

1.3

Recruiting, Hiring and Training

“The development of this workforce is as important as the direct service work we do with families. **We are constantly thinking about how to best support the peer staff, supervisors and clinicians who work with parents in recovery.** It is important to consider how we grow and support this workforce, sustain staff and give people a chance to feel their work matters to families, to their agencies, and to the program as a whole.”

— PROJECT DIRECTOR



Summary

Relationships are the catalyst to change and central to our work. Building successful, collaborative relationships begins with recruiting, hiring and training new staff.

This chapter provides an overview of the hiring process. This includes the creation of a hiring team, management of the recruitment, interview and pre-employment processes, and onboarding and training new staff. We also discuss diversity, equity and inclusion throughout the process. This chapter offers thoughtful advice on hiring candidates who bring lived experience and expertise in working with those parenting in recovery. We will explore the strengths and benefits of candidates who may not have “traditional” work or educational backgrounds, or who may have had previous involvement with Child Welfare or criminal justice systems.

INSIDE

- [Building a Collaborative Team](#)
- [Diversity, Equity and Inclusion](#)
- [Create a Hiring Team](#)
- [Defining Project Roles](#)
- [Considerations for Determining Compensation](#)
- [Job Posting and Advertising](#)
- [Application Review](#)
- [Interview Questions and Process](#)
- [Pre-employment Considerations](#)
- [Onboarding and Training](#)

Building a Collaborative Team

A frame that guides this model is “the whole is greater than the sum of its parts.”

The perinatal peer work force is strengthened by building collaborative teams of Family Recovery Support Specialists (FRSS), Clinicians, and Supervisors who can support one another in service delivery. **Although each FRSS, Clinician and Supervisor plays an individual role, their collaborative approach amplifies the support that is offered to families, and to each other.** Staff should feel seen, heard and supported, through Reflective Supervision and thoughtful feedback from their team members. Then, in a “parallel process,” they can bring that experience to their own work where they model **attuned interactions** with the families they serve. In turn, parents can carry these strengths and skills into their relationships with their children.

Attuned interactions refer to interactions between two people in which they feel “in sync” or “on the same page.” This may feel like being seen, understood or having our needs met.



Diversity, Equity and Inclusion

Diversity, equity and inclusion are areas of priority across all aspects of our project, and we seek to hire staff who are representative of the families we serve.

Promoting **diversity**, **equity**¹ and **inclusion** (DEI) requires us to engage in a project-wide effort to reduce inequities, address bias and combat stigma.

When considering DEI efforts, **Human in Common**, an organization that specializes in providing professional diversity and *Ethical Upstander*® training, notes that effective organizational efforts to elevate diversity, equity and inclusion should result in “dismantling the barriers that prevent people with marginalized social identities from actualizing their full potential or from fully engaging in all aspects of society...”²

More information, events, and trainings on **Human in Common's** work can be found on their website.

humanincommon.com

Diversity refers to a variety of characteristics, such as race, ethnicity, gender expression, sexual orientation, ability, immigration status, age, class, religion and veteran status.

Equity recognizes each person has different circumstances and needs, and therefore different groups of people need different resources and opportunities allocated to them in order to thrive.

We seek to hire staff who represent the families we serve and those who we hope to reach. For example, we know that people of color are often underrepresented in treatment and recovery services. One way we seek to address the cultural and system barriers that have created this disparity is by actively hiring and incorporating the voices of people of color in our work. We also continue to look at data in our service delivery to reflect on how inequities might be identified and addressed.

Inclusion celebrates and amplifies the identities, voices, values, priorities, and leadership of all community members, especially those who have been marginalized.

We also focus on creating and promoting policies and practices that uplift people and parents in recovery, support their professional development and value their lived experience and expertise. This means providing continuing education opportunities, appropriate compensation, and clearly communicating support for wellness and self-care within the workplace. This also requires an agency wide commitment to using strengths-based and person-centered language to actively counter the stigmatization of people in recovery.

We strongly believe that organizations should strive to do the following:

- Amplify policies and practices that create equity in the hiring process.
- Promote a workplace culture that welcomes and elevates diverse perspectives and backgrounds.

- Model supervisory and project management practices that encourage accountability and continuous assessment of DEI initiatives.

DEI goes beyond reaching, hiring and retaining diverse staff members. It also includes fostering a workplace culture that promotes **cultural appreciation** and engages in allyship and solidarity.

FIRST Steps Together centers on the provider-parent relationship and its capacity to create transformational change. By employing a diverse staff, we demonstrate to participants that we see them and value their stories and experiences.

Cultural appreciation is valuing and respecting a range of cultures and their importance.

Create a Hiring Team

Collaborative input from program staff guides the hiring process and is an essential step to building a cohesive and effective service team.

Creating a hiring team is vital to supporting efforts to attract and retain well-qualified staff members. Current project staff who are successful in their roles know what is necessary to do the job well and are valuable voices in the recruiting and hiring process. Agency leadership, FRSS, Clinicians and Supervisors each bring a valuable and distinct perspective about how individual roles serve the larger team. When hiring team members have opportunities to share these perspectives during the interview process, candidates better understand the team approach.

Diversity is an important part of a hiring team’s makeup. This includes representation of a variety of staff roles as well as multiple personal characteristics, such as race and ethnicity, gender expression, ability or other status. Some sites have also considered including current or former program participants in their screening and/or interview processes.

Suggested Hiring Team Composition:

- **HUMAN RESOURCES REPRESENTATIVE** | This individual is knowledgeable about agency hiring policies. They have experience posting jobs and conducting background and CORI (Criminal Offender Record Information) checks. In this way they can serve as a source of support throughout the hiring process.
- **FRSS AND CLINICIANS** | These staff members can help find potential candidates through their personal and professional networks. They can also assist with crafting interview questions and participate on the interview team.



The more agency staff participate in the hiring process, the more invested they will be in the success of the candidate. As the hiring process evolves, staff will also increase their understanding of the role and the support that new hires will need to succeed in the position...”

- [PHILADELPHIA DEPT. OF BEHAVIORAL HEALTH AND INTELLECTUAL DISABILITIES SERVICES](#)

- **SUPERVISORS** | These staff members recognize what the day-to-day job entails and how a candidate may fit in with existing staff and agency culture. They are well positioned to determine which applicant characteristics fill most-needed team priorities.

Defining Project Roles

Creating a successful, strengths-based, person-centered, trauma-informed/healing centered model is dependent on the staff who carry out the mission and vision for this work.

After creating a hiring team, it is essential to clearly define each staff role and outline specific job responsibilities and qualifications. We focus here on the three key roles that function both individually and in strong partnership: Family Recovery Support Specialists (FRSS), Clinicians and Supervisors. In this section each role is defined and then followed by a list of key job responsibilities and core competencies needed to do this work effectively.

Family Recovery Support Specialists

Family Recovery Support Specialists (FRSS) are the hub and heart of FIRST Steps Together.

FRSS have a unique understanding of the realities of being a person in recovery and a parent navigating various support systems. They bring an invaluable perspective and expertise to this work. FRSS “walk alongside” participants while they navigate their journey of parenting in recovery. They also play a central role by helping program participants connect to resources and work effectively with other service providers.

FRSS model what it is to be in long term recovery, both for participants and for collaborative partners in the field who may not have an understanding of the many strengths that peer staff bring. This works to counter stigma and negative misconceptions of those with previous substance use histories, while empowering others in recovery to embrace this aspect of their identity in their work.



What stood out for me was the **ease with which he could inhabit his professional role with such thoughtfulness and insight, while also bringing in his personal experience in a way that felt genuine and meaningful.**

- CLINICIAN REFLECTING ON WORKING WITH A FAMILY RECOVERY SUPPORT SPECIALIST

FRSS know how to maintain a professional relationship, yet also connect personally with participants. They regularly draw from their own experience in ways that support and encourage parents without dictating their path forward. FRSS staff should be dependable, consistent and professional, despite unexpected challenges that may arise. FRSS should be open to all paths of recovery and parenting. Each individual and family is unique, and one method does not work for everyone.

