

Framework for Supportive Supervision Case Discussion

Supportive Supervisor: _____

Supervisee: _____

Narrative Description:

- Age, Gender, Race/Ethnicity, Identified Sexual Orientation and/or Risk Behavior, Presenting Complaint/Concern, History

Current Client Plan:

- What is the current plan in working with the client

Concerns/Issues:

- What concerns do you have in working with this client?

- What challenges will you face in working with this client?

Issues Discussed in Supervision:

-
-
-

Follow-up Plan with Client:

-
-
-

Other Issues that Impact this Supervisee:

- What impact does this work have on you?

Resource tool: Framework for Clinical Case Consultation

Clinical Supervisor: _____ Supervisee: _____

Narrative Description:

- Age, Gender, Race/Ethnicity, Identified Sexual Orientation and/or Risk Behavior, Presenting Complaint/Concern, History

Current Counseling/Treatment Plan:

- What is the plan in treating/counseling the client

Concerns/Issues:

- What concerns do you have in counseling this client?
- What issues does this raise for you personally?
- What challenges will you face in counseling this client?

Issues Discussed in Supervision:

-
-
-

Follow-up Counseling/Treatment Plan:

-
-
-

Other Issues that Impact this Supervisee:

- What impact does this work have on you?



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 <i>get</i> information about the client's perspective on his/her illness and treatment?			
Did I <i>give</i> 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 <i>too much</i> 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/AIDS MARK 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 Self-Report:

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 Presenting a Client's Case, 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

WORLD/Janie Riley, MFT



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!

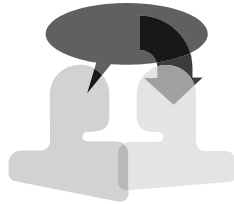
BALANCE Model for Supervisors/Janie Riley, MFT



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.

PACT Supervisor's Overview

(To be filled out by PACT staff member/supervisor, in order to clarify parameters and priorities of peer's responsibilities.)

The purpose of this document is to help define the specific qualifications and roles of peer workers in your program.

Peer Qualifications

Unlike their professional colleagues, peers bring unconventional assets to the work place. It is important that supervisors and peers have the same understanding of the essential qualifications of peer workers. These qualifications may include:

- Share diagnosis and/or treatment with clients (e.g. HIV positive; on ART)
- Local resident or familiar with community
- Experience dealing with some of the difficulties faced by the client population (e.g., past experience with substance dependency; caring for HIV+ children)
- Non-judgmental; able to accept alternative perspectives and lifestyles
- Able to reflect on and apply life experience
- Able to relate easily to clients and program staff alike
- Good communication skills
- Able to participate as team member; voice opinions and share information with others
- Able to work independently

Peer Roles

Peer workers undertake a wide range of roles, as this list compiled by the recent National Community Health Advisor Study illustrates:

- **Bridge gaps between communities and the health and social service systems. This includes:**
 - *Educate community members about how to use the health care and social service systems*

- *Gather information for medical providers*
- *Educate medical and social service providers about community needs*
- *Translate, including making medical language understandable for patients*
- **Provide culturally appropriate health education and Information**
 - *Teach concepts of health promotion and disease prevention*
 - *Help to manage chronic illness*
- **Assure that people get the services they need**
 - *Case finding/outreach*
 - *Make referrals*
 - *Provide follow up*
- **Provide informal counseling and social support**
 - *Provide individual support and informal counseling*
 - *Lead support groups*
- **Advocate for individual and community needs**
 - *Advocate for clients, translating, navigating, trouble shooting*
 - *Advocate for community needs specific to health care*
- **Provide clinical services and help meet basic needs**
 - *Provide clinical services, e.g. first aid in migrant labor camps*
 - *Help clients secure the basics: food, shelter, or employment, as a precursor to providing health related services. (may be done through referrals)*

The following are examples of peer roles within a multidisciplinary HIV adherence support program:

- **Facilitate communication with health professionals**
Peer workers encourage clients to build an open and trustful relationship with their healthcare providers, helping to overcome communication barriers. Peer workers encourage clients to empower themselves by asking questions of doctors in an open and honest way and initiating discussion about any issue of importance to the client.
- **Assist with adherence techniques**
Under the guidance of their supervisor, peer workers promote client self-efficacy through behavior change counseling and goal-setting. Peers also help the clients dynamically adapt their treatment adherence plans, taking into consideration individual barriers that might affect their adherence to medication. Peers can provide

practical advice about medication-taking cues, reminders, or organizational tools that have worked for them.

