

**“We don't attempt to diagnose or treat ... we share [our] lived experience in recovery.” (Peer Support Provider)**

**“While I facilitate and teach our Peer Support staff member, I also learn much from him, and we work very collaboratively.” (Supervisor)**

**“We are just like everyone else working at the VA...everyone has issues that they deal with. We just talk about ours a little more.”  
(Peer Support Provider)**

**A Report on Peer Support Supervision  
in VA Mental Health Services  
Depression and Bipolar Support Alliance (DBSA)**



Depression and Bipolar  
Support Alliance

**“They are an excellent part of the treatment team, not just a convenient add-on.” (Supervisor)**

**“ ... we are professionals too, and ... we do a very good job.”  
(Peer Support Provider)**

**“[Peer support providers] are like you and me, and they are bright [and] intelligent, and we could learn so much from their first hand experience.” (Supervisor)**

# A Report on Peer Support Supervision in VA Mental Health Services

## Background

The Depression and Bipolar Support Alliance (DBSA) was founded more than 25 years ago on a bedrock belief in the value of peer support in recovery from mental illnesses. As the nation's leading consumer-directed mental health organization, DBSA has long been a leader in promoting peer support as an essential component of recovery-focused mental health service delivery. Throughout its history, DBSA has taken pride in preparing consumers with the skills and tools to provide quality peer support. In more recent years, DBSA has taken a leadership role in training and certifying individuals as Peer Specialists: consumers who use their own experiences to support others in both employed and volunteer roles.

As the nation's largest mental health care system, the Department of Veterans Affairs (VA) has been a leader in implementing peer support services for Veterans. In DBSA's work as consultants and trainers to VA facilities providing Veteran peer support services, we have become aware of excellent partnerships between peer support providers and their supervisors, along with confusion and even strong conflict between these parties. Even those who clearly want to "do peer support right" find themselves questioning just what "right" is, as the new peer provider profession grows quickly within VA programs and facilities. The lack of a widely-accepted model for quality supervision of peer support providers—not just within the VA but throughout the U.S.—creates both conflict and opportunities for all those involved.

To inform the field and provide concerned stakeholders with information to help them "do peer support right," DBSA surveyed VA peer support employees, volunteers and their staff supervisors in Fall 2010. The survey was designed to examine what issues are regarded as significant by those "on the ground" in the VA peer support arena, comparing and contrasting the views of both peer support providers ("peer providers") and those who supervise them ("supervisors") within the VA. The survey asked these individuals to respond to a series of statements and to indicate if they agreed or disagreed with those statements, and how strongly. Respondents were self-selected.

The survey received a significant response from 44 peer providers, and 33 supervisors. *[Currently available VA statistics indicate 237 employed Peer Support Technicians, 120 peer providers designated as volunteers/WOC (without compensation), and approximately 150 supervisors of both employed and volunteer peer support providers.\*]* Slightly more than half of peer providers responding range in age from 35-54. Seventy-one percent are male and 29% female, and approximately two-thirds (68.2%) are White, with another quarter Black. A high proportion of this group (89%) had served in the military, with a significant proportion having served in recent war eras: 14% during Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) and 25% during the Gulf Wars. Two-thirds of respondents indicate they are VA employees, and one-third are VA volunteers.

Most supervisors responding to the survey are aged 55-64 (51.5%), with another 42.4% aged 55-64. Three-quarters are White, and approximately one-quarter (24.2%) had served in the military, most in the Vietnam era. Professionally, most supervisors are social workers (51.5%); other supervisors include psychologists (30.3%), and counselors, nurses, or "other" (6.1% each).

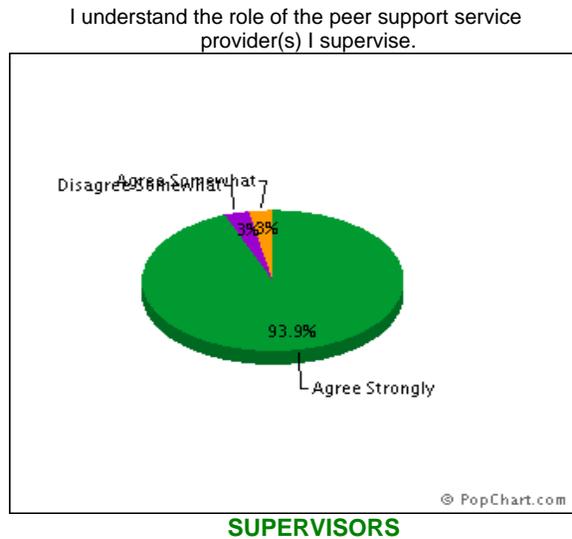
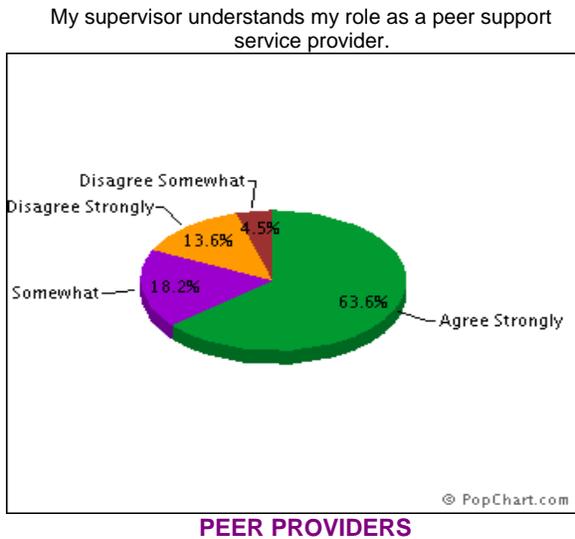
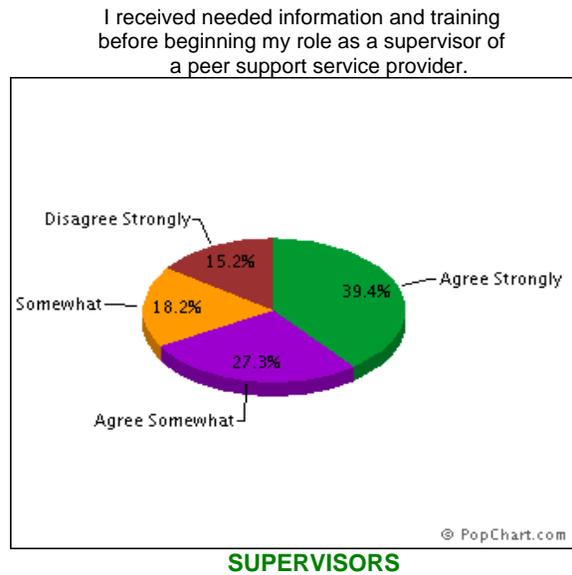
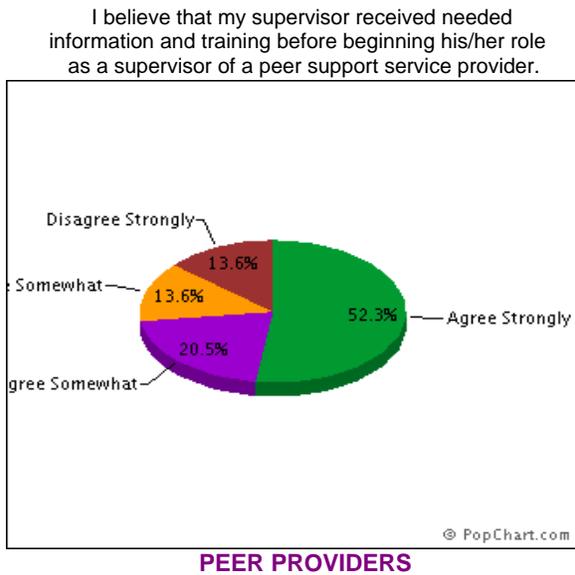
*\*Source: VA Office of Patient Care Services Survey of Staffing, April 2010*

## Results and Discussion

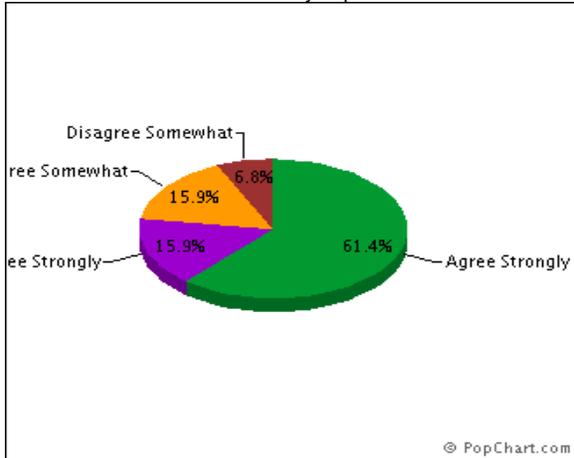
[Note: complete responses appear in Appendices A and B beginning on p. 12]

### Supervisor Role Knowledge

Respondents were asked their views on supervisory role understanding. Peer providers believe more strongly than supervisors that their supervisors received needed information and training before beginning supervision of these providers: 52% of peer providers agreed strongly with this statement, while only 39% of supervisors agreed strongly. Supervisors feel strongly (94%) that they understand the peer providers' role, while somewhat fewer providers (64%) feel strongly that their supervisors have such understanding. Similarly, the great majority of supervisors (82%) feel strongly that they understand their role as supervisors of these providers, while somewhat fewer peer providers (61%) believe strongly that this is the case.

