Administrative Supervision Scenarios

Group 1 – Status review meeting to discuss new, recent or established referrals.

As you are reviewing the Peer's caseload with her, you notice that she has not done some follow-up check-ins with several clients that you had discussed a few weeks prior. These are clients with multiple diagnoses who require a good deal of help at this time. She states that she has been very busy with some new clients who have needed her assistance. You have become aware recently of a pattern where this Peer seems to have difficulty establishing rapport and ongoing consistency with clients who have substance use issues. You have explained to her in the past that many of the clients served have these issues. It now appears that she is spending a lot of time with clients who seem to have life experiences that are closer to her own. You are worried because you have just received three new referrals with substance use history and all other Peer caseloads are full.

Group 2 – Peers professionalism including peer/client boundaries, presentation of self outside the site.

It has come to your attention that the Peer is under great financial hardship and is trying to find ways to supplement her income. She has begun selling copies of movies/DVDs, to staff at a clinic site. You ask her about this and she states that she is very discreet about this side business and does not directly solicit clients. She also shares that it will make it possible for her to avoid seeking a second job to pay her bills.

Group 3 – Client caseload issues including physical and emotional health of peer, time management and time off

The Peer lets you know that she has received four referrals in the past week from clinic social workers. The social workers mentioned that she is the "perfect Peer" for these referrals. She states that she would like to keep them on her caseload. You have noticed that she is showing some signs of being overwhelmed and you have heard that she missed a few meetings in the past few weeks due to assisting clients. She maintains that her caseload is fine and she just needs to get on top of a few things. When asked how her paperwork is going she states that she is behind but feels she can catch up next week. She mentions that she may want to reschedule an upcoming vacation to a later date so that she can catch up on her work.

Group 4 – Documentation of services, extra job duties and future training needs.

Your outside funder is getting ready to review case files for a quality improvement review that happens annually. You have reminded the Peers about the need to have all client files up to date by the end of the week. When you do a spot check on some files, you realize that one particular Peer has not kept notes on her client contacts. She is a star Peer in her rapport and assistance with clients, yet acknowledges that she dislikes paperwork. She assures you that she realizes the importance of getting files up to date and will dedicate a day this week to catching up. You have heard this before and remember that she has a workshop at the end of the week that will take up much of her time before the deadline.

Group 5 – Collaboration with multidisciplinary team

The Peer comes to you and seems upset about an interaction she just had with a social worker. During a multidisciplinary team meeting at the clinic the social worker disclosed some information about the Peer's client that was not meant for the entire team to hear and seemed "gossipy" in nature. The social worker also put the Peer on the spot by insisting that the Peer be available in the next week to transport the client on some appointments an hour away from the office. She is panicked because her next week is very busy with meetings and appointments.

Administrative Supervision - Small Group Discussion Questions

In your small group, discuss how you would respond to the peer in your assigned scenario. Answer the following questions or others you identify.

1. What questions you would ask this peer?

2. What topics/areas would you cover with the peer on the issued identified?

3. What guidance, advice or training would you offer to the peer?

4. Anything else you as a supervisor could/should do?

5. What would be most challenging about discussing this issue with the peer?

6. Would the answers to these questions vary for paid versus volunteer peers?

Administrative Supervision for Peer Workers

While general approaches to administrative supervision are appropriate for peer workers, there are some additional monitoring duties that administrative supervisors will want to take on as a routine part of supervision. These duties are listed below. The list is not exhaustive, but provides a starting point. This list assumes that the administrative supervisor is already managing employees' work and vacation time, adherence to organization-wide policies, and meeting other basic requirements for supervising employees.

Administrative supervisors consistently monitor:

1. Status of peers' caseload, particularly new referrals
2. Peers' fitness for work (physical and emotional health)
3. Documentation and how peers' are managing time
4. Peer/client boundaries
5. Scope of work issues

Consistent monitoring may occur by holding a weekly or bi-monthly (e/o week) status review meeting with each peer worker. Below is a summary of items to cover during status review meetings. Conducting regular meetings will allow administrative supervisors to choose some items to focus on during one meeting, and reserve other items for the following meeting.

