CHAPTER TWO

What All Staff Need: Training and Supervision

1. Introduction

"Tell me and I forget. Teach me and I remember. Involve me and I learn." -Benjamin Franklin

As with all staff, RSSs learn and retain what they've learned with optimum results when they are actively involved in the training. Rather than simply telling someone how to do a job, showing them how to do it through an intentional mentoring process engages them in the learning. This helps them develop a sense of ownership in their job, and will prepare them to train and mentor others.

Like all behavioral health care professionals, training is crucial to the credibility and fidelity of each RSS's specific area of specialization. Drawing from their unique experiences and expertise, RSSs are guided by professional standards and values which distinguish their role within the behavioral health field.

According to the International Association of Peer Supporters (INAPS), education and training expectations for RSSs are considerably different than typical of professional human services personnel. While the standards and types of certifications available vary by state, in Illinois a Certified Recovery Support Specialist must have:

a. A high school diploma or GED
b. At least 2,000 hours of supervised work experience, which can include any combination of paid and volunteer work
c. 100 hours of supervision in the CRSS performance domains – Advocacy, Mentoring, Recovery Support, and Professional Responsibility (See Chapter 4 for more information on the domains)
d. 100 hours of training and education related to CRSS domains, professional ethics and responsibility, and other core functions
e. Successful completion and passing of the written CRSS exam
f. Lived experience with a mental health condition
g. A formal commitment to disclose their own mental health journey.

While some organizations hire "non-certified peers" and do not make it mandatory for them to pursue their CRSS, INAPS strongly recommends certification and specialized training at the earliest opportunity. INAPS warns that the attrition rate for untrained, uncertified staff is extremely high. (National Report on Peer Support Certification, Oct. 2016)

2. Best Practices for Staff Training and Support

"Employees who believe that management is concerned about them as a whole person - not just an employee - are more productive, more satisfied, more fulfilled."

-Anne M. Mulcahy, former CEO of Xerox Corporation

a. A welcoming atmosphere in the agency promoting trust and safety fosters respect, empowerment, and positive relationships for all employees. Supervisors can create an enhanced environment of mutual respect by making positive, honest, and healthy interpersonal interactions a priority throughout the organization. When providing training and support it is important to:[2]
    i. Be Mindful of Culture (as explained in Chapter 1). Culture includes values, beliefs, and attitudes a person holds based on their family background, community, and history. An empowering supervisor keeps in mind their own cultural make-up and that of his/her staff. They are mindful of how the similarities and differences in culture impact each relationship and the overall tone of the agency.
    ii. Show Respect. By its nature, the supervisor/supervisee relationship affords the supervisor more power than the supervisee. Keeping this in mind will help the supervisor relate well to their staff, ensuring that the supervisee feels safe to share problems, doubts, and worries. If they feel less than respected, they will try to appear "together," even if they aren't, to impress the supervisor. If the supervisor shows respect to the staff member by recognizing and appreciating their skills and points of view—no matter how different from their own—they can avoid pitfalls and setbacks.
    iii. Practice Honesty, Kindness, and Fairness. Long-standing trust in every relationship is based on honesty, reliability, and kindness. Supervisors need the freedom to speak with frankness to their staff member about areas of their work in which growth is needed. Balancing their directives with assurances that they expect the supervisee to improve over time will help the relationship thrive. It is also essential that supervisors remain fair, treating all their staff with equal respect and kindness, irrespective of "likeability."
    iv. Focus on the Positive. A supervisor who is aware of, acknowledges, and rewards staff members' strengths will bring out the best in their supervisees. This positive emphasis will create an environment of trust, and balance those times when it is necessary to address areas that need improvement.
    v. Remain Calm. Our best thinking and decision-making is done during times of calmness. It's difficult to think clearly in the throes of strong emotions. Crisis situations may require immediate action. If an immediate solution is unnecessary,

[2] Source for items i-viii: DHS/Division of Mental Health, from Enhancing the Peer Provider Workforce: Recruitment, Supervision and Retention, Sept. 15, 2014

it's advisable to take as much time as needed to devise a response. Discussing the situation in a rational manner with the staff member and finding a solution together will show respect, create clear communication, and set a good example to the supervisee.

