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# Clark County Regional Support Network

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## Peer Support Provider Network Guidelines



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## Introduction

There are fundamental changes occurring in the delivery of public mental health services. The movement from a treatment-oriented system of care to wellness and recovery-oriented partnerships has generated excitement, confusion, concerns and hopefulness. As with any change, there is the need to address possible issues and seek the best way to work through them while realizing there is not any one solution. One of the changes has been the addition of the peer counselor as part of the clinical team. The addition of this new position has generated many questions about the role of peer counselors and how to best incorporate them onto the teams and into the delivery of quality services.

This Guide was developed, partially, in response to requests from local mental health agencies that provide peer services and were seeking guidance on how to incorporate them into the current array of services. It was also in response to some peers working within the mental health network having recognized that there was a lack of clarity about their role as part of the clinical services teams. The materials were written with input from local CMHA staff including administration, supervisors, and peer counselors as well as community stakeholders.

Simply, this Guide is a tool provided by the Regional Support Network to be used by CMHA's and their employees to increase understanding, reduce confusion and provide a path to successful integration (initially or ongoing) of peer counselors in the delivery of quality services. There is no intention of the RSN imposing the Guide as an evaluation tool.

The Guide is divided into 16 principles and each includes an introduction, implementation guideline, and suggested indicators that can be used to measure outcomes. The principles are universal, however the implementation and measurement tools are here as suggestions and should be adapted to fit the unique needs of each agency or program.

Several of the principles touch on hiring practices and other issues usually handled by human resources. It will be important to share this work with your agency HR staff and to work together towards implementation of each of the principles in a manner that fits with agency policies, and in context with all state and federal and other regulatory guidelines. It is not the intent of this guide to say that peer support counselors should be treated any differently than other employees, but rather that they should be treated just as everyone else with the same respect, responsibilities and accountability.

The desired outcome is a clearer understanding of the roles, responsibilities, and value of peer support counselors working within an agency setting and to achieve a mutually respectful, cohesive, and effective working relationship for peers and non-peers within the mental health system. The ultimate goal, as should be with any fundamental change to the system, is better outcomes for the people receiving our services.

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# Clark County Regional Support Network Peer Support Provider Network Guidelines

## Overview of Guidelines and Principles

It is the intent of the workgroup that created these guidelines that they be a framework for the provision of peer support services in community mental health agencies and not be used as a regulatory tool. They should be considered within the context of the accompanied statement of purpose.

### **1. Valuing the provision of peer support services in community mental health settings**

Clark County RSN and its network providers value the provision of peer support in community mental health settings. Hiring and utilizing peer counselors can be beneficial to the individual, the agency and the people they serve, and to the community as a whole.

### **2. Integrating peer counselors into the culture of each agency**

Agencies should integrate peer counselors into their organizations and cultures through a thoughtful planning process and ongoing support, respecting that the value they bring centers on being a consumer.

### **3. Providing peer support within teams and promoting integration of peer counselors as valued team members**

Peer counselors will be welcomed and respected as valued and responsible members of CMHA treatment and wellness teams.

### **4. Respecting shared experiences as the foundation of peer support**

The role of peer is based on shared backgrounds and shared experiences. In order to be effective, it is essential that the person being asked to serve as a peer have relevant experience that matches the population they are supporting.

### **5. Ensuring clear employment practices for peer counselors, including recruitment, job descriptions, orientation, and opportunities for advancement**

The role of peer counselor must be clearly defined by hiring policy and practices that ensure:

- Non-discriminatory recruitment;
- Clear job descriptions that fit the role of the peer counselor based on the population served by the agency;
- Agency orientation and training (supported as appropriate by the RSN) to support the work of the peer and encourage integration into the workforce; and
- Opportunities for personal development, growth and advancement.

### **6. Ensuring equitable pay for peer counselors**

Peer counselors should receive compensation commensurate with relevant experience, education, credentials for the position held, and labor market equity.

## **7. Providing initial orientation and ongoing training for peer counselors**

Initial orientation and ongoing training should be provided to peer counselors.

## **8. Supportive supervision practices for peer support staff**

Supervision for peer counselors should be carried out in much the same way as for any other employee. Peer counselor supervisors should exhibit the knowledge, skills, and attitudes necessary to supervise peer counselors.

## **9. Individualized support and reasonable accommodations for peer support staff**

Agencies employing peer counselors should recognize that peer counselors may request reasonable accommodation in order to perform the essential functions of their job duties.

## **10. Ensuring accountability and adequate job performance for peer counselors**

Supervisors of peer counselors should maintain the same expectations for them as they do for all other employees.

## **11. Providing opportunities for professional growth and development**

Peer counselors should be able to pursue career paths within the agency leading to advancement and promotion, similar to other staff within the agency, provided they are qualified for the position.