- **Counsel on medication adherence**

Peer workers provide informal counseling related to HIV treatment, medication, and the importance of adherence. Peers actively listen to their clients and help them to understand their diagnosis, medical regimens, and the effects of treatment. Peers promote an interactive, problem-solving approach to HIV treatment adherence.

- **Provide social support**

Part of their work with the client is to find opportunities in which to applaud and support their client. Even if the support is not directly about adherence, positive feedback and approval of the client's problem-solving or coping ability will help the client build self-efficacy and confidence.

- **Reach out**

The peer worker is able to meet the client at home or at some other location at a time that is convenient for the client. Peer workers' familiarity with the context of clients' lives enables them to access clients more easily than most healthcare providers. In the context of an ART adherence support program, peer outreach efforts are geared towards eliminating barriers that prevent clients from receiving HIV care and medication adherence support. Peer workers help improve client attendance at scheduled appointments and participation in support group and other program activities.

- **Record activities**

It is critically important that peer workers consistently document all client contact. Programs should devise an appropriate format and dedicate time and resources to review, test, and modify formats to ensure they are easy to understand and appropriate to the peers' work. Minimally, peer workers should record a client identifier code, nature/type of contact, information discussed, adherence issues addressed, actions taken, and referrals made. Forms should be kept in a central client file.

- **Collaborate with adherence team members**

Peer workers refer clients to social workers, case managers, and health educators, or facilitate other referrals, as appropriate. Peers are responsible for attending all

program-sponsored educational workshops, discussion groups, and support groups. Peers are expected to provide on-going feedback to all levels of program staff and to share ideas for improved client service.

- **Advocate and educate**

Peer workers help increase referral options by connecting the program with community-based organizations and other resources. Peers take an active role in promoting and supporting participation in TB screenings, health fairs, and other related community events.

Once the team has defined roles and activities, a brief list can be generated for peers and their supervisors to refer to when discussing strategies for approaching clients.

Peer Encounter Checklist

*Complete this checklist as soon as possible after each encounter with a client.
Responses on this checklist may be used in supervision.*

PEER INITIALS/CODE: _____	CLIENT CODE: _____
DATE: _____	

	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 <i>get</i> information about the client's perspective on his/her illness and treatment?			
Did I <i>give</i> 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 <i>too much</i> 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: <i>Quality Assurance Measures for Voluntary Counseling and Testing Services</i> IMPACT/AIDS MARK June 2001			

PACT Peer Educator Self-Assessment

Date _____

This self-assessment is not a test! It is intended to help you see the strengths and weaknesses that you bring to your work with clients.

PART ONE: For the following questions, think about times you were able to perform these skills well and times when you performed them less well than you would like. Write down a few words about your strengths and weaknesses.

How well can I:

Listen?

Communicate clearly and in language that is appropriate for the situation with my clients? Co-workers? Supervisors?

Recognize and control how my body language affects my working relationships (clients, co-workers, supervisor)?

Work with team members toward collective goals?

Take initiative on the job?

Problem solve effectively with my clients? Co-workers? Supervisor?

Judge my own strengths and weaknesses?

Handle stressful situations with my supervisor? Co-workers? Clients?

Understand and follow rules and procedures of my program?

Get to work and related activities on time, consistently day after day?

Manage my time?

PART TWO: Listed below are a number of behaviors that are essential to relating to others.

To be completed with the peer at an early meeting, to facilitate self awareness about skills and behaviors needed to work with clients

How do you rate yourself on these behaviors? Use the following scale:

- | | | | | |
|-----------|-----------------|----------|-------------------|-------------|
| 1 | 2 | 3 | 4 | 5 |
| Very Weak | Moderately weak | Adequate | Moderately strong | Very strong |

1. **Feelings:** I am not afraid to deal directly with emotion, whether it is my own or others'. I allow myself to feel and give expression to what I feel.

- | | | | | |
|-----------|-----------------|----------|-------------------|-------------|
| 1 | 2 | 3 | 4 | 5 |
| Very Weak | Moderately weak | Adequate | Moderately strong | Very strong |

2. **Initiative:** In my relationships I act rather than react by going out and contacting others without waiting to be contacted.

