PREParing PEERS FOR SUCCESS

PEER SUPERVISION CURRICULUM

A curriculum for engaging out-of-care or newly diagnosed people living with HIV in care and treatment

Health & Disability Working Group, Boston University School of Public Health

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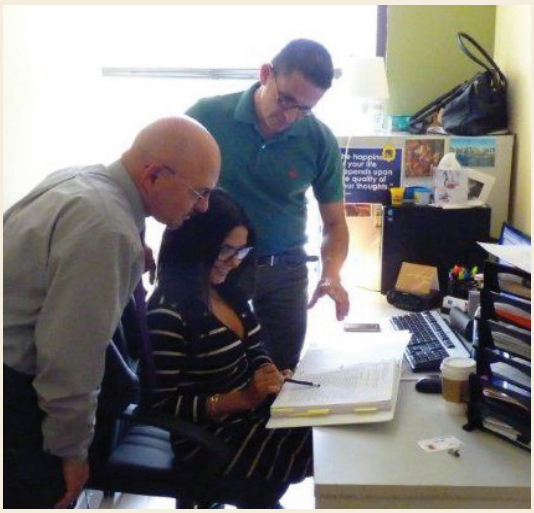
INTRODUCTION



Now I realize how much help my clients need to keep them healthy and how important the roles of peers are in our agency. We need to keep our peers around for a long time!

Patty Valdez (pictured here with a peer and client support assistant)
Peer Project Coordinator
Care Resource, Miami, FL

Purpose of this curriculum

The purpose of this curriculum is to train the staff who will be supervising HIV-positive peers as they support patients in HIV treatment adherence and retention in care. It is a companion to the PREParing Peers for Success curriculum for training peers who work to re-engage and retain people living with HIV/AIDS (PLWHA) who have fallen out of HIV medical care, link newly diagnosed PLWHA into HIV medical care, and to improve the overall health-related quality of care of PLWHA. It was developed through a Health Resources and Services Administration (HRSA) funded Minority AIDS Initiative (MAI) Project, the Peer Re-Engagement Project (PREP), that focuses on supporting racial and ethnic minorities struggling with behavioral health issues, and/or unstable housing, a population that is at high risk of not engaging or staying in HIV care. More information about this project can be found at http://www.hdwg.org/prep

Training HIV-positive individuals to work as peers is not enough to make a program successful. Just as the peer must understand his or her role to work effectively within an organization, organization staff must build supportive work conditions in which peers can thrive. The curriculum presented here is designed to train peer supervisors to provide the structure, flexibility and supervision that respond to the unique challenges of peer work and the peer's particular life circumstances. It builds on lessons learned from earlier peer interventions integrating peers into HIV care and treatment teams, as presented in *Lessons Learned from the Peer Education and Training Sites/Resource and Evaluation Center (PETS/REC) Initiative 2005-2010* at http://peer.hdwg.org/lessons/

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I try at least once a week to sit down with [the peers] to review the work they have done. I make myself very available to discuss cases where they might need support about how to proceed with managing the situation for that particular case. I also provide support for the communication process with the rest of the clinic's interdisciplinary team.

Carmen M. Rivera
Peer Program Manager
Puerto Rico Community Network for Clinical Research on AIDS
(PR CoNCRA)

How is supervising peers different?

One of the biggest challenges in supervising peers is that peers operate in a non-licensed capacity while providing intensive support to patients. Thus they may experience the same elevated levels of emotional stress as other practitioners in helping roles. Beyond this, peers who have experienced challenges similar to those of their patients may be more susceptible to varying levels of emotional or psychological strain. For some, peer work may be an individual's first exposure to a professional work environment and its many policies, both written and unwritten. For others, working with patients who have similar life experiences may trigger a potential emotional response about a traumatic past event. All of these factors require a degree and type of supervision that goes beyond what is generally provided to clinic employees.

How this curriculum is organized

The curriculum presented here is representative of the one-day PREP training provided to staff who support peers in a supervisory role. It focuses on several crucial aspects of peer supervision:

- **An understanding of the peer role within the organization:** No one understands the reality of HIV better than someone who lives with it every day. The value of peers derives from the empathic support and personal connection they offer their patients and the extent to which peers can effectively draw on their own life experiences and common background to assist patients. Session I focuses on the kinds of support peers offer to patients, with an emphasis on emotional support.

- **The integration of peers into the interdisciplinary team:** Organizations that incorporate peers most successfully into their HIV services are those that develop a supportive environment where peers are integrated into the functions and mission of the organization. Session II provides information on the key role that supervisors play in making sure that all non-peer employees understand the goals of the peer program and actively support and advocate for the peer as part of the

PEER SUPERVISION CURRICULUM INTRODUCTION

core team. It highlights the interdisciplinary approach where the peer is a valued member of the team, providing vital communication between patients and professionals.

- **Different types of supervision for peers:** Session III outlines three types of supervision that peers need to thrive, with an emphasis on a highly supportive supervisory style that borrows from mental health counseling, social work, and supervision.

- **Areas of frequent organizational concern:** Sessions IV and V address two often cited areas of concern among clinic staff when peers are introduced into an organization: confidentiality of patient information and boundaries within both the peer-patient and the peer-staff relationships.

- **Documentation of peer work:** Finally, the last topic of the curriculum addresses the challenges that peers may face in providing the documentation necessary to evaluate peer work, demonstrate program effectiveness, and chart patients' progress.

A sample one-day training agenda is presented on the next page, followed on page 8 by a more detailed overview of the topics covered in each session and the pages in this curriculum where you can find a description of each topic and relevant class materials. Italicized words in the topic description are intended to be addressed to the class. A PowerPoint presentation accompanies this curriculum; a link to the presentation file can be found on the PREP curricula page at http://www.hdwg.org/prep/curricula The overview of the curriculum sessions lists the number of the slides pertaining to each topic.

Peers who are supported and supervised are more likely to feel like valued team members. For more information about the contribution of peer supervision to the overall success of a program to support patients living with HIV, consult the chapter on supervision in the peer program development toolkit *Building Blocks to Peer Program Success* at http://peer.hdwg.org/program_dev

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APPENDIX A

SAMPLE TRAINING AGENDA

Below is a sample one-day training agenda. This curriculum is intended to train peer supervisors to provide the structure, flexibility and supervision that respond to the unique challenges of peer work and the peer's particular life circumstances. At the same time, it equips peer supervisors to engage organization staff in building the supportive work conditions in which peers can thrive.

Time	Duration	Activity
9:00 a.m.	30 minutes	Activity Breakfast and Registration
9:30 a.m.	10 minutes	Welcome and Introduction
9:40 a.m.	40 minutes	**Session I: Peer Roles**
10:20 a.m.	10 minutes	Break
10:30 a.m.	1 hour 5 minutes	**Session II: Peers as Part of Interdisciplinary Teams**
11:35 a.m.	10 minutes	Break
11:45 a.m.	1 hour 10 minutes	**Session III: Peer Supervision**
12:55 p.m.	35 minutes	Lunch
1:30 p.m.	45 minutes	**Session IV: Confidentiality**
2:15 p.m.	10 minutes	Break
2:25 p.m.	1 hour 5 minutes	**Session V: Boundaries**
3:30 p.m.	10 minutes	Break
3:40 p.m.	30 minutes	**Session VI: Documentation**
4:10 p.m.	20 minutes	Training Evaluation and Next Steps
4:30 p.m.		Training Closure

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APPENDIX B

An Overview of Curriculum Sessions and Topics

Topic	Duration	Slide #*	Page
Session I: Peer Roles	**40 minutes (total)**	**2-5**	**9-13**
Topic: Peer Roles - Emotional Support	20 min	3	9-11
Topic: Peer Attitudes and Beliefs about HIV	10 min	4	12
Topic: What Makes Peers Unique	10 min	5	13
Session II: Peers as Part of Interdisciplinary Teams	**1 hr, 5 min (total)**	**6-11**	**14-21**
Topic: Team Experience	25 min	7	14-15
Topic: Defining the Care Team	10 min	8-9	16-17
Topic: Well-Functioning Teams	10 min	10	18
Topic: Team Orientation	20 min	11	19-21
Session III: Peer Supervision	**1 hr, 10 min (total)**	**13-29**	**22-39**
Topic: Types of Supervision	20 min	13	22-25
Topic: Administrative Supervision	5 min	14-15	26-27
Topic: Supportive & Clinical Supervision	10 min	16-19	28-33
Topic: Framework for Supporting and Coaching Peers	10 min	20-21	34-35
Topic: The Importance of Feeling Important	10 min	22	36
Topic: Feedback	15 min	23-39	37-39
Session IV: Confidentiality	**45 minutes (total)**	**30-33**	**40-44**
Topic: What is Confidentiality	10 min	31-32	40-41
Topic: Health Insurance Portability and Accountability Act (HIPAA)—Legal Aspects	15 min	33	42
Topic: Breaking Confidentiality, the Consquences, and Supervision Strategies	20 min	34-36	43-44
Session V: Boundaries	**1 hr, 5 min (total)**	**37-59**	**45-63**
Topic: Professional Boundaries	15 min	37	45-48
Topic: Types of Boundaries	20 min	38-52	49-58
Topic: Transference and Countertransference	30 min	53-59	59-63
Topic: Documentation	30 min	60-62	64-70
Topic: Next Steps and Training Evaluation	20 min	63	71

Throughout this curriculum, *italicized words* are intended to be addressed to the class.

