

6. SUPERVISING PEERS



Sally Neville (left) with Peer Supervisor
LaTrischa Miles

*From a policy and procedure
viewpoint, our peers have developed
into equal members of the
interdisciplinary team.*

Sally Neville, RN, MSN
Director, HIV Primary Care
Kansas City Free Health Clinic
Kansas City, MO

Introduction

As in most helping professions, peers set out to work with a population of people who are facing major life stressors. In the fields of psychology and social work, it is well understood that practitioners in helping roles periodically experience elevated levels of emotional stress as a result of working with distressed clients. Particularly, helpers who have experienced challenges similar to those of their clients may be more susceptible to varying levels of emotional and/or psychological strain.

Effective peer supervision calls for supervisors to develop a highly supportive supervisory style that borrows from mental health counseling, social work and supervision. Pioneer peer programs across the nation have witnessed the high, early drop out rate of peers; and programs, such as Women Organized to Respond to Life Threatening Disease (WORLD), have found that the implementation of clinical or supportive supervision positively affects retention rates.

Peers thrive under supportive work conditions that provide structure, flexibility, and supervision that responds to the unique challenges of their jobs and their particular life circumstances as peers. Regardless of who supervises peers, a problem-solving approach and supportive style of supervision will develop peer-specific capacities while strengthening the team approach to client service. Peers who are supported and supervised will feel like valued team members. Just as it is essential to prepare the peer for his or her role as a peer, it is equally important to establish the nature and expectations of the peer-supervisor role.

One of the biggest challenges in supervising peers is that peers are operating in a non-licensed capacity, and yet, they are playing a helping role. Though supervisors should provide needed training and other supports for peers to improve performance, it is important not to impose license-level standards on peers who complement professional social services. Peers do not usually have the education or licensing needed to offer clinical and certain professional services. The value of peers derives from the empathic support and personal connection they offer their clients, and the

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extent to which peers can effectively draw on their own life experiences and common background to assist clients.

This section discusses the rationale, framework and sample models of administrative, supportive, and clinical supervision for peer programs.

Types and Frequency of Supervision for Peers

Successful peer programs provide **both** administrative **and** supportive *or* clinical supervision for peers. In any model of supervision, there should be a relationship built between the supervisor and the peer of open communication, support and continuous feedback. In this way, peers are able to grow in an environment that honors their contribution as peers and allows for both positive and constructive feedback.

Although it is recommended that a peer receive both administrative and either supportive or clinical supervision, the level and frequency of supportive or clinical supervision depends on the peer's job responsibilities and level of engagement with clients. When peers serve in intensive one-on-one roles with clients, the benefit of regular supervisory support is more evident, while some other peer roles may require less supervisory involvement. In other words, a peer who is providing emotional and practical support to many individual clients at once will certainly benefit from regular supportive supervision, while a peer who is less personally engaged with individual clients may not need as much frequency. Some examples of less personally engaged roles may include prevention educator, serving as an advisor to clinics or programs, and providing short-term follow-up services to newly diagnosed clients or clients who are hard to reach. However, while some roles don't initially seem as intensive, supervisors may find that peers still

benefit from some level of individualized support. While some roles may not include as much one-on-one interaction, they may still challenge peers' current level of skills in communicating with colleagues, the community, and people like themselves who are living with chronic and/or life threatening illness. In short, it is important that the supervisor and the peer understand the nature of the peer's work in order to determine the level of supervision necessary. Often, the level and frequency of supervision can be adjusted with time, as the supervisor and peer worker(s) become more aware of the optimal level of supervisory support.

Most importantly, supervisors should set up regularly scheduled meetings with peers to meet the goals described below for each level of supervision.

Administrative Supervision

Administrative supervision functions as the operational method by which supervisors work with peers to accomplish the goals of the organization. This includes managing peer hours, caseloads, benefits, interactions with colleagues, quality of work, attainment of program goals, peer job satisfaction, resources, and development for peers—including additional training and/or mentoring, etc. Administrative supervision is often the most common type of supervision within agencies for staff and should be offered on a regular basis to peers, whether they are paid staff or volunteers, as part of the benefit of working in a system. [Subsection 6.1, Administrative Supervision](#) provides an in-depth discussion and examples of administrative supervision.

Supportive Supervision

Supportive supervision is an approach that offers a unique form of supervision to peers. Supportive supervision takes into account the varied experiences of many peers who arrive on the job with little or no professional background—albeit with a wealth of personal wisdom and knowledge about the lives

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“Supervising peer educators is an ongoing, evolving learning experience for myself because I can’t predict what’s going to happen. I always think I have a good plan in place, and then something happens before I have truly readied the peer educator for that position. But I’m always surprised with how resourceful and how incredibly giving the peer educators can be.”

Rose Farnan
Infectious Disease Nurse Clinician
Truman Medical Center
Kansas City, MO

of their clients. Supportive supervisors aim to support peers in bringing their authentic selves and experiences into their peer work, as well as supporting the peers’ acclimation and integration into the work culture. In order to support peers to be successful, supportive supervisors offer a supervisory structure designed to provide peers with frequent and consistent opportunities to receive encouragement, individualized support, coaching on how to perform a helping role, and guidance on how to address personal challenges that arise. Methods to provide supportive supervision vary, but generally include components designed to build on the strengths of peers and support resilience. [Subsection 6.2, Supportive Supervision](#) illustrates some of these key components.

Unlike clinical supervision, supportive supervision can be provided by non-clinically trained supervisory staff. While the methods of supportive supervision borrow from a clinical approach, they merely require additional supervisory skills that can be obtained with some extra support and training for the supervisor. Supervisors do not need to obtain an additional degree, and many seasoned supervisors will already have a formal or intuitive grasp of the concepts. [Subsection 6.2, Supportive Supervision](#) is an ideal starting place for administrative supervisors to begin incorporating a supportive approach.

Clinical Supervision

Clinical supervision functions as a psychological support mechanism for peers to have the opportunity to share/talk about how their work with clients affects them. Issues of transference (client’s unconscious feelings towards peer) and counter-transference (peer’s unconscious feelings towards client) are discussed and managed in order to equip peers with a way in which to process their reactions and responses to working with others living with HIV. Clinical supervision may or may not be offered depending upon the peer’s role and the resources available at the organization. Clinical supervisors may want to refer to [Subsection 6.2, Supportive Supervision](#) to include peer-specific components into a clinical approach originally designed for psychology interns.

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As stated previously, because of their unique role, peers will benefit most from receiving **both** administrative **and** supportive or clinical supervision. It is recommended that a minimum of one hour of administrative supervision **and** one hour of supportive or clinical supervision be scheduled every two weeks. Some peers may need weekly supervision or daily check-in, as determined by the needs of the peer and the supervisor. For new peers, it may be necessary to meet more often based on the competency and comfort of the peer.

It is important for supervisors to clearly delineate meetings with peers as administrative, supportive or clinical in order to preserve the integrity of each method. Administrative supervision is used to measure a peer's performance, which can impact their growth and promotion in an organization. Supportive and clinical supervision is in large part designed to help peers manage how their work affects them personally and should not be used as a way to measure the peer's performance.

See [Subsection 6.3, Clinical Supervision](#) for a more in-depth discussion of clinical supervision.

Who can provide supervision to peers?

Peers are generally administratively supervised by the director (coordinator or manager) of the department or program in which they work. For example, in a clinic setting, a peer may be supervised by a nurse manager or social worker. In a community setting, peers may be supervised by a program director, coordinator, health educator, or case manager. In other cases, a volunteer coordinator may be the appropriate supervisor.

Administrative supervisors, licensed or non-licensed, may opt to provide supportive supervision to peers. The key to a successful supervision system

is identifying who is best suited and able to provide administrative **and** supportive supervision to a peer. This decision may be determined by financial and human resources. For some organizations, one staff member may have administrative responsibilities and another staff member may provide supportive supervision. This is an ideal system to ensure that a person does not use confidential information shared during supportive supervision to assess the peer's work performance. Yet for many agencies, resources are more limited, and the same person may need to provide both administrative and supportive supervision. In these agencies, a supervisor must be clear with the peer when a session is considered administrative versus supportive.

Clinical supervision is always offered by a licensed professional since this modality requires specialized training in psychological theory. Some organizations are unable to fiscally support having a clinical supervisor on staff. A program with limited resources may want to consider contracting with a consultant for clinical supervision on a per diem or monthly basis. Although clinical supervision may be ideal, supportive supervision is a very good alternative and is often fiscally more viable for many organizations.

Integration into Inter/Multidisciplinary Teams

Supervisors can play a key role in assisting peers with integration into HIV care teams. Programs intending to add a peer component to their existing services must first recognize the need to review standing operations and identify specific areas to which peers can contribute and specific mechanisms through which peers will be integrated into client services. It will be important for supervisors to play a mentoring role with peers as they become accustomed to working within a care team. Supervisors further assist peers in practicing how to present themselves and explain their function to other professionals.

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To the extent that the job skills and activities entailed in peer work are innovative additions to health care teams, peer roles, responsibilities, and activities need to be explicitly defined. An effective supervisor will provide peers with a clear job description (See [Section 4, Peer Roles and Responsibilities](#) for more about job descriptions) based on established peer objectives and expectations. Other members of the support team may also want to give input on mechanisms in which peers can join in the team effort. Peers themselves might be asked to help shape the role that they are intended to fulfill, bringing attention to issues faced in the field and suggesting creative ways to address them.

In a similar fashion, programs should ensure that mechanisms for regular dialogue among peers and other team members are established and maintained. One such mechanism would be inter/multidisciplinary case meetings in which the physician, nurse, peer, health educator, case manager, social worker, and others discuss individual clients. In this way, peers gain the benefit of hearing from service providers to gain insight into client issues. In turn, other team members gain the benefit of hearing the peer perspective.

► FOR MORE INFORMATION

Additional Supervision Subsections

- Supervising Peers: Introduction
- [6.1 Administrative Supervision](#)
- [6.2 Supportive Supervision](#)
- [6.3 Clinical Supervision](#)

Resources for Section 6

(available at http://peer.hdwg.org/program_dev/resources)

- Framework for supportive supervision case discussion (JRI)
- Framework for clinical case consultation tool (JRI)
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- Supportive supervision tools (The Lotus Project)
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6.1 SUPERVISING PEERS: ADMINISTRATIVE SUPERVISION



“If something comes up that you feel uncomfortable with or you don’t know how to deal with, you can always ask, because that’s how you learn.”

Carol Garcia
Peer at Christie’s Place
San Diego, CA

Introduction

Peers, like most employees, benefit from having an administrative supervisor. While many general approaches to administrative supervision are appropriate for peers, there are some specific issues that program managers will want to take into account when setting up and conducting this supervision for peer staff. Below are descriptions of some key issues. Addressing these issues in an ongoing manner will support program success and peer retention rates.

Conducting Individual Status Review Meetings

Depending on the size of the program, individual weekly or bi-weekly meetings between the administrative supervisor and peer should be established. It is critical that these meetings happen on a regular basis to ensure positive client outcomes. The most important function of administrative supervision is to support the peer in following the program’s protocol for receiving referrals, following up with clients, and working collaboratively with clients and the multi-disciplinary team. Many peers are hesitant to take a pro-active stance with new clients. The most prevalent reason that peers hesitate to successfully launch new cases is that they are afraid of being intrusive. There are a host of reasons why clients may not show enthusiasm for receiving supportive services, and most of these reasons do not indicate clients’ lack of need or desire for services. It is important for peers to have an administrative supervisor who will encourage them to take a pro-active stance while also respecting client boundaries.

The [Read More: The Coaching Model for Administrative Supervision](#) in subsection 6.1 illustrates some key approaches to conducting individual status review meetings with peers.

