

6.2 SUPERVISING PEERS: SUPPORTIVE SUPERVISION

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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)

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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

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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.)

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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?

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(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.

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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?

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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.

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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.

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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.

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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?

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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.

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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.

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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.

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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