Peer Navigator Supervision Toolkit for the Peer Navigators for Healthy Lifestyles Program

Information and tools to guide supervision of peer navigators who address the health needs of African Americans with serious mental illness.

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PREFACE

Peer navigators (PN), also known as community health workers (CHWs), are persons in recovery from lived experience of mental illness who help individuals with mental health challenges navigate the health care system to address their health needs. Supervisors are an important part of a successful peer navigator program.

This toolkit is designed to guide good peer navigator supervision practices and is intended to accompany our peer navigator program materials for the Peer Navigators for Healthy Lifestyles Program. This is one of three PN programs through a coalition of researchers from Illinois Institute of Technology, advocates, providers, and researchers using Community-Based Participatory Research (CBPR) by partnering with people with lived experience of mental illness. Our PN programs are:

- The Promoting Healthy Lifestyles for African Americans is designed to address obesity and obesity-related health complications, and was funded by NIMHD in 2016.

- Integrated Care and Peer Navigators for Latinos was funded through a 2014 Patient-Centered Outcomes Research Institute (PCORI) award to serve the health care needs of Latinos with serious mental illness.

- Integrated Health Care for Homeless African Americans with mental illness was funded through a 2012 National Institute on Minority Health and Health Disparities (NIMHD) award and addresses the health care needs of homeless African Americans with serious mental illness.

The development of this supervision toolkit was also guided by persons with lived experience of mental illness through a CBPR process. It is based on our programmatic experience as well as guidance from existing peer provider resources.

This toolkit includes an overview of key topics followed by tools and templates in the Appendix. All documents may be revised to meet your program's needs. Additional resources are also listed in the Appendix near the end of this document. Our peer navigator manuals, workbooks, and more information are found at www.chicagohealthdisparities.org.

What is Peer Navigator Supervision?

High quality supervision is essential for PNs. Supervision serves two key functions, consultative and administrative. Consultative supervision includes PN case oversight and PN professional development. Administrative supervision entails managing PN work in relation to organizational demands. The supervision process assures that the PN will develop needed knowledge, skills and values, with the goal of improving the quality of work. Above all, peer navigator supervision is supportive. PN supervisors meet with PNs weekly to provide a nurturing, safe environment for peer navigators to get help with challenges, receive coaching on skills, and provide tools and resources needed to effectively assist persons with mental illness in meeting their health goals.

Who Supervises a Peer Navigator?

We recommend that agencies appoint an experienced PN with supervisory skills to provide supervision for more junior PNs. Likewise, it is important for PN supervisors to have a supportive, experienced supervisor. If PN supervisors lack substantial experience as a PN, arrangements should be made so that the PN can receive consultative support. For example, a group of PNs at the agency could meet regularly to provide case feedback for one another. Alternatively, case feedback could be received through a local peer networking group. Another option is a mentorship between a junior and senior PN, which could take place remotely, if necessary. If a PN has more than one supervisor, the distinct role of each supervisor must be clear to the PN and supervisors. New supervisors and those with less supervisory experience should seek additional training on supervision. To maintain a manageable workload, it is recommended that each supervisor support no more than six PNs.

Key Elements of Peer Navigator Supervision

There are five overarching elements of the peer supervisory role (Daniels et al., 2015).

1. *PN supervisors have supervisory skills.* Effective PN supervisors understand the purpose and functions of supervision. They are skilled in effective communication, motivating, problem-solving, organization, time management, and achieving goals. They are sensitive to individual differences and are committed to the employee's development as well as their own.

2. *PN supervisors are knowledgeable about the role of peer navigation and how to support PNs.* Supervision of PNs requires a good understanding of the PN role, duties, and challenges. This helps to assure quality PN service provision, including the ability to collaborate with PNs to problem-solve on peer navigation, provide coaching on PN competencies, understand and facilitate the role of self-disclosure, and promote continuing education opportunities. In addition to providing support around peer navigation, PNs may need support to handle job stress, process traumatic or confusing situations with participants, and to foster self-care and recovery.

3. *PN supervisors understand and promote recovery.* Recovery is "a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential" (SAMHSA, 2012). PN supervisors should encourage PNs to model recovery when discussing their experiences with mental illness with participants, with the aim of promoting hope, service engagement, and trust.