## **12. Promoting ethical practice for peer counselors**

Peer counselors should be held to the same ethical standards as other members of agency staff.

## **13. Promoting understanding of the role of mutual support in the provision of peer support**

Boundaries for peer counselors need to be clearly defined to provide protection for the peer counselor and for the people that they serve.

## **14. Avoiding dual relationships**

In general, employees should not receive services from an agency that employs them due to concerns about dual relationships. If such services are received due to special circumstances, then the confidentiality and rights of the person receiving services must be protected, and the effect of dual relationships minimized with appropriate independent oversight.

## **15. Promoting self care for peer support staff**

The agency employing peer counselors should recognize the unique challenges faced by peer counselors and provide appropriate supervisory support that allows and encourages the peer counselor to take care of their needs in support of their job performance.

## **16. Fighting the stigma associated with mental illness**

The effects of the stigma of mental illness within the employment setting will continually need to be addressed.

## Guideline

# 1

# Valuing the provision of peer support services in community mental health settings

## Introduction

Provider agencies and peer counselors identified a need to articulate the value of providing peer support in community mental health settings. Peer support services include services paid for by the RSN, provided by certified peer counselors, and delivered by network providers in accordance with the Washington State Medicaid Plan. In addition, other peer support is provided throughout the community in various settings, including peer-run organizations. Hiring an individual who is in recovery to help others is empowering and provides an opportunity for them to utilize their unique knowledge and experiences as either a consumer of mental health services or a parent/caregiver of a child receiving mental health services. The work validates their prior experiences and can help them move toward a more fulfilling life. Provider agencies that integrate certified peer counselors into their workforces find that they have a heightened awareness of the struggles faced by the people they are serving. Stigma is often reduced as negative attitudes toward consumers shift. Recovery concepts become more real within the agency when presented by a co-worker or their family. The community benefits when people are employed in meaningful work. Peer counselors working in agencies serve as a living representation of mental wellness in all of their contacts. They are advocates for recovery by virtue of the example they set as they work and share hope throughout their community.

## Principle

Clark County RSN and its network providers value the provision of peer support in community mental health settings. Hiring and utilizing peer counselors can be beneficial to the individual, the agency and the people they serve, and to the community as a whole.

## Implementation Guideline

Peer counselor voices will be respected and avenues will be present at different levels of the agency to provide input and hope for recovery.

## Indicators

1. Formal peer support services delivered by peer counselors are available in some format to all consumers utilizing the agency.
2. There are opportunities for input from peer counselors relating to planning, development, and implementation of policy within the agency.

## References

Townsend, W. and Griffin, G. (2006); Wells, C. and Reiss, J. (2002); ADHS/DBHS Clinical and Recovery Practice Protocol (April 2007); Carlson, L. and McDiarmid, D. (January 1999) O'Brien, J., Tiegreen, W., and Campbell, J. (July 2008).

## Guideline

# 2

## Integrating peer counselors into the culture of each agency

### Introduction

Provider agencies and peer counselors identified a need to recognize and accept that hiring peer counselors will lead to a cultural shift in traditional mental health settings. Provider agencies will provide opportunities and support for that change to happen. The integration of peer support staff into a community mental health agency, while proven to be beneficial, can also be challenging for the peer and fellow agency staff. It is essential to recognize the degree to which the job of a peer counselor includes the role of a change agent and to ensure that peer counselors understand and explicitly choose this potential role and the manner in which they will carry it out.

### Principle

Agencies should integrate peer counselors into their organizations and cultures through a thoughtful planning process and ongoing support, respecting that the value they bring centers on being a consumer.

### Implementation Guidelines

1. Each network provider agency will develop its own individualized plan to integrate peer counselors into their agency. A peer support implementation plan will be created that covers hiring practices and a plan for the integration of peer counselors into the philosophy and working practices of the agency.
2. Training regarding the benefits of peer support will be incorporated into the agency's orientation process for all staff. In addition, agency staff will be encouraged to participate in training on peer support that the RSN will make available to the provider network as needed and within available resources.

3. Peer counselors will be given opportunities to speak at staff meetings and trainings, as appropriate to the training / meeting content and as they are comfortable, and share their stories of success.
4. Peer counselors working within an agency should have time to network, meet together, and debrief their roles in support of each other. If there is only one peer counselor within an agency or organization, allowances will be made for the peer counselor to connect at least monthly with a fellow peer counselor from a similar position for mutual support. This could be accomplished by attending the monthly peer support counselor meeting provided by the RSN or other meetings facilitated by network providers.
5. Peer counselors should be helped to voluntarily understand their potential role as an agent of change and explicitly choose that role and the manner in which they will carry it out. To the extent that organizations expect peer counselors to act as change agents, this should be explicitly defined in the job description. If this aspect of the peer counselor role is not expected, this should also be noted in the job description. Training in the role of the peer counselor as an agent of change should be provided by the RSN, as needed and within available resources, to ensure that this is understood across the provider network.
6. The provider agency should implement policies and procedures that acknowledge that the effectiveness of a peer counselor often stems primarily from cultural insight and the experience of one's personal recovery, whereas the effectiveness of a non-peer clinician often stems primarily from training and experience as one who helps others recover. The provider agency should provide regular training for staff on these policies and procedures, and the RSN should offer support for such training as requested and within available resources.

