

# Recognizing Transference and Countertransference



## OBJECTIVES

**At the end of this unit, participants will be able to:**

- Define transference and countertransference
- Explain at least three ways to manage transference
- Explain at least five ways to manage countertransference



## INSTRUCTIONS

1. Welcome participants and share the objectives (slide 2).
2. Review slides and facilitate discussion on transference and countertransference (slides 3–6).
3. Role play activity
  - Distribute the transference/countertransference role play script.
  - Ask for two volunteers to read the script aloud.
  - When the CHW says “hmm,” pause, show slide 7, and ask for someone to read the CHW’s thoughts and feelings displayed on the slide, then resume role play.
  - Facilitate discussion (see slide 7 notes).
4. Discuss managing countertransference (slide 8).
5. Wrap up by asking a participant to read the quote on slide 9.



## Method(s) of Instruction

Lecture, group discussion, role play

*Facilitator’s Note: This session should be facilitated by an experienced trainer with clinical training (e.g., LICSW, psychologist, MSW, etc.)*



## Estimated time

45 minutes



## Key Concepts

Transference, countertransference

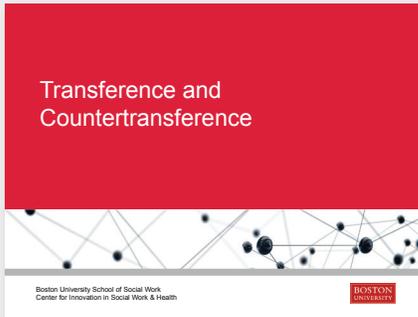


## Materials

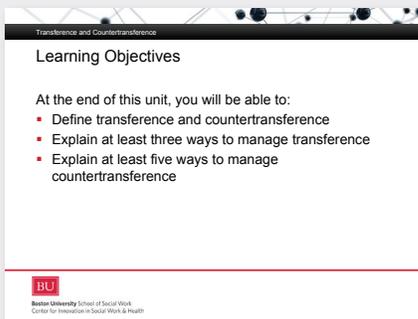
- Computer with internet access and projector
- PowerPoint slides

### *Handouts*

- Transference/Countertransference Role-Play Script

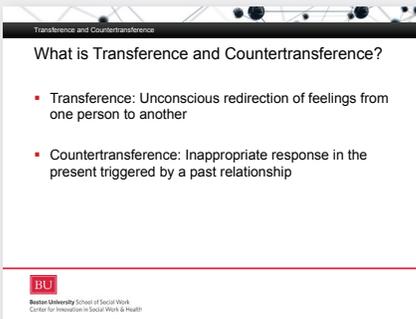


## SLIDE 1



## SLIDE 2

Review the objectives.



## SLIDE 3

Ask, “What is transference and countertransference?”

Allow for discussion, then present or reinforce the following information:

- When we encounter a person who reminds us of someone who is or was important to us, we think, subconsciously, that this person is indeed like our significant other (whether a lover, friend, relative, or other person) and we attribute feelings onto them. This is called transference. Transference can be manifested as an erotic attraction, but can be seen in many other forms such as rage, hatred, mistrust, parentification, extreme dependence, or even placing the person in a god-like or guru status.
- Countertransference is defined as redirection of the CHW’s feelings toward a patient, or more generally, as an emotional entanglement with someone. Countertransference is used when a provider feels strongly influenced by the patient’s actions or feelings. It is important for providers to recognize countertransference so as to minimize the effect on the client, especially a negative effect.
- This is also referred to as “over-identification.”

Ask, “Who experiences transference? Who experiences countertransference?”

Allow for discussion, then present or reinforce the following information:

- Anyone (patients, CHWs, and friends) in the encounter can experience transference and may assign feelings they have toward someone else onto us. Often, both participants experience a variety of these feelings. It’s not something that can be prevented, but it can be managed.

Ask, “When can a person experience transference? When can a person experience countertransference?”

