

6.1 SUPERVISING PEERS: ADMINISTRATIVE SUPERVISION



“If something comes up that you feel uncomfortable with or you don’t know how to deal with, you can always ask, because that’s how you learn.”

Carol Garcia
Peer at Christie’s Place
San Diego, CA

Introduction

Peers, like most employees, benefit from having an administrative supervisor. While many general approaches to administrative supervision are appropriate for peers, there are some specific issues that program managers will want to take into account when setting up and conducting this supervision for peer staff. Below are descriptions of some key issues. Addressing these issues in an ongoing manner will support program success and peer retention rates.

Conducting Individual Status Review Meetings

Depending on the size of the program, individual weekly or bi-weekly meetings between the administrative supervisor and peer should be established. It is critical that these meetings happen on a regular basis to ensure positive client outcomes. The most important function of administrative supervision is to support the peer in following the program’s protocol for receiving referrals, following up with clients, and working collaboratively with clients and the multi-disciplinary team. Many peers are hesitant to take a pro-active stance with new clients. The most prevalent reason that peers hesitate to successfully launch new cases is that they are afraid of being intrusive. There are a host of reasons why clients may not show enthusiasm for receiving supportive services, and most of these reasons do not indicate clients’ lack of need or desire for services. It is important for peers to have an administrative supervisor who will encourage them to take a pro-active stance while also respecting client boundaries.

The [Read More: The Coaching Model for Administrative Supervision](#) in subsection 6.1 illustrates some key approaches to conducting individual status review meetings with peers.

SUPERVISING PEERS: ADMINISTRATIVE SUPERVISION

Areas of Administrative Supervision

Administrative supervisors can check on the following:

- Peer caseload levels
- Status of new referrals
- Type of contact for each client (i.e. phone, clinic, home visit)
- Frequency of contact for each client (i.e. weekly, bi-weekly, monthly)
- External or internal barriers prohibiting optimal client contact
- Appropriate level of collaboration with multidisciplinary team
- Clients' appropriateness for peer advocacy
- Clients' need for referrals or higher levels of care
- Initial troubleshooting in reaching client goals
- Peers' level of job satisfaction and need for additional support or time off
- Peers' need for additional training or mentoring

During status review meetings, the administrative supervisor can review the peer's activities since the last meeting and discuss specific peer-client one-to-one interactions, exploring ways to maximize peer support for the client, and helping to meet the client goals. The administrative supervisor must carefully monitor client progress and respond to evolving needs for more intense case management or support. As a team, the administrative supervisor and peer can determine which next steps might best meet client needs. The choice of peer support strategies should always be based on the most recent client assessment and adherence plan.

As will be discussed in the next [Subsection 6.2, Supportive Supervision](#), peer-client relationships thrive when peers receive support around issues related to identifying with their clients. Peers might react to certain situations or issues brought up by the client without knowing that

their own personal issues and problems influence their reaction. (This phenomenon is known to therapists as *countertransference*.) As stated previously, administrative supervisors have a variety of options available for administering this next level of supervision. Administrative supervisors who want to oversee this next level are encouraged to read the next subsection on supportive supervision and utilize some of the tools provided. Administrative supervisors who would like to recruit the help of another team member or a mental health professional may want to review the supportive supervision subsection as well as [Subsection 6.3, Clinical Supervision](#) for ideas about incorporating this additional level of supervisory staffing.

Responding to Health Issues

Peers encounter some of the same health challenges as their clients, many of which can affect their ability to perform job duties. Administrative supervisors should attend to any negative changes in work quality or lapses in peers' responsiveness to job duties. Sudden changes can indicate that a peer is experiencing exhaustion, depression, anxiety or lack of energy associated with serious emotional or medical problems. An administrative supervisor may become aware of these signs even before the peer acknowledges any health difficulties. If the administrative supervisor chooses to intervene, he or she must be prepared to propose supportive options to help the peer appropriately deal with the health issue. Temporarily decreasing a peer's caseload could be one solution, but other options should be openly explored with the peer.

Establishing and Maintaining Peer-Client Boundaries

Clear guidelines help to create a setting in which both peers and clients feel safe in disclosing personal histories, thoughts, and feelings. Peers usually do

SUPERVISING PEERS: ADMINISTRATIVE SUPERVISION



I had to learn to put up boundaries, because at first I was bringing things home, and it was affecting my health.