4. *PN supervisors are PN champions across the organization.* Within an organization, non-peer staff may need to learn about the role of PN and its value. It is the PN supervisor's responsibility to promote this understanding among staff. Promoting PN leadership (for example, through work on committees) and visibility at your organization may be helpful. Supervisors may need to advocate for PNs, including for organizational policies and procedures that support PN recovery, equitable compensation, professional development, and opportunities for growth.

5. *PN supervisors promote the growth of PNs.* Supervisors promote professional growth by providing opportunities for ongoing training, professional development, and advancement. Equally important, supervisors support personal growth by assuring a supportive workplace and encouraging PN self-care and wellness.

Supervision meetings. A good relationship between a supervisor and PN sets the PN up for success by encouraging him/her to discuss challenges with his/her supervisor, thereby increasing opportunities for problem-solving and learning. One-on-one supervision meetings should be a safe place for PNs to discuss their work confidentially, learn, and grow. Meeting topics include discussion of performance; participant progress and needed interventions; PN skill development and professional growth, including coaching; organizational updates; administrative issues (upcoming time off, deadlines, etc.); and PN wellness. Schedule meetings at a regular time each week, but also be available for occasional impromptu supportive consultation.

The first supervision meetings are particularly important to set the stage for a strong working relationship between the supervisor and the PN. During early supervision meetings, clarify roles and expectations for the job and working relationship. A *Supervision Information Statement*, provided in the Appendix (page 16), is useful to orient PNs to the supervision process. It outlines supervisor professional background, goals for supervision and responsibilities of the supervisor and supervisee. As PNs may not have been in the workplace for some time, orient PNs to both formal and informal policies, office codes of conduct, and procedures. PNs should come prepared to each meeting with an agenda and provide an update on each case at this time. The Appendix (page 19) includes a *Supervision Agenda Template* that also serves as a record of the meeting. The document includes room for notes on participants, skill development and professional growth, other agenda items, follow-up agenda items, and a checklist of topics discussed.

Adhere to a strength-based approach in all interactions with the PN. Accentuating PN strengths, talents, and positive events can promote PN efficacy as well as model the approach the PNs use with participants. When reviewing cases with PNs, a reflective stance with opened-ended questions encourage problem solving. When needed, collaborate with PNs to resolve problems.

Assessment of PN competencies.

Assess PN competencies early on and discuss how and when these competencies will be evaluated through the course of employment. Page 22 of the Appendix provides a *Peer Navigator Core Competency Assessment*, a tool to assess PN competencies. Competencies include: attending skills, following skills, reflecting skills, assessing health concerns, setting health goals, motivational interviewing, strengths model, advocacy, interpersonal problem-solving, managing aggression, relapse management, harm reduction, cultural competency, mental health crisis management, physical health crisis management, trauma-informed care, finding resources, relationship boundaries, street smarts, office etiquette, confidentiality, mandated reporting, strategies for working with health professionals, and time management. Each competency can be rated on a scale of 1 (learning need) to 5 (expert). Supervisors should shadow (observe) meetings with participants to assess PN competencies. At the beginning of employment, several meetings should be shadowed to identify areas of skill and needed improvement. The PN should also fill out the competency form to self-assess competencies and reflect on this assessment alongside the supervisor's. Competencies should be reassessed on a quarterly basis.

Utilize competency ratings over the course of a year to guide a yearly evaluation of PN progress. Agencies typically will use a standardized form for this evaluation; ask your supervisor about the evaluation process at your agency.

Providing feedback.
Provide PNs with feedback on their performance in a one-on-one setting. Be sure to include feedback on what is going well, not just about challenges and barriers to performing job duties. After shadowing a PN, supervisors can begin the conversation by asking the PN what they thought about their performance, including what they feel went well and what they would like to improve. If the PN and supervisor have a similar view of areas in which improvement are needed, supervisors may then ask what the PN thinks would be most helpful to them to strengthen skills. However, supervisors may need to point out areas of needed improvement. Focus on the positive first. No one likes criticism, and feedback on learning needs may be easier to hear when strengths are first emphasized. In addition, feedback should be specific. Focus on a particular skill, or area of performance that needs strengthening, rather than on general or global criticism of the PN. Create a plan with the PN on how they

will improve their skills. Supervisors are expected to provide coaching, conduct role play, and/or provide professional development opportunities.