## Indicator

A peer support implementation plan developed by the agency, and policies to support the plan, is in place. It should include policies that cover:

- Training for all staff on the value of peer support during the orientation process and through participation in RSN or community-sponsored training;
- Recruitment and hiring practices for peer counselors;
- Definition of how many peer counselors are to be hired and how peer support services will be incorporated into the agency's service array;
- Evidence of a plan for how peer support counselors will network with other peer support counselors;
- If the peer counselor is expected to serve as an agent of change within the agency or broader system, their job description explicitly defines this.

## References

Townsend, W. and Griffin, G. (2006); Wells, C. and Reiss, J. (2002); Larsen, N. (2005); King County Regional Support Network (October 10, 2007); ADHS/DBHS Clinical and Recovery Practice Protocol (April 1, 2007); Carlson, L. and McDiarmid, D. (January 1999); O'Brien, J., Tiegreen, W., and Campbell, J. (July 2008).

### Guideline

# 3

## Providing peer support within teams and promoting integration of peer counselors as valued team members

### Introduction

Provider agencies and peer counselors identified the need for peer counselors to be a respected and responsible part of the treatment/recovery team. They must be properly integrated and included as valued team members.

### Principle

Peer counselors will be welcomed and respected as valued and responsible members of CMHA treatment and wellness teams.

### Implementation Guidelines

1. There is a clearly defined team structure outlining specific roles and values to promote integration of peer counselors with non-peer clinicians. The team structure should:
  - a. Describe the importance of consultation across disciplines for all team members.
    - i. Peer counselors to Mental Health Professionals (MHPs), physicians, and other non-peer clinical staff;
    - ii. MHPs to physicians, peer counselors, and other non-peer clinical staff;
    - iii. Physicians to MHPs, peer counselors, and other non-peer clinical staff; and
    - iv. Other non-peer clinical staff to MHPs, peer counselors, and physicians.
  - b. Define what is and is not part of each team member's role.
  - c. Highlight the shared value across team members of helping people to recover.
  - d. Support routine communication between all team members.
  - e. Clarify that the peer counselor represents the parent/consumer perspective to the team, versus representing the guidance of the team to the parent/consumer.

- f. Describe how the peer counselor carries out engagement, including limitations related to safety.
  - g. Define the peer counselor role in assessment (for example, conducting a strengths summary), including any assessment activities that fall outside of the peer counselor role.
2. The team supervisor role is critically important for creating and maintaining a team culture that understands and values the peer counselor's role. The supervisor for the peer counselor should help create a team culture in which differences can be addressed in a productive and supportive manner.
3. The RSN should provide training (as needed and within available resources) in the incorporation of peer counselors into the treatment team.

## Indicators

1. Specific team structure and roles are documented by the organization in a manner that either (a) addresses all of the suggested areas in these guidelines or (b) notes why any suggested area is not addressed. The agency's organizational chart represents the presence of the peer counselors in the organization.
2. When peer support is requested by an individual, the delivery of peer support is evident in the clinical record by review of the treatment plan, progress notes, and treatment reviews. Peer counselors use standard documentation methods for recording consumer progress toward recovery goals.

## References

Townsend, W. and Griffin, G. (2006); Wells, C. and Reiss, J. (2002); Larsen, N. (2005); King County Regional Support Network (October 10, 2007); ADHS/DBHS Clinical and Recovery Practice Protocol (April 1, 2007); O'Brien, J., Tiegreen, W. and Campbell, J. (July 2008).

## Guideline

# 4

## Respecting shared experiences as the foundation of peer support

## Introduction

Provider agencies and peer counselors identified a need to recognize that the role of a peer counselor is based on shared experiences, and it is essential that those experiences

sufficiently match the population they are hired to serve. Peer support comes in many different formats. It can be provided as individual service recipient for other individuals, parent/caregiver for parents/caregivers, youth for youth, or family member for family members. Each of these groups has unique experiences that must be respected and supported within the mental health system. However, it should be recognized that, while common experiences are needed, there will never be an exact match between the experiences of two different people.

## **Principle**

The role of peer is based on shared backgrounds and shared experiences. In order to be effective, it is essential that the person being asked to serve as a peer have relevant experience that matches the population they are supporting.