In working with other service providers, FRSS must be able to draw from, yet see beyond, their own past experiences to collaborate effectively. For example, someone who has personal experience with Child Welfare Services may have complicated feelings about that agency. They will need to be able to reflect on their own experience while also appropriately compartmentalizing those personal experiences in their role as a professional member of the care team. This allows FRSS to better collaborate and advocate for participants involved with Child Welfare Services.

We recommend that FRSS have at least three years in recovery, and their length of time in recovery should be considered in the context of their **recovery capital**.³ Recovery capital differs between individuals and can vary over time. Recovery capital may include social supports, a recovery community, and access to groups or meetings. We also consider each person’s ability to prioritize their recovery and wellness needs and to recognize when they might need additional support.

The role of peer staff working as Family Recovery Support Specialists on this project differs from that of traditional recovery coaches. They walk alongside participants not only on their recovery journeys, but also in building their parenting capital. FRSS also provide care coordination through collaboration and advocacy efforts with other service providers and by assisting families in meeting their concrete needs.

Peer staff utilize each other for support, share resources and strategies and provide varied “voices and faces of recovery” within the program. This is why it is essential that agencies employ multiple staff members in this role. By building a FRSS team, peer staff not only benefit from each other’s professional expertise but also from a community of colleagues who can share in the joys and burdens of this work.

Job Responsibilities

Family Recovery Support Specialists’ core job responsibilities include direct family support by phone, text, virtually and in-person; developing plans for recovery and parenting, including the Family Care Plan (Plan of Safe Care); helping participants engage with and navigate services; planning for and facilitating groups; collaborating with Clinicians; and working with Child Welfare Services.



An FRSS is a person in recovery that can support you through their own lived experience and training, while walking alongside you on your recovery and early parenting journey. They can share their lived experience in a way that others in recovery can relate to, while respecting that there are MANY paths to recovery, and each person will need their own unique, personalized support.”

- FAMILY RECOVERY SUPPORT SPECIALIST

Recovery capital is the breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery...

Family Recovery Support Specialists:

- Facilitate referrals and engagement with community-based services to meet concrete needs, build recovery capital and strengthen parenting skills.
- Collaboratively create care plans for recurrence/relapse prevention, safety, and wellness and develop a Family Care Plan (Plan of Safe Care).
- Provide parenting and peer recovery education and coaching. Most one-to-one sessions focus on supporting participants in accomplishing the goals they set for themselves in these areas.
- Help navigate complex and challenging systems and relationships with service providers. Support participants in building a sense of self-determination and empowerment.
- May engage in targeted work around organizing, planning, and prioritizing tasks, developing the ability to consider multiple perspectives, and building the capacity to regulate emotions.
- Plan and facilitate parent-child activities that promote healthy child development and create opportunities for learning, while strengthening the parent-child relationship.
- Facilitate groups that cover a range of topics, including parenting skills, recovery support or general wellness.
- Collaborate with program Clinician.
- Frequently collaborate with Child Welfare Services to support and advocate for their participants.
- Often act as the face and voice of recovery in other service systems and with colleagues.



Hiring only one peer support staff may place additional pressure on the individual should any challenges arise. By initially hiring more than one peer support staff, you can reduce the pressure placed on one person, provide new peer support staff a source of mutual support, and improve staff retention.”

- [RESOURCES FOR INTEGRATED CARE](#)



Core Competencies

CORE COMPETENCY	DESCRIPTION
KNOWLEDGE, SKILLS AND EXPERIENCES	
Lived experience as a person in recovery from substance use	<p>Understands the recovery process from having personal lived experience of substance use related challenges and long-term recovery.</p> <p>We recommend a minimum of three years in recovery, considered within the context of each person’s individual recovery capital.</p>
Lived experience as a parent	<p>Understands the challenges of parenting while struggling with active substance use and/or in recovery.</p>
Ability to set boundaries	<p>Demonstrates the ability to connect with participants on a personal level while maintaining professional boundaries.</p>
Strong communication skills	<p>Possesses the ability to clearly and effectively communicate with participants, families, team members and community partners.</p>
Knowledge of addiction treatment and support systems	<p>Understands addiction treatment and support systems in the community.</p> <p>Shows an openness to exploring multiple paths of recovery, recognizing that each individual and family is unique and the path that worked for them may not be the best fit for the family they are serving.</p> <p>Knowledge of or openness to exploring alternative supports with participants.</p>



Clinicians

Clinicians provide direct support to participants, initiate referrals, facilitate groups and may act as a collaborative liaison to outside service providers.

Clinicians may also offer consultation to FRSS or Supervisors around a specific participant need or provide wellness/recovery support for staff.

It is important that Clinicians are well-versed in the broad impacts of substance use on the parent-child relationship and on the family as a whole. Clinicians must understand trauma, including multi-generational trauma, as it impacts both the parent and the child. Clinicians should also possess a genuine understanding of and respect for the expertise brought by peer staff with lived experience.

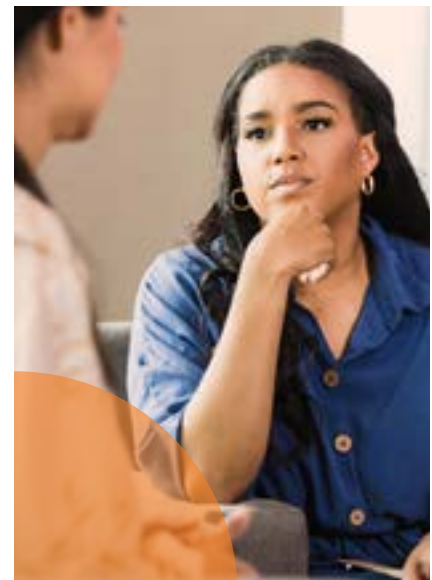
Job Responsibilities

A Clinician's primary responsibility is to provide short- and long-term direct clinical support to participants and their families. This may include individual mental health counseling, support for substance use recovery, work around trauma, reflective function and/or family, or **parent-child dyadic therapy** in the context of recovery and parenting.

Clinicians:

- Draw upon various therapeutic approaches to support parents and their children, while building parental capacities and reflective function, utilizing models such as Mothering from the Inside Out (MIO).
- Provide guidance and consultation to other team members on specific issues or participants.
- Some Clinicians may directly support other team members to address secondary trauma, wellness and recovery issues.
- Conduct participant intakes, assessments, and discharges. Collaborate with other team members on home visits.
- Develop and provide guidance on complex care plans.
- Provide support in collaboration with prescribers around use of medications, including Medications for Opioid Use Disorder (MOUD).
- Collaborate with and make referrals to community providers for complementary or long-term substance use and mental health treatment to meet the needs of participants.
- Assist with participants' concrete needs.
- Act as collaborative team members by promoting multiple perspectives, elevating the value of lived experience, supporting FRSS and Supervisors, and advocating with community providers and systems.
- Co-facilitate parenting and recovery support groups.
- Some Clinicians may also guide other clinical staff in their licensing, documentation or continuing education efforts. May support the Program Director in overseeing clinical compliance requirements, particularly if the site is licensed as a mental health clinic.

Parent-child dyadic therapy supports both the parent and child in joint sessions, with a particular focus on their relationship with one another.



