



Peer Specialist Toolkit



Implementing Peer Support Services in VHA



This document is a collaborative project between the VISN 1 New England MIRECC Peer Education Center, and the VISN 4 MIRECC Peer Resource Center.

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Who are Peer Specialists and what do they do?

Peer support occurs when people with the same types of problems help each other.

There are different kinds of peer support, including peer support groups, organizations, and providers.

■ **Peer Specialists (PSs) and Peer Support Technicians (PSTs):** In VHA, PSs are VA employees who help Veterans with serious mental illnesses and substance use disorders to successfully engage in their treatment. The Peer Specialist is the newest of the two classifications for peer support providers employed in VA, but the competencies expected of PSTs are the same. Therefore, for the sake of simplicity we will use the term, “Peer Specialist” or “PS,” throughout the rest of this toolkit. Peer Specialists promote recovery by sharing their own recovery stories, providing encouragement, instilling a sense of hope, and teaching skills to Veterans. These services are provided by an appropriately qualified, VA-employed Peer Specialist.

■ In VHA, PSs have defined competencies and are trained to use their lived experiences to help Veterans identify and achieve specific life goals related to recovery. The complete list of expected competencies can be found in Appendix 1 in the Department of Veterans Affairs Peer Specialist Training Manual. The training manual can be found on the VHA Office of Mental Health Services Peer Support Services SharePoint:

[vawww.cmopnational.va.gov/CR/MentalHealth/Peer%20Support%20Services/Forms/AllItems.aspx](http://www.cmopnational.va.gov/CR/MentalHealth/Peer%20Support%20Services/Forms/AllItems.aspx).

■ A helpful tri-fold brochure is available to introduce the role of VA peer support providers entitled, Understanding Peer Support Services in Veterans Health Administration (VHA). This brochure is available for download and printing on the Peer Support Services SharePoint noted above.

What do Peer Support Providers do?

DO	DON'T DO
■ Facilitate peer support groups ■ Share their own recovery stories ■ Advocate for Veteran consumers ■ Act as role models of recovery ■ Provide crisis support ■ Communicate with clinical staff ■ Act as a liaison between staff and Veterans ■ Work on a variety of clinical teams ■ Provide outreach & educate VA facility staff and Veterans about peer support services	■ Provide psychotherapy ■ Do other people's jobs or fulfill other people's roles in the facility ■ Collude with Veteran consumers against clinical staff ■ Cross boundaries ■ Support Veteran consumers in their self-destructive or illegal behaviors ■ Criticize clinical staff in front of Veteran consumers

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What does the research say about peer support?

Peer Support Research Outcomes

- In the past, studies that are more descriptive showed that peer support providers were often better able to:
 - Empathize
 - Access social services
 - Respond to clients' strengths and desires
 - Be tolerant, flexible, patient, and persistent
- Peer support was recognized by Centers for Medicare and Medicaid Services as an evidence-based practice in 2007
- Over 20 states have Medicaid reimbursement for peer support services.
- The first VA study, called the PEER Study, looked at Peer Support Technicians and found PSTs influenced Veterans' involvement in their own care and increased their social relationships (Chinman et al., under review).
- There are 14 studies of peer support providers in non-VA clinical settings. Eight of these studies showed some positive benefit to clients of peer support, including:

BENEFIT	STUDY
Less inpatient use	Clarke et al., 2000; Klein et al., 1998; Min et al., 2007; Landers & Zhou, 2009
More time and engagement with the community	Clarke et al., 2000; Min et al., 2007
Better treatment engagement	Craig et al., 2004; Sells et al., 2006; Felton et al., 1995
Greater satisfaction with life	Felton et al., 1995
Greater quality of life	Klein et al., 1998
Greater hopefulness	Cook et al., 2010
Better social functioning	Klein et al., 1998
Fewer problems and needs	Craig et al., 2004; Felton et al., 1995

Research also shows some challenges, both in and out of VHA:

- Role confusion:
 - Lack of clarity about peer support providers' duties
- Staff resistance:
 - Less supervision and support
 - Exclusion from treatment team meetings
- Unequal treatment:
 - Encouraged to volunteer for peer support roles rather than have paid position
 - Lack of a viable career path
 - Lack of access to medical records
 - Relegated to grunt work
 - Questioning reasonable accommodations and scrutiny of sick leave

This toolkit will address these challenges and provide strategies for preventing many of these challenges from occurring.

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Why should we hire Peer Specialists?

Improved Outcomes for Veterans

Peer support provides a wide variety of improved outcomes for Veterans.

Research and experience have shown how peer support providers can improve problems at the client level, and problems related to the overall treatment system. Below are examples of how peer support helps Veterans diagnosed with serious mental illnesses.

How Peer Support Addresses Client and Treatment System Factors:

Factors that contribute to poor outcomes for those with serious mental illnesses (SMI)					
Client Factors			Treatment System Factors		
Social isolation	Disconnection with ongoing outpatient treatment	Powerlessness & demoralization regarding illness	Overburdened providers	Fragmented services	Lack emphasis on recovery, rehabilitation, empowerment
Peer support services address each of the factors:					
↓	↓	↓	↓	↓	↓
Enhances social networks by • role modeling • facilitating peer support activities	Engages clients; makes treatment more relevant through collaboration	Activates clients; teaches coping & street smarts; provides hope through role modeling	Supplements existing treatment; increases access	Provides case management/ system navigation to increase access	Emphasizes recovery: • acts as liaison between consumer and system • focuses on meaningful life roles and community reintegration

(Adapted from: Toward the Implementation of mental health consumer provider services, Chinman et al. 2006)

Peer Specialists are required as part of VHA System Transformation

In 2003, the President's New Freedom Commission on Mental Health Report recommended using consumer providers, stating, "Because of their experiences, consumer providers bring different attitudes, motivations, insights, and behavioral qualities to the treatment encounter (p. 45)."

VHA now requires the use of peer support providers within mental health. Several regulations, guides, and laws describe how peer support providers are to be included in VHA programs. All these handbooks are found at www.va.gov/vhapublications/.

These include:

- **VHA Handbook 1160.01**, Uniform Mental Health Services in VA Medical Centers and Clinics (2008) mandates the availability of peer support providers:
 - Peer support is one of the 10 fundamental components of recovery according to the National Consensus Statement on Mental Health Recovery (p. 4).
 - "All Veterans with SMI must have access to peer support services, either on-site or within the community" (p. 28).
- Staffing models for VHA recovery programs stipulate including peer support providers:
 - **VHA Handbook 1162.02 Mental Health Residential Rehabilitation Programs** states, "Programs must engage the Veteran in peer support while enrolled in the program and encourage the extension of peer support to outpatient care following discharge" (p. 38).
- **VHA Handbook 1163.05** Psychosocial Rehabilitation and Recovery Centers (PRRC) states, "All facilities must design Peer Support Services for the treatment of Veterans with SMI including those with co-occurring disorders. Each facility must carefully assess the needs of service recipients and the availability of competent resources to provide peer support" (p. 8).
- Public Law 110-387, The Veterans' Mental Health And Other Care Improvements Act Of 2008 further establishes the requirement for the use of PSs and their qualifications. You can read the details of the Act at www.gpo.gov/fdsys/pkg/PLAW-110publ387/pdf/PLAW-110publ387.pdf.
- On August 31, 2012, President Obama signed an executive order instructing the VHA to hire 800 peer-to-peer support counselors for mental health care.

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What are some common misperceptions about peer support providers?

The material in this section is adapted from *Mental Health Consumer Providers: A Guide for Clinical Staff* (Chinman et al., 2008). The full document addresses many important questions about integrating peer support providers successfully. It is recommended reading as an introduction to peer support and can be downloaded for free from www.rand.org/pubs/technical_reports/2008/RAND_TR584.pdf.

Misperceptions about Peer Support Providers

Non-peer staff and other stakeholders often have concerns about employing peer support providers. Their attitudes are a key determinant in the success or failure of involving peer support providers within a health care organization. Below, we will lay out some commonly expressed concerns and respond to these misconceptions about VA Peer Specialists (PSs).

■ **Peer support providers cannot work full-time, either because of disability insurance or because of the responsibility.** It should not be assumed that PSs cannot work full-time. Determination of the work schedule and workload should be tailored to the individual. Some individuals will be able to work full-time, while others may prefer to work part-time. Decisions about workload should not be predetermined based on peer status. Most VA Peer Specialist positions are for full-time employment. Often, full-time employment will bring in more money than the amount that could be lost in disability benefits the individual receives. PSs should be encouraged to seek financial benefits counseling before taking a PS job to be fully informed about the financial tradeoffs.

■ **Peer support providers cannot fulfill valuable roles in the treatment of Veterans.** The purpose of having PSs is not to have “extra” people who can run errands and perform tasks others would prefer not to do. However, the roles and

responsibilities of the PS are not exactly the same as other team members. For example, PSs usually do not have advanced degrees in psychology (PhD) or psychiatry (MD). They do not conduct formal assessments or diagnose Veterans. They do not prescribe medications or provide psychotherapy. However, they do have experience as mental health consumers, and this experience makes them uniquely qualified to serve as recovery role models and provide services to Veterans in ways that are different from non-peer providers. For example, PSs can be quite effective in using their lived experiences to engage Veterans into health care services for the first time. With appropriate training, PSs can effectively facilitate Wellness Recovery Action Plan (WRAP) groups and/or Illness Management and Recovery (IMR) groups to help Veterans with serious mental illnesses to develop and attain goals and better manage their illnesses. PSs are also Veterans themselves and can be helpful in treatment discussions about access to care and challenges Veterans face in navigating the VA health care system.

■ **Peer support providers will relapse.**

Non-peer staff members often believe that the stress of the PS's job will be a likely trigger for relapse. Relapse among PSs is rare. This is mainly because PSs who are hired have already demonstrated that they can handle job stress. While uncommon, relapse or onset of a new illness is possible for any employee, not just for PSs. Even if a PS does relapse, he/she should be treated just like any other employee who has a serious illness that interferes with job performance. Just like other employees, if and when the illness resolves sufficiently, PSs should be allowed to return to work. The persistent misconception that PSs will inevitably relapse should be addressed and dispelled in continuing education programs for mental health staff.

■ **Peer support providers cannot handle the administrative demands of the job.** This has been shown not to be the case. PSs are capable of appropriate documentation and paperwork associated with administrative tasks. As with any job, appropriate training will ensure that PSs have competence in this area. PSs who are hired have demonstrated these skills or have demonstrated capacity for the development of these skills.

■ **Given that Peer Specialists are not professionals, they will invariably cause harm to clients that the other staff members will have to undo.** Non-peer staff members have expressed concerns that PSs will commit violations of confidentiality (e.g., looking up friends' medical records) and demonstrate poor boundaries through making treatment recommendations for which they are not trained (e.g., suggesting that Veterans should discontinue their medications), and developing dual relationships (e.g., providing services to a current romantic partner or friend). While these problems can occur, they are not unique to PSs, and there are many safeguards in place to prevent them. First, all of the training programs for PSs cover these issues in detail. Second, the clinical service to which the PS is assigned should adopt specific policies to address these issues. These policies, and the consequences for violating them, should be made clear to the PS upon hiring. Third, these issues should be brought up regularly in supervision. Fourth, if PSs violate any of these standards, they should be held accountable like any other employee. These safeguards and policies should be applicable to all staff, not just PSs.

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How do I build support for Peer Specialists and integrate them onto my team?

Whenever a new idea or program is suggested in a clinical setting, there are many issues to consider. Several “road maps” have been developed to help us think about how a new idea, like including Peer Specialists, can get started in a clinical setting. One simple guide is called the **Simpson Transfer Model**. This model has four action stages:

- **Exposure:** Provide information and training, allow for questions, and look for answers.
- **Adoption:** Find opinion leaders who support the new program, and come to a decision about whether to “adopt” the new program.
- **Implementation:** Develop a plan with local stakeholders, tailor the program to fit your needs, and pilot the program.
- **Practice:** Monitor how the new program is going, and make improvements or changes if needed.

These steps can work as a guide as you think about adding peers to a clinical setting. Below we provide some tips for each of these stages. It may be helpful to read through all of them as you get started, so you can be thinking about how your team will handle the next steps as they occur.



Stage 1: Exposure Tips

With any new idea, the first step is to provide people with lots of information about the idea, and an opportunity to talk about it and ask questions. Helpful ways to build support for Peer Specialists are:

- Identify a facility champion or a coordinator for peer support.
 - This person should be enthusiastic about peer support and have an interest in finding roles for peer support providers in the facility. This person will be more successful if he/she has time carved out of the work schedule to attend to these duties.
- The coordinator/champion can develop a small (3-4 people) team to help. Tasks for the team include:
 - Identify local facility programs where Peer Specialists' (PSs) inclusion would improve Veteran care.
 - Provide presentations for those programs' leadership and staff.
 - Answer questions about PSs' potential benefits, research evidence, and typical roles.
 - Help staff appreciate the potential contribution of Veteran staff living with mental illnesses.
- The team should be prepared to do multiple informal and formal presentations to various facility stakeholders:
 - Facility leadership
 - Human Resources
 - Mental health programs
 - Veterans' consumer council
- We have provided a basic PowerPoint on VA peer support providers available for your team to use. This presentation is found in VA Mental Health Services Peer Support Services SharePoint:
vaww.cmopnational.va.gov/CR/MentalHealth/Peer%20Support%20Services/Forms/AllItems.aspx.
- At the meeting, you might also hand out the tri-fold brochure entitled [Understanding Peer Support Services in Veterans Health Administration](#). This brochure is found in VA Mental Health Services Peer Support Services SharePoint (see link above).

If you would like help or advice on setting up your meetings, you can contact Dan O'Brien-Mazza, the VHA National Director of Peer Support Services, at Daniel.O'Brien-Mazza@va.gov, or The New England MIRECC Peer Education Center.

Stage 2: Adoption Tips

After discussion and planning, your team may decide to include Peer Specialists (PS) as part of a clinical team. At this point, there are some critical steps that can help the peer support program get off to a great start, including:

- Determine how a PS can contribute to the overall goals of a program, team, or facility. It can be helpful to look at places where a need exists, or where current programming is not achieving desired results.
- Offer help with developing a simple written proposal to add PSs to a program. This can be as brief as one page but should include the contributions the PS(s) will make to specific goals or outcomes for Veterans.
- Plan and carry out individual discussions with team leaders and other stakeholders in identified programs. Some things to discuss are:
 - Number of PSs per team needed to maximize availability to Veterans
 - Training needs for PSs and other staff (see section below for training resources)
 - Supervision of the PSs once they become part of the team—Identify responsible staff who will provide regular supervision of PSs.

Stage 3: Implementation Tips

Once the decision has been made to add PSs to a program, the implementation stage begins. A first, important step is to create a local implementation team.

Local Implementation Team: This team is usually made up of the program leader, and two or three experienced and interested staff. The team has the following functions:

- Oversee the hiring of the Peer Specialist.
- Meet with the program staff to tailor the peer role for the specific program
- Review available documentation, including the new official PS position descriptions for the various GS levels (5-9) in Appendix A.
- Some highlights from the new position description include:
 - Must be a Veteran
 - Must be “recovered or recovering from a mental health condition”
 - Must be certified as a PS by a VHA approved training organization for GS levels 6, 7, 8, and 9

Non-certified peer support providers can work at GS 5 as an “apprentice” until VA pays for their PS certification training and they become certified. The length of time in employment before becoming certified will

vary based upon the training schedule of the not-for-profit contract agency providing the certification training. The VHA Handbook 1163.05 Psychosocial Rehabilitation and Recovery Peer Support Handbook has an extensive discussion on peer support providers and strategies for their successful involvement in VA treatment programs. This handbook can be downloaded from: www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2430.