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Areas of Administrative Supervision

Administrative supervisors can check on the following:

- Peer caseload levels
- Status of new referrals
- Type of contact for each client (i.e. phone, clinic, home visit)
- Frequency of contact for each client (i.e. weekly, bi-weekly, monthly)
- External or internal barriers prohibiting optimal client contact
- Appropriate level of collaboration with multidisciplinary team
- Clients' appropriateness for peer advocacy
- Clients' need for referrals or higher levels of care
- Initial troubleshooting in reaching client goals
- Peers' level of job satisfaction and need for additional support or time off
- Peers' need for additional training or mentoring

During status review meetings, the administrative supervisor can review the peer's activities since the last meeting and discuss specific peer-client one-to-one interactions, exploring ways to maximize peer support for the client, and helping to meet the client goals. The administrative supervisor must carefully monitor client progress and respond to evolving needs for more intense case management or support. As a team, the administrative supervisor and peer can determine which next steps might best meet client needs. The choice of peer support strategies should always be based on the most recent client assessment and adherence plan.

As will be discussed in the next [Subsection 6.2, Supportive Supervision](#), peer-client relationships thrive when peers receive support around issues related to identifying with their clients. Peers might react to certain situations or issues brought up by the client without knowing that

their own personal issues and problems influence their reaction. (This phenomenon is known to therapists as *countertransference*.) As stated previously, administrative supervisors have a variety of options available for administering this next level of supervision. Administrative supervisors who want to oversee this next level are encouraged to read the next subsection on supportive supervision and utilize some of the tools provided. Administrative supervisors who would like to recruit the help of another team member or a mental health professional may want to review the supportive supervision subsection as well as [Subsection 6.3, Clinical Supervision](#) for ideas about incorporating this additional level of supervisory staffing.

Responding to Health Issues

Peers encounter some of the same health challenges as their clients, many of which can affect their ability to perform job duties. Administrative supervisors should attend to any negative changes in work quality or lapses in peers' responsiveness to job duties. Sudden changes can indicate that a peer is experiencing exhaustion, depression, anxiety or lack of energy associated with serious emotional or medical problems. An administrative supervisor may become aware of these signs even before the peer acknowledges any health difficulties. If the administrative supervisor chooses to intervene, he or she must be prepared to propose supportive options to help the peer appropriately deal with the health issue. Temporarily decreasing a peer's caseload could be one solution, but other options should be openly explored with the peer.

Establishing and Maintaining Peer-Client Boundaries

Clear guidelines help to create a setting in which both peers and clients feel safe in disclosing personal histories, thoughts, and feelings. Peers usually do

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I had to learn to put up boundaries, because at first I was bringing things home, and it was affecting my health.

Fred Glick
Peer Educator
Truman Medical Center
Kansas City, MO

not rely on the recognized indicators of professional health care providers, such as a white coat, degrees hanging on the wall, or initials after their last name. Such formal signs can create a hierarchical separation between peer and client. Without the familiar indicators of a health care provider, it may be more difficult for clients to understand the parameters of the relationship, and peers must be explicit about what types of interactions fall outside those boundaries. Furthermore, clients may be unfamiliar with the notion of peer support itself, so they will need to be reminded of what to expect from this type of relationship.

Peers develop strategies to define and safeguard interpersonal boundaries in the context of building a mutually respectful relationship with their clients. While these strategies vary from peer to peer and are tailored for individual clients, they should indicate the boundaries of peer support in three crucial domains:

- Peers must define the limits of their expertise, so that clients do not confuse education about a prescribed HIV regimen with medical advice, or a sympathetic ear with psychotherapy.
- Peers must be clear about the amount of time and energy they can give, especially if they are available to clients outside of normal working hours.
- Peers should advise and periodically remind clients of any program requirements that limit the duration of support.

Attention given to establishing boundaries is especially important in peer work because the peer is building a relationship with the client expressly to achieve desired health outcomes, such as medication adherence. For some clients, the presence of a person who listens, cares, and is willing to go an extra mile to help may be unfamiliar and confusing. These actions may be interpreted as an effort to establish an intimate, even sexual, relationship and that may be either welcomed or rebuffed. Clients who respond to a perceived mutual interest may then feel betrayed or misled when the peer suggests that such behaviors are inappropriate. Therefore, discussing the nature of expectations and limitations of the peer-client relationship is essential as part of the initial meeting between the peer and the client.

Similarly, it is possible that peers may feel an attraction toward certain clients or may find themselves responding to overtures

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► SAMPLE QUESTIONNAIRE

	Yes	No	N/A
Did I establish rapport in my greeting and opening conversation?			
Did I ask open-ended questions?			
Did the client speak as much or more than I did?			
Did I get information about the client's perspective on his or her illness and treatment?			
Did I give information in response to goals, concerns, and problems that the client expressed?			
Did the client show that he or she understood the meaning of information provided?			
Did I provide too much information?			
Did I assess whether the client has adequate social support?			
Did I discuss referral needs and options with the client?			
Did we agree upon a plan of action for the immediate future?			
Did I deal with the client's and my own emotional reactions?			
Modified from: Quality Assurance Measures for Voluntary Counseling and Testing Services IMPACT/ AIDSMARK June 2001			

initiated by their clients. It is extremely important that the administrative supervisor carefully monitor peers for any indication of *countertransference*, a phenomenon that occurs when a peer forms an attachment with a client that goes beyond the professional relationship. In initial and ongoing training efforts, the message must be conveyed that intimate relationships between peers and clients cannot be allowed because they hold the same potential for abuse that other helper-client relationships have.

Because the peer is in this specialized role of support, understanding the nature of the peer-client relationship is just as important for the peer as it is for the client. Having access to supportive or clinical supervision gives the peer an opportunity to express any concerns he or she may have regarding feelings toward the client (countertransference) or perceived feelings from the client (transference). These feelings may be positive or negative and may trigger an unexpected reaction. Talking about this phenomenon both normalizes it and increases the likelihood that the unexpected reaction will be well-managed, ultimately leading to a productive, appropriately bounded relationship between peer and client. The checklist in Subsection 6.1 [Read More: Understanding Boundaries in Peer-Client relationships](#) can provide a supervisor with a framework to discuss potential boundary issues between a peer and a client.

Using Checklists for New Clients

Administrative as well as supportive supervisors may find it useful to use the Sample Questionnaire (see left sidebar) to help peers assess the effectiveness of their approach when establishing a new client relationship. The checklist may be completed by the peer in advance of meeting with the supervisor, or it can be completed while reviewing cases together within the supervisory session.

Although the sample questionnaire is an effective, interactive way for the administrative supervisor and the peer to discuss each client, it is important for the supervisor to follow up with more open-ended questions in order to better understand how the peer is engaging with clients. Some examples of follow-up, open-ended questions are:

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- In what way did you establish rapport with the client?
- What information did you share with the client?
- In what ways did you assess the social support of the client/what social supports did you ask about?
- In what way did you manage the client's emotional reactions?
- In what way did you manage your own emotional reactions?

Monitoring Peers' Stress Levels and Needs for Additional Support

Scheduled supervision allows the administrative supervisor to help the peer identify personal needs such as additional training, support, or other services. The supervisor is responsible for making sure that peers do not become overwhelmed, and for providing all necessary resources and support to help peers perform their role. Monitoring client demands on individual peers will help administrative supervisors evenly distribute the workload. If a peer experiences a personal crisis or suffers from poor health, the supervisor might decrease that peer's workload by temporarily reassigning clients to other peers. Administrative supervisors should not function, however, as the peers' therapist. In some cases, the appropriate supervisor response to peers' personal issues might be to refer peers to an employee assistance program, clinical supervision, or outside services.

Providing a Clear and Consistent Structure

Notwithstanding the crucial role that individual peer supervision can play in client outcomes, program effectiveness, and the individual peer's skill building, supervision cannot take the place of good program structure. Providing peers with structure is as important as building in program flexibility.

Clear expectations, regular supervision, and open lines of communication will minimize misunderstandings and encourage peers' sense of personal responsibility. A well-structured environment actually decreases the need for micro-management by laying out ground rules, program goals and expectations as well as consequences for poor performance. Inadequate structure disguised as program flexibility too easily results in poor accountability and unreliable client services, weaknesses that cannot be corrected in individual supervision.

Administrative Documentation

Methods for documenting peer contributions will reflect the specific needs, strengths, and limitations of individual programs, as well as the roles peers play. It may not be feasible for all programs to ask peers themselves to document their activities, but programs should consider the valuable contribution that peers can make to program evaluation when they keep a detailed record of their interactions with clients. Peers' experience adds a unique, vivid dimension to an assessment of overall program effects, and a comprehensive evaluation gives voice to that experience.

Recording Format

When choosing or developing a format for documenting peer work, programs should balance their need for information with the burden of collecting and recording information. A checkbox format allows peers to quickly log standard items and an open space encourages peers to share any other information about the interaction at their discretion. Peers use the form to document the support they provide to clients in terms of basic "reporter's details": who, what, where, when and how. For examples of formats for documenting

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► TOPICS FOR REVIEW IN CASE MANAGEMENT MEETINGS

- Clients initiating treatment
- Changes in treatment regimen
- Significant medical and/or social situations confronting individual clients
- Resolution of barriers and necessary referrals for individual clients
- Specific adherence problems
- Strategies for reaching out to clients who have not returned to clinic
- Issues pertaining to cultural competency
- Other needed client supports

peer-client contact and other peer work, see the [Sample Forms for Documenting Peer Work](#) in the [Program Resources](#) for Section 7 (Evaluation).

Peer training should include instruction on the record keeping peers will be expected to perform. Even if peers are not directly responsible for documenting the services they provide, program managers should engage peers in a discussion of the rationale and need for a detailed recording of their activities, including funding and other institutional requirements, program-specific purposes, and peers' contribution to monitoring the effectiveness of the program. Administrative supervisors should emphasize that if peers' work is not documented, their efforts will not be part of the program success story. It is recommended that each interaction between peers and clients is tracked, as well as peers attempts to contact clients.

Multidisciplinary Team Meetings

Inter/multidisciplinary case management meetings provide a forum for the exchange of information and perspectives relevant to individual client cases and promote collaboration among team members. Case management also allows for monitoring of peer activities in a group setting.

Administrative supervisors can play a leading role in ensuring that peers are actively included in multidisciplinary or case management meetings. These meetings will also provide supervisors with additional support in monitoring and evaluating peer efforts.

In case management meetings, support teams review all cases, discuss particularly difficult cases, identify barriers to adherence and other treatment supports, and update patient action plans. While supervisors do not necessarily need to attend meetings, it is important to have a basic understanding of how these meetings are conducted.

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These group meetings should involve all program staff involved in client services to coordinate activities and update the team strategy. Peers might begin by presenting new developments and summarizing the general situation of their clients, taking the time to highlight particularly challenging cases. While it is probably not feasible to review each and every client in detail, group meetings allow peers to know something about their colleagues’

cases. This insight is especially helpful in the event that a peer’s illness or other circumstances require his or her cases be reassigned to another peer. Updated client assessments should be available for review by program social service providers, allowing staff to intervene with additional referrals or interventions to improve client well-being.