Mothering from the Inside Out (MIO) is one of the first evidence-based psychotherapeutic interventions specifically designed for parents with substance use disorders (SUD). MIO involves meeting weekly with a specially trained counselor and is designed to help mental health clinicians or counselors think with parents and work through common parenting challenges together. MIO was developed by Dr. Nancy Suchman at the Yale Child Study Center. For more information, please contact Amanda Lowell:

amanda.lowell@yale.edu

Core Competencies

CORE COMPETENCY	DESCRIPTION
KNOWLEDGE, SKILLS AND EXPERIENCES	
Experience with or knowledge of substance use disorders and recovery	Demonstrates broad knowledge of substance use treatment and recovery experiences and processes, including impacts on the participant and family. Values and supports various harm reduction approaches to recovery.
Experience with or knowledge of mental health and co-occurring disorders	Understands the connections between substance use disorders and co-occurring mental health conditions, particularly those related to perinatal mood disorders and trauma.
Master's degree in Counseling, Social Work, Human Services or related field	Holds a master's degree in counseling, social work, human services or a related field.
Advanced/ Independent Masters Level Clinical Licensure	Possesses advanced licensure and the ability to practice as an independent family therapist, mental health counselor or clinical social worker.
Experience with or knowledge of perinatal period and young children	Demonstrates the ability to assess, educate and counsel participants through the experiences of pregnancy, childbirth and the postpartum period. Experience working with infants or young children, including experience working with parent-child dyads, as well as a strong working knowledge of mental health issues, including perinatal mood disorders.



Supervisors

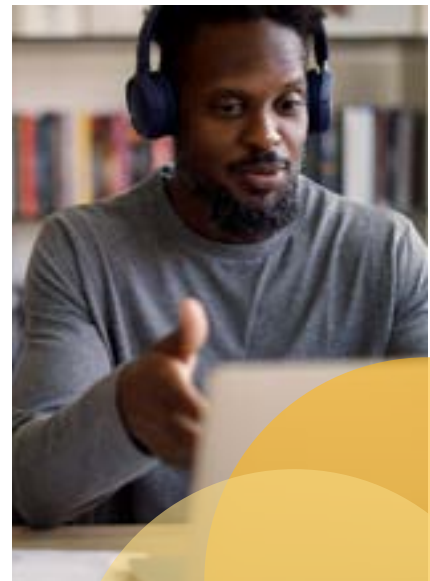
Supervisors provide day-to-day program oversight by reviewing participant progress and promoting staff professional development, job performance and wellness.

A Supervisor's core job responsibilities include providing Reflective Supervision, ongoing guidance to the program team, and building and maintaining relationships with community organizations. Duties include program management and administration and managing day-to-day staff needs and workloads. Supervisors are also available to provide responsive support for issues as they arise, such as concerns that come up during home visits. Supervisors balance the greater vision for the work with the needs of program participants and the wellness of their staff. As the primary provider of staff oversight, it is important for Supervisors to model self-reflection, self-awareness and a commitment to ongoing self-improvement and professional development.

Job Responsibilities

Supervisors:

- Supervise and support the program team through providing individual/reflective and group/team oversight and supervision.
- Provide flexible, individualized staff management that considers supervisees' styles, strengths and needs.
- Model and encourage staff to practice self-care, frustration tolerance and emotional regulation to ensure they can continue to effectively conduct their work.
- Distribute caseloads and match program participants to appropriate staff members. Determine workloads and may assist supervisees with time and calendar management.
- Offer a range of training as needed to assess and promote a healthy workplace culture. This may include prioritizing diversity, equity and inclusion, and creating a welcoming and destigmatizing environment for staff members with lived experience. This may also include offering training on the fundamental aspects of professional conduct and communications to those who may be new to the workforce.
- Offer support and additional resources, as needed, to reduce secondary trauma and burnout.
- Develop and maintain relationships with community organizations to grow and sustain the program, recruit participants and connect them with community resources.
- Manage and administer the program and collect, report and use data for continuous quality improvement.
- Oversee other administrative tasks, which may include ensuring that staff are in compliance with regulatory and agency policies and procedures, developing and monitoring budgets, and meeting reporting requirements.
- Attend meetings, consult with staff members and/or be involved in the decision-making process in partnership with collateral contacts, including Child Welfare Services.
- Advise other staff members in cases of a participant's emergent need or safety issue. Assist with crisis management, incident report documentation or referrals to higher level care.
- Address staff disciplinary issues and determine an appropriate course of action.
- Participate in regional perinatal collaboratives, statewide initiatives and systems of care meetings.



Core Competencies

CORE COMPETENCY	DESCRIPTION
KNOWLEDGE, SKILLS AND EXPERIENCES	
Interpersonal skills	<p>Possesses the written and verbal communication skills needed to work effectively with team members and community partners, such as Child Welfare Services.</p> <p>Demonstrates the ability to manage, collaborate and negotiate with different personalities.</p>
Experience with or knowledge of reflective supervision	Values, and is skilled in, providing Reflective Supervision.
Supervisory experience with people in recovery	Possesses knowledge and skills to guide, mentor and support team members' sustained recovery and wellness.
Experience with or knowledge of substance use disorders and recovery	<p>Demonstrates broad knowledge of substance use treatment and recovery experiences and processes, including impacts on the participant and family.</p> <p>Values and supports various harm reduction approaches to recovery.</p>



Desired Qualities Across Roles

While all team members bring a unique set of skills and knowledge to their positions the following qualities and attitudes are desired for all staff and extend across roles.

QUALITY	DESCRIPTION
QUALITIES AND ATTITUDES	
Empathetic/compassionate	Demonstrates the ability to actively listen to participants to understand their perspectives. Values the feelings of participants and team members.
Dependable	Maintains dedication to the work and program team and is reliable and consistent in providing support to participants and team members.
Open-minded	Appreciates the unique experiences of participants and strives to meet them where they are in the recovery and parenting processes. Demonstrates the ability to be non-judgmental in their support for participants. Maintains an open-minded stance toward participants' and team members' different perspectives on recovery and parenting.
Flexible	Acknowledges the importance of being adaptable in both mindset and schedule to meet participant and team member needs.
Willingness to learn	Recognizes the limitations of their own experiences and demonstrates readiness to acquire new skills and knowledge.
Self-reflective/self-aware	Understands the importance of exploring one's own feelings and interpretations and seeking guidance from team members.
Collaborative	Appreciates and engages in collaborative work with team members to provide comprehensive support for participants. Skilled at communication and collaboration with multiple community providers and stakeholders.

Considerations for Determining Compensation

Recovery coaches are often inadequately compensated. By not offering a living wage, programs further disempower and even exploit an already marginalized population.

FRSS are asked to utilize their lived experience in their work, which can be emotionally and psychologically taxing and requires significant specialized training. When agencies determine compensation for peer staff, they should factor in the skills needed, training required, and job responsibilities expected.

Some agencies may be concerned about paying FRSS more than other staff roles, such as traditional recovery coaches or early childhood home visitors. However, equal pay across these roles may not be equitable. While FRSS and recovery coaches or home visitors may have similar educational backgrounds or work experience, FRSS job responsibilities (and the training and skills required) are often significantly more extensive, given the role's dual focus on parenting and recovery. Additionally, the position requires a high level of independence and autonomy because FRSS deliver home-based services and provide individualized support to families.

The FRSS position requires strong communication and collaborative skills to work effectively within the program team and navigate relationships within larger systems. Agencies are encouraged to evaluate their pay scale so that FRSS are adequately compensated. This helps peer staff avoid the stressors caused by having to maintain multiple jobs due to low pay. Sharing pay scales anonymously across agencies for all FIRST Steps Together positions has enabled staff at lower paying sites to advocate for higher pay. Better pay often leads to greater staff retention, which is a significant consideration, given the disruptions to programs and participants from staff turnover. Staff retention is also critical to program sustainability given the training investment in staff and the challenges hiring for such specific skill sets.



Peer specialists have expressed concerns about needing to earn **wages that support and sustain their independence and recovery**, as well as the significant contributions that **working in these roles provide them.**

- [NATIONAL SURVEY OF COMPENSATION AMONG PEER SUPPORT SPECIALISTS](#)

Job Posting and Advertising

Job postings should be announced widely within the agency as well as with community partners and local collaboratives.