*For accompanying PowerPoint slides and more, visit http://www.hdwg.org/prep/curricula

SESSION I: PEER ROLES

Topic: Peer Roles—Emotional Support

TOTAL TIME FOR SESSION I: 40 minutes
SLIDES: #2-5

ABOUT THIS ACTIVITY

Time: 20 minutes

Slides: #3

Objectives:

By the end of this session, participants will be able to:

- Define the role of peers
- Identify concrete examples for each type of support peers can provide to their patients

Training Methods:

- Group discussion
- Brainstorm

In this activity you will:

- Facilitate a discussion on role of peers
- Record responses on newsprint

Materials:

- "Four Categories of Peer Service" Handout
- Newsprint
- Markers

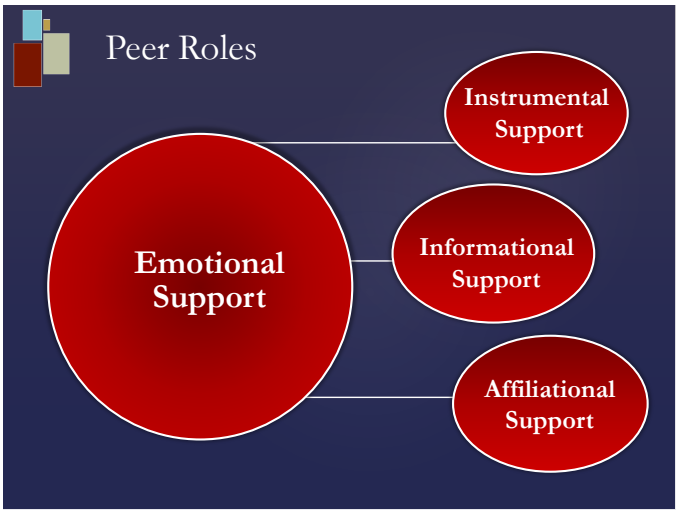
Preparation:

- Prepare four newsprints with the following headings – Emotional Support, Instrumental Support, Informational Support, and Affiliational Support

Instructions

Please note: Throughout this curriculum, *italicized words* are intended to be addressed to the class.

1. Present slide 3 to participants and share that this model was the result of the Peer Education Training Sites and the PEER Center study of what peers actually provide to patients to encourage good health outcomes.*



2. Emphasize that Emotional Support is the primary role of peers, regardless of function, and that it makes everything else possible; emotional support is embedded in everything peers do.

Brainstorm

3. Prepare 4 newsprints with the headings "Emotional Support, Instrumental Support, Informational Support and Affiliational Support."

*Source: Marcia Veronika Dutcher, Sheila Noely Phicil, Sarah B. Goldenkranz, Serena Rajabiun, Julie Franks, Brenda S. Loscher, and Natabhona Marianne Mabachi. "Positive Examples": A Bottom-Up Approach to Identifying Best Practices in HIV Care and Treatment Based on the Experiences of Peer Educators, AIDS Patient Care and STDs, July 2011, 25(7): 403-411. doi:10.1089/apc.2010.0388.

4. Starting with Emotional Support, ask participants to brainstorm: *What might peers do to provide emotional support? What are concrete examples of emotional support from one person to another?*

5. Once a list has been generated, move on to the next area of support and so forth. Ask participants to think about what kinds of peer activities might fall under Instrumental, Informational, and Affiliational Support.

6. Once all 4 lists are generated, review the activities listed and correct anything listed that doesn't apply or that needs to be switched from one column to another if necessary.

7. Draw participants' attention to the handout "Four Categories of Peer Service" and review together; *this handout shows more specifically the broad range and variety of duties performed by peers.*

Segue

It is clear from this discussion that peers do many things for their patients and that they need to be prepared to take on these duties and responsibilities.

> *She's had the same experiences that I have had. There is no book that can equal lived experience … I identify so much with her because I know that she understands how I feel and how I am living my life.*
>
> A client about her peer

SESSION HANDOUT

FOUR CATEGORIES OF PEER SERVICE

Emotional	Informational	Instrumental	Affiliational
• Share personal story • Show empathy and positive regard • Listen attentively • Elicit patient stories • Reassure patients they are not alone • Reassure patients that they can live a "normal" and productive life • Reassure patients they don't have to get sick and die • Commit to being available, give patient full attention • Let patients know that there is hope • Actively remove stigma from interactions with patients • Be friendly and genuine • Be non-judgmental	• Communicate health information • Teach patients to understand blood tests • Mentor patients on how to disclose • **Role model healthy behaviors and management of HIV** • Share information about opportunistic infections • Show patients how to take medications correctly and the importance of adherence • Share information on managing side effects • Teach healthy eating habits • Guide patients on what questions to ask providers/prepare for medical appointments • Teach about safer sex and risk reduction • Share basic information about HIV and the HIV life cycle	• Assist patient in navigating the system of services • Interpret medical information/jargon • Make appointment reminders • Make and reschedule appointments • Work collaboratively with Case Managers • Participate in care team meetings • Follow up with patients that do not show up at appointments • Complete paperwork or track down documents that will allow patients to see medical staff • Teach patients how and when to refill medications • Visit patient at the hospital	• Connect patients to support groups • Find ways to connect patients to other people living with HIV through activities like outings, conference attendance, game nights, movie nights • Encourage patients to seek support from family and friends • Increase social networks

SESSION I: PEER ROLES

Topic: Peer Attitudes and Beliefs about HIV

ABOUT THIS ACTIVITY

Time: 10 minutes

Slides: #4

Objectives:

By the end of this session, participants will be able to:

- Identify the beliefs an individual needs to have about their HIV status to become a peer

Training Methods:

- Group discussion
- Lecture

In this activity you will:

- Facilitate a discussion about the beliefs individuals can have about their HIV status and what beliefs are needed to be a good peer

Materials:

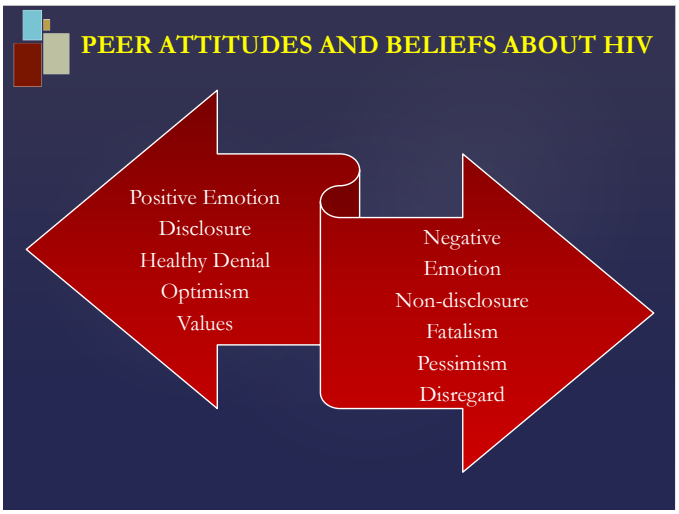
- None

Preparation:

- None

Instructions

1. Review slide 4 with participants to further reinforce the concept of peer emotional readiness and the need for peers to inspire patients through their positive attitude about living with HIV and their future.



2. *Peers should feel confident that they will remain healthy. They discuss their status with supportive people in their life and accept their HIV diagnosis, yet reject the belief that they have to develop an AIDS diagnosis and die. They believe in the possibility that they can be a long- term survivor, remain healthy and thrive. They value their health by avoiding health-harming behaviors and increasing health-helping behaviors.*

3. *On the other hand, if peers have negative emotions, feel hopeless and trapped because of their negative beliefs about HIV disease progression, don't discuss their status with supportive people in their lives. If they are fatalistic and believe that sickness is certain, that there is nothing they can do to make a difference in their health, if they are pessimistic and give up and do not value their health and continue on that path, then that means they aren't ready to be peers or help anyone else living with HIV/AIDS.*

SESSION I: PEER ROLES

Topic: What Makes Peers Unique?