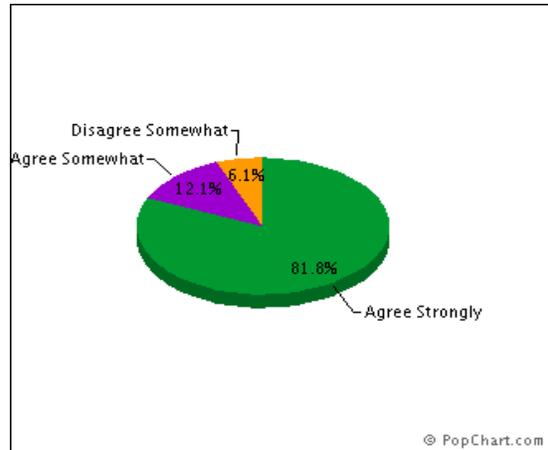


My supervisor understands his/her role as my supervisor.



PEER PROVIDERS

I understand my role as a supervisor of a peer support service provider(s).

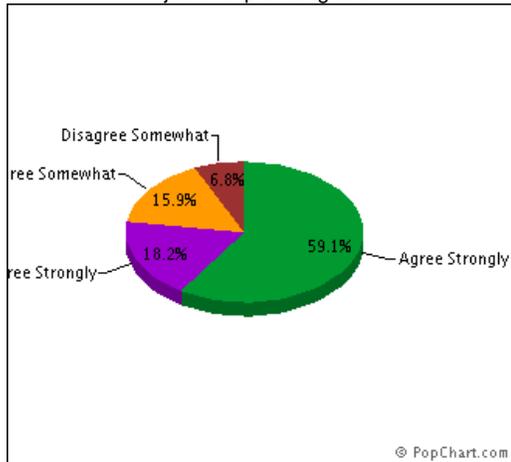


SUPERVISORS

### Elements of Supervision

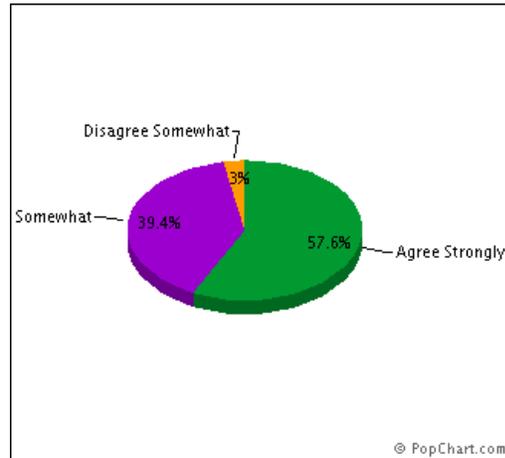
This portion of the survey asked a series of questions on specific aspects of supervision. Similar proportions of peer providers and supervisors agree *strongly* that the supervisors are doing a good job of supervision. However, a much larger proportion of supervisors (39%) agree *somewhat* that they are doing a good job of supervision, as contrasted with a larger proportion of peer providers who disagree *strongly or somewhat* with this statement (25%). Two-thirds of both peer providers and supervisors feel that they are able to meet/consult as often as needed. Significant numbers of both peer providers and supervisors believe *strongly* in the importance of supervisors monitoring both the mental health and performance of peer providers.

My supervisor does a good job of supervising me.



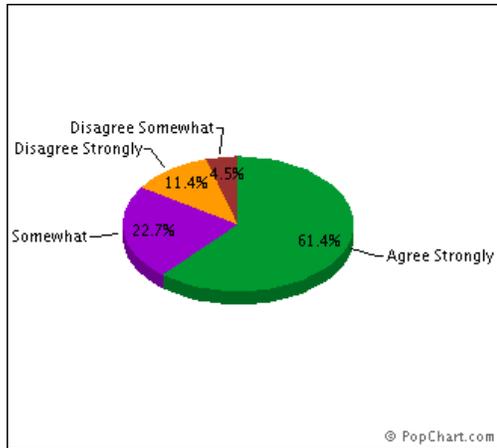
PEER PROVIDERS

I do a good job of supervising peer support service provider(s).



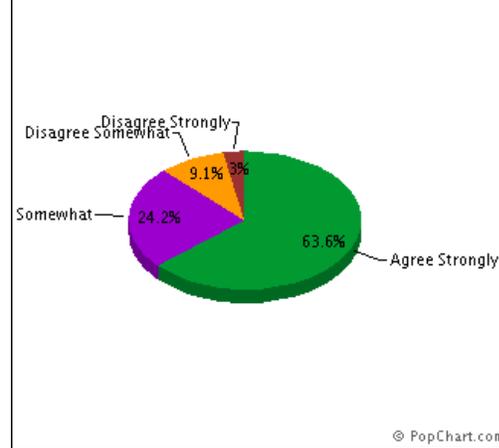
SUPERVISORS

I am able to meet/consult with my supervisor as often as needed.



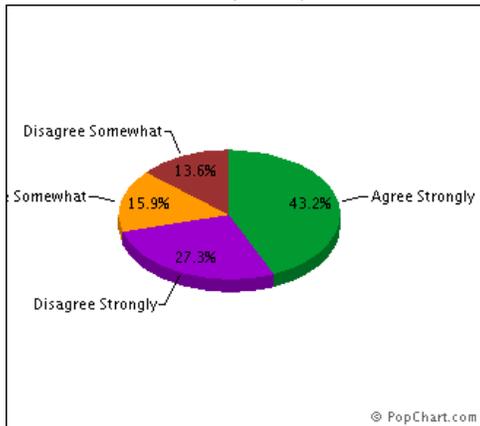
PEER PROVIDERS

I am able to meet/consult with the peer support service providers I supervise as often as needed.



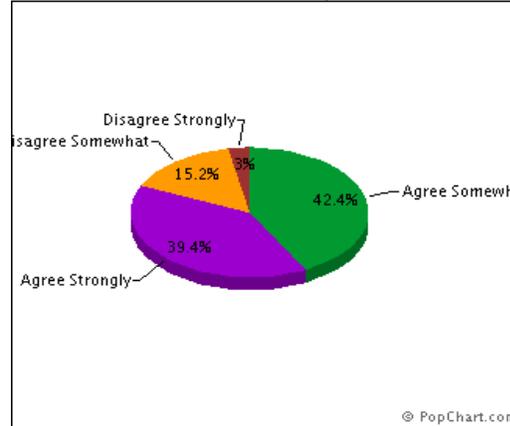
SUPERVISORS

It's important for my supervisor to monitor my mental health as well as my work performance.



PEER PROVIDERS

It's important for me to monitor the mental health of the peer support service providers I supervise as well as their work performance.