How a job description is worded can make a difference in the types of candidates who apply. We want to encourage candidates with diverse backgrounds to apply. This is particularly critical to the FIRST Steps Together Program because staff members with lived experience may have varied professional or educational backgrounds. We also value the perspectives that bilingual and Black, Indigenous, and People of Color (BIPOC) staff members bring to our work.

An important first step in drafting a job posting is weighing what qualifications are required versus which are preferred, and which may not actually be necessary. More requirements can limit potential applicants with diverse backgrounds. For example, some applicants may not have taken a linear educational path but may have the life and on-the-job experience we are looking for. For some positions, having personal or professional experience with the Child Welfare System, navigating systems for meeting concrete needs, or having achieved long-term recovery may be more beneficial than an advanced degree. Some content or knowledge areas and/or specific skills could be covered through training and could be listed as preferred, but not required, in the job posting.



To view sample FRSS, Clinician and Supervisor job descriptions
Go to [page 93](#)

Qualified candidates often learn about positions through word of mouth or from personal or professional connections with current staff members. Employers often receive more successful applications when staff members share position announcements within their own networks. This may include sharing job postings with collaborative partners in service provision as well as with referral sources. Advertising on free job-sharing websites also works well to attract a broad range of applications. However, be aware that this approach increases the likelihood that the hiring committee will have to sort through less qualified candidates, including those well outside of your geographic area.



We really tried to think outside of the box when advertising for these positions, instead of just going to the usual online job boards. We thought about where those we serve are being served; places like Recovery Centers and Family Resource Centers, as well as networks like fatherhood initiatives and professional groups specifically for BIPOC.”

- PROJECT DIRECTOR

It is important to advertise position openings in an equitable and inclusive manner. This may include sharing hard copies of job postings with brick-and-mortar community partners so those with limited internet connectivity or technical experience are able to access the posting.

Application Review

An initial applicant review helps identify the most qualified candidates.

Review initial applications to eliminate any candidates that do not meet basic qualifications. Some additional screening by phone can determine if a potential hire has attended (or has willingness to attend) specific required trainings, such as Recovery Coach Academy, and has a driver's license and reliable transportation.

Requesting a cover letter offers applicants an opportunity to share more about why they feel they are best suited for the position. Cover letters provide the hiring team with additional information about a candidate's personal and professional background and qualities. This also gives the team a window into how an applicant organizes their thoughts and how comfortable they are describing their work in recovery. Be mindful however that creating a cover letter may not be something that some applicants have experience doing. It may be helpful to provide clear directions or prompts for what you are looking for. For example, you may want to say, *"We like to ask applicants to write a brief letter that tells us a little more about themselves and why they are interested in this position. What do you want us to know about you? What are the skills and strengths that you can bring to this role? What do you think you will enjoy most about doing this work?"*

We begin by reviewing applications and cover letters and initiating conversations with applicants to screen out FRSS candidates who are not prepared to use their own lived experience as a parent in recovery or who do not meet other basic criteria. Other initial screening measures may be used to review applications when hiring for a Clinician or Supervisor position.



During initial screenings and interviews, what I am really listening for, is 'Is this person open to seeing and supporting different points of view? Can they separate their own experience, or clinical background from the experience of a parent walking through their own path to recovery?'"

- PROGRAM SUPERVISOR

Interview Questions and Process

Utilizing multiple interview formats helps determine how an applicant will perform as an individual and how they will build successful, collaborative relationships within a team.

As a member of the FIRST Steps Together team, the ability to work as a team collaborator is as important to success as the ability to work well with families. Varied interview formats allow us to accurately assess an applicant's abilities. These may include a brief screening, one-on-one meetings and group interviews. Different approaches will also accommodate candidates with diverse backgrounds and learning styles, allowing a wider range of candidates to accurately showcase their strengths through the interview process. Formats may include telephone interviews, video conferencing and in-person meetings. For example, the interview process may be structured as an initial screening call, followed by a one-on-one interview with a Supervisor, a second interview with a Project Director or site Clinician and a third interview with a group of FRSS. Sites may conduct these interviews in differing orders, depending on which roles they are seeking to fill. Current staff are likely to pick up on skills, attributes, abilities or concerns about a candidate that may otherwise be missed.



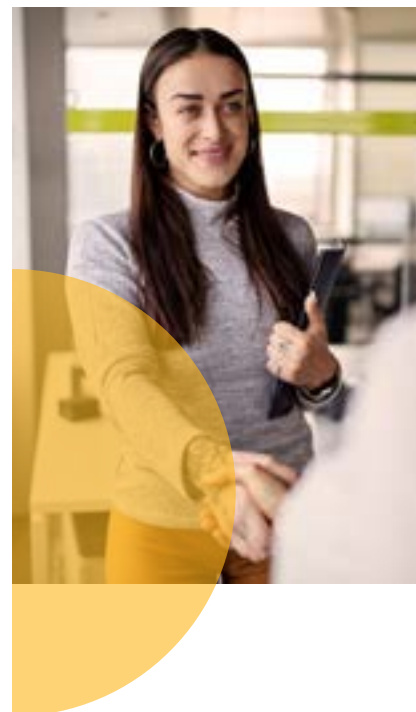


To see sample interview questions for FRSS, Clinicians and Supervisors, go to [page 95](#)

Each team member can offer the interviewee insight into their own experience and role. Supervisors can outline job expectations and discuss various aspects of the position. FRSS peer staff are most familiar with the role and are likely to ask candidates well-placed follow up questions.

“Presenting brief participant scenarios and asking candidates structured questions will provide interviewers with more information about how the person will likely respond in real life situations... Other core skills that should be assessed during the interview process are skills necessary for documentation and record keeping...Although many candidates will understand that peer support work comes with this component, some may be considering only the soft skills required (such as the ability to engage and build rapport) and not necessarily the other skill sets needed to provide peer support. It is important to use the interview process to assess experience, comfort level, and attitudes around documentation and record keeping.”⁴

Additionally, when peer staff conduct a group interview without a Supervisor present, they offer candidates an opportunity to bring up candid questions and concerns in a less formal venue.



Pre-employment Considerations

Applicants for FRSS positions may have professional journeys that look different from those of workers who have taken a more traditionally linear educational or professional path.

We are mindful that many of our staff across various roles, and particularly those who utilize their lived experience, may have backgrounds that include a criminal record or a history of substance use. Human Resource departments often view these applicants as posing a risk or liability. We use several practices to destigmatize employing individuals with these lived experiences. These include engaging Supervisors in ongoing, open dialogue, offering Reflective Supervision, providing ongoing training and prioritizing staff self-care and wellness.

PAGE 16	PAGE 44	PAGE 67	PAGE 108	PAGE 123	PAGE 149	PAGE 187	PAGE 213	PAGE 238	PAGE 262
1.1	1.2	1.3	1.4	2.1	2.2	2.3	2.4	3.1	3.2

Staff with a history of incarceration and/or involvement in Child Welfare Systems are often able to use these past experiences to inform their work as they walk alongside others who are newer to recovery. Agencies should carefully draft job postings to communicate their interest in, and active recruitment of, candidates with prior involvement in the criminal justice or Child Welfare Systems. This includes articulating that thoughtful use of these experiences is an asset to the program.

The following script, from a Project Director, illustrates how to approach this topic with a candidate in advance of requesting they submit a background or CORI check. Opening this discussion allows the applicant to be transparent and to add context to any information that may be contained in a background or CORI check.

“In the interest of giving you as much information as possible about our hiring process, I want to let you know that we are a federally-funded program of the Department of Public Health and when we do our required background check, it goes all the way back. There are a few things that can disqualify someone for this position; but many things that may come up can be worked through together with candidates. In our program, we are actively working on CORI reform. You do not need to share anything with me that you do not want to. We simply want to be up front about the process.”