- Meet with the facility’s Human Resources department and clarify any questions they have about hiring PSs.
- Be sure the hiring committee includes at least one representative from each of the programs where the PS is expected to work.

After the hiring is complete, these steps are also important:

- Ensure training and supervision structures are in place and functioning.
- Establish mentoring for the PSs.
- Ensure the PSs have a thoughtful orientation to the facility:
 - Shadow program staff.
 - Tour the facility’s programs so the PSs become familiar with the system.
 - If your facility is near other VA facilities with existing peer support, have the PSs visit and do informational interviews to reinforce what their roles include.

Team Level Activities: Tailoring the Peer Specialist Position

Once a decision is made to hire a new Peer Specialist for the clinical team, the program team should be invited to help tailor the PS role. Research done by Chinman et al. (2010) on the implementation of peer support providers has shown some important issues that need to be discussed and resolved before a Peer Specialist joins the team:

- A. Goals for using Peer Specialists on the team
- B. Desired characteristics of Peer Specialists
- C. Job duties of Peer Specialists
- D. Training Peer Specialists on your team
- E. Supervision
- F. Boundaries
- G. Confidentiality
- H. How Peer Specialists share personal experiences of illness and recovery
- I. Peer Specialists' access to medical records
- J. Sick leave policy

Peer Specialists are VA employees. They are granted access to records and are expected to write notes in the electronic record system. Their sick leave policy is also determined by their status as VA employees. However, all the other topics are important areas to discuss with the team. At least two or three team meetings should be set up to discuss these topics and determine expectations for the new Peer Specialists.

Here are some ideas about how each of these topics might be discussed by the team. You can use these ideas to start conversation about how Peer Specialists will work on your team.

A. Goals for Using Peer Specialists on the Team

The role of Peer Specialists (PSs) is unique in the treatment setting. It may take some very specific conversation and experience for everyone to realize how PSs will contribute toward the team's goals for Veterans. Being clear about this from the start sets a great environment for the PSs to be successful. The goals for PSs will flow directly from the goals you have for the clinical setting, but the goals can be specific to the PSs.

Some examples might be:

- PSs on our team will help Veterans get the most from their VA services by making sure Veterans know how to use the VA system and are comfortable asking questions about their health care.
- PSs on our team will have a small caseload of clients and will develop a strong relationship with these Veterans.
- PSs on our team will know about available community resources and will have time to help Veterans connect with those resources.

B. Desired Characteristics of Peer Specialists

The new PS position description identifies some characteristics for all new PSs. For example, all will be Veterans, and all will have experience with recovery. There are still aspects of the position that need some discussion. What does the team think about hiring someone who has received services from the team? How recently did the person receive services? What does the team think about hiring someone who is receiving ongoing treatment at the facility? Often a PS is well known by the team because he or she received treatment from the team in the past. If hired, these individuals may make a great addition to the treatment team, but there may be some concerns about the dual relationships between former or current therapists and the PS, or between the PS and other program participants.

Guidance is available from Dan O'Brien-Mazza, the VHA National Director of Peer Support Services and VHA Handbook 1163.05 Psychosocial Rehabilitation and Recovery Peer Support Handbook. Open conversation about these concerns is important, although the final decisions may be made by leadership.

Some other aspects that can be helpful to discuss are:

- What level of experience are you hoping the PS will have?
- Is experience with substance abuse important?
- Is recovery from a particular mental illness necessary for your program?
- In some positions, driving may be an essential part of the job. Is a driver's license required?

C. Job Duties of Peer Specialists

Research has shown that clear job roles are key for peer success. Research also shows that peer support providers' job duties are often left unclear or are shifting, leading to poor outcomes. To avoid this pitfall, use the position descriptions that have been developed by the Department of Veterans Affairs for Peer Specialists GS 6-9 and the Peer Support Apprentice Position GS 5 (See Appendix A). In addition, your team will want to be specific about some job duties. For example, you might discuss:

- Will the PS have a specific caseload?
- How will the PS's duties differ from other members of the treatment team?
- Are there specific duties for the PS? For example:
 - Facilitating recovery-oriented groups (e.g. Wellness Recovery Action Plan or Illness Management and Recovery groups)
 - Accompanying Veterans to appointments
 - Helping Veterans to determine their recovery goals
 - Assisting Veterans to connect to available community resources

D. Training Peer Specialists on Your Team

General training for PSs will be provided by VHA through a contracted training agency. However, clinical teams will want to identify other specific trainings that the PS should receive and determine who can provide them.

- The general training may not include some important treatment team topics. For example, program staff could provide training in:
 - Documentation requirements and how to write progress notes in the electronic medical record
 - Crisis recognition—Procedures for responding to a Veteran crisis on this treatment team
 - A review of all relevant VHA and departmental policies and procedures
 - Facility emergency trainings (e.g. Employee safety, infection control, fire safety, disaster preparedness/responses, etc.)
- The PS supervisor could provide training, including:
 - PS's role and responsibilities
 - Opportunities for continuing education based on the PS's skill set, interest level, and job demands. More will be said about training in Section 7 of this toolkit.
- As a PS begins work, the team may provide shadowing opportunities for the first few weeks, so the PS can accompany and observe other team members during interactions with Veterans. During these weeks, all initial interactions between the PS and Veterans might be observed by the case manager or other team member.

E. Supervision

The research demonstrates that clinical supervision of peer support providers should take place on a regular basis. VHA Handbook 1163.05 Psychosocial Rehabilitation and Recovery Peer Support Handbook and Section 8 of this toolkit provide guidance on supervision of Peer Specialists.

At the clinical team level, the important discussion issues include:

- A clear understanding by all team members about who is supervising the PS, how often this supervision occurs, and the type of supervision the PS will receive (group, individual, etc).
- A clear understanding about the process for talking with the PS or the PS's supervisor if team members feel job performance is inadequate.
- Discussion of how other team members can support and guide new PSs if they see areas where feedback or training could be helpful.

F. Boundaries

Peer Specialist certification training includes extensive work on boundary issues, often a concern to those unfamiliar with the role of PS providers. Research identifies some clear examples of boundaries for PS providers, for example:

- Never engage in sexual/intimate activities with the consumers they serve.
- Never provide their home address to those they serve.
- Never accept gifts from those they serve.
- Never enter into business arrangements with consumers they serve.

Other less clear boundaries may need negotiated at the team level. Is it ok for the Peer Specialist to see a Veteran after hours at a coffee shop? Is it ok for the PS to give Veterans their own cell phone number and say: "call me any time?" Should PSs be invited to staff social activities away from their workplace? Different teams may come to different decisions about these kinds of questions, depending on the treatment setting, the local situation, and other factors. Recognizing and discussing these "grey areas" is an important part of appropriate supervision for PSs. Research by Carlson et al. (2001) gives more ideas about these "grey boundary" areas for peer support providers. The article can be found on the VA Mental Health Services Peer Support Services SharePoint:

vawww.cmopnational.va.gov/CR/MentalHealth/Peer%20Support%20Services/Forms/AllItems.aspx.

G. Confidentiality

The team may want to discuss confidentiality issues while developing the new PS role. All VA employees are subject to the same accountability around confidentiality, including PSs. The PS will receive the same training in confidentiality and use of medical records as any new VA staff member. As the PS learns his/her role and his/her current skills are identified, confidentiality may be identified as an important topic for review during supervision.

H. How Peer Specialists Share Personal Experiences of Illness and Recovery

In general, PSs are expected to be willing and open about sharing their mental health experiences with Veterans in an appropriate manner. The New England MIRECC Peer Education Center has several excellent trainings (see Section 7, page 23) that teach peer support providers how to develop and effectively use their recovery story as one of the recovery tools associated with their work. The PS supervisor is expected to monitor the PS's disclosures on an ongoing basis to ensure the disclosures are appropriate and always in service of the Veterans with whom the PS is working.

I. Peer Specialists' Access to Medical Records

As stated earlier, Peer Specialists are VA employees, and have full access to medical records. It is important for all staff to be aware of this as the PS begins work.

J. Sick Leave Policy

As VA employees, PSs have the same sick leave policy as all staff. Again, it is important that all existing staff understand this when the PS begins work.

Stage 4: Practice Tips

- Develop and use a system for monitoring and feedback to support performance:
 - Ensure regular supervision occurs and focuses on strengths, skills, and professional development.
 - Track quality of documentation. Use of documentation guidelines and peer review of notes on a quarterly basis assists with continuous quality improvement in this area. See Appendix B for an example of documentation guidelines and Appendix C for an example document for peer review .
 - Track continuing education training hours.
- Provide visibility for peer support at the local facility:
 - Have PSs join the Mental Health Performance Improvement Committee or other facility committees.
 - Establish PSs' presence at hospital annual events.
 - Example: The Bedford VAMC has an outreach performance measure (Appendix D) that is being supported by the facility's peer support providers. You are welcome to use or adapt this measure.
- Promote peer support leadership and professional development:
 - Encourage PSs to obtain additional certifications (e.g. Certified Psychiatric Rehabilitation Practitioner; Wellness Recovery Action Plan facilitator; Wellness Coach; etc.).
 - Participate in facility leadership training (e.g. VHA Leadership Effectiveness Accountability Development training).

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Technical Details of Hiring Peer Specialists in VHA

VHA Peer Support Job Reclassification

- In 2008, a new job classification entitled, “Peer Specialist (PS),” was created via the Veterans’ Mental Health and Other Care Improvements Act of 2008 (Public Law 110-387).
www.gpo.gov/fdsys/pkg/PLAW-110publ387/pdf/PLAW-110publ387.pdf.
- The PS position is a GS 5/6/7/8/9 (see Appendix A for position descriptions). This compares to the current Peer Support Technician (PST) position, which is a GS 5/6. Peer Specialists (PSs) are required to be Veterans, be individuals who self-identify as being in recovery from a mental health condition, and obtain their peer specialist certification training (see next section).
- While the GS 6/7/8/9 must have the peer specialist certification at the time of hire, the new GS 5 position is an “apprentice” position in which the individual does not have to have certification at the time of hire. The Peer Apprentice will be given time to obtain it based upon the training schedule of the not-for-profit organization that VA is contracting with to provide the peer specialist certification training.
- VA Mental Health Services recommends to local facilities that all existing Peer Support Technicians (PSTs) who meet the new PS classification be reclassified as PSs.
- There is a local process for temporarily raising the facility’s FTEE ceiling so that existing PSTs can apply for the new PS jobs.

VHA Rollout of Peer Specialist Position

- By the end of 2013, it is anticipated that 800 new Peer Specialists (PSs) will be hired in VHA (a minimum of three per facility and two per very large community based outpatient clinics).
- VA Mental Health Services will provide guidance to VISN mental health leads. Money will go to VISNs with guidance for hiring. Facilities with fewer than three Peer Support Technicians (PSTs) will be identified as in need of hiring PSs via these funds.
- Local VA facilities will have to absorb salary costs for the new PSs once VA Mental Health Services funding ends.
- If your facility has fewer than three full-time PSs, you will likely hear from your Mental Health Lead regarding these new initiative funds.
- Mental Health Services is contracting with a single vendor to provide peer specialist certification training at no cost to PSTs and PSs (including travel).



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What about training for Peer Specialists?

A single contractor hired by VA Mental Health Services will offer initial, comprehensive peer specialist certification training. The training will be at no cost to PSTs and PSs (including travel).

After the Peer Specialist certification training, it is important to create a culture of ongoing learning for Peer Specialists, Peer Support Technicians, and WOC peer support providers. All of these groups of VHA peer support providers have continuing education requirements, just like other health care providers do for their professional fields. As stipulated in the **VHA Handbook 1163.05 Psychosocial Rehabilitation and Recovery Peer Support Handbook**, PSs and WOCs are all required to meet the same expected competencies for VA peer support providers. Also, they are all required to obtain a minimum of 15 hours of competency-related training every year. These requirements underscore the importance of providing ongoing training opportunities to all VA peer support providers. How this is accomplished may look different at each VA facility, but here are some ideas:

- In supervision, review chapters of the **Department of Veterans Affairs Peer Specialist Training Manual**. The chapters cover the expected competencies for VA peer support providers. Appendix 1 in the manual includes the complete list of expected competencies. The Instructor Version of the manual includes recommended activities to do with the peer support providers to solidify their learning. The Student Version of the manual should be given to the peer support providers to review and use as a reference tool in their work. The Instructor and Student versions of the manual can be downloaded from the VA Mental Health Services Peer Support Services SharePoint:
vaww.cmopnational.va.gov/CR/MentalHealth/Peer%20Support%20Services/Forms/AllItems.aspx.
- Encourage the PSs, and WOCs, to attend local facility Grand Rounds presentations.
- Have your facility's recovery-oriented staff facilitate seminars for the peer support providers. The staff can include your facility's Local Recovery Coordinator, Psychosocial Rehabilitation Recovery Center Director, and other staff or trainees who evidence a commitment to psychosocial rehabilitation practices.

- Encourage the peer support providers to attend teleconferences and webinars on topics related to psychosocial rehabilitation and recovery:

- Teleconferences from SAMHSA Resource Center to Promote Acceptance, Dignity, and Social Inclusion Associated with Mental Health
<http://promoteacceptance.samhsa.gov/teleconferences/default.aspx>
- VHA Peer Support Lecture Series monthly webinars: Archived recordings of past webinars can be found on the VA Learning University—Talent Management System (TMS): www.tms.va.gov. The PowerPoint presentations from these webinars can be downloaded from the VA Mental Health Services Peer Support Services SharePoint: [vaww.cmopnational.va.gov/CR/MentalHealth/Peer%20Support%20Services/Forms/AllItems.aspx](http://www.cmopnational.va.gov/CR/MentalHealth/Peer%20Support%20Services/Forms/AllItems.aspx).

- If funding is available, encourage the peer support providers to attend national conferences that focus on peer support and psychosocial rehabilitation practices:

- International Association of Peer Supporters (iNAPS) annual conference
<http://na4ps.wordpress.com>
- Depression and Bipolar Support Alliance (DBSA) Annual Conference www.dbsalliance.org
- National Alliance on Mental Illness (NAMI) Annual Convention www.nami.org
- Alternatives Annual Conference
- United States Psychiatric Rehabilitation Association Annual Conference
www.uspra.org

New England MIRECC Peer Education Center trainings can be downloaded for free, and staff can facilitate sessions for the peer support providers at your facility. www.mirecc.va.gov/vision/education/peer.asp.

New England MIRECC Peer Education Center

In 2008, the VISN 1 New England MIRECC developed the New England MIRECC Peer Education Center, which offers free ongoing training opportunities for Veterans who want to become peer support providers. These trainings are also designed for Veterans who are already providing peer support services in the VHA health care system as WOCs, Peer Support Technicians, or Peer Specialists.

The goals of the training sessions are to enhance peer support providers' knowledge and skills, and aid them in their roles within the VHA health care system. The mission and purposes of this center are consistent with VA's goal of ensuring that training needs for VA peer support providers are being met. Clinical staff and peer support providers partner in the planning and facilitation of trainings, and the center's co-directors are a clinical psychologist and a Peer Support Technician who is a Veteran and has a key leadership role in all of the center's operations.

The New England MIRECC Peer Education Center has offerings in both an Introductory Track and a Continuing Education Track to serve the needs of current and future VA peer support providers. Training is structured to promote knowledge acquisition and skill enhancement related to mandatory competencies expected of VA peer support providers. Experiential activities are often included to allow participants to practice applicable skills and receive feedback. Continuing education credits are awarded for every face-to-face training for peer support providers.

