

National Practice Guidelines for Peer Specialists and Supervisors

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

~~[SAMHSA's Working Definition of Recovery](#)

The belief that recovery is possible for all who experience a psychiatric, traumatic, or substance use challenges is fundamental to the practice of peer support. The likelihood of long-term recovery is increased with effective support. Peer support has been demonstrated through research and practice to be highly effective.

In addition to SAMHSA's Working Definition and Guiding Principles of Recovery, the following core values have been ratified by peer supporters across the U.S.¹ as the core ethical values for peer support practice:

1. Peer support is voluntary
2. Peer supporters are hopeful
3. Peer supporters are open minded
4. Peer supporters are empathetic
5. Peer supporters are respectful
6. Peer supporters facilitate change
7. Peer supporters are honest and direct
8. Peer support is mutual and reciprocal
9. Peer support is equally shared power
10. Peer support is strengths-focused
11. Peer support is transparent
12. Peer support is person-driven

¹ See the Appendix for the development of the U.S. National Practice Guidelines for Peer Supporters.

Background

GUIDELINES FOR PEER SUPPORTERS

The original **National Practice Guidelines for Peer Supporters** identified 12 core values of peer support including a short description of each value in practice. Unlike earlier rules trying to fit peer support workers into traditional roles and settings with a focus on deficits (avoiding relapse) and rules about what peer workers can't do, these guidelines focused on strengths and what peer workers can do in alignment with these 12 core values.

Reviewed by a peer leadership panel at SAMHSA and endorsed with a 98.5% approval by over 1,000 peer supporters in the U.S., the **National Practice Guidelines for Peer Supporters** were issued by the International Association of Peer Supporters (iNAPS) in 2013 and have been recognized in all 50 states and the World Health Organization (WHO) for training and guiding peer workers on respecting and protecting the rights of people with mental disabilities worldwide.

GUIDELINES FOR SUPERVISORS

With the continued growth of the peer workforce since 2013, increased attention has turned to supervision of peer support workers (also known as peer support specialists).

Many states funded peer support worker positions through Medicaid reimbursement, which required supervision by a licensed (qualified) mental health professional as defined by each state. While this led to substantial growth in the peer support specialist workforce, it also resulted in peer support worker supervisors with no direct knowledge of peer support values; their ethical codes often prevented practice of essential aspects of peer support such as self-disclosure (sharing relevant elements of one's own personal story to connect with someone else).

Recognizing concerns about supervision, in 2018 iNAPS convened a National Supervision Workgroup to review issues, existing research reports, curricula, and webinars related to the supervision of peer support specialists. A Supervision Resource page was created on the iNAPS website. iNAPS continues to offer a monthly online discussion open to all peer support specialists and an additional monthly online discussion for supervisors.

The Supervision Workgroup drafted **National Practice Guidelines for Supervisors of Peer Support Specialists**, identifying supervisors' roles in helping peer staff uphold the core values of the 2013 National Practice Guidelines for Peer Supporters. The Workgroup sought national input through surveys and focus groups from both peer support specialists and supervisors. The **National Practice Guidelines for Supervisors of Peer Support Specialists** received an approval rating of 91.8% from 232 responses to a national survey.

PURPOSE AND SCOPE

The purpose of the **Guidelines for Supervisors** (The **Guidelines**) is to educate supervisors about the core peer support values as applied in supervisory relationships. The **Guidelines** describe the supervisor's role and offer practical tips about how supervisors can help peer support specialists remain true to the values outlined in the National Practice Guidelines for Peer Supporters.

The **Guidelines** are written for all supervisors, whether or not they have previously worked as peer support specialists. The **Guidelines** may be used to educate and/or advocate. They may be used as a self-assessment for supervisors to improve the supervision experience. The **Guidelines** can be used to educate management and executive leadership about the values of peer support and to advocate for increased promotion of these values in practice.

These **Guidelines do not address** general topics in supervision beyond the values of peer support. While some tips in the Guidelines apply to all staff, their purpose is to educate (or remind) supervisors and peer support specialists of peer support values.

PEER AND NON-PEER SUPERVISION

Ideally, all peer support specialists are supervised by people who have lived experience with recovery and peer support. However, with the rapid growth and continuing evolution of peer support in behavioral health care, integrated care, and related non-peer-run workplace settings, the number of experienced and interested peer support practitioners credentialed for funder-required supervisor eligibility is limited. Both lived experience and role-specific training are required to practice as a peer support specialist.