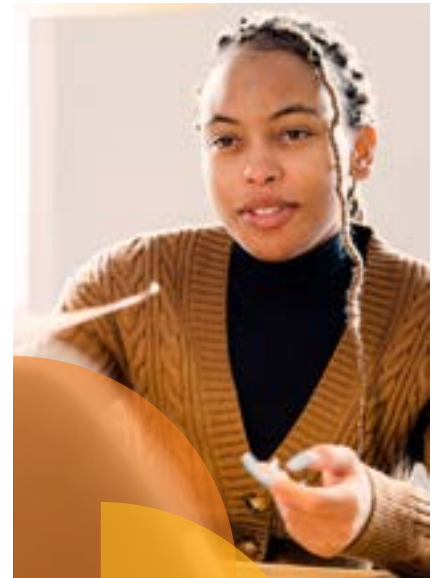
Further, when screening candidates for positions at sites that contract with other agencies, such as the Department of Early Education and Care (EEC), we are careful to inform applicants that the process is specific to that site and programs. In these cases, the licensing requirements may require more stringent background checks.



It is also important to conduct an in-depth reference check with at least three references. An explicit part of the work of an FRSS is that they are a person in recovery. Be clear with candidates that discussions with their references will include conversations about the job description and the applicant's lived experience.

When screening an FRSS applicant, interviewers will need to respectfully inquire about the candidate's lived experience and recovery and underscore that these are integral aspects of the position. However, this is a sensitive topic that is protected as a disability-related question and cannot be directly addressed in the initial phases of the formal interview process. As noted in the Peer Support Toolkit created by Philadelphia's Department of Behavioral Health and Intellectual disAbility Services:

"Given that potential employers cannot ask disability-related questions, some interviewers find it challenging to explore the person's recovery status and how that will impact their work. One point to remember is that one of the essential functions of the job for most peer staff is the ability to use their lived experience in recovery to support other people with mental health and substance use conditions. In this context, it is completely appropriate to ask questions such as, "In this role, how do you envision using your lived experience to support people with mental health and substance use conditions?"⁵



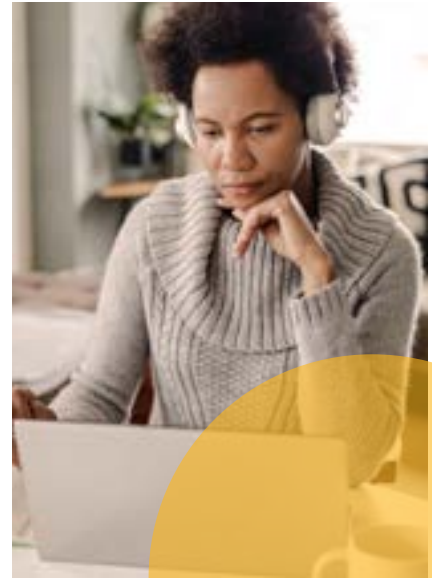
Onboarding and Training

It takes time and training for staff to develop the competencies they need to perform their multifaceted support and care coordination roles.

Taking the time to onboard staff benefits not only the families we serve, but the agency as well. Sufficient onboarding gets staff up to speed more quickly, reduces stress, decreases turnover (which can be stressful for both colleagues as well as families and can be a significant expense for agencies), and helps to develop staff's specific job knowledge.⁶ Initial onboarding for this type of work may take as many as three to four weeks, or more, depending on how much background knowledge and experience new staff bring. Additionally, once the official onboarding period is complete, it will likely be several months before staff fully understand

and feel proficient in their roles. The training period prior to meeting with families individually should include ample time for:

- Agency onboarding
- Project orientation
- Data collection and documentation training
- Webinars and other required trainings (see training plan on [page 102](#))
- Frequent meetings with Supervisor to discuss learning, observations and questions
- Shadowing staff in a variety of roles and responsibilities, such as intake, home visits, visit planning, documentation, groups, filling concrete needs, and connecting with collateral contacts
- Becoming familiar with local resources and collaterals, including:
 - Child-centered resources, such as local childcare providers, pediatricians, and Early Intervention
 - Recovery-centered resources such as support groups, Medication Assisted Treatment/ (MOUD) and behavioral options, behavioral health resources
 - Resources for meeting concrete needs, such as diaper banks and food pantries
 - Local perinatal collaboratives
 - Child Welfare System (In Massachusetts, this will include learning about the Area Substance Use Coordinator and Plan of Safe Care Coordinator.)
 - Other frequent collaborators/ local resources (We include more information on building collaborative, trauma-informed/healing centered relationships later in [2.1 Engagement](#) on [page 123.](#))



Competency-Based Training Plans

Competency-based training plans can be used to prepare for onboarding activities and other recommended trainings throughout the staff member's first year of employment.

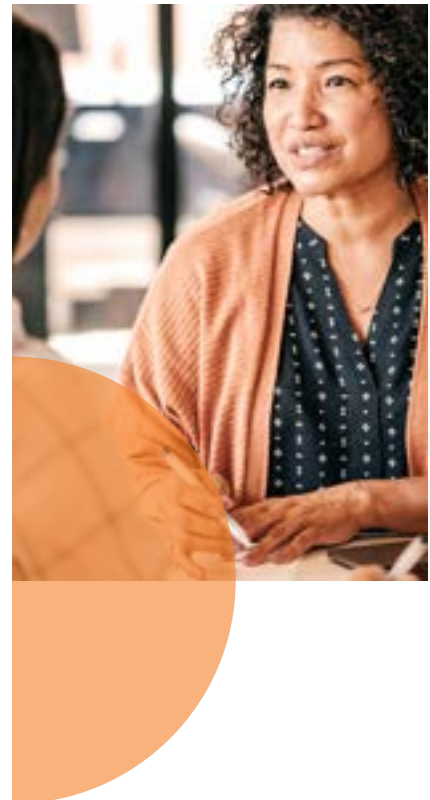
These plans represent the foundational skills, concepts and content needed to effectively provide integrated and collaborative recovery, parenting and care coordination services. Some of the content/concept areas represent discrete training topics. Others are, for example, foundational concepts that might be embedded in a larger training. We have suggested a timeframe for when these content/concept areas would ideally be introduced but would like to note that many of these are revisited over time and are a regular part of conversations during team

meetings and supervision. Ongoing professional development after initial training is an essential component of this work. Professional development needs and expectations should be outlined by agencies and discussed regularly as part of staff supervision and as part of program expectations.

These sample training plans represent the current thinking at the time of writing. As the work continues to develop, and new needs and research emerge, the training needed for each position may change. Please bear in mind that these plans should be considered individually for each staff member, based on the specific skill set for each role, taking into consideration individual strengths and needs, and population and community specific factors. We also want to note that some people serve in dual roles, for example some Clinicians and FRSS also have supervisory responsibilities. In these cases, those staff should work with their Supervisor to determine which competencies and training they will need depending on their role. For example, we recommend anyone serving in a supervisory capacity be trained in Reflective Supervision. Additionally, we recommend that Project Directors and administrative support staff use a modified version of the competencies and training plan that most closely aligns with their job responsibilities. For example, Project Directors often benefit from possessing the competencies identified for Supervisors plus skills in project management, grant writing, policy development, program strategy, sustainability and advocacy. It is important for administrative staff to be comfortable working with staff and participants in recovery and to possess strong organizational and office management skills. Additionally, strong verbal and written communication skills are needed as well as a demonstrated ability to plan, take initiative, follow through and collaborate with team members.