Fred Glick
Peer Educator
Truman Medical Center
Kansas City, MO

not rely on the recognized indicators of professional health care providers, such as a white coat, degrees hanging on the wall, or initials after their last name. Such formal signs can create a hierarchical separation between peer and client. Without the familiar indicators of a health care provider, it may be more difficult for clients to understand the parameters of the relationship, and peers must be explicit about what types of interactions fall outside those boundaries. Furthermore, clients may be unfamiliar with the notion of peer support itself, so they will need to be reminded of what to expect from this type of relationship.

Peers develop strategies to define and safeguard interpersonal boundaries in the context of building a mutually respectful relationship with their clients. While these strategies vary from peer to peer and are tailored for individual clients, they should indicate the boundaries of peer support in three crucial domains:

- Peers must define the limits of their expertise, so that clients do not confuse education about a prescribed HIV regimen with medical advice, or a sympathetic ear with psychotherapy.
- Peers must be clear about the amount of time and energy they can give, especially if they are available to clients outside of normal working hours.
- Peers should advise and periodically remind clients of any program requirements that limit the duration of support.

Attention given to establishing boundaries is especially important in peer work because the peer is building a relationship with the client expressly to achieve desired health outcomes, such as medication adherence. For some clients, the presence of a person who listens, cares, and is willing to go an extra mile to help may be unfamiliar and confusing. These actions may be interpreted as an effort to establish an intimate, even sexual, relationship and that may be either welcomed or rebuffed. Clients who respond to a perceived mutual interest may then feel betrayed or misled when the peer suggests that such behaviors are inappropriate. Therefore, discussing the nature of expectations and limitations of the peer-client relationship is essential as part of the initial meeting between the peer and the client.

Similarly, it is possible that peers may feel an attraction toward certain clients or may find themselves responding to overtures

SUPERVISING PEERS: ADMINISTRATIVE SUPERVISION

▶ SAMPLE QUESTIONNAIRE

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

initiated by their clients. It is extremely important that the administrative supervisor carefully monitor peers for any indication of *countertransference*, a phenomenon that occurs when a peer forms an attachment with a client that goes beyond the professional relationship. In initial and ongoing training efforts, the message must be conveyed that intimate relationships between peers and clients cannot be allowed because they hold the same potential for abuse that other helper-client relationships have.

Because the peer is in this specialized role of support, understanding the nature of the peer-client relationship is just as important for the peer as it is for the client. Having access to supportive or clinical supervision gives the peer an opportunity to express any concerns he or she may have regarding feelings toward the client (countertransference) or perceived feelings from the client (transference). These feelings may be positive or negative and may trigger an unexpected reaction. Talking about this phenomenon both normalizes it and increases the likelihood that the unexpected reaction will be well-managed, ultimately leading to a productive, appropriately bounded relationship between peer and client. The checklist in Subsection 6.1 [Read More: Understanding Boundaries in Peer-Client relationships](#) can provide a supervisor with a framework to discuss potential boundary issues between a peer and a client.

Using Checklists for New Clients

Administrative as well as supportive supervisors may find it useful to use the Sample Questionnaire (see left sidebar) to help peers assess the effectiveness of their approach when establishing a new client relationship. The checklist may be completed by the peer in advance of meeting with the supervisor, or it can be completed while reviewing cases together within the supervisory session.

Although the sample questionnaire is an effective, interactive way for the administrative supervisor and the peer to discuss each client, it is important for the supervisor to follow up with more open-ended questions in order to better understand how the peer is engaging with clients. Some examples of follow-up, open-ended questions are:

SUPERVISING PEERS: ADMINISTRATIVE SUPERVISION

- In what way did you establish rapport with the client?
- What information did you share with the client?
- In what ways did you assess the social support of the client/what social supports did you ask about?
- In what way did you manage the client's emotional reactions?
- In what way did you manage your own emotional reactions?

Monitoring Peers' Stress Levels and Needs for Additional Support

Scheduled supervision allows the administrative supervisor to help the peer identify personal needs such as additional training, support, or other services. The supervisor is responsible for making sure that peers do not become overwhelmed, and for providing all necessary resources and support to help peers perform their role. Monitoring client demands on individual peers will help administrative supervisors evenly distribute the workload. If a peer experiences a personal crisis or suffers from poor health, the supervisor might decrease that peer's workload by temporarily reassigning clients to other peers. Administrative supervisors should not function, however, as the peers' therapist. In some cases, the appropriate supervisor response to peers' personal issues might be to refer peers to an employee assistance program, clinical supervision, or outside services.

