

## 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.*

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### 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. [Section 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. [Section 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. [Section 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 [Section 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 [Section 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 Sections

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

### 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 \(The PACT Project\)](#)

This section is part of the online toolkit *Building Blocks to Peer Program Success*. For more information, visit [http://www.hdwg.org/peer\\_center/program\\_dev](http://www.hdwg.org/peer_center/program_dev).