ABOUT THIS ACTIVITY

Time: 10 minutes

Slides: #5

Objectives:

By the end of this session, participants will be able to:

- Distinguish between the peer role and the role of other service providers

Training Methods:

- Lecture
- Group discussion

In this activity you will:

- Facilitate a discussion about how peers are a unique component to a health care team

Materials:

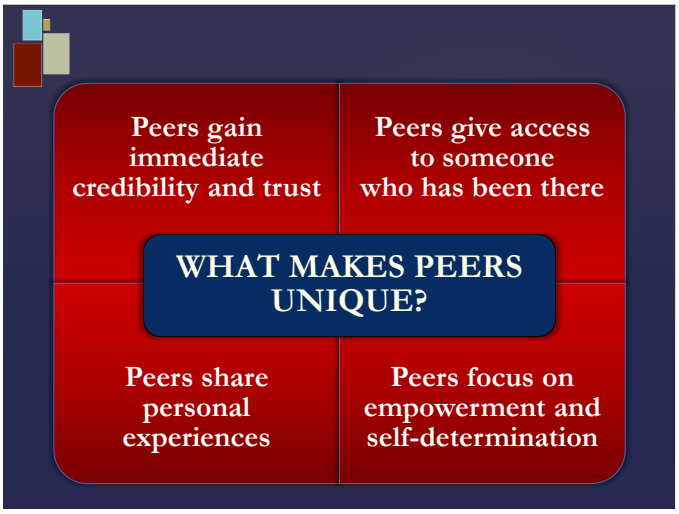
- None

Preparation:

- None

Instructions

1. Review slide 5 with participants; elaborate and facilitate discussion while going through the points on the slide.



2. *It can often take professionals longer to develop a relationship with, and earn trust from, patients.*
3. *Being able to talk with someone who is experiencing some of the same things they are gives patients a valuable resource or "model" from whom to learn.*
4. *Sometimes clinicians speak in medical jargon. Peers can help translate in laymen's terms what the professionals want them to know and do.*
5. *Professionals do not generally share their personal lives with their patients; in some cases it would be considered unethical or crossing a boundary between patient and provider.*
6. *While the professionals focus on disease, peers focus on wellness; peers promote a wellness model which considers people to be normal, as opposed to being sick.*
7. *Resolving indecision about whether or not to go on meds, whether or not to disclose, or use condoms—peers help patients look at the costs and benefits of major decisions.*

SESSION II: PEERS AS PART OF INTERDISCIPLINARY TEAMS

Topic: Team Experience

TOTAL TIME FOR SESSION II: 1 hour, 5 minutes
SLIDES: #6-11

ABOUT THIS ACTIVITY

Time: 25 minutes

Slides: #7

Objectives:

By the end of this session, participants will be able to:

- Identify one way team dynamics can affect the functionality of the team

Training Methods:

- Small group work
- Group discussion
- Debriefing

In this activity you will:

- Orient participants to the group activity
- Facilitate a debrief about the group activity

Materials:

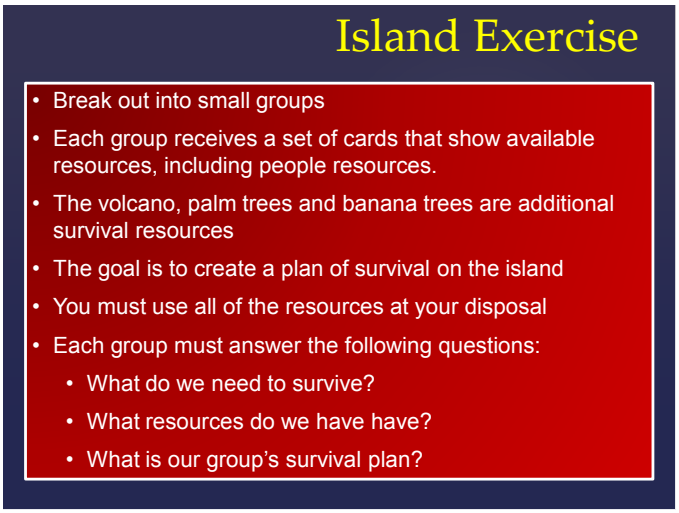
- Cards with roles of team members (see instruction #4 for what should be written on each card)

Preparation:

- Prepare 3 newsprints by drawing a volcano on one sheet, different types of palm trees including coconut trees on another sheet, and a banana tree on the third sheet

Instructions

1. Present slide 7. Explain that there are four different groups of people who unfortunately became stranded in four different areas on a small, tropical island.



- *The island has several different types of palm trees, including coconut trees and banana trees, and a volcano. They are illustrated on the 3 sheets of newsprint posted on the wall.*

2. Have participants count off into groups: 1, 2, 3, 4; assign a section of the room for each group to meet (if there are only a few people in the class, the exercise can be done with just two or even one group).

3. Ask each group to assign a recorder and a reporter.

4. Go around the room and give each group a set of cards, as follows:

- Group 1: Chef, ship captain, licensed social worker, bodybuilder, rope, flashlight, 3 blankets, bucket of coal, 6 pairs of shoes, skis

- Group 2: Farmer, teacher, nurse practitioner, carpenter, magnifying glass, 4 pairs of pants, 2 long-sleeve shirts, screwdriver, 10 wire hangers, 6 pairs of shoes, 20 condoms

- Group 3: Deep sea diver, plumber, eagle scout, gardener, lighter, 2 fleece sweaters, fishing pole, peanut butter, 3 pairs of shoes, nylons, 40 tampons, pencil, pad of paper

- Group 4: Boy scout, police man, carpenter, lawyer, hatchet, guide to survival, flare gun, 3 towels, 3 pairs of shoes, 50 condoms, camera, 5 toothbrushes, compass

5. Each group has to answer the 3 questions on the slide and document responses in 20 minutes.
6. Go around and give each group newsprint and markers for recording their group's action plan.
7. Check in with each group to be sure they are completing the activity as instructed and answer any questions.

Debrief

8. Ask each group to report out their survival plan.
9. Give each group a round of applause after each presentation; note how creative the groups were in terms of utilizing all of their resources to survive on the island.
10. At the end of all presentations, ask the following questions and facilitate discussion:

    a. *How did the team process go?*

    b. *What went well and what didn't?*

    c. *Did everyone in the team do their share?*

    d. *What would it be like if one member of your groups was not present?*

    e. *How does your survival team compare to your care teams back at your agencies?*

    f. *What's similar and what's different?*

    g. *What does it take for a team to work together for a common goal?*
    Answer: *Good relationships and communication!*

SESSION II: PEERS AS PART OF INTERDISCIPLINARY TEAMS

Topic: Defining the Care Team

ABOUT THIS ACTIVITY

Time: 10 minutes

Slides: #8-9

Objectives:

By the end of this session, participants will be able to:

- Define what a care team is
- Identify common members of a patient's care team

Training Methods:

- Lecture
- Group discussion

In this activity you will:

- Facilitate group discussion about different types of care teams

Materials:

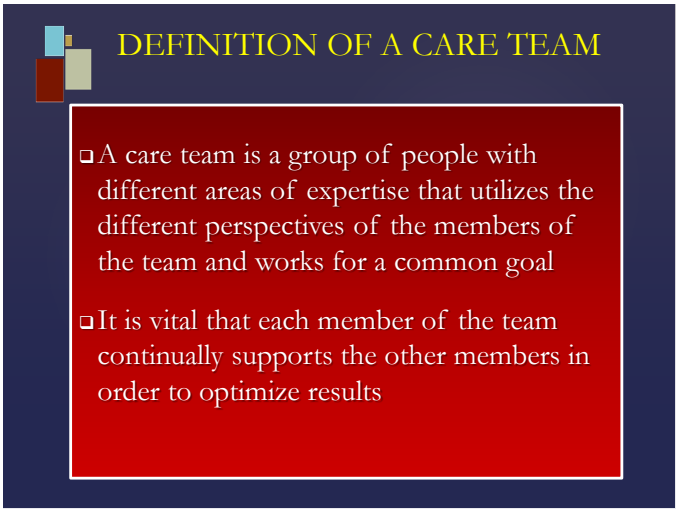
- None

Preparation:

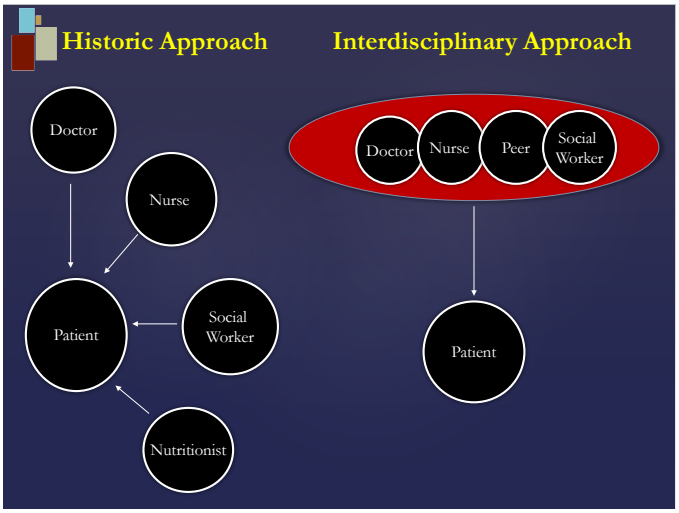
- None

Instructions

1. Review slide 8 with participants and facilitate a short discussion on the importance of a care team.



2. Review slide 9.



Make sure to point out the following:

a. *An interdisciplinary team is composed of providers/ professionals and, in most cases, no peer.*

b. *Historically, an interdisciplinary team process implies that team members practice relatively independently with respect to goal setting and treatments.*

c. *Members of the interdisciplinary team may meet regularly or communicate in other ways, but their autonomous practice can result in lack of coordination and conflict over priorities and decision making.*

d. *In the interdisciplinary approach the peer is vital to connection between the patients and providers/professionals; the peer is at the center of the team and on a level playing field as the "professional" as it relates to living with HIV*

e. *Teams that adopt an interdisciplinary model focus on integration of activities to meet shared goals.*

f. *Each member of the team contributes assessment data and as a group synthesizes data to identify issues and to plan to meet goals that are shared by the team and the patient.*

g. *Each subsequent intervention by a team member is related to the achievement of patient goals shared by all.*

A peer (left) participates in an interdisciplinary team meeting at PR CoNCRA.

SESSION II: PEERS AS PART OF INTERDISCIPLINARY TEAMS

Topic: Well-Functioning Teams

ABOUT THIS ACTIVITY

Time: 10 minutes

Slides: #10

Objectives:

By the end of this session, participants will be able to:

- Express how a patient is affected by their medical team's functionality

Training Methods:

- Lecture
- Group discussion
- Brainstorm

In this activity you will:

- Facilitate a discussion about the various components that lead to a well-functioning team
- Record notes/comments during the group brainstorm is desired

Materials:

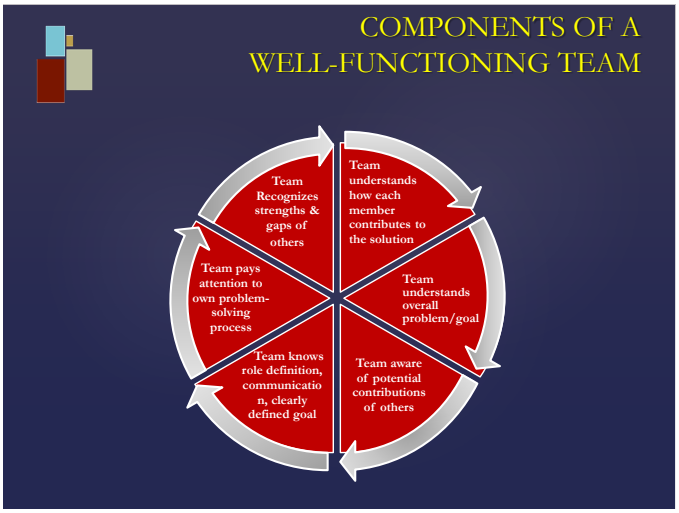
- Newsprint
- Markers

Preparation:

- None

Instructions

1. Review slide 10 with participants and facilitate discussion.



You can use the following question to help prompt the discussion. *Now let's discuss and compare: What is the impact on the patient of a team that is not working well together?*
Expected responses:

- *Some information not received by patient.*
- *Patient may receive conflicting information.*
- *Patient may end up trusting certain team members more than others.*
- *Patient may leave team/facility.*
- *Mistakes in patient care.*
- *These all ultimately have health consequences.*

SESSION II: PEERS AS PART OF INTERDISCIPLINARY TEAMS

Topic: Team Orientation

ABOUT THIS ACTIVITY

Time: 20 minutes

Slides: #11

Objectives:

By the end of this session, participants will be able to:

- Discuss the steps associated with orienting a team to include a new peer member

Training Methods:

- Lecture
- Group discussion

In this activity you will:

- Facilitate a discussion
- Review the "Strategies for Orienting Non-Peer Staff" handout

Materials:

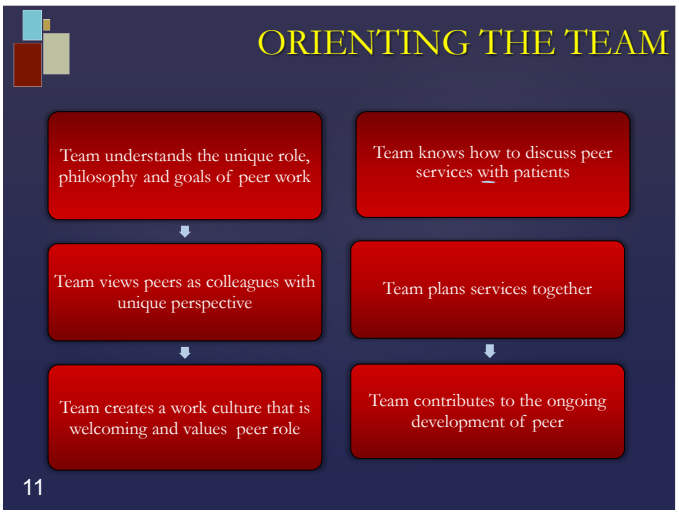
- "Strategies for Orienting Non-Peer Staff" handout

Preparation:

- None

Instructions

1. Review slide 11 with participants and facilitate discussion.



2. Review handout and facilitate further discussion.
3. *It is critical to the success and sustainability of peer programs that all employees within organizations understand the unique roles, philosophy and goals of using peers.*
4. *This understanding will also provide a workplace culture that is more likely to value peer work and leadership within the organization (not valuing peer work can lead to poor performance, absences, and quitting the job).*
5. *It also helps to set the stage for new employees to view peers as their colleagues and coworkers.*
6. *Conduct an in-service presentation/training during an all staff meeting. Share the Job Descriptions that peers will perform to foster understanding.*
7. *Set up a series of individual meetings between peer and non-peer staff.*
8. *Test non-peer staff for understanding of the peer role.*
9. *Present the peer role as yet another way to support our patients—show non-peer staff how the peer role will enhance their understanding of the lives of PLWHA (insight into the complex lives of people living with HIV).*

10. *Make sure non-peer staff are making ongoing referrals to the peer and marketing peer services appropriately.*

Providing non-peer staff orientation can result in the following outcomes:

11. *Peer employees, who may not have the depth of professional experience that other employees bring, will enter into a work culture that is welcoming and values their skills.*

12. *Non-peer employees will be in a better position to know when to access peer services; they will be able to maximize overall support for patients they may be working with collaboratively.*

13. *Non-peer employees will know how to discuss peer services with the broader community of service providers and clinicians; therefore increasing referrals to the peer program.*

14. *Diversity within the organization will be enhanced; more often than not, the inclusion of peers within the larger work context enhances diversity in terms of life experience, HIV status, race and class, which creates a stronger team in supporting patients.*

> *"When the [peer] project was first introduced, staff in several different departments had many questions, and confusion arose about the new project. There was not an immediate buy-in to refer clients to the new study. Once the project coordinator communicated consistently with case managers, client support assistants, and other supervisors about the role of the peers, recruitment began to flow, and we experienced less resistance. The peers began to work closely with case managers and client support assistants to help link new clients to care and help lost-to-care clients go to their doctor's appointments more consistently. We now all work closely together to assist clients with their needs in a more efficient manner."*
>
> Patty Valdez
> Peer Project Coordinator
> Care Resource, Miami, FL

SESSION HANDOUT

STRATEGIES FOR ORIENTING NON-PEER STAFF

It is critical to the success and sustainability of peer programs that all employees within organizations understand the unique roles, philosophy and goals of peer programs. This understanding will also provide a workplace culture that is more likely to value peer work. It also helps to set the stage for new employees to view peers as their colleagues and coworkers.

- Conduct an in-service presentation/training during an all-staff meeting.
- Set up a series of individual meetings between peer and non-peer staff.
- Make sure every employee has access to a copy of the program model, the peer program policies and procedures.
- During supervision, test non-peer staff for understanding of the peer role.
- Present the peer role as yet another way to support our patients—show non-peer staff how the peer role will enhance their understanding of the lives of PLWHA.
- Make sure non-peer staff are making ongoing referrals to the peer program and marketing the peer program appropriately.