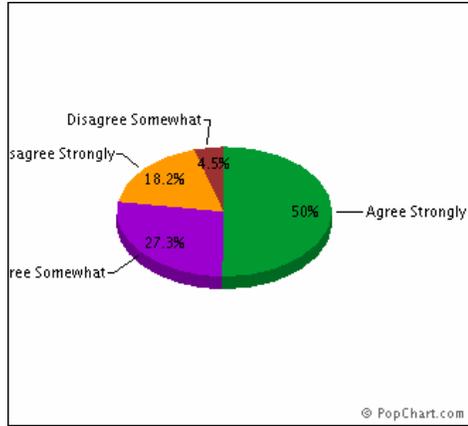


SUPERVISORS

### Advocacy and Trust

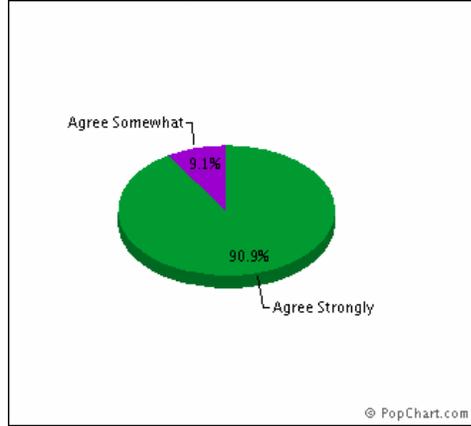
There is great diversity in beliefs about supervisor advocacy for the peer providers they supervise. More than 90% of supervisors state that they advocate for the peer providers under their supervision, while only 50% of peer providers believe that this is the case. Views of trust between peer providers and their supervisors also vary greatly. Virtually all supervisors believe that the peer providers who work for them trust them. By contrast, only slightly more than half of peer providers indicate strong trust in their supervisors. The great majority of supervisors (73%) responded that they strongly trust the peer providers they supervise. A majority of peer providers believes that their supervisors trust them, but fewer believe this *strongly*. When asked if peer providers are treated the same as any other VA employee or volunteer, somewhat great numbers of supervisors believe this is the case, vs. peer providers.

My supervisor advocates for me when needed.



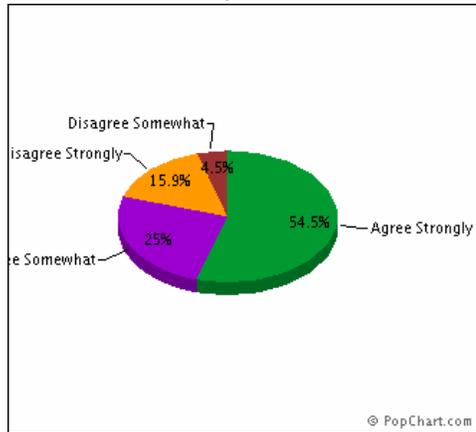
**PEER PROVIDERS**

I advocate for the peer support service providers I supervise as needed.



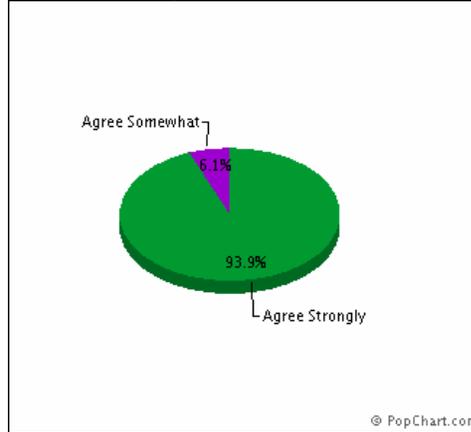
**SUPERVISORS**

I trust my supervisor.



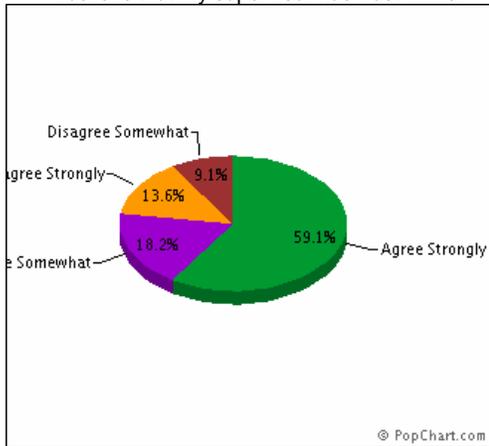
**PEER PROVIDERS**

I believe that the peer support providers I supervise have trust in me.



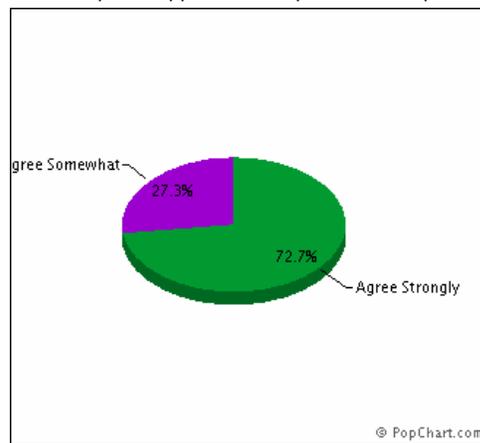
**SUPERVISORS**

I believe that my supervisor has trust in me.



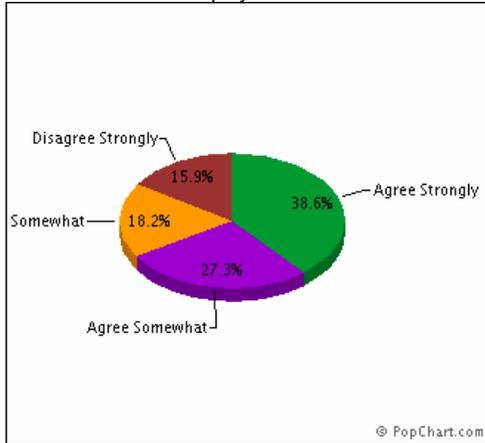
**PEER PROVIDERS**

I trust the peer support service providers I supervise.



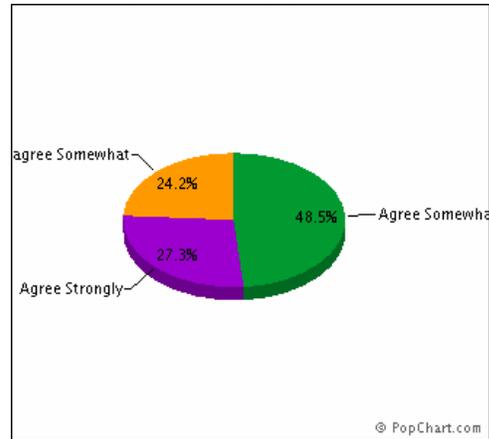
**SUPERVISORS**

I am treated the same as any other VA employee/volunteer.



PEER PROVIDERS

The peer(s) I supervise are treated the same as any other VA employee/volunteer.

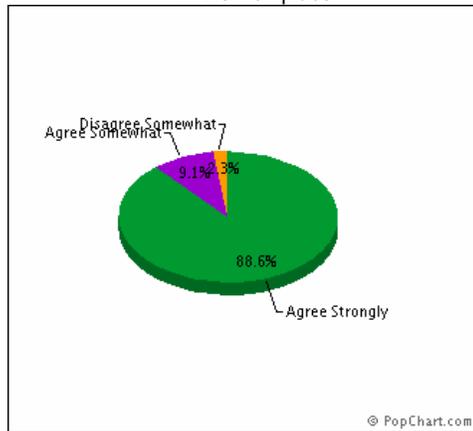


SUPERVISORS

### Peer Provider Ethics

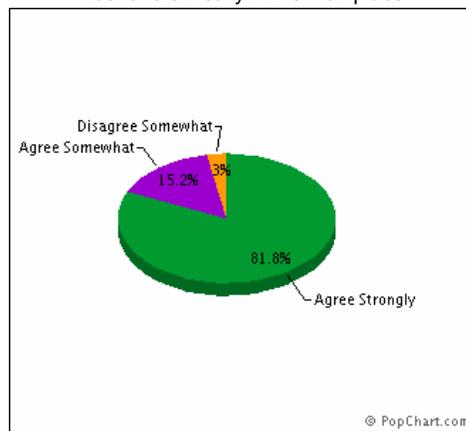
There was overwhelming and nearly identical agreement on the part of both peer providers and supervisors that peer providers behave ethically in the workplace. In total, both groups also believe that providers observe appropriate boundaries with both the Veterans that they serve, and with their fellow employees and/or volunteers. However, there was considerable variation between the two groups in how *strongly* they felt about this statement. For example, 84.1% of peer providers believe strongly that they observe appropriate boundaries with the Veterans they serve, while only 48.5% of supervisors agreed strongly with that statement (45.5% agreed somewhat).