## **Implementation Guidelines**

1. Provider agencies can recruit and hire peer counselors who have similar experiences and background to the population they are being hired to serve through the use of clearly defined job descriptions and recruitment materials.
2. Provider agencies should have in place policies that require a basis of common experience between peer counselors and the people they serve.
3. The RSN should make available training and technical assistance to support agencies in hiring appropriately trained and experienced certified peer counselors.

## **Indicators**

1. Recruitment materials and interview records provide evidence that peer counselors have the life experiences relevant to the consumer groups they are hired to serve.
2. The RSN will ensure that training and technical assistance are provided as needed and within available resources to support provider agency implementation.

## **References**

Townsend, W. and Griffin, G. (2006); Wells, C. and Reiss, J. (2002); Larsen, N. (2005); King County Regional Support Network (October 10, 2007); ADHS/DBHS Clinical and Recovery Practice Protocol (April 1, 2007); Carlson, L. and McDiarmid, D. (January 1999).

## Guideline

# 5

## Ensuring clear employment practices for peer counselors, including recruitment, job descriptions, orientation, and opportunities for advancement

### Introduction

Provider agencies and peer counselors identified a need to have clear employment policies for peer counselors. Peer counselor positions have a specific purpose. The role of peer counselor is an important and challenging position. It is essential that the person hired to fill this role be well qualified to provide support and ready to perform their specified job role in their community. A clearly defined and supportive job description allows the peer and those with whom they work to better understand the role they are being asked to play in the recovery process of others.

### Principle

The role of peer counselor must be clearly defined by hiring policy and practices that ensure:

- Non-discriminatory recruitment;
- Clear job descriptions that fit the role of the peer counselor based on the population served by the agency;
- Agency orientation and training (supported as appropriate by the RSN) to support the work of the peer and encourage integration into the workforce; and
- Opportunities for personal development, growth and advancement.

### Implementation Guidelines

1. Each agency needs to have a clearly defined employment plan including recruitment practices, a job description, hiring practices, and supporting policies in place to ensure the integrity of all agency roles including that of the peer support counselor. The plan should include:
  - a. The process by which all employees will be recruited and hired;
  - b. A general plan for personal development and growth- promotional opportunities for the role of peer within the agency;
  - c. A clear outline of the chain of supervision for peer support counselors within the agency.
2. Job postings for Peer Support positions will include a clear description of what is being sought. In general, a peer counselor should:
  - a. Have relevant experience to the population being served by the program or agency;

- b. Have an understanding of the basic principles of recovery as it relates to mental health;
  - c. Be at a point in their recovery where they are able to serve as a role model to others;
  - d. Be willing and able to share their personal story;
  - e. Be able to articulate what has helped them in their recovery.
3. The hiring process will take into account the qualities that are needed for the peer counselor position and screen candidates accordingly. Peer counselors should be included on interview panels for new peer counselor hires.
4. If training is necessary for a newly hired peer counselor to carry out their job effectively, such training will be provided by the agency employing the peer counselor, supported as appropriate and needed by the RSN.

## Indicators

1. There are clearly defined job descriptions for all positions within the agency, including the peer counselor.
2. The review of personnel records under Principle #4 will also address requirements for this Principle.

## References

Townsend, W. and Griffin, G. (2006); Wells, C. and Reiss, J. (2002); Larsen, N. (2005); King County Regional Support Network (October 10, 2007); ADHS/DBHS Clinical and Recovery Practice Protocol (April 1, 2007); Carlson, L. and McDiarmid, D. (January 1999); O'Brien, J., Tiegreen, W. and Campbell, J. (July 2008).

## Guideline

# 6

## Ensuring equitable pay for peer counselors

## Introduction

Provider agencies and peer counselors observed that positions for peer counselors are often viewed as entry level positions and receive minimal pay which sometimes does not fit the personal responsibility afforded to this position. Peer counselors play an important role in the support of an individual's treatment and wellness. They are asked to share of their

personal lives and are often put in difficult and challenging positions with the people they serve. This position needs to be compensated appropriately.

## Principle

Peer counselors should receive compensation commensurate with relevant experience, education, credentials for the position held, and labor market equity.

## Implementation Guideline

Peer counselors should be compensated based on data from a market analysis of like positions within their community. This analysis should include:

- Consideration of special circumstances / job activities related to the role of peer counselor;
- The salary should be commensurate with responsibilities and incorporated into the agency structure at an appropriate level.

## Indicators

Salary guidelines in the agency indicate that research has been done in consideration of the salary range proposed for the peer counselor role. The RSN will provide available information to support agencies in this, as requested.

## References

Wells, C. and Reiss, J. (2002); ADHS/DBHS Clinical and Recovery Practice Protocol (April 1, 2007).

## Guideline

# 7

## Providing initial orientation and ongoing training for peer counselors

## Introduction

Provider agencies and peer counselors identified a need for peer counselors to be oriented to the agency and provided with ongoing training in the same manner as any other clinical employee of the agency who provides direct services. The orientation should include information specific to the role of the peer counselor within that agency.

