



A FIELD GUIDE FOR PEER SUPERVISORS

Supervising Peer Supporters

Doing peer supervision well, week to week

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What good peer supervision does

Good peer supervision does three things at once. It supports the peer supporter through hard work. It protects the young people they serve. And it keeps the role a peer role, instead of letting it drift into something else.

This guide is about doing that well, week after week. If you're still setting up supervision, start with the structure: who supervises, how often, and what the agreement says. Then come back here.

The most important thing about supervision is that it happens.

Quote: SAMHSA Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS), Supervision of Peer Workers (training slides). samhsa.gov



How it differs from clinical supervision

Peer supervision and clinical supervision share some tools, but they aim at different things.

CLINICAL SUPERVISION	PEER SUPERVISION
Builds clinical skills: assessment, diagnosis, treatment planning	Builds recovery support skills: using lived experience, supporting goals, navigating systems
Focuses on the clinician's interventions	Focuses on the relationship, boundaries, and the peer's own wellness
Grounded in clinical models	Grounded in recovery-oriented, nonclinical values

FEDERAL GUIDANCE

SAMHSA puts it this way: clinical supervision “focuses on helping counselors develop clinical knowledge and skills like assessment, diagnosis, and treatment planning, whereas supervision of peer specialists focuses on helping them develop and apply recovery support knowledge and skills.”¹

When peers are supervised only through a clinical lens, their lived-experience expertise can go unrecognized. That mismatch has been linked to role strain and burnout.²

¹ SAMHSA, Incorporating Peer Support Into Substance Use Disorder Treatment Services (TIP 64), Ch. 5, 2023. Written for substance use treatment settings. ncbi.nlm.nih.gov/books/NBK596264

² As reported in National Council for Mental Wellbeing, Mental Health Peer Support Professionals in CCBHCs: A Workforce Integration Needs Assessment, April 2026.

Who supervises: peer-informed and hybrid models

There's more than one good model. What matters is that the supervisor understands the peer role.

An experienced peer

A supervisor who has done peer work understands the role from the inside.

A clinician who knows the role

A clinical supervisor can work well when they understand, and protect, the difference between peer and clinical work.

Dual or hybrid supervision

“A peer can receive dual supervision from some combination of an experienced peer provider, a treatment provider, and an administrator.”¹

CHECK YOUR STATE'S RULES

Some states set who can supervise certified peers. In Ohio, for example, a supervisor must either have peer services experience plus required training, or be a licensed clinician who completes specified training.²

Whatever the model, SAMHSA's supervision materials describe supervisors who “understand the variety of peer roles” and “have a deep understanding of the core competencies of peer workers.”³

¹ SAMHSA, TIP 64, Ch. 5, 2023. ncbi.nlm.nih.gov/books/NBK596264

² Ohio Administrative Code 5122-29-15.1. codes.ohio.gov

³ SAMHSA BRSS TACS, Supervision of Peer Workers (training slides). samhsa.gov



A one-on-one session that works

A steady structure makes supervision feel safe and keeps it from becoming a crisis-only meeting.

1 Check in

How is the peer doing, as a person? Start here, briefly.

2 Safety first

Any safety concerns or escalations since last time? Anything that can't wait?

3 Caseload

Who is engaged, who has gone quiet, and who needs attention? Start from what you can already see: caseloads, check-ins, and flagged concerns.

4 Role and boundaries

Anything that felt outside the peer role, or close to a line?

5 Growth

One skill to build, or one thing that went well and why.

6 Next steps

What will each of you do before the next session?

A STARTING POINT FROM FIELD PRACTICE (NOT A REQUIREMENT)

Weekly one-on-one supervision for a new peer's first few months, then at least every two weeks, plus monthly group supervision. A supervisor, or a named backup, is always reachable for safety concerns. Adjust to your state's rules and your program's needs.



Ready to set up supervision in your program? Blueprints, step-by-step toolkits for program leaders, are at shareandsolve.app/#blueprints.

Group supervision

Supervision “can take place individually and in groups.”¹ Group time adds something one-on-one can't: peers learning from each other.

Purpose	Shared learning, problem-solving, and reducing the isolation of hard work.
Format	A regular time, a simple agenda, and a facilitator who keeps it focused.
Privacy	Talk about situations, not identities. Agree on what stays in the room.
Safety in the group	Make it safe to say “I got this wrong.” That's where the learning is.
What stays one-on-one	Performance issues, personal matters, and anything a peer isn't ready to share.

¹ SAMHSA, TIP 64, Ch. 5, 2023. ncbi.nlm.nih.gov/books/NBK596264

Supervising lived experience

Peer supporters bring their own story to work. Supervision should make room for that, without turning into therapy.

