


Recovery


Leading a Peer Work Force: *Innovative Clinical Supervision Strategies that Foster the Growth of Peers as Employees*



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Meta Services

- Meta Services founded in 1990 to serve Maricopa County
- Accredited by JCAHO since 1992
- Recovery transformation began in 2000 and has become the guiding vision
- Integrated professional and peer staff

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Recovery Innovations


- A mental health organization transformed by the vision of recovery.
 - Recovery Innovations of AZ
 - Recovery Innovations of CA
 - Recovery Innovations of NC
 - Recovery Innovations of VA
 - Recovery Innovations of PA
- Recovery training and assistance to organizations from New Zealand to Scotland and throughout the U.S.
- Recovery standards for individuals & agencies
- Family Support Partners

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Our Mission

To create opportunities and environments that empower people to recover, to succeed in accomplishing their goals, and to reconnect to themselves, others, and meaning and purpose in life.

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RIAZ
Recovery Innovations of Arizona, Inc.
META Certified Recovery Alternative

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Remembering who you are and using your strengths to be all you were meant to be

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Our Approach


- Individuals and families can and do recover from homelessness, substance abuse and serious mental health challenges
- Valuing strengths and assets rather than deficits
- Holding the hope....ITE!

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Recovery & Resilience as a Model of Care

| Recovery Model | Traditional Model |
|--|---|
| <ul style="list-style-type: none"> • Paid peer worker contribution in the organization is celebrated • Holistic approach: emphasis on emotional, physical, and spiritual wellness • Less hierarchical: the family/person is the "expert" rather than the treatment provider • Recovery coaching, support, linkage to community of recovery • Families and individuals as employees & volunteers • Strengths-based, inclusion of peer and social network, natural supports in the community • Emphasis on how to diminish need for professional services | <ul style="list-style-type: none"> • Emphasis on detoxification and stabilization • Medical approach: emphasis on signs, symptoms, diagnosis • Hierarchical: professionals are the only experts • Focus on diagnosis and reducing pathology • Emphasis on academic knowledge/technical expertise • Community defined in terms of other agencies rather than grassroots communities of recovery • Emphasis on maintaining people and families in the service system |

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Recovery Coaching Principles for Clinical Supervision with Peer Staff

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“It all starts with me! As a supervisor, I know that what I put out to my staff, I get back in return. When I hold negative views of them, they begin to show up in more unfavorable ways. When I hold more positive views of them, they begin to step up in ways that are remarkably amazing to witness. I get to choose everyday what type of team I want to create.”

- Program Director, RIAZ

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RIAZ Community Building & Another Chance Programs

- Program Goals
 - Housing
 - Employment
 - Education
 - Recovery

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Community Building & Another Chance

- Recovery housing programs for people with co-occurring & significant mental health challenges
- Housing-first model
- Combined peer support with recovery education
- Co-occurring individual and group services delivered
- Assigned a Recovery Coach who helps develop a self-directed recovery plan and locate housing of their choice (leased by the person).
- Housing subsidy while enrolled
- Employment coordination & job development
- Goal of housing “self-sufficiency”

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Clinical Supervision Staff Ratios

- Staffing Design: 2 Team Leaders, 10 Recovery Coaches, 2 Job Developers
- Expectation: Each employee receives 1 hour of clinical supervision for every 40 hours worked
- TL/RC Ratio= Each TL delivers weekly clinical supervision to 5 RC's and 1 JD
- RC/Participant Ratio= One RC to 12 participants

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Recovery Coaching w/ Staff: A 7-Step Process

- 1) Clearing
- 2) Connecting
- 3) Empowering
- 4) Planning
- 5) What Could Get in the Way?
- 6) Resilience Building
- 7) Personal Development/Accountability

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1) Clearing

Activity

- Open minded
- Prepared to be present

What to Think/Say

- I will stay focused on the person & remain hopeful that they can overcome the presenting difficulty
- I will see the person's potential, not their behavior

What Not to Think or Say

- This employee will never change
- This will be a "repeat" of our previous meetings

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2) Connecting

Activity

- Engaging, building relationship
- Establishing partnership
- Increasing comfort level

What to Think/Say

I know you have what it takes to overcome this challenge

What not to Think or Say

- “What’s the problem?” or “Haven’t we been over this already?”

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3) Empowering

Activity

- Magnify strengths, convey confidence
- Reinforce self-efficacy
- Identify valued roles

What to Think/Say

- “I’m really impressed with your commitment to overcome this” or “It takes a lot of courage to tackle a situation like this”

What Not to Think/Say

- “Let me handle it for you” or “I’m worried that you can’t handle it”

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4) Planning

Activity

- Have the person come up with their own solutions

What to Think/Say

- “Help me understand where you’re going with this” or “What steps will you take to make this happen”

What to Not Think/Say

- “Are you sure you can do this?” or “Based upon what I’ve seen, I’m concerned you won’t be able to do this”

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5) What Could Get in The Way?

Activity

- Listen, stay connected to the person, think of options and choices

What to Think/Say

- “Given your strengths, I know you’ll be able to handle this”

What to Not Think/Say

- “My advice is.....” or “Here’s what you should do.....”

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6) Resilience Building

Activity

- Build confidence so person can handle future barriers
- Capitalize on learning moments

What to Think/Say

- “What might come up that could throw you off track?” or “What strengths will you use to stay on course?”

What to Not Think/Say

- “I don’t want you to get too stressed” or “I’ll handle it if you get off course”

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7) Personal Development/Accountability

Activity

- Mutual feedback, assessing mutual growth, accountability

What to Think/Say

- “How could I have been more help to you?” or “Do you see anything I could do differently in the future to support you?”

What to Not Think/Say

- “We could’ve gotten further if you would have.....”

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Case Scenarios

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Thank You!



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