



Peer Self Care Plan

For: _____ Start Date: _____

Choose at least one item to focus on from each category:

Body	Mind/Emotions	Spirit
Healthier Eating	Time alone	Attending spiritual or religious services (church)
Exercise	Relaxing activity (i.e. bath)	Praying/meditating
Walking	Talking with trusted others	Reading spiritual books, sayings
Breathing/stretching	Journaling/writing	Being outdoors/in nature
Water intake	Positive affirmations	Remembering higher purpose/re-committing
Sleep habits	Attending a support group, church, 12-step meeting, therapy, etc.	Creative visualization
Pampering	Meditation/visualization	Practicing self-love
Going to doctor	Reviewing limits and boundaries	Doing a good deed

Goal #1 (Primary Goal)
For myself I will...

How often...

Update...

Goal #2
For myself I will...

How often...

Update...

Goal #3
For myself I will...

How often...

Update...





Sample Supervisory Strategies and Scenarios

Strategy: Identify and Build on What Works

Ironically, peers often do not readily notice how much they are actually helping. This is a common phenomenon for many in the helping professions. The tendency is for peers to focus on what is not working, and either ignore or discount what is working. This is why it is important to listen carefully when peers give narratives of their work with clients, and be ready to highlight the ways in which they are actually supporting the larger goals for the client. This serves the function of building peer's self-esteem as well as helping peers build on those personal strengths or actions that are actually supporting client outcomes.

Sherrie Scenario: In a frustrated tone, a peer reports to her supervisor that nothing seems to be working for her client Sherrie, because Sherrie is still missing doctor's appointments and may not be taking her medication at all. The supervisor asks her to describe what is happening (*a standard open-ended inquiry*). The peer states that Sherrie has missed her last appointment to get blood work, and that she is sharing in the support group that she hates taking her meds and has decided to stop taking them. She states that the other group members warn her that this could spell trouble, but she doesn't seem to listen.

Question:

After empathizing with the peer, and before troubleshooting, what might you focus on or ask more about in order to help peer feel a sense of efficacy as well as hope for this client?

Strategy: Support Realistic Expectations for Self and Clients

Exceedingly high expectations peers have for themselves or for clients is a major cause of job stress and burnout leading to low retention and diminished client outcomes. In the course of their work, it is easy for peers to slowly expand their role to the point that they are doing case management for clients. In many communities, under-funding creates situations in which clients do not have easy access to all the services they may need. Peers will often try to overcompensate for these gaps in service by taking on time consuming tasks. Peers also are vulnerable to feeling that they need to solve client problems especially those that include life and death themes such as faulty adherence practices and intimate partner violence.

Deborah Scenario: A peer reports to her supervisor that her client Deborah has been beaten up by her boyfriend again. The peer is visibly agitated by this and talks about the client as if she is responsible for getting the client to leave the boyfriend.

Question: What might the peer need from her supervisor?



Sample Responses to Help Peers Talk Through the Dilemma:

Sherrie Scenario

1. Sherrie must be feeling pretty safe with you and the group if she is disclosing her difficulties. Can you remind me how your relationship with her started?
2. You really know what is going on with this client, and it is so important that you are tracking her so well. I wonder if you already have some ideas about what might be going on for her?
3. Seems like she is realizing the impact HIV can have on her and having a really hard time with it. Often, this is a stage women go through before they make a more firm commitment to taking care of themselves. What might she need from you and the group in order to stick with the process?
4. I bet sometimes you don't feel you are doing enough—but it seems you are actually doing a lot.

Deborah Scenario

1. Would it be helpful to review your responsibilities/commitments to your client(s)?
2. Are you taking on the task of separating this client from her boyfriend?
3. What are your expectations of yourself as a peer?
4. What are your expectations of this client? What are your client's expectations?
5. You must be feeling an immense amount of stress. We all do when we take it upon ourselves to change someone before they are quite ready.
6. Are there ways we can think differently about how to support the safety of this client?



The **KARMA** of Boundaries...And Questions to Evaluate Boundary Dilemmas

Know yourself and your role(s)

- What is your role?
- What is not your role/responsibility?

Stress may be a sign that you need to remember your role.

Allow boundaries to support your work

- What kinds of boundaries support your best work?
- Are you making your boundaries clear to others?

If you are stressed out, you might want to do a boundaries inventory.

Remember others need boundaries, too

- What kinds of boundaries might someone else need?
- Are you respecting the autonomy of others?

*People don't want everything you have;
they do want that which you can honestly give.*

Maintain boundaries and adjust as needed

- Are you being consistent?
- How flexible are you? Too much/Too little?
- Would it be helpful to have a check-in with someone?

Not too tight, not too loose.

Acknowledge mistakes

- How do you know when you've made a mistake?
- How might you formerly acknowledge a mistake?

Remember to forgive yourself first.