I behave ethically in the workplace.



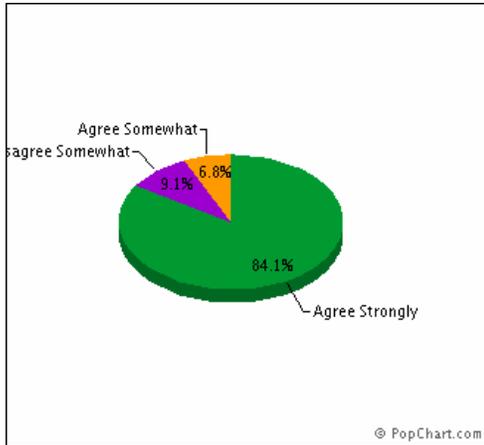
PEER PROVIDERS

The peer(s) I supervise behave ethically in the workplace.



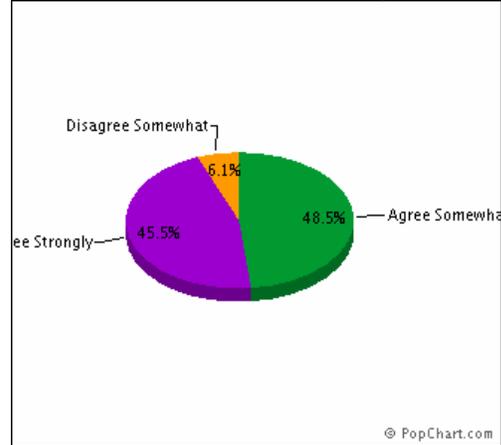
SUPERVISORS

I observe appropriate boundaries with the Veterans I serve.



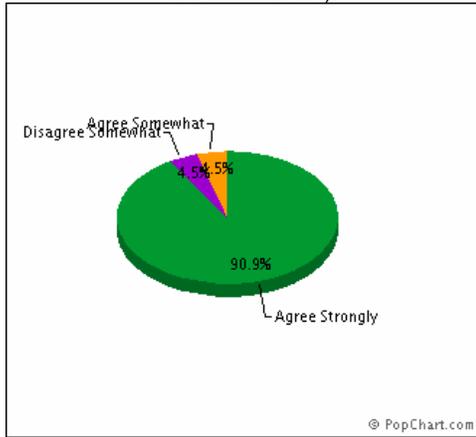
**PEER PROVIDERS**

The peer(s) I supervise observe appropriate boundaries with the Veterans they serve.



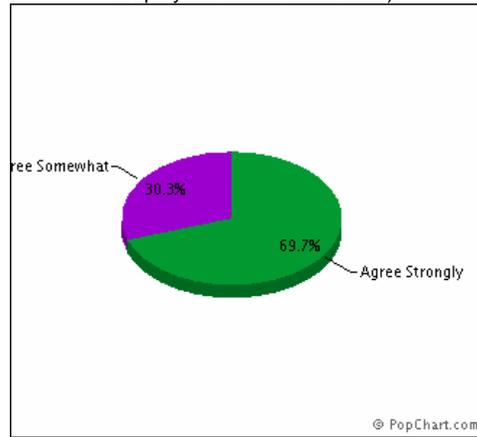
**SUPERVISORS**

I observe appropriate boundaries with my co-workers (fellow employees and/orvolunteers).



**PEER PROVIDERS**

The peer(s) I supervise observe appropriate boundaries with their co-workers (fellow employees and/or volunteers).



**SUPERVISORS**

## Participant Comments

The survey concluded with an opportunity for all respondents to offer “Other comments.” Comments addressed a wide range of topic areas, most prominently:

- The need for a career ladder for peer providers
- A lack of understanding of the role of peer providers by other, non-supervisory VA staffers
- A perception that peer providers are not being treated fairly and equally in the workplace and/or treated with “kid gloves”
- Recommendations centering around the need for peer providers to advocate for themselves in the workplace, and to act professionally
- A strong desire for expanded and accessible training opportunities for peer providers

A complete list of comments appears in Appendices A and B, beginning on p. 12.

## Summary: Conclusions, Questions and Recommendations

Both numerical survey results and individual comments from VA peer providers and supervisors provide a wealth of information and a window into the ongoing sea change in moving to recovery-focused mental health services delivery with the Department of Veterans Affairs. Clearly these results indicate the presence of many strong peer support advocates and peer provider-supervisor working relationships.

Questions abound, as well; among them:

- Are boundary violations more prevalent among this fledgling VA population of peer providers, or does this new role carry with it different boundaries not recognized by traditional providers?
- Is mistrust a significant issue between peer provider employees/volunteers and their supervisors, or is this simply a reflection of mistrust that often exists between supervisor and supervisee?
- Are many of the individuals filling the new peer provider role less experienced and/or prone to more mistrust of supervisor authority? And do feelings of mistrust naturally arise when individuals who have been clients of a system become agents of that same system, in new roles?
- Is it appropriate for supervisors to monitor the mental health of all their supervisees, or do peer providers present a special case? Is this an indicator of stigma or discrimination, or an appropriate area of oversight in a unique and specific relationship?

Questions and concerns are certainly not unexpected as a new profession is installed within a formalized and clinically-focused setting such as the VA, and such questions represent a significant microcosm of the shift from medical model to recovery model throughout the U.S. Some of these questions and conflicts can and will naturally lessen over time and as familiarity grows. However, from our unique vantage point, DBSA believes it would be a mistake to view this simply as a situation where “time heals all wounds.” From DBSA’s expert vantage point, it is critical for questions to be addressed proactively and decisively. A strong VA base of both peer providers and supervisors exists as a starting point to educate and challenge the field, supported by many resources in the larger mental health community.

**Based on survey results, DBSA recommends these as important areas for action:**

**1. Broaden the field’s understanding of the role and duties of peer providers in the VA among mental health service providers, administrators, and peer providers**

*Peer providers are taking their places among VA staff and volunteers who hold a wide range of beliefs about their roles, competencies and abilities.*

- a. Educate VA employees on the specific roles and duties of peer providers at the facility level. Identify means for peer providers to creatively communicate, “This is what I do”, tying activities to the philosophy and purpose behind them; piloting these activities at one or more facilities; and then broadly implementing best practices.
- b. Create and support a web-based resource center on VA peer support, including education and resources for both peer providers and the field at large
- c. Engage peer providers in dialogue on creating a VA peer provider organization, similar to those organizations for VA social workers, psychologists, etc.

## **2. Enhance existing preparation for new peer provider supervisors**

*While all supervisors benefit from training for this role, the need for supervisor preparation is heightened for individuals supervising members of the VA new peer support workforce.*

Examine standard preparation for VA supervisors, and create additional resources and supports for supervision of peer providers to expand this preparation

- a. Implement formalized mentoring relationships between experienced peer provider supervisors and new supervisors
- b. Create and offer peer support supervision continuing education using the Employee Education System (EES)
- c. In these and all efforts, utilize peer providers and current supervisors in design of preparation tools, and as instructors and resource people.

