



COUNTER-TRANSFERENCE*

▶ ABOUT THIS ACTIVITY

 **Time:** 45 minutes

 **Objectives:** By the end of this session, participants will be able to:

- Understand the concept of counter-transference.
- Describe ways one can recognize and address counter-transference.

 **Training Methods:** Case Study, Large Group Discussion

 **In This Activity You Will...**

- Discuss the concept of counter-transference and have the peer trainer illustrate with a story (15 minutes)
- Lead a discussion about recognizing and dealing with counter-transference (30 minutes)

 **Materials:**

- Flipchart
- Markers
- Handout - Barbara's Case Study (optional)
- Handout – Counter transference: How can you recognize it?
- Handout - What Can You Do to Address Your Counter-transference?

(continued next page)

Instructions

Note: It is recommended that this exercise be used with modules on Barbara's Case Study and the Four C's of Counter-transference.

1. In your own words, explain the following: We are going to discuss a concept to help us manage difficult feelings that might come up while helping our clients. Therapists and other providers use this technique when working with their clients. Peer advocates can also benefit from knowing about this technique called Counter-transference.
2. Sometimes the thoughts and feelings that arise for the peer relate to her/his past experiences.
3. Ask the peer trainer to share her story (see Preparation.)
4. Sometimes when we have these reactions, it gets in the way of our being empathetic and meeting the client where she is at in her journey or readiness to deal with that situation. Instead, we might get too directive, judgmental, too focused on giving advice, and getting too protective of the client.
5. Ask participants:
 - a. What might cause a reaction in you? If participants have trouble coming up with this, ask them to think of someone in their life that triggers them and have them identify the trigger/issue.
 - b. Have you ever felt this? How?
 - c. What are some self-care strategies we can use when this happens? What did Barbara decide she was going to do?
6. Explain that learning about what triggers us ("pushes our buttons") can help us plan how to respond when difficult feelings

* This module comes from the Lotus Women's Peer Education Training Manual, Center for Health Training and Women Organized to Respond to Life Threatening Diseases (WORLD), 2008.

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ABOUT THIS ACTIVITY (CONT).

Preparation:

- Write the following on flipchart:
Counter-transference = any thought, feeling, wish, hope or fear that might come up for a peer advocate, that is directed towards the client.
- Ask the peer trainer to be prepared to provide a real life example of a time when (s)he felt challenged by a client and used the concept of Counter- transference to manage his/her feelings and maintain her professional stance towards her client:
 1. Describe a situation in which there were triggers and what that triggered for him/her.
 2. Explain how (s)he dealt with the feelings that came up.
 3. Tell how (s)he recognized the situation and what was going on
 4. Self-care strategies (s)he used, either during or after the situation.

arise with clients (especially clients who remind us of ourselves, or remind us of things we have had to deal with in our lives).

7. Understanding the concept of “counter transference” can help us in working with our clients.
8. It can also help us recognize that clients are different than we are, and ultimately clients make the decision.
9. Point out that there is a handout in their packet “Counter-transference: How do you know if it is there?” Read a few of points from the handout.

Summary

Wrap up by telling the group that learning to recognize this in ourselves can be quite challenging, but absolutely gets better with practice. Self awareness is a key component of peer advocacy. We don't need to be perfect, only willing to observe ourselves and learn.

* This module is part of the online toolkit Building Blocks to Peer Success. For more information, visit http://www.hdwg.org/peer_center/training_toolkit. This module comes from the Lotus Women's Peer Education Training Manual, Center for Health Training and Women Organized to Respond to Life Threatening Diseases (WORLD), 2008.

COUNTER-TRANSFERENCE

SESSION HANDOUT # 1 of 3

BARBARA'S CASE STUDY

Barbara is a peer advocate living with HIV.

Sonya has recently tested positive for HIV (not an AIDS diagnosis) and was referred to Barbara by a social worker at a local medical clinic. Cindy, the social worker is Sonya's social worker and refers her clients to Barbara when they need a peer advocate and the two of them sometimes coordinate care for their mutual clients. Cindy is also Barbara's personal social worker—and to this day helps Barbara with some matters. Barbara and Cindy are therefore, in two different kinds of relationships. Cindy is Barbara's social worker, and the two of them are also colleagues.

Cindy referred Sonya to Barbara when Sonya was a few months pregnant. Sonya had recently tested positive for HIV (not an AIDS diagnosis). Barbara and Sonya met for the first time after Sonya's initial HIV clinic appointment. While they were meeting privately, Barbara explained peer advocacy to Sonya, and disclosed her own HIV status. As soon as Sonya found out Barbara was also living with HIV, she burst out crying. Barbara empathized with Sonya's feelings because she has been there herself. She also re-assured her that she wasn't alone, and that many women were living full lives after this diagnosis.