Below are descriptions of some of the training offerings from the center that include PowerPoint presentations and activities that can be downloaded for free from the VISN 1 New England MIRECC website: www.mirecc.va.gov/visn1/education/peer.asp. Additional trainings will be made available on the website in the future.

If you would like further information about the New England MIRECC Peer Education Center and its training offerings, please contact the one of the center's Co-Directors, Mr. Mark Parker (781-687-3315; Mark.Parker2@va.gov) or Dr. Patricia Sweeney (781-687-3015; Patricia.Sweeney@va.gov), or visit the VISN 1 New England MIRECC website: www.mirecc.va.gov/visn1/education/peer.asp.

CLASS	DESCRIPTION
Confidentiality & Peer Support Services	This seminar focuses on discussing strategies to maintain confidentiality, why maintaining confidentiality is important, limitations of confidentiality, and guidelines for what to do in challenging situations where an issue of confidentiality is at stake.
Disengaging from Peer Support Relationships	This seminar discusses the necessity and value of ending peer support relationships and also discusses when and how to engage in the ending process.
Part I of Group Facilitation Skills Training Series: Planning, Starting, and Sustaining a Peer Support Group	This workshop focuses on tips and guidelines for planning peer support groups and being a successful group facilitator. Session activities are designed to give participants opportunities to practice their group facilitation skills and obtain feedback.
Part II of Group Facilitation Skills Training Series: Dealing with Challenges in a Peer Support Group	This workshop focuses on how to manage crises and disruptions in peer support groups and be a successful group facilitator. Session activities are designed to give participants opportunities to practice their group facilitation skills and obtain feedback.
Making Effective Use of Your Recovery Story in Peer Support Relationships	This seminar explores the importance of self-disclosure when providing peer support services to Veterans in peer-related interventions. The seminar addresses how a peer support provider's personal recovery story can be a powerful tool in instilling hope in others as they follow their own path of recovery, but also how it might become a potential barrier if not used effectively. Participants learn the essential components of an effective recovery story, and how it can be used effectively in peer support work with Veterans.
Navigating Boundaries in Peer Support Services	This seminar discusses the importance of maintaining interpersonal boundaries and what boundaries look like when peer support providers interact with Veteran consumers, fellow peer support providers, and other VA staff.
Peer Support Provider—Walking the Tightrope between Helping Others & Maintaining Your Own Wellness	This seminar focuses on the dangers of compassion fatigue and burnout in caregiving roles and the importance of including a regular routine of self-care activities that enhance one's wellness and sense of well-being when working as a peer support provider.
Psychosocial Rehabilitation & Peer Support	This seminar presents an overview of psychosocial rehabilitation principles and values. Discussion focuses on how peer support services fit with the mission of psychosocial rehabilitation and recovery and why peer support providers are important to the role of recovery.
Understanding Mental Health Symptoms from a Recovery Perspective Seminar	As part of their expected competencies, VA peer support providers are required to have a basic understanding about mental health conditions frequently seen in Veterans in the VHA health care system. In this seminar, participants learn about medical model approaches and psychosocial rehabilitation approaches to addressing mental health conditions. They also learn about recovery-oriented interventions they can use as VA peer support providers to assist Veterans with mental health issues.

8

What should I know about supervision of Peer Specialists?

Peer Specialists are an extraordinary asset to the VHA's transformation to a recovery orientation. PSs must have supportive and competent supervision to be most effective in their peer support roles.

We encourage PSs' supervisors to engage in the monthly VHA Peer Support Supervisors National monthly conference call and to join the VHA Peer Supervisors' email listserv where helpful information is shared between listserv participants. We also encourage supervisors to participate in peer support educational opportunities to hone their peer support supervisory skills. For example, archived recordings of VHA Peer Support Lecture Series monthly webinars can be found on the VA Learning University—Talent Management System (TMS): www.tms.va.gov.

Past webinar topics in the series have included: peer support as part of a cultural transformation of VHA health care system; implementation of peer support in VHA mental health programs; and recruitment of Peer Specialists. The PowerPoint presentations from these webinars can also be downloaded from the VA Mental Health Services Peer Support Services SharePoint: vaww.cmopnational.va.gov/CR/MentalHealth/Peer%20Support%20Services/Forms/AllItems.aspx.

More information about the VHA Peer Support Supervisors monthly call and listserv, see Section 9, or contact Mr. Dan O'Brien-Mazza, the VHA National Director of Peer Support Services, at Daniel.O'Brien-Mazza@va.gov.

Supervisor Responsibilities

VHA has designated specific responsibilities for staff who supervise VA peer support providers. The supervisor should be a Licensed Independent Professional (LIP) because they must co-sign the peer support providers' documentation in Veterans' electronic medical records (CPRS). Just like other appropriately trained and qualified VA staff, Peer Support Technicians (PSTs), Peer Specialists (PSs), and Peer Support Without Compensation Employees (WOCs) have privileges to document their work in CPRS. They are required to have their CPRS documentation co-signed by a LIP because they are the same user class in CPRS as a student trainee and have no person class category at this time. A LIP can be a nurse or social worker depending on the local VA Medical Center's Business Rules Committee that establishes credentials for their facility.

Another VHA requirement for supervision is that PSTs, PSs, and WOCs receive one hour of in-person weekly supervision for their probationary period. After the probationary period, supervisors should set up frequency of supervisory sessions based on their GS level's requirements.

The VHA Handbook 1163.05 Psychosocial Rehabilitation and Recovery Peer Support Handbook notes additional supervisor responsibilities which are listed below. Although the handbook was written before the creation of the Peer Specialist position, these guidelines also apply to the supervision of Peer Apprentices (GS 5) and Peer Specialists (GS 6-9).

Supervisors of VA-employed PSs are Responsible for:

- Using VA Central Office Human Resources-approved position descriptions and complying with all Human Resources policies for recruiting PSs.
- Conducting hiring interviews using performance-based interviewing techniques and ensuring questions which address the peer aspect of the position are asked legally and tactfully. The most recent work on the position descriptions for Peer Specialists also resulted in a specific Structured Oral Interview to be used for interviewing new candidates for Peer Specialist positions. It is available on the peer support share point site in the supervisors' folder.
- Ensuring PSs function as full members of the clinical team and are fully integrated in all clinical and planning activities.
- Providing and supporting ongoing education and training. PSs must comply with all relevant VHA policies and procedures for training and continuing education.
- Developing and communicating an appropriate performance plan at the beginning of the probationary period should be based upon the PSs position description. A training manual provided by Mental Health Services for Peer Support may be used to teach core competencies, and as an assessment tool to demonstrate acquisition of those competencies, is also available on the peer support share point site. State or VA approved peer specialist certification is also required by statute and all non-certified PSs and PSTs are required to obtain their peer specialist certification through successful participation in the certification training offered by the agency that VA has contracted with for this purpose. Tuition and travel expenses associated with the peer specialist certification training will be paid for by the VA Office of Mental Health for VA employed Peer Specialists.
- Being knowledgeable about reasonable accommodation and when it applies.
- Consulting with Human Resources office regarding reasonable accommodation and when potential disciplinary action is contemplated.

Supervisors of WOC Peer Support Providers are Responsible for:

- Following all local policies and procedures pertaining to WOCs.
 - Developing written position descriptions for WOCs using the Peer Specialist position descriptions provided by Central Office Human Resources. Slight modifications can be made to account for their WOC status.
 - Establishing a tour of duty with the WOC that provides efficiency of service for the agency.
 - Orienting the WOC to the assigned section of mental health services and to all relevant VA policies as well as ensuring participation in the VA Medical Center's Human Resources Orientation.
 - Ensuring compliance with local business rules governing the use of CPRS. If written into those rules, WOC providers may be able to make entries in CPRS. All notes written by WOC providers must be co-signed by the supervisor. Supervisors are responsible for ensuring that all documentation entered by WOCs for the Veterans in their care meets acceptable standards and is completed according to the local governance's established rules.
- Providing face-to-face supervision for a minimum of one hour per week for each full-time peer support provider during the probationary period and thereafter until supervisors feel that less frequent supervision is required based upon the peer support provider's experience and competencies. After the probationary period, supervisors should set up frequency of supervisory sessions based on their GS level's requirements.
- Providing and supporting ongoing education and training. Peer support providers must comply with all relevant VHA policies and procedures for training and continuing education. This includes certification by a VA approved or state approved organization. VACO cannot pay for WOC staff to be certified by the VA-DBSA contract.
 - Verifying competencies are met before the end of the first year of WOC appointment by passing the VA competency test or obtaining certification as a peer support provider from a state or VA approved agency, and developing appropriate performance improvement plans to include necessary training when indicated.
 - Contacting Human Resources and Voluntary Service as needed on issues of performance, reasonable accommodation, etc.

The following general tips on supervising VA peer support providers were prepared by Dr. Kevin Henze. An expanded, full text version of these tips can be found in Appendix E.

Tips for Supervising Peer Specialists

Setting the Stage for Supervision

- The interpersonal aspects of the Peer Specialist-supervisor relationship are key:
 - Work to develop a sense of mutuality in the relationship.
 - Aim for both the PS and the supervisor to be open and curious about supervision.
 - As a supervisor, it helps to simply state that your intention is to develop this type of supervisory relationship.
- It is key to give the Peer Specialist a thorough orientation to:
 - VA services available to Veterans with whom the PS works
 - Community services available to the Veterans
- It is key to involve the PS in the clinical team:
 - Aim for the PS to be able to explain his/her role in a few, simple sentences.
 - For example, “My role is to be a mentor, a role model, and an advocate for Veterans. I will facilitate wellness groups, be a recovery educator, and use my lived experience to inspire hope and recovery for Veterans.”
- It is key to provide educational opportunities for Peer Specialists:
 - The **Department of Veterans Affairs Peer Specialist Training Manual** has helpful information on many topics, including managing boundaries and crisis situations.
 - Educational material can be reinforced during supervision sessions.
 - Refer to Section 7 for more information on training opportunities for Peer Specialists.

Strengths, Skills, and Professional Development for Peer Specialists

Peer support is a strengths-based process. The peer supervisor has a responsibility to create a supportive context for PSs to expand their roles and identity development.

- During supervisory dialogues, encourage PSs to share their personal strengths and beliefs.
 - You can simply ask, “How do you define your own strengths?”
 - Later, you can discuss what strengths PSs see in the Veterans they serve.
- Encourage PSs to explore and be curious about the role of peer support for Veterans.
 - For additional resources and recommendations refer to Appendix E.
 - Encourage PSs to discuss and consider novel approaches.
- Encourage professional development for the Peer Specialists.
 - The **Department of Veterans Affairs Peer Specialist Training Manual** has good suggestions and resources.
 - You can suggest trainings and activities to help the peer develop new competencies.

Supporting Peer Identity and Roles

In supervision, it is important to talk about peer identity and discuss the concept of Peer Drift (Ellison et al. 2012). Drift can occur when the peer support providers do not feel comfortable in their recovery-oriented role, and they begin to shift to a more medical treatment role. Research on peer support providers has given useful examples of the concept of drift as described in the table below. Discussion of these topics can help Peer Specialists reflect on where peer drift may be occurring in their identity.

Table 1: Peer Identity and Peer Drift

PEER IDENTITY	PEER DRIFT
Comfort using recovery story as tool	Discomfort using recovery story as tool
Peer support relationship as mutual learning experience between PS and Veteran	Peer support relationship as opportunity for expert instruction by informed/recovered PS to uninformed Veteran
Focus on Veteran strengths, skills, and opportunities	Focus on Veteran problems, barriers, symptoms, and diagnoses
Striving to keep interactions with Veterans simple, authentic, and real	Distant interactional style that focuses on more professional and objective standards rather than on subjective and flexible human connections
Advocate for Veterans to find their own voices, make self-determined choices, and take calculated risks in service of recovery and related attainment of goals	Encourage Veterans to comply with professional advice, defer decisions to others, and avoid challenging situations that may be stressful (and “symptom” inducing)
Self-confidence, security, and pride about identifying as a Peer Specialist	Self-doubt, insecurity, and shame about identifying as a Peer Specialist

The Peer Specialist’s role is unique. The PS is not a “mini-therapist” or a junior clinician. Instead, the PS’s lived experiences allows the PS to fulfill a specific role in a Veteran’s recovery process. This role sometimes conflicts with older medical model ideas about treatment which may discourage the unique, therapeutic relationships Peer Specialists can develop with Veterans through sharing their recovery stories. Regular group supervision for PSs allows PSs to act as supports for each other, and to learn skills to maintain their unique peer support roles. We recommend group supervision for PSs at least monthly to allow a community of fellowship and mutual support to develop among the PSs at your facility.

9

Where can I go for additional help?

This is an exciting time in VHA as more Veterans become employed in the system as Peer Specialists and help us progress to a recovery-oriented, Veteran-centered health care system. As happens with any large system change, there are many questions about how local facilities can develop successful peer support services. The following VHA resources are available for Peer Specialists, their supervisors, and other allied staff to obtain additional information and ask questions.

■ VA Mental Health Services Peer Support Services

- Dan O'Brien-Mazza, National Director of Peer Support Services (Daniel.O'Brien-Mazza@va.gov)

■ Email Listservs

- VHA Peer Specialists-Technicians: This email group is intended for the Peer Specialists and Peer Support Technicians to communicate with one another.
- VHA Peer Supervisors: This email group is intended for the direct supervisors of Peer Specialists and Peer Support Technicians as well as other VHA staff who may be identified as local facility peer support champions and are involved with the facility's development of peer support services.

direct supervisors of Peer Specialists and Peer Support Technicians as well as other VA staff who may be identified as local facility peer support champions and are involved with the facility's development of peer support services. These calls serve as a important forum for supervisors of Peer Specialists and Peer Support Technicians to share best practices, receive consultation and learn about upcoming trainings and innovations in VA Peer Support Services.

- VHA Peer Specialists-Technician Monthly Call: 4th Thursday of each month, 2:00-3:00 PM EST (VANTS #: 1-800-767-1750, access code 64041). This call is intended only for the Peer Specialists and Peer Support Technicians to communicate with one another.

■ Monthly Conference Calls

- VHA Peer Supervisor Monthly Call: 2nd Thursday of each month, 2:00-3:00 PM EST (VANTS #: 1-800-767-1750, access code 20883). This call is intended only for the

■ SharePoint

- VA Mental Health Services Peer Support Services SharePoint: vawww.cmopnational.va.gov/CR/MentalHealth/Peer%20Support%20Services/Forms/AllItems.aspx.



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Peer Specialist Toolkit



Appendix A

Position Description

Peer Support Apprentice

GS-0102-05

U.S. DEPARTMENT OF VETERANS AFFAIRS
Peer Support Apprentices, GS-0102-05

I. Introduction:

The incumbent will serve in an entry level capacity to attain the knowledge, skills, and abilities needed to prepare the individual for certification and to be able to perform the full range of assignments found at the full-performance level of the Peer Specialist position. During this entry level assignment, the full performance range and level of key functions will not be delegated to the incumbent.

The incumbent functions as an apprentice interdisciplinary team member, assisting physicians and other professional/non-professional personnel in a rehabilitation treatment program. Peer Support Apprentices perform a variety of therapeutic and supportive tasks that include assisting Veteran patients in articulating their goals for recovery, learning and practicing new skills, helping them monitor their progress, assisting them in their treatment, modeling effective coping techniques and self-help strategies based on the Apprentice's own recovery experience, and supporting them in advocating for themselves to obtain effective services. The incumbent functions as a role model, exhibiting competency in personal recovery and use of coping skills; serves as a consumer advocate, provides consumer information and peer support for veterans in outpatient and inpatient settings. This individual must develop the ability to assist others in treatment based on the principles of recovery and resiliency. By inspiring the hope that recovery and resiliency are achievable goals, the incumbent can assist others who are diagnosed with mental illness or co-occurring disorders to achieve their personal recovery goals by promoting self-determination, personal responsibility, and the empowerment inherent in self-directed recovery. The incumbent performs tasks to assist peers of all ages, from young adult to old age, in regaining independence within the community and mastery over their own recovery process.