PN support. PNs may be more likely to have less work experience or to have been away from the workforce for a period of time, as compared with other employees. In addition, they are more likely to have experienced trauma. Managing a new job may be stressful and could bring challenging circumstances to the supervision role. PNs may need extra time and support to become acclimated to the environment, especially during the first weeks and months on the job. Supervisions should be prepared to provide very hands-on supports, shadowing experiences, and be physically available to new PNs. Supervisors should assess and respond to the unique needs of each PN. For example, one PN may need help developing a system to organize their schedule, while another PN may extra support to develop their active listening skills or communicate with coworkers. Supervisors should hold PNs to high standards but be willing to provide accommodations that will allow the PN to succeed (e.g. time off for doctor appointments).

Supervisors have a role in keeping PNs healthy and safe. Check in with PNs about work stress. Let PNs know that working with vulnerable participants is emotionally demanding and emphasize the importance of self-care. As PNs are working in the community and in participant homes, advise PNs on precautions to take to stay safe, and empower PNs to factor their personal feelings of safety into decisions about where to meet program participants. Give PNs examples of how you care for yourself at work, and provide health-promoting resources as needed.

While being mindful of the part that lived experience plays in PN needs at work, also be aware of the potential impact of stereotyping and stigma on your relationship with PNs. Do not blame disagreements or differences on PN mental illness. Further, supervision should not focus on PN mental health issues unless they interfere with work responsibilities. If mental health issues arise, refer the PN to a clinician.

Program Management

PN supervisors manage PN program activities to ensure that services are high quality, processes work well, and participant needs are met.

Participant assignment.
Meeting participant needs begins with case assignment. Supervisors should match PN participants with the PN that best meets their needs and preferences. Participants may prefer a male or female PN, and if possible, should be given the option to choose. Participants will be best served by PNs who are knowledgeable about the participant's cultural and ethnic practices and may feel most comfortable with a PN who shares the same cultural, ethnic, or racial identity. This level of comfort may help make unfamiliar health-promoting practices or services less threatening or more acceptable.

Documentation.
Peer navigation services must be documented in order to monitor the impact of services on participant goals and participant outcomes. The information may be included in an agency's electronic health record or other participant records to help share information with others on the health care team. This will require training peer navigators how to write progress notes, adhere to HIPAA regulations, and use software systems.

Program monitoring and evaluation.
Supervisors need a system in place to monitor the PN program over time. Supervisors should assess how well the overall program is functioning and meeting its goals. Supervisors will track the number of people served, amount of time spent in the program, and develop indicators of program success in order to monitor participant progress. A quality improvement specialist at your agency or your supervisor can help guide you in monitoring and evaluating your program.

Responding to participant concerns.
Supervisors are responsible for responding to participant complaints and concerns about PNs and services. Experience and skill will guide each response to participant concerns. It is often helpful to discuss these issues with a supervisor to get guidance on handling challenging situations. Share participant feedback with PNs in a sensitive, non-threatening way. When indicated, supervisors can support the PN to find ways to address issues with the participant. This can present a good opportunity for PN competency and professional development.

Communication with team members. To coordinate case information, supervisors will communicate with other members of the health care team. For example, if a PN reported that their participant is struggling with the aftermath of trauma, you might advocate with the therapy department to facilitate an intake for that participant. Supervisors should provide this information at treatment team meetings or to relevant staff as is customary at the agency.

Participant transfer and close out. Supervisors should oversee management of participant transfers and close out of cases. If a participant requests transfer to another PN, the supervisor should speak with that participant to determine the participant needs and preference, then match accordingly. With a participant who has high-level needs, the supervisor may provide PN services themselves. If a participant wishes to leave the program, the supervisor will follow up to conduct the exit interview and provide referral to other services as needed.

Supervisor Competencies

As is true of all supervisors, PN supervisors have knowledge, skills, and qualities that help to support employees, along with areas of needed growth. PN supervision requires basic supervision skills along with its own unique skill set specific to the PN role. A *Supervisor Self-Assessment* tool (Appendix, page 28) is provided to help supervisors assess their ability to supervise PNs so they can identify areas of needed growth. Each type of knowledge, skill, and quality may be judged to be learning needs, areas of competence, or areas of expertise. As learning needs are identified, a supervision development plan assists supervisors in taking needed actions to develop competencies. It is recommended that supervisors use this tool when they begin to supervise a PN, and then at least once yearly as a part of their annual evaluation process.