vi. Ask Questions. When supervisors inspire self-reflection and emotional awareness, they help their staff become conscious of their actions and the motivations behind them. Self-reflection is best encouraged by asking questions of the supervisee, and then actively listening to their answers. Non-threatening questions and open listening can also help prevent misunderstandings between supervisors and their staff.

vii. Empower Others. Helping supervisees find their own answers empowers them to realize their potential and develop their abilities. The best practice for achieving this goal is to prompt staff to find their own solutions, as opposed to telling them what to do. If the staff member feels less than confident in their ability to find solutions, brainstorming several possibilities may help. Working together, the staff and supervisor can examine each solution by listing pros and cons.

viii. Encourage Self-Care. Our work naturally exposes us to stressful situations that can lead to strong emotions. These emotions can affect the way we think and care for ourselves. As supervisors we should be mindful of and recognize how our work impacts everyone on our staff. When we practice good self-care, we are also modeling for our supervisees and empowering them to discover their own self-care plans. Some of these plans might include healthful living; balance of work and personal life; boundary-setting with co-workers and individuals served; and using available professional and peer support.

ix. Fully Inform. Existing staff should be educated about the history of the recovery movement, the CRSS credential and competency requirements, and the specific roles and responsibilities the RSS will have within the agency. This will help the staff to view the RSS position as a credible, knowledgeable, and ethical asset to the team. They are likely to feel less threatened and to be more accepting of the addition of RSSs into the workforce if they understand that recovery support is not intended to be a replacement or substitute for therapy or other clinical services. Sharing the history of the recovery movement and the research supporting its value will also aid the process of incorporating the RSSs into the workforce (see Exhibit 2B).

"Staff must be nurtured, encouraged to play and explore, encouraged to bring their lives into their work, and cherished for their individual gifts and hearts—because staff with hope, empowerment, responsibility, and meaning can help people with mental illnesses build hope, empowerment, responsibility, and meaning."

-Mark Ragins, M.D., Medical Director, MHA Village Integrated Service Agency, Long Beach, CA

b. Demonstrate to all staff that RSSs are regarded as full members of the organization's treatment team. Ensure that their presence and input during clinical staff meetings is

embraced and accepted. They offer a valuable perspective on the needs of the persons served and may be able to provide important information for consideration in determining the most appropriate care and treatment. Their role can be integrated into the overall recovery plan in several ways.

i. Allow the RSSs to train other staff members.
ii. Require or request the RSSs to attend staffings.
iii. Give all the tools necessary to effectively carry out their jobs, comparable to other staff. Examples include: updated computers, printers, office space, etc.

3. Training and Support Exercises and Tasks

"Alone we can do so little, together we can do so much."
-Helen Keller, author, educator, crusader for individuals with disabilities

a. The RSS role is unique in the mental health services delivery system, and as such, existing staff need training to understand how it fits into the daily operations of the agency. With the support of the agency's leadership, the recovery support program is introduced as an exciting and positive addition to existing programs and services. The RSS role is described as a valuable asset to the program, offering unique experiences and skill sets which will benefit the persons served by the agency.

What are the key RSS roles and responsibilities that should be communicated to all staff?

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Existing staff need to understand the difference between their jobs and the role of the RSS in their day to day work. Training to identify and differentiate responsibilities and how best to work together to improve services to the individuals served is a must. Ongoing guidance should also be provided to avoid service duplication or conflict.

What are some of the typical differences in responsibilities between RSS staff and clinical staff?

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Develop a detailed plan for your RSSs which covers each aspect of their training. This plan should include the following questions:

Who will do the training within the agency and at the local level?

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Who will facilitate the training via the Online Recovery Academy and CRSS Library (See Exhibit 2A) and state conference calls, webinars, workshops, etc.?

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When will we do it?

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How much time do we need to accomplish each step?

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Who will follow up?

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What additional questions would you like to add?

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b. Open Communication Lines for RSSs
Clinical staff and RSSs may find more common ground if they regularly communicate with one another about individuals they share on their caseloads.