Public Law 110-387, Section 405 modifies 38 USC 7402: Peer Specialist. -- To be eligible to be appointed to a peer specialist position, a person must -- (A) be a veteran who has recovered or is recovering from a mental health condition; and (B) be certified by -- (i) a not-for-profit entity engaged in peer specialist training as having met such criteria as the Secretary shall establish for a peer specialist position; or (ii) a State as having satisfied relevant State requirements for a peer specialist position."

Major Duties and Responsibilities:

100%

As an entry level position, most duties are performed in assistance to a higher level Peer Specialist (PS) and/or under close supervision of a licensed independent provider in mental health to facilitate learning and the development of skills. The knowledge required for this position will be attained through ongoing instruction provided by the supervisor or designee (e.g., the Local Recovery Coordinator) to complete the Department of Veterans Affairs Peer Specialist Training Manual, First DVA Student Version, May 2011 and pass the Department's Competency Assessment. In addition, the incumbent will attend Peer Specialist certification training and must pass the VA's contract vendor's Peer Specialist certification test, to continue

employment as a Certified Peer Specialist. Opportunities to demonstrate understanding and ability to practice the newly acquired skills and competencies will be provided under close supervision through direct observation or follow up meetings with the incumbent and/or Veteran patient to assess effectiveness.

The incumbent serves as a recovery agent by providing and advocating for any effective recovery based services that will aid the veteran in daily living. The incumbent orients veterans new to the programs in which they work about the services, hours, locations, staff and other pertinent information necessary for the veteran to understand the program and how to utilize it.

The incumbent may assist veterans to articulate personal goals for recovery through the use of one-to-one and group sessions. During these sessions, the incumbent may assist veterans in identifying their skills, strengths, supports and the resources needed to aid them in achieving those goals.

The incumbent may work with veterans to develop and implement a personal recovery plan. This peer-centered recovery plan is instrumental for individuals to "buy into" the process of their recovery. Central to such plans are the overall health and well-being of each individual, not just their mental health. Components often include support groups and individual therapy, basic health care maintenance, stable housing, improvements in family life and personal relationships as well as community connections. The plan may also include education goals, vocational development and job seeking. Some plans outline a time table for coach monitoring, and/or a plan for re-engagement when needed to balance the health and overall quality of life for each individual. The incumbent may assist veterans in determining the steps he/she needs to take in order to achieve these goals and self-directed recovery. The incumbent may utilize recovery tools such as the Wellness Recovery Action Plan (WRAP) to assist veterans in creating their own individual wellness and recovery plans. The incumbent may also contribute to the development of an effective discharge plan. The incumbent assists with the execution of the recovery plan and monitors progress, making timely reports of progress and new problems to the treatment team.

The incumbent observes behaviors that might indicate difficulty adapting or responding to treatment (e.g., missed assessment appointments, failure to attend or maintain abstinence, risk to self or others, disruptive behavior), completes appropriate documentation, and reports concerns to the treatment or recovery team in a timely manner.

The incumbent may use ongoing individual and group sessions to teach veterans how to identify and combat negative self-talk and how to identify and overcome fears by providing a forum which allows group members to share their experiences. As much as possible, the incumbent will share their own recovery story and as the facilitator of these sessions, which will demonstrate how they have directed their own recovery to veterans.

Utilizing his/her personal recovery experience, the incumbent may:

- Teach and role model the value of every individual's recovery experience.
- Assist the veteran in exploring options for obtaining decent and affordable housing of his/her choice in the most integrated, independent and least intrusive or restrictive

environment, by making referrals to appropriate VA housing programs. Model effective coping techniques and self-help strategies.

- Assist in obtaining services that suit the individual's recovery needs.
- Inform veterans about community and mutual supports and how to use these in the recovery process. Community resources may include but are not limited to consumer-run self-help and mutual support services, social security office, Department of Family and Children services, local YMCA, library, restaurants, veterans' service organizations, apartment complexes and other types of housing, etc.
- Assist veterans in developing empowerment skills and combating stigma through self-advocacy. This will be accomplished through regular meetings, individual or group sessions through the use of role playing/modeling techniques.
- Serves as liaison with community-based consumer-run and/or consumer-supportive organizations to develop and/or foster veterans' community integration and development of natural supports and self-reliance strategies.
- Provide support of veterans' vocational choices and assist them in choosing a job that matches their strengths, overcoming job-related anxiety by reviewing job applications, and providing interview tips and practice sessions.
- Assist veterans in building social skills in the community that will enhance job acquisition and tenure using such techniques as role playing.

The incumbent must maintain a working knowledge of current trends and developments in the mental health field by reading books, journals, and other relevant materials.

Performs other related duties as assigned.

FACTOR LEVEL DESCRIPTIONS

Factor 1, Knowledge Required by the Position:

The work requires an understanding of some of the principles, methods and techniques of psychology, social work, sociology, counseling, but does not require specific formal education. Knowledge of the common therapeutic practices and ability to learn a wide range of methods or tools commonly taught in formal peer support training certification programs is essential.

The incumbent must demonstrate

Ability to establish and maintain effective person-to-person relationships.

Skill in oral and written communication.

Ability to inspire confidence and motivate individuals, and capacity for leadership.

Knowledge of the signs and symptoms of mental illness (i.e., auditory and visual hallucinations, aggressive talk and behavior, thoughts of self-harm or harm towards others, isolation) and the ability to assist the veteran to address symptoms using strategies such as positive self-talk.

Understanding of common psychiatric disorders and knowledge of the diagnostic scheme for mental illnesses, as found in the DSM-IV-TR, including those with addictions and dual diagnosis.

Knowledge and skill sufficient to use community resources necessary for independent living and ability to teach those skills to other individuals. Community resources may include but are not limited to community-based consumer-run self-help and mutual support services, social security office, Department of Family and Children services, local YMCA, library, restaurants, veterans' service organizations, housing providers, etc.

Knowledge of the Recovery process and ability to facilitate Recovery Dialogues using common recovery tools.

Knowledge of and ability to use, effective communication skills to teach and engage in problem solving and conflict resolution strategies to support individual veterans in self-directed recovery.

Knowledge of crisis-oriented counseling, including methods for effective triage and the standards for handling violent or suicidal patients safely.

Knowledge of Management and Prevention of Disruptive Behavior techniques.

Knowledge of basic group dynamics and how to establish and sustain self-help (mutual support) and educational groups by soliciting input from mental health consumers on their strengths and interests.

Awareness of eligibility requirements for patient services relevant to the behavioral health program.

Understanding how roles of ethnicity, race, spirituality, gender, sexual orientation, local community and other sub-cultures may influence recovery.

Factor 2, Supervisory Controls:

The Peer Support Apprentice may be assigned to any of the behavioral health programs or a combination of programs, as determined by the program manager and behavioral health management team. The Peer Support Apprentice will receive administrative supervision from the program manager who observes, reviews and evaluates work performance. Clinical supervision will be provided by a licensed independent practitioner in mental health. As an entry level position, the supervisor will provide specific instructions for the performance of routine duties and detailed instructions and training in performance of the routine functions. The work is closely controlled, either by the structured nature of the work itself or by the supervisor's review which will include checking work in-progress and reviewing completed work for accuracy, adequacy, and adherence to instructions or procedures. The Peer Support Apprentice will initially be assigned Veterans who have already attained a higher functional status than other Veterans served by the program. Supervisory controls will be lessened as demonstrated knowledge, skills, and abilities are developed and satisfactory progress is made in aspects of work for which the incumbent receives guidance and training.

Factor 3, Guidelines:

The incumbent relies on VHA peer and general counseling program policies and procedures, VA Medical Center/Healthcare System (VAMC/HCS) policy manuals on patient care, crisis intervention manual, oral and written office procedural manuals, and other technical references, such as Peer Support Certification standards and requirements. Monthly teleconference calls with Central Office staff and e-mail groups provide ongoing general support and information. As an entry level position the supervisor assigns all tasks in a way that leaves no doubt as to which guide applies. The incumbent must work in strict adherence with guidelines provided referring all deviations to the supervisor for assistance.

Factor 4, Complexity:

The work involves identifying, advocating for, and providing support services for the veteran patient that requires assisting them in establishing goals and mechanisms to reach those goals. All assignments are developmental in nature and are clear cut. There is little choice in deciding what needs to be done or when it should be done. Work is performed as assigned by supervisor.

Factor 5, Scope & Effect

The incumbent assists and guides veterans toward the identification and achievement of specific goals defined by the veteran and specified in the individual's recovery or treatment plan. The work involves the execution of specific rules, regulations, or procedures and typically comprises a complete segment of an assignment. The incumbent promotes community integration, socialization, recovery, self-advocacy, self-help, and development of natural supports. The work contributes to the health and welfare of the veteran, and affects the accuracy, reliability or acceptability of further processes or services for veterans.

Factor 6, Personal Contacts

Personal contacts include veterans, family members, and significant others and assigned VA facility and other VHA employees from all services, service lines and disciplines. In addition, contacts may be with the public, community leaders, and staff of community, federal and state agencies. When a valid Release of Information has been signed by the patient, the incumbent may develop and maintain appropriate communications, rapport, and positive working relationships with a variety of institutions, organizations, and service providers (e.g. halfway houses, Alcoholics Anonymous Narcotics Anonymous, Al-Anon, probation officers, court officers, lawyers, churches). Contacts may be in person, by telephone, or by written communication and may be outside of the immediate VA office in the community or veterans' homes. External agency and institution contacts are limited due to the developmental assignments and are highly structured.

Factor 7, Purpose of Contacts

Personal contacts are made to give or exchange information, resolve issues, provide services,

and to motivate, influence, and advocate on behalf of the veteran. Contacts with veterans are for the purpose of assisting them in managing their emotional and behavioral symptoms and teaching them independent living skills.

Factor 8, Physical Demands

The work is primarily sedentary. Typically, the employee will sit to do the work. However, there may be some walking, standing, bending, carrying of light items (such as books, papers), accessing transportation, and/or driving a government vehicle. The work requires patience and control of emotions. The work may require occasional use of appropriate techniques to physically restrain clients who present a danger to self or others.

Factor 9, Working Conditions

Work will be performed in a wide range of settings, including the medical center; in client, group or family homes; in community-based outpatient settings, community agencies; or in transport vehicles (public or government). Work areas are often noisy, irregular, and unpredictable and can be stressful at times. Clients demonstrate varying levels of recovery and symptoms.

Position Description

Peer Specialist

GS-0102-06

U.S. DEPARTMENT OF VETERANS AFFAIRS
Peer Specialist, GS-0102-06

I. Introduction:

The incumbent will serve in a developmental capacity to provide the individual with the knowledge, skills, and abilities needed to perform the full range of routine assignments found at the full-performance level. During this developmental assignment, the full performance range and level of key functions will not be fully delegated to the incumbent.

The incumbent functions as an interdisciplinary team member, assisting physicians and other professional/non-professional personnel in a rehabilitation treatment program. Peer Specialists perform a variety of therapeutic and supportive tasks that include assisting their peers in articulating their goals for recovery, learning and practicing new skills, helping them monitor their progress, assisting them in their treatment, modeling effective coping techniques and self-help strategies based on the specialist's own recovery experience, and supporting them in advocating for themselves to obtain effective services. The incumbent functions as a role model, exhibiting competency in personal recovery and use of coping skills; serves as a consumer advocate, provides consumer information and peer support for veterans in outpatient and inpatient settings. This individual must have the ability to assist others in treatment based on the principles of recovery and resiliency. By inspiring the hope that recovery and resiliency are achievable goals, the incumbent can assist others who are diagnosed with mental illness or co-occurring disorders to achieve their personal recovery goals by promoting self-determination, personal responsibility, and the empowerment inherent in self-directed recovery. The incumbent performs a wide range of tasks to assist peers of all ages, from young adult to old age, in regaining independence within the community and mastery over their own recovery process.

Public Law 110-387, Section 405 modifies 38 USC 7402: Peer Specialist. -- To be eligible to be appointed to a peer specialist position, a person must -- (A) be a veteran who has recovered or is recovering from a mental health condition; and (B) be certified by -- (i) a not-for-profit entity engaged in peer specialist training as having met such criteria as the Secretary shall establish for a peer specialist position; or (ii) a State as having satisfied relevant State requirements for a peer specialist position."

Major Duties and Responsibilities:

100%

As an entry level position, most duties are performed in assistance to a higher level Peer Specialist (PS) and/or under direct supervision to facilitate learning and the development of skills.

The incumbent serves as a recovery agent by providing and advocating for any effective recovery based services that will aid the veteran in daily living. The incumbent orients veterans new to the programs in which they work about the services, hours, locations, staff and other pertinent information necessary for the veteran to understand the program and how to utilize it.

The incumbent may assist veterans to articulate personal goals for recovery through the use of one-to-one and group sessions. During these sessions, the incumbent may assist veterans in identifying their skills, strengths, supports and the resources needed to aid them in achieving those goals.

The incumbent may work with veterans to develop and implement a personal recovery plan. This peer-centered recovery plan is instrumental for individuals to "buy into" the process of their recovery. Central to such plans are the overall health and well-being of each individual, not just their mental health. Components often include support groups and individual therapy, basic health care maintenance, stable housing, improvements in family life and personal relationships as well as community connections. The plan may also include education goals, vocational development and job seeking. Some plans outline a time table for coach monitoring, and/or a plan for re-engagement when needed to balance the health and overall quality of life for each individual. The incumbent may assist veterans in determining the steps he/she needs to take in order to achieve these goals and self-directed recovery. The incumbent may utilize recovery tools such as the Wellness Recovery Action Plan (WRAP) to assist veterans in creating their own individual wellness and recovery plans. The incumbent may also contribute to the development of an effective discharge plan. The incumbent assists with the execution of the recovery plan and monitors progress, making timely reports of progress and new problems to the treatment team.

The incumbent observes behaviors that might indicate difficulty adapting or responding to treatment (e.g., missed assessment appointments, failure to attend or maintain abstinence, risk to self or others, disruptive behavior), completes appropriate documentation, and reports concerns to the treatment or recovery team in a timely manner.

The incumbent may use ongoing individual and group sessions to teach veterans how to identify and combat negative self-talk and how to identify and overcome fears by providing a forum which allows group members to share their experiences. As much as possible, the incumbent will share their own recovery story and as the facilitator of these sessions, which will demonstrate how they have directed their own recovery to veterans.

Utilizing his/her personal recovery experience, the incumbent may:

- Teach and role model the value of every individual's recovery experience.
- Assist the veteran in exploring options for obtaining decent and affordable housing of his/her choice in the most integrated, independent and least intrusive or restrictive environment, by making referrals to appropriate VA housing programs. Model effective coping techniques and self-help strategies.
- Assist in obtaining services that suit the individual's recovery needs.
- Inform veterans about community and mutual supports and how to use these in the recovery process. Community resources may include but are not limited to consumer-run self-help and mutual support services, social security office, Department of Family and Children services, local YMCA, library, restaurants, veterans' service organizations, apartment complexes and other types of housing, etc.
- Assist veterans in developing empowerment skills and combating stigma through self-advocacy. This will be accomplished through regular meetings, individual or group

- sessions through the use of role playing/modeling techniques.
- Serves as liaison with community-based consumer-run and/or consumer-supportive organizations to develop and/or foster veterans' community integration and development of natural supports and self-reliance strategies.
- Provide support of veterans' vocational choices and assist them in choosing a job that matches their strengths, overcoming job-related anxiety by reviewing job applications, and providing interview tips and practice sessions.
- Assist veterans in building social skills in the community that will enhance job acquisition and tenure using such techniques as role playing.