## **3. Address mistrust between peer providers and supervisors**

*Trust is key for Veterans, and so the large disparities between peer provider and supervisor views demonstrated on the survey are troubling – even allowing for some level of inherent mistrust between employees/volunteers and their supervisors. Until more is known about this mistrust, it is difficult to recommend concrete action steps.*

- a. Conduct more in-depth and confidential information-gathering by the VA on this topic, collaborating with supportive organizations outside the VA [with greater flexibility/fewer restrictions].
- b. Research existing data and resources on effective peer provider-supervisor relationships, and use these to implement VA efforts

## **4. Ensure common understanding of peer provider boundaries and ethics**

*Ethical questions and concerns are often raised by peer providers and supervisors alike. Policies and principles are unclear, and codes of ethics from other professions do not uniformly apply to peer providers and the services they are charged with providing.*

- a. Identify specific areas of concern using existing moderated discussion on VA Peer Support Technician and supervisor conference calls and/or other information gathering tools
- b. Provide information and continuing education for both peer providers and supervisors on identified areas of concern through EES and other venues
- c. Develop a VA peer provider Code of Ethics, or endorse one developed nationally in partnership with national peer support training and certification bodies

## **5. Clarify the role of supervision of peer providers for both supervisors and those providers**

*In DBSA's view, it is troubling to note the large proportions of both peer providers and supervisors who believe it is important for supervisors to monitor peer provider mental health as well as their performance. It seems debatable that most supervisors would feel it was appropriate for them to monitor the mental health of those they supervise – although some would suggest that supervisors must be attentive to the mental health of all those they supervise. This belief also has the potential to create a second-class role for VA peer providers – “less than” other employees – along with dual relationships between providers and supervisors leading to confusion and mistrust.*

- a. Begin immediate and more detailed exploration of practices and beliefs in this area (for example, What does “monitor mental health” mean to supervisors and peer providers?), drawing on dialogue with existing peer providers and supervisors, both within the VA and outside

- b. Develop and provide OMHS policy guidance for the field
- c. Initiate efforts to clarify the role and scope of peer provider supervision based on this guidance, and utilizing peer providers and supervisors as resources

These survey results warrant thoughtful information-gathering, dialogue, and responsive and far-reaching actions by the VA Office of Mental Health Services in partnership with all those concerned with transformation of mental health services to a recovery focus. The absence of such actions will sow the seeds of failure in quality peer support services implementation and send mixed signals on the importance of peer support, demonstrated through research as an effective, evidence-based practice that engages many more individuals in care. As the VA has taken an important lead in implementing mental health peer support services in locations throughout the country, it now has the potential to be a leader in appropriate and empowering peer support supervision, and a model for other service delivery systems nationwide.

*This time-limited survey was conducted via the DBSA website, and respondents were self-selected. The survey and the results are in the public domain and available for general use with citation and reference to the DBSA Consumer and Family Survey Center, [www.DBSAAlliance.org/SurveyCenter](http://www.DBSAAlliance.org/SurveyCenter). Inquiries should be directed to Lisa Goodale, ACSW, LSW, DBSA Vice President of Training, [LGoodale@DBSAAlliance.org](mailto:LGoodale@DBSAAlliance.org).*

*DBSA thanks Magellan Health Services for its generous support of this survey initiative.*



## Appendix A

### Peer Support Provider survey responses

#### Demographics

##### Age

	Count	Percent
18-34	3	6.8%
35-54	25	56.8%
55-64	14	31.8%
65-74	1	2.3%
75+	1	2.3%

##### Gender

	Count	Percent
Agree strongly	31	70.5%
Agree somewhat	13	29.5%

##### Race/ethnic background

	Count	Percent
American Indian/Alaskan Native	1	2.3%
Black/African-American	11	25.0%
Hispanic/Latino	0	0.0%
Mixed Race/Other	2	4.5%
White/Caucasian	30	68.2%

##### Served in the military

	Count	Percent
Yes	39	88.6%
No	5	11.4%

##### Era served *[Note: respondents may have served in more than one era]*

	Count	Percent
Korea	1	2.3%
Cold War	11	25.0%
Vietnam	14	31.8%
Gulf Wars	11	25.0%
OEF/OIF	6	13.6%
No response	8	18.2%

##### Employment status

	Count	Percent
VA employee	29	65.9%
VA volunteer	15	34.1%

## Peer Support Provider survey responses

### Question responses

#### 1. My supervisor understands my role as a peer support service provider.

	Count	Percent
Agree strongly	28	63.6%
Agree somewhat	8	18.2%
Disagree somewhat	2	4.5%
Disagree strongly	6	13.5%

#### 2. My supervisor understands his/her role as my supervisor.

	Count	Percent
Agree strongly	27	61.4%
Agree somewhat	7	15.9%
Disagree somewhat	3	6.8%
Disagree strongly	7	15.9%

#### 3. My supervisor does a good job of supervising me.

	Count	Percent
Agree strongly	26	59.1%
Agree somewhat	7	15.9%
Disagree somewhat	3	6.8%
Disagree strongly	8	18.2%

#### 4. I am able to meet/consult with my supervisor as often as needed.

	Count	Percent
Agree strongly	27	61.4%
Agree somewhat	10	22.7%
Disagree somewhat	2	4.5%
Disagree strongly	5	11.4%

#### 5. My supervisor advocates for me when needed.

	Count	Percent
Agree strongly	22	50.0%
Agree somewhat	12	27.3%
Disagree somewhat	2	4.5%
Disagree strongly	8	18.2%

#### 6. I trust my supervisor.

	Count	Percent
Agree strongly	24	54.5%
Agree somewhat	11	25.0%
Disagree somewhat	2	4.5%
Disagree strongly	7	15.9%

**7. I believe that my supervisor has trust in me.**

	<b>Count</b>	<b>Percent</b>
Agree strongly	26	59.1%
Agree somewhat	8	18.2%
Disagree somewhat	4	9.1%
Disagree strongly	6	13.6%

**8. I observe appropriate boundaries with the Veterans I serve.**

	<b>Count</b>	<b>Percent</b>
Agree strongly	37	84.1%
Agree somewhat	2	4.5%
Disagree somewhat	2	4.5%
Disagree strongly	0	0.0%

**9. I observe appropriate boundaries with my co-workers (fellow employees and/or volunteers).**

	<b>Count</b>	<b>Percent</b>
Agree strongly	40	90.9%
Agree somewhat	2	4.5%
Disagree somewhat	2	4.5%
Disagree strongly	0	0.0%

**10. I behave ethically in the workplace.**

	<b>Count</b>	<b>Percent</b>
Agree strongly	39	88.6%
Agree somewhat	4	9.1%
Disagree somewhat	1	2.3%
Disagree strongly	0	0.0%

**11. I am treated the same as any other VA employee/volunteer.**

	<b>Count</b>	<b>Percent</b>
Agree strongly	17	38.6%
Agree somewhat	12	27.3%
Disagree somewhat	8	18.2%
Disagree strongly	7	15.9%

**12. I believe that my supervisor received needed information and training before beginning his/her role as a supervisor of a peer support service provider.**

	<b>Count</b>	<b>Percent</b>
Agree strongly	23	52.3%
Agree somewhat	9	20.5%
Disagree somewhat	6	13.6%
Disagree strongly	6	13.6%

**13. It's important for my supervisor to monitor my mental health as well as my work performance.**

	<b>Count</b>	<b>Percent</b>
Agree strongly	19	43.2%
Agree somewhat	12	27.3%
Disagree somewhat	7	15.9%
Disagree strongly	6	13.6%

**Peer Support Providers – open-ended survey responses**

*(Identifying information removed, and most spelling and grammatical errors corrected for clarity)*

**14. (Peers) I wish that my supervisor would do more of:**

- a. Advocating along with me for the position I hold to be considered for a higher grade level. I am a G6 and have been that since [date], and I cannot go any higher under the current structure. I am afraid that the VA system is going to lose a lot of good dedicated peers because of that, because I do enjoy what I do, but I don't feel I am being compensated fairly for what I do.
- b. Offer a wider variety of tasks that utilize my individual strengths. As this VA gets more peers trained I am confident we will all find a specific role.
- c. Advocate for me for a higher grade level. I currently working two positions and I perform more duties than my fellow peers.
- d. open to change. Boy are they afraid of it.
- e. Advocate for me and my work and realize that we are supposed to be in a psycho social rehab environment and not a punitive one.
- f. Respect me for my abilities to assist Veterans.
- g. observing sessions
- h. passing work on to me
- i. veteran advocacy
- j. Be visible other than a show. Know what we do for real rather than just show up to be seen, then disappear to meetings or lunch with my coworker whom she seems to spend half the day texting silly jokes and gossip.
- k. provide us with books we want to use
- l. Advocating for me.
- m. Support my education, leadership, outreach and advocacy efforts. Help me overcome the institutional barriers from other mental health providers and the stigma exists in our clinic.
- n. Advocating for peer support, especially advocating for my provider status in CPRS. I also wish she would trust me more with Veterans. She trusts me a great deal, to run groups and meet with Veterans to do specific tasks, but she is very slow to move towards me being a recovery coach.
- o. Focus on strengths outside of services related to my illness. While the message is essential to what we do, it is not ALL we do.
- p. Having more time to talk about current issues.