## Principle

Initial orientation and ongoing training should be provided to peer counselors.

## Implementation Guidelines

1. The orientation for the peer counselor should cover:
  - a. General information about the agency and the programs they provide;
  - b. The newly hired peer support counselor's chain of command;
  - c. Safety practices for direct services staff, including self care (managing stress and burnout);
  - d. Overview of job description;
  - e. Overview of agency expectations regarding ethics and boundaries;
  - f. Agency personnel policies (hiring, discipline, firing, grievance, leave procedures).
2. There should be ongoing training on at least an annual basis to ensure continued understanding of the topics covered in the orientation. In addition, the agency should identify at least one additional training issue to cover per year. The RSN should provide or support this training as requested and within available resources.

## Indicators

1. Peer counselor personnel records evidence the manner in which new employee orientation was provided to them.
2. Training records and continuing education credits are maintained in the personnel file.

## References

Townsend, W. and Griffin, G. (2006); Wells, C. and Reiss, J. (2002); Larsen, N. (2005); King County Regional Support Network (October 10, 2007); ADHS/DBHS Clinical and Recovery Practice Protocol (April 1, 2007); O'Brien, J., Tiegreen, W. and Campbell, J. (July 2008).

## Guideline

# 8

## Supportive supervision practices for peer support staff

### Introduction

Provider agencies and peer counselors identified a need for agencies to have a clear policy for supervision of peer support staff. The professional success of peer support staff depends greatly on the quality and quantity of supervision they receive. The supervisor should focus on supporting the employee as they work to meet the expectations articulated in their job description within the context of agency values and performance standards.

### Principle

Supervision for peer counselors should be carried out in much the same way as for any other employee. Peer counselor supervisors should exhibit the knowledge, skills, and attitudes necessary to supervise peer counselors.

### Implementation Guidelines

1. Supervisors should treat peer counselors as they would any other employee including:
  - a. Avoid under or over supervising peer counselors;
  - b. Respect and treat peer counselors as valued employees;
  - c. Keep the focus of supervision on the job;
  - d. Assist the peer counselor in identifying other supports separate from the supervisor if the supervisory relationship identifies therapeutic needs of the peer counselor;
  - e. Be familiar with the content of the Peer Counselor Certification Training used by the Washington State Mental Health Division.
2. Peer counselor supervisors should exhibit the knowledge, skills, and attitudes necessary to supervise peer counselors, including evidence that they:
  - a. Are invested in the agency's decision to hire peer counselors;
  - b. Have an appreciation of the challenges faced by peer counselors; and
  - c. Have access to additional support and technical assistance due to the challenges associated with supervising this position.
3. Supervisors should never be asked to provide supervision to any individual with whom they have had a therapeutic or personal relationship.
4. Supervisors should be knowledgeable about the provision of reasonable accommodations under the Americans with Disabilities Act (ADA) and their agency's

policy on family leave. The RSN will provide or identify a community resource to provide training regarding ADA compliance issues as requested by provider agencies and within available resources.

## Indicators

1. The organization has in place policies and procedures governing how supervision is carried out for all employees.
2. Personnel records indicate the frequency of supervision and describe the process of coaching and mentoring for each employee. As applicable, any disciplinary actions taken are included in the record.

## References

Townsend, W. and Griffin, G. (2006); Wells, C. and Reiss, J. (2002); Larsen, N. (2005); King County Regional Support Network (October 10, 2007); ADHS/DBHS Clinical and Recovery Practice Protocol (April 1, 2007); Carlson, L. and McDiarmid, D. (January 1999); O'Brien, J., Tiegreen, W. and Campbell, J. (July 2008).

## Guideline

# 9

## Individualized support and reasonable accommodations for peer support staff

## Introduction

Provider agencies and peer counselors identified a need to recognize that peer counselors qualify for their jobs to a significant degree because of a difficulty in their life rather than instead of it, so there may be the need for accommodations to support the person in the event of relapse or recurrence of these difficulties. It should never be assumed that because an employee is a peer counselor that they will necessarily require extra support or accommodations. However, because peer counselors by definition are either individuals who have a history of mental health issues or are the parent of a child who has had a history of mental health issues, many peer counselors may benefit from individualized support, as would any other staff person facing similar issues.

## Principle

Agencies employing peer counselors should recognize that peer counselors may need accommodation in order to carry out their job duties.

## Implementation Guidelines

1. All requests for accommodation should be documented in accord with broader agency policy and procedures related to disabilities. The requests should be handled professionally and expeditiously.
2. All staff supervising peer counselors should receive training on the Americans with Disabilities Act, Family Medical Leave Act, and Washington Family Leave Act and how to work with accommodations from request to implementation.
3. Information about the ADA, FMLA, and WFLA, including who to contact for more information or technical assistance, is available to all agency staff.

