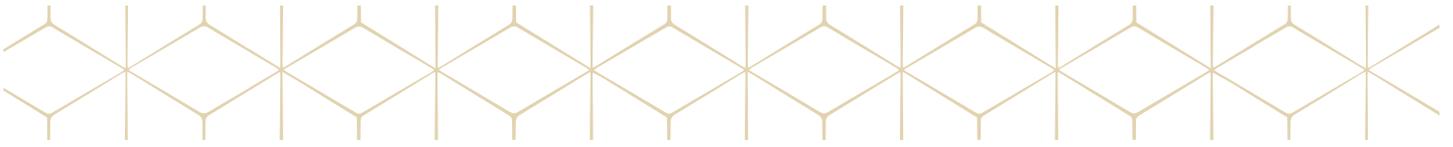
Welcome

Welcome to session four of the six-part series on Supervision in Peer Support.

- Session 1: Supervision: An Overview
- Session 2: Understanding and Applying Five Critical Supervision Functions
- Session 3: Supervision of Peer Support Specialists: Debunking Myths, Promoting Respect
- **Session 4: Self-Care and Support: The Role of a Supervisor**
- Session 5: Medical Model vs Strength based Approaches
- Session 6: Supervision Learning Collaborative Overview

Lesson 1: What is Self-Care?
And why is it important?

It has long been understood by human service workers, and validated through research, that workers in the "helping professions" are negatively impacted by some common stressors from their work.

Some examples of these stressors:

- Exposure to stories of trauma/harm

- Intense interpersonal interactions (e.g., absorbing frustrations, venting and hopelessness of participants, experiencing disrespect from other workers within systems while advocating for individuals)

- Organizational/system demands (e.g., documentation, travel)

- Poor working conditions (e.g., frequent staff vacancies/expectations of extra coverage, low pay)

Some examples of how stressors may negatively impact human service workers (including peer support workers) over time:

- Diminished pleasure or motivation around one's work

- Emotional exhaustion

- Physical exhaustion

- Decreased empathy, hope and/or patience (professionally & personally)

- Increased vulnerability around one's own mental well-being

- Feeling one's own traumatic history activated and/or having experiences that mirror those of trauma survivors even if we don't ourselves have those experiences

Video (select/click on the title of this video for the link that brings you to the video): The Missing Ingredient in Self-Care

Reflection Questions:

What does Portia Jackson-Preston say about the ways her understanding of self-care has changed over time?

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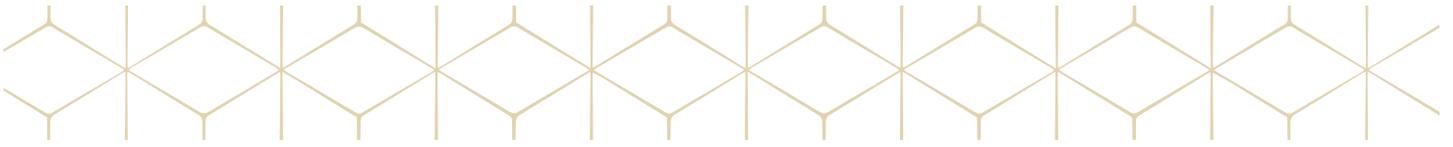
What are the 6 categories of self-care that Portia Jackson-Preston shares?
What do you think about these categories? Do they resonate with you? Why or why not?

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What were your biggest take-aways from this video segment? What really hit home for you?

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Self-Care is not the Same as Being Selfish

Flight attendants provide a set of instructions to airplane travelers about what to do in the event of an emergency. A common directive that they provide is:

"In the event of a sudden drop in pressure, an oxygen mask will drop from above. Secure your own mask first before assisting others."

This idea is frequently repeated outside of the context of being an airline passenger, and in human services, when talking about the value of self-care.

Reflection Questions:

How does this instruction relate to peer support work/human service work?

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What are the reasons we might have difficulties moving beyond the problematic belief that "self-care is selfish"?

