Supervising Peers Who Support Clients in HIV Care & Treatment

Part 2: Case Consultation for Complex Issues: Boundaries & Confidentiality
November 3, 2009

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Peer Education & Evaluation Resource Center

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Boston University School of Public Health
Health & Disability Working Group

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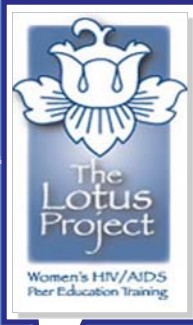
PACT
Peers in action

Objectives

By the end of the webinar, participants will be able to:

- Better understand the nature of the complex relationship between peers and clients

- Address the complexities of culture, confidentiality and boundaries for peers and clients

- Support peers' learning through supportive and clinical supervision: finding ways to manage these complex relationships

Agenda

- Introduction to Webinar: Interview structure
  JRI/PEER Center: Laura Fizek

- Defining Transference and Counter-transference
  Lotus Project Consultant: Janie Riley

- Challenging Cases: contributed by the last Webinar and the panel's experiences
  People-to-People/Kansas City Free Clinic:
  Alicia Downes, LaTrischa Miles

- Questions & Discussion

- Evaluation

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Our Panel Today Includes:

•**Lotus Project/WORLD**:
Janie Riley

•**Kansas City Free Health Clinic:**
LaTrischa Miles
Alicia Downes

Interview Question #1

What is it about the peer/client relationship that makes it so complex?

Feelings Between Peer and Client Are Normal

- Hope for positive outcomes
- Fear of negative outcomes
- Concern and/or protection of one another
- Appreciation and/or affection
- Frustration and/or anger
- Feelings of love
- Dislike and/or hate

Transference

- A term used in psychology to describe feelings that clients develop towards providers.

- The term is used when a provider suspects that the client's feelings are strongly influencing the way the client is experiencing the provider and the services being received.

- The term implies that the client's feelings partially arise out of the client's history, and are based on beliefs that were formed during prior relationship experiences.

Example of Transference

- Miranda's mother abandoned her at age seven and left her with her father. Soon after, her father left her with an aunt. This aunt did not have a lot of time for her because she had three children of her own.

- Based on these past experiences, as an adult, Miranda has a tendency to fear that people who care for her are going to leave her or ignore her.

- Miranda's peer, Tenecia, notices that Miranda calls her frequently, wants frequent help, and pressures her to stay at home visits longer than the peer can stay.

Counter-Transference

- A term used in psychology that describes a provider's feelings, beliefs or biases toward one or more clients.

- While it is human to have feelings, the term counter-transference is used when a provider feels strongly influenced by the feelings.

- It is important for providers to recognize counter-transference so as to minimize the effect on the client, especially a negative effect.

Examples of Counter-Transference

1. In the previous example, Tenecia begins to feel annoyed by Miranda. She also begins to feel like she can never do enough to help or please Miranda. She begins to avoid Miranda's phone calls and meetings with her.

2. Mary is helping a newly diagnosed client become open to starting meds. Mary believes that meds saved her life early in her diagnosis. She becomes pushy when her client questions them. The client begins to avoid contact with Mary.

Supervisor's Strategy: Address Feelings with Peers

- Use the 3 N's

- Use the 3 C's

- Teach and utilize the concepts of counter-transference and transference in ways that are tailored and appropriate to the peer-client alliance.

The Three N's

- **Notice** peers' emotions when speaking about client cases.

- **Name** feelings by assisting peers in identifying them. (i.e. frustration)

- **Normalize** feelings by coaching peers to expect that feelings—even strong ones—will arise as a part of the process of serving clients.

The Three C's

- **Check Counter-transference** when hard feelings arise for peers. This term helps peers see through a professional lens.

- **Contain** the feelings by discussing together how the peer can continue her work without letting her feelings adversely affect her behavior.

- **Care** for the peer by including a discussion of how she can implement self-care techniques to reduce stressful feelings.

How a Supervisor Might Respond to Tenecia

- The supervisor notices that Tenecia is not bringing Miranda up so asks about her. Tenecia looks annoyed, so supervisor says sympathetically, "You look a little annoyed. Are things a little difficult with Miranda?"

- After hearing her complain about Miranda, the supervisor empathizes and normalizes the feelings.

- The supervisor says, "These are feelings about your client, so could they in part be counter-transference?"

How a Supervisor Might Respond to Tenecia

- The supervisor and Tenecia talk about how hard it is to not be able to do everything for clients and always please them.