Hiring PNs

Hiring a peer- a person in recovery from lived experience of mental illness—has some distinct differences from other hiring practices. Supervisors should assess organizational policies to ensure they support the needs of the PN. First, if the agency can bill for peer navigation services, the program will need to adhere to the payer's peer credentialing standards and service requirements. Human resources and others responsible for hiring must also fully understand the job of a PN in order to make hiring decisions. They must be well-versed in ADA policies, reasonable accommodations, and essential job functions. In addition, as qualified applicants may have a history of criminal justice system involvement, hiring policies should not rule out qualified applicants with a criminal history, and instead should consider these applicants on a case-by-case basis.

Recruiting. Developing a strong recruitment strategy is critical for finding and hiring qualified candidates. Be sure to spend time developing your recruitment plan. Start by developing a clear job description that indicates that being a person in recovery from lived experience with mental illness is a job requirement, and outlines all of the essential duties, responsibilities, and qualifications of the position. This includes the need to self-disclose lived experience. Without an appropriate job classification, hiring could be delayed, or the PN may be put into a job title that does not accurately reflect PN duties or a proper pay scale. A sample PN job description for the Promoting Healthy Lifestyles for African Americans program is included in the Appendix (page 31). In addition to traditional recruitment strategies, advertise the opening in places where you are likely to find peers. This includes peer provider training lists, peer provider training networks, peer groups, and mental health advocacy organizations.

Interviewing. During job interviews with PN applicants, supervisors should review the job description, including specifying the importance of the PN being able to talk about their recovery and serving as a role model. Because lived experience of mental illness is needed to be qualified for the PN position, asking about it is allowable by law (Iyer & Masling, 2015). Specific questions about mental illness, such as diagnoses, medication use, and experience of treatments, are not related to essential PN functions, and may not be asked about by law. Sample job interview questions are found in the Appendix (page 33).

Training and Professional Development

PN training introduces PNs to strategies to help people address their health goals. Chicago Health Disparities Center has manuals that guide trainings for PNs and can be delivered by PN supervisors (www.chicagohealthdisparities.org). After completing initial training, PNs should begin their work in the field. They will continue to learn on the job, testing out strategies learned during training.

Continuing education for PNs is important and should be encouraged by supervisors. To keep costs down, agency-sponsored training, online training, shadowing opportunities, and low-cost or free training in the community are good options. Training topics and resources that may be useful for PN professional development are listed in the Appendix (page 34).

APPENDIX

Supervision Information Statement

Supervisor Name
Title
Company
Address
Cell phone
Office phone
Email
Fax
Hours

Disclosure for Supervision

The purpose of this document is to orient you to the peer navigator supervision process. This document outlines my professional background, goals for supervision and responsibilities of both the supervisor and supervisee.

About the Peer Navigator Program

Peer navigators (**PNs**), also known as community health workers (**CHWs**) are persons in recovery from personal "lived experience" of mental health challenges. PNs have an important role in connecting with their participants in the community, and helping their participants get the healthcare that they need. As a PN, you have valuable lived experience and supervision will allow you to grow your skills as a peer provider and ensure that our program meets participant needs.

About the Supervisor

Lived Experience

In a few sentences, describe your personal experiences as a peer and how you use those experiences as a navigator. Briefly describe the mental health difficulties that you struggled with (on-the-way down story) and your recovery, hope, and aspirations (on-the-way up story). Also discuss your experiences (<u>both good and bad</u>) with using physical and mental healthcare services.

Professional Experience

In a few sentences, describe your professional experiences, including past work experiences (if any), amount of time in current position, or other relevant volunteer positions.

Education and Training

In a few sentences, describe your education and your navigator-related training, including any continuing education courses you have taken.

My Supervision

I am supervised by: Insert Supervisor Name. My supervisor can be contacted at the following phone or email: Insert supervisor phone or email.

About the Supervision Process

Nature of Supervision

The nature of our supervision will include weekly individual supervision and/or group supervision sessions with other peer navigators. Supervision sessions will include a review of your participant caseload, and discussion of your skill development and professional development. I may occasionally observe your sessions with participants and/or seek feedback from your participants about their services.

Confidentiality

The issues you discuss in supervision will be confidential with the following exceptions:
1) Your performance and conduct will be described in general terms with my supervisor or when consultation with another professional is necessary. Other information will not be discussed unless it directly influences your employment status.
2) If I am asked to provide information about your clinical experience in the form of a recommendation for a job.