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What are the messages we've been given about what is expected of us regarding caring for others before ourselves?

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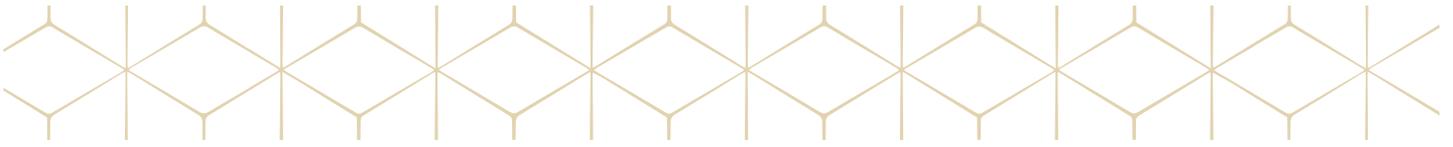
Lesson 2: Misconceptions about peer workers' self-care needs

Some pervasive and harmful myths about peer-identified staff that relate to the topic of self-care include that they are more fragile, more vulnerable, and they are likely to relapse than non-peer-identified staff.

Reflection Question

What are some of the harms of these myths?

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Some strategies supervisors can utilize, to ensure they are not promoting these and other similar myths:

- Create trusting environments where peer and non-peer identified staff are empowered and provided consideration around difficult-to-navigate situations

- Refrain from assuming peer-identified staff are wholly different than non-peer identified staff with respect to their lived experiences, self-care needs, etc.

- Trust all workers (peer and non-peer) to be aware of their own needs and to take primary responsibility for their own wellness

Reflection Question:

**In what ways have you already considered or implemented these strategies?
Are there strategies that you can enhance or work on further?**

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Lesson 3: Self-Care: It's for Everyone

"Employee Self-Care: 10 Ways Organizations Can Be Supportive" from the Workforce Institute.

Link: https://workforceinstitute.org/employee-self-care-10-ways-organizations-can-be-supportive/

Here is the text of the article:

Self-care is any activity we deliberately do in order to take care of our mental, emotional, and physical health. In theory, when we say that we "take care of ourselves," we're practicing self-care. The challenge with self-care is identifying the best ways to care for ourselves.

Now, you might be saying to yourself, "What does this have to do with employees?"
The answer is … a lot.

It's hard for employees to be engaged if they're not healthy. It is difficult for employees to be productive if they're not healthy. Disengaged and unproductive employees impact the bottom-line.

Even if the company doesn't have a formal wellness or well-being program, it makes sense for employers to support the idea of self-care. Here are a few things companies can do to support employee self-care without spending extra money or creating a program.

1. **Make ergonomics a priority.** Whether you have an open concept office or not, employees need to have office space with good lighting, chairs that provide good posture, and a quiet space to concentrate.

2. **Create "stop doing" goals**. Often, when we talk about goals, it's in the context of the things we plan "to do". Instead of always doing more, what if every employee had to set one goal of something they wanted to "stop doing" ? It might be very helpful in changing attitude and behavior.

3. **Encourage use of health insurance wellness benefits.** Most health insurance plans offer a set of preventative services like physicals, shots and vaccinations, and screening tests. Make sure employees know the preventative health services available to them.

4. **Plan healthier company-sponsored meals.** I love pizza and doughnuts at employee meetings as much as the next person. But an occasional salad would send a better nutritional message. If companies want to encourage healthy eating, then they should offer healthy options.

5. **Promote sleep**. According to the American Sleep Association, approximately 50-70 million U.S. adults have a sleep disorder. Lack of sleep has been attributed to driving accidents, obesity, and unethical conduct.