Allow for discussion, then present or reinforce the following information:

- Transference and countertransference can happen anytime during an encounter.
- CHWs must develop an awareness of this so that they can manage those feelings when they come up.
- Not being aware of this will not allow us to gain insight into why these feelings are occurring.
- Being attuned to countertransference as a CHW is nearly as critical as understanding the transference; this helps the CHW regulate his/her emotions in the relationship with a client.

# Recognizing Transference and Countertransference

Transference and Countertransference

## Transference

- CHW represents something other than their roles as the CHW for the patient
- Client has assigned certain feelings to the CHW that are unrelated to CHW
- Client has certain expectations because of these assumptions and feelings
- Client may act on these feelings and not realize it

 Boston University School of Social Work  
Center for Innovation in Social Work & Health

## SLIDE 4

Review the slide.

Transference and Countertransference

## Managing Transference

- Helping the CHW recognize that these feelings are normal
- Supporting the CHW in addressing these feelings
- Referring the CHW for added clinical supervision or independent mental health services/EAP services
- Transfer client case (if necessary) to another CHW
- Review boundary activities or educational materials to reinforce "staying in your lane"

 Boston University School of Social Work  
Center for Innovation in Social Work & Health

## SLIDE 5

Review the slide.

Transference and Countertransference

## Countertransference

- Holding beliefs about exactly what a client needs to do
- Holding assumptions about a client without verifying them
- Going out of the way for a client, over-extending oneself even though client is not working very hard for themselves
- Avoiding client
- Feeling of being manipulated
- Spending too much time with one client for an extended period of time
- Attraction to a client
- Unrealistic expectations of a client
- Client reminds CHW of someone in their life

 Boston University School of Social Work  
Center for Innovation in Social Work & Health

## SLIDE 6

Review the slide.



## SLIDE 7

Tell participants that we will now do a role play activity on countertransference.

Show this slide as soon as the CHW says “hmm” and pause in the script

Have someone read the CHW’s thoughts and feelings in the slide, then resume role play.

Debrief after the Role Play:

- What did you observe? Take responses and facilitate discussion.
- What did the client want to talk about?
- Where did the CHW go instead and why?
- What could happen if the client “obeys” the CHW and discloses to her partner that day?
- What can happen if the CHW isn’t aware of why they are having these thoughts and feelings?
- What would have been the appropriate action by the CHW?
- What could the CHW have done with the feelings raised by the client?
- What is the lesson in this role play?

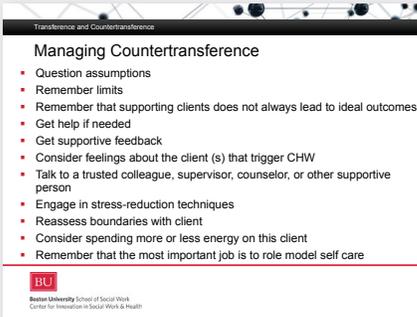
Kay Talking Points:

- The CHW may want to identify and hone in on what they perceive to be the client’s problem, but the client may have more pressing concerns—in the role-play scenario, safer sex—and may not share the CHW’s prioritization of disclosure and the needs of the client’s partner.
- Very often, exploring a client’s concerns will lead back to the CHW’s concerns, particularly when the areas of concern are related (as is the case with safer sex and disclosure).
- If the CHW had listened to and addressed the client’s area of immediate concern, the conversation could then lead to discussion of non-disclosure.
- It is critical for the CHW to suspend personal feelings during the interaction with the client.
- First and foremost, do no harm, particularly when time with the client is short.
- A sincere desire to help can lead a CHW to try to “fix” the situation for the client based on their perception of what the client needs and should do. The CHW may shift into problem solving and prescribe answers and solutions that the client may not be ready for.

# Recognizing Transference and Countertransference

## SLIDE 8

Review the slide.