Traditional academic education is not a substitute for the training and life experience of a peer support specialist who practices from the perspective of having lived experience.

Whether or not a supervisor has lived experience as a peer supporter, the **Guidelines for Supervisors** offer important information to assist in delivering services in alignment with the fundamental values of peer support.

MUTUAL RESPECT IN SUPERVISION

The INAPS National Supervision Workgroup recognizes the importance of mutual respect in supervision. The Guidelines recognize that circumstances arise in traditionally-structured agencies in which liability may influence decisions including supervisors' use of authority. In these challenging situations, supervisors and supervisees can continue a mutually respectful relationship and open communication.

The focus of this document is the role of the supervisor in helping peer specialists practice the values in the INAPS National Practice Guidelines. Other recognized models for supervision of peer specialists may also be considered.

Contents

NATIONAL PRACTICE GUIDELINES FOR PEER SPECIALISTS AND SUPERVISORS	6
1) Peer support is voluntary	6
2) Peer supporters are hopeful	7
3) Peer supporters are open minded	8
4) Peer supporters are empathetic	8
5) Peer supporters are respectful	9
6) Peer supporters facilitate change	10
7) Peer supporters are honest and direct	12
8) Peer support is mutual and reciprocal	12
9) Peer support is equally shared power	13
10) Peer support is strengths-focused	14
11) Peer support is transparent	15
12) Peer support is person-driven	16
GLOSSARY	17
APPENDIX:	22

National Practice Guidelines for Peer Specialists and Supervisors

With 98% agreement among nearly 1,000 peer supporters responding to surveys and participating in focus groups, the following 12 core values were identified and validated as a basis for this work.

CORE VALUE	PEER SUPPORTER GUIDELINES <i>What this core value looks like in practice</i>	SUPERVISOR GUIDELINES <i>How supervisors promote this practice</i>
1) PEER SUPPORT IS VOLUNTARY	PRACTICE: SUPPORT CHOICE	THE SUPERVISOR ROLE IS TO:
<p>Recovery is a personal choice. The most basic value of peer support is that people freely choose to give or receive support. Being coerced, forced or pressured is against the nature of genuine peer support.</p> <p>The voluntary nature of peer support makes it easier to build trust and connections with another.</p>	<ul style="list-style-type: none"> Peer supporters do not force or coerce others to participate in peer support services or any other service. Peer supporters respect the rights of those they support to choose or cease support services or use the peer support services from a different peer supporter. Peer supporters also have the right to choose not to work with individuals with a particular background if the peer supporter's personal issues or lack of expertise could interfere with the ability to provide effective support to these individuals. <p>In these situations, the peer supporter would refer the individuals to other peer supporters or other service providers to provide assistance with the individuals' interests and desires.</p>	<ul style="list-style-type: none"> Encourage peer support specialists in promoting individuals' choices including becoming more knowledgeable about <u>trauma-informed</u> approaches that reduce or eliminate force and coercion to create a safer environment for all. Explore peer support specialists' choices about how they might or might not choose to work with certain individuals, especially if there are issues related to dual relationships or trauma.

CORE VALUE	PEER SUPPORTER GUIDELINES <i>What this core value looks like in practice</i>	SUPERVISOR GUIDELINES <i>How supervisors promote this practice</i>
	<ul style="list-style-type: none"> • Peer supporters advocate for choice when they observe coercion in any mental health or substance abuse service setting. 	<ul style="list-style-type: none"> • Provide guidance to peer support specialists when they are advocating for choice or speaking up when coercion occurs, especially when it is subtle or systemic.
2) PEER SUPPORTERS ARE HOPEFUL	PRACTICE: SHARE HOPE	THE SUPERVISOR ROLE IS TO:
<p>The belief that recovery is possible brings hope to those feeling hopeless. Hope is the catalyst of recovery for many people.</p> <p>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.</p>	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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.