6. **Offer stress and time management courses.** Schedule a lunch and learn session. Arianna Huffington's Thrive Program is available on LinkedIn Learning. SkillShare has a class on how to "Create a Perfect Morning Routine"   that can be accessed from Facebook.
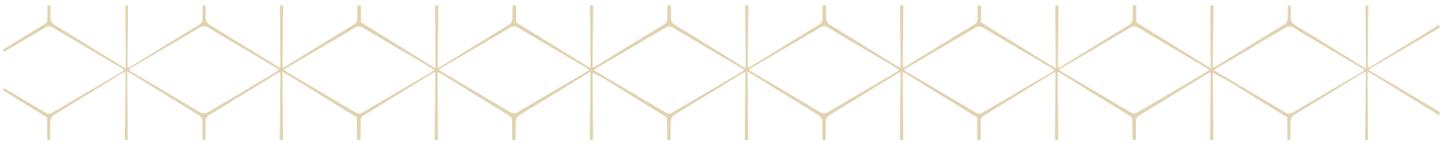
7. **Practice mindfulness**. Harvard Business Review published an article earlier this year titled "[Spending 10 Minutes a Day on Mindfulness Subtly Changes the Way You React to Everything](#)" . Giving employees 10 minutes could yield big results - for them and for the company.

8. **Recognize employees for their work and accomplishments**. In general, people like to know what they do well. It's comforting and affirming. Managers have the ability to lift the confidence of employees by giving them recognition in a way that means something.

9. **Have "walking" meetings**. We've heard the phrase "sitting is the new smoking" . Instead of having a conversation with a colleague in a conference room, [the new trend is to talk while walking](#). It makes the meeting go faster and you get in a little exercise.

10. **Provide flexible work schedules**. Employees want to know they have control over their careers, and that includes their schedules. When emergencies occur, they want to know that the company can empathize. Giving employees flexibility helps them manage their lives.

Oh, and here's one more. Number 11 - demonstrate effective use of technology. It might be tempting to say that tech is the reason more people can't focus on self-care. But that's not necessarily true. There are many apps on the market that can make self-care fun and effective. Organizations need to set realistic expectations where technology is concerned. Managers should role model the tech etiquette they want to see from others.

Companies looking to improve engagement and retention need to examine the ways they support employee self-care. And employees need opportunities to relax and recharge in order to do their best work.

Reflection Questions regarding the article:

Which ideas (if any) feel valuable and/or resonate with you?

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Which ideas (if any) seem less important, or unhelpful?

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What additional ideas might be valuable in the specific organizations/contexts that you are working in?

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Lesson 4: Promoting Self-Care as a Supervisor

4 supervisory strategies to create a culture of self-care:

1. Make sure self-care is encouraged universally, for all employees

2. Actively create a culture of self-care

3. Avoid letting discussions about self-care take over supervision

4. Model self-care as a supervisor

1. Make sure self-care is encouraged universally, for all employees.

Self-care is for everyone!

Disproportionately promoting self-care for peer support staff vs. those in non-peer identified roles:

- can feel infantilizing, disempowering, and disrespectful

- can contribute to increased separation and othering of peer support staff

- can prevent non-peer identified staff from wanting to engage in conversations or activities around self-care, as they may become stigmatized as something only for people who have mental health concerns

Reflection Question:

What are some ways you might (in the role of supervisor) communicate this crucial message? Consider an "elevator pitch" or PSA-style message you might share to everyone in your organization/team to promote this strategy

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2. Actively create a culture of self-care

This involves bringing self-care from a theoretical concept for conversations to an active practice that is regular and widespread.

Ideally approaches/initiatives will be:

- Proactive rather than reactive; supervisors won't wait to observe that staff appear to be burning out before setting them up

- Consistent, and ongoing rather than just as a once-a-year, or infrequent "special" activity

- Accessible, e.g., opportunities that are offered will consider time, location, and other specifics that can create broad, and easy-to-use appeal amongst staff

Building self-care opportunities into an organization or programs' culture in these ways, can help these practices become more utilized.

Reflection question:

Come up with one concrete example of an organizational self-care opportunity (it doesn't have to be "big") and describe how it might be implemented in the ways described above (e.g., proactive, consistent, accessible, etc.)

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3. Avoid lettings discussions about self-care take over supervision

While self-care may come up in supervision, supervisors should not assume that peer support workers require reminders about practicing self-care at every supervision session.