Providing a Clear and Consistent Structure

Notwithstanding the crucial role that individual peer supervision can play in client outcomes, program effectiveness, and the individual peer's skill building, supervision cannot take the place of good program structure. Providing peers with structure is as important as building in program flexibility.

Clear expectations, regular supervision, and open lines of communication will minimize misunderstandings and encourage peers' sense of personal responsibility. A well-structured environment actually decreases the need for micro-management by laying out ground rules, program goals and expectations as well as consequences for poor performance. Inadequate structure disguised as program flexibility too easily results in poor accountability and unreliable client services, weaknesses that cannot be corrected in individual supervision.

Administrative Documentation

Methods for documenting peer contributions will reflect the specific needs, strengths, and limitations of individual programs, as well as the roles peers play. It may not be feasible for all programs to ask peers themselves to document their activities, but programs should consider the valuable contribution that peers can make to program evaluation when they keep a detailed record of their interactions with clients. Peers' experience adds a unique, vivid dimension to an assessment of overall program effects, and a comprehensive evaluation gives voice to that experience.

Recording Format

When choosing or developing a format for documenting peer work, programs should balance their need for information with the burden of collecting and recording information. A checkbox format allows peers to quickly log standard items and an open space encourages peers to share any other information about the interaction at their discretion. Peers use the form to document the support they provide to clients in terms of basic "reporter's details": who, what, where, when and how. For examples of formats for documenting

SUPERVISING PEERS: ADMINISTRATIVE SUPERVISION

► TOPICS FOR REVIEW IN CASE MANAGEMENT MEETINGS

- Clients initiating treatment
- Changes in treatment regimen
- Significant medical and/or social situations confronting individual clients
- Resolution of barriers and necessary referrals for individual clients
- Specific adherence problems
- Strategies for reaching out to clients who have not returned to clinic
- Issues pertaining to cultural competency
- Other needed client supports

peer-client contact and other peer work, see the [Sample Forms for Documenting Peer Work](#) in the [Program Resources](#) for Section 7 (Evaluation).

Peer training should include instruction on the record keeping peers will be expected to perform. Even if peers are not directly responsible for documenting the services they provide, program managers should engage peers in a discussion of the rationale and need for a detailed recording of their activities, including funding and other institutional requirements, program-specific purposes, and peers' contribution to monitoring the effectiveness of the program. Administrative supervisors should emphasize that if peers' work is not documented, their efforts will not be part of the program success story. It is recommended that each interaction between peers and clients is tracked, as well as peers attempts to contact clients.

Multidisciplinary Team Meetings

Inter/multidisciplinary case management meetings provide a forum for the exchange of information and perspectives relevant to individual client cases and promote collaboration among team members. Case management also allows for monitoring of peer activities in a group setting.

Administrative supervisors can play a leading role in ensuring that peers are actively included in multidisciplinary or case management meetings. These meetings will also provide supervisors with additional support in monitoring and evaluating peer efforts.

In case management meetings, support teams review all cases, discuss particularly difficult cases, identify barriers to adherence and other treatment supports, and update patient action plans. While supervisors do not necessarily need to attend meetings, it is important to have a basic understanding of how these meetings are conducted.

SUPERVISING PEERS: ADMINISTRATIVE SUPERVISION

These group meetings should involve all program staff involved in client services to coordinate activities and update the team strategy. Peers might begin by presenting new developments and summarizing the general situation of their clients, taking the time to highlight particularly challenging cases. While it is probably not feasible to review each and every client in detail, group meetings allow peers to know something about their colleagues'

cases. This insight is especially helpful in the event that a peer's illness or other circumstances require his or her cases be reassigned to another peer. Updated client assessments should be available for review by program social service providers, allowing staff to intervene with additional referrals or interventions to improve client well-being.

► FOR MORE INFORMATION

Read More for Subsection 6.1

- The coaching model for administrative supervision
- Goal-setting framework for peer programs that outreach to clients...
- Goal-setting framework for peer program working with providers...
- Understanding boundaries in peer-client relationships

Additional Supervision Subsections

- Supervising Peers: Introduction
- 6.1 Administrative Supervision
- 6.2 Supportive Supervision
- 6.3 Clinical Supervision

Resources for Section 6

(available at http://peer.hdwg.org/program_dev/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)
- Peer weekly staffing report (Project ARK)

This section is part of the online toolkit *Building Blocks to Peer Program Success*. For more information, visit http://peer.hdwg.org/program_dev