Suggestions for enhancing communication between RSSs and clinical staff:

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EXHIBIT 2A

ORACL: Online Recovery Academy and CRSS Library

http://www.recoveryacademyillinois.org

The Online Recovery Academy and CRSS Library (ORACL) is a resource for people with (mental health conditions) lived experience who are in recovery, working as a Recovery Support Specialist, have or are seeking their Certified Recovery Support Specialist (CRSS) credential, and/or are furthering the principles of recovery within the State of Illinois.
Illinois Recovery Support Specialists (RSSs) and CRSSs gain access to a vast training and professional development library through ORACL membership**.** More information about ORACL and instructions for enrolling can be accessed through the website address listed above.

In collaboration with the Department of Human Services Division of Mental Health (DMH), DMH's Recovery Services Development Group (RSDG), volunteer advisors, and the Human Resources Center of Edgar and Clark Counties (HRC) Recovery Support Team, ORACL provides access to online courses and e-learning resources whenever the member wants it, anywhere they want to access it. Through ORACL's partnership with Relias Learning, Academy members have free access to training and continuing education resources. These professional resources provide assistance with CRSS exam preparation, complying with continuing education requirements, and gaining access to hundreds of behavioral health and human services courses covering everything from "Abuse" to "Workplace Violence." The courses provide the potential for over one hundred training hours which automatically qualify for CEUs. Additional courses continue to be developed and approved for CRSS CEUs, providing ORACL members with ample opportunity to meet their present and future formal training requirements.

A unique online member account is created for each individual when he or she enrolls, establishing a detailed training record and "reminder system." Each ORACL member is able to track his or her training progress and document formal training hours, successfully completed online courses, and continuing education credits earned, all through the individual's own online account.

Exhibit 2B

A Brief History of the Mental Health Recovery Movement

Recovery from mental illness is not a new concept, with its history dating back to the early 1800's. John Perceval, the son of an English prime minister, wrote about his experiences with psychosis from 1830 until 1832, as well as the recovery he achieved, despite the questionable "treatment" he received from the physicians of the time. In 1881, researchers at Massachusetts' Worcester Asylum for the Insane surveyed 1,157 individuals who had been discharged over a 40-year time span. Of those who were discharged as "recovered," 58 percent remained well for the remainder of their lives.

Unfortunately, the psycho-social mechanisms that would otherwise support the process of individual recovery were stymied in the 1940's and 50's as the confinement of people with severe mental illness in state hospitals became a standard practice. Individuals were institutionalized by family members for convenience sake, so as not to embarrass them if they behaved differently from societal norms, and in some cases, just to gain access to their bank accounts. The stigma associated with mental illness remained prevalent throughout this time period.

"Warehousing" people with severe mental illness in large institutions fell under greater scrutiny and criticism in the 1960's and 70's as accounts of unnecessary confinement and mistreatment in asylums became more public. However, even as support for the deinstitutionalization of individuals with mental illnesses increased and more humane treatment approaches were explored, many people with severe mental illnesses were told that there was little hope for recovery and that they ultimately would not be able to maintain employment or even care for themselves independently.

Despite the proliferation of myths about mental illnesses and their grave prognoses, many individuals with mental health disorders continued to believe in themselves and often managed to find a path to recovery. The psychiatric survivor movement arose out of the civil rights movement of the late 1960's and early 1970's. Known as the consumer/survivor/ex-patient movement in the 1980's and 90's, these individuals and organizations brought national attention to the possibility of recovery and inspired change throughout the mental health system. Grassroots organizations began to exemplify and educate the public about the concepts of self-determination and the possibilities of recovery, and effectively advocated for change, offering hope to people with mental health disorders and their families.

The recovery movement received a significant boost from the President's New Freedom Commission on Mental Health. The Commission's July 2003 report emphasized the importance of fully involving individuals and families in a recovery-based mental health system. In response, the Illinois Department of Human Services' Division of Mental Health (DMH) began a major service system transformation. Over the next decade, DMH's transformation included the development of a process of certifying the growing number of individuals with lived experience

across the state who were taking on roles as recovery support specialists (RSSs). In collaboration with the Illinois Certification Board, DMH established the Certified Recovery Support Specialist (CRSS) credential for persons providing professional services for persons in recovery from mental illness or combined mental illness and substance abuse disorders.

The CRSS professional in Illinois is trained to incorporate his or her own unique life experiences as a current or former mental health service recipient in conjunction with providing mental health, rehabilitation, and substance abuse services to others. As of 2018, there are over 200 CRSSs in Illinois.