There are many other topics an individual may want to bring to supervision, and as was stated in previous modules, supervision is best approached through a more holistic and comprehensive focus on administrative, advocacy, supportive, educational, and evaluative areas (just not support).

Reflection question(s):

How would you respond, if you were a supervisor who was instructed by management at your organization, to "make sure to spend a good part of supervision with peer support staff on self-care, to prevent them from relapse or crisis"?

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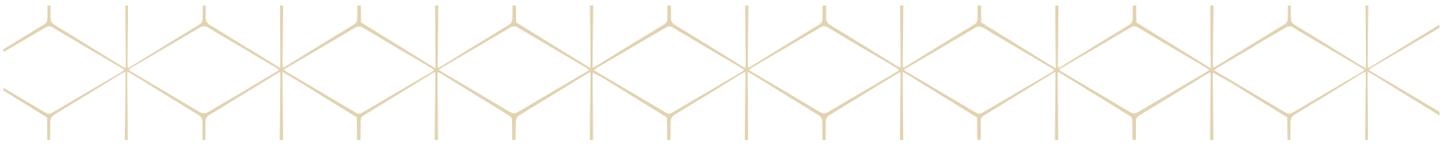
What would be important to share with management, so they also understand the harms/pitfalls of letting discussions about self-care with peer staff take over supervision?

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▪ 4. Model self-care as a supervisor

It is not uncommon for supervisors who "preach" about self-care with staff, to themselves struggle with embodying or practicing these same approaches. Of course, this is natural; just because any of us promote a "best practice," doesn't mean we are ourselves practiced and/or skilled!

However, there are some pitfalls/potential consequences when supervisors don't "practice what they preach" or at least model their work around self-care.

Among these are:

- If supervisors don't actively join in self-care opportunities, or model and share about self-care, it can feel as if the supervisor is communicating that they are different and that they don't need self-care (which might feel "othering");

- It might send mixed messages about whether supervisors genuinely do feel it's important to take time to engage in self-care;

- It may bring workers to question whether self-care is in fact needed to sustain oneself in the work

Reflection Question:

Identify some ways in which role-modelling and sharing about your own self-care journey as a supervisor benefits the goal of developing a culture of self-care?

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A Peer Support Worker's Supervisor is not Their Therapist

Some supervisors find it challenging to provide support for peer-identified staff, without blurring the lines of moving into therapy-like, and/or medical-model conversations (e.g., asking about someone's symptoms and medication).

This may be especially true among supervisors in more traditionally "clinical" roles or for those who have bought into the myth that peer-identified staff are fragile.

Some pitfalls/harms that can occur when the lines are blurred or crossed:

- The supervisor may feel less inclined to hold the peer worker to the same standards they would anyone else, perhaps treating the peer with "kid gloves" or holding back constructive feedback. Discussions of a peer's performance and opportunities for growth are necessary tools in their professional development.

- Conversations in supervision may come to over-emphasize the peer worker's personal life and lose focus on the role and responsibilities of their role in the organization.

- The supervisor's perspective of the peer worker may begin to shift (knowingly or unknowingly), and views may be based on diagnosis, symptoms, or other elements of a more clinical, medical-model orientation. Losing sight of the peer's strengths and the unique contribution they bring to the organization result in peers being under-valued and isolated.

Reflection Questions:

Consider these questions for yourself:

What are some potential ways in which my approach to supervision differs between peer-identified and non-peer identified workers?

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If I have a concern about a peer worker's work, do I avoid sharing feedback with the peer because I don't want to seem judgmental, or because I believe they cannot handle it?