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3) PEER SUPPORTERS ARE OPEN MINDED	PRACTICE: WITHHOLD JUDGMENT ABOUT OTHERS	THE SUPERVISOR ROLE IS TO:
<p>Being judged can be emotionally distressing and harmful. Peer supporters “meet people where they are at” in their recovery experience even when the other person’s beliefs, attitudes or ways of approaching recovery are far different from their own.</p> <p>Being nonjudgmental means holding others in unconditional positive regard, with an open mind, a compassionate heart and full acceptance of each person as a unique individual.</p>	<ul style="list-style-type: none"> • Peer supporters embrace differences of those they support as potential learning opportunities. • Peer supporters respect an individual’s right to choose the pathways to recovery individuals believe will work best for them. • Peer supporters connect with others where and as they are. • Peer supporters do not evaluate or assess others. 	<ul style="list-style-type: none"> • View differences as an opportunity for learning. Refrain from seeing differences as pathology (symptoms); consider “what happened?” rather than “what’s wrong?” • Learn with and from peer support specialists about different pathways to recovery and alternate perspectives about individuals. • Respect peer support specialists’ individual recovery journeys and knowledge of recovery approaches.
4) PEER SUPPORTERS ARE EMPATHETIC	PRACTICE: LISTEN WITH EMOTIONAL SENSITIVITY	THE SUPERVISOR ROLE IS TO:
<p>Empathy is an emotional connection that is created by “putting yourself in the other person’s shoes.”</p>	<ul style="list-style-type: none"> • Peer supporters practice effective listening skills that are non-judgmental. 	<ul style="list-style-type: none"> • Practice effective listening that is non-judgmental and empathic while balancing the need to hold peer support specialists accountable for their job duties.

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<p>Peer supporters do not assume they know exactly what the other person is feeling even if they have experienced similar challenges.</p> <p>They ask thoughtful questions and listen with sensitivity to be able to respond emotionally or spiritually to what the other person is feeling.</p>	<ul style="list-style-type: none"> • Peer supporters understand that even though others may share similar life experiences, the range of responses may vary considerably. 	<ul style="list-style-type: none"> • Provide adequate time and space, with coaching and feedback, for peer specialists to become proficient in this critical skill.
5) PEER SUPPORTERS ARE RESPECTFUL	PRACTICE: BE CURIOUS AND EMBRACE DIVERSITY	THE SUPERVISOR ROLE IS TO:
<p>Each person is valued and seen as having something important and unique to contribute to the world. Peer supporters treat people with kindness, warmth, and dignity.</p> <p>Peer supporters accept and are open to differences, encouraging people to share the gifts and strengths that come from human diversity.</p>	<ul style="list-style-type: none"> • Peer supporters embrace the diversity of culture and thought as a means of personal growth for those they support and themselves. • Peer supporters encourage others to explore how differences can contribute to their lives and the lives of those around them. • Peer supporters practice patience, kindness, warmth, and dignity with the people they support. 	<ul style="list-style-type: none"> • See peer support as different from traditional service, one that does not start with the assumption that there is a problem. Instead, peer support is a way of relating to many different world views. • Gain awareness of one's own world view including personal stigmas, stereotypes and bias that can interfere with the ability to treat all employees, including peer support specialists, with respect and fairness.

CORE VALUE	PEER SUPPORTER GUIDELINES <i>What this core value looks like in practice</i>	SUPERVISOR GUIDELINES <i>How supervisors promote this practice</i>
<p>Peer supporters honor and make room for everyone's ideas and opinions and believe every person is equally capable of contributing to the whole.</p>	<ul style="list-style-type: none"> • Peer supporters treat each person they encounter with dignity and see them as worthy of all basic human rights. • Peer supporters embrace the full range of cultural experiences, strengths, and approaches to recovery for those they support and themselves. 	<ul style="list-style-type: none"> • Take training themselves and support offering all agency employees, including supervisees, training on <u>cultural humility</u>, which is a process of openness and self-awareness that incorporates self-reflection and self-critique while willingly interacting with individuals from diverse cultures, ethnicities and gender orientations. • Invite ongoing feedback on personal and staff practice of cultural humility.
6) PEER SUPPORTERS FACILITATE CHANGE	PRACTICE: EDUCATE AND ADVOCATE	THE SUPERVISOR ROLE IS TO:
<p>Some of the worst human rights violations are experienced by people with psychiatric, trauma or substance use challenges.</p> <p>They are frequently seen as “objects of treatment” rather than human beings with the same fundamental rights to life, liberty and the pursuit of happiness as everyone else.</p>	<ul style="list-style-type: none"> • Peer supporters recognize and find appropriate ways to call attention to injustices. • Peer supporters strive to understand how injustices may affect people. • Peer supporters encourage, coach and inspire those they support to challenge and overcome injustices. 	<ul style="list-style-type: none"> • Define and model <u>advocacy</u> for peer support specialists, including advocating for organizational changes. • Coach peer support specialists on how to respect the rights of individuals while helping individuals challenge and overcome injustice. • Build on lived experience, model recovery and advocate for peer support workers.