For all roles, it is important that the staff member and Supervisor should review and complete the training plan together. When determining an individualized training plan, it is helpful to consider the following:

- What knowledge and skills does this person already bring to the role? Do they have previous education, training or experience that already includes some topic areas? If so, is it still important for them to further develop their knowledge specific to this population or is their previous learning sufficient?
- What trainings and opportunities are most important to prioritize?
- How often is it helpful for this person to have an opportunity to review what they are learning and to ask questions?
- How will Supervisors structure the staff member's first few weeks to maintain a balance between learning and doing? How can Supervisors encourage and plan for staff to set aside time to take in information and opportunities to process, consolidate and apply what they have learned?





Sample Competency-Based Training Plans
Go to [page 102](#)

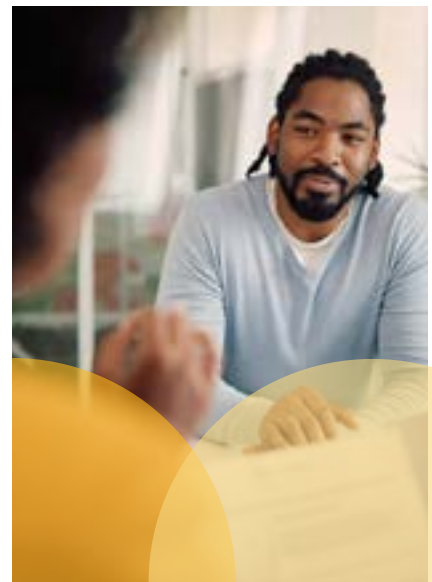
People to Shadow/Meet

During the onboarding process, we include opportunities for new staff to shadow current staff and begin to build relationships with collaterals.

Supervisors can use the [Individuals to Shadow and Meet Tool](#) to identify the individuals with whom new staff should meet and explain the purpose for these introductions. When planning for onboarding, we consider: Are there professionals the new staff member should shadow? What is the specific purpose for the interaction? Would it be helpful for them to see how an intake is conducted? Explore how visit planning happens. See how more senior staff members manage a home visit with small children. Learn how to receive referrals from other local agencies.

Supervisors and staff can work together to identify what questions may be helpful to ask, which supplies or program materials to bring and how they can prepare for the meeting. For example, should the new hire plan to bring their business cards or promotional materials? Are there specific questions that may be helpful to ask, or specific information that may be useful to gather?

During or following the planned interaction, the new staff member can fill in notes and list any follow-up actions or questions they have. It is helpful for Supervisors to include a plan for when and how this follow-up will happen.



Individuals to Shadow and Meet
Go to [page 106](#)

1.3

Key Takeaways

THOUGHTFUL PROCESS: There are many components to building a cohesive and effective team. The process begins with thoughtful hiring practices that incorporate multiple perspectives and experiences and integrate DEI tenets.

CAPTURE STRENGTHS: It is critical to take the time to craft job descriptions that accurately reflect the work. It is equally important to design and conduct interviews that adequately assess and capture each candidate's strengths and potential.

SPECIALIZED TRAINING AND SUPPORT: Onboarding and training is a thorough process that builds upon each staff member's knowledge, skills and abilities, supports them in developing their use of lived experience and provides specialized training in areas of core competencies.

1.3

Tools





FRSS Sample Job Description



The FIRST Steps Together Program is an innovative, peer-led initiative that provides care coordination, recovery and parenting support to expectant parents and parents impacted by substance use.

We seek individuals with lived experience in recovery from substance use who have, or are interested in, training as a Recovery Coach to become a Family Recovery Support Specialist (FRSS). Candidates will also have lived parenting experience or professional experience working with young children or in the child development arena.

As part of a project team including a Supervisor and Clinician, the FRSS will support individuals on their self-identified recovery path both in the emotional and logistical tasks related to recovery and parenting. The FRSS will enhance services and access to treatment and recovery by drawing on their personal knowledge and experience. They will initiate, establish and maintain relationships with families by developing trust and rapport. This individual will act as a coach and mentor and will help parents set goals and work toward developing skills.

The FRSS will provide assessments, outreach, advocacy, referrals, and coordination of services for families. Using the [FIRST STEPS: My Family Portfolio](#) on [page 262](#), the FRSS will collaborate with treating providers, family members, community partners and state agencies to help organize and facilitate access to services.

The FRSS will perform administrative duties, including managing professional phone calls and emails, completing required documentation and collecting/reporting data required for grant-funded programming. They will participate in required trainings and meetings, both within the program and as needed with collateral contacts. The FRSS will communicate and work collaboratively with colleagues, attend team meetings and connect with Supervisors to discuss participant progress, receive support, identify goals and challenges and continue professional development.

Qualifications

- Lived experience as a person in recovery from substance use who demonstrates effective use of skills necessary to maintain long term recovery.
- Lived experience as a parent, or professional experience working with children and families, with an interest in supporting parent-child relationships.
- Ability to share one's own personal experiences and recovery story with the purpose and intent to build trust and collaboration with program participants.
- Display comfort with multiple pathways to recovery from substance use and a willingness to embrace a strength-based approach.
- Strong advocacy skills along with knowledge of community-based services, resources, and the local recovery community.
- Demonstrated ability to work effectively in a wide range of settings with people from diverse backgrounds, including participants and co-workers.



FRSS Sample Job Description *continued*

- Experience planning and facilitating groups or willingness to learn how to co-facilitate groups.
- Ability to work independently and as part of a multidisciplinary team.
- Capacity to motivate and effectively work with participants to achieve goals.
- Strong oral and written communication skills and excellent organizational skills, including the ability to master details, multi-task and work under pressure.
- Basic computer proficiency skills, as required to record and track activities, contacts and referrals.
- High School Diploma or GED.
- Recovery Coach Academy Certificate or ability to complete required Recovery Coach Academy within six (6) months of hire. Valid Massachusetts driver's license with an acceptable driving record and proof of current insurance. Use of a reliable vehicle is required, as the position involves in-state travel.
- Candidates who identify as BIPOC (Black, Indigenous, and People of Color) are especially encouraged to apply.
- Candidates who are bilingual are encouraged to apply.

Duties

- Provide home visiting services to deliver parenting and peer recovery education and support to families with children from the prenatal period to age 5. Visits take place virtually, at home and/or in the community.
- Assist parents in building skills that help promote their recovery and self-sufficiency. Educate participants in taking an active role in their own recovery journey.
- Promote parent-child interactions, offer developmental guidance and education as needed and support parenting time visits for those who have shared or limited parenting time.
- Help families navigate the healthcare and social services systems; accompany parents/families to appointments and meetings as needed and advocate on behalf of parents/families to help decrease barriers to care.
- Share and discuss common experiences with parents to guide them in building a collective sense of community and creating meaningful lives.
- Clearly and effectively facilitate communication between the parent, the FIRST Steps Together Program and any external providers/organizations, while maintaining appropriate confidentiality and boundaries.
- Keep accurate records and maintain and submit all required family and program documentation.
- Assist in planning and facilitating parent groups and events.
- Perform other program operations duties as assigned.
- Participate in developing and implementing community activities that support and promote recovery.
- Work collaboratively with other providers to deliver evidence-based services to families in recovery.
- Accommodate participant schedules by working flexible hours or evenings





FRSS Sample Interview Questions



- What interests you most about this position?
- Describe a time when you struggled to build a relationship with someone important.
- Describe a time when you worked with others as a team. What was your role? What strengths do you think you will bring to our team?
- What about this position do you think will be personally challenging for you?
- Tell me about two achievements that you are most proud of.
- What is your parenting experience? What is your view of parenting in recovery?
- What resources and practices do you find most helpful in maintaining your recovery?
- How do you practice self-care?
- What are your feelings around working with Child Welfare Services? If you have had personal involvement, working with Child Welfare Services can be challenging. How do you envision advocating for families with Child Welfare Services?
- FRSS often use lived experience as a tool when working with families. How do you think you will share your experiences with the families you are working with?
- Can you tell me about some of your relevant work history?
- Sometimes it is not possible to get everything on your to-do list done. Can you share a time when your responsibilities became overwhelming? What did you do?
- Can you talk about your understanding of using a strengths-based approach when working with others?
- Today the recovery field is embracing and promoting multiple pathways to recovery. Please describe your views on individuals choosing their own path to recovery.
- How would you effectively support parents and families who are making different choices than you would or those who have different values around MOUD, family planning or voluntary termination of pregnancy?
- FRSS conduct home visits and may also provide transportation to other services in the community. Do you currently have reliable transportation and a valid driver's license?
- How comfortable are you going into people's homes?
- Staff may work remotely at times. What is your comfort level working with participants through telehealth?
- What does it mean to you to be a role model?
- How would you manage yourself in the moment if you heard that a participant had an overdose?
- Describe a situation in which you would seek support from your team members.
- As you may know, this work can be very demanding. Staff members often need to turn to colleagues for support and guidance and we are all at risk for secondary trauma and burnout. How readily do you recognize your own needs and ask for help?
- What do you know about local support resources? How comfortable are you with the case management aspects of finding and/or working with other support services and resources on participants' behalf?
- Is there anything else you would like to share about yourself?
- What questions do you have about the role or the program?