Transference and Countertransference

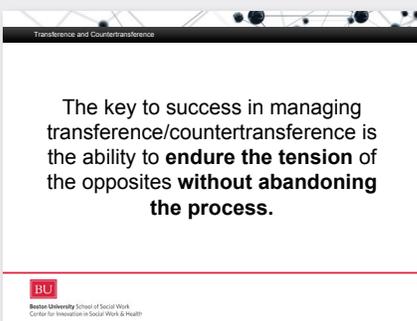
### Managing Countertransference

- Question assumptions
- Remember limits
- Remember that supporting clients does not always lead to ideal outcomes
- Get help if needed
- Get supportive feedback
- Consider feelings about the client (s) that trigger CHW
- Talk to a trusted colleague, supervisor, counselor, or other supportive person
- Engage in stress-reduction techniques
- Reassess boundaries with client
- Consider spending more or less energy on this client
- Remember that the most important job is to role model self care

 Boston University School of Social Work  
Center for Innovation in Social Work & Health

## SLIDE 9

Ask a participant to read the slide.



Transference and Countertransference

The key to success in managing transference/countertransference is the ability to **endure the tension** of the opposites **without abandoning the process.**

 Boston University School of Social Work  
Center for Innovation in Social Work & Health

# Transference/Countertransference Role Play Script

**CHW** “Hi Lynn, how are you doing today?”

**Client Lynn:** “I’m OK, but there’s something that’s troubling me.”

**CHW:** “I’m here to help. What’s going on?”

**Client Lynn:** “Well, my partner doesn’t know my status yet, and I don’t feel ready to tell him.”

**CHW:** “Really, your partner doesn’t know your status? It’s been 2 years since your diagnosis and you haven’t told him?”

**Client Lynn:** “No, and what worries me most is that we are having unprotected sex and I’m afraid of infecting him; I need to know how to prevent passing the virus on to him.”

**CHW:** “Hmm.” (*Refer to thoughts and feelings on slide 6*).

**CHW:** “Lynn, I’m going to be honest with you, do you know that you’re playing Russian Roulette with your partner? Every time you have unprotected sex with him it’s like putting a gun to his head. How would you like it if you were infected by someone who didn’t reveal their status to you?”

**Client Lynn:** “Gosh, Lynn, I never thought about it that way, though I was infected because someone didn’t tell me. I really don’t want to harm him, but I’m scared to tell him the truth.”

**CHW:** “Why?”

**Client Lynn:** “He will be very angry and probably think I cheated on him; he may also walk out on me and I can’t handle that right now.”

**CHW:** “Lynn, you have to tell him right away; you have a moral obligation to tell him the truth. You need to go home and tell him right now. Don’t let another day go by without telling him.”

# Acknowledgements

This curriculum draws from and is adapted from the expertise and experiences of the authors. We are also grateful to the supervisors who participated in the training from the following Ryan White program funded sites: 1917 Clinic, University of Birmingham, Alabama; East Carolina University Adult Specialty Care Clinic; Franklin Primary Health Center; McGregor Clinic; Southern Nevada Health District; CrescentCare; Newark Beth Israel Hospital-Family Treatment Center; the JACQUES Initiative; Legacy Community Health; and the Southwest Louisiana AIDS Council. You all taught us as much about how to be a successful supervisor, as we taught you.

## Authors

Serena Rajabiun

LaTrischa Miles

Alicia Downes

Precious Jackson

Rosalia Guerrero

Simone Phillips

Jodi Davich

Maurice Evans

Beth Poteet

Maria Rojo Campos

This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) number U69HA30462 "Improving Access to Care: Using Community Health Workers to Improve Linkage and Retention in HIV Care" (\$2,000,000 for federal funding). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

## Suggested Citation:

Boston University Center for Innovation in Social Work & Health. (2019). A Training Curricula for Using Community Health Workers to Improve Linkage and Retention in HIV Care. Retrieved from: <http://ciswh.org/chw/>



**Boston University** School of Social Work  
Center for Innovation in Social Work & Health