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<p>People may be survivors of violence (including physical, emotional, spiritual and mental abuse or neglect). Those with certain behaviors that make others uncomfortable may find themselves stereotyped, stigmatized and outcast by society.</p> <p>Internalized oppression is common among people who have been rejected by society. Peer supporters treat people as human beings and remain alert to any practice (including the way people treat themselves) that is dehumanizing, demoralizing or degrading and will use their personal story and/or advocacy to be an agent for positive change.</p>	<ul style="list-style-type: none"> • Peer supporters use language that is supportive, encouraging, inspiring, motivating and respectful. • Peer supporters help those they support explore areas in need of change for themselves and others. • Peer supporters recognize injustices peers face in all contexts and act as advocates and facilitate change where appropriate. 	<ul style="list-style-type: none"> • Assist colleagues to understand the peer specialist role and the perspective and experience of peer support specialists. • Identify situations in which the supervisor has responsibility to address agency liability and maintain respectful communication with peer support specialists when differences of opinion occur. • Provide time and support for peer support specialists to connect and participate in the greater peer movement and the peer workforce profession.

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7) PEER SUPPORTERS ARE HONEST AND DIRECT	PRACTICE: ADDRESS DIFFICULT ISSUES WITH CARING AND COMPASSION	THE SUPERVISOR ROLE IS TO:
<p>Clear and thoughtful communication is fundamental to effective peer support.</p> <p>Difficult issues are addressed with those who are directly involved. Privacy and confidentiality build trust.</p> <p>Honest communication moves beyond the fear of conflict or hurting other people to the ability to respectfully work together to resolve challenging issues with caring and compassion, including issues related to stigma, abuse, oppression, crisis or safety.</p>	<ul style="list-style-type: none"> • Peer supporters respect privacy and confidentiality. • Peer supporters engage when desired by those they support, in candid, honest discussions about stigma, abuse, oppression, crisis or safety. • Peer supporters exercise compassion and caring in <u>peer support relationships</u>. • Peer supporters respect privacy and confidentiality. • Peer supporters strive to build peer relationships based on integrity, honesty, respect, and trust. 	<ul style="list-style-type: none"> • Establish clear boundaries, set reasonable and mutually agreed-on expectations • Promote responsibility and accountability. • Build trust and develop the integrity of the supervisory relationship with peer support specialists through honest and respectful communication about strengths and areas that need improvement.
8) PEER SUPPORT IS MUTUAL AND RECIPROCAL	PRACTICE: ENCOURAGE PEERS TO GIVE AND RECEIVE	THE SUPERVISOR ROLE IS TO:
<p>In a peer support relationship, each person gives and receives in a fluid, constantly changing manner.</p>	<ul style="list-style-type: none"> • Peer supporters learn from those they support and those supported learn from peer supporters. 	<ul style="list-style-type: none"> • Ask peer support specialists how they best receive feedback and direction.

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<p>This is very different from what most people experience in treatment programs, where people are seen as needing help and staff is seen as providing that help.</p> <p>In peer support relationships, each person has things to teach and learn. This is true whether you are a paid or volunteer peer supporter.</p>	<ul style="list-style-type: none"> • Peer supporters encourage peers to fulfill a fundamental human need -- to be able to give as well as receive. • Peer supporters respect and honor a relationship with peers that evokes power-sharing and mutuality, wherever possible. 	<ul style="list-style-type: none"> • Encourage <u>co-learning</u> (collaborative learning) and welcome peer support specialists' input in decision-making wherever possible. • Welcome feedback from peer support specialists during supervision sessions to develop supervisory relationships based on mutuality.
9) PEER SUPPORT IS EQUALLY SHARED POWER	PRACTICE: EMBODY EQUALITY	THE SUPERVISOR ROLE IS TO:
<p>By definition, peers are equal.</p> <p>Sharing power in a peer support relationship means equal opportunity for each person to express ideas and opinions, offer choices and contribute. Each person speaks and listens to what is said.</p> <p>Abuse of power is avoided when peer support is a true collaboration.</p>	<ul style="list-style-type: none"> • Peer supporters use language that reflects a mutual relationship with those they support. • Peer supporters behave in ways that reflect respect and mutuality with those they support. • Peer supporters do not express or exercise power over those they support. • Peer supporters do not diagnose or offer medical services but do offer a complimentary service. 	<ul style="list-style-type: none"> • Educate peer support specialists on the concept of power and the potential for inadvertently reinforcing power differentials in the peer support relationship. • Reinforce the non-clinical nature of the peer support role with peer support specialists and other organizational colleagues to avoid <u>'peer drift' or co-optation</u>, and role ambiguity.