## Indicators

1. Agencies have established policies and procedures to ensure against discrimination and allow for accommodations for all employees so that they may be successful in their roles.
2. Accommodations and supports considered are appropriate based upon the population being served. The accommodation must be consistent with the essential functions of the job and agency policies as well as state and federal requirements.
3. Training records show that supervisors have received annual training on ADA, FMLA, and WFLA.

## References

Townsend, W. and Griffin, G. (2006); Wells, C. and Reiss, J. (2002); Larsen, N. (2005); ADHS/DBHS Clinical and Recovery Practice Protocol (April 1, 2007); Carlson, L. and McDiarmid, D. (January 1999); O'Brien, J., Tiegreen, W. and Campbell, J. (July 2008).

## Guideline

# 10

## Ensuring accountability and adequate job performance for peer counselors

### Introduction

Provider agencies and peer counselors identified a need for peer counselors to be held to the same level of accountability as other employees within the agency. To hold a peer counselor to a lower or higher standard of accountability is stigmatizing, is unfair to other employees, and denies the peer counselor opportunities for professional growth.

### Principle

Supervisors of peer counselors should maintain the same expectations for them as they do for all other employees.

### Implementation Guidelines

1. Peer counselors should be treated as employees, not mental health consumers or family members.
2. If a peer counselor has a reasonable accommodation in place related to a disclosed disability, it is appropriate to use a different standard if that is part of the accommodation. However, the agency has a right to require adequate performance of documented job duties.

### Indicators

1. Personnel files of peer counselors show evidence that they have been advised of agency HR policies as a part of their initial orientation as would any other employee.
2. Supervision and any disciplinary actions taken are documented in accord with broader requirements for supervision, performance, and accommodation of disabilities.

### References

Townsend, W. and Griffin, G. (2006); Wells, C. and Reiss, J. (2002); Larsen, N. (2005); ADHS/DBHS Clinical and Recovery Practice Protocol (April 1, 2007)

## Guideline

# 11

## Providing opportunities for professional growth and development

### Introduction

Provider agencies and peer counselors observed that peer support is a valuable resource in a recovery based system and that peer counselors need opportunities to gain knowledge and advance within the profession. Some peer counselors may choose to advance as peer counselors, including the potential of developing supervisory skills. Other peer counselors may choose to pursue other jobs within the agency for which they qualify, including other clinical, mental health professional, and administrative jobs.

### Principle

Peer counselors should be able to pursue career paths within the agency leading to advancement and promotion, similar to other staff within the agency, provided they are qualified for the position.

### Implementation Guidelines

1. As with any staff member, the agency provides clearly defined opportunities for training and advancement for peer counselors which may include:
  - a. Expanded responsibilities as a peer counselor;
  - b. Potential advancement into supervisory roles over other peers/agency staff; and
  - c. Opportunities to pursue other clinical and administrative positions for which they qualify.
2. Peer support staff will be encouraged to work with their supervisor to create a personal growth and development plan.

### Indicators

1. The agency has outlined policies and practices whereby all staff, including peer counselors, can advance in their career path within the agency, in accord with their qualifications and performance.
2. The peer counselor has a training plan in their personnel file.

## References

Townsend, W. and Griffin, G. (2006); Wells, C. and Reiss, J. (2002); Larsen, N. (2005); ADHS/DBHS Clinical and Recovery Practice Protocol (April 1, 2007); O'Brien, J., Tiegreen, W. and Campbell, J. (July 2008).

## Guideline

# 12

## Promoting ethical practice for peer counselors

### Introduction

Provider agencies and peer counselors observed that, even though personal boundaries differ in the peer counselor role, peer counselors should be held to the same ethical standards as other members of agency staff. Ethics training is an important component of the Washington State Peer Counselor Certification Process that covers:

- Confidentiality and recordkeeping,
- Personal boundaries with clients and with co-workers, and
- Mandatory reporting.

Beyond this, the expectation is that all staff, including peer counselors, who work in RSN funded provider agencies should be held to high ethical standards in their work with consumers and families.

### Principle

Peer counselors should be held to the same ethical standards as other members of agency staff.

### Implementation Guidelines

1. Agencies employing peer counselors should ensure that their staff have received the state approved peer counselor certification training prior to the provision of services.
2. Peer counselors should be provided with the same training as other clinical staff within their agency regarding the agency's ethical guidelines. Training should be provided at orientation and ongoing, in accord with agency policy and state requirements.

## Indicators

1. All peer counselors on staff and providing services have completed state certification training.
2. The agency has policies in place regarding ethical practices for all staff.
3. Training records in peer support staff files should indicate that the standard orientation and training on agency ethics standards was completed.