► FOR MORE INFORMATION

Read More for Subsection 6.1

- The coaching model for administrative supervision
- Goal-setting framework for peer programs that outreach to clients...
- Goal-setting framework for peer program working with providers...
- Understanding boundaries in peer-client relationships

Additional Supervision Subsections

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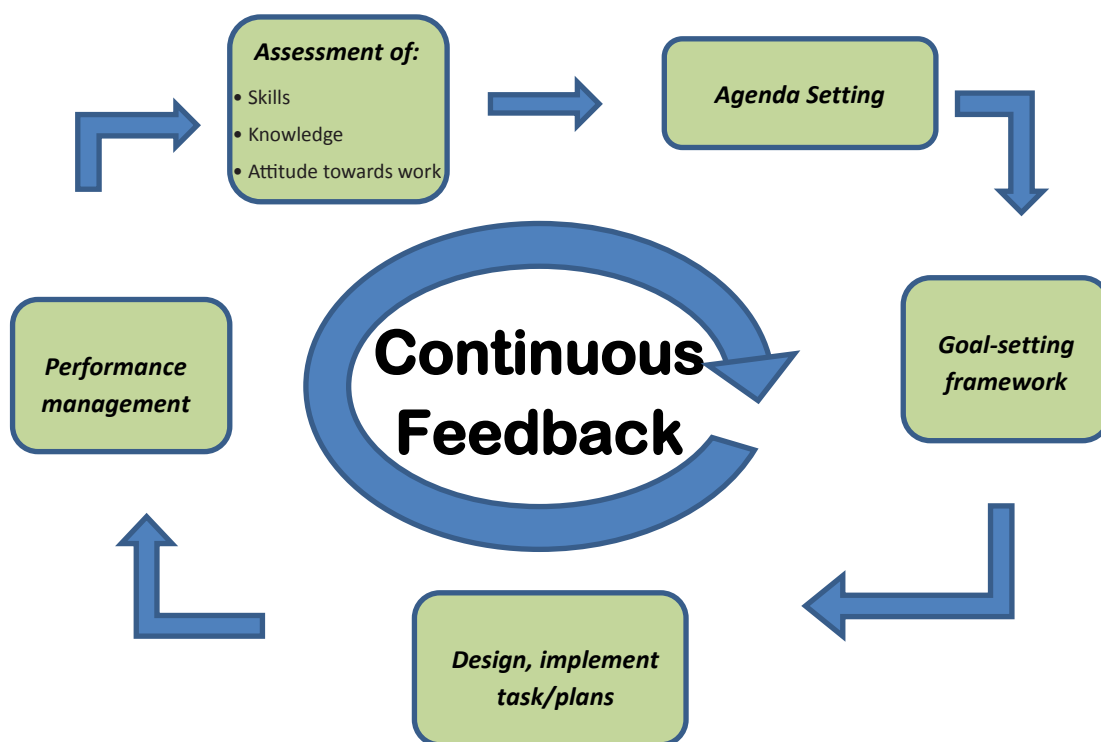
This section is part of the online toolkit *Building Blocks to Peer Program Success*. For more information, visit http://peer.hdwg.org/program_dev

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Coaching Model for Administrative Supervision

The coaching model below illustrates some key approaches to conducting individual status review meetings with peers. Administrative supervisors who are also providing supportive supervision may prefer to utilize the supportive supervision coaching model introduced in the next section.

Administrative Supervision Model



READ MORE: COACHING MODEL

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READ MORE: COACHING MODEL

Administrative Peer Assessment

To assess peer skills, knowledge, and job satisfaction, it is recommended that the administrative supervisor have an understanding of whom he or she is supervising in terms of the peer's current skill set, knowledge about the work, and the peer's degree of job satisfaction. In this way, the supervisor can explore ways in which the peer can enhance his or her skills and knowledge in order to meet program goals. In addition, making sure that peers get satisfaction from their work encourages retention and the sustainability of consistent peers in the system.

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 supervisor can and should raise issues that may be challenging or difficult for the peer with regard to meeting the goals of the program. Some agenda items may be standardized and become part of each supervisory session such as:

- Client successes and challenges
- Client caseload/paperwork/documentation
- Professional development/job satisfaction

Goal-Setting Framework

The role of the administrative supervisor is to work with the peer to set goals for his or her work. These goals are specific and in line with the job expectations set up when hiring the peer. Goals should be S.M.A.R.T.: Specific, Measurable, Agreed upon, Realistic and have

Timelines attached so that the administrative supervisor and peer have an understanding of how to support the general program goals as well as the peer's professional development. Goal setting helps guide the concrete program work, expands the peer's ability to achieve those goals, and supports the overall mission of the organization.

Refer to the [Read More: Goal-Setting Framework for Peer Programs that Reach Out to Clients](#) and [Goal-Setting Framework for Peer Programs Working with Medical Providers](#) for examples of how an administrative supervisor might use goal setting with a peer.

Design and Implement Tasks and Plans

Once goals have been set, it is important for administrative supervisors to work with peers to develop tasks and plans to meet those goals. Designing tasks and implementing the plans for those tasks provides outputs and outcomes to meet the mission of the organization. In this way, peers become integrated into the work environment and become an active member of the multidisciplinary team. This is also an opportunity to evaluate the effectiveness of the peer program. Designing and implementing tasks that are intended to meet goals provides an ideal way for measuring program effectiveness. Utilizing the expertise of peers better ensures the likelihood of a well-thought-out design and implementation plan.

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READ MORE: COACHING MODEL

Performance Management

Once goals that are in line with the organization's mission have been set and tasks have been designed and implemented, it is important to measure the success of those goals and tasks in part through measuring the peer's performance. All goals and tasks should be S.M.A.R.T. Peers need to be evaluated on a realistic set of job expectations that have been articulated as part of the hiring and orientation process. Performance feedback should never be a surprise to a peer, as continuous feedback should be part of any

administrative supervision. It is important to consider all aspects of having peers as part of the organization.

This includes:

- Limited schedules
- Health issues
- Professional/work experience
- Social supports as they relate to the peer's health

Therefore, some exceptions within reason need to be considered as part of managing peer performance.

This “Read More” section accompanies [Subsection 6.1, Supervising Peers: Administrative Supervision](#), part of the online toolkit *Building Blocks to Peer Program Success*. For more information, visit http://peer.hdwg.org/program_dev

6.1 SUPERVISING PEERS: ADMINISTRATIVE SUPERVISION

Goal-setting framework for peer programs that reach out to and engage clients lost to medical care

READ MORE: GOAL SETTING #1

Goal setting is relevant, but should have a degree of flexibility in the way in which it is achieved. The basic framework of goal setting is outlined in this section to guide the discussion of how to formulate goals with clear expectations. Whether these are formally written or verbalized in a conversation and then written in another format with the needed information should be determined by the learning styles of both the peer worker and the supervisor.

The following example illustrates a dialogue between a peer and his or her supervisor. The peer is struggling with reaching clients who have not shown up for their medical appointments. In a supervisory session, the supervisor works with the peer to develop strategies to find clients.

Supervisor: How are things going with your clients?

Peer: Good. I actually made contact with a new client I am meeting later this week

Supervisor: That's great. What are some of the things you are hoping to work on with this client?

Peer: Well, I think they have had some trouble keeping their medical appointments so I am going to find out what's going on and see if I can help with that.

Supervisor: That sounds like a good plan. I have noticed that there are several clients who have missed appointments over the last 3 months and I would like to work with you to brainstorm some ways we can reach out to them. You have been so successful in working with our clients in helping them to keep their appointments; I thought this might be a good goal to work on over the next month. What do you think?

Peer: Thanks. I think it's important to reach out to the clients, because it took me a long time to accept all the things I have to do to stay healthy.

Supervisor: So, what ways have you tried to keep your clients coming back in for their medical appointments?

Peer: Let's see...I make phone calls; sometimes meet them at their church or I might mention something in the support group that I lead; sometimes, talk to the case manager and see what they've tried or if they have something planned like a social meeting, I might go to that and see if I see them.

Supervisor: All those sound like great strategies. If we look at our agency information on who has missed appointments over the last month, and identify 3 clients, do you think we can come up with a plan for each client depending upon what we know about them?

Peer: Yeah, definitely.

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READ MORE: GOAL SETTING #1

Supervisor: So, let me get the information and then let's come up with a plan for each client that uses the strategies you have already tried. We might think of additional strategies as we find out some details about the client.

Peer: Sounds good.

Supervisor: So, here is client #1-she is an African American female who was diagnosed only 6 months ago and has been sporadic in her health care visits. She does seem to attend support group regularly and is connected to some community services, according to her case manager. Her case manager hasn't been able to reach her, and it is unclear whether her phone has been disconnected.

Peer: Well, I am wondering if she can't pay the bills. I also think maybe she thinks that the medication will cost her money because she hasn't gone on meds, but that (going on meds) might have been the next step. I am glad she comes to support group. I know who she is and I think I'd like to try to connect with her this week if she comes. If not, I think I will try to go check out some of the community places and see if I can just talk to her.

Supervisor: You are approaching this by thinking about what she might be experiencing and then trying to understand all the possible reasons why it might be hard for her to keep her appointments and then trying to check it out with her. That sounds like a great plan. What are you hoping will happen?

Peer: I would be so happy if she tells me what is up with her and then comes to her next doctor's visit. I would be glad to go with her, and I'll tell her that. But, I also hope that I can reassure her about the medication not costing her and that it might be a good thing to talk with her doctor about trying it.

Supervisor: Great. Let me know how it goes. Should we look at taking this same approach for two other clients who have fallen out of care?

Peer: Yeah. That sounds good.

The dialogue between supervisor and peer worker continues until the goal of connecting with at least three clients who have fallen out of care has been detailed in a way that both supervisor and peer worker have an understanding of the work involved.

SUPERVISING PEERS: ADMINISTRATIVE SUPERVISION

READ MORE: GOAL SETTING #1

Based on the dialogue between the supervisor and peer, the following goals and framework were developed.

Goal #1: To reach out to and engage three clients who have not shown up to their medical appointments

Activity	Description	Time	Output	Outcome	Impact
<ul style="list-style-type: none">• Locate client contact information• Review venues where client visits• Support group	<ul style="list-style-type: none">• Utilize agency resources to get most updated client contact information on 3 identified out of care clients• Determine through community contacts and any information on client the likelihood of locating client• Determine online connections• Utilize support group as mechanism to enlist engagement by raising medical appointments as an educational topic	By x date	<ul style="list-style-type: none">• Updated information for 3 clients• Venues where clients are likely to go• Educate support group clients on importance of medical appointments• Educate clients on navigating medical health care system	<ul style="list-style-type: none">• Access to 3 clients• Educating clients on medical health care system• Teaching advocacy	<ul style="list-style-type: none">• Engagement with 3 clients• Advocacy for and with clients

This “Read More” Section accompanies [Subsection 6.1, Supervising Peers: Administrative Supervision](#), part of the online toolkit, *Building Blocks to Peer Program Success*. For more information, visit http://peer.hdwg.org/program_dev

6.1 SUPERVISING PEERS: ADMINISTRATIVE SUPERVISION

READ MORE: GOAL SETTING #2

Goal-setting framework for peer programs working with medical providers to retain patients in care

Below is an example of a goal-setting framework for supervisors to work with peers who may be facing challenges with keeping patients in care. Based on a dialogue between the supervisor and peer, the following goals and framework were developed to help the peer work with providers in order to retain clients in care.

Program Goal #2: Develop engagement strategies with the medical providers to support clients keeping appointments.

The supervisor will guide the peer in:

- Brainstorming engagement strategies
- Connecting with medical providers
- Understanding how medical providers relay appointment and medical follow up information to clients
- Creating a process jointly with administrative supervisor to brainstorm with the medical providers to determine joint strategies to work through client barriers to appointment adherence

Goal #2: Develop engagement strategies with the medical providers to support clients keeping appointments.

Activity	Description	Time	Output	Outcome	Impact
<ul style="list-style-type: none"> • Connect with all medical providers working with these 3 clients • Conduct brainstorm session with medical providers • Create plan to address barriers to keeping medical appointments 	<ul style="list-style-type: none"> • Meet or reconnect with all medical providers • Work with administrative supervisor to arrange a meeting with medical providers to: <ol style="list-style-type: none"> 1. Better understand their medical appointment protocol 2. Brainstorm ways to collectively engage client in keeping medical appointments 3. Brainstorm/ create plan to address barriers 	By X date	<ul style="list-style-type: none"> • Engage medical providers in keeping clients in healthcare system • Peer learns how to navigate internal system • Peer learns facilitation skills by mentoring from administrative supervisor 	<ul style="list-style-type: none"> • Strategies that can be replicated are developed • Healthcare system is engaged as a whole 	<ul style="list-style-type: none"> • System is more comprehensive in supporting client retention • Peers develop skills to address client needs

This “Read More” section accompanies [Subsection 6.1, Supervising Peers: Administrative Supervision](#) part of the online toolkit *Building Blocks to Peer Program Success*. For more information, visit http://peer.hdwg.org/program_dev

6.1 SUPERVISING PEERS: ADMINISTRATIVE SUPERVISION

READ MORE: PEER-CLIENT BOUNDARIES

Understanding Boundaries in Peer-Client Relationships

On the next page is a checklist that can be used in preparing the peer to think about possible boundary issues prior to engaging the client. This checklist can be modified in relation to the type of work the peer will be doing as well as to the organization's standard protocol. Once the peer has filled out the checklist, review items with the peer and discuss strategies to address the potential boundary issue with clients. Be clear about what the agency's protocol is in each of these areas.

