

Supervising Peers Who Support Clients in HIV Care & Treatment

Part 1: Basic Elements for addressing Boundaries, Confidentiality & Team Coordination
October 7, 2009

PEER Center
Peer Education & Evaluation Resource Center



Boston University School of Public Health
Health & Disability Working Group



Objectives

- By the end of the webinar, participants will be able to:
- Describe 3 types of supervision ideal for peer programs
 - Administrative
 - Supportive
 - Clinical
 - Address the complexities of confidentiality and boundaries in peer programs
 - Support peers' integration as part of health care team

Agenda

- Introduction to peer supervision
JRI/PEER Center: Laura Fizek
- Overview of peer supervisory needs related to confidentiality and boundaries:
 - **Kansas City Free Health Clinic**
LaTrischa Miles
Alicia Downes
 - **Lotus Project/WORLD:** Janie Riley
- Supervisory supported team coordination
 - **PACT Project :** Julie Franks
- Questions & Discussion
- Evaluation

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The Lotus Project
Women's HIV/AIDS Peer Education Training



people to people



PACT
Peers in action



Peer Supervision

- Regularly scheduled meetings or time
- Whoever is in charge of where peers are placed can offer administrative supervision
- Administrative and either supportive or clinical ideally shouldn't be the same person
- Supportive supervision can be provided by a non-licensed practitioner
- Clinical supervision is always provided by a licensed practitioner

Administrative Supervision

- Setting clear job expectations
- Developing goals aligned with program mission/goals
- Supporting team integration efforts
- Encouraging professional development
- Problem solving
- Managing logistics
- Evaluating the effectiveness of goals

Administrative Supervision: Who & How often

- Regularly scheduled meetings or time
- Whoever is in charge of where peers are placed can offer administrative supervision

Supportive Supervision

- Builds and sustains a trusting relationship between peer and supervisor
- Helps transfer personal knowledge
- Assists in formulating client care plans
- Supports peers in maintaining boundaries
- Supports peers in identifying and addressing issues related to working with clients
- Supports peers in managing feelings about clients

Clinical Supervision

- Offered to pre-licensed, licensed and non-clinicians
- Provides the opportunity for peers to learn about transference/countertransference
- Provides the opportunity for peers to learn about mental health issues
- Supports development of client care plans
- Ensures that peers work within scope of their role and make appropriate referrals if needed
- Supports the peer in understanding how the work affects him/her

Supportive & Clinical Supervision: Who & How often?

- Regularly scheduled meetings or time
- Administrative and either supportive or clinical; ideally shouldn't be the same person
- Supportive supervision can be provided by a non-licensed practitioner
- Clinical supervision is always provided by a licensed practitioner

Peer Supervision: Confidentiality & boundaries

What Is Confidentiality?

- Trusting another person with information that will not be shared
- Keeping sensitive information protected from unauthorized viewers
- Ensuring that information is accessible only to those authorized to have access

Health Insurance Portability and Accountability Act (HIPAA)

- The federal government established this act to maintain and protect the rights and interest of the customer. HIPAA defines the standard for electronic data exchange, protects confidentiality and security of health care records. The privacy or confidential rules regulate how information is shared. Upon engagement of health services: pharmacy, medical visit, social services etc., the client is informed of his rights to confidentiality and the policy and procedures regarding the release of his personal health information. The client signs form stating that he or she received and reviewed HIPAA policy.

Situations when data can be released without the client's permission or consent

- For the purpose of reporting abuse, neglect or domestic violence to the proper social service agency
- If a client is not disclosing HIV status to sexual partners in a state that has laws on HIV disclosure

What happens when confidentiality is not respected or is breached

- The client/patient may be embarrassed.
- The client can lose trust in the peer educator and the agency.
- The client may file charges against the peer educator and the agency.
- Employee may be reprimanded, given a warning or be dismissed from the agency.
- The agency could be fined criminal penalties for disregarding HIPAA.

Supervision Strategies for Confidentiality

- Review program policies/procedures on patient confidentiality-HIPAA laws.
- Expect peers to adhere to HIPAA laws.
- Encourage peers to respect client's confidentiality.
- Remind peers to have signed client consent forms before sharing information.

What Are Boundaries?

- Boundaries are standards and limits developed to create an environment of safety and well-being.
- Common boundaries are:
 - Physical Boundaries- one's sense of personal space
 - Time and place boundary – when, where to meet
 - Emotional Boundaries-feelings that separate an individual from others
 - Personal belief

Examples of when physical boundaries are not respected

- When someone approaches to talk about an issue and they get too close
- Looking through client files, documents without permission
- Inappropriate touching such as unwanted sexual advances

Example of a physical boundary that was addressed in supervision

A peer is preparing medical charts for the next day's clinic. The charts have been pulled and the supervisor notices that the peer is looking through a patient's medical chart. When the supervisor approaches, the peer says, "Hey, I know him; we went to high school together."