Assessment

Formal assessments of performance will be conducted annually. We will review and discuss the evaluation forms together in supervision.   However, verbal and/or written feedback will be given throughout the year during supervision sessions.

Peer Navigator Responsibilities in Supervision
1) Prepare for and attend sessions.
2) Complete homework or assignments.
3) Keep supervisor informed regarding all participant issues and progress.

Supervisor Responsibilities in Supervision
1) Prepare for and attend all sessions.
2) Provide weekly feedback and a formal performance evaluation.

We will meet on the following day and time each week: _____

Printed Name:_____

Signature:_____   Date: _____

PN Supervisor keeps the signed copy of this document and provides PN Supervisee with a printed copy for their reference.

Supervision Agenda Template

Peer Navigator: Date:
Supervisor:

Number of participants seen this week:

Participant updates, needs, and issues
List each participant below & discuss participant goals, interventions tried, progress made, and next steps:
1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Skills development and professional growth

List areas that supervisor or PN would like to focus on for skill development/growth:

1.

2.

3.

4.

5.

Other agenda items

List other agenda items (upcoming time off, meetings, deadlines, organizational updates, etc.):

1.

2.

3.

4.

5.

Follow-up Items

List items to be completed by the next supervision meeting or date specified:

1.

2.

3.

4.

5.

Topics Discussed:

- ☐ Duties & expectations
- ☐ Cases & approach
- ☐ Building trust with participants
- ☐ Active listening skills
- ☐ Assessing health concerns
- ☐ Setting health goals
- ☐ Motivational interviewing
- ☐ Recovery/ strengths-based orientation
- ☐ Advocacy
- ☐ Judgment, decision-making, and problem-solving
- ☐ Managing aggression
- ☐ Relapse management
- ☐ Harm reduction
- ☐ Cultural competency
- ☐ Crisis intervention/management
- ☐ Trauma-informed care
- ☐ Resources, information & referral

- ☐ Relationship boundaries
- ☐ Self-disclosure
- ☐ Managing burnout
- ☐ Street smarts in the community
- ☐ Professionalism/ office etiquette
- ☐ Confidentiality
- ☐ Mandated reporting
- ☐ Collaboration with other health care professionals
- ☐ Time management and organization
- ☐ Progress notes/documentation
- ☐ Initiative
- ☐ Flexibility
- ☐ Self-awareness
- ☐ Ethical issues
- ☐ Continuing education and training
- ☐ Terminating with participants
- ☐ Other:

Peer Navigator Signature: _____

Supervisor Signature: _____

Peer navigator and supervisor should each keep a copy of this note for their records.

Peer Navigator Core Competency Assessment

Level 1 Learning Need: Need to learn how to do this
Level 2 Learning Need: Need to learn how to do this better/unable to consistently do this
Level 3 Competent: Able to do this but lack confidence in ability/room for growth in this area
Level 4 Competent: Good skills in this area
Level 5 Expert: Very strong skills in this area

*For any rating less than a 3, provide an explanation of the need for improvement.

Competencies	1	2	3	4	5	6
	Learning Need	Learning Need	Competent	Competent	Expert	N/A
Attending Skills: Posture of involvement from the PN to know that their message is being heard. Appropriate body language with simple motions of nodding or leaning forward to know they are paying attention Eye contact from the PN while the participant talks unless eye contact makes them uncomfortable Non-distracting environment that create less barriers between the PN and the participant.						
Notes:						
Following Skills: Door openers from the PN that provide an invitation to talk for participants that excludes roadblocks Minimal encouragers that PN use like simple statements such as 'go on' or a nod that let the participants know they are listening Infrequent questions that PN use to direct the participant with open-ended questions that encourage them to continue talking Attentive silence where PN lets the participant do most of the talking						
Notes:						