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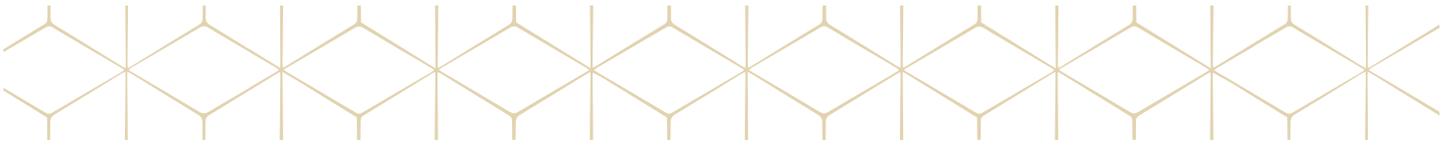
Do I ever find myself using terms that refer to the individual's diagnosis, symptoms, or treatment? Am I ascribing certain behaviors to a diagnosis? Examples might include:

- "Wow, you're really on a roll with the number of people you've seen, I just want to make sure your mania is not popping up again."

- "Do you need to set aside time to take your meds here?"

- "You probably relate a lot to the person you just supported. I'm assuming you've both been diagnosed with schizoaffective disorder, right?"

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Some best practices/strategies to use as prevention/ to push back against this:

- Setting clear expectations from the beginning (through the job description, and in orientation to one's job role).

- Explaining what your role as a supervisor is and what it is not (e.g., explaining support in supervision vs. therapy). Allowing space for discussion and clarification.

- Building in regular evaluation practices. This ensures consistency and prevents avoidance of feedback. Ideally, evaluation tools will:

  - Measure a peer worker's performance as it relates to agreed-upon job description shared, measuring how well the individual is doing in meeting those expectations

  - Offer specific, concrete examples that help illustrate where certain strengths or concerns may come into play

  - Include planning for how you can collaboratively work toward growth in areas where the need for improvement is identified

- Utilize two-way evaluation (whenever possible). This involves ensuring that whenever an evaluation of a worker takes place, the worker has an opportunity to also evaluate the supervisor.

- Engage in Self-evaluation. This will support your honest reflection of your own practice as a supervisor of peer workers, offer you a chance to consider emerging needs or progress over time. One approach to self-evaluation: Refer to the _National practice guidelines for peer specialists and supervisors_ (National Association of Peer Supporters, 2019). These guidelines illustrate how peer supporter guidelines align with the core values of peer support, and offer a side-by-side outline of how the supervisor can support the peer in their practice of these values-driven guidelines. (As seen in the image below, an excerpt from the guidelines).

Supervisors may find it useful to self-assess how closely their current supervision comes to the suggested guidelines. Below is an example of a practice guideline:

National Practice Guidelines for Peer Specialists and Supervisors | 5

CORE VALUE 2

Peer Supporters Are Hopeful

The belief that recovery is possible brings hope to those feeling hopeless. Hope is the catalyst of recovery for many people.

Peer supporters demonstrate that recovery is real—they are the evidence that people can and do overcome the internal and external challenges that confront people with mental health, traumatic or substance use challenges. As role models, most peer supporters make a commitment to continue to grow and thrive as they "walk the walk" in their own pathway of recovery. By authentically living recovery, peer supporters inspire real hope that recovery is possible for others.

PEER SUPPORTER GUIDELINES	SUPERVISOR GUIDELINES
Practice: **Share Hope**	The supervisor role is to:
• Peer supporters tell strategic stories of their personal recovery in relation to current struggles faced by those who are being supported. • Peer supporters model recovery behaviors at work and act as ambassadors of recovery in all aspects of their work. • Peer supporters help others reframe life challenges as opportunities for personal growth.	• Demonstrate confidence in peer specialists' ability to share a hopeful message. • Provide a way to further develop skills for disclosing personal experience with the goals of inspiring hope, developing trust and rapport, and fostering strengths. • Model self-care, appropriate boundaries, and an authentic belief in recovery through language, attitude, and actions.

We recommend further engaging in ongoing self-evaluation, utilizing tools such as the *National Practice Guidelines for Peer Specialists and Supervisors* (https://www.peersupportworks.org/wp-content/uploads/2021/07/National-Practice-Guidelines-for-Peer-Specialists-and-Supervisors-1.pdf).

Next session:

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