**15. (Peers) I wish that my supervisor would do less of:**

- a. Siding with her fellow staff friends
- b. Make me feel that I less than a professional even though she does occasionally give me a pat on the back. There are times when the way I am spoken to, and the

things said, remind me that I have a diagnosis. Many of the veterans I work with give me open compliments, and have even said to the staff the difference I have made to this program since coming on board, but yet my supervisor makes me feel that I am not on their level as staff.

- c. hold meetings with discussions of Peer Providers without a Peer Provider at the meeting table.
- d. Overemphasizing my role on the recovery team,
- e. the resident VAMC expert on all matters. She gives instant and authoritative answers to any creative endeavor. She is the LRRC
- f. looking for websites to forward to me
- g. Discriminating.
- h. Ignore issues that should be addressed.
- i. not showing concerns
- j. trying to do it all himself
- k. Favoritism with a coworker of mine, talk about herself and family and other employees in a gossipy manner,
- l. pointing us in the direction that they want us to go
- m. Restricting my efforts. The restrictions placed on what I am able to do within my facility are limited to an almost stand still. Lessen the restrictions on our tour of duty and grant compensation for the after hours work I do. On average I do anywhere from 10 to 20 hours per week of work outside my tour. This is necessary because mental health peer support is not Monday through Friday 9am to 5pm. I wish he would stop limiting the mental health treatment I used to receive in my community, trust me when I say that having to drive over 100 miles to receive any mental health services sucks.
- n. continue what she is doing
- o. Assigning me tasks that our licensed staff would not even consider performing (below their position)

**16. (Peers) My supervisor could help me become a better peer support service provider by doing the following:**

- a. Continue to provide opportunities for CEU training
- b. Giving me more freedom with veterans
- c. Making sure that I am able to attend at least one of the peer support conferences each year. I was not allowed to go this year, but everybody else on my team that attends conferences where allowed to go. Some even went to several.
- d. include in the budget the ongoing training that supports a peer provider in improved and competent services or career advancement
- e. Continued support in educational opportunities. More peer support training in the VA system with peers from within our area (VISN)
- f. Please help us get access to a computer, a printer, and internet access. She quotes every reg about why we cannot. I have been studying the regs for ways to get my Council trained in Management of the Council and also they would serve as peer support candidates for training.
- g. SENDING ME TO MORE TRAININGS. AND ALLOW ME TO FACILITATE GROUPS.
- h. Advocating and helping me through the tough parts of navigating the VA system.
- i. Including me in weekly meetings, giving me an office instead of putting me in the cafeteria with a table and a chair (without a phone or a computer).

- j. attending sessions and communicating
- k. expanding my job
- l. Showing up, actually observing my or others interactions with patients.
- m. helping us get integrated into the system and let it be known that we all are on the same team
- n. Find funding for essential peer support training and materials. A great deal of my time is taken up searching for resources I can use to enhance my peer support services.
- o. More training on motivational interviewing, safety and crisis interventions, and more ability to attend further trainings in the community- such as allowing training funds to attend peer support conferences, WRAP training, or other trainings.
- p. being more involved in what I do
- q. Training. Training. Training.

**17. (Peers) I wish that the staff at my facility knew this about peer support service provider(s):**

- a. The staff members are insecure for their job. I intimidate the other
- b. That we are professionals too, and that we do a very good job. I am a veteran, and who can better identify with them than one who has as much in common with them as I do. I am an example that one can overcome diagnosis and improve their quality of life. I am the only peer support specialist at my facility, and I really don't think that what I do is really taken that serious.
- c. the depth and sincerity of the peer support's efforts to provide care to their fellow veteran the self sacrifice involved in proper use of personal experience the seeming disconnect on the monetary value for compensation of these services
- d. We don't attempt to diagnose or treat we share are lived experience in recovery.
- e. That we do have a different connection to our fellow veterans and that this position requires us to be on a more mutual support level and less clinical
- f. We are employees
- g. I want to take them all down to [city] and watch the approach at the [name of recovery-focused facility].
- h. WE ARE ONE AND THAT WE ARE NOT TRYING TO TAKE THE SOCIAL WORKERS JOB.
- i. That we advocate for veterans.
- j. The staff know more about what I do for the Veterans than my supervisor.
- k. The relationships we have with veterans
- l. the many needs of veterans in mental health
- m. we are not crazy
- n. we are more than a diagnosis
- o. To listen to patients and to care
- p. We need to get some compensation of some kind i.e. bus passes food clothes
- q. Even though we are in recovery it doesn't mean all bets are off when it comes to generalizing consumers and making comments that are hurtful don't actually hurt. Not being veterans they often have no idea how the little things they do are so very disrespectful and only serve to continue to promote the bad name the VA has been tagged with in the past.
- r. My actual team is wonderful, but I think many providers in the VA do not know what peer support is, or what we do, and that makes the people making the training funding decisions, hiring decisions and such limit us. I wish they knew that peer

support providers are providers and that we do not have to be treated with "kid gloves".

- s. I feel that we as staff persons @ the VA, need to meet the veteran who is suffering with a diagnosis exactly where the individual where they are @, to help them with their recovery process
- t. that this service will promote more positive outcomes for the Veterans
- u. I wish that our staff had the pleasure of meeting (and working with) a greater number of quality peer providers. Currently my program employs another Peer Support Tech who was hired based upon his disability alone. He brings little to the table, and provides services which can only be considered inappropriate and counterproductive. Peer Support should delivered by capable, professional staff with lived experiences. Without professionalism and boundaries, the Peer Support Stigma doesn't diminish....it grows.
- v. We are just like everyone else working at the VA...everyone has issues that they deal with. We just talk about ours a little more.

**18. (Peers) Information/resources that I need to be the best peer support services provider I can be:**

- a. Continuing info on upgrading PSS services in the VA.
- b. boundaries
- c. I am already on DBSA's email list and that helps me to stay abreast. I was also certified through *[name of organization]* in *[date]*. I feel very strongly that I need to be able to attend peer conferences in order to exchange information with other peers, and share what is working at my facility.
- d. linkage with organizations such as DBSA, National Association of Peer Specialists, NAMI, USpra, ACTA Association conference participation opportunities with same exposure and participation at VA Conferences for Peer Support Practitioners and Supervisors with notable leaders in the field (Sherri Mead, Mary Ellen Copeland, Steve Harrington, Moe Armstrong, and other similar National Leaders of the field)
- e. Continued training in WRAP, and more advanced peer support as well as connection with other peer specialists in the VA system thru conferences and seminars
- f. I will take any course offered that I can afford. My income is severely limited. The LRRC mandates that since we are not employees we are not eligible for training
- g. ALL THE TRAINING I CAN GET.
- h. Free cprp books to study for the certification.
- i. Community and computer
- j. More conferences, more inter VA interaction between peers.
- k. Suicide education
- l. books that support our need
- m. have been made available. Money limits my ability to attend all the training
- n. certification training/ more literature appropriate material.
- o. Continuing information/education, New methods in dealing with people.
- p. Materials related to the meetings or classes that I am facilitating and items we could use for fund raising space to create training environment
- q. Having a Co-facilitator
- r. Funding, laptop, vehicle, overtime that doesn't have limitations regarding prior approval. Crises don't make appointments and that is not the veterans fault.

- s. information and resources on techniques for helping peers, information about community resources, housing knowledge, further trainings in and/or out of the VA
- t. I personally utilize all persons and training going on around me. I even learn by inter-acting with the veterans I work with.
- u. I have everything I need
- v. Again, training and education.
- w. I get the training I want. It would be nice to have more funding for our program.