Competencies	1	2	3	4	5	6
	Learning Need	Learning Need	Competent	Competent	Expert	N/A
Reflecting Skills: Paraphrasing: restates the participant's message in the PN's words Reflecting feelings: focus on hidden messages of what the participant is saying by listening for feeling words and observing body language Reflecting meaning: ties the obvious and hidden messages together Summary reflections: summarizes the conversation so participant can reflect themes.						
Notes:						
Assessing Health Concerns: PN identifies with participant health goals based off health concerns the participant has.						
Notes:						
Setting Health Goals: PN identify and develop health goals for the participant that focus on strengths and resources needed, in which the PN may use the *Goal-Setting in the Field Practice Sheet* with participants as a tool.						
Notes:						
Motivational Interviewing: • Expressing empathy by reflective listening • Develop discrepancy between participant's goals and current behaviors. • Avoid argument and confrontation. • Roll with resistance. PN responds to resistance with warmth and understanding. • Support participant optimism and self-efficacy.						
Notes:						
Using Strengths Model: PN applies the seven principles: • People can recover and transform their lives • Focus on strengths, not deficits • Community is a resource • Family and close friends are a resource and support • Participant is the director of the helping process • PN/Participant relationship is primary and essential						
Notes:						

Competencies	1	2	3	4	5	6
	Learning Need	Learning Need	Competent	Competent	Expert	N/A
Advocacy: PNs are advocates that work in favor of their participants providing assistance and promoting their interests with trusting relationships. PN take on different roles of advocacy such as Supporter, Educator, Spokesperson, or Mediator						
Notes:						
Interpersonal Problem-solving: • Acknowledge and establish hope • Define the problem • Brainstorm solutions • Select one solution and consider the costs and benefits • Plan out solution's implementation • Establish a time to implement and test the solution • Evaluate the solution's success/failure						
Notes:						
Managing Aggression: • Decrease frustration by acknowledging needs • Decrease demands by increasing realistic goals • Decrease confusion about rules or roles • Decrease stimulation (e.g. go to quiet space) • Promote positive social behaviors • Decrease rewards for aggressive behavior and identify incentives • Manage substance use						
Notes:						
Relapse Management (related to physical health): • Identify signs and triggers • Implement relapse prevention plan						
Notes:						

Competencies	1	2	3	4	5	6
	Learning Need	Learning Need	Competent	Competent	Expert	N/A
Harm Reduction: • Maximize health while reducing harm • Be nonjudgmental • Be informative • Be understanding • Keep participant engaged in services even during relapse						
Notes:						
Cultural Competency: PN shows ability to understand the beliefs and values of others using the following principles: • Self- Awareness • Respect for Difference • Affirmation • Avoid Assumptions • Supportive Body Language						
Notes:						
Mental Health Crisis Management: • Assess and respond to participants' suicidal thoughts • Recognize and respond to acute psychosis, traumatic events, alcohol or drug overdose, and/or aggressive behaviors						
Notes:						
Physical Health Crisis Management: • Recognizes and respond to signs of physical health crisis (heart attack, stroke, seizure, heat stroke, etc.)						
Notes:						
Trauma-informed Care: • Recognizes signs of trauma • Normalizes trauma • Establishes safety and trust • Develops a partnership • Promotes empowerment						
Notes:						

Competencies	1	2	3	4	5	6
	Learning Need	Learning Need	Competent	Competent	Expert	N/A
Finding Resources: • Be familiar with participant's past resources • Be familiar with your community area • Consolidate resources within your team • Connect and share with others • Connect with insurance resources						
Notes:						
Relationship Boundaries: PN and participants strive to have a team member/team member relationship. • Ignore overtures • Educate participants on limits • Make assertive comments						
Notes:						
Self-disclosure: (either about mental health or physical illness) • Make it personal • Use concrete experience • Be truthful, don't exaggerate • Empower yourself: Empower others						
Notes:						
Managing burnout: • Recognizes signs of burnout (exhaustion, addiction, frustration, trouble focusing, etc.) • Uses strategies for dealing with burnout or emotional fatigue						
Notes:						
Street Smarts: • Awareness in community • Protection of valuables • Appropriate interaction with strangers • Use of public transportation • Appropriate response when victimized						
Notes:						

Competencies	1	2	3	4	5	6
	Learning Need	Learning Need	Competent	Competent	Expert	N/A
Office Etiquette: • Proper dress/hygiene • Attendance and punctuality (follow protocols for calling in sick and taking time off) • Personal business to a minimum • Manage conflict appropriately • Responsive communication via email/phone/in-person Maintenance of workspace						
Notes:						
Confidentially (HIPPA): • Keep participants information private and secure • Cannot use or share participants private health information without participant's signed permission • Adhere to other agencies HIPPA policies						
Notes:						
Mandated Reporting: • Appropriately reports possible abuse or neglect of child, elder, or person with disability						
Notes:						
Strategies when working with health professionals: • Communicates with supervisor when need arises • Respectful and professional communication with coworkers and public						
Notes:						
Time Management: • Uses a calendar or planner to structure day • Arrives on time participant appointments • Is flexible in meeting the needs of participants						
Notes:						