The incumbent must maintain a working knowledge of current trends and developments in the mental health field by reading books, journals, and other relevant materials.

Performs other related duties as assigned.

FACTOR LEVEL DESCRIPTIONS

Factor 1, Knowledge Required by the Position:

The work requires practical understanding of some of the principles, methods and techniques of psychology, social work, sociology, counseling but do not require specific formal education. Knowledge of the common therapeutic practices and ability to use a wide range of methods or tools commonly taught in formal peer support training certification programs is essential. The incumbent must have demonstrated ability to establish and maintain effective person-to-person relationships, skill in oral and written communication, ability to inspire confidence and motivate individuals, and capacity for leadership.

Knowledge of the signs and symptoms of mental illness (i.e., auditory and visual hallucinations, aggressive talk and behavior, thoughts of self-harm or harm towards others, isolation) and the ability to assist the veteran to address symptoms using strategies such as positive self-talk.

Understanding of common psychiatric disorders and knowledge of the diagnostic scheme for mental illnesses, as found in the DSM-IV-TR, including those with addictions and dual diagnosis Knowledge and skill sufficient to use community resources necessary for independent living and ability to teach those skills to other individuals. Community resources may include but are not limited to community-based consumer-run self-help and mutual support services, social security office, Department of Family and Children services, local YMCA, library, restaurants, veterans' service organizations, housing providers, etc.

Knowledge of the Recovery process and ability to facilitate Recovery Dialogues using common recovery tools.

Knowledge of and ability to use, effective communication skills to teach and engage in problem solving and conflict resolution strategies to support individual veterans in self-directed recovery.

Knowledge of crisis-oriented counseling, including methods for effective triage and the standards for handling violent or suicidal patients safely.

Knowledge of Management and Prevention of Disruptive Behavior techniques.

Knowledge of basic group dynamics and how to establish and sustain self-help (mutual support) and educational groups by soliciting input from mental health consumers on their strengths and interests.

Awareness of eligibility requirements for patient services relevant to the behavioral health program.

Understanding how roles of ethnicity, race, spirituality, gender, sexual orientation, local community and other sub-cultures may influence recovery.

Factor 2, Supervisory Controls:

The Peer Specialist may be assigned to any of the behavioral health programs or a combination of programs, as determined by the program manager and behavioral health management team. The Peer Specialist will receive administrative supervision from the program manager who reviews and evaluates work performance. Clinical supervision will be provided by a licensed independent practitioner. As an entry level position, the supervisor will provide specific instructions for the performance of routine duties and detailed instructions and training in performance of the routine functions. The work is closely controlled, either by the structured nature of the work itself or by the supervisor's review which will include checking work in-progress and reviewing completed work for accuracy, adequacy, and adherence to instructions or procedures. Supervisory controls will be lessened as demonstrated knowledge, skills, and abilities are developed and satisfactory progress is made in aspects of work for which the incumbent receives guidance and training.

Factor 3, Guidelines:

The incumbent relies on VHA peer and general counseling program policies and procedures, VA Medical Center/Healthcare System (VAMC/HCS) policy manuals on patient care, crisis intervention manual, oral and written office procedural manuals, and other technical references, such as Peer Support Certification standards and requirements. Monthly teleconference calls with Central Office staff and e-mail groups provide ongoing general support and information. As an entry level position the supervisor assigns all tasks in a way that leaves no doubt as to which guide applies. The incumbent must work in strict adherence with guidelines provided referring all deviations to the supervisor for assistance.

Factor 4, Complexity:

The work involves identifying, advocating for, and providing support services for the veteran patient that requires assisting them in establishing goals and mechanisms to reach those goals. All assignments are developmental in nature and are clear cut. There is little choice in deciding what needs to be done or when it should be done. Work is performed as assigned by supervisor.

Position Description

Peer Specialist

GS-0102-07

U.S. DEPARTMENT OF VETERANS AFFAIRS
Peer Specialist, GS-0102-07

I. Introduction:

The incumbent will serve in a developmental capacity to provide the individual with the knowledge, skills, and abilities needed to perform the full range of routine assignments found at the full-performance level. During this developmental assignment, the full performance range and level of key functions will not be fully delegated to the incumbent.

The incumbent functions as an interdisciplinary team member, assisting physicians and other professional/non-professional personnel in a rehabilitation treatment program. Peer Specialists perform a variety of therapeutic and supportive tasks that include assisting their peers in articulating their goals for recovery, learning and practicing new skills, helping them monitor their progress, assisting them in their treatment, modeling effective coping techniques and self-help strategies based on the specialist's own recovery experience, and supporting them in advocating for themselves to obtain effective services. The incumbent functions as a role model, exhibiting competency in personal recovery and use of coping skills; serves as a consumer advocate, provides consumer information and peer support for veterans in outpatient and inpatient settings. This individual must have the ability to assist others in treatment based on the principles of recovery and resiliency. By inspiring the hope that recovery and resiliency are achievable goals, the incumbent can assist others who are diagnosed with mental illness or co-occurring disorders to achieve their personal recovery goals by promoting self-determination, personal responsibility, and the empowerment inherent in self-directed recovery. The incumbent performs a wide range of tasks to assist peers of all ages, from young adult to old age, in regaining independence within the community and mastery over their own recovery process.

Public Law 110-387, Section 405 modifies 38 USC 7402: Peer Specialist. -- To be eligible to be appointed to a peer specialist position, a person must -- (A) be a veteran who has recovered or is recovering from a mental health condition; and (B) be certified by -- (i) a not-for-profit entity engaged in peer specialist training as having met such criteria as the Secretary shall establish for a peer specialist position; or (ii) a State as having satisfied relevant State requirements for a peer specialist position."

Major Duties and Responsibilities:

100%

The incumbent serves as a recovery agent by providing and advocating for any effective recovery based services that will aid the veteran in daily living. The incumbent orients veterans new to the programs in which they work about the services, hours, locations, staff and other pertinent information necessary for the veteran to understand the program and how to utilize it.

The incumbent assists veterans to articulate personal goals for recovery through the use of one-to-one and group sessions. During these sessions, the incumbent assists veterans in identifying their skills, strengths, supports and the resources needed to aid them in achieving those goals.

The incumbent works with veterans to develop and implement a personal recovery plan. This peer-centered recovery plan is instrumental for individuals to "buy into" the process of their recovery. Central to such plans are the overall health and well-being of each individual, not just their mental health. Components often include support groups and individual therapy, basic health care maintenance, stable housing, improvements in family life and personal relationships as well as community connections. The plan may also include education goals, vocational development and job seeking. Some plans outline a time table for coach monitoring, and/or a plan for re-engagement when needed to balance the health and overall quality of life for each individual. The incumbent assists veterans in determining the steps he/she needs to take in order to achieve these goals and self-directed recovery. The incumbent utilizes recovery tools such as the Wellness Recovery Action Plan (WRAP) to assist veterans in creating their own individual wellness and recovery plans. The incumbent also contributes to the development of an effective discharge plan. The incumbent assists with the execution of the recovery plan and monitors progress, making timely reports of progress and new problems to the treatment team.

The incumbent observes behaviors that might indicate difficulty adapting or responding to treatment (e.g., missed assessment appointments, failure to attend or maintain abstinence, risk to self or others, disruptive behavior), completes appropriate documentation, and reports concerns to the treatment or recovery team in a timely manner.

The incumbent will use ongoing individual and group sessions to teach veterans how to identify and combat negative self-talk and how to identify and overcome fears by providing a forum which allows group members to share their experiences. As much as possible, the incumbent will share their own recovery story and as the facilitator of these sessions, which will demonstrate how they have directed their own recovery to veterans.

Utilizing his/her personal recovery experience, the incumbent may:

- Teach and role model the value of every individual's recovery experience.
- Assist the veteran in exploring options for obtaining decent and affordable housing of his/her choice in the most integrated, independent and least intrusive or restrictive environment, by making referrals to appropriate VA housing programs. Model effective coping techniques and self-help strategies.
- Assist in obtaining services that suit the individual's recovery needs.
- Inform veterans about community and mutual supports and how to use these in the recovery process. Community resources may include but are not limited to consumer-run self-help and mutual support services, social security office, Department of Family and Children services, local YMCA, library, restaurants, veterans' service organizations, apartment complexes and other types of housing, etc.
- Assist veterans in developing empowerment skills and combating stigma through self-advocacy. This will be accomplished through regular meetings, individual or group sessions through the use of role playing/modeling techniques.
- Serves as liaison with community-based consumer-run and/or consumer-supportive organizations to develop and/or foster veterans' community integration and development of natural supports and self-reliance strategies.
- Provide support of veterans' vocational choices and assist them in choosing a job that

matches their strengths, overcoming job-related anxiety by reviewing job applications, and providing interview tips and practice sessions.

- Assist veterans in building social skills in the community that will enhance job acquisition and tenure using such techniques as role playing.

The incumbent may occasionally handle crisis interventions for any program patient or address other emergency situations without benefit of specific instructions. Such extraordinary interventions will be carefully documented and communicated to the team in a timely manner.

The incumbent must maintain a working knowledge of current trends and developments in the mental health field by reading books, journals, and other relevant materials.

Performs other related duties as assigned.

FACTOR LEVEL DESCRIPTIONS

Factor 1, Knowledge Required by the Position:

The work requires practical understanding of some of the principles, methods and techniques of psychology, social work, sociology, counseling but do not require specific formal education. Knowledge of the common therapeutic practices and ability to use a wide range of methods or tools commonly taught in formal peer support training certification programs is essential. The incumbent must have demonstrated ability to establish and maintain effective person-to-person relationships, skill in oral and written communication, ability to inspire confidence and motivate individuals, and capacity for leadership.

Knowledge of the signs and symptoms of mental illness (i.e., auditory and visual hallucinations, aggressive talk and behavior, thoughts of self-harm or harm towards others, isolation) and the ability to assist the veteran to address symptoms using strategies such as positive self-talk.

Understanding of common psychiatric disorders and knowledge of the diagnostic scheme for mental illnesses, as found in the DSM-IV-TR, including those with addictions and dual diagnosis Knowledge and skill sufficient to use community resources necessary for independent living and ability to teach those skills to other individuals. Community resources may include but are not limited to community-based consumer-run self-help and mutual support services, social security office, Department of Family and Children services, local YMCA, library, restaurants, veterans' service organizations, housing providers, etc.

Knowledge of the Recovery process and ability to facilitate Recovery Dialogues using common recovery tools.

Knowledge of and ability to use, effective communication skills to teach and engage in problem solving and conflict resolution strategies to support individual veterans in self-directed recovery.

Knowledge of crisis-oriented counseling, including methods for effective triage and the standards for handling violent or suicidal patients safely.

Knowledge of Management and Prevention of Disruptive Behavior techniques.

Knowledge of basic group dynamics and how to establish and sustain self-help (mutual support) and educational groups by soliciting input from mental health consumers on their strengths and interests.

Awareness of eligibility requirements for patient services relevant to the behavioral health program.

Understanding how roles of ethnicity, race, spirituality, gender, sexual orientation, local community and other sub-cultures may influence recovery.

Factor 2, Supervisory Controls:

The Peer Specialist may be assigned to any of the behavioral health programs or a combination of programs, as determined by the program manager and behavioral health management team. The Peer Specialist will receive administrative supervision from the program manager who reviews and evaluates work performance. Clinical supervision will be provided by a licensed independent practitioner. The supervisor will provide general instructions for the performance of routine duties and detailed instructions and/or training in performance of the non-routine functions and special assignments. Routine work is expected to be completed with minimal supervisory oversight and review, however close supervision will be provided for complex and unusual tasks. Routine work will be reviewed by spot checking and after completion to evaluate the adequacy of methods, procedures, results, ability to solve new and changing problems, effectiveness in relations with others, ability to coordinate activities with other departments. Supervisory controls will be lessened as demonstrated knowledge, skills, and abilities are developed and satisfactory progress is made in aspects of work for which the incumbent receives guidance and training.

Factor 3, Guidelines:

The incumbent relies on VHA peer and general counseling program policies and procedures, VA Medical Center/Healthcare System (VAMC/HCS) policy manuals on patient care, crisis intervention manual, oral and written office procedural manuals, and other technical references, such as Peer Support Certification standards and requirements. Monthly teleconference calls with Central Office staff and e-mail groups provide ongoing general support and information. The incumbent selects, studies, and evaluates available reference information and adapts established methods to meet the needs of the assignment for routine assignments. Supervisor assigns new and novel tasks in a way that leaves no doubt as to which guide applies.

Factor 4, Complexity:

The work involves identifying, advocating for, and providing support services for the veteran patient that requires assisting them in establishing goals and mechanisms to reach those goals.

All assignments are developmental in nature and are clear cut. There is little choice in deciding what needs to be done or when it should be done. Work is performed as assigned by supervisor.

Factor 5, Scope & Effect

The incumbent assists and guides veterans toward the identification and achievement of specific goals defined by the veteran and specified in the individual's recovery or treatment plan. The work involves the execution of specific rules, regulations, or procedures and typically comprises a complete segment of an assignment. The incumbent promotes community integration, socialization, recovery, self-advocacy, self-help, and development of natural supports. The work contributes to the health and welfare of the veteran, and affects the accuracy, reliability or acceptability of further processes or services for veterans.

Factor 6, Personal Contacts

Personal contacts include veterans, family members, and significant others and assigned VA facility and other VHA employees from all services, service lines and disciplines. In addition, contacts may be with the public, community leaders, and staff of community, federal and state agencies. When a valid Release of Information has been signed by the patient, the incumbent may develop and maintain appropriate communications, rapport, and positive working relationships with a variety of institutions, organizations, and service providers (e.g. halfway houses, Alcoholics Anonymous Narcotics Anonymous, Al-Anon, probation officers, court officers, lawyers, churches). Contacts may be in person, by telephone, or by written communication and may be outside of the immediate VA office in the community or veterans' homes. External agency and institution contacts are limited due to the developmental assignments and are highly structured.

Factor 7, Purpose of Contacts

Personal contacts are made to give or exchange information, resolve issues, provide services, and to motivate, influence, and advocate on behalf of the veteran. Contacts with veterans are for the purpose of assisting them in managing their emotional and behavioral symptoms and teaching them independent living skills.

Factor 8, Physical Demands

The work is primarily sedentary. Typically, the employee will sit to do the work. However, there may be some walking, standing, bending, carrying of light items (such as books, papers), accessing transportation, and/or driving a government vehicle. The work requires patience and control of emotions. The work may require occasional use of appropriate techniques to physically restrain clients who present a danger to self or others.

Factor 9, Working Conditions

Work will be performed in a wide range of settings, including the medical center; in client, group or family homes; in community-based outpatient settings, community agencies; or in

transport vehicles (public or government). Work areas are often noisy, irregular, and unpredictable and can be stressful at times. Clients demonstrate varying levels of recovery and symptoms.

Position Description

Peer Specialist

GS-0102-08

U.S. DEPARTMENT OF VETERANS AFFAIRS
Peer Specialist, GS-0102-08

I. Introduction:

The incumbent will serve in a developmental capacity to provide the individual with the knowledge, skills, and abilities needed to perform the full range of routine and non-routine assignments found at the full-performance level. During this developmental assignment, the full performance range and level of key functions will not be fully delegated to the incumbent.