Supervisory Strategies

- Model statements peers can use to clients or co-workers to respect physical space
- Review program policies/procedures on patient confidentiality-HIPAA laws
- Examine with peers how client data can support achievement of adherence goals
- Encourage peers to review agency employee handbooks to support safety in the work environment

What Are Time Boundaries?

Time boundaries refer to markers of time

Examples:

1. Start times and end times for work
2. Allotting time to meet with a client that allows for enough time to achieve goals
3. Ending a meeting with a client after an appropriate period of time, even if the client wants to continue

Supervisory Strategies

- Expect peers to be on time
- Coach peers to begin and end client meetings on time and within reasonable timeframes
- Teach peers to *communicate to clients* how long meetings will last
- Consider protocols regarding when peers may meet with clients
- Remember time boundaries demonstrate respect for supervisors, peers AND clients
- Model good time boundaries as a supervisor

What Are Place Boundaries?

- Place boundaries help programs define best practices for where peers meet with clients
- Program managers and supervisors will want to consider the local community, the local medical network, safety issues, and the role of peer work.

Supervisory Strategies

- Decide where peers and clients can meet and clearly communicate to peer staff
- Consider allowing for flexibility based on client needs and peer's experience
- Review issues regarding “safety in the field” and encourage peers to express any feelings of lack of safety.

Emotional Boundaries Are Crossed

- Blaming others, not taking personal responsibility for actions
- Imposing one's feelings or ideas on another
- Allowing client statements to have a negative impact on services the peer is providing; client may insist that they are not being helped

Supervisory Strategies

- Process with peers responses to peer/client exchanges
- Coach peers to separate what they do and do not have control over
- Teach peers to let go of work-related issues after their assigned work hours
- Encourage peers to set boundaries with clients, health care staff and multidisciplinary teams
- Model self-care

Defining Personal Beliefs for Peers

- A personal belief includes one's world view, values and life philosophies.
- Personal beliefs include one's religious beliefs and political beliefs, etc.
- We all have a right to our beliefs, but sometimes our actions must be controlled in order to respect the rights of others. This is an example of holding a boundary.

Supervisory Strategies

- Encourage peers to allow beliefs to support and inspire them, without imposing those beliefs on clients.
- Find ways for peers to learn about cultural and other differences.
- Encourage peers to consider individual differences between people with similar belief systems.

Boundaries, the Multidisciplinary Team, and Supervisory Considerations

- Peers may identify more with patient role than co-worker/colleague role
- Peers may defer decision-making to providers
- Lack of time boundaries (i.e., lateness) may indicate peers' misunderstanding of their importance
- Providers may balk at communicating boundary issues because they are afraid of offending peers
- Peers may elicit caretaking from providers, and/or providers may take the lead by offering it

Supervisory Strategies

- Continually communicating to peers their value and importance (use specific examples)
- Reminding peers that their input is the voice of client advocacy
- Communicating professional norms to peers and educating providers to do the same
- Helping peers talk through how to distinguish between their roles as a client/patient versus peer provider

Summary of Tips for Setting Boundaries:

Skills

- Clearly define the peer/client relationship/roles
- Set guidelines so clients know what to expect in peer sessions
- Immediately let others know that they crossed boundaries
- It's important to implement a boundary once it's set
- Follow through on what you said you would do
- Share how they crossed set boundaries
- Separate out boundary-setting and being empathic to the peer's need to share his/her feelings

Summary of Tips for Setting Boundaries:

Considerations

- Encourage peers to seek supervisory support if they feel boundaries were not respected in client relationships
- Support peers in managing clients who disrespect set boundaries
- Peers should be prepared for others to get angry when they disclose that a boundary has been crossed

**Peer Supervision:
Coordinating with
multidisciplinary team members**

Coordination of multidisciplinary teams including peers

- A. Peer contributions to multidisciplinary teams
- B. Challenges to multidisciplinary teams
- C. Strategies to address challenges
- D. Multidisciplinary collaboration: a case study

Client Services Provided by Peers

- Identify needs & barriers to accessing services
- Support adherence to treatment
- Navigate health care system
- Link clients to care and ancillary services
- Coach clients in health behaviors
- Educate clients on a variety of topics
- Promote good patient-provider communication

Supervisory Support for Client Services

- Encourage peers to build rapport over time & work within clients' life goals & priorities
- Ensure that collaborating providers/agencies are informed about peers' responsibilities to refer, navigate, link
- Ensure that peers are fully trained to provide education & coach clients in health behaviors, including communication