- They also talk about how Tenecia can restore her relationship with Miranda and set good emotional and practical boundaries.

- Finally, they talk about what Miranda can do to release some stress.

Interview Question # 2

What happens when you have a peer who is also a client? How do you help the peer manage the work, but also allow the peer to be a client?

A Case of Role Confusion

- Joe has received primary care and case management services from the clinic which has supported his goals: increased knowledge of disease and self-management of health. Joe is now ready to give back to others who are struggling with the disease.

- Joe participated in training to become a peer to help others struggling with their HIV.

- Joe is hired part-time at the clinic as a peer educator and must now manage his dual role: patient and peer educator.

- During a recent supervision meeting, Joe shared that he is struggling with wanting to attend the support group he has gone to for the past 3 years that helped him with his sobriety.

Supervision Strategies

- Joe and his supervisor discuss:
  - Boundaries with patients in the group
  - Confidentiality around self-disclosure and whether clients can hear his struggles…can he really share that in the group or should he go to a different SA group?
  - Resources for SA groups in the community
  - Credibility of the peer program

Interview Question # 3

What happens if the client and peer are or were friends and live and socialize in the same community prior to the client coming in for services? How would you work with the peer to handle that?

A Case of Prior Relationship

- Brad and Steve are friends.

- Brad works at the clinic and sees his friend, Steve, who has come in for his first appointment.

- Brad is surprised to see Steve, as they have never talked about their HIV status.

- Brad is now concerned that his confidentiality will be compromised because they share the same social circles.

Supervision Strategies

- Assess relationship.

- Include both client and peer in decision to have a working relationship.

- **Advise the healthcare team that you know the client from a previous relationship.**

- Re-assess.

Supervision Strategies

- Reassure the client that HIPPA laws apply to everyone on the healthcare team and that absolute confidentiality is expected within and outside the medical setting.

- Provide another peer as another option for the client.

- Don't compromise: make sure the client feels comfortable with the chosen peer and in the environment while receiving medical or peer services**.**

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Interview Question # 4

What are some of the challenges you have faced as a result of cultural differences and misunderstandings?
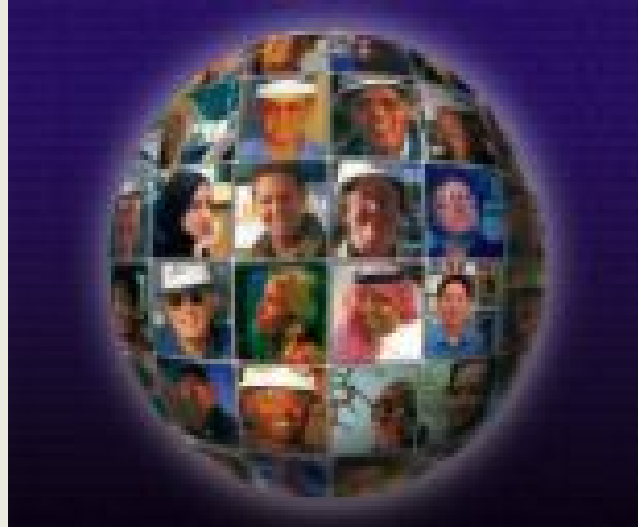
A Case of Cultural Differences

Bettie has received peer services from the clinic for some time. Bettie is an immigrant from Africa who came to this country on political asylum. Bettie is also receiving primary care medical services. Bettie is pleased with the education she has received from peer services and her medical care even though she has experienced side effects from the medication and has to change regimens. During a recent visit with her peer, the peer notices that Bettie is dressed in black clothing. The peer continues the session with Bettie, but also notices that she seems depressed. The peer tries to engage her, but Bettie acknowledges she will be OK and does not want to talk about it.

For the next two visits, the peer notices that Bettie is dressed in black and this time her head is covered with a scarf. At this visit, the peer is definitely fed up with Bettie being down and wants her to perk up. The peer is intent on telling Bettie that she will not make progress if this continues and the peer is going to recommend a few agencies that can provide resources, mental health, clothing so that Bettie can stop wearing black since she seemed to have had a vibrant attitude toward life and her clothing appeared normal prior to several weeks ago.

Cultural Differences – Discussion Points

- Cultural differences and attitudes about death

- Bettie's sister died during childbirth. The baby did live, but it is Bettie's culture to wear black for a certain period of time as a sign of mourning.

Interview Question # 5

What kinds of cultural issues and misunderstandings may occur when you have an interdisciplinary team working together?

Questions and Comments

Resources

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

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