The incumbent functions as an interdisciplinary team member, assisting physicians and other professional/non-professional personnel in a rehabilitation treatment program. Peer Specialists perform a variety of therapeutic and supportive tasks that include assisting their peers in articulating their goals for recovery, learning and practicing new skills, helping them monitor their progress, assisting them in their treatment, modeling effective coping techniques and self-help strategies based on the specialist's own recovery experience, and supporting them in advocating for themselves to obtain effective services. The incumbent functions as a role model, exhibiting competency in personal recovery and use of coping skills; serves as a consumer advocate, provides consumer information and peer support for veterans in outpatient and inpatient settings. This individual must have the ability to assist others in treatment based on the principles of recovery and resiliency. By inspiring the hope that recovery and resiliency are achievable goals, the incumbent can assist others who are diagnosed with mental illness or co-occurring disorders to achieve their personal recovery goals by promoting self-determination, personal responsibility, and the empowerment inherent in self-directed recovery. The incumbent performs a wide range of tasks to assist peers of all ages, from young adult to old age, in regaining independence within the community and mastery over their own recovery process.

Public Law 110-387, Section 405 modifies 38 USC 7402: Peer Specialist. -- To be eligible to be appointed to a peer specialist position, a person must -- (A) be a veteran who has recovered or is recovering from a mental health condition; and (B) be certified by -- (i) a not-for-profit entity engaged in peer specialist training as having met such criteria as the Secretary shall establish for a peer specialist position; or (ii) a State as having satisfied relevant State requirements for a peer specialist position."

Major Duties and Responsibilities:

100%

The incumbent participates in the service, training, consultative and other professional activities of rehabilitation treatment program and functions as a full professional member of the multidisciplinary. In this capacity, the incumbent completes assignments based on professional knowledge and recognition of demonstrated superior skill and proven sound judgment in working with serious and complicated recovery patients with very complex mental illnesses which may result in challenging requirements for communication and decision making skills.

The incumbent serves as a recovery agent by providing and advocating for any effective recovery based services that will aid the veteran in daily living. The incumbent orients veterans

new to the programs in which they work about the services, hours, locations, staff and other pertinent information necessary for the veteran to understand the program and how to utilize it.

The incumbent assists veterans to articulate personal goals for recovery through the use of one-to-one and group sessions. During these sessions, the incumbent assists veterans in identifying their skills, strengths, supports and the resources needed to aid them in achieving those goals.

The incumbent works with veterans to develop and implement a personal recovery plan. This peer centered recovery plan is instrumental for individuals to "buy into" the process of their recovery. Central to such plans are the overall health and well-being of each individual, not just their mental health. Components often include support groups and individual therapy, basic health care maintenance, stable housing, improvements in family life and personal relationships as well as community connections. The plan may also include education goals, vocational development and job seeking. Some plans outline a time table for coach monitoring, and/or a plan for re-engagement when needed to balance the health and overall quality of life for each individual. The incumbent assists veterans in determining the steps he/she needs to take in order to achieve these goals and self-directed recovery. The incumbent utilizes recovery tools such as the Wellness Recovery Action Plan (WRAP) to assist veterans in creating their own individual wellness and recovery plans. The incumbent also contributes to the development of an effective discharge plan. The incumbent assists with the execution of the recovery plan and monitors progress, making timely reports of progress and new problems to the treatment team.

The incumbent observes behaviors that might indicate difficulty adapting or responding to treatment (e.g., missed assessment appointments, failure to attend or maintain abstinence, risk to self or others, disruptive behavior), completes appropriate documentation, and reports concerns to the treatment or recovery team in a timely manner.

The incumbent will use ongoing individual and group sessions to teach veterans how to identify and combat negative self-talk and how to identify and overcome fears by providing a forum which allows group members to share their experiences. As much as possible, the incumbent will share their own recovery story and as the facilitator of these sessions, which will demonstrate how they have directed their own recovery to veterans.

Utilizing his/her personal recovery experience, the incumbent will:

- Teach and role model the value of every individual's recovery experience.
- Assist the veteran in exploring options for obtaining decent and affordable housing of his/her choice in the most integrated, independent and least intrusive or restrictive environment, by making referrals to appropriate VA housing programs. Model effective coping techniques and self-help strategies.
- Assist in obtaining services that suit the individual's recovery needs.
- Inform veterans about community and mutual supports and how to use these in the recovery process. Community resources may include but are not limited to consumer-run self-help and mutual support services, social security office, Department of Family and Children services, local YMCA, library, restaurants, veterans' service organizations, apartment complexes and other types of housing, etc.

- Assist veterans in developing empowerment skills and combating stigma through self-advocacy. This will be accomplished through regular meetings, individual or group sessions through the use of role playing/modeling techniques.
- Serves as liaison with community-based consumer-run and/or consumer-supportive organizations to develop and/or foster veterans' community integration and development of natural supports and self-reliance strategies.
- Provide support of veterans' vocational choices and assist them in choosing a job that matches their strengths, overcoming job-related anxiety by reviewing job applications, and providing interview tips and practice sessions.
- Assist veterans in building social skills in the community that will enhance job acquisition and tenure using such techniques as role playing.

The incumbent will handle crisis interventions for any program patient or address other emergency situations without benefit of specific instructions. Such extraordinary interventions will be carefully documented and communicated to the team in a timely manner.

The incumbent provides training to other staff and/or students in the use of information systems, patient management techniques, crisis-oriented counseling, discharge-planning, liaison with community resources, and the provision of peer support services or other Psychosocial Rehabilitation and Recovery services within the program as requested by the supervisor.

The incumbent must maintain a working knowledge of current trends and developments in the mental health field by reading books, journals, and other relevant materials.

Performs other related duties as assigned.

FACTOR LEVEL DESCRIPTIONS

Factor 1, Knowledge Required by the Position:

The work requires a comprehensive understanding of a wide range of principles, methods and techniques of psychology, social work, sociology, counseling but do not require specific formal education. Intensive knowledge of the common therapeutic practices and ability to use a wide range of methods or tools commonly taught in formal peer support training certification programs is essential. The incumbent must have demonstrated ability to establish and maintain effective person-to-person relationships, skill in oral and written communication, ability to inspire confidence and motivate individuals, and capacity for leadership.

Must have and apply a comprehensive professional knowledge of counseling, including counseling related to crisis situations, short-term, in-depth counseling, and of various related maladies suffered by patients with behavioral or adjustment disorders.

Comprehensive knowledge of the signs and symptoms of mental illness (i.e., auditory and visual hallucinations, aggressive talk and behavior, thoughts of self-harm or harm towards others, isolation) and the ability to assist the veteran to address symptoms using strategies such as positive self-talk.

Comprehensive understanding of common psychiatric disorders and knowledge of the diagnostic scheme for mental illnesses, as found in the DSM-IV-TR, including those with addictions and dual diagnosis Knowledge and skill sufficient to use community resources necessary for independent living and ability to teach those skills to other individuals. Community resources may include but are not limited to community-based consumer-run self-help and mutual support services, social security office, Department of Family and Children services, local YMCA, library, restaurants, veterans' service organizations, housing providers, etc.

Basic knowledge of psychological principles, methods and theories and must have the ability to exercise superior judgment when deviating from psychology as well as the ability to exercise good judgment whenever deviating from well-founded practices.

Practical knowledge of the Recovery process and ability to facilitate Recovery Dialogues using common recovery tools.

Skill in using, effective communication skills to teach and engage in problem solving and conflict resolution strategies to support individual veterans in self-directed recovery.

Comprehensive knowledge of crisis-oriented counseling, including methods for effective triage and the standards for handling violent or suicidal patients safely.

Comprehensive knowledge of Management and Prevention of Disruptive Behavior techniques.

Practical knowledge of basic group dynamics and how to establish and sustain self-help (mutual support) and educational groups by soliciting input from mental health consumers on their strengths and interests.

Comprehensive knowledge of eligibility requirements for patient services relevant to the behavioral health program.

Practical understanding how roles of ethnicity, race, spirituality, gender, sexual orientation, local community and other sub-cultures may influence recovery.

Factor 2, Supervisory Controls:

The Peer Specialist may be assigned to any of the behavioral health programs or a combination of programs, as determined by the program manager and behavioral health management team. The Peer Specialist will receive administrative supervision from the program manager who reviews and evaluates work performance. Clinical supervision will be provided by a licensed independent practitioner. The supervisor will provide general instructions for the performance of routine duties and detailed instructions and/or training in performance of the non-routine functions and special assignments. Non-routine/novel work will be reviewed by spot checking and after completion to evaluate the adequacy of methods, procedures, results, ability to solve new and changing problems, effectiveness in relations with others, ability to coordinate activities with other departments, and keep supervisor and interdisciplinary team aware of potential problems. Supervisory controls will be lessened as demonstrated knowledge, skills,

and abilities are developed and satisfactory progress is made in aspects of work for which the incumbent receives guidance and training.

Factor 3, Guidelines:

The incumbent relies on VHA peer and general counseling program policies and procedures, VA Medical Center/Healthcare System (VAMC/HCS) policy manuals on patient care, crisis intervention manual, oral and written office procedural manuals, and other technical references, such as Peer Support Certification standards and requirements. Monthly teleconference calls with Central Office staff and e-mail groups provide ongoing general support and information. Guidelines are available but don't always cover the situation or may not specifically address the situation. The incumbent selects, studies, and evaluates available reference information and adapts established methods to meet the needs of the assignment for routine assignments. Supervisor assigns new and novel tasks in a way that may leave doubt as to which guide applies. The incumbent uses judgment in interpreting and adapting guidelines for application to specific cases or assignments. The incumbent analyzes results and recommends changes.

Factor 4, Complexity:

The work involves identifying, advocating for, and providing support services for veteran patients that requires assisting them in establishing goals and mechanisms to reach those goals. Decisions on establishing goals and action plans will always be made in conjunction with the veteran patient and discussed with the veteran's treatment team. Decisions regarding what needs to be done depend upon an analysis of the resources available, problems involved with providing the necessary support, and choices from numerous possible courses of action. Actions to be taken or responses to be made, such as advice to the veteran, differs depending on the facts of the situation. Incumbent works with patients who have very complex mental illnesses which may result in challenging communications and difficult working situations. Excellent judgment and effective complex decision making skills are required. Assignments are developmental in nature; actions to be taken or responses to be made for routine work differ in such things as the sources of information, the kind of transactions, or other readily verifiable differences. Decisions at this level are based on a knowledge of the procedural requirements of the work coupled with an awareness of the specific functions and staff assignments of the office.

Factor 5, Scope & Effect

The incumbent assists and guides veterans toward the identification and achievement of specific goals defined by the veteran and specified in the individual's recovery or treatment plan. The work involves the execution of specific rules, regulations, or procedures and typically comprises a complete segment of an assignment. The incumbent promotes community integration, socialization, recovery, self-advocacy, self-help, and development of natural supports. The work contributes to the health and welfare of the veteran, and affects the accuracy, reliability or acceptability of further processes or services for veterans.

Factor 6, Personal Contacts

Personal contacts include veterans, family members, and significant others and assigned VA facility and other VHA employees from all services, service lines and disciplines. In addition, contacts may be with the public, community leaders, and staff of community, federal and state agencies. When a valid Release of Information has been signed by the patient, the incumbent may develop and maintain appropriate communications, rapport, and positive working relationships with a variety of institutions, organizations, and service providers (e.g. halfway houses, Alcoholics Anonymous Narcotics Anonymous, Al-Anon, probation officers, court officers, lawyers, churches). Contacts may be in person, by telephone, or by written communication and may be outside of the immediate VA office in the community or veterans' homes.

Factor 7, Purpose of Contacts

Personal contacts are made to give or exchange information, resolve issues, provide services, and to motivate, influence, and advocate on behalf of the veteran. Contacts with veterans are for the purpose of assisting them in managing their emotional and behavioral symptoms and teaching them independent living skills.

Factor 8, Physical Demands

The work is primarily sedentary. Typically, the employee will sit to do the work. However, there may be some walking, standing, bending, carrying of light items (such as books, papers), accessing transportation, and/or driving a government vehicle. The work requires patience and control of emotions. The work may require occasional use of appropriate techniques to physically restrain clients who present a danger to self or others.

Factor 9, Working Conditions

Work will be performed in a wide range of settings, including the medical center; in client, group or family homes; in community-based outpatient settings, community agencies; or in transport vehicles (public or government). Work areas are often noisy, irregular, and unpredictable and can be stressful at times. Clients demonstrate varying levels of recovery and symptoms.

Position Description

Peer Specialist

GS-0102-09

U.S. DEPARTMENT OF VETERANS AFFAIRS
Peer Specialist, GS-0102-09

I. Introduction:

The incumbent functions as an interdisciplinary team member, assisting physicians and other professional/non-professional personnel in a rehabilitation treatment program. Peer Specialists perform a variety of therapeutic and supportive tasks that include assisting their peers in articulating their goals for recovery, learning and practicing new skills, helping them monitor their progress, assisting them in their treatment, modeling effective coping techniques and self-help strategies based on the specialist's own recovery experience, and supporting them in advocating for themselves to obtain effective services. The incumbent functions as a role model, exhibiting competency in personal recovery and use of coping skills; serves as a consumer advocate, provides consumer information and peer support for veterans in outpatient and inpatient settings. This individual must have the ability to assist others in treatment based on the principles of recovery and resiliency. By inspiring the hope that recovery and resiliency are achievable goals, the incumbent can assist others who are diagnosed with mental illness or co-occurring disorders to achieve their personal recovery goals by promoting self-determination, personal responsibility, and the empowerment inherent in self-directed recovery. The incumbent performs a wide range of tasks to assist peers of all ages, from young adult to old age, in regaining independence within the community and mastery over their own recovery process.

Public Law 110-387, Section 405 modifies 38 USC 7402: Peer Specialist. -- To be eligible to be appointed to a peer specialist position, a person must -- (A) be a veteran who has recovered or is recovering from a mental health condition; and (B) be certified by -- (i) a not-for-profit entity engaged in peer specialist training as having met such criteria as the Secretary shall establish for a peer specialist position; or (ii) a State as having satisfied relevant State requirements for a peer specialist position."

Major Duties and Responsibilities:

100%

The incumbent participates in the service, training, consultative and other professional activities of rehabilitation treatment program and functions as a full professional member of the multidisciplinary. In this capacity, the incumbent completes assignments based on professional knowledge and recognition of demonstrated superior skill and proven sound judgment in working with serious and complicated recovery patients with very complex mental illnesses which may result in challenging requirements for communication and decision making skills.

The incumbent serves as a recovery agent by providing and advocating for any effective recovery based services that will aid the veteran in daily living. The incumbent orients veterans new to the programs in which they work about the services, hours, locations, staff and other pertinent information necessary for the veteran to understand the program and how to utilize it.

The incumbent assists veterans to articulate personal goals for recovery through the use of one-to-one and group sessions. During these sessions, the incumbent assists veterans in identifying their skills, strengths, supports and the resources needed to aid them in achieving those goals.

The incumbent works with veterans to develop and implement a personal recovery plan. This peer centered recovery plan is instrumental for individuals to "buy into" the process of their recovery. Central to such plans are the overall health and well-being of each individual, not just their mental health. Components often include support groups and individual therapy, basic health care maintenance, stable housing, improvements in family life and personal relationships as well as community connections. The plan may also include education goals, vocational development and job seeking. Some plans outline a time table for coach monitoring, and/or a plan for re-engagement when needed to balance the health and overall quality of life for each individual. The incumbent assists veterans in determining the steps he/she needs to take in order to achieve these goals and self-directed recovery. The incumbent utilizes recovery tools such as the Wellness Recovery Action Plan (WRAP) to assist veterans in creating their own individual wellness and recovery plans. The incumbent also contributes to the development of an effective discharge plan. The incumbent assists with the execution of the recovery plan and monitors progress, making timely reports of progress and new problems to the treatment team.