- | | | | | |
|-----------|-----------------|----------|-------------------|-------------|
| 1 | 2 | 3 | 4 | 5 |
| Very Weak | Moderately weak | Adequate | Moderately strong | Very strong |



Weak

weak

strong

strong

3. **Respect:** I express that I am there for others even if I do not necessarily approve of what they do.

1	2	3	4	5
Very Weak	Moderately Weak	Adequate	Moderately Strong	Very Strong

4. **Concreteness:** I am not vague when I speak to others. I do not beat around the bush in that I deal with concrete experience and behavior.

1	2	3	4	5
Very Weak	Moderately Weak	Adequate	Moderately Strong	Very Strong

5. **Immediacy:** I deal openly and directly with others. I know where I stand with others and they know where they stand with me.

1	2	3	4	5
Very Weak	Moderately Weak	Adequate	Moderately Strong	Very Strong

6. **Empathy:** I can see the world through the eyes of others by listening to cues, both verbal and non-verbal, and I respond to these cues.

1	2	3	4	5
Very Weak	Moderately Weak	Adequate	Moderately Strong	Very Strong

7. **Confrontation:** I am able to challenge others responsibly and with care. I do not use confrontation to punish.

1	2	3	4	5
Very Weak	Moderately Weak	Adequate	Moderately Strong	Very Strong

8. **Self-disclosure:** I let others know the person inside, but I am not exhibitionistic. I am open without being a secret-reveler or a secret-searcher.

1	2	3	4	5
Very Weak	Moderately Weak	Adequate	Moderately Strong	Very Strong

9. **Self-exploration:** I examine my life style and behavior and want others to help me to do so. I am open to change.

1
Very
Weak

2
Moderately
Weak

3
Adequate

4
Moderately
Strong

5
Very
Strong

*Modified from Donald Clark, 'Big Dog Little Dog (2004)
<http://www.nwlink.com/~donclark/leader/leadtrn.html>*

Date ___/___/___

Adherence Support: Individual Client Review

To guide the peer in reviewing clients during supervision

1. What are this client's long and short-term goals?
2. How does the client feel about his/her diagnosis?
3. What are the client's beliefs about medication-taking in general?
4. What does the client know about his/her medication and treatment plan?
5. Has the client successfully faced difficult challenges in the past? What coping skills or strategies did s/he use (*support from family? seeking out service agencies*)?
6. Has your client had to make difficult treatment decisions (including decisions about being adherent) before? What were they? What barriers did the client face, and how did the client respond?
7. Where does adherence fit into the client's life goals?

Peer Weekly Staffing Report

The peers at Project Ark in St. Louis, MO, use the below peer weekly staffing report to document their contacts with clients on a weekly basis. The peers fill out the form during the week and turn the document in, together with any client chart notes, to their supervisor on Fridays. The supervisor uses this information to prepare for supervisory meetings with the peers and to track the number of minutes peers are in contact with clients, a requirement for the grant that funds the peer program. Using this tracking system, the staff was able to document that the program had met its goal for time peers spent with clients for the year.

Peer Weekly Staffing Report

Peer Name: _____

Date: _____

Date	Client Name	New or Existing Client	Program Site	Phone Contact	Mail/Email	Educational Meeting	Intake	Support Group	Clinic Visit	Total Time In Minutes	Total Units (1 Unit = 15 min)
		N/E	<input type="checkbox"/> Washington University <input type="checkbox"/> New Hope Clinic <input type="checkbox"/> Other _____								
		N/E	<input type="checkbox"/> Washington University <input type="checkbox"/> New Hope Clinic <input type="checkbox"/> Other _____								
		N/E	<input type="checkbox"/> Washington University <input type="checkbox"/> New Hope Clinic <input type="checkbox"/> Other _____								
		N/E	<input type="checkbox"/> Washington University <input type="checkbox"/> New Hope Clinic <input type="checkbox"/> Other _____								
		N/E	<input type="checkbox"/> Washington University <input type="checkbox"/> New Hope Clinic <input type="checkbox"/> Other _____								
		N/E	<input type="checkbox"/> Washington University <input type="checkbox"/> New Hope Clinic <input type="checkbox"/> Other _____								

Challenges of the Week: _____

Highlights of the Week: _____

Please photocopy your progress notes for this week and attach them to this report.
 Please turn this report into Stacey by FRIDAY of each week. Thank you!!!