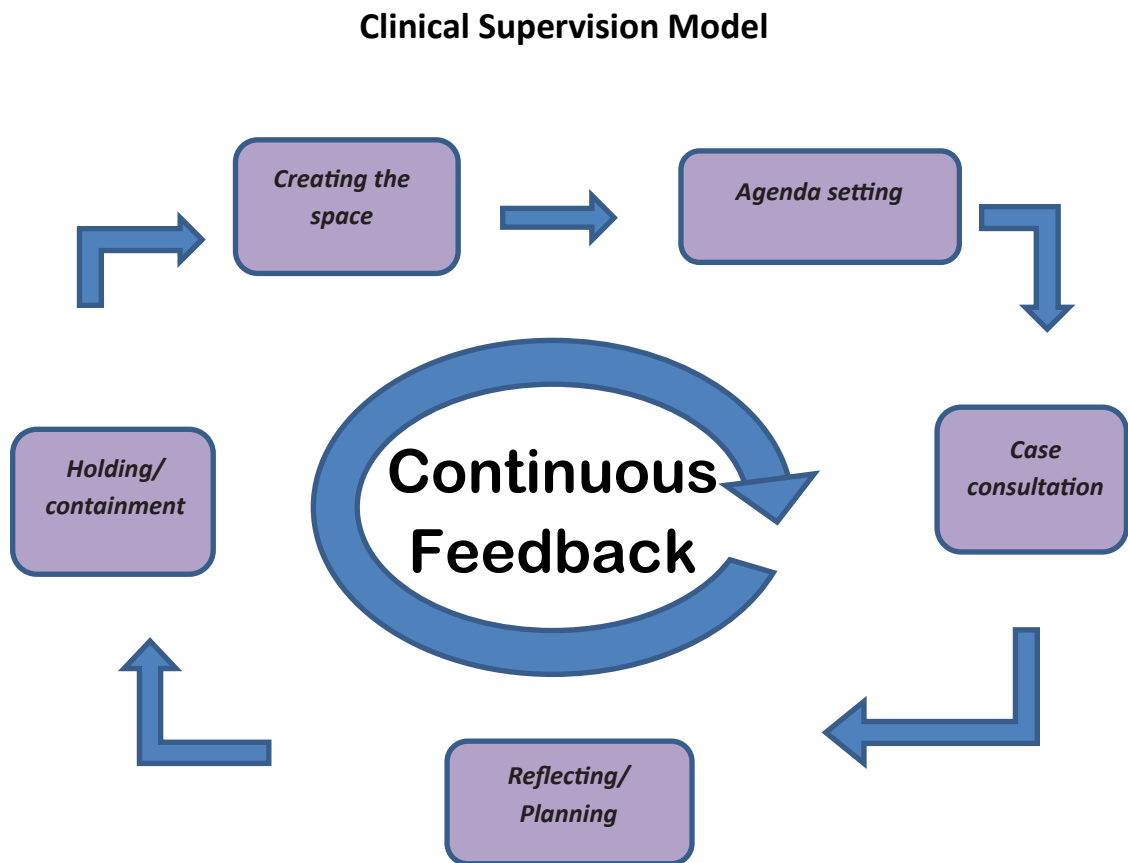


6.3 SUPERVISING PEERS: CLINICAL SUPERVISION

READ MORE: COACHING MODEL

Coaching Model for Clinical Supervision

The coaching model below illustrates some key approaches to clinical supervision meetings with peers.



SUPERVISING PEERS: CLINICAL SUPERVISION

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Creating the Space

As a clinical supervisor, it is important to invite peers into a space that is designated as “protected,” allowing the peer to be vulnerable and share how work is affecting his or her personal life. In this way, the supervisor can learn what struggles the peer faces and reduce the possibility that the peer will act them out negatively toward the client (countertransference). In this space, the peer is able to talk openly about anxieties and concerns, knowing that the supportive supervisor will be empathic. Creating this space, however, does not rule out the necessity of “breaking” that space, meaning that in the event of a misuse of the peer-provider relationship, the supportive supervisor will need to break confidentiality (e.g., the same situation applies to breaking a boundary with a client - see [Read More: Tasks and Tools for Developing a Supportive Approach](#) for an example dialog which addresses a potential boundary issue.)

This is similar to the supportive supervision approach. However, clinical supervisors have the added skills to more deeply help the peer to reflect on why their work is affecting them in a particular way and to make the necessary clinical referrals to therapy or additional counseling if warranted.

Agenda Setting

It is important to set an agenda with the peer even if it is loosely articulated so that both the peer and supervisor know what will be discussed. The peer should be involved in the agenda setting since the primary role of supportive supervisor

is to give guidance to the peer in areas where the peer feels vulnerable or is requesting support. The supervisor can and should raise issues that may be challenging or difficult for the peer and where the peer may be reticent. However, these issues should be raised in a safe, nonjudgmental way so that the peer is able to explore his or her reactions and responses as they relate to clients and work. Some agenda items may be standardized and become part of each supervisory session such as:

- Client successes
- Client case consultation
- Resources
- Referrals to outside therapeutic or counseling providers

Clinical Case Consultation

Case consultation is the section of clinical supervision where peers present their client work in a clinical framework. In general, it can follow the case discussion framework below:

- Narrative description
 - Basic history or client story
- Current issue
 - Client questions/concerns
 - Supervisee questions/concerns
- Supervisee’s thoughts/reactions
 - Transference
 - Countertransference
- Action planning
 - What is the plan to address:
 - Client needs
 - Supervisee needs

SUPERVISING PEERS: CLINICAL SUPERVISION

READ MORE: COACHING MODEL

Reflecting and Planning

Allowing the peer to reflect upon his or her client work encourages exploration both in planning for client care and raising awareness of important issues that are affecting the peer. In this way, the peer has a place to reflect and learn and is freed up to engage with the client at the client's pace and readiness.

Holding/Containment

The term, 'holding or containment' refers to the environment in which the clinical supervisor uses themselves and the supervision time as mechanisms to give the peer opportunities to express how the work with the client affects them. There is potential for peers to experience unconscious triggers that may cause a reaction

that, when unaddressed, may create a response that may overstep a boundary with a client. These triggers are often due to the peer being in a similar situation (either due to HIV status, addiction history, mental health history or other physical health issue). 'Holding or Containment' is a metaphor for having the supervisor hold and contain, but in reality, help manage the feelings or reactions of the peer with issues that come up as a result of working with clients. These issues are held and contained as they are being worked through in clinical supervision. Having the opportunity to share openly feelings that may emerge in a safe space with a safe person reduces the likelihood that those unconscious triggers will result in breaking a boundary with the client. There are times when a clinical supervisor might refer a peer for additional therapeutic/outside counseling support, if necessary.

This "Read More" section accompanies Section 6.3, *Supervising Peers: Clinical Supervision*, part of the online toolkit, *Building Blocks to Peer Program Success*. For more information, visit http://peer.hdwg.org/program_dev