Peer Contributions to Team

- Add unique information to the team's shared knowledge about clients
- Give feedback to the team from the community or client perspective
- Represent the team to community, clients, funders, policy makers

Supervisory Support for Peer Contributions to the Team

- Begin by establishing team consensus about the value of peer feedback & how the team will respond to it
- Structure regular meetings for sharing perspectives and information on clients
- Ask team members to identify ways in which peer perspective has affected their understanding of individual cases

Multidisciplinary Teamwork Challenges

- Differing understanding & appreciation of peer role among team members
- Role overlap among peers & professionals
- Peers' competing identities: may identify more with the patient/client role than team role
- Peer identification with clients may create a sense that they are betraying confidentiality by sharing information with team

Strategies to Address Challenges

- Preliminary work may be needed to build communication, mutual appreciation, and trust among team members
- Initial and ongoing team discussion of program goals, team roles, group agreements
- Use specific cases to discuss questions of role definition, information sharing, teamwork

Case Study: John's Two Doctors

- Multidisciplinary adherence support team
- Aaron has built rapport over time with his client, John
- John says he forgets to take his meds
- Aaron is frustrated by lack of progress with John
- John's doctor worries that he is not willing to take meds and disengaging from care
- Aaron probes for more information about non-adherence

John's Two Doctors

- John reveals that he is a psychiatric patient and that he feels that HIV meds have a negative effect on his mental health
- He does not want to disclose to either doctor
- John asks Aaron to keep this information private
- Aaron discusses John's revelation with his supervisor
- He suggests that John speak to a peer worker with similar diagnoses
- John agrees and after their conversation allows Aaron to explain his psychiatric history to his HIV doctor

John's Two Doctors: Outcomes

- John can talk openly with both doctors
- Doctors collaborate to optimize John's care and treatment
- John has a regimen he feels he can adhere to
- He gains access to services (support group)
- The peer-client relationship is strengthened by the experience

Resources

Webinar Peer Supervision Part 2:

Tuesday November 3, 2:00-3:30 EST

Websites:

- PEER Center: www.hdwg.org/peer_center
- Kansas City Free Health Clinic: www.kcfree.org
- Lotus project: www.lotuspeereducation.org
- PACT project Harlem Hospital: www.peernyc.org
- WORLD: www.womenhiv.org

For More Information

http://www.hdwg.org/peer_center/program_dev

Building Blocks to Peer Program Success | PEER Center - Mozilla Firefox

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http://www.hdwg.org/peer_center/program_dev

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Building Blocks to Peer Program Success

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A toolkit for developing HIV peer programs

Purpose of this toolkit: to support organizations and communities who work with peers to effectively engage and retain PLWHA in care and treatment.
Primary audiences: directors/managers, supervisors of social services, clinic managers and medical directors, nurses and case managers, state and county health officials in charge of HIV program dollars, planning councils, consumer advisory committees and anyone interested in building, enhancing or incorporating peers into a program

Additional uses: Organizations can review and select relevant sections based on their program's needs and use the tools and resources available.

1. Introduction (PDF)
2. Organizational readiness for peer programs (PDF)
3. Designing a peer program
4. Peer roles and responsibilities
5. Recruiting, hiring and orienting peers
6. Supervising peers
7. Evaluating peer programs

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Peers in action

http://www.hdwg.org/peer_center/program_dev#

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For More Information

6. Supervising peers

All links below are in PDF format and require Adobe Acrobat Reader.

- [6 Supervising peers - Introduction](#)
- [6.1 Administrative supervision](#)
 - [Read More A: The coaching model for administrative supervision](#)
 - [Read More B: Example 1: Goal-setting framework for peer programs that outreach to clients.](#)
 - [Read More C: Example 2: Goal-setting framework for peer program working with providers...](#)
 - [Read More D: Understanding boundaries in peer-client relationships](#)
- [6.2 Supportive supervision](#)
 - [Read More A: The coaching model for supportive supervision](#)
 - [Read More B: Troubleshooting difficult cases and supporting peer efforts](#)
 - [Read More C: Recognizing and addressing countertransference](#)
 - [Read More D: Tasks and tools for developing a supportive approach](#)
 - [Read More E: Peer support groups and structured group supervision](#)
- [6.3 Clinical supervision](#)
 - [Read More: The coaching model for clinical supervision](#)

Thank you!

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Julie Franks

PACT Program

Alicia Downes

LaTrischa Miles

People to People

Janie Riley

The Lotus Project

For more information please visit
www.hdwg.org/peer_center/

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 Justice Resource Institute