There may be some areas where the peer and the supervisor may disagree due to the complex nature of the peer-client relationship. In these cases, it is important for the supervisor to clearly outline when exceptions could be made and why or if no exceptions can be made, then provide the peer with ways in which the peer can respond to the client that can continue to honor

the special nature of their relationship without compromising the role of the peer or the agency.

For example: the peer may feel that it is sometimes okay to loan money to a client, but the agency policy prohibits this. The supervisor may need to help the peer prepare a response to the client that is caring, but clear, such as, "I would really like to be able to help you with your money situation, but our agency doesn't allow us to lend money. What other ways can I help you solve this issue?" (There may be other resources available to the client through case management and the peer can refer the client to his or her case manager.) "Maybe your case manager could help you with this. Would you like me to go with you when you meet with your case manager?" In this case, the peer can offer emotional support while referring the client to the appropriate resource.

SUPERVISING PEERS: ADMINISTRATIVE SUPERVISION

READ MORE: PEER-CLIENT BOUNDARIES

Boundaries in Helping Relationships

Decide whether for you each of these situations is clearly: 'Always Okay' or 'Never Okay'. If there are times when it might or might not be okay, depending on the circumstances, check 'Sometimes Okay'. Then make a note as to when or under what circumstances that behavior would be okay.

Behavior	Always Okay	Never Okay	Sometimes Okay / When??
1. Keep your attraction to your client secret from supervisor/team			
2. Keep client's attraction to you secret from supervisor/team			
3. Keep boundary concerns secret from supervisor/team			
4. Bend the rules for an individual client			
5. Share religious/spiritual beliefs with client			
6. Advocate for a client despite your team/agency's opposing view			
7. Share after-hours social time with a client			
8. Bring a client to your home for any reason			
9. Share a meal with a client			
10. Engage in common interest with client			
11. Spend time alone with client in his/her apartment			
12. Loan money to a client			
13. Loan personal items to a client			
14. Accept a loan of money from a client			
15. Accept a loan of personal items from a client			
16. Give a gift to a client			
17. Accept a gift from a client			
18. Call a client after work hours			
19. Accept a call from a client after work hours			
20. Accept a call from a client at your home			
21. Invite client(s) to a party at your home			
22. See a former client as a friend			
23. Date a former client			
24. Accept a hug from a client			
25. Initiate a hug with a client			
26. Accept a massage from a client			
27. Initiate a massage with a client			
28. Take a client to your religious institution (church, mosque, temple)			
29. Take a client to your self-help meeting			
30. Ride in a client's vehicle			

This "Read More" section accompanies [Section 6.1, Supervising Peers: Administrative Supervision](#), part of the online toolkit *Building Blocks to Peer Program Success*. For more information, visit http://peer.hdwg.org/program_dev

6.2 SUPERVISING PEERS: SUPPORTIVE SUPERVISION



“It can become sort of overwhelming at times because I live with HIV myself and then I work with HIV and I go to seminars about HIV. I’m learning ways to balance it by reading and listening to classical music and spending time with people, with my family.”

Lionel Biggins
Peer Educator
Truman Medical Center
Kansas City, MO

Introduction

While the supportive supervisory approach borrows from clinical supervision, non-clinical staff can readily utilize the methods and tools described here. Many clinics and organizations choose to identify one person who will provide both administrative and supportive supervision, while other programs may choose to separate the roles and have one person provide administrative supervision while another team member, licensed mental health professional, or intern provides supportive or clinical supervision to peers on an ongoing basis. As stated earlier, it is important to preserve the integrity of the role of supervisor, whether administrative, supportive or clinical, when providing the guidance appropriate to that role. Although it is cost effective to have the same individual provide both administrative and supportive or clinical supervision, it can create some role confusion for the peer as well as the organizational system. It is recommended to have two individuals designated to provide two distinct types of supervision.

What is the rationale for a supportive approach and how do peers benefit? In the fields of psychology and social work, it is well recognized that people serving in a helping capacity require a supportive approach to supervision and training. Formal structures within psychology and social work programs are set up to provide students and interns with weekly clinical supervision, support from colleagues, and even their own short- or long-term psychotherapy treatments. These requirements serve the function of helping students deal with stress and teaching them to navigate a profession in which they are expected to hold and contain clients’ stress and problems without absorbing it in a harmful way.

Peers have strikingly similar challenges to those faced by psychology and social work students and interns. While this applies more heavily to peers who specifically provide emotional support, most peers, no matter what their role, face situations that require them to attend to clients who are presenting with acute or chronic stress and other psychosocial challenges. The difference is that peers usually have received little or no formal training in the helping professions, nor have they benefited from the structures in place for social work

SUPERVISING PEERS: SUPPORTIVE SUPERVISION

and psychology students. Supportive supervision for peers is part of the solution for addressing this difference, so that peers may thrive in their roles.

Supportive supervision draws on the tenets of clinical supervision to offer peers the opportunity for individualized support and training. However, there are some distinct differences between a clinician-client relationship and a peer-client relationship. Peers do not provide a clinical service to clients, and it is not in their scope of work to diagnose and treat any kind of clinical condition. On the contrary, peers present to clients an allied relationship in which the client is free to feel unconcerned about being diagnosed and treated. Ironically, what often occurs between peer and client is inadvertently therapeutic, due to the safe nature of the relationship. This is why a supervision approach that borrows from social work and mental health is so crucial for peers.

A supportive supervisor can help peers appropriately respond to clients who begin to share serious concerns that may ultimately merit attention from the larger clinical team, or from other community agencies. Furthermore, the supportive supervisor can help the peer set appropriate functional and emotional boundaries with clients. In a therapeutic relationship, the goal of the clinician is to intervene in difficult interpersonal dynamics to help clients become aware of dysfunctional patterns. In a peer relationship, the goal is for the peer to sustain the relationship. This type of support may be therapeutic for the client, but it is not the goal. A supportive supervisor will want to help a peer sustain the relationship with the client by helping with boundary setting and staying within the scope of work as a peer.

Most importantly, peers benefit from support in managing the stress involved in serving multiple

clients. Understandably, peers come into the field feeling as if it is their duty to help clients in measurable ways. In fact, their work may actually be measured through organizational quality assurance efforts. For peers, it can feel tremendously disempowering to run up against perceived failures to help clients in an immediate fashion. When these perceived failures happen frequently, and with clients whom they care for, this can feel overwhelming and disillusioning. Peers do begin to care for their clients, and this is in alignment with the work of a peer, as it distinguishes peer work from the more “objective” stances of medical and mental health providers.

In short, supportive supervision provides an opportunity for peers to talk openly and safely about their work with clients. As described above, supportive supervision offers the peer a way in which to work effectively with clients while understanding that the peer’s own personal experiences may impact his or her work.

General Principles for Conducting Supportive Supervision

Supportive supervision lends tremendous assistance to peers in their efforts to manage the multi-layered dimensions of their own lives with HIV while supporting clients in managing theirs. Engaging in a process of supportive supervision for non-clinical staff, specifically for peers, is essential for building staff competency, knowledge, and retention. It is recommended that supportive supervision occur in a consistent way, whether it is weekly, bi-weekly or monthly. In this way, the supervisee can rely on having regular time to discuss work issues including the nature of the work and how it may impact him or her, both personally and professionally.

SUPERVISING PEERS: SUPPORTIVE SUPERVISION



LaTrischa Miles (left) with a peer.

Some of the important skills used in supervision are good listening skills, good communication skills, verbal and non-verbal. Being open-minded in a supervisory role is very important, because as a supervisor, I don't have all the answers. [Peers are] living with a chronic disease, so you need to have some flexibility.

LaTrischa Miles
Peer Supervisor
Kansas City Free Health Clinic
Kansas City, MO

There are several components that make up the foundation of supportive supervision: building a trusting relationship between the supervisor and the peer; allowing the peer to explore feelings and reactions that emerge; and creating a model of the peer-client relationship. The following outlines the general principles of conducting supportive supervision:

- The supervisor recognizes that this supervision time is dedicated to the peer.
- The supervisor creates a safe space. There are no interruptions during supervision, if possible, and the peer is encouraged to share any concerns.
- The supervisor sets a time that is consistent and convenient for the supervisor and peer.
- The focus of the supervision meeting remains on the development needs and concerns of the peer.
- The supervisor and peer set the agenda together.
- The supervisor is open to exploring the feelings and reactions of the peer that can help the peer reflect on working with clients who are part of their community.
- The supervisor uses open-ended questions to help the peer share their work with clients. The supervisor can use a case discussion framework.
- The supervisor is responsive and empathic and encourages the peer to use his or her insight into the community to respond to client issues.
- The supervisor provides guidance and resources.
- The supervisor remains non-judgmental in his or her approach.

Supportive Supervision Objectives and Supervisory Goals

A supportive supervisory approach will allow the supervisor to:

- Build and sustain trusting relationships with peers.
- Support successful client outcomes.
- Promote positive peer retention rates.
- Help peers transfer personal knowledge to peer work.
- Offer personalized support and training to peers.
- Provide a venue for consistently offering supervisory feedback.

SUPERVISING PEERS: SUPPORTIVE SUPERVISION

During individual and group supervision meetings, a supportive supervisor will want to:

- Provide individualized support and training for each peer.
- Monitor case loads.
- Assist the peer in forming client care plans.
- Help peers manage feelings that arise about/towards clients.
- Support peers in identifying and addressing work and personal stress related to working with clients.
- Help peers link their personal experience and knowledge to their work with clients.
- Help peers identify and build on what works with clients.
- Help peers maintain appropriate expectations for themselves and their clients
- Ensure that peers stay within their scope of work and make appropriate referrals when necessary.
- Periodically evaluate peers' work performance in collaboration with the administrative supervisor (if these roles are played by separate people).

Development of a Supportive Supervisory Perspective

The supportive supervisor's perspective determines how he or she will approach peer supervision and how peers will respond to the approach. Peers usually have little or no formal professional training, yet they are hired for their expertise with the client population. It is critical that supportive supervisors communicate in verbal and non-verbal ways and show respect for the value that peers bring to the organization.

Supportive supervisors can develop a supportive perspective by:

- Actively listening and learning from the peers they supervise.
- Taking into account cultural differences and HIV-status differences between supervisor and peer.
- Maintaining a stance of active curiosity by asking open-ended questions.
- Asking clarifying questions when confused about how or why a peer is taking a specific approach with a client before inserting a "professional" opinion.
- Periodically ask peers if they are getting their needs met in supervision and group settings.

[Read More: Coaching Model for Supportive Supervision](#) illustrates some key approaches to providing supportive supervision to peers.

Helping Peers Link Personal Experience to Client Work

This is truly the heart of peer work. Peers offer clients a perspective based on personal experience—experience that often mirrors the challenges that clients themselves face. The power of the peer is his or her ability to draw from and share personal experience with clients in order to help clients feel that they are not alone, and that they too can solve challenging problems. A supportive supervisor can coach peers to draw from personal experience to help peers understand how they can be helpful to clients. A supportive supervisor can also help peers offer clients personal examples in a way that respects the differences between the peer and the client.

To read more about supportive supervision, including a breakdown of how these functions can be addressed, along with tools, suggested approaches and approximate time lengths for each component, see the Program Resources and Read More sections listed on the next page.