Supervisor Self-Assessment

Level 1 Learning Need: Need to learn how to do this
Level 2 Learning Need: Need to learn how to do this better/unable to consistently do this
Level 3 Competent: Able to do this but lack confidence in ability/room for growth in this area
Level 4 Competent: Good skills in this area
Level 5 Expert: Very strong skills in this area

Competencies	Learning Need		Competent		Expert
	1	**2**	**3**	**4**	**5**
Knowledge					
Purpose of supervision					
Administrative and consultative functions of supervision					
Peer navigation role and job duties					
Continuing education for PN					
Self-disclosure					
Stigma and its impact on supervisory relationships					
Supervision management skills					
Can explain to supervisees the purpose of weekly supervision					
Can provide formal (planned scheduled time) and informal (in the moment) supervision					
Can maintain appropriate boundaries					
Can set a supervision climate that is empathic, genuine, trustworthy, and immediate					
Can maintain a balance between the administrative and consultive functions					
Prioritizes supervision					
Can work collaboratively with supervisee to develop a supervisee agreement (rules, accountability, expectations)					
Can clearly communicate PN competencies and goals					
Able to provide support during potentially traumatic or confusing situations					
Able to promote recovery					
Able to utilize a strengths-based approach					
Able to explain written and unwritten organizational policies and procedures					

Competencies	Learning Need		Competent		Expert
	1	**2**	**3**	**4**	**5**
Supervision intervention skills					
Utilizes a supervisory session framework or model					
Can give feedback in a way that is clear, owned, regular, balanced and specific					
Can offer own experience appropriately					
Can develop self-supervision skills in supervisees					
Able to provide coaching and support problem-solving on PN competencies					
Capacities or Qualities					
Commitment to role of supervisor					
Appropriate authority, presence and impact; power differentials					
Can encourage, motivate and carry appropriate optimism					
Sensitive to supervisee's needs					
Aware of and able to adapt to individual differences due to gender, age, cultural and ethnic background, class, sexual orientation, disability status, personality, and professional training					
Commitment to ongoing development					
Have ensured own appropriate supervision					
Committed to updating own practitioner and supervisory skills and knowledge					
Recognize own limits and identify own strengths and areas for development as a supervisor					
Get regular feedback from:					
Supervisors					
Peers					

<u>The following are prioritized learning needs I would like to develop</u>:

_____

_____

_____

_____

_____

_____

<u>Professional Development Action Plan</u>

Learning Need	**Plan to increase skills (go to workshop, online seminar, etc.)**	**Date to be completed**

Adapted from: Falender, C. A., & Shafranske, E. P. (2004). Clinical supervision: A competency-based approach.

Peer Navigator (PN) Job Description

Peer Navigators for Healthy Lifestyles Program

Summary: Seeking PN to assist African American individuals who are experiencing serious mental illness with health and wellness goals, with a focus on diet and physical activity resources. Utilizes and discusses personal experiences regarding his or her recovery from mental illness when providing services to promote recovery and healthy living. Engages participants by compassionately and collaboratively assessing participant needs and goals, addressing barriers to wellness, providing linkage to resources, and developing plans to achieve wellness goals.

Essential Duties & Responsibilities:

Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions:

- Engages with each participant within the community where the participant lives and works; at least 50% of time is spent in the community.
- Empowers participants to find solutions for health problems and concerns.
- Collaborates with participants in creating a plan to address the participant's physical health and wellness goals.
- Compiles and shares healthcare and wellness resources in participant communities.
- Assists participants with obtaining access to healthcare resources, including navigating through systems of healthcare and social services and accompanying participants to appointments.
- Works with participants through peer support and frequent communication, utilizing relationship building, selective self-disclosure, motivational interviewing, and a strength-based approach.
- Completes reports as required, including contact logs and case summarizes.
- Participates in meetings, conferences, and committees as assigned.
- Provides basic advocacy, assessment, planning and casework services.
- Assists staff in collaborating with community health and social service providers and partner agencies to identify barriers and service gaps.
- Maintains a caseload of participants.
- Performs other duties as assigned.