BALANCE Model for 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.
N	Normalize Feelings	Feelings can't be controlled, Actions can.
C	Check Countertransference	What does this remind you of?
	Challenge Assumptions	Are we sure we're right about this?
	Consider Alternatives	Is there any other way to approach this?
E	Express Appreciation!	You are doing such good work, Thank you!

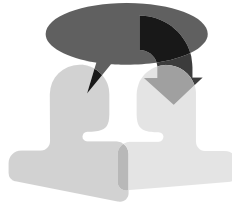
BALANCE Model for Supervisors/Janie Riley, MFT



Countertransference: How Can You Recognize It?

You could be experiencing countertransference 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.

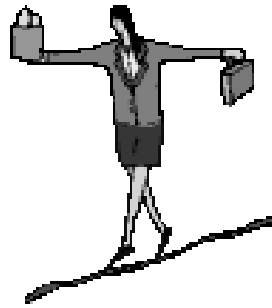


What can you do to address your countertransference?

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 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.



Supervision: A Balancing Act!



4 Components of Supportive Supervision include:

1. A Supportive Space

- Provide a regular time and place for peers to get support and explore work.
- Maintain a stance of **positive regard** toward peers.
- Support peers in talking about the challenges inherent in peer advocacy. Peers may experience a range of feelings about clients and the medical system. This is normal for anyone working in a helping capacity. Since peers have often had experiences similar to some clients, personal feelings may arise. A supervisor does not need to counsel peers. Rather, a supervisor can **listen**, provide empathy, and link a peer's experience back to her work as a peer, and/or encourage a peer's self care.

2. Client Care

- Review and assess client care. Supervisor and peer do this together. It is particularly important to **monitor follow-up** with clients.
- Assess for **client and peer safety** and provide direction when necessary.
- Support peers in maintaining consistency and/or setting boundaries with clients.

3. Professional Development

- If applicable, mentor peers in areas such as counseling and treatment education.
- Support peers in maintaining balance in their professional role and practice **self care**.
- Support peers in maintaining professional boundaries in the workplace and with other service providers.
- Develop a sense of how peers would like to expand job and career, and support and provide ideas and opportunities for growth.

4. Stance of the Supportive Supervisor

- Learn from peers while also providing structure and direction when needed. Especially if a supervisor is HIV-negative, the supervisor has a lot to learn from a peer and a peer's clients.
- **Maintain curiosity**, ask questions and listen carefully to peers, asking clarification questions when necessary. This often has the side effect of helping the peer articulate her own wisdom and evaluate her own work.



Sample Job Qualifications for Peer Supervisory Positions

Administrative Supervisor

- 1) High school diploma or equivalent. Bachelor's degree or some college work preferred.
- 2) Good oral and written communication skills.
- 3) Good organizational and time management skills.
- 4) Some knowledge about the provision of direct service and fieldwork.
- 5) Previous experience in a leadership role and/or providing support or mentorship to others on a consistent basis.
- 6) Demonstrated experience or strong interest in supervising others (e.g. Training).
- 7) Firsthand experience living with HIV and/or demonstrated interest in the field.
- 8) Knowledge of HIV/AIDS disease and treatment spectrum.
- 9) Experience using basic counseling skills.
- 10) Experience responding to and/or triaging crisis situations.
- 11) Understanding of client confidentiality.
- 12) Experience and/or interest in working in a multi-cultural setting.
- 13) Experience attending and/or facilitating support or other groups.
- 14) Ability to support and supervise a broad range of individuals with diverse professional development needs.

Supportive Supervisor

- 1) Bachelors or masters degree in social work, psychology or related field.
- 2) Experience providing direct service to clients; fieldwork preferred.
- 3) Previous supervision experience strongly preferred.
- 4) Firsthand experience living with HIV and/or demonstrated interest in the field.
- 5) Knowledge of HIV/AIDS disease and treatment spectrum.
- 6) Knowledge of mental health issues including substance abuse, domestic violence, trauma, grief and loss.
- 7) Experience using basic counseling skills.
- 8) Experience responding to crisis situations.
- 9) Understanding of client confidentiality.
- 10) Experience and training in multi-cultural awareness.
- 11) Experience facilitating groups/understanding of group dynamics.

Clinical Supervisor/Consultant

- 1) Masters level degree in social work, psychology or counseling. License required.
- 2) Two or more years of experience providing direct service to clients; fieldwork preferred.
- 3) Previous supervision experience strongly preferred.
- 4) Firsthand experience living with HIV and/or demonstrated interest in the field.
- 5) Knowledge of HIV/AIDS disease and treatment spectrum.
- 6) Knowledge of clinical concepts such as transference/countertransference.
- 7) Knowledge of mental health issues including substance abuse, domestic violence, trauma, grief and loss.
- 8) Experience responding to crisis situations.
- 9) Understanding of client confidentiality.
- 10) Experience and training in multi-cultural awareness.
- 11) Experience facilitating groups/understanding of group dynamics.

*Women of color & women living with HIV/AIDS strongly encouraged to apply.