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		<ul style="list-style-type: none"> • Consider how power in relationships, including the relationship between the supervisor and peer support specialist, affects those with histories of trauma, to create a safe work environment. • Support peer support specialist values and scope of non-clinical practice, especially in situations in which the peer support specialist is called upon to endorse or enforce a form of treatment or clinical practice.
10) PEER SUPPORT IS STRENGTHS-FOCUSED	PRACTICE: SEE WHAT'S STRONG NOT WHAT'S WRONG	THE SUPERVISOR ROLE IS TO:
<p>Each person has skills, gifts and talents they can use to better their own life. Peer support focuses on what's strong, not what's wrong in another's life. Peer supporters share their own experiences to encourage people to see the "silver lining" or the positive things they have gained through adversity.</p>	<ul style="list-style-type: none"> • Peer supporters encourage others to identify their strengths and use them to improve their lives. • Peer supporters focus on the strengths of those they support. • Peer supporters use their own experiences to demonstrate the use of one's strengths and to encourage and inspire those they support. 	<ul style="list-style-type: none"> • Model a focus on strengths rather than deficits with all employees. • Encourage peer support specialists to develop meaningful personal, career, and leadership development goals and suggest they use a similar process with those they support. • Encourage peer support specialists to use a strength-based approach to evaluate their own progress and performance;

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<p>Through peer support, people get in touch with their strengths (the things they have going for them). They rediscover childhood dreams and long-lost passions that can be used to fuel recovery.</p>	<ul style="list-style-type: none"> • Peer supporters operate from a strength-based perspective and acknowledge the strengths, informed choices and decisions of peers as a foundation of recovery. • Peer supporters encourage others to explore dreams and goals meaningful to those they support. • Peer supporters don't fix or do for others what they can do for themselves. 	<p>invite them to provide a similar strength-based approach when working with others.</p>
<p>11) PEER SUPPORT IS TRANSPARENT</p>	<p>PRACTICE: SET CLEAR EXPECTATIONS AND USE PLAIN LANGUAGE</p>	<p>THE SUPERVISOR ROLE IS TO:</p>
<p>Peer support is the process of giving and receiving non-clinical assistance to achieve long-term recovery from severe psychiatric, traumatic or addiction challenges.</p> <p>Peer supporters are experientially credentialed to assist others in this process.</p>	<ul style="list-style-type: none"> • Peer supporters clearly explain what can or cannot be expected of the peer support relationship. • Peer supporters use language that is clear, understandable and value and judgment-free. • Peer supporters use language that is supportive and respectful. 	<ul style="list-style-type: none"> • Use the job description to orient peer support specialists to job duties and requirements, including the type of documentation a peer support specialist is expected to keep, and to guide understanding of the performance review process. • Explain the supervisor's role, including connecting peer support specialists to other colleagues with additional expertise, as needed.