Clinician Sample Job Description



Position Summary

[Agency Name] is seeking a Clinician for FIRST (Families In Recovery Support) Steps Together to provide short- and long-term direct clinical services in the office, home and community settings to parents and expectant parents with a history of substance use challenges. Clinical services include individual mental health counseling or treatment, support for substance use recovery and/or family or parent-child dyadic therapy in the context of recovery and parenting. The Clinician will also provide guidance to Family Recovery Support Specialists, who use their lived experience to assist pregnant, and parenting participants on their recovery journeys. The treatment will focus on issues of parental self-efficacy, mood and affect regulation, recurrence/relapse prevention and building reflective function capacities and will promote positive dyadic interactions and healthy infant/young child development.

Essential Job Functions

- Provide assessment, care coordination and short- and long-term direct clinical support to pregnant and expecting parents impacted by substance use.
- Support parent-child dyads who have faced challenges related to parental substance use.
- Collaborate with Family Recovery Support Specialists (staff with specialized training and lived experience in substance use and parenting) on behalf of participants.
- Facilitate parenting and recovery groups for program participants.
- Utilize best practices related to trauma-informed/healing centered treatment and recovery from substance-use disorders to deliver services to families.
- Implement Mothering from the Inside Out (MIO) model to support parents in increasing reflective function capacities.
- Collaborate with hospital staff, infant-toddler family specialists, Child Welfare Services social workers, addiction treatment staff and others connected to the infant's and parent's treatment.
- Provide services in families' homes, community settings, area hospitals and virtually, including neonatal intensive care units.
- Participate actively in multi-disciplinary team meetings.
- Partner with program staff to promote FIRST Steps Together with community providers, area agencies and interested professionals.
- Maintain required record-keeping for participants and for research and administrative project needs.
- Perform other duties as assigned.



Clinician Sample Job Description *continued*

Educational/Experience Requirements

- An advanced degree in Social Work, Counseling, Psychology or related human services field is required.
- Experience in working with participants with substance use disorders is preferred.
- A minimum of two (2) years of experience working with parents in the perinatal period and/or with infants or young children or with parent-infant dyads.
- Training, practice and comfort in working with families with complex needs.
- Experience working in collaboration or on care teams.
- A driver's license and vehicle are required.
- Willingness/ability to travel for professional development as needed.
- Candidates who identify as BIPOC (Black, Indigenous, and People of Color) are especially encouraged to apply.
- Candidates who are bilingual are encouraged to apply.





Clinician Sample Interview Questions



- What interests you most about this position?
- Please describe your experience working with parents in recovery.
- Today the recovery field is embracing and promoting multiple pathways to recovery. Please describe how you view recovery and share your thoughts about how people choose their path to recovery.
- The current opioid crisis has impacted many people in the communities around us. Please share how you have been impacted in either your professional work or personal life.
- What do you think are the benefits and challenges of joining a mostly peer staff? (This conversation typically evolves, and we can get a good sense of the candidate's level of respect for peer-based work.)
- This program focuses heavily on the relationship between child and parent. How comfortable are you in working with dyads? How comfortable are you working with parents who may not have custody of their children?
- Many of our participants struggle to trust service providers and people who are in their friend/family network. Please describe how you set out to build a trusting therapeutic relationship with participants.
- Please give an example of a time when you did not meet a participant's expectations. What happened and how did you attempt to rectify the situation?
- Both Clinicians and FRSS facilitate psycho-educational and support groups. Please share your experience facilitating groups. If you had the opportunity to choose a group topic or curriculum to implement, what would it be?
- Staff may work remotely at times. What is your comfort level working with participants through telehealth?
- For this project, Clinicians may visit families in their homes to provide services. What is your experience/comfort level in doing so?
- How would you manage yourself in the moment if you heard that a participant had an overdose?
- How would you approach managing conflict or disagreements within a team?
- What is your experience and comfort level with care coordination and communicating with collaterals from different sectors, including physicians, Early Intervention, social workers or state agencies?
- What qualities and expertise do you feel you would bring to our team?
- What is your familiarity with resources and supports within our catchment area?
- Is there anything else you would like to share about yourself?





Supervisor Sample Job Description



[Site/Agency name] is seeking a Program Supervisor for our FIRST Steps Together Program. This program provides parenting and peer recovery education and support to pregnant, postpartum and parenting women and men and their families who have been impacted by substance use. The Program Supervisor is responsible for providing reflective and group supervision to peer recovery staff and initiating opportunities for ongoing review of implementation data, discussion of family needs, peer support and skill building. The Program Supervisor engages in outreach, recruitment, reporting, data collection and continuous quality improvement. The Program Supervisor is responsible for supporting diversity, equity and inclusion (DEI) tenets, fostering racial equity and using data to inform program decisions. The Program Supervisor develops and maintains relationships with community organizations to enhance and sustain the program and attends advisory committees and other community meetings and assists with presentations for various audiences. The Program Supervisor advocates for family recovery across professional networks, using person-centered, strengths-based and de-stigmatizing language to promote the FIRST Steps Together Program.

Essential Job Functions

- Provide weekly Reflective Supervision and support to Family Recovery Support Specialists (FRSS), whose roles include recovery coaching, case management and strengthening the parent-child relationship. This includes prioritizing Family Recovery Support Specialists' maintenance of their own recovery and wellness.
- Sustain frequent contact with FRSS to oversee workload, address concerns and questions and monitor staff needs.
- Maintain and monitor referrals, including scheduling intakes, contacting referral sources and assessing availability of FRSS services.
- Coordinate and/or complete intakes, initial assessments, and necessary electronic "paperwork" for new participants.
- Collaborate with other agencies working within the field of parenting and recovery, including health care organizations, Early Intervention, Child Welfare Services, substance use treatment and recovery centers and other providers connected to participants.
- Plan and facilitate regular FIRST Steps Together staff meetings to ensure program quality and consistency, staff cohesion and morale.
- Oversee the planning of parent groups and other program activities.
- Assist Project Director (PD) in developing and revising program policies and procedures.
- Review all reports of suspected abuse and neglect of children and assure that appropriate actions are taken.
- Assist PD in recruiting, interviewing, hiring and onboarding program staff.
- Complete annual performance reviews for staff under direct supervision, including establishing specific individual professional development goals.
- Ensure records are accurate, current and meet all agency and funding source requirements.
- Participate in all required trainings and staff development programs.
- Pursue ongoing professional development.