During the first meeting, Barbara learned that Sonya needed: 1) emotional support; 2) education and information; and 3) support attending appointments.

Barbara shared with Sonya what she could provide. Sonya said she would like to get this

help from Barbara. Barbara suggested that they talk and/or meet at least once per week.

Sonya agreed. Barbara filled out an intake and consent form with Sonya.

Sonya agreed in writing that Barbara could speak with Cindy and Sonya's physician in order to better coordinate care for her. They set a follow up meeting for a week later.

The two of them decided that Sonya would come by Barbara's office before an OB/GYN appointment to talk. Then, Barbara would accompany Sonya to her OB/GYN appointment for moral support and help with asking questions of the doctor.

After meeting with Sonya, Barbara touched base with Cindy the social worker to let her know that the meeting went well and she would be helping Sonya with emotional support, information, and medical appointments. Cindy thanked her and asked if Sonya had also mentioned her unstable living situation. Barbara said no. Cindy told Barbara that

Sonya might require help finding housing resources if she was kicked out of the house where she stays with her mother, grandmother, and siblings. Cindy explained that Sonya and her mother fight and there have been threats by her mother for her to leave. Cindy was thinking of having a meeting with Sonya and her mother, hoping to mediate the conflict and encourage the mother to allow Barbara to stay until the birth of the baby.

COUNTER-TRANSFERENCE

SESSION HANDOUT # 1 of 3 (cont.)

BARBARA'S CASE STUDY (CONT.)

At that point Cindy could find a transitional housing situation for Sonya and her baby. Barbara, suddenly wondering about the father of the baby, asked Cindy about the father. Cindy replied that Sonya told her the father was “out of the picture.” Barbara is now feeling very overwhelmed about her client and everything she has to do to help the client.

In their next meeting, Barbara and Sonya talked more about HIV, pregnancy and Sonya's fears. Barbara mentioned to Sonya that Cindy let her know that her living situation was problematic. Sonya said, “She told you that?” Barbara said, “She wanted me to know in case you needed me to help you find housing resources.” Sonya seemed to relax, and said, “Oh, okay.” Then Sonya asked Barbara if Barbara “tells Cindy everything.” Barbara said, “I don't tell her everything, and she doesn't tell me everything either. What you and I talk about is confidential. Sonya replied, “Honest?” Barbara replied, “Honest.”

Then Sonya began to tell Barbara about her on-and-off boyfriend (who is the father) who is very possessive and sometimes “beats her up”. She said that her mother “hates” him and has banned him from the house. She fights with her mom because her mom hears them talking on the phone a lot, and Sonya has “snuck” him over a few times. Barbara feels her emotions rising but remains calm with Sonya. She always gets protective towards her client when a client mentions domestic violence because she herself had a lot of trouble leaving a husband who was abusive. She makes a mental note to talk to her close colleague, supervisor, and therapist for her own emotional support.

COUNTER-TRANSFERENCE

SESSION HANDOUT # 2 of 3

COUNTER-TRANSFERENCE: HOW CAN YOU RECOGNIZE IT?

You could be experiencing counter-transference if one or more of the following is true:

1. You think you know exactly what a client needs to do.
2. You are making assumptions about a client without checking them out with her.
3. You are going out of your way for a client, even though she is not working very hard for herself.
4. You are avoiding a client(s).
5. You feel you are being manipulated.
6. You begin to ignore or forget your boundaries, or the boundaries of your organization.
7. You are spending too much time with one client for an extended period of time.
8. You worry about a client(s) excessively.
9. You begin to use your client for your own stress relief.
10. You are feeling confused about your role with a client(s).
11. You feel angry, sad or judgmental about a client(s) a lot of the time.
12. You find yourself being late consistently with a client.
13. While meeting with a client, an intense feeling suddenly arises—could be anger, sadness, or any other feeling, even a “positive” one. The feeling distracts you from your normal ability to listen well.

COUNTER-TRANSFERENCE

SESSION HANDOUT # 3 of 3

WHAT CAN YOU DO TO ADDRESS YOUR COUNTER-TRANSFERENCE?

1. Take some time to consider your feelings about the client(s) who are triggering you.
2. Check to see if you are over-identifying with your client (perhaps she/he and you have some similarities that trigger feelings for you). Remember that sometimes these similarities are hard to acknowledge.
3. Talk to a trusted colleague, supervisor, counselor, or other supportive person.
4. Engage in a stress reduction technique of any sort.
5. Re-assess your boundaries with a client(s). Do you need to spend more or less energy on this person(s)?
6. Question your assumptions.
7. Remember your limits.
8. Remember that you do not have to be perfect.
9. Remember that your job is not to fix people—people are ultimately responsible for themselves.
10. Remember to get help if you need it.
11. Get feedback from someone who will remind you of your strengths.
12. Remember that one of your most important jobs is to role model self-care.