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<p>Transparency refers to set expectations with each person about what can and cannot be offered in a peer support relationship, including privacy and confidentiality.</p> <p>Peer supporters communicate in plain language so people can readily understand and they “put a face on recovery” by sharing personal recovery experiences to inspire hope and the belief that recovery is real.</p>	<ul style="list-style-type: none"> • Peer supporters provide support in a professional yet humanistic manner. • Peer supporter roles are distinct from the roles of other behavioral health service professionals. • Peer supporters make only promises they can keep and use accurate statements. • Peer supporters do not diagnose nor do they prescribe or recommend medications or monitor their use. 	<ul style="list-style-type: none"> • Describe the benefits and expectations of the supervisory relationship, including frequency and duration of supervision meetings. • Use plain, person-first language in all interactions with peer support specialists. • Reinforce the non-clinical nature of the peer support role with peer support specialists and colleagues, including documentation which is consistent with the peer support role.
12) PEER SUPPORT IS PERSON-DRIVEN	PRACTICE: FOCUS ON THE PERSON, NOT THE PROBLEMS	THE SUPERVISOR ROLE IS TO:
<p>All people have a fundamental right to make decisions about things related to their lives. Peer supporters inform people about options, provide information about choices and respect their decisions.</p> <p>Peer supporters encourage people to move beyond their comfort zones, learn from their mistakes and grow from dependence on the system toward their chosen level of freedom</p>	<ul style="list-style-type: none"> • Peer supporters encourage those they support to make their own decisions. • Peer supporters, when appropriate, offer options to those they serve. • Peer supporters encourage those they serve to try new things. • Peer supporters help others learn from mistakes. • Peer supporters encourage resilience. 	<ul style="list-style-type: none"> • Provide an environment where peer support specialists are empowered to move beyond comfort zones and learn from their mistakes. • Reframe unexpected outcomes as opportunities for personal growth, recovery, and resilience. • Assist peer support specialists in identifying areas for personal growth

and inclusion in the community of their choice.	<ul style="list-style-type: none"> • Peer supporters encourage personal growth in others. • Peer supporters encourage and coach those they support to decide what they want in life and how to achieve it without judgment. 	<p>and creating professional development plans.</p> <ul style="list-style-type: none"> • Recognize when the issues a peer support specialist brings up in supervision are beyond the supervisor's role; and suggest constructive ways to obtain help for these issues.
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GLOSSARY

In addition to identifying values upon which practice standards can be developed, it was necessary to define “peer support,” “peer supporter,” “peer” “peer support relationship” and “practice standards.” Using surveys, literature reviews and consultations with the advisory group, the following definitions were developed:

ADVOCACY²

Mental health advocacy includes a variety of different actions aimed at changing the major structural and attitudinal barriers to achieving positive mental health outcomes in populations. The concept, which is relatively new, was initially developed to reduce stigma and discrimination and to promote the human rights of persons with mental disorders.

CO-LEARNING³

Co-learning (collaborative learning) is a situation in which two or more people attempt to learn something together. Unlike individual learning, people engaged in collaborative learning capitalize on one another's resources and skills (asking one

² World Health Organization (WHO) https://www.who.int/mental_health/policy/services/1_advocacy_WEB_07.pdf

³ Collaborative Learning https://en.wikipedia.org/wiki/Collaborative_learning

another for information, evaluating one another's ideas, monitoring one another's work, etc.). More specifically, collaborative learning is based on the model that knowledge can be created within a population where members actively interact by sharing experiences. Put differently, [collaborative](#) learning refers to [methodologies and environments](#) in which learners engage in a common task where each individual depends on and is accountable to each other. These include both face-to-face conversations and computer discussions (online forums, chat rooms, etc.).

CO-OPTATION^{4 5} / PEER DRIFT

Peer Specialists are an emerging workforce in behavioral health. Many Peer Specialists work side-by-side with clinicians on ACT teams, psychiatric rehabilitation programs, CommonGround Decision Support Centers, inpatient units, first episode psychosis teams, integrated health/behavioral health teams, etc. There is no doubt that Peer Specialists have many unique skills that enrich the entire team. However, within these traditional clinical settings, it's not unusual for Peer Specialists to begin to adopt the language and practices associated with the clinical worldview. **In other words, over time the work of many Peer Specialists begins to resemble the work of clinicians on the team, taking on quasi-clinical roles rather than practicing as peer supporters according to peer support guidelines and standards.**

Peer support specialists working in treatment organizations are subject to processes of acculturation into professional cultures that peer support specialists working in peer organizations are not. Effective implementation should include specific efforts to minimize the cooptation of peer support specialists.