Educational and Experience Qualifications

- An advanced degree in Social Work, Counseling, Psychology, Public Health or related field, or comparable years of experience.
- A minimum of five years of experience working with families and children, preferably in a home visiting setting.
- A minimum of five years of experience working in the behavioral health fields, including mental health or substance use recovery/treatment.
- Prior supervisory experience, with preference for overseeing individuals with lived experience.
- An understanding of and full support for the FRSS Peer-Led Recovery Model, along with a respect and advocacy for all paths to recovery.
- Completion of the DPH-BSAS Recovery Coach Academy, Recovery Coach Ethics Training and Recovery Coach Supervisor Training or ability to complete training within six (6) months of hire date.
- Training or practice related to working with families with complex needs.
- Demonstrable knowledge of the addiction treatment services system and support services.
- Proven ability to understand and respond to the needs of families from diverse cultural and linguistic backgrounds.
- Organized and able to multitask with strong attention to detail and capacity to prioritize and complete tasks prior to deadlines.
- Ability to work cooperatively and professionally as a member of a team. Desire to continually learn and to improve skills through training and use of Reflective Supervision.
- Valid Massachusetts driver's license with acceptable driving record, proof of current insurance and willingness to travel to program participants' homes is required.
- Knowledge of Microsoft Office suite (Excel, Word, Outlook, Power Point)
- Availability to work flexible hours as necessary.
- Candidates who identify as BIPOC (Black, Indigenous, and People of Color) and/or are bilingual are encouraged to apply.





Supervisor Sample Interview Questions



- What interests you most about this position?
- What does being a Supervisor mean to you? Which of your qualities would help you succeed in this position?
- The current opioid crisis has impacted many people in the communities around us. Please share how you have been impacted in either your professional work or personal life.
- Today the recovery field is embracing and promoting multiple pathways to recovery. Please describe how you view recovery and share your thoughts about how people choose their path to recovery.
- A Supervisor's primary responsibility is to guide Family Recovery Support Specialists with the families they serve and to provide them with support as persons in recovery. Please share how you would offer support to Family Recovery Support Specialists.
- For those staff members who haven't worked in human service office settings, how would you acculturate and support them?
- One of the unique aspects of our program is that staff members bring diverse perspectives and come from a wide range of backgrounds, with varying levels of education and experience. How will you manage such a diverse team?
- Our program uses Reflective Supervision. Are you familiar with this model for supervision? Tell us about your supervisory style.
- What is your experience and comfort collaborating and advocating within the Child Welfare Services system?
- Please describe some of your experiences working with parents of young children. What was your role?
- What sets you apart as a great candidate for this position?
- How would you manage yourself in the moment if you heard that a participant had an overdose?
- This position requires a wide range of skills. On any given day you may need to provide staff supervision, interact with participants, collaborate with collateral contacts, make a report regarding a crisis or safety issue or perform a number of other tasks. How easily do you shift between skill sets?
- How well do you think on your feet and multi-task?
- How do you engage in self-care?
- This work involves big emotions. How do you respond when others present to you with strong feelings or emotions?
- Is there anything else you would like to share about yourself that would help us make a hiring decision?





Sample Competency Based Training Plan for Family Recovery Support Specialist, Clinician and Supervisor

Trainings required for all staff unless otherwise specified. Please note, some trainings are required for certain roles but recommended and available for all staff.

Orientation and Onboarding

	TRAINING INFORMATION:	NOTES/ADDITIONAL FOLLOW UP:	DATE COMPLETED:
Language as Advocacy			
Confidentiality, HIPAA, 42CFR			
Mandated Reporter Training			
Data Collection and Screening Tools			
Professional Practices and Boundaries			
Using Lived Experience <i>Required for FRSS</i>			
Initial Engagement and Building Relationships with Families			
Paths of Recovery			
Home Visiting: Safety			
Home Visiting: Planning & Conducting the Visit			
Safety Planning and Family Care Plan (Plan of Safe Care)			
Use of FIRST Steps: My Family Portfolio			
Educating Parents on Best Practices for Safe Sleep			



Sample Competency Based Training Plan for Family Recovery Support Specialist, Clinician and Supervisor *continued*

Within the First Three Months of Hiring

	TRAINING INFORMATION:	NOTES/ADDITIONAL FOLLOW UP:	DATE COMPLETED:
Understanding the Intersection of Trauma, Substance Use and Parenting			
Recovery Coach Academy <i>Required for FRSS</i>			
Group Peer Support (GPS) <i>Required for anyone facilitating or co-facilitating groups</i>			
Intimate Partner Violence (IPV)			
Overdose Prevention and Narcan Training			
Wellness Planning and Recovery Maintenance			
Collaborating with Child Welfare Services			
Medication for Opioid Use Disorder (MOUD)			
Best Practices for Care Coordination: Working with Other Service Providers			
Meeting Concrete Needs: Resources and Referrals			
Strengthening Families Framework			
Substances 101			
Understanding Child Development			
Policies and Practices for Supporting Staff Wellness <i>Required for anyone providing supervision</i>			

Sample Competency Based Training Plan for Family Recovery Support Specialist, Clinician and Supervisor *continued*

Within the First Six Months

	TRAINING INFORMATION:	NOTES/ADDITIONAL FOLLOW UP:	DATE COMPLETED:
Co-occurring Disorders and Perinatal Emotional Complications			
Introduction to Motivational Interviewing (MI)			
Secondary Trauma, Compassion Fatigue and Preventing Burnout			
Mothering from the Inside Out (MIO) <i>Didactic portion required for FRSS and Supervisor, full training required for Clinicians</i>			
Reflective Supervision <i>Required for anyone providing supervision</i>			



Sample Competency Based Training Plan for Family Recovery Support Specialist, Clinician and Supervisor *continued*

Within the First Year

	TRAINING INFORMATION:	NOTES/ADDITIONAL FOLLOW UP:	DATE COMPLETED:
Birth Planning and Preferences			
Supporting the Postpartum Period			
Preparing and Caring for Substance Exposed Newborns			
Removal and Reunification			
Culturally and Linguistically Appropriate Services (CLAS) Standards			
Tobacco Cessation			





Individuals to Shadow and Meet



Person to Shadow/Meet (Name, Role):

Purpose or Intention of Meeting:

Contact Information:

What I Want to Learn or Ask (Ex: Specific questions, processes, best practices):

What I Want to Bring or Share (Ex: Introduction, business cards, promotional materials):

Notes:

Follow-up/Next Steps:

Person to Shadow/Meet (Name, Role):

Purpose or Intention of Meeting:

Contact Information:

What I Want to Learn or Ask (Ex: Specific questions, processes, best practices):

What I Want to Bring or Share (Ex: Introduction, business cards, promotional materials):

Notes:

Follow-up/Next Steps:



1.3

Endnotes

- 1 United Way of the National Capital Area. (2022, April 6). *Equity vs. Equality: What's the Difference - Examples & Definitions*. United Way NCA. unitedwaynca.org/blog/equity-vs-equality/
- 2 MA Department of Public Health, Bureau of Substance Addiction Services & AdCare Educational Institute, Inc. *Interrupting Racism Level 3: Operationalizing Racial Equity in Workplace Policies & Practices - (684)* [Slides]. Zoom.
- 3 Chestnut Health Systems. (2022). *William White Papers*. chestnut.org/william-white-papers/
- 4 Philadelphia Dept. of Behavioral Health and Intellectual Disabilities Services and Achara Consulting Inc. (2017). *Peer Support Toolkit*. Philadelphia, PA: DBHIDS. peerrecoverynow.org/resources/resourceDetails.aspx?resourceID=5#
- 5 Philadelphia Dept. of Behavioral Health and Intellectual Disabilities Services and Achara Consulting Inc. (2017). *Peer Support Toolkit*. Philadelphia, PA: DBHIDS. peerrecoverynow.org/resources/resourceDetails.aspx?resourceID=5#
- 6 Campanella, C. (2014, November 10). *Why is Onboarding so Important!* [linkedin.com/pulse/20141110053210-112837408-why-is-onboarding-so-important](https://www.linkedin.com/pulse/20141110053210-112837408-why-is-onboarding-so-important).