SUPERVISING PEERS: SUPPORTIVE SUPERVISION

► FOR MORE INFORMATION

Read More for Subsection 6.2

- The coaching model for supportive supervision
- Troubleshooting difficult cases and supporting peer efforts
- Recognizing and addressing countertransference
- Tasks and tools for developing a supportive approach
- Peer support groups and structured group supervision
- Understanding boundaries in peer-client relationships

Resources for Section 6

(available at http://peer.hdwg.org/program_dev/resources)

- Framework for supportive supervision case discussion (JRI)
- Framework for clinical case consultation tool (JRI)
- Administrative supervision tools (The Lotus Project)
- Supportive supervision tools (The Lotus Project)
- Supervision Tools (The PACT Project)
- Peer weekly staffing report (Project ARK)

Additional Supervision Subsections

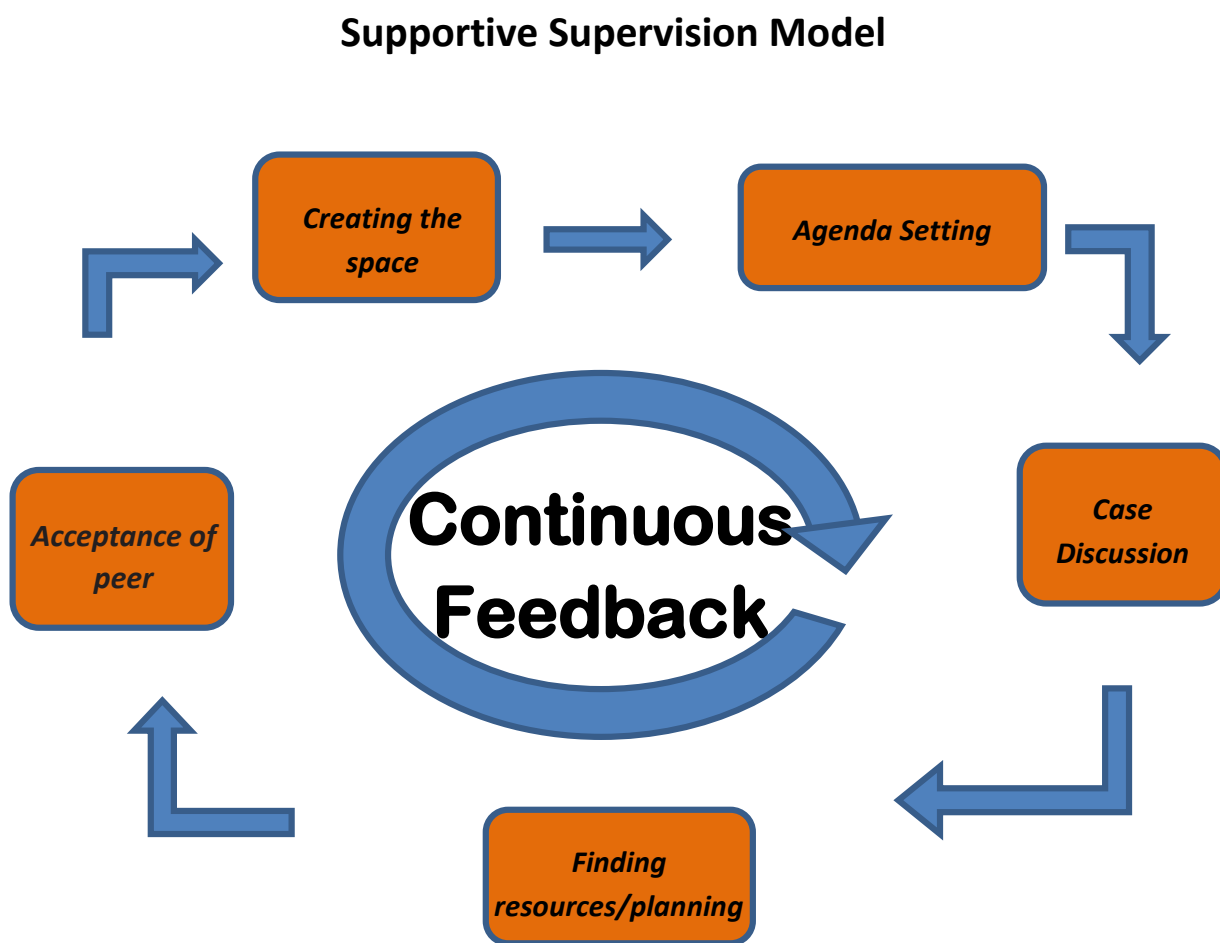
- Supervising Peers: Introduction
- 6.1 Administrative Supervision
- 6.2 Supportive Supervision
- 6.3 Clinical Supervision

This section is part of the online toolkit *Building Blocks to Peer Program Success*. For more information, visit http://peer.hdwg.org/program_dev.

6.2 SUPERVISING PEERS: SUPPORTIVE SUPERVISION

Coaching Model for Supportive Supervision

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



READ MORE: COACHING MODEL

SUPERVISING PEERS: SUPPORTIVE SUPERVISION

READ MORE: COACHING MODEL

A **supportive supervisor** is defined as someone who supervises peers using a supportive approach that borrows from some of the tenets of clinical supervision. Supportive supervisors are often unlicensed (for example an intern, nurse practitioner, or unlicensed social worker), but have worked in the same field in which they are providing supportive supervision.

Creating the Space

As a supportive 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.)

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 a 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 discussion
- Resources

Case Discussion

The key difference between supportive and clinical supervision is the framework of case discussion. Case discussion in supportive supervision is the section where the peer can talk about the client and create a supportive plan. In clinical supervision, case consultation is the section where the peer and supervisor talk about the client in the context of a therapeutic intervention, and the supervisor and peer delve into deeper issues of transference and countertransference.

In supportive supervision, case discussion is the section dedicated to client work and focuses generally on how a peer is working with a particular client. Peers may want to talk about all their clients if time allows, but in general, peers should be encouraged to discuss their most challenging clients. Case discussion is an opportunity to share the client story with the

SUPERVISING PEERS: SUPPORTIVE SUPERVISION

READ MORE: COACHING MODEL

supervisor in order to gain perspective on the client, the work, and the peer's concerns as they relate to both the client and the scope of work. (see: Supportive Supervision Case Discussion)

Finding Resources and Planning

An important aspect of supportive supervision is to provide an environment beyond the physical environment that helps the peer think about how best to support the client as well as acquire support for him or herself. The supportive supervisor does this through actively listening to the peer and helping to identify what resources and supports the peer can offer the client, as well as what resources might be useful for the peer. It is important to plan ways in which the peer can best communicate this support to the client. If a peer initiates this type of planning, it is a good indicator that the client is willing to consider utilizing the support.

Planning encourages client goal setting and a process by which the peer and client can set goals together. Supportive supervision in the context

of finding resources and planning gives the peer an opportunity to sort these options out in the supportive nature of a supervisory session.

Acceptance of Peer

In this context, the supportive supervisor's role becomes that of accepting the peer in their efforts to support their clients. This requires the supervisor to be an active listener, to remind the peer of the importance of boundaries when working with clients who seem similar to the peer, and to act as a sounding board to explore ways to work with clients and the issues that clients raise. It is also imperative for the supportive supervisor to recognize when the discussions or client issues become overwhelming and to be able to secure clinical supervision for the peer in order to best serve the peer and ultimately the client.

See the [Read More: Recognizing and Addressing Countertransference](#) for more information.

This "Read More" section accompanies [Section 6.2, Supervising Peers: Supportive Supervision](#), part of the online toolkit, *Building Blocks to Peer Program Success*. For more information, visit http://peer.hdwg.org/program_dev

6.2 SUPERVISING PEERS: SUPPORTIVE SUPERVISION

READ MORE: TROUBLESHOOTING

Troubleshooting Difficult Cases and Supporting Peer Efforts

Supportive supervisors will find that peers will bring their most difficult client scenarios to supervision. If a supervisor finds that a peer is not doing so, it may be prudent to check in with the peer about whether or not he/she is getting enough support. This is also an indication that more trust needs to be built between supervisor and peer.

The BALANCE Model is an easy-to-remember checklist that provides supportive supervisors with a plan for helping a peer troubleshoot a difficult client scenario.

BALANCE Model for Supportive Supervisors

B- Be Present	Breathe, focus, relax
A- Ask Open-Ended Questions	What, How, Why
L- Listen	Stay open-minded.
A- Affirm	Make positive statements. Remember body language. This includes being responsive nonverbally.
N- Normalize Feelings	Feelings can't be controlled; actions can. Discussing feelings often leads to more appropriately managing actions.
C- Check Counter-transference - Challenge Assumptions - Consider Alternatives	What does this remind you of? Who does this remind you of? In what way are we sure we're right about this? What are other ways to approach this?
E- Express Appreciation!	"You are doing such good work." Be specific about the good work and say, "Thank you!"

In addition to the BALANCE Model, there are three additional supervisory approaches: Identifying and Building on What Works; Realistic Expectations for Self and Clients; and Helping Peers Balance Flexibility and Boundaries to Peer/Client Distress. These can be found in the [Supportive Supervision Tools](#) in the [Program Resources](#) for [Section 6, Supervising Peers](#). In addition, [Read More: Tasks and Tools for Developing a Supportive Approach](#) contains further information about troubleshooting difficult cases.

This "Read More" section accompanies [Section 6.2, Supervising Peers: Supportive Supervision](#), part of the online toolkit, *Building Blocks to Peer Program Success*. For more information, visit http://peer.hdwg.org/program_dev

6.2 SUPERVISING PEERS: SUPPORTIVE SUPERVISION

READ MORE: COUNTERTRANSFERENCE

Recognizing and Addressing Countertransference

The supportive supervisor can help peers examine feelings that could affect their reactions or perceptions towards clients. This is one of the key objectives of supportive and clinical supervision alike. **Countertransference**, feelings that a peer has toward the client, regularly occurs, and it is important for the peer to understand that feelings that they have toward the client—positive, negative, and at times both—are normal. These feelings can help a peer recognize and understand his or her own reactions as well as what a client might be experiencing. Peers benefit from being regularly reminded not to become personally frustrated or disappointed about issues or concerns that their clients may have, or not to have unrealistic expectations, but rather to be open to understanding where the client is in his or her life at that moment.

In some cases, peers unconsciously take on the task of trying to “fix” their clients, because they feel they may be at a healthier place in their own lives. As a result, they take on the responsibility of making their clients “better” according to their view of better. This can create a situation where the client no longer takes responsibility for his or her own behavior and in fact, becomes dependent upon the peer in an unhealthy way. Administrative supervisors can use the assistance of clinical or supportive supervisors in helping the peer manage countertransference and foster a productive relationship with the client.

Recognizing and Addressing Countertransference

Countertransference may be occurring if one or more of the following is true:

- Belief of exactly what a client needs to do
- Assumptions about a client without checking them out with her or him
- Going out of the way for a client, over-extending oneself even though client is not working very hard for him- or herself.
- Avoiding a client(s)
- Feeling of being manipulated
- Ignoring or forgetting boundaries or the boundaries that have been set by the organization
- Spending too much time with one client for an extended period of time
- Attraction to a client
- Unrealistic expectations of a client
- Client reminds peer of someone in the peer’s personal life
- Worrying about a client(s) excessively
- Beginning to use client for own stress relief
- Feeling confused about the peer role with a client(s)
- Feeling angry, sad or judgmental about a client(s) much of the time
- Being late consistently with a client
- While meeting with a client, an intense feeling suddenly arises—anger, sadness, or any other feeling, even a “positive” one. The feeling distracts from a normal ability to listen well.

SUPERVISING PEERS: SUPPORTIVE SUPERVISION

READ MORE: COUNTERTRANSFERENCE

We just had a countertransference issue recently. One of our peers went out to visit a positive woman who had a stroke and she's homebound, and she's about to get evicted. The peer had been through that same experience, so she came back to the office and was very upset. We had another example where we had to involve the child protective services, and the peer who had to make the call had her children taken away at one point.

Elizabeth Brosnan
Executive Director
Christie's Place
San Diego, CA

How to address countertransference?

Encourage and advise peers to:

- Consider feelings about the client(s) that trigger these feelings or reactions. Use supervision as a place to discuss this.
- Consider the possibility of over-identifying with client (perhaps there are some similarities that trigger feelings). Sometimes these similarities are hard to acknowledge.
- Talk to a trusted colleague, supervisor, counselor, or other supportive person.
- Engage in a stress-reduction technique of any sort.
- Reassess boundaries with a client(s).
- Consider spending more or less energy on this person(s)
- Question assumptions.
- Remember limits.
- Remember that supporting clients does not always have ideal outcomes
- Remember that the peer role is not to fix people—people are ultimately responsible for themselves.
- Get help if needed.
- Get supportive feedback
- Remember that the most important job is to role model self-care

This “Read More” section accompanies [Section 6.2, Supervising Peers: Supportive Supervision](#), part of the online toolkit, *Building Blocks to Peer Program Success*. For more information, visit http://peer.hdwg.org/program_dev

6.2 SUPERVISING PEERS: SUPPORTIVE SUPERVISION

READ MORE: TASK AND TOOLS

Tasks and Tools for Developing a Supportive Approach

The list below provides tools and approaches for tasks performed during supportive supervision.