**19. (Peers) Other comments:**

- a. VA Peer Support was the biggest benefit for my personal RECOVERY.
- b. Most staff members are insecure because of me
- c. As much as I enjoy what I do, if there is nothing done concerning peers being able to move up in grade levels, I don't see myself staying with this program much longer.
- d. Peer Conference calls are beneficial. Wish for much more media attention to Peer Services at the National Level in the VanGuard Magazine on Peers with perhaps their own department and a regular appearing segment or column in this magazine Peer Support seems to be treated by the VA now as 'hopefully a passing fad'; Peers need the support of this institution to demonstrate that this revolution is a change to be reconned with and that Consumer/Survivors are not leaving these exciting inroads to better treatment and transformed services at any time in the foreseeable future
- e. I have had outstanding support from my supervisor, however, many clinical staff do not quite understand my role in the system. I am often a "tweener" between the veteran, the clinical staff and the mental health staff. It goes with the job, but, at times is awkward
- f. *[Name of supervisor]* is a great supervisor with the interest of the veterans at heart. One of the things I love about him. He is available to me anytime I have ever needed and keeps me informed and trained.
- g. I have no complaints whatsoever, I am given latitude to choose materials that I believe are the most beneficial to the veterans I work with. My supervisor, the clinicians and other co-workers have been respectful and cooperative in supporting my role within the departments I work in.
- h. I sit on a Mental Health Council. I do not as such offer peer support to patients. I do advocate for them on a case by case basis. I report to the Chairman of the Council who also is a mentally disabled veteran himself. Advocacy may mean within the hospital itself, or outside the hospital. I volunteer at DBSA veteran support groups and report to *[name of volunteer]* on activities. We handle all vets including bad conduct discharges.
- i. I am no longer with the VA after 1 1/2 yrs because of the poor treatment I received. I am now with a state non-profit facility that provides counseling services to all military personnel. They recognize me for my contributions and knowledge and I look forward to being the best I can be for any and every military member.
- j. I feel the peer support specialist should be utilized more in a suicide contemplation
- k. not sure why doing this survey if VA is separating us from their control
- l. my supervisor is great. but other staff either don't know or respect what I bring to the table of recovery. which is the shared experience and role modeling recovery.
- m. There is certainly a need for peers in the V.A. but I feel that the administration is leery and not well informed on how valuable peers are. I think they need more peers

on the payroll. I enjoy being a peer to my fellow veterans, but my present job doesn't allow me enough time to volunteer. I am a state certified peer support specialist, I don't think that even matters to the V.A.

- n. peer support will be a very useful addition to any environment that allows the peer leadership the room to lead and draw greater dreams from the person in recovery.
- o. This is a wonderful job and I'm very grateful to be a part of a great team with a great boss.
- p. I enjoy the opportunity working with others. It is so gratifying to help plant a seed of recovery in a person, then watching that seed take off and grow. What a great opportunity for me to be a part of someone else life. I could not ask for a better job.
- q. He does a very professional and thorough supervision.
- r. Peer Support will be recognized as an evidence-based practice soon and we will be "providers" along side our fellow treatment team members.

## Appendix B

### Supervisor survey responses

#### Demographics

##### Age

	Count	Percent
18-34	2	6.1%
35-54	14	42.4%
55-64	17	51.5%

##### Gender

	Count	Percent
Male	31	70.5%
Female	13	29.5%

##### Race/ethnic background

	Count	Percent
Asian/Pacific Islander	1	3.0%
Black/African-American	3	9.1%
Hispanic/Latino	2	6.1%
Mixed Race/Other	2	6.1%
White/Caucasian	25	75.8%

##### Served in the military

	Count	Percent
Yes	8	24.2%
No	25	75.8%

##### Era served *[Note: respondents may have served in more than one era]*

	Count	Percent
Cold War	3	9.1%
Vietnam	4	12.1%
Gulf Wars	2	6.1%
OEF/OIF	1	3.0%

##### Professional training

	Count	Percent
Counselor	2	6.1%
Nurse	2	6.1%
Psychologist	10	30.3%
Social Worker	17	51.5%
Other	2	6.1% (Administrative/Program Manager; Peer-to-Peer Mentor)

## Supervisor survey responses

### Question responses

#### 1. I understand the role of the peer support service provider(s) I supervise.

	Count	Percent
Agree strongly	31	93.8%
Agree somewhat	1	3.0%
Disagree somewhat	1	3.0%
Disagree strongly	0	0.0%

#### 2. I understand my role as a supervisor of a peer support service provider(s).

	Count	Percent
Agree strongly	27	81.8%
Agree somewhat	4	12.1%
Disagree somewhat	2	6.1%
Disagree strongly	0	0.0%

#### 3. I do a good job of supervising peer support service provider(s).

	Count	Percent
Agree strongly	19	57.6%
Agree somewhat	13	39.4%
Disagree somewhat	1	3.0%
Disagree strongly	0	0.0%

#### 4. I am able to meet/consult with the peer support service providers I supervise as often as needed.

	Count	Percent
Agree strongly	21	63.6%
Agree somewhat	8	24.2%
Disagree somewhat	3	9.1%
Disagree strongly	1	3.0%

#### 5. I advocate for the peer support service providers I supervise as needed.

	Count	Percent
Agree strongly	30	90.9%
Agree somewhat	3	9.1%
Disagree somewhat	0	0.0%
Disagree strongly	0	0.0%

#### 6. I believe that the peer support providers I supervise have trust in me.

	Count	Percent
Agree strongly	31	93.9%
Agree somewhat	2	6.1%
Disagree somewhat	0	0.0%
Disagree strongly	0	0.0%

**7. I trust the peer support service providers I supervise.**

	<b>Count</b>	<b>Percent</b>
Agree strongly	24	72.7%
Agree somewhat	9	27.3%
Disagree somewhat	0	0.0%
Disagree strongly	0	0.0%

**8. The peer(s) I supervise observe appropriate boundaries with the Veterans they serve.**

	<b>Count</b>	<b>Percent</b>
Agree strongly	15	45.5%
Agree somewhat	16	48.5%
Disagree somewhat	2	6.1%
Disagree strongly	0	0.0%

**9. The peer(s) I supervise observe appropriate boundaries with their co-workers (fellow employees and/or volunteers).**

	<b>Count</b>	<b>Percent</b>
Agree strongly	23	69.7%
Agree somewhat	10	30.3%
Disagree somewhat	0	0.0%
Disagree strongly	0	0.0%

**10. The peer(s) I supervise behave ethically in the workplace.**

	<b>Count</b>	<b>Percent</b>
Agree strongly	27	81.8%
Agree somewhat	5	15.2%
Disagree somewhat	1	3.0%
Disagree strongly	0	0.0%

**11. The peer(s) I supervise are treated the same as any other VA employee/volunteer.**

	<b>Count</b>	<b>Percent</b>
Agree strongly	9	27.3%
Agree somewhat	16	48.5%
Disagree somewhat	8	24.2%
Disagree strongly	0	0.0%

**12. I received needed information and training before beginning my role as a supervisor of a peer support service provider.**

	<b>Count</b>	<b>Percent</b>
Agree strongly	13	39.4%
Agree somewhat	9	27.3%
Disagree somewhat	8	24.2%
Disagree strongly	0	0.0%

### 13. It's important for me to monitor the mental health of the peer support service providers I supervise as well as their work performance.

	Count	Percent
Agree strongly	13	39.4%
Agree somewhat	14	42.4%
Disagree somewhat	5	15.2%
Disagree strongly	1	3.0%

### Supervisors – open-ended survey responses

*(Identifying information removed, and most spelling and grammatical errors corrected for clarity)*

#### 14. (Supervisors) I wish that the peer(s) I supervise would do more of:

- a. Be more assertive.
- b. I just wish I had more peers on my staff.
- c. they have a hard time standing up for themselves, without feeling like their job would be in jeopardy, they feel like they cannot disagree with VA staff, and that they are obligated. They have a hard time with initiating, and many are followers. They are at times afraid to disagree with their immediate supervisors. I am their liaison who mediates with their supervisors.
- d. professional boundaries, such as not talking about staff members with clients.
- e. community integration individual peer counseling
- f. Escorting vets more off the unit.
- g. Connecting to the broader community.
- h. free training , I am peer mentor for [city] va need more training to help other more
- i. more willing to stretch outside of the box and show more initiative.
- j. Peer is engaged with the veterans and really cares about his work. I wish he would do more general peer support versus focused in [specific diagnosis]. He feels that he only wants to work with other veterans with [specific diagnosis], which leads to considerable stress for him and occasional boundary violations.
- k. acting independently of me
- l. Focusing on the job and less and “changing the VA”.
- m. not sure... I supervise one Peer Support staff and he does a great job
- n. engaging less motivated clients
- o. doing a great job
- p. I have full confidence in what the peers are doing.
- q. The peers I supervise engage in an extremely well-balanced mix of services and activities.
- r. Training on how to be an effective peer support provider.
- s. Take initiative and be creative with what they are able to do.
- t. Collaboration among themselves as a group

#### 15. (Supervisors) I wish that the peer(s) I supervise would do less of:

- a. Apologizing for asking the vet to do something or intruding on the vet's time.
- b. Sick leave.
- c. complaining, and have solutions to go along with their complaints, and they would feel comfortable expressing those solutions.
- d. telling veterans a solution rather than getting veteran to come up with their own solution.