The incumbent observes behaviors that might indicate difficulty adapting or responding to treatment (e.g., missed assessment appointments, failure to attend or maintain abstinence, risk to self or others, disruptive behavior), completes appropriate documentation, and reports concerns to the treatment or recovery team in a timely manner.

The incumbent will use ongoing individual and group sessions to teach veterans how to identify and combat negative self-talk and how to identify and overcome fears by providing a forum which allows group members to share their experiences. As much as possible, the incumbent will share their own recovery story and as the facilitator of these sessions, which will demonstrate how they have directed their own recovery to veterans.

Utilizing his/her personal recovery experience, the incumbent will:

- Teach and role model the value of every individual's recovery experience.
- Assist the veteran in exploring options for obtaining decent and affordable housing of his/her choice in the most integrated, independent and least intrusive or restrictive environment, by making referrals to appropriate VA housing programs. Model effective coping techniques and self-help strategies.
- Assist in obtaining services that suit the individual's recovery needs.
- Inform veterans about community and mutual supports and how to use these in the recovery process. Community resources may include but are not limited to consumer-run self-help and mutual support services, social security office, Department of Family and Children services, local YMCA, library, restaurants, veterans' service organizations, apartment complexes and other types of housing, etc.
- Assist veterans in developing empowerment skills and combating stigma through self-advocacy. This will be accomplished through regular meetings, individual or group sessions through the use of role playing/modeling techniques.
- Serves as liaison with community-based consumer-run and/or consumer-supportive organizations to develop and/or foster veterans' community integration and development of natural supports and self-reliance strategies.
- Provide support of veterans' vocational choices and assist them in choosing a job that

matches their strengths, overcoming job-related anxiety by reviewing job applications, and providing interview tips and practice sessions.

- Assist veterans in building social skills in the community that will enhance job acquisition and tenure using such techniques as role playing.

The incumbent will handle crisis interventions for any program patient or address other emergency situations without benefit of specific instructions. Such extraordinary interventions will be carefully documented and communicated to the team in a timely manner.

The incumbent provides training to other staff and/or students in the use of information systems, patient management techniques, crisis-oriented counseling, discharge-planning, liaison with community resources, and the provision of peer support services or other Psychosocial Rehabilitation and Recovery services within the program as requested by the supervisor.

The incumbent must maintain a working knowledge of current trends and developments in the mental health field by reading books, journals, and other relevant materials.

Performs other related duties as assigned.

FACTOR LEVEL DESCRIPTIONS

Factor 1, Knowledge Required by the Position:

The work requires a comprehensive understanding of a wide range of principles, methods and techniques of psychology, social work, sociology, counseling but do not require specific formal education. Intensive knowledge of the common therapeutic practices and ability to use a wide range of methods or tools commonly taught in formal peer support training certification programs is essential. The incumbent must have demonstrated ability to establish and maintain effective person-to-person relationships, skill in oral and written communication, ability to inspire confidence and motivate individuals, and capacity for leadership.

Must have and apply a comprehensive professional knowledge of counseling, including counseling related to crisis situations, short-term, in-depth counseling, and of various related maladies suffered by patients with behavioral or adjustment disorders.

Comprehensive knowledge of the signs and symptoms of mental illness (i.e., auditory and visual hallucinations, aggressive talk and behavior, thoughts of self-harm or harm towards others, isolation) and the ability to assist the veteran to address symptoms using strategies such as positive self-talk.

Comprehensive understanding of common psychiatric disorders and knowledge of the diagnostic scheme for mental illnesses, as found in the DSM-IV-TR, including those with addictions and dual diagnosis Knowledge and skill sufficient to use community resources necessary for independent living and ability to teach those skills to other individuals. Community resources may include but are not limited to community-based consumer-run self-help and mutual support services, social security office, Department of Family and Children

services, local YMCA, library, restaurants, veterans' service organizations, housing providers, etc.

Basic knowledge of psychological principles, methods and theories and must have the ability to exercise superior judgment when deviating from psychology as well as the ability to exercise good judgment whenever deviating from well-founded practices.

Practical knowledge of the Recovery process and ability to facilitate Recovery Dialogues using common recovery tools.

Skill in using, effective communication skills to teach and engage in problem solving and conflict resolution strategies to support individual veterans in self-directed recovery.

Comprehensive knowledge of crisis-oriented counseling, including methods for effective triage and the standards for handling violent or suicidal patients safely.

Comprehensive knowledge of Management and Prevention of Disruptive Behavior techniques.

Practical knowledge of basic group dynamics and how to establish and sustain self-help (mutual support) and educational groups by soliciting input from mental health consumers on their strengths and interests.

Comprehensive knowledge of eligibility requirements for patient services relevant to the behavioral health program.

Practical understanding how roles of ethnicity, race, spirituality, gender, sexual orientation, local community and other sub-cultures may influence recovery.

Factor 2, Supervisory Controls:

The Peer Specialist may be assigned to any of the behavioral health programs or a combination of programs, as determined by the program manager and behavioral health management team. The Peer Specialist will receive administrative supervision from the program manager who reviews and evaluates work performance. Clinical supervision will be provided by a licensed independent practitioner. Work is performed with considerable independence. The incumbent is responsible for making recommendations to the interdisciplinary treatment team that can be relied on for soundness of judgment and maturity of insight on problem cases. The supervisor is kept informed of the progress of the work and is available for consultation on substantive problems. Supervision is received mainly through review of reports and through periodic discussions of progress of assigned cases.

Factor 3, Guidelines:

The incumbent relies on VHA peer and general counseling program policies and procedures, VA Medical Center/Healthcare System (VAMC/HCS) policy manuals on patient care, crisis intervention manual, oral and written office procedural manuals, and other technical references, such as Peer Support Certification standards and requirements. Monthly teleconference calls with Central Office staff and e-mail groups provide ongoing general

support and information. Guidelines are available but don't always cover the situation or may not specifically address the situation. The incumbent selects, studies, and evaluates available reference information and adapts established methods to meet the needs of the assignment for routine assignments. Supervisor assigns new and novel tasks in a way that may leave doubt as to which guide applies. The incumbent uses judgment in interpreting and adapting guidelines for application to specific cases or assignments. The incumbent analyzes results and recommends changes.

Factor 4, Complexity:

The work involves identifying, advocating for, and providing support services for veteran patients that requires assisting them in establishing goals and mechanisms to reach those goals. Decisions on establishing goals and action plans will always be made in conjunction with the veteran patient and discussed with the veteran's treatment team. Decisions regarding what needs to be done depend upon an analysis of the resources available, problems involved with providing the necessary support, and choices from numerous possible courses of action. Actions to be taken or responses to be made, such as advice to the veteran, differs depending on the facts of the situation. Incumbent works with patients who have very complex mental illnesses which may result in challenging communications and difficult working situations. Excellent judgment and effective complex decision making skills are required. Assignments are developmental in nature; actions to be taken or responses to be made for routine work differ in such things as the sources of information, the kind of transactions, or other readily verifiable differences. Decisions at this level are based on a knowledge of the procedural requirements of the work coupled with an awareness of the specific functions and staff assignments of the office.

Factor 5, Scope & Effect

The incumbent assists and guides veterans toward the identification and achievement of specific goals defined by the veteran and specified in the individual's recovery or treatment plan. The work involves the execution of specific rules, regulations, or procedures and typically comprises a complete segment of an assignment. The incumbent promotes community integration, socialization, recovery, self-advocacy, self-help, and development of natural supports. The work contributes to the health and welfare of the veteran, and affects the accuracy, reliability or acceptability of further processes or services for veterans.

Factor 6, Personal Contacts

Personal contacts include veterans, family members, and significant others and assigned VA facility and other VHA employees from all services, service lines and disciplines. In addition, contacts may be with the public, community leaders, and staff of community, federal and state agencies. When a valid Release of Information has been signed by the patient, the incumbent may develop and maintain appropriate communications, rapport, and positive working relationships with a variety of institutions, organizations, and service providers (e.g. halfway houses, Alcoholics Anonymous Narcotics Anonymous, Al-Anon, probation officers, court officers, lawyers, churches). Contacts may be in person, by telephone, or by written

communication and may be outside of the immediate VA office in the community or veterans' homes.

Factor 7, Purpose of Contacts

Personal contacts are made to give or exchange information, resolve issues, provide services, and to motivate, influence, and advocate on behalf of the veteran. Contacts with veterans are for the purpose of assisting them in managing their emotional and behavioral symptoms and teaching them independent living skills.

Factor 8, Physical Demands

The work is primarily sedentary. Typically, the employee will sit to do the work. However, there may be some walking, standing, bending, carrying of light items (such as books, papers), accessing transportation, and/or driving a government vehicle. The work requires patience and control of emotions. The work may require occasional use of appropriate techniques to physically restrain clients who present a danger to self or others.

Factor 9, Working Conditions

Work will be performed in a wide range of settings, including the medical center; in client, group or family homes; in community-based outpatient settings, community agencies; or in transport vehicles (public or government). Work areas are often noisy, irregular, and unpredictable and can be stressful at times. Clients demonstrate varying levels of recovery and symptoms.

Peer Specialist Toolkit



Appendix B

Peer Support Documentation guidelines

Peer Group note:

- What to include:
 - o Name of group
 - o Your name
 - o Duration of group
 - o Number of participants
 - o Informed consent statement (should be documented for at least the first group)
 - o Group focus statement
 - o Peer Support interventions used
 - o Veteran's Experience of group in their own words
 - o Veteran's self-described strengths
 - o Plan (including degree of involvement Veteran wishes to have with PST)
 - o Procedure information
 - o Concurrence statement (for supervisor, consultant or co-leader, depending on type of contact and how the licensed primary provider is involved)

Example #1 Group note:

Name of Group: Wellness and Recovery Peer Group

Group Facilitators: John Doe & Jane Schultz, Peer Support Technicians

Duration of Group: 40 min

Total number of group participants: 6

Veterans were provided informed consent, including recognition that they were participating in a peer support group documented in CPRS. Mr. Jackson agreed to participate.

Group focus: Today's group focused on personal hygiene skills as a wellness tool.

Peer Support Interventions used: Peer providers encouraged mutual support among members, used their recovery stories as a tool and provided each group member with a wellness handout.

Vet's experience of group: Veteran said he like the group because it gave him something to think about.

Vet's self-described strengths: Veteran is "strong-willed" and "opinionated" and "likes participating in the hospital's Veteran's advisory council."

Plan: Veteran was invited to attend the Wellness and Recovery Peer Group as he desires. Veteran says he wants to work on wellness so he can move to a new apartment. Peer providers will work with Veteran to inspire wellness and recovery and progress towards Veteran's goal.

Veteran's request for future involvement with PST:

☒ Ongoing ☐ As needed / drop-in ☐ No further contact at this time

Procedure: H0038 (Self-Help / Peer Support)

Concurrence statement:

The primary Licensed Independent Provider of this encounter has reviewed and assessed the Peer Support Technician's work with this Veteran and concurs with the above stated plan. Concurrence is based on the integration of the PST's input, which is shared and discussed during recurring supervision/consultation with this writer.

Concurrent statement, Co-leader version:

The primary Licensed Independent Provider of this encounter has reviewed and assessed the Peer Support Technician's work with this Veteran and concurs with the above stated plan. Concurrence is based on this the co-signers observation and engagement with the PST as a group co-leader.

Example #2 Group Note (what it looks like in CPRS with LIP addendum):

LOCAL TITLE: PEER SUPPORT NOTE
 STANDARD TITLE: MENTAL HEALTH COUNSELING NOTE
 DATE OF NOTE: AUG 03, 2010@10:00 ENTRY DATE: AUG 03, 2010@14:34:29
 AUTHOR: URAINE,MICHAEL EXP COSIGNER: HENZE,KEVIN T
 URGENCY: STATUS: COMPLETED
 SUBJECT: Wellness and Recovery Group

***PEER SUPPORT NOTE Has ADDENDA ***

Wellness and recovery group // 3 August 2010 @1000
 Michael Uraine & Jane Schultz: Health Techs / Peer support / Facilitators
 Duration: 40 minutes
 Group participants: 6

The Veterans were informed that this would be a Peer intervention and would be documented in CPRS; all were in agreement. The group began with review of focus for the day: Personal hygiene as a recovery Tool. Handouts were provided highlighting the subject. As a Peer provider, I talked about how my personal hygiene schedule is still used as a base for a good start of the day, and how healthy habits promote recovery in so many ways. We talked as a group and offered support. The veterans were engaged and participated in group discussions on how we apply hygiene to a healthy life style.

This Veteran said the group gave him "something to think about". He described himself as "strong willed, opinionated and liking to participate in the Hospitals Veteran Advisory council", when asked about his strengths.

The veteran has Peer support noted in his treatment plan, per his request.

Plan: Peer provider will continue to promote recovery dialogues and focus on particular wellness skills as a means of helping Veterans in attendance reach their wellness goals.

Procedure: Self Help/ Peer Support (H0038)

The primary Licensed Independent Provider of this encounter has reviewed and assessed the Peer Support Technician's work with this Veteran and concurs with the above stated plan. Concurrence is based on the integration of the PST's input, which is shared and discussed during recurring supervision/consultation with this writer.

/es/ MICHAEL URAINE
 PEER SUPPORT TECHNICIAN
 Signed: 08/03/2010 15:00

/es/ KEVIN T HENZE, PH.D., CPRP
 Psychologist
 Cosigned: 08/03/2010 15:22

Individual Mentoring, Hallway & Community Outreach Notes:

- What to include:
 - How long you met for individual mentoring
 - Informed consent statement
 - Focus of meeting
 - Peer Support Interventions used
 - Veteran's experience of peer mentoring in their own words
 - Veteran's self-described strengths
 - Plan (including degree of involvement Veteran wishes to have with PST)
 - Procedure information
 - Concurrence statement (for supervisor or consultant, depending on type of contact and how the licensed primary provider is involved)

Example note: individual mentoring meeting

Writer and Veteran met for 30-minutes for individual peer mentoring. Veteran was provided informed consent, including understanding that this individual mentoring meeting would be documented in CPRS. Mr. Jones was agreeable to this.

Focus of mentoring session was on Veteran navigating his transition to the community stabilization program and concerns he had about falling through the cracks.

Peer support interventions used: Peer provider actively listened to Veteran's concern, provided encouragement, used his own experience with the VA system as a tool, and provided Veteran with the telephone number of Sally Rogers, community stabilization program coordinator.

Veteran's experience of peer mentoring: Mr. Jones said meeting with me was helpful because I'm a Veteran who has been through the system.

Veteran's self-described strength: "wanting to stay clean and sober for me and my kids" and "being a funny guy."

Plan: Veteran wants to meet for individual peer mentoring with this peer provider for the next several weeks as he transitions to the Community Stabilization Program. Next individual mentoring appointment on August 16, 2010 at 2pm.

Veteran's request for future involvement with PST:

☒ Ongoing ☐ As needed / drop-in ☐ No further contact at this time

Procedure: Self-Help/Peer-Support H0038

Concurrence statement, Supervision version:

The primary Licensed Independent Provider of this encounter has reviewed and assessed the Peer Support Technician's work with this Veteran and concurs with the above stated plan. Concurrence is based on the integration of the PST's input, which is shared and discussed during recurring supervision/consultation with this writer.

Example Note: Hallway encounter

Veteran approached writer in VA canteen with questions regarding navigating the VA system. Writer explained his role as a Peer Support Technician and how peer support contacts are documented in CPRS. Veteran was agreeable to this.