Task: Help peer manage and reduce personal and work stress

Purpose: Build trust, support peer productivity and retention, improve client outcomes

Tools: Peer check-in format, self-care plans, reflective/active listening, linking relevant personal topics to client work

Suggested approach: Peers ultimately know what is best for them, particularly when it comes to their personal concerns. Your presence and listening, when offered regularly and within reasonable limits, helps peers recognize stressors, separate personal stress from work activities, and initiate plans for self-care.

Length of time: 3-10 minutes (longer if co-constructing a self-care plan)

Task: Ask peer about successes as well as challenges (Build on peer resiliency)

Purpose: Build trust, support peer self-esteem, encourage balanced perspective, support peer retention, reduce incidences of vicarious trauma for peers

Tools: Open-ended questions (i.e. What has been going well?)

Suggested Approach: Identify subtle successes and challenges in order to broaden peer's understanding of how he or she is helping clients.

Length of time: 5-8 minutes

Task: Encourage peer to present and explore work with one or more clients

Purpose: Monitor client care and improve client outcomes, support and training for peer

Tools: Open-ended questions, clarifying questions, inquiry into peer's perspective, case presentation format, presentation of client's care or adherence plan

Suggested Approach: Remember the peer's scope of work while the two of you come up with plans for client care. Identify places in which peer's expectations of self or client are too high or low, and how he or she may be overextending self, or avoiding difficult client work.

Length of time: 10-20 minutes

Task: Help peer identify feelings that are affecting his or her responses to a client

Purpose: Help peer manage countertransference, reduce client drop-out rates, support peer retention

Tools: Identification and normalization of feelings, countertransference model

Suggested Approach: Verbally reflect peer's feelings, positive and negative alike. You do not have to analyze each feeling—you can merely note them. This demonstrates to peers that feelings are normal and taking them into consideration is one of many ways to examine how client work is going.

Length of time: 5-10 minutes (usually happens along with client discussion above)

SUPERVISING PEERS: SUPPORTIVE SUPERVISION

READ MORE: TASKS AND TOOLS

Task: When a peer feels overwhelmed with job duties or client needs, help with prioritization

Purpose: Improve client outcomes, support program management, support peer retention

Tools: Time management and organizational tools and tips, share your methods

Suggested Approach: Offer your help and normalize peer's need for help.

Length of time: 5-7 minutes (not normally necessary each meeting)

Task: Offer your suggestions in ways that reveal the way you are thinking about an issue

Purpose: Build trust, model to peer how to think critically and intuitively about work

Tools: Think "out loud"; state opinions, not facts; suggest, don't tell; use "I" statements and "we" statements

Suggested Approach: Ask permission to provide your input and thank peer for accepting it.

Length of time: 2-4 minutes (dispersed within meeting)

Task: Offer your constructive criticism/feedback in a transparent fashion

Purpose: Build trust, depersonalize criticism

Tools: Evaluation forms, lead with peer strengths and value to you and program, state your dilemma (transparency)

Suggested approach: Deliver feedback honestly and respectfully. Detail how problem adversely affects peer, the program, clients, co-workers, etc.

Length of time: 15-20 minutes when necessary

Task: Address work process issues (i.e. communication with colleagues) using a solution-focused approach

Purpose: Support solving problems rather than assigning blame

Tools: Identification of problem or unmet needs of peer, brainstorm strategies for resolution

Suggested Approach: Reflect on peer's feelings (i.e., frustration) in a non-judgmental way before moving on to problem solving.

Length of time: 5-10 minutes

Task: Express your confidence and appreciation for peer

Purpose: Build trust, support peer's self-esteem, encourage peer to take on new challenges, support peer retention

Tools: Note peer's strengths and efforts as soon as you notice them

Suggested Approach: Lead with what is going well.

Length of time: Throughout meeting

SUPERVISING PEERS: SUPPORTIVE SUPERVISION

Task: Monitor your internal and external responses to peer

Purpose: Maintain positive supervisor/peer relationship, support peer retention

Tools: Self-awareness activities, identification of supervisor's countertransference

Suggested Approach: Ensure that your responses to peer consistently communicate positive regard and respect for peer, even when offering criticism.

Length of time: Throughout meeting when necessary

Sample Supervisory Dialogues

The following sample dialogues illustrate how to put some of the approaches, methods, and tools previously discussed into practice. The first dialogue provides commentary on how/what/why the supervisor is responding in a particular manner, and what approach or tool he or she is using.

Supervisory Meeting: Emotionally Charged Check In/Client Mental Health Issue

Supervisor: Hi, how are you?

(Supervisor starts with a simple open-ended question.)

Peer: I am good today. The weekend was hard, because I'm still having to deal with my niece and the guy that keeps bothering her. He has threatened to kill her again, so I had to help her get a restraining order. It's just so hard. I need her to be independent of me, and when this stuff happens, of course I have to help her out (tears up).

(Supervisor nods head in sympathy)

Peer: It just makes me so mad he is doing this. I cannot for the life of me understand why she keeps listening to him. I hope this time she stays away from him. She says she is going to. Anyway, thanks for listening.

Supervisor: Of course. It sounds like you are trying to both help her and set your own boundaries. Hey, remember we have that handbook on domestic violence if you ever want to borrow it. (Supervisor offers reflective listening and also offers a resource for peer to initiate self-care.)

Peer: Oh right! I saw that. I will look at it.

Supervisor: Great. So what is going well this week with clients?

(Supervisor asks open-ended question to support peer's sense of resilience/self-esteem and balanced perspective.)

SUPERVISING PEERS: SUPPORTIVE SUPERVISION

READ MORE: TASKS AND TOOLS

Peer: Here is a success. I talked to my client, Roseanne. She is going to disclose her status publicly at the HIV conference. I know that she is going to inspire so many people. She is doing so well! (tears up)

Supervisor: Those seem like happy tears.

(Supervisor reflects feelings.)

Peer: Yes, they are. It is just so inspiring to work with some of these courageous women. I am thinking of Louise, Sondra, Becky, Pauline... (names other clients as well as other peers and staff)

Supervisor: And you!

(Supervisor takes opportunity to affirm peer.)

Peer: (Smiles) And me.

Supervisor: (Smiles back) I am so happy to hear this about Roseanne. How will you support her after she discloses?

(Supervisor offers open-ended question to help peer think about her plan for client support.)

Peer: Oh, I'll see when the conference session is over so I can call her.

Supervisor: That sounds like an excellent idea. On another note, how is everything at the clinic?

(Another open-ended question to shift to talking about other clients.)

Peer: Going fine. I am worried about my client, Gina. She has always been so flamboyant, but lately she has been saying some strange things, and she thinks people are out to get her.

Supervisor: That does sound disturbing. What do you think is going on?

(Supervisor affirms peers concerns and asks open-ended question to invite peer to explore her thoughts about the situation.)

Peer: Maybe it is HIV-related dementia? She has been taking meds for so long.

Supervisor: That is an interesting thought, I didn't think of it. That might be something to ask one of the doctors at the clinic. I wonder if it also might be a mental health issue. You sound worried about her. How are you doing with it?

SUPERVISING PEERS: SUPPORTIVE SUPERVISION

READ MORE: TASKS AND TOOLS

(Supervisor affirms peer's perspective, and also adds her own thoughts and suggestions. She also reflects feelings and with an open-ended question invites peer to express difficult feelings in case she needs to do this in order to release stress.)

Peer: I just hate to see this happen to her. It is so sad. She is such a nice person. She really is. She has helped so many other people, too (tears up). It just doesn't seem fair.

Supervisor: It really does feel...perhaps this is too strong a word...but, tragic.

(Supervisor reflects feelings, and indicates that it is ultimately up to the peer to figure out how it feels for the peer.)

Peer: That is not too strong a word at all. It is tragic. Thank you for saying that.

Supervisor: Of course. It makes me sad too. You seem to be feeling a little better.

(Supervisor shares in the experience with the peer and reflects the change in peer's feelings.)

Peer: Yes. I'll be okay with it. I guess I can only do so much, though.

Supervisor: Absolutely. I am so glad you realize that. What do you think she needs most from you?

(Another open-ended question, this time to illicit peer's intuitive knowing.)

Peer: Just to listen to her and calm her down. Sometimes it is hard, but I can do it.

Supervisor: What works with her?

(Open-ended question to illicit peer's perspective on how to care for client. Also illustrates to peer that supervisor believes in peer's ability to assess the situation.)

Peer: I guess just sitting close to her and letting her know I am listening.

Supervisor: That sounds good. You are doing a great job with her. Let me know if it gets any harder. And, you may want to check in with the medical social worker to make sure that she knows about this client's fears about people wanting to get her.

(Supervisor affirms peer for her good work and indicates that she is open to talking to peer more about it at a later date. She also suggests another action for peer to take.)

Peer: Oh, I think the social worker knows, but I'll mention it.

SUPERVISING PEERS: SUPPORTIVE SUPERVISION

Supervisor: Great. It might be good to get her take on the issue. Anything else before we wrap up?

Peer: No. Thanks!

Supervisor: Thank you. Hey, you have a lot on your plate with your niece and a lot of heavy client stuff. I hope you'll find a way to do something nice for yourself this week.

(Supervisor highlights need for peer's ongoing self-care.)

Peer: Yeah, maybe I'll get one of those free massages at the center.

Supervisor: Sounds like a good plan.

Supervisory Meeting: Adherence Concern/Supervisor's and Peer's Countertransference

Supervisor: Hi, how are you?

Peer: (Big sigh and speaking with annoyance) I am okay. I am just so frustrated with my client, Suzanne. She will not take her medication. She says she is taking it, but her viral load has skyrocketed. She acts like she doesn't know why, but I am not stupid, and I know why.

Supervisor: Why are you so angry with her?

(Supervisor immediately realizes her voice has an edge. She wonders to herself what is going on and realizes she is feeling impatient with the peer. She takes a deep breath and refocuses on what peer is trying to communicate.)

Peer: I don't know. I guess I am feeling tired of her lying to me.

Supervisor: (Changes her tone) Oh, I see. It can be frustrating when someone seems to think they need to hide the truth from you. Is that possibly how you are feeling?

Peer: Yes, come to think of it, I don't feel trusted. I have done so much for her. And I haven't done anything to make her feel like I can't be trusted. What am I supposed to do?

Supervisor: This really is a hard situation for you to be in with her. As matter of fact, it might be hard for any of us. What is it like for you when someone doesn't seem to trust you?

Peer: (Thinks for a moment) You know, I guess I hate it. Sometimes my boyfriend doesn't trust me and that drives me crazy. I get pretty upset.

Supervisor: So when this client acts like this, it may bring up similar feelings?

SUPERVISING PEERS: SUPPORTIVE SUPERVISION

READ MORE: TASKS AND TOOLS

Peer: I hadn't thought about that. I think I get more angry at my boyfriend. But you might be on to something.

Supervisor: Maybe, and maybe not. Again, it would be hard for a lot of people to be on the receiving end of this lack of trust. I know I'd find it challenging. It must be hard to conceal your frustration when this client acts this way.

Peer: Yes it is... Oh, is this countertransference?

Supervisor: Could be. What do you imagine is going on for her around the medication? I bet you are worried.

Peer: (Quiet for a moment) She probably just doesn't want to take those horse pills. The truth is, I have missed some doses lately, too. (becomes quiet and teary) I know I'm supposed to have it all together, but it is so hard to take them every single day of my life.

Supervisor: Sounds like you are being hard on yourself. Those meds can be really tough, and no one is expected to be perfect.

Peer: Yes, I guess so. But then there is the resistance problem.

Supervisor: Are you worried about yourself or your client?

Peer: Both of us, I guess. Well, I'll be able to manage, but I don't know about her.

Supervisor: What helps you get back on track?

Peer: Well, talking about it helps. I feel better right now.

Supervisor: I'm glad. What do you think would help your client?

Peer: I don't know. Talking about it?

Supervisor: Maybe you can share a little of your own struggle, of course, only if you feel comfortable sharing it with her.

Peer: Oh, I can do that. But without telling her everything about me.

Supervisor: No need to tell her everything. And, I know you'll remember she has to be the one who decides to change.