- e. Discounting of regular staff because they are not veterans.
- f. worrying and listen more
- g. worrying whether a Veteran is taking their medication.
- h. trying to get "fly-by" supervision from many other VA employees. Peer spends several hours a week outside of his work duties to vent with other colleagues and "receive supervision" although he is not working with these colleagues in any capacity.
- i. waiting for approval from me before they did what they know to be best.
- j. Trying to do everything for every Veteran - it does not work well in a structured bureaucracy.
- k. doing a great job
- l. Less self doubt in themselves and their role.
- m. The peers I supervise are spread too thin and are not utilized correctly.
- n. Not sure - maybe complain about how slowly things get done without helping to move things along and not understanding the processes within VA.
- o. Attempting to perform as clinical staff and focus more on sharing their own recovery experiences

**16. (Supervisors) The peers I supervise could help me become a better supervisor of peer support service providers by doing the following:**

- a. Keeping their personal life out of our supervision, which is impossible as he *[describes issues experienced by peer]*.
- b. Bringing more issues to supervision.
- c. they need to initiate some of their ideas, without feeling they are not supposed to have differing ideas that are valid. They seem as if they are caught in the second class citizen mode... and I encourage them to speak out, to share their ideas and ask that they organize their ideas to present to other supervisors.
- d. coming prepared with issues or suggestions for peer support
- e. Be honest and bring up short comings
- f. ask more question and following up
- g. offering more feedback
- h. Coming to supervision with questions related to 1:1 mentoring and group work.
- i. reading the materials they are using in groups before the groups
- j. Helping me relate to all eras of Veterans.
- k. While I facilitate and teach our Peer Support staff member, I also learn much from him, and we work very collaboratively. I wish our mental health leadership directly engaged our Peer Support staff member. He goes to treatment teams, and is treated just like any other staff member. To that extent, to the degree that MH leadership is NOT hands on, they treat him no differently than other MH staff, and the upside is that he, I and we DO enjoy the autonomy.
- l. They treat him no differently than other MH staff, and the upside is that he, I and we DO enjoy the autonomy.
- m. preparing better for weekly supervision w/ notes on latest client encounters.
- n. Having a clear understanding of their role and the interventions they can perform.
- o. Keeping me educated on what the roles and duties of peer provider is
- p. Providing feedback to me on a regular basis.
- q. Providing more definitive feedback regarding the supervision I provide

**17. (Supervisors) I wish that the other staff at my facility knew this about peer support service provider(s):**

- a. That they deserve the same access to vets and confidential information as any other staff. That non vets make good per support staff too, that in many cases it is the common experience of severe mental illness (not PTSD) that is paramount.
- b. How key the role of peer is to recovery.
- c. They are like you and me, and they are bright intelligent, and we could learn so much from their first hand experience. The stigma, is unspoken...the staff says they are not prejudice against them, however, the attitude is reflected in their comments. " well you know so and so needs extra help because he or she is a little slow, or they are Mentally Ill and need the extra guidance" ....hummm...Really?
- d. It can support clinical services they provide
- e. How hard it is to get into a recovery status.
- f. yes and pass the word
- g. that they are professionals who have a life experience - they have the same expectations as other employees.
- h. He is an excellent resource. We should work together to advocate for more peer support service providers.
- i. I think staff here are quite well informed about our peer support services and facilitators. We have an extremely good local recovery coordinator, and have had had many Vet to Vet groups in the community for over 5 years now
- j. They are not "on the border" or "craziness".
- k. Their expertise and impact on the veterans.
- l. People know. He and I both are part of orientation for all hospital employees, we both do monthly education with [name of school] Medical students, the word is spreading. AND, at least in ways at times, stigma is declining. In orientation I poll new staff "who has asthma, who has allergies, who has mental illness" and last month 5 or 6 people (new staff, not mental health staff) raised their hands, the most ever.
- m. peers can gain trust with some clients that some professionals cannot.
- n. Their expertise and impact on the veterans.
- o. I feel that the staff are aware but need further education regarding PST role and what a peer can do with/for veterans.
- p. I wish other staff had an idea as to what a peer support specialist can do to help other vets. Everyone wants peer support because it is being pushed from every corner but nobody really seems to know how they can be used. I feel like I know more than most and I don't have any training, there is practically no training available except on the coasts with large gaps of time between training and no effective advertising of when the training occurs.
- q. I wish we all knew what peer support service providers were supposed to do and how to utilize them correctly
- r. They are an excellent part of a treatment team, not just a convenient add-on.
- s. Education regarding the utilization and effectiveness of peer support services is a work in progress.

**18. (Supervisors) Information/resources that I need to be the best supervisor of peer support service providers I can be:**

- a. I would like some clear cut info, to share with other VA staff about the peers, that talks about success and the stigma busters....Everyone needs training about peer

- support. WE are doing a good job, but more needs to be done. My VA employs 5 peer support staff, and are hiring a 6th, that is a lot across the nation
- b. Ongoing training, best practices in VA
  - c. Recovery updates just for peer supervisors.
  - d. EBP for PSTs
  - e. daily needed
  - f. keeping up with my mentor
  - g. Clear job description. Limits/Scope of practice. VA rules related to community-based work.
  - h. Continuing Education modules - pre packaged. I need to do quarterly "CEU" type training and have to create it from scratch.
  - i. More Certification programs for the Vets.
  - j. uncertain. We have the national peer support outlook groups, and the recovery coordinator outlook groups as sources of support, SharePoint web sites and information.
  - k. guidelines on what to look for in hiring peers.
  - l. More Certification programs for the Vets.
  - m. Further education regarding PST role. Clear directives regarding PST role
  - n. I need training on what a peer support specialist does beyond knowing it is a person with a mental illness who can talk to other people with mental illnesses more easily because they can relate better.
  - o. articles, workshops etc
  - p. Increased contact with other supervisors on a local level.
  - q. A workshop dedicated to supervision of peer support specialists would be most appreciated.

#### 19. (Supervisors) Other comments:

- a. I wish I had a little more flexibility in what they can do. Everyone on my *[program]* staff deliver meds, except the peers. I would like the ability to trust those peers capable of that responsibility. (I'm aware that peers in other locations have performed this task routinely, but it isn't officially sanctioned.)
- b. the Peer facilitators are treated differently from the regular staff as a) they do not get paid and do not want to get paid, b) they are all actively in treatment, c) are firmly instructed to take care of themselves first, so they alternate between the role of facilitator and group member regularly ... I have been supervising peer support group facilitators since graduate school *[date]*. pretty much all of my training on the topic occurred before I came to the VA ... all of our peer facilitators are in active mental health treatment themselves.
- c. Supervising peer counselors for 4+ years has been a mixed experience; 7 out of 10 peer counselors have not done well and either were terminated or quit position.
- d. There need to be a serious effort in training for both peer support specialists and supervisors of peer support specialists. I think there might have been one of conferences maybe two or three years ago. I only remember that because I know our first peer support specialist attended some training and our supervising social worker at the time attended some other training. I don't know who provided the training because I was not directly involved with them at the time. However, both those people are gone now. We have new supervisors and a new specialist and there are apparently more specialists being hired to yet newer supervisors and there is no follow-up, no ongoing training. I have spent a lot of time trying to find

training but it seems largely unavailable. The DBSA training I finally located takes place in *[state]* in *[month]* and by the time I found out about it it was too late and I don't see any future training posted. I called *[name of organization]* and their training in *[city]* lasts five consecutive weeks, which is not feasible. When *[name of organization]* goes on the road to train it is because they have been hired by an organization with a cohort of peers to train and there is no room in the class for one or two extra people and the training is still two consecutive weeks. It is very frustrating that the VA is pushing all these peer support positions out into the field and there is no ongoing training. It is a disservice to the peer support specialists and to the reputation of those services within the VA.