Qualifications: To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions:

- **Education and/or Experience:**
  - High school diploma (Associate's Degree preferred in a health and human services related field).
  - Experience with and appreciation of the health and human service needs of vulnerable populations.

- o Life experience similar to that of members of the population with which he/she is assigned to work.
- o Experience with recovery.
- o Experience with successfully navigating community and health care system resources.
- o Experience with physical health challenges is preferred.

- **Skills/Abilities:**
  - o Ability to engage individuals who are experiencing mental illness and substance use.
  - o Ability to work with vulnerable populations in a non-judgmental manner and to work as a member of a multi-disciplinary team.
  - o Aware of his/her life experience and its impact on his/her health care participation and physical health goals and is able to share this experience with participants served to help participants meet their own goals.
  - o Ability to communicate effectively both orally and in writing; basic computer skills.
  - o Must be able to multi-task, have initiative, and be self-directed. Ability to endure periods of heavy workload or stress.
  - o Ability to work with frequent interruptions and respond appropriately to unexpected situations.
  - o Ability to transport self to and from off-site locations.
  - o Ability to work with other members of the healthcare team and community to provide quality services.

Physical Demands: The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- Frequently required to stand, sit, walk, and commute.

Work Environment: The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- Significant amount of time spent in outreach and at off-site locations.

Sample Questions for Peer Navigator Job Interview

1. Please explain what recovery means to you and how your own experience informs your knowledge and beliefs.

2. One of the most important aspects of the PN role is being able to share the story of your recovery from mental health challenges to help people. Can you give an example of how you would use your story to help a program participant who is having trouble with a health issue?

3. What do you feel is the most important feature of peer navigator services?

4. One part of the PN role is helping people find resources to help them with diet and physical activity. What knowledge do you have about diet and physical activity resources in the community that would be useful in this role?

5. An important component of this work is the ability to be compassionate. Describe a situation in which you showed compassion in your personal or professional life.

6. Describe your experience in working with people who have a mental health condition.

7. Peer navigators may need to advocate for program participants during staff meetings. Can you tell me about your ability to speak up in a new situation?

8. Have you ever had a conflict with a coworker? How did you address it?

Some questions were adapted from: Legere, L. (2011). Hiring Guidelines for Peer Support Specialists. The Transformation Center.

Training and Professional Development Resources

Sample Training Topics for Peer Navigators

Documentation

Crisis recognition

Health topics

Motivational interviewing

Active listening

Professionalism

Healthy boundaries

Strategic sharing

Communication and leadership styles

Confidentiality

Ethics

National Conferences for Peer Navigators

International Association of Peer Supporters (iNAPS)
http://www.inaops.org/

Depression and Bipolar Support Alliance
https://secure2.convio.net/dabsa/site/SPageServer/?pagename=education_national_conference

National Alliance on Mental Illness
https://www.nami.org/Convention

United States Psychiatric Rehabilitation Association Annual Conference
https://www.psychrehabassociation.org/summit

Online Training, Professional Development Resources, and Information for Peer Navigators

Depression and Bipolar Support Alliance Online Courses and Webinars
https://www.peerleadershipcenter.org/plc/Education1.asp

International Association of Peer Supporters Webinars

http://www.inaops.org/past-webinars

U.S. Department of Veterans Affairs Resources for Veteran Peers
https://www.mirecc.va.gov/visn1/education/peer.asp

Substance Abuse and Mental Health Services Administration (SAMHSA) Video Trainings
https://www.samhsa.gov/brss-tacs/video-trainings

SAMHSA Road to Recovery Resources
https://www.recoverymonth.gov/road-to-recovery

SAMHSA Peer Resources
https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers

Online Resources for Peer Navigator Supervisors

Peers for Progress "Quality Improvement for Peer Programs":
http://peersforprogress.org/wp-content/uploads/2015/03/150319-quality-improvement-presentation.pdf

Depression and Bipolar Support Alliance peer supervision resources:
https://www.peerleadershipcenter.org/plc/Supervision_Resources.asp

Depression and Bipolar Support Alliance video on peer supervision:
https://www.peerleadershipcenter.org/plc/Supervision.asp

The Transformation Center Certified Peer Specialist supervisor training videos:
http://transformation-center.org/home/training/certified-peer-specialists/cps-supervisor-training/

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