Peer: Right, right.

SUPERVISING PEERS: SUPPORTIVE SUPERVISION

READ MORE: TASKS AND TOOLS

Supervisor: Well, as you may have already guessed, this could be another part of your counter-transference with her. You can identify with her issue, and you get angry at her, like you get at yourself.

Peer: Oh my gosh. I really do. That is so unfair to her.

Supervisor: Okay, no need to be hard on yourself, here. It is normal for you to have feelings come up, and you are doing a good job today addressing them here. You are doing your job just fine.

Peer: (Sigh of relief) Okay, I think I can help her. (smiles)

Supervisor: You are doing a great job. Hey, are you getting support for yourself around the meds issue?

Peer: I am talking to you, the other peers, and my doctor knows.

Supervisor: Great, I'm glad to hear it. We need to wrap up. Anything else?

Peer: That is all for this week. I'll save another client issue for the peer meeting.

Supervisor: Oh good. See you then.

[Supervisory Meeting: Self-Care Plan/Client Crisis and Harm Reduction Approach](#)

Supervisor: Hello, How are you this week?

Peer: Fine. I had a good weekend. Got some rest.

Supervisor: Sounds good. We didn't have time to check in about your self-care plan last week. How is that going for you?

Peer: It is pretty good. It is hard to keep up with the water thing, but I am taking a walk twice a week for my work break.

Supervisor: Awesome! How do you like it?

Peer: I like it. It is easier when I can get someone to walk with me.

SUPERVISING PEERS: SUPPORTIVE SUPERVISION

READ MORE: TASKS AND TOOLS

Supervisor: Whatever it takes! What is hard about the water thing?

Peer: Well, I just don't like the taste of water and I'd rather drink soda!

Supervisor: Your goal was to drink two glasses per day. Is that working?

Peer: Yes, actually I am doing that.

Supervisor: Well then, you are meeting both of your goals.

Peer: (Smiles) Yes, I guess you are right. I have a client I need to talk to you about. Do you know who Shelley is? Well, she came in last week after she had been drinking. I could smell it. She came back after the support group was over and started saying to me that she "didn't want to be here anymore." I know that she has attempted suicide in the past so it worried me. I just don't know how to help her.

Supervisor: So let me get this straight. Shelley came to the support group last Wednesday and then left and came back?

Peer: Right.

Supervisor: I know you want to address how to help her, but first I want to check in about the suicidal comments. Do you remember more about what she actually said?

Peer: She just seemed really upset that she has HIV and said she was going to die, and she said she didn't want to be here anymore. She also said that she wouldn't tell me if she was going to try to kill herself because she knows that I'll tell someone. I just don't understand because she has never been upset like this before about the HIV.

Supervisor: When was she diagnosed? Recently, right?

Peer: She was diagnosed early last year. I guess that is pretty recent.

Supervisor: I wonder if she is starting to have more feelings come up about HIV.

Peer: Yeah, that could be. And, in the educational part of support group, we talked a lot about medication and side effects, so she might be reacting to that.

Supervisor: Oh, yes. That is a good point.

Peer: Maybe that is why she took a drink after the group.

SUPERVISING PEERS: SUPPORTIVE SUPERVISION

READ MORE: TASKS AND TOOLS

Supervisor: I wonder that, too. How did she leave that day?

Peer: Kind of upset.

Supervisor: Have you seen or talked to her since?

Peer: Yes, I tried to call her that evening and the next day. She never answered.

Supervisor: That was great that you tried twice. I assume you'll keep trying. Do you remember what to do if someone says suicidal things?

Peer: Yes. See if it is serious, like if they have a plan and they are going to do it, call 911 and you or the social worker.

Supervisor: Right on. How serious did you think she was?

Peer: Not very. And she didn't say she was going to do anything, really.

Supervisor: I always think it is a good idea to ask direct questions about these things. My philosophy is that people feel taken seriously when we're direct with them about this stuff. And, I think they feel more cared about.

Peer: It is hard, because I don't want to suggest anything, or assume anything. But I hear what you are saying.

Supervisor: I hear what you are saying, too. It can be an awkward conversation. What about the drinking? Did you say anything?

Peer: I asked her if she took a drink and she said yes. She said that it helps her with her chronic pain. I told her that alcohol doesn't cure pain. She said she knew that and her doctor just prescribed medication.

Supervisor: I am glad you mentioned all that—a good example of being direct! You also may want to ask her if she knows whether it is okay to drink alcohol while taking the medication.

Peer: I'll write that down. I guess we can also ask her doctor or pharmacist.

Supervisor: Sounds good. Good work. I hope you will keep being direct with her like that. Tell me more about your concern with the drinking.

Peer: I don't think she drinks a whole lot. But I am not sure what to do about her coming in with it on her breath. Do I have to do something?

SUPERVISING PEERS: SUPPORTIVE SUPERVISION

Supervisor: You do not have to as long as she is not acting unsafe or disturbing others. But I wonder how much it disturbs you.

Peer: I feel okay about it. She didn't seem drunk or anything.

Supervisor: Let me know if this continues with her, or gets worse. You may want to ask her if she wants help or needs a referral. As for helping her in general, what might she need from you right now?

Peer: Hmmm.... I guess she might need me to tell her more about HIV and the medication. I am not sure that she really knows how the disease and the meds works. And, we'll keep talking. Also, she is coming to support group and I see her there.

Supervisor: That all sounds like a good plan for her. How often do you see or talk to her outside support group?

Peer: Not so much.

Supervisor: This is someone who may need a little more contact, like a weekly check-in call and an occasional visit. What do you think?

Peer: I think that it would help. I'll start calling her on Mondays.

Supervisor: Sounds good. You are doing a really good job with her. There is a lot going on and you are juggling it well. You may want to check in with her social worker soon to touch base.

Peer: Yes, I'll do that when I am at the clinic.

Supervisory Meeting: Managing Boundary Concerns While Developing Peer Skills

Below is an example of how a supervisor might address a potential boundary issue between a peer and a client during a supervisory session. In this dialogue, the peer raises concerns that involve the peer personally and, with the help of some supervisory guidance, can begin to see the complexity of the relationships between peer colleagues as well as with clients. It is noteworthy to point out the opportunity that the supervisor has to help the peer not only reflect on his/her role in relation to the client, but also on Monique's position as a peer colleague.

Supervisor: Hello. How are you this week?

Peer: Good. I had a good weekend. Went out with some friends.

SUPERVISING PEERS: SUPPORTIVE SUPERVISION

READ MORE: TASKS AND TOOLS

Supervisor: Sounds like fun.

Peer: It was. (pause) I actually saw one of our clients, not mine, but Monique's. (pause) We happened to be at the same party.

Supervisor: Really. What was that like?

Peer: A little weird, but that client lives near me, so I see her sometimes on the street. This is the first time I saw her at a party.

Supervisor: You said, 'a little weird'. Want to say more about it?

Peer: Well, she was drinking and all over this guy I know. It was a little uncomfortable.

Supervisor: mmm (nods)

Peer: You know, I'm not working on the weekends and I don't have to be responsible for other people, especially when they're not my clients

Supervisor: True. You're not working on the weekends and you aren't responsible for others' behavior.

Peer: Right! But, I feel like I know something and it feels like she's watching me and wondering what I might say to this guy she's with. I know them; they're people I hang out with, and I know what they're doing and it makes me feel like I have to say something.

Supervisor: It's not your responsibility to stop somebody else's behavior, and sometimes we get information that puts us in a bind. It sounds like you're in a bind.

Peer: I am in a bind. I want to tell this guy that I know she's positive, cause I want to protect him; I want to tell her to stop drinking and think about what she's doing and I want to tell Monique what her client is up to.

Supervisor: You are really in a tough spot. What do you think the client is thinking?

Peer: I am sure she is wondering if I have said all that stuff that I wanted to. I didn't, but I am really frustrated and don't know what I will do when I see her again. I really want to tell Monique so she can deal with her client.

Supervisor: You have a lot of feelings about this.

Peer: I do, because she is a lot like I was, and she should be taking care of herself and care about others too.

SUPERVISING PEERS: SUPPORTIVE SUPERVISION

READ MORE: TASKS AND TOOLS

Supervisor: I understand that this is complicated for you because of your own experience, but it's not our job as peers and caregivers to tell others what to do. People have to make their own choices even if we don't agree with them.

Peer: I know. I realize that I can't say anything to the client or the guy I know, but what would happen if I talked to Monique about this client?

Supervisor: What do you think this would accomplish?

Peer: Monique would know what is going on with this client.

Supervisor: What makes you think this client hasn't shared information with Monique?

Peer: I didn't think of that.

Supervisor: By sharing this information with Monique, you might be hurting Monique's relationship with this client or your relationship with Monique.

Peer: What do you mean?

Supervisor: Well, Monique has an established relationship with this client and I imagine she is working hard with her, and if you tell Monique, it might be hard for Monique to work with her knowing that this client is possibly hiding something from her. Your relationship with Monique may be affected as well, because it might make Monique feel as if she is supposed to do something about her client's behavior, which we know is not the basis of a good peer-client relationship.

Peer: This is really tough for me and I am not sure I agree with you, but you're my supervisor, so I won't say anything, but I'm not happy about it.

Supervisor: I can hear that and it is ok to be frustrated and uncomfortable about the bind that this puts you in. Sharing your concerns in here with me might help you understand your feelings about it and might let this client figure this out her own way in her own time.

Peer: I may need to talk about this a lot.

Supervisor: That's fine with me.

SUPERVISING PEERS: SUPPORTIVE SUPERVISION

READ MORE: TASKS AND TOOLS

In this dialogue, notice how the supervisor asks questions and responds to the peer. The supervisor is able to help the peer realize that perhaps there are other options that can better support clients. Although, there is a difference of opinion, the supervisor acknowledges the peer and allows the peer to utilize supervision to express his or her concerns on an ongoing basis. This helps to ensure that the peer is being heard and supported while managing the clear expectations of maintaining the confidentiality of the client. This could have easily become a struggle or conflict between the peer and the supervisor, but by acknowledging the frustration of the peer, helping the peer reflect on Monique's role and offering the safe space of supervision, the meeting ended with a productive outcome.

This “Read More” section accompanies [Section 6.2, Supervising Peers: Supportive Supervision](#), part of the online toolkit, *Building Blocks to Peer Program Success*. For more information, visit http://peer.hdwg.org/program_dev

6.2 SUPERVISING PEERS: SUPPORTIVE SUPERVISION

READ MORE: STRUCTURED SUPERVISION

Structured Group Supervision

A four-phased model, ‘Structured Group Supervision’, gives an individual peer the opportunity to share and receive feedback from more than one person. The individual peer is able to experience uninterrupted group attention, and at the same time, it benefits all members of the group. The group supervision process can help build a shared identity among coworkers and can be facilitated by a leader without expertise in clinical supervision. It is, however, essential to the process that the facilitator preserves a safe, constructive environment for discussing difficulties in working with clients. Each phase requires 10 to 15 minutes of group time, and the facilitator is responsible for timekeeping and for monitoring the questioning and discussion.

PHASE ONE: Presentation and Request-for-Assistance Statement

The presenter describes a case, addressing the following questions:

- What are the facts?
- How did the situation arise?
- What specifically do I want help with in this case?

The information may be written up in advance if the group wishes. Following the presentation of the summary information, the presenter makes a specific request for assistance with the case. Specific requests may concern:

- Assessing or characterizing a client’s needs
- Facilitating a client’s progress
- Overcoming a perceived block
- Processing his or her emotional reaction to a client
- Developing specific counseling skills
- Working effectively in collaboration with colleagues or other staff members.

PHASE TWO: Questioning Period and Identification of Focus

Supervision group members question the presenter in order to obtain additional information and/or better understand and clarify issues involved in the request for assistance. This is done in round-robin fashion, with each group member asking one question in turn. If necessary the first member to ask questions begins the second round of questions, until the group feels it fully understands the focus of the request for assistance. The identification of focus will impact on the discussion in the next phase.

PHASE THREE: Feedback Statements and Discussion

During this phase the presenter is instructed to remain silent and listen without responding immediately to feedback. However, the presenter may take notes. After a brief pause, the facilitator asks the group members to make constructive suggestions, taking turns in round-robin fashion.