CULTURAL HUMILITY⁶

In a multicultural world where power imbalances exist, cultural humility is a process of openness, self-awareness, being egoless, and incorporating self-reflection and critique after willingly interacting with diverse individuals. The results of achieving cultural humility are mutual empowerment, respect, partnerships, optimal care, and lifelong learning. Cultural humility involves a change in the overall perspective and way of life. Cultural humility is a way of being. Employing cultural humility means being aware of power imbalances and being humble in every interaction with every individual. This

⁴ Peer Specialists are not clinicians, Deegan: <https://www.commongroundprogram.com/blog/peer-specialists-are-not-clinicians>

⁵ Cooptation of Peer Support Staff: Quantitative Evidence, Alberta & Ploski: <https://journals.sagepub.com/doi/pdf/10.4137/RPO.S12343>

⁶ (16) (PDF) *Cultural Humility: A Concept Analysis*. Available from: https://www.researchgate.net/publication/279630344_Cultural_Humility_A_Concept_Analysis [accessed Nov 08 2018].

process will not happen immediately, but it is speculated that with time, education, reflection, and effort, progress can be made.

PEER SUPPORT

Peer support is the process of giving and receiving non-clinical assistance to achieve long-term recovery from severe psychiatric, traumatic or addiction challenges. This support is provided by peer supporters - people who have “lived experience” and have been trained to assist others in initiating and maintaining long-term recovery and enhancing the quality of life for individuals and their families. Peer support services are inherently designed, developed, delivered, evaluated and supervised by peers in long-term recovery.⁷

PEER SUPPORT SPECIALIST (PSS)

An individual or multiple individuals employed in peer support roles. Job titles may include peer specialist, peer support worker, etc.

PEER SUPPORTER

A peer supporter is someone who has experienced the healing process of recovery from psychiatric, traumatic and/or substance abuse challenges and, as a result, can offer assistance and support to promote another peer's own personal recovery journey. The peer supporter volunteers to share portions of his or her recovery experience in an appropriate and effective manner. Peer support specialists are typically trained, supervised, and paid to be peer supporters.

PEER

In the context of peer support, a peer is a person experiencing a psychiatric, traumatic, or addiction challenge who may benefit from peer support.

⁷ Definition adapted from White, W. (2009). Peer-Based Addiction Recovery Support: History, Theory, Practice and Scientific Evaluation.

PEER SUPPORT RELATIONSHIP

The qualities that make an effective peer supporter are best defined by the individual receiving support, rather than by an organization or provider of care. Matching peer supporters with peers often encompasses shared cultural characteristics, such as age, gender, ethnicity, language, sexual orientation, co-occurring challenges, experience in the military or with the criminal justice system or other identity-shaping life experiences that increase common language, mutual understanding, trust, confidence, and safety.

PRACTICE STANDARDS

Practice standards are rules or guidelines used as the basis for informed decision-making about acceptable work performance and practices. They are established by an authoritative entity through a collaborative process with input from a wide range of people who perform the work. Standards are based on values, ethics, principles, and competencies. Having a core set of standards is one important way to legitimize a field of practice.⁸

TRANSPARENT⁹

Effective supervisors recognize that each individual they supervise will bring prior experiences, beliefs, ideas, and associations around supervision to the supervisory relationship. Supervisors bring their own past experiences, beliefs, and assumptions into the supervisory relationship, as well. It is therefore important to begin the supervisory relationship by sharing these experiences, expectations, hopes, and fears to build trust and pave the way for a shared understanding of what the current supervisory relationship will look like. A supervisor's willingness to be open, appropriately transparent, and attentive to the peer support specialist's ideas, concerns, and needs will help shape the supervisory relationship. It is important that both supervisor and supervisee view the supervisory relationship as a safe space for the supervisee to receive support, perform honest introspection, candidly share difficulties, and expose vulnerabilities. To that end, an important task of the supervisor is to intentionally foster trust. Supervisors are also often in an ideal position to facilitate meaningful conversations between clinical and peer support specialist that can help to identify and address or prevent

⁸ Adapted from Wilma Townsend, Presentation at Pillars of Peer Support (2012).

⁹ Peer Support Toolkit, Philadelphia DBHIDS pp. 117 and 120: https://dbhids.org/wp-content/uploads/1970/01/PCCI_Peer-Support-Toolkit.pdf

these issues from taking root in the organizational culture. These conversations can normalize experiences, promote transparent conversations, and provide opportunities for staff of multiple disciplines to be a part of shaping new organizational norms.