Focus of meeting was on answering questions and providing resource information related to Veteran's VBA service connected claim.

Peer support interventions used: I actively listened to Veteran's experience with the VA system so far, used my own recovery story as a tool and provided Veteran with the name and number of Mr. Claimguy, Boston VBA representative.

Veteran's experience of peer mentoring: Veteran said it was "useful to have this info and meeting with someone who understands."

Veteran's self-described strength: "seeks out support"

Plan: Veteran said she will call this writer if she needs additional support around navigating the VA system.

Veteran's request for future involvement with PST:

☐ Ongoing ☒ As needed / drop-in ☐ No further contact at this time

The primary Licensed Independent Provider of this encounter has reviewed and assessed the Peer Support Technician's work with this Veteran and concurs with the above stated plan. Concurrence is based on the integration of the PST's input, which is shared and discussed during recurring supervision/consultation with this writer.

Example note: community outreach

Writer traveled to Haverhill, MA to meet with Veteran. Veteran was provided informed consent, including understanding that this individual mentoring peer support meeting would be documented in CPRS. Ms. Snyder was agreeable to this.

Focus of meeting was on answering questions and providing information about Bedford VA's women's health services.

Peer support interventions used: I actively listened to Veteran's experience with the VA system so far, used my own recovery story as a tool and provided Ms. Snyder with the name and number of Janie Smith, our women's health program director.

Veteran's experience of peer mentoring: Ms. Snyder said it was "helpful to learn about Bedford VA's women's health programs because I always thought the VA was for men only." Ms. Snyder also said that "hearing your story gives me some hope this will work out."

Veteran's self-described strength: "hard worker," "dedicated to family"

Plan: Veteran said she will call this writer if she needs additional support around navigating the VA system.

Veteran's request for future involvement with PST:

☐ Ongoing ☒ As needed / drop-in ☐ No further contact at this time

The primary Licensed Independent Provider of this encounter has reviewed and assessed the Peer Support Technician's work with this Veteran and concurs with the above stated plan. Concurrence is based on the integration of the PST's input, which is shared and discussed during recurring supervision/consultation with this writer.

Peer Specialist Toolkit



Appendix C

Reviewer: _____

Peer Support Group Note Review Form

Reviewee: _____

Note title: _____

Date of visit: _____

Date note signed by PST : _____

Please indicate the presence or absence of each element in this note.

	Element	Yes	No	Not Applicable
1.	Name of Group			
2.	Number of participants			
3.	Group focus statement (e.g., description of what transpired in group)			
4.	Peer Support Interventions that were used are noted			
5.	Group members' response to group is noted, preferably in their own words			
6.	Open issues from previous group followed up in current group (may not be applicable for all groups, particular if group is drop-in)			
7.	Documentation entered within seven days from date of visit.			
8.	Note comments on strengths			
9.	Language used in note is respectful and recovery oriented			
10.	Supervisory concurrence statement included			

Additional Comments

Reviewer: _____

Peer Support Individual Mentoring Note Review Form

Reviewee: _____

Note title: _____

Date of visit: _____

Date note signed by PST : _____

Please indicate the presence or absence of each element in this note.

	Element	Yes	No	Not Applicable
1.	Duration of contact noted			
2.	Focus of mentoring session described			
4.	Peer Support Interventions that were used are noted			
5.	Veteran's response to peer support is noted, preferably in their own words			
6.	Open issues from previous meeting followed up in current meeting (not applicable for first time visits)			
7.	Documentation entered within seven days from date of visit.			
8.	Plan for future contact noted.			
9.	Note comments on strengths			
10.	Language used in note is respectful and recovery oriented			
11.	Supervisory concurrence statement included			

Additional Comments

Peer Specialist Toolkit



Appendix D

Program _____ ~Bedford Peer Services Questionnaire~ _____ Date

Instructions: Please indicate your knowledge about and any relevant experiences with Bedford Peer Services staff by responding to the following questions.

1) I am aware that a Peer Services staff member provides peer support to Veterans in this program.

☐Yes

☐No

2) Peer Services were offered to me by my case manager or other program staff as part of my treatment/recovery planning process.

☐Yes

☐No

3) I had at least one contact with the Peer Services staff working in this program

☐Yes

☐No

If yes, what type of contact (choose all that apply)

___ Individual Mentoring ___ Peer Support Group ___ Treatment Planning ___ Other

If you answered YES to question 3, please answer the following questions:

	Disagree	Somewhat Disagree	Somewhat Agree	Fully Agree
Having a Peer Support staff as part of my treatment inspires my recovery.				
I feel listened to when I talk with Peer Support staff.				
Peer Support staff make effort to follow-up with issues that are a high priority to me.				
Follow-up is done in a reasonable time period.				
Peer Support has assisted in my understanding of treatment options through the Bedford VA				
Given my experience with Peer Support staff in this program, I plan on remaining connected to Bedford Peer Services.				

Please indicate any other Bedford VA programs in which you have worked with a Peer Support Staff member:

___ 78G ___ CSP ___ IDTP ___ VCCC ___ Domiciliary
___ Outpatient Mental Health ___ Women's Clinic ___ CWT

Peer Specialist Toolkit



Appendix E

Tips for Supervisors of VA Peer Support Specialists

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Tips for Supervisors of VA Peer Support Specialists

If you are reading this sentence, it is safe to assume that you or someone you know is supervising a VA peer support specialist (PSS). Arguably, PSS's are one of VA's greatest contributions to actualizing a Veteran-centric recovery-oriented healthcare system. Peer providers not only serve as recovery role models, system navigators and wellness coaches to fellow Veterans, but bring a unique perspective to the care teams in which they work that is based on lived experience of recovery transformation. The supervision tips included below are intended to maximize the potential and unique contributions of PSS's in your healthcare setting. While space precludes us from providing an exhaustive review of good and better practices in peer support supervision, the hope is that current and future supervisors of PSS's may find some of these tips useful in their PSS supervision work. We have organized these tips under three headers: a) setting the stage in the beginning of the supervisory relationship; b) strengths, skill and professional development; and c) supporting peer identity and roles.

Setting the Stage

During the initial meetings with PSS's it is important for supervisors and PSS's to set the stage. Setting the stage entails attunement to the supervisory relationship and orienting, involving and educating the PSS.

The most fundamental element of setting the stage is attunement to the interpersonal aspects of the supervisor relationship. Though supervisors of PSS come to the supervisory relationship with clinical training and VA work experience, we encourage supervisors to cultivate a sense of mutuality in the PSS supervisory dyad. Mutuality encourages both the supervisor and the PSS to be open and curious in supervision meetings. For PSS in particular, striving towards mutuality serves to minimize the power dynamic in the supervisory dyad, encouraging PSS's to embrace their own voice and role as a peer provider. Supervisors can set the stage with mutuality by simply stating to PSS's that their intention is

to co-create a supervisory space in which both they and the peer can be curious learners and the peer staff in particular can utilize their lived experienced, peer training and personal strengths to maximize the PSS's effectiveness in their peer role.

Setting the stage also involves orienting, involving and educating. We encourage supervisors to orient PSS's to the MH programs at the VA facility. MH program orientations can include basic information about the program's mission and practice. PSS's can also consider how the particular MH program fits within the facility's recovery services. Supervisors should also orient PSS's to community resources (e.g., Disabled American Veterans, DAV, point of contact; state Veterans services; local chapter of National Alliance on Mental Illness, etc) and encourage PSS to collect and maintain a "resource rolodex" for use in peer individual mentoring and group work.

Supervisors are encouraged to talk with PSS's about ways of involving themselves in MH care teams. PSS's successful involvement in MH care teams occurs over time; however, care should be paid to the PSS starting with a good first impression. Good first impressions can be cultivated when the PSS is able to explain their role in a few sentences and evidence openness to augmenting the good work already occurring in a particular care team. For example, PSS can explain their role to fellow staff as being individual mentors, role models, mutual support and wellness group facilitators, advocates and recovery educators to Veterans by using their lived experience and training as a peer support specialist to inspire hope and recovery.

Finally, supervisors should educate PSS's about procedures and strategies for recognizing and managing ethical dilemmas and crisis situations. The DVA Peer Support Training Manual offers useful information about managing boundaries, confidentiality and crisis situations. The information in the manual can be augmented in PSS supervision with case examples from your local facility. Both instructor

and student versions of the manual are available for download at the VA's National Peer Support Share Point.

Strengths, Skills, Professional Development

We believe peer support is a strengths-based practice. Peer providers themselves are examples of the illness to recovery transformation that comes when a person taps into hidden talents, character strengths personal values in a supportive context. A PSS's personal experience with transformation is an asset as they enter VA as staff and engage another transformative process—development of a professional peer support role and identity. We believe it is the responsibility of PSS supervisors to provide a supportive context in which PSS's can expand their peer professional role and identity development. This dynamic process of role and identity development can be facilitated in numerous ways. Here we focus on three concrete strategies.

First, at some point in the supervisory dialogue encourage PSS's to share about their personal strengths and beliefs about recovery transformation. Simply asking questions such as, "How would you define your strengths?" and "How do you think strengths can be used to inspire recovery?" can start a dialogue that can be referred back to in future PSS supervisory meetings. For instance, in a future meeting a supervisor might ask the PSS, "what strengths do you see in the Veteran you just shared about?....How might this Veteran's strengths be mobilized to help her expand her comfort zone?" PSS's can then translate this strengths talk to their work with Vets as well as discussions of their work with care team members.

Second, explore and be curious about recovery tools and novel peer support approaches. We believe that effective supervisors of PSS's not only encourage PSS's exploration and curiosity, but engage in curious exploration of recovery tools and novel peer support approaches themselves.

Recovery tools include everything from more structured Illness Management Recovery (IMR; <http://store.samhsa.gov/shin/content//SMA09-4463/TrainingFrontlineStaff-IMR.pdf>) groups to less structured recovery coaching interventions and gratitude reflection groups. Several great resources for recovery tools include: a) the Boston University Center for Psychiatric Rehabilitation (<http://cpr.bu.edu/resources>); b) the National Research and Training Center, Self-Determination Tools series (<http://www.cmhsrp.uic.edu/nrtc/tools.asp>); c) the Appalachian Consulting Group's Recovery Dialogues Menu of Recovery Resources, including their Recovery Dialogues Manual (<http://www.gmhcn.org/ACG/index.html>); and d) the Substance Abuse and Mental Health Administration's Recovery to Practice resources (<http://www.samhsa.gov/recoverytopractice/RTP-Peer%20Support-Profession.aspx>)

Third, we encourage PSS supervisors to embrace a developmental cross-cultural perspective to PSS's professional development. A developmental cross-cultural perspective is one that expects and celebrates ongoing learning and unique cultural perspectives. From a developmental perspective all VA staff, including PSS's, are works in progress that possess uneven competencies and individualized strengths. With the addition of a cross-cultural lens the PSS is viewed as a cultural broker with lived experience, street smarts, practical survival skills, and insider's knowledge of recovery transformation, all of which can be leveraged in their work with Veterans. PSS supervisors can partner with PSS's to even out and expand their professional peer support competencies. The DVA peer support training manual contains useful guidance about various peer support competences, which can be discussed with PSS's in individual or group supervisory contexts.

Supporting Peer Identity and Roles

VHA's commitment to recovery oriented system transformation has changed the face of VA mental health services. Yet, most PSS's in VA will encounter vestiges of medical model attitudes and practices within local facility MH programming. From a medical model perspective care team members are viewed as objective experts who utilize evidenced-based practices in service of patient symptom reduction. A medical model perspective discourages providers' self-disclosure and maintains clear boundaries between us (i.e., VA mental health providers) and them (i.e., Veteran patients). Though many MH programs in VHA have embraced more recovery-oriented perspectives, PSS supervisors should assume that PSS's will be exposed to medical model attitudes that can undermine their peer support role. Accordingly, we recommend that supervisors and PSS's engage in two primary preventative efforts to reinforce and protect peer's identity and roles.

First, we encourage supervisors to cultivate group supervision and education opportunities for PSS's across the facility on at least a monthly basis. The focus of these meetings can include peer support rounds, planning and engagement with peer community partners, and strategizing and implementing plans to expand peer support's impact within your healthcare setting. For peer support rounds, each PSS can be encouraged to share about his/her work in a particular MH program, their successes, struggles and ways they have utilized their peer support competences. PSS's can cultivate peer community partnerships with organizations like the National Alliance on Mental Illness (NAMI), state-run recovery learning programs and other consumer organizations, potentially culminating in annual gatherings or celebrations (such as participation in a local NAMI walk). Finally, group meetings of PSS's can be fertile places for expanding peer support's role within your facility. For instance, PSS supervisors can invite representatives from local facility committees (e.g., Mental Health Performance Improvement Committee, Integrative Ethics Committee, Outreach Committee, Management Advisory

Committee, etc) to meet with the PSS staff to share about their committee's work and potential for peer involvement. Involving PSS's in key facility committees serves multiple functions from expanding PSS's awareness of facility governance and service work to cultivating a image of PSS as being essential members to the VA team.

Second, we encourage PSS's and their supervisors to talk openly in supervision about ways of supporting peer identity and the dangers of peer drift. Marsha Ellison and colleagues recently provided some practical indicators of peer identity and peer drift in their Veteran Supported Education Service Treatment Manual (Ellison, Mueller, Henze, Corrigan, Larson, et al., 2012). They defined peer identity as entailing "such things as striving for mutual learning in helping relationships and comfort and ability to use one's recovery story," whereas, "peer drift includes discomfort or defensiveness utilizing one's recovery story and drifting towards a more distant and hierarchical approach to service provision" (Ellison et al., 2012, p. 164). Table 1 below is adapted from Ellison et al. Supervisors and the PSS's they work with can review this table in supervision periodically as a means of keeping check on PSS's experience of peer identity versus drift in their various roles at the facility.

Table 1. Peer Identity and Peer Drift

Peer Identity	Peer Drift
Comfort using recovery story as tool	Discomfort using recovery story as tool
Peer support relationship as mutual learning experience between PSS and Veteran	Peer support relationship as opportunity for expert instruction by informed/recovered PSS to uninformed Veteran
Focus on Veteran strengths, skills and opportunities	Focus on Veteran problems, barriers, symptoms and diagnoses
Striving to keep interactions with Veterans simple, authentic and real	Distant interactional style that focuses on more professional and objective standards rather than on subjective and flexible human connections

Advocate for Veterans to find their own voices, make self-determined choices and take calculated risks in service of recovery and related attainment of goals	Encourage Veterans to comply with professional advice, defer decisions to others and avoid challenging situations that may be stressful (and “symptom” inducing)
Self-confidence, security and pride about identifying as peer support specialist	Self-doubt, insecurity and shame about identifying as a peer support specialist

Peer Support Specialists are an extraordinary asset to VHA ongoing recovery transformation. For PSS's must have access to supportive and competent supervision to be most effective in their peer support role. The tips included above are intended to be one means to this end. We also encourage PSS supervisors to engage in the monthly VA peer support supervisors' conference call, join the VA Peer Support Supervisors' listserv and engage in peer support educational opportunities to hone their peer support supervisory skills. More information about VA peer support supervisors call and listserv can be obtained by contacting the DVA National Director of Peer Support Services, Dan O'Brien-Mazza at Daniel.O'Brien-Mazza@va.gov.

References

Ellison, M.L., Mueller, L., Henze, K., Corrigan, P., Larson, J., Kieval, N.E., Sawh. L., & Smelson, D. (2012). The Veteran Supported Education Treatment Manual (VetSEd). Bedford, MA: ENRM Veterans Hospital, Center for Health Quality, Outcomes, and Economic Research.



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