SUPERVISING PEERS: SUPPORTIVE SUPERVISION

READ MORE: STRUCTURED SUPERVISION

These suggestions should be phrased as “I ...” statements. It may be preferable to talk about the presenter in the third person rather than addressing him/her directly. The facilitator does not engage in discussion, but needs to monitor the group process, discouraging judgmental comments and overly harsh criticism. If necessary, the facilitator may ask a member to rephrase his or her feedback so that it addresses the presenter’s request for assistance.

A pause period then follows (2-3 minutes) to give the presenter time to process the emergent material. The group should remain silent, perhaps reviewing and adding to notes, during the pause.

PHASE FOUR: Presenter’s responses

The presenter responds to the feedback with regard to which aspects were helpful, and is encouraged to say why the feedback and discussion was or was not beneficial. The facilitator may allow an open discussion period following the completion of the four phases, should time allow.



Sylvia Young (right) talks with two peer advocates at WORLD.

“The one piece of advice I would give to a peer supervisor is to have compassion for the peers who are doing this work because they are living with a life-threatening, chronic illness, and challenges will come up.”

Sylvia Young
Peer Supervisor
WORLD
Oakland, CA

SUPERVISING PEERS: SUPPORTIVE SUPERVISION

READ MORE: STRUCTURED SUPERVISION

Phase	Purpose	Presenter	Group	Facilitator
Presentation & request assistance (10 – 15 min)	<ul style="list-style-type: none"> • Provide group with info about case or problem • Identify specific nature of request for assistance 	<ul style="list-style-type: none"> • Present selected case • Request assistance in area of concern 	Take notes	<ul style="list-style-type: none"> • Ask presenter to begin • Ensure that only presenter speaks
Questions & focusing (10 – 15 min)	<ul style="list-style-type: none"> • Gather more information • Construct group understanding of case and specific request 	Answer questions	Ask clarifying questions, each person taking a turn as long as necessary	<ul style="list-style-type: none"> • Monitor time • Ensure that one person has the floor • Continue questions until no more questions
Feedback statements (10 – 15 min)	Provide suggestions and insights	Take notes	Give feedback, each person taking a turn	Monitor time
Pause period (2 – 3 min)	Give time to assimilate suggestions and insights	Review notes	Remain silent	Ask group to pause Monitor time
Presenter's response (10 – 15 min)	Identify benefits of suggestions and insights	Respond to suggestions and insights	Listen	<ul style="list-style-type: none"> • Monitor time • Ensure that only presenter has the floor
Optional discussion (10 – 15 min)	<ul style="list-style-type: none"> • Process the session • Identify benefits for group 	Free discussion	Free discussion	Monitor time One speaker at a time

Reference: Wilbur, M.P., Roberts-Wilbur, J., Morris, J. R., and Hart, G.M. (1991). Structured group supervision: theory and practice. *The Journal for Specialists in Group Work*, 16, 2, 91 – 100. Adapted by: Thulani Vazi, Psychosocial Wellness Coordinator, International Center for AIDS Care and Treatment Programs, Mailman School of Public Health, Columbia University

This “Read More” section accompanies [Section 6.2, Supervising Peers: Supportive Supervision](#), part of the online toolkit, *Building Blocks to Peer Program Success*. For more information, visit http://peer.hdwg.org/program_dev

6.3 SUPERVISING PEERS: CLINICAL SUPERVISION



Sylvia Young (left) with Anna Jackson, FCN
Consumer Task Force and Retreat Coordinator

I hope everyone understands the importance of mental health supervision. I need that support. This is hard work. I wouldn't be here anymore if I didn't have it.

Sylvia Young
Peer Advocate Program Manager
WORLD
Oakland, CA

Introduction

Although much of this guide is focused on developing peer programs that utilize an asset-based approach to program development by building programs from the resources that are readily available, it should be noted that while clinical supervision for peers is ideal, it may not be realistic, given budget constraints. It is important for programs to have an understanding of clinical supervision so that if resources permit, programs can invest in this level of support for their peers.

Some peer support programs are able to provide clinical supervision by a licensed clinical provider who may or may not be part of the organization. The following outlines a model and limited guide to providing clinical supervision for peers.

A clinical supervisor is defined as someone who is licensed by the state in which he or she practices clinical work and is in the position to provide guidance and direction to both clinical and nonclinical staff. In general, clinical supervisors have been in practice for at least five years.

Below is a comparison of clinical supervision for prelicensed practitioners versus clinical supervision for peers.

Clinical supervision for prelicensed practitioners:

- Provides individualized support and training.
- Allows for close monitoring of caseload.
- Assists supervisee in providing accurate diagnoses.
- Assists supervisee in forming a treatment plan.
- Helps supervisee manage feelings that arise about/towards clients (countertransference).
- Helps supervisee manage feelings that arise from the client about/toward the supervisee (transference).
- Teaches supervisee how to monitor therapist/client interpersonal dynamic and intervene therapeutically when difficult interactions arise.
- Supports supervisee in identifying and addressing work stress related to working with clients with significant life stressors.

SUPERVISING PEERS: CLINICAL SUPERVISION



Two peers at Christie's Place.

Supervision has been an ongoing issue for us. There are challenges of boundaries, there's countertransference. So we hired a clinician supervisor, an MFT with 20 years of clinical supervision experience. With her counseling background, she's able to provide a higher level of supervision and support to the peers.

Elizabeth Brosnan
Executive Director
Christie's Place, San Diego

- Helps supervisee maintain realistic expectations for self and clients.
- Helps supervisee identify and build on what works with clients.
- Ensures that supervisee works within scope of practice and makes appropriate referrals when necessary.
- Evaluates supervisee for eventual licensure.

Similarly, clinical supervision for peers:

- Provides individualized support and training.
- Allows for close monitoring of caseload.
- Can assist peer in forming client care plans.
- Helps peer manage feelings that arise about/towards clients.
- Supports peer in identifying and addressing work stress related to working with clients with significant life stressors.
- Helps peer identify and build on what works with clients.
- Helps peer maintain appropriate expectations for self and clients.
- Ensures that peer stays within scope of work and makes appropriate referrals when necessary.
- Can be used as a venue for supporting peer's professional development.

However, clinical supervision for peers:

- Does not diagnose clients.
- Does not treat clients, although they may come up with a plan for care and support.
- Rather than focusing on helping peers intervene once a difficult interpersonal dynamic arises, helps peers proactively navigate client relationships in which both flexibility and good boundaries are important. When a difficult dynamic arises, supportive supervisors help peers address difficulties in practical ways.
- Helps identify and address personal stress as well as work-related stress to a limited degree.
- Helps link personal experience and knowledge to peers' work with clients, but with a clear understanding of the boundaries and limits of the peer support provided (based on the peer role).

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:

SUPERVISING PEERS: CLINICAL SUPERVISION

- 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

Although it is important that the peer not diagnose the client, clinical supervision can offer an opportunity for the peer to learn about mental health issues. In this way, peers may have a better understanding of their clients and the referrals they are offered and may be able to troubleshoot any obstacles for that client in seeking additional care.

[Read More: The Coaching Model for Clinical Supervision](#) contains more information about the clinical supervision model.

► FOR MORE INFORMATION

Read More for Subsection 6.3

- [The coaching model for supportive supervision](#)
- [Troubleshooting difficult cases and supporting peer efforts](#)
- [Recognizing and addressing countertransference](#)
- [Tasks and tools for developing a supportive approach](#)
- [Peer support groups and structured group supervision](#)

Resources for Section 6

- [Framework for supportive supervision case discussion \(JRI\)](#)
- [Framework for clinical case consultation tool \(JRI\)](#)
- [Administrative supervision tools \(The Lotus Project\)](#)
- [Supportive supervision tools \(The Lotus Project\)](#)
- [Supervision Tools \(The PACT Project\)](#)
- [Peer weekly staffing report \(Project ARK\)](#)

Additional Supervision Subsections

- [Supervising Peers: Introduction](#)
- [6.1 Administrative Supervision](#)
- [6.2 Supportive Supervision](#)
- [6.3 Clinical Supervision](#)

Further Reading

- Janine M. Bernard and Rodney K. Goodyear, *Fundamentals of Clinical Supervision* (2nd Edition).
- Marijane Fall and Jack Sutton, *Clinical Supervision: A Handbook for Practitioners*, University of Southern Maine.
- National AIA Resource Center [“Building Upon the Unique Strengths of Peer Workers” Newsletter of The National Abandoned Infants Assistance Resource Center](#), Volume 11, No. 3, Fall 2002.
- Michael J. Austin, Karen M. Hopkins, *Supervision as Collaboration in the Human Services: Building a Learning Culture*, 2004. [Preview book](#).
- James M. Benshoff, [“Peer Consultation as a Form of Supervision,”](#) *CYC online: Reading for Child and Youth Care Workers*, Issue 31, August 2001.

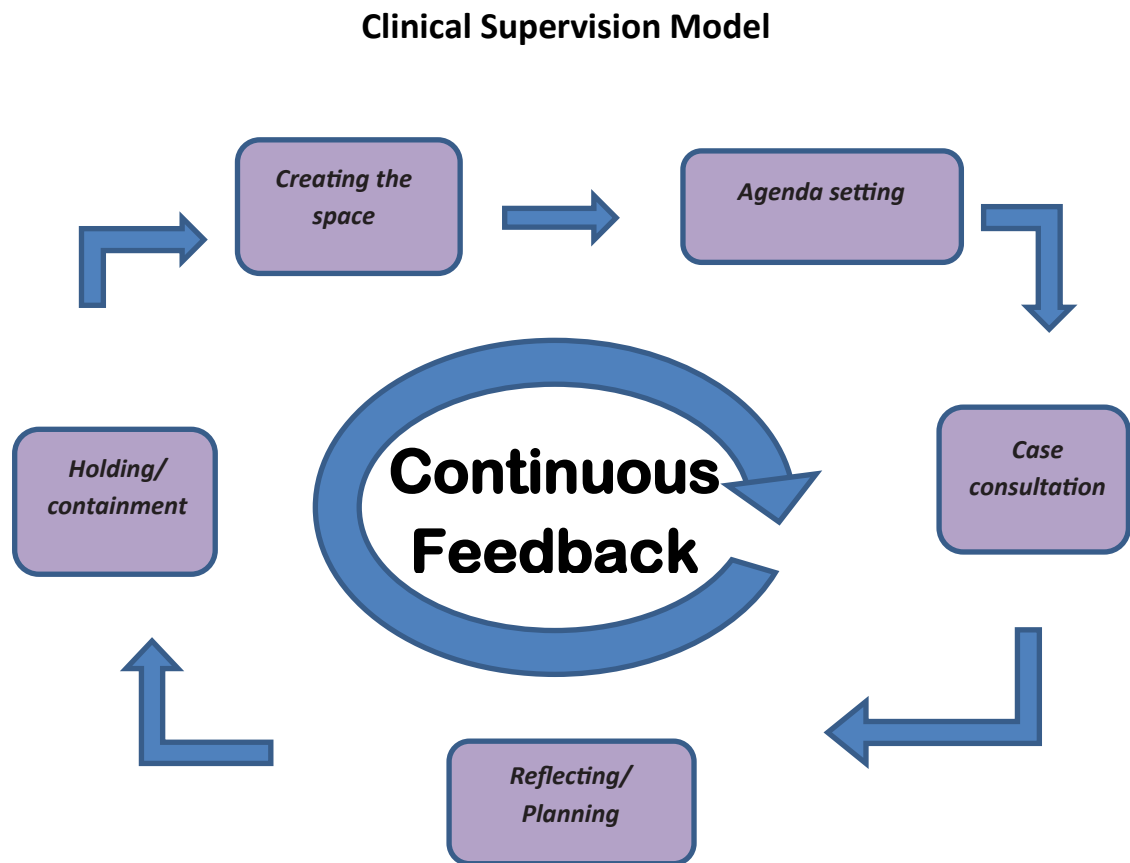
This section is part of the online toolkit *Building Blocks to Peer Program Success*. For more information, visit http://peer.hdwg.org/program_dev

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

READ MORE: COACHING MODEL

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

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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