1. Status of peers' caseload, particularly new referrals

A. New referrals

- Does peer have a current or previous relationship to the person referred
- Determine with peer whether appropriate to take on the client
- Was new referrals successfully contacted
- Problem solve how to contact hard-to-reach clients
- Check on plan for follow up
- Assess client's needs for additional resources

Note to administrative supervisors: Many peers are hesitant to take an active stance with new clients. Often, peers report that they are afraid of being intrusive with clients who do not seem enthusiastic receiving support. There are a host of reasons why clients may not show enthusiasm for receiving help, and many of these reasons do not indicate clients' lack of need or desire for services. It is important for peers to have a supervisor who will encourage them to take an active stance while also respecting client boundaries and privacy.

B. Recent referrals (those that the peer has received in the last month)

- Has a plan for support been established (i.e. Is the peer providing weekly or monthly support? Is she conducting phone calls or home visits?)
- Has the peer established contact with other service providers

- Assess client's needs for additional resources

C. Established clients (During each meeting, peers or supervisors may want to choose one or two clients to focus upon on a rotating basis)
- How is the plan for support going for the client? The peer?
- Help peer problem solve if plan is off track or needs adjustment
- Check on peer's involvement with multi-disciplinary team
- Assess client's needs for additional resources

D. Peer workload
- Can peer take more clients at this time
- Assist peer in monitoring her need for time off
- Assess need for additional training or information on resources

2. Fitness to work
- Discuss health issues, concerns, and self-care.
- Be ready to offer time off or a flexible work schedule if possible.

3. Status of documentation
- Documentation is usually the first thing that gets put off when busy
- Is peer up-to-date on documentation
- Help peer create strategies to complete documentation

4. Peer/client boundaries
- Must be explicit and flexible for clients. (Peers ally themselves with their clients, and yet also maintain boundaries akin to a helping professional).
- Peers communicate the time and energy they can give to clients
- Peers should never give personal phone numbers, email or home addresses. Explicitly state and periodically remind peers that this is a program standard.
- Peers should be comfortable explaining to clients their role—its advantages to clients as well as its limitations.
- Peers should contain their client contact to their normal work hours as possible or should count any client time as paid time, and make scheduling adjustments as necessary.
- Supervisors stay aware of peers' tendencies to rigidly stay within normal working hours and/or offer excessive flexibility to clients.

5. Scope of work issues
- Success in managing regular job duties and extra projects
- Status of additional tasks or extra projects
- Balance of client duties with other tasks or projects

Supervisor's Checklist to Review Peers' Approach to New Clients

Administrative as well as supportive supervisors may find it useful to use the following tool to help peers assess the effectiveness of their approach when establishing a new client relationship. The check-list may be completed by the peer worker in advance of meeting with the supervisor, or it can be completed while reviewing cases together within the supervisory session.

	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/her illness and treatment?			
Did I *give* information in response to goals, concerns, and problems that the client expressed?			
Did the client show that s/he 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			

Peer Advocates' Group Meeting Guidelines

Case presentations during Peer Team Meetings allow peers to obtain support and feedback about cases as well as learn from others' case presentations. The format best works when it includes time for the peer to present her case (10-20 minutes) and time for discussion, questions and feedback (10-20 minutes) from peers and the supervisor. Peers should be coached to review this sheet BEFORE the meeting in order to prepare for the presentation.

Peers choose between providing a self-report (see below) and presenting a client. Generally, peers complete self-reports once in a while (every 3-6 months).

Questions A Peer Should Ask Herself To Prepare For <u>Self-Report</u>:

1. Generally, how is my work going? *(Consider yourself, your clients, HIV/AIDS, treatment issues, case managers, referrals, peer advocacy, health care providers, activities, client issues, the logistics of your job, home visits, etc.*)
2. The best thing that has happened lately? *(Your "high")*
3. The worst thing that has happened lately? *(Your "low")*
4. Anything puzzling me?
5. Am I feeling inspired? Burned out? Numbed out? Empowered? Confused? All of the above?
6. Current challenges needing feedback from colleagues?
7. Need a specific type of information from colleagues?
8. Helpful info for group?
9. Am I ready to receive listening, feedback and support?

If <u>Presenting a Client's Case</u>, Consider the Following Guidelines:

1. What you would most like to receive from the group (listening? Support? Feedback? Ideas? Information? Encouragement?)
2. How and why the client was referred
3. What other resources are being utilized by this client?
4. Description of the client (for example: age, ethnicity, health status, length of diagnosis, current issues, living situation, etc.)
5. Frequency of contact with client and type of contact
6. Care plan goal(s) if it has been set
7. What is working and what is not working
8. Client's strengths and weaknesses with which you are familiar
9. Your countertransference
10. Specific areas of concern regarding your work with client
11. Questions for the group

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