## References

Townsend, W. and Griffin, G. (2006); Wells, C. and Reiss, J. (2002); Larsen, N. (2005); ADHS/DBHS Clinical and Recovery Practice Protocol (April 1, 2007); Carlson, L. and McDiarmid, D. (January 1999).

## Guideline

# 13

## Promoting understanding of the role of mutual support in the provision of peer support

## Introduction

Provider agencies and peer counselors observed that boundaries involved in the provision of peer supports are different than those involved in the provision of other clinical services. These boundaries need to be clearly defined to provide protection for the peer and for the people they are asked to serve. All team members need to understand the boundary between appropriate mutual support and inappropriate seeking of support or providing “counseling” to each other.

## Principle

Boundaries for peer counselors need to be clearly defined to provide protection for the peer counselor and for the people that they serve.

## Implementation Guidelines

1. The provider agency should implement policies and procedures and carry out regular training for staff to define and promote a positive understanding of mutual support that

includes the following definitions and boundaries. The RSN should provide or support training in this area as requested and within available resources. Key components of the policies, procedures and training should include:

- a. Defines mutual support (two people helping each other) as a positive occurrence and one of the principles underlying the positive impact of peer support;
  - b. Recognizes that mutual support can occur freely if there is no power differential between the two people helping each other;
  - c. Acknowledges that power differentials can lead to situations in which limits must be put on the receipt of mutual support by the person in the more powerful position; these include:
    - i. If one person is paid to provide help and the other is not, there is a duty to provide help on the part of the person paid;
    - ii. If a person is in a formal role to provide help, there is a duty to provide help on the part of the person in the formal role.
2. Training is provided to all staff, including peer counselors, to promote understanding of differences between employee rights and consumer rights. For example, consumers are protected by laws guarding their right to confidentiality, but employees, including peer counselors, are not. The training should encourage staff to be mindful of these differences. The RSN should provide or support training in this area as requested and within available resources.
  3. There should be consultation available in the organization to help any staff member determine when the receipt of support by the helper becomes unethical.
  4. The organization should incorporate into its annual training plan content addressing guidelines regarding mutual support. The RSN should provide or support training in this area as requested and within available resources.
  5. Supervision for all staff, including peer counselors, should be attuned to the need to support decision-making around appropriate and unethical mutual support. Supervisory meetings include discussions regarding boundary issues.
  6. Training in dealing with secondary trauma is provided to all direct services staff, including peer counselors. The RSN should provide or support training in this area as requested and within available resources.

## Indicators

1. The organization has in place policies and procedures that define the difference between appropriate and unethical mutual support.
2. The organization carries out activities in orientation and annual training for all staff to understand needed boundaries regarding the receipt of mutual support when there is a power differential between the parties involved.

3. Peer counselors and their supervisors receive training in their orientation and at regular intervals to support their ability to recognize and positively support decision-making around appropriate and unethical mutual support. Training records indicate needed training has been provided.
4. There is a schedule of supervisory meetings in personnel file.

## References

Townsend, W. and Griffin, G. (2006); Wells, C. and Reiss, J. (2002); Larsen, N. (2005); King County Regional Support Network (October 10, 2007); ADHS/DBHS Clinical and Recovery Practice Protocol (April 1, 2007); Carlson, L. and McDiarmid, D. (January 1999); O'Brien, J., Tiegreen, W. and Campbell, J. (July 2008).

## Guideline

# 14

## Avoiding dual relationships

### Introduction

Provider agencies and peer counselors observed the need to address the possibility of a dual relationship within the agency of a staff member receiving services at that agency. In general, any staff member, including peer counselors, should not receive services in an agency in which they are also providing services. However there may sometimes be valid reasons for an employee to receive services from the agency that employs them. These reasons include:

- The service needed may only be available from one single agency, or
- Individuals may choose to receive the service at their agency.

If no other options exists and the staff member is employed by their service provider, safeguards must be in place to ensure their rights as a consumer are not violated and that, at a minimum, dual relationships are avoided and the peer counselor is not receiving treatment services directly from the same team of co-workers that they report to or work with on a daily basis. Safeguards specific to the confidentiality of the clinical records of staff treated within the agency must also be in place, and the staff member should be made aware of any limitations inherent in those safeguards (such as the fact that multiple staff must be able to access clinical records).

## Principle

In general, employees should not receive services from an agency that employs them due to concerns about dual relationships. If such services are received due to special circumstances, then the confidentiality and rights of the person receiving services must be protected, and the effect of dual relationships minimized with appropriate independent oversight.