TRAUMA-INFORMED APPROACH¹⁰

Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. It seeks to change the paradigm from one that asks, "What's wrong with you?" to one that asks, "What has happened to you?" A trauma-informed approach reflects adherence to six key principles that apply across multiple types of settings: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; and cultural, historical, and gender issues.

¹⁰ SAMHSA HRSA Resources for Trauma-Informed Care: <https://www.integration.samhsa.gov/clinical-practice/trauma-informed>

APPENDIX

-- ABOUT THE DEVELOPMENT OF THE 2013 GUIDELINES FOR PEER SUPPORTERS

The peer support workforce is at a critical time in its development. Research reveals that peer support can be valuable to those overcoming mental health and substance addictions challenges and their families. Thousands of peers have been trained and are working in a wide variety of settings, but questions remain regarding peer roles, duties and philosophies.

In an effort to create a broader understanding, reduce workplace tensions and frustrations and develop effective peer support roles, a universal set of practice standards is necessary. Such standards will enable peer support workers, non-peer staff, program administrators and developers, systems administrators, funders, researchers and policymakers to better understand peer supporter values and the appropriate roles and tasks that can and should be carried out by peer support workers in a manner that benefits all.

Professional practice standards generally have three basic components:

- 1) Practice guidelines
- 2) Identification and description of core competencies
- 3) Ethical guidelines or a code of ethics

This project focused on the first element, practice guidelines, which are being shared with other organizations with the intention of providing the remaining two components.

A consortium of stakeholder organizations, led by the International Association of Peer Supporters, developed these practice guidelines for peer supporters designed to honor the diverse settings in which peer supporters work, the tasks peers are asked to perform, and to create guidance for an emerging peer support workforce that is built upon the strengths and recovery principles peer supporters embody.

Vital to this process was a diverse advisory group that included representatives from mental health and substance use fields as well as from family support and cultural organizations.

The standards are value based; that is, they are directly derived from values peer supporters agree on and hold most dear. The process to gather the values and develop these standards was intentionally inclusive and included:

- 1) Website solicitations for input
- 2) Newsletter and e-mail communication to solicit input and report progress
- 3) Focus groups
- 4) Surveys
- 5) Informal gatherings of peer supporters
- 6) A literature search and review

Representatives from many stakeholder organizations acted in an advisory or steering capacity.

Six focus groups were conducted across the U.S. and more than 800 people responded to online surveys. Surveys were translated into Spanish with outreach to the Latino, African-American, and Military Veteran, mental health and substance use peer supporter communities. Responses were remarkably consistent (98%) in their approval of the core values for practice standards development. From these core values, the draft guidelines were written and reviewed by members of the advisory group.

The draft guidelines were then reviewed by volunteer peer supporters and underwent yet another review by the advisory group. The “solid” draft of the practice standards is a part of this document. The process, however, will remain dynamic as the ongoing review will likely result in modifications over time.

In addition to a value-based product, the guidelines have been framed in a human rights context. Below is a passage from the World Health Organization’s Quality-Rights Toolkit from which some of the guidelines were drawn.

In many countries, the quality of care in both inpatient and outpatient facilities is poor or even harmful and can actively hinder recovery. The treatment provided is often intended to keep people and their conditions 'under control' rather than to enhance their autonomy and improve their quality of life. People are seen as 'objects of treatment' rather than human beings with the same rights and entitlements as everybody else. They are not consulted on their care or recovery plans, in many cases receiving treatment against their wishes.¹¹

The preceding statement supports the need for change and also provides a framework for understanding the roles and functions of peer supporters. Ultimately, quality behavioral health care is a matter of social justice and peer supporters are playing a vital role in ensuring that quality.

Although the roles of peer supporters are many and diverse, within primary and behavioral health care, there are common values and practices for all. While language and some practical aspects may differ, fundamental values cut across all peer support.

The goals of national practice guidelines include:

- Identifying guidelines for developing appropriate and meaningful job descriptions.
- Providing a foundation upon which peer support core competencies can be identified.
- Creating a basis for peer support ethical guidelines.
- Creating a foundation for a potential national credential.
- Facilitating reciprocity policies (recognized in multiple states).
- Providing information that could be used to examine peer supporter training curricula.

¹¹ WHO Quality-Rights tool kit to assess and improve quality and human rights in mental health and social care facilities. Geneva, World Health Organization, 2012.