

Standards for Peer Recovery Specialist Supervisor

Peer Recovery Specialist (PRS) Supervision occurs when a PRS supervisor and PRS formally meet to discuss and review the work and experience of the PRS, with the aim of supporting the PRS in their professional role.

PEER RECOVERY SPECIALIST SUPERVISORS SHOULD:

- Ensure that the PRS job description defines specific duties that focus on using the PRS recovery experience to assist others
- Include supervision which must
 1. be documented
 2. meet the supervision requirements of Rhode Island's Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH) Rules and Regulations for the Licensing of Behavioral Healthcare Organizations.¹
 3. include regular (at least monthly) group PRS supervision to allow PRSs to act as supports for each other, and to learn skills to maintain their unique peer support roles and a community of mutual support.
- In clinical settings, when appropriate², ensure PRSs function as full members of the clinical team and are fully integrated in all clinical and appropriate agency activities.
- Provide and support ongoing education and training.
- Develop and communicate an appropriate performance plan at the beginning of the probationary period based upon the PRSs position description.
- Be knowledgeable about reasonable accommodations and when it applies
- Complete, or at a minimum review, the Peer Recovery Specialist training to familiarize themselves with the role and functions of the job. Further, they should understand the principles and philosophy of recovery and the role of peer support services in building and sustaining recovery goals
- Supervise work performance. The supervisor must not serve as a therapist.
- If there is more than 1 supervisor for a PRS, supervision must be coordinated
- Provide advocacy both in the organization and community for peer services
- Have an understanding of the certification and recertification requirements for PRSs
- Ensure that PRSs are filling out the Consumer Survey at the appropriate intervals with the people they are serving.

¹ BHDDH's Rules and Regulations are periodically updated. Therefore one must check to ensure usage of the most current version.

As of 2/1/16, they require a minimum of four (4) hours of clinical supervision per month (pro-rated for part-time direct service staff) of which at least two (2) hours shall be individual clinical supervision. Further, staff providing clinical supervision must have one of the listed RI qualifications with education, license, and experience relevant to the service they are supervising.

² This would not apply when the PRS *serves in* a supporting consultation role to the treatment team to assure that treatment is person driven, provides support in resource linkage and integration of community based programming into individualized treatment planning.