## Implementation Guidelines

1. Each agency needs to have a plan in writing. The plan should include: A policy that avoids unethical dual relationships but also addresses access to needed services. The policy should include:
  - a. A process to work with the RSN to ensure access to other comparable services in the community;
  - b. A documented process that will monitor any instances of employees receiving services within the agency that includes review by the RSN Manager of Clinical Operations.
2. As requested by network providers, the RSN's Manager of Clinical Operations should serve as a consultative resource in determining how best to balance the sometimes conflicting requirements on providers to provide services as requested by consumers and to protect against dual relationships in the employment of peer counselors,

## Indicators

1. The agency has a plan and policies and procedures in place to protect the confidentiality and rights of any employee who also receives services there.
2. There is formal documentation of the number of people receiving services and the type of service that is being provided for any RSN-funded services that are being delivered to employees.
3. Clinical records of employees who are receiving services within the agency are only accessible to their direct service providers, to the extent feasible. The employee should be made aware of any limitations in this confidentiality protection of their clinical records.

## References

Townsend, W. and Griffin, G. (2006); Larsen, N. (2005); ADHS/DBHS Clinical and Recovery Practice Protocol (April 1, 2007); Carlson, L. and McDiarmid, D. (January 1999); O'Brien, J., Tiegreen, W. and Campbell, J. (July 2008).

## Guideline

# 15

## Promoting self care for peer support staff

### Introduction

Like other clinical roles in community mental health settings, the role of a peer counselor is a stressful position and the person filling the role must be cognizant of personal limitations and practice good self-care in the same manner as would any other staff member providing direct services in an agency. Peer counselors also face stresses unique to their role. Provider agencies and peer counselors observed peer counselors should recognize the challenges faced in their role and be supported and encouraged in practicing good self care so that they may be successful in their position. In addition, supervisors and co-workers need to respect the difficulties peer counselors face and be supportive of their self-care activities.

### Principle

The agency employing peer counselors should recognize the unique challenges faced by peer counselors and provide appropriate supervisory support that allows and encourages the peer counselor to take care of their needs in support of their job performance.

### Implementation Guideline

1. All staff, including peer counselors, are also encouraged to use good self care as a way to manage stress in their work.
2. Peer counselors and all clinical staff are given opportunities to debrief difficult job-related situations with supervisors as part of regularly scheduled supervision.
3. Peer counselors are supported when they need to utilize sick leave and vacation to take care of personal or family needs per agency policies.
4. All staff are encouraged to participate in training and other activities that provide support for self-care within their roles in the agency. The RSN should provide or support training in this area as requested and within available resources.

### Indicators

1. The organization has in place policies and procedures that address all of the suggested areas in this guideline.

2. The organization carries out activities in orientation and participates in annual training to support all staff in self-care within the work setting.
3. Peer counselors and their supervisors receive training in their orientation and at regular intervals to support self-care within the job setting. Training records indicate needed training has been provided.
4. There is a schedule of supervisory meetings in personnel file.

## References

Townsend, W. and Griffin, G. (2006); Larsen, N. (2005); ADHS/DBHS Clinical and Recovery Practice Protocol (April 1, 2007); Carlson, L. and McDiarmid, D. (January 1999).

## Guideline 16 Fighting the stigma associated with mental illness

### Introduction

Provider agencies and peer counselors observed the need to actively combat the effects of the stigma of mental illness within the employment setting on an ongoing basis.

### Principle

The effects of the stigma of mental illness within the employment setting will continually need to be addressed.

### Implementation Guideline

1. The provider agency should implement policies and procedures and carry out regular training for staff to reduce the stigma of mental illness experienced by any staff member with a history of behavioral health problems. The policies, procedures and training should also promote diversity. The RSN should provide or support training in this area as requested and within available resources.
2. The provider agency should implement policies and procedures that define how any staff member (including peer counselors) that experiences stigma can positively address the stigmatizing experience, including:

- a. Providing training for supervisors to help them be sensitive to the presence of stigma and proactive in supporting staff they supervise (including peer counselors) to take steps to cope positively with its effects. The RSN will provide or support training in this area as requested and within available resources
  - b. Providing supervisors training regarding the provision of reasonable accommodations under the Americans with Disabilities Act (ADA) and their agency's policy on family leave. The RSN will provide or support training regarding ADA compliance issues as requested and within available resources.
  - c. Providing training for peer counselors and their supervisors to help them recognize that the experience of stigma can be victimizing and that combating stigma is the responsibility of all staff, rather than just the responsibility of the peer counselor or other staff members with a history of mental illness. The RSN will provide or support training in this area as requested and within available resources.
  - d. Providing opportunities for peer counselors to receive regular mutual support and peer consultation from other peer counselors that includes mutual support to cope with the effects of stigma.
3. Agency policies, procedures, and practices promote the use of person-first language and discourage references to people by labels such as diagnoses.

## Indicators

1. The organization has in place policies and procedures that address all of the suggested areas in this guideline.
2. The organization carries out activities in orientation and participates in annual training for all staff to combat stigma.
3. Peer counselors and their supervisors receive training in their orientation and at regular intervals to support their ability to recognize and positively address the effects of stigma.

## References

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## References

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