Self-disclosure	Talk through what a peer is comfortable sharing, and how to keep it purposeful and focused on the young person.
Boundaries	SAMHSA notes that in peer work, “boundary issues can be very nuanced and may require opportunities to reflect.” ¹ Supervision is that opportunity.
When the work stirs things up	Hard stories can touch a peer's own history. Notice it, name it kindly, and point to support. Supervision isn't treatment.
Small and rural communities	Peers may share neighborhoods, schools, or services with the people they support. Overlapping relationships can add strain and make boundaries harder. ²

¹ SAMHSA BRSS TACS, Supervision of Peer Workers (training slides). [samhsa.gov](https://www.samhsa.gov)
² As reported in National Council for Mental Wellbeing, Mental Health Peer Support Professionals in CCBHCs: A Workforce Integration Needs Assessment, April 2026.

Feedback that builds skill

Peers grow fastest with feedback that's specific, honest, and kind.

Affirm specific work

Name a real task done well and why it mattered. SAMHSA describes strengths-based affirmation as “a genuine and positive acknowledgement of a specific work task.”¹

Give clear feedback

Share your honest read of a specific task, and what to try next time.

Treat mistakes as learning

Supervisors “frame difficulties as learning opportunities.”¹ A peer who's afraid to admit mistakes will stop telling you about them.

Ask before telling

“What do you think happened?” often gets you further than an answer.

EXAMPLE (HYPOTHETICAL)

For example, a supervisor might notice that a peer shared a lot of their own story in a first meeting. Rather than just correcting it, the supervisor could ask what the peer hoped the young person would take from it, and then plan together how to share with more purpose next time.

¹ SAMHSA BRSS TACS, Supervision of Peer Workers (training slides). [samhsa.gov](https://www.samhsa.gov)

After a hard event

Escalations, crises, and losses affect the peer supporter too. What happens next matters.

1 Check on the person first

Before the paperwork, ask how they're doing, and whether they need anything today.

2 Follow your protocol

Make sure the escalation steps and documentation are complete, and involve clinical leadership as your protocol requires. The record belongs in the program's own system, not on a personal phone, so it's there for follow-up.

3 Debrief soon

Talk through what happened, what went well, and what, if anything, to do differently. Keep it about learning, not blame.

4 Point to support

Make sure the peer knows what supports are available to staff, and that using them is normal.

This page is about supervision, not clinical care. Your organization's clinical leadership decides how safety concerns are assessed and handled.

Common mistakes

These come up again and again in the field. Most are easy to fix once you see them.

Only meeting when something's wrong

Supervision becomes something to dread. Keep the schedule even when things are calm.

Running it like a clinical case review

The session turns into diagnosis and treatment talk, and the peer role gets lost.

Pulling peers into other work

Short staffing pushes peers toward case management, clinical paperwork, or crisis triage. Name it and push back.

Skipping the person

All caseload, no check-in. Burnout builds quietly.

Vague feedback

“Good job” or “be more careful” doesn't help anyone grow.

No after-hours plan

A peer with a safety concern at night shouldn't have to guess who to call.

Not advocating for peers

When clinical staff sideline peers or pile on extra tasks, a supervisor who stays quiet leaves the peer to fight it alone. Speak up inside the organization.

Canceling supervision first

When schedules get busy, supervision is often the first thing dropped. Protect it, because busy weeks are when peers need it most.

Supervisor checklist

Use this every few months to check how supervision is going.

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- ☐ Supervision happens on schedule, including when things are calm
 - ☐ I understand the peer role, and how it differs from clinical work
 - ☐ I meet my state's requirements for supervising peers, if any
 - ☐ Each session covers safety, caseload, role, growth, and wellness
 - ☐ Group supervision gives peers time to learn from each other
 - ☐ My feedback is specific, and I treat mistakes as learning
 - ☐ Peers know exactly who to reach about a safety concern at any hour
 - ☐ We debrief after hard events, and peers know what support is available
 - ☐ I push back when peers are pulled into work outside their role
 - ☐ I have my own support or consultation as a supervisor
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ABOUT

Share+Solve and Peer Bridge

Share+Solve and Peer Bridge help organizations run their own youth peer support programs. They don't replace your peer supporters, your training, or your program. They give the work you already do a safe, supervised home.

Peer Bridge supports supervision with caseload views, check-in review, escalations, and supervisor-to-peer messaging.

Share+Solve

Where peers and young people connect: messaging, check-ins, goals, and meet-ups, with a one-tap 988 call button on the home screen.

Peer Bridge

Where supervisors see the whole program: caseloads, check-ins, escalations, and program-level reporting.

Private conversations between peers and young people stay between them. Your organization controls its program data, and deletion requests are handled through the platform.

Built by John Dellick, MBA, a nationally recognized peer support professional with nearly a decade in youth peer support and behavioral health.



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