SESSION III: PEER SUPERVISION

Topic: Types of Supervision

TOTAL TIME FOR SESSION III: 1 hour, 10 minutes
SLIDES: #13-29

ABOUT THIS ACTIVITY

Time: 20 minutes

Slides: #13

Objectives:

By the end of this session, participants will be able to:

- Identify and describe the three types of supervision

Training Methods:

- Lecture
- Group discussion

In this activity you will:

- Lecture on the three types of supervision (Administrative, Clinical, and Supportive)

Materials:

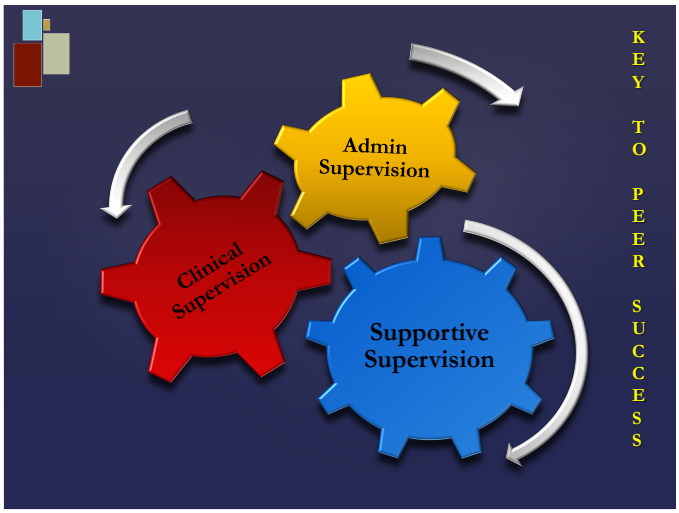
- "Types of Supervision" handout

Preparation:

- None

Instructions

1. Introduce slide 13.



The types of supervision done in most programs are administrative and clinical supervision. We propose inclusion of another type of supervision called supportive supervision.

2. Review "Types of Supervision" handout with participants.

- *Most programs have limited clinical capacity and are able to do only one hour a month of group-level clinical supervision; one hour a month sometimes is not enough to meet the demands of peer work.*
- *Normally, a clinical supervisor would oversee the content and quality of peer-patient work, train on appropriate communication skills, boundaries and confidentiality, transference, etc.*
- *Unfortunately, unless you have a clinical supervisor on staff, this level of oversight by a clinical supervisor is not always feasible.*
- *Clinical supervisors may be able to touch on these topics when they meet in group, but they will not be able to individualize the support needs of each peer.*

SESSION III: PEER SUPERVISION

Topic: Types of Supervision

- *Think about what else we can do to assure adequate supervision for peers There is a relatively new philosophy in supervision that might provide the answer to this question.*
- *This philosophy is called* Supportive Supervision *and was the result of a study conducted in Harlem Hospital entitled* Harlem Adherence to Treatment Study *or* HATS.
- *Supportive Supervision is an approach to how peers are supervised; the approach can be embedded in administrative and clinical supervision.*
- *If you do not have access to clinical supervision, supportive supervision can replace it.*

> *One of the things I value the most in terms of supervision is having a colleague that is the clinical supervisor. Having one person in charge of the clinical supervision is very important and vital. Both [peers] have had transference issues with clients, and having an external person, with preparation in psychology, has helped us a lot. She serves as the outside facilitator, where they have a private space with her to manage any issue. For me it has been a blessing, because then I can dedicate myself to what is strictly administrative, programmatic, and work-related while she assumes the whole clinical part. It is an effective strategy that I would recommend to any organization implementing a peer program.*

Carmen M. Rivera
Peer Program Manager
Puerto Rico Community Network for
Clinical Research on AIDS
(PR CoNCRA)

SESSION HANDOUT

TYPES OF SUPERVISION HANDOUT

CLINICAL SUPERVISION

- Provides the opportunity for peers to learn about transference/countertransference issues and how to manage them
- Provides the opportunity for peers to learn about job-related stressors and how that might impact on their own health and well-being
- Supports development of patient 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 at an emotional level

A WORD ON CLINICAL SUPERVISION...

- Make sure your clinical supervisor is aware of the expected content of the sessions with peers.
- Because clinical supervisors have been trained to maintain absolute boundaries with patients, it is important they know that there are things peers are required to do that may conflict with the clinical supervisor's sense of boundaries. For example, it would be unethical for a mental health clinician to share personal information with patients; however, peers share examples and events from their own lives and experiences of living with HIV that are relevant to the patient. The supervisors is there to help the peer tell his or her story in a professional manner.
- It is important to know the structure and topics of clinical supervision sessions to assure that peers are getting what they need from clinical supervision.
- While the sessions are confidential, it may be good to check in with clinical supervisor from time to time to see if there might be themes coming up in clinical supervision about the program, peer activities, confidentiality breaches, patients in crisis, administrative issues, etc. that you as the program manager can do something about (in general terms so as to maintain the confidentiality of clinical sessions).

SESSION HANDOUT (Cont.)

ADMINISTRATIVE SUPERVISION

Administrative supervision is in some ways the most straightforward type of supervision – it is how program goals are articulated into operational tasks and activities for an individual or for a team

- Setting clear job expectations
- Developing goals aligned with program mission/goals
- Supporting team integration efforts
- Developing knowledge, skills and capacities of peers
- Solving problems
- Managing logistics
- Evaluating the effectiveness of peer activities
- Prioritizing tasks

SUPPORTIVE SUPERVISION

- Provides the opportunity for peers to learn about transference/countertransference issues and how to manage them
- Provides the opportunity for peers to learn about job-related stressors and how they might impact on their own health and well-being
- Supports development of patient 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 at an emotional level

More tools and resources

Section 6 of the resources section of the *Building Blocks to Peer Program Success* toolkit for developing HIV peer programs contains several resources related to administrative and supportive supervision, including tools to help document peer interactions with patients.
http://peer.hdwg.org/program_dev/resources

SESSION III: PEER SUPERVISION

Topic: Administrative Supervision

ABOUT THIS ACTIVITY

Time: 5 minutes

Slides: #14-15

Objectives:

By the end of this session, participants will be able to:

- Define administrative supervision
- State who provides and how often one receive administrative supervision

Training Methods:

- Lecture
- Group discussion

In this activity you will:

- Lead a discussion defining administrative supervision, what it entails, who provides it and how often is should be done

Materials:

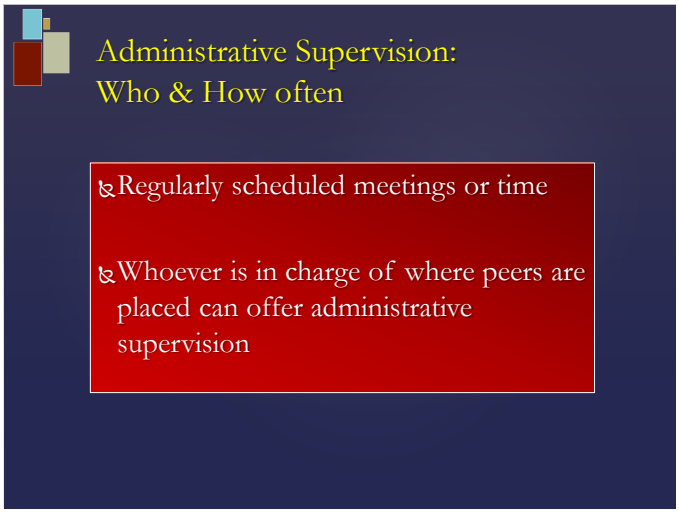
- "Types of Supervision" handout - from previous topic

Preparation:

- None

Instructions

1. Introduce slides 14 and 15.



Administrative supervision should be offered to all employees as part of good program management. Administrative supervision should include:

- *Goal setting with the peer such as the number of patients the peer should maintain and what types of supportive work the peer should offer. What are the program goals and how is the peer, together with the team, supporting these goals?*

- *Professional development including training will help the peer in his/her role*
- *Troubleshooting any administrative barriers that the peer encounters with each patient, such as: patient contact information, confidentiality issues within the system, working with other members of the patient care team*
- *Managing logistics, such as vacation/sick time, varied work schedule*
- *Working with the peer to review goals of their work and the progress on these goals*
- *Documenting peer work with clients and sharing results with other members of the health care team*
- *Checking in with the peer about job satisfaction*

2. *There are tools available in the resources section of the* Building Blocks to Peer Program Success toolkit (http://peer.hdwg.org/program_dev/resources) *that can help support administrative supervision, including a checklist for patient interactions,* at http://peer.hdwg.org/sites/default/files/Lotus Administrative Supervision Tools_0.pdf

3. *Ideally, administrative supervision should be conducted regularly whether weekly, bi-weekly or monthly. If schedules do not allow, the peer should have access to the supervisor on a regular basis. It is also ideal to have the administrative supervisor at the same location as the peer. If a peer is placed at a clinic or CBO from a host organization, an administrative supervisor at the organization where the peer is placed should work collaboratively with the host organization to make sure that the peer receives the support he or she needs to be an effective member of the interdisciplinary team.*

SESSION III: PEER SUPERVISION

Topic: Supportive & Clinical Supervision

ABOUT THIS ACTIVITY

Time: 10 minutes

Slides: #16-19

Objectives:

By the end of this session, participants will be able to:

- Define supportive and clinical supervision
- State who provides and how often one receives supportive and clinical supervision

Training Methods:

- Lecture
- Group discussion

In this activity you will:

- Lead a discussion defining supportive and clinical supervision, what it entails, who provides it and how often is should be done

Materials:

- "Types of Supervision" handout – from previous topic
- "Supportive Supervision Philosophy" handout
- Newsprint
- Markers

Preparation:

- None

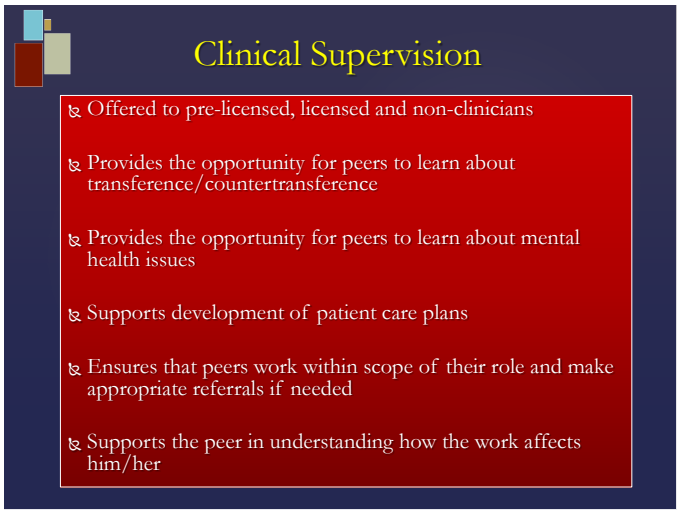
Instructions

1. Review slide 16.

Peers have similar challenges to those in the field of social work or psychology in that they are in the helping profession and engage their patients in a trusting relationship to support them. Many patients will present with acute or chronic stress related to their HIV status. However, many peers do not have the benefit of formal training in the helping professions and therefore do not automatically fall into the structure that would be set up for social workers and psychologists.

2. *Supportive supervision is an opportunity for the peer and supervisor to talk about issues that emerge as a result of the peer's own life experiences in working with patients in similar life situations. These issues are redirected toward helping the peer both maintain boundaries and manage within the scope of his/her work. Sometimes, mixed emotions emerge as a result of working so closely with patients, and these emotions can be addressed as part of how they are working with their patients. Unlike clinical supervision, supportive supervision does not dig deeply into the clinical reasoning behind these feelings or emotions, but rather looks for ways in which the peer can continue to support the patient's work goals and feel supported in maintaining their own boundaries. Supportive supervision should be offered regularly with time that is set aside for the peer to provide both a safe and uninterrupted time and space.*

3. Review slide 17.

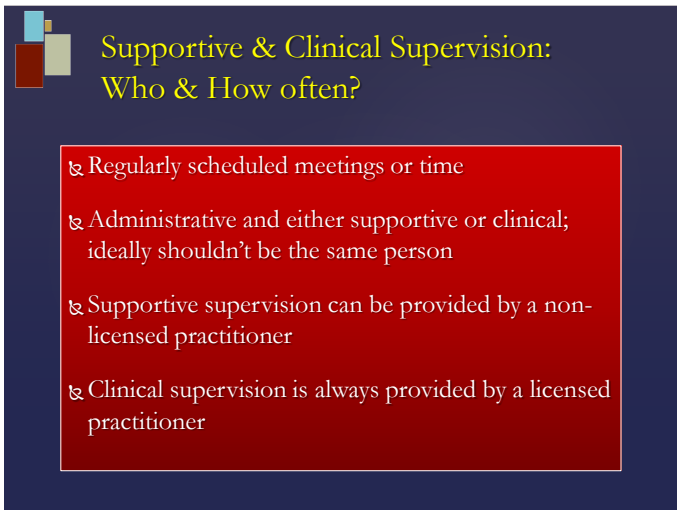


Clinical supervision is designed for both pre-licensed practitioners, licensed practitioners as well as for peers when an organization can afford or is required to have a clinical supervisor in order to work with patients.

4. *Working with a clinical supervisor offers the peer an opportunity to explore more deeply emotions that might be stirred up by the patient relationship—these emotions or feelings are known as transference and countertransference. We'll be talking more about this in the session on boundaries.*

5. *Unlike supportive supervision, clinical supervision allows the peer to develop a deeper understanding into how their reactions can be triggered by the patient or a coworker. Through this understanding and exploration, the peer can maintain a productive relationship with the patient.*

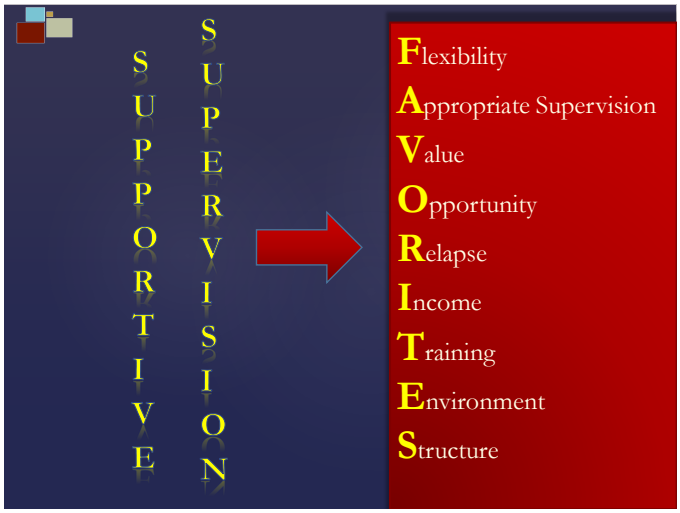
6. Review slide 18.



The value of supportive and clinical supervision is not only that the peer can benefit by exploring his/her feelings about the nature of peer work, but also to highlight that their role of being a peer is very important. Keeping regularly scheduled times not only gives the supervisor an opportunity to work with the peer, and helps the peer better understand their role, but it suggests that the peer is important and valued by the organizational system.

7. *Although there are some administrative supervisors who are able to provide supportive supervision and are able to separate out administrative issues such as caseload and getting to work on time, it is recommended that these roles be separated so that the peer is able to talk about the sensitive nature of the work and not have administrative agency issues take precedence. Using an agenda can allow for adequate time management to address both administrative and supportive issues. Supportive supervision is an approach that can be provided by a non-licensed practitioner while clinical is always provided by a licensed provider. For example, at Kansas City CARE Clinic, peers have access to administrative and supportive supervision from the peer supervisor and they receive clinical supervision through the clinical social worker on staff.*

8. Review slide 19 and facilitate discussion.



9. *Here are the elements of supportive supervision.* Go over the 9 elements, then draw participants' attention to the "Supportive Supervision Philosophy" handout and review together.

10. *Observing the principles of supportive supervision will go a long way in retaining peers and fostering good job performance and satisfaction.*

Segue

- *Next, trainers will role play how to integrate some of these components into your administrative supervision with peers.*

> *I had a participant that was a drug user. When he got to our agency he was under the influence of heroin. Since I have a background of addiction, I felt I could not speak to him. I felt uncomfortable. Seeing him like that brought back bad memories. I spoke with my boss because I knew she would understand me. The case was transferred to a colleague.*
>
> A peer about her supervisor

SESSION HANDOUT

SUPPORTIVE SUPERVISION PHILOSOPHY

I. **F**lexibility

- A peer program must be designed to accommodate the complex lives of peers.
- A peer program must be designed to accommodate the complicated lives of HIV+ peers; like their patients, peers juggle numerous medical and social service appointments, periodic bouts with illness or fatigue, medication side effects and complex lives that place competing demands.
- Like their patients, peers are at risk of becoming non-adherent to care, jeopardizing their own health and positive influence on patients.
- A program that plans a flexible peer schedule will not suffer setbacks from inevitable changes and enables peers to better integrate their job into their lives.

II. **A**ppropriate Supervision

- Peers thrive under supportive work conditions; a problem-solving approach and supportive style of supervision will help develop the capacity of peers.
- Individual, structured meetings between supervisor and peer are a good time to examine the work of peers and assess patient response, stressors, and needs (with new peers, weekly or bi-weekly supervision sessions are necessary).
- One-on-one meetings are also a good time to discuss issues related to peers identifying with their patients (countertransference); peers might react to certain situations or issues brought up by the patient without knowing that their own personal issues and problems may influence their reactions.
- Supervisors can help peers examine feelings that could affect their perception of, or reactions to, patients.
- Peers need to be regularly reminded to focus on their patients so they do not become personally frustrated about issues or concerns that their patients may have.
- Individual supervision allows the supervisor to help the peer identify personal and professional needs such as additional training, counseling, social service, or health care.
- Supervisors are responsible for making sure that peers do not become overwhelmed, providing all necessary resources and support to help them perform their role optimally.

SESSION HANDOUT (Cont.)

III. **V**alue

- Ongoing reminders to other staff of the importance of peers will help peers gain acceptance and value in the workplace.
- Recognizing peer performance or achievements and responding to peer feedback are ways of valuing them.
- Because it is easy to lose sight of the many challenges that peers overcome in order to fulfill their work responsibilities, staff members may need to be reminded to show their appreciation for seemingly routine peer activities.

IV. **O**pportunity

- Providing opportunities to attend meetings and conferences of interest to peers enable peers to expand their horizons by interacting with and learning from a community of professional and lay people.
- Providing opportunities for personal and professional development is key to optimal job performance and satisfaction.

V. **R**elapse

- Peers with a history of substance use may be vulnerable to relapse sometimes because they are working with patients who are actively using.
- Uncertainty about their role or issues relating to their work may prompt a peer to return to substance use as a coping mechanism for job stress.
- Many of the hard-to-reach populations that benefit from peer support are comprised of active substance users. Peers who can best relate to these populations are often former users themselves.
- Though it is important to recruit and hire peers who are not currently abusing street drugs, the very nature of their work – reaching out and attempting to form relationships with substance abusers – puts peers with a history of substance us at risk of relapsing.
- Even without the temptations of direct contact, peers may be vulnerable to relapse.
- Ideally, the manager will work proactively to head off relapse, offering extra time off, lessening job responsibilities, or simply providing the opportunity to talk
- An effective program manager will be ever vigilant for signs of substance abuse such as missed meetings or appointments with patients, increased sick time, and lack of follow-through on assigned tasks.
- While confrontation may be necessary, the program manager should confront the behavior, not the person. Peer programs that have benefit packages could refer such individuals to Employee Assistance Programs or other mental health/substance abuse services.

SESSION HANDOUT (Cont.)

VI. **I**ncome/Loss of Benefits

- Any decrease or loss of benefits as a result of paid peer work presents a serious situation for peers and is frequently cited as a reason why qualified PLWHA do not return to work.
- Supervisors have a responsibility to make peers aware of this risk, providing information and referrals to legal or other services where they can receive guidance regarding their benefits. In most cases, supervisors do not have the background or resources available to analyze the case of each peer, but they can encourage peers to consult with a lawyer or a benefits specialist concerning the limits to what they can earn without jeopardizing existing benefits

VII. **T**raining

- Supervisors must constantly reassess training needs as the program evolves and as changes are implemented.
- Ensure access to ongoing formal and informal training demonstrates a program's commitment to the peer and will engender motivation and program success.
- Workshops might be organized to address peer wellness issues such as stress management and cultural awareness.
- Offer program-sponsored training designed to upgrade peer knowledge about HIV/AIDS, improve social support skills, or address other areas relevant to peer work.

VIII. **E**nvironment

- Attend to peer needs by providing an appropriate work context and opportunities to give feedback on program development. Recognition and appreciation are great ways to keep peers motivated to perform their jobs well.
- Attend to peer needs by providing training and skills development are a great way to keep peers motivated and able to perform their job.
- Provide a supportive work environment that is sensitive to stresses affecting peers.

IX. **S**tructure

- 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 a peer's sense of personal responsibility.
- A well-structured environment actually decreases any tendency toward micromanaging by laying out ground rules and consequences for non-compliance.
- Inadequate structure, disguised as program flexibility or low threshold, results in poor accountability and unreliable patient services.

SESSION III: PEER SUPERVISION

Topic: Framework for Supporting and Coaching Peers

ABOUT THIS ACTIVITY

Time: 10 minutes

Slides: #20-21

Objectives:

By the end of this session, participants will be able to:

- Discuss the responsibilities and roles of a supervisor in providing supportive supervision to peers

Training Methods:

- Lecture
- Group discussion

In this activity you will:

- Lead a discussion on how to create an environment for supportive supervision.

Materials:

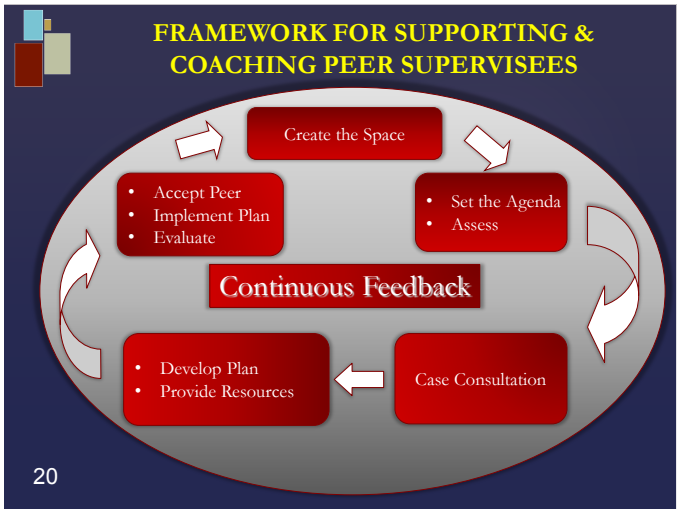
- None

Preparation:

- None

Instructions

1. Review slide 20.



As a supportive supervisor, it is important to invite peers into a space that is designated as "protected," allowing the peer to be vulnerable and share how work is affecting his or her personal life.

2. *In this way, the supervisor can learn what struggles the peer faces and reduce the possibility that the peer will act them out negatively toward the patient (countertransference).*

3. *In this space, the peer is able to talk openly about anxieties and concerns, knowing that the supportive supervisor will be empathetic.*

4. *It is important to set an agenda with the peer even if it is loosely structured so that both the peer and supervisor know what will be discussed. The peer should be involved in the agenda setting since the primary role of a supportive supervisor is to give guidance to the peer in areas where the peer feels vulnerable or is requesting support.*

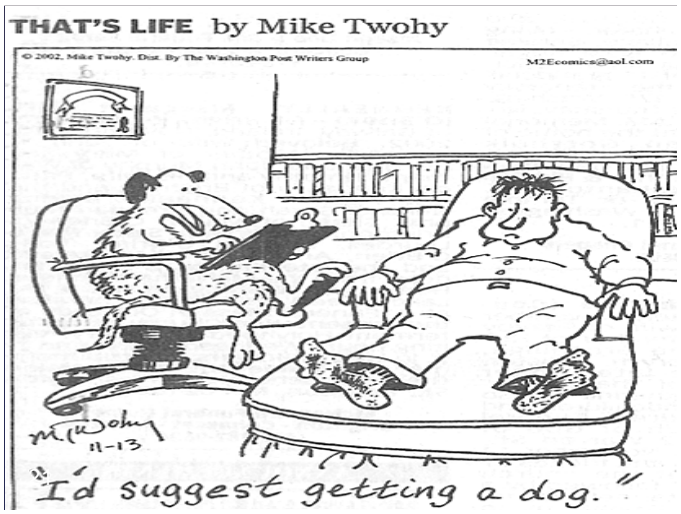
5. *The supervisor can and should raise issues that may be challenging or difficult for the peer and where the peer may be reticent; however, these issues should be raised in a safe, nonjudgmental way so that the peer is able to explore his or her reactions and responses as they relate to patients and work.*

6. *Case discussion is an opportunity to share the patient story with the supervisor in order to gain perspective on the patient, the work, and the peer's concerns as they relate to both the patient and the scope of work.*

7. *An important aspect of supportive supervision is to provide an environment beyond the physical environment that helps the peer think about how best to support the patient as well as acquire support for him- or herself.*

8. *The supervisor acts as a sounding board to explore ways to work with patients and the issues that patients raise.*

9. Explain this cartoon on slide 21.



- *If we only respond to our supervisees from a perspective of what works for us (the dog suggests getting a dog) we may miss the opportunity to help our supervisees find strategies and solutions that work for them.*

SESSION III: PEER SUPERVISION

Topic: The Importance of Feeling Important

ABOUT THIS ACTIVITY

Time: 10 minutes

Slides: #22

Objectives:

By the end of this session, participants will be able to:

- Identify three things that make a person feel important at work

Training Methods:

- Brainstorm
- Group discussion

In this activity you will:

- Facilitate a discussion about what makes a person feel important at work

Materials:

- Newsprint
- Markers

Preparation:

- None

Instructions

1. Show slide 22.

Brainstorm: *What are the ways that you can make an employee feel important?* Document on newsprint.

2. *Trainers should help participants focus not just on the obvious ones like praise and thanks, but intangibles ones such as active listening, using peer suggestions and ideas, and creating opportunities for peers to feel successful.*

SESSION III: PEER SUPERVISION

Topic: Feedback

ABOUT THIS ACTIVITY

Time: 15 minutes

Slides: #23-29

Objectives:

By the end of this session, participants will be able to:

- Describe the three pieces needed for good feedback (specific, constructive/action, timely).

Training Methods:

- Lecture
- Group discussion
- Role play

In this activity you will:

- Lead a discussion about the different reasons for feedback, and how to use feedback to get your intended results
- Role-play a shadowing, debriefing and feedback opportunities

Materials:

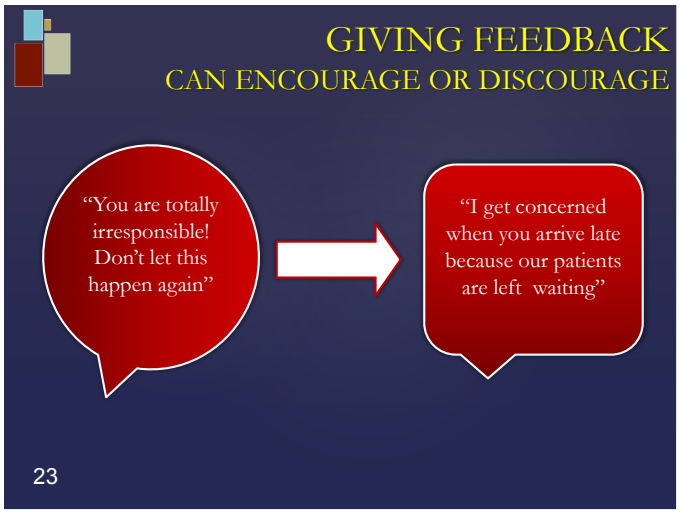
- Newsprint
- Markers

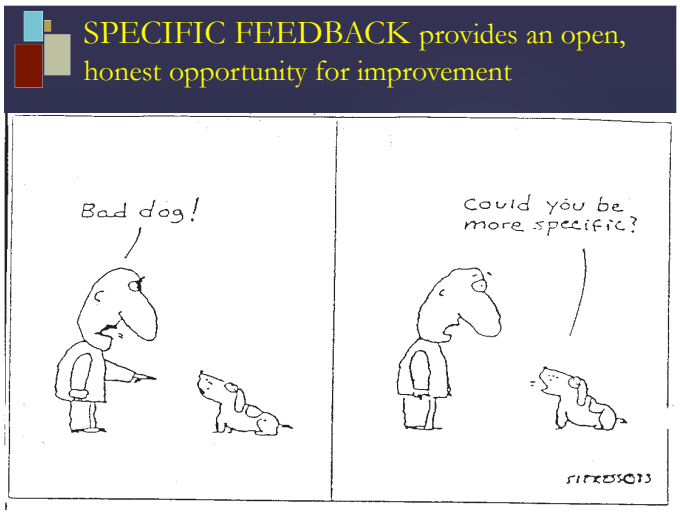
Preparation:

- None

Instructions

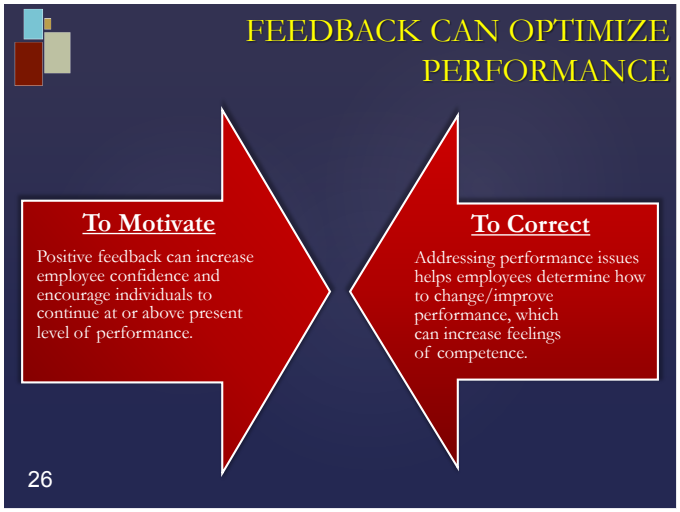
1. Review slides 23–28 with participants and facilitate discussion.

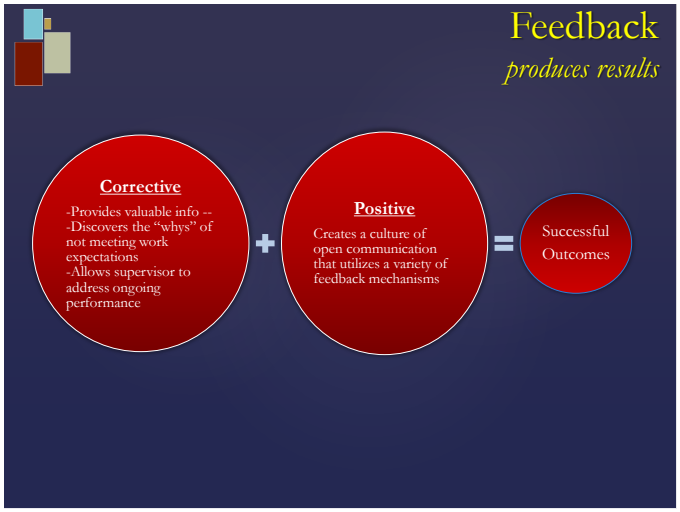




SESSION III: PEER SUPERVISION

Topic: Feedback





FEEDBACK FRAMEWORK

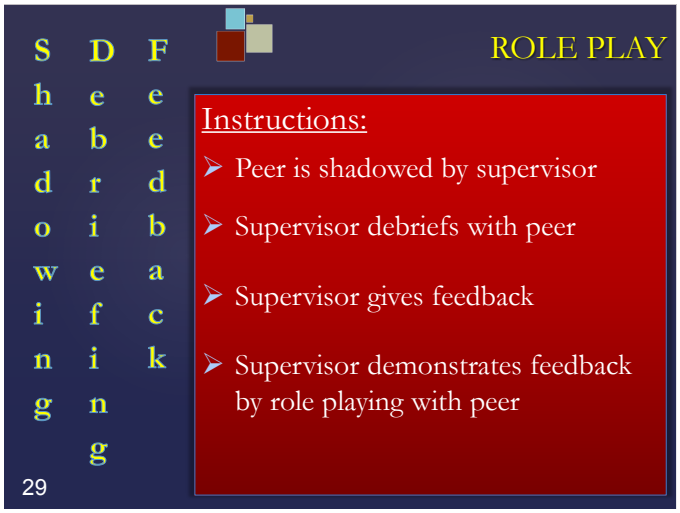
	Don't	Do
Specific	"You're a great listener"	"When you looked directly at me I felt heard"
Constructive • Progressive • Gentle • Supportive • Positive	"You need to ask better questions"	"I really liked when you asked an open-ended question - try to do that more often"
Timely	Wait until next month's supervision	Give feedback in real time

There are two purposes for giving feedback: to motivate and to correct. Things to consider when discussing feedback in general:

- *Preserve dignity and self-respect.*
- *Use "I" statements to express your perception of the situation.*
- *Be open to others' perception of the situation.*
- *Encourage dialogue: what is the peer's underlying interest (what do they really want in this situation?); what is your underlying interest (what do you really want in this situation)?*
- *Be sensitive to cultural communication styles (ethnic/organizational).*
- *Be aware of professional norms.*
- *Be thoughtful: What is the tone? Am I saying what I intend to say?*
- *The way in which we give feedback has a direct effect on how it is received and used.*

- *People have different capacities for receiving feedback. It is critical to work with your supervisee BEFOREHAND to determine how best to make feedback useful to them.*

2. Review slide 29 with participants.



Describe what is meant by shadowing, debriefing and feedback. *Shadowing patient encounters, debriefing them and giving feedback during supervision can create opportunities for ongoing training and capacity development of peers.*

- *If we observe our peers and tell them what they are doing well and what needs improvement, it provides the opportunities to train and retain peers.*

3. Next, trainers role-play an administrative supervision session incorporating elements of supportive supervision. While trainers role-play, participants observe and take note of supportive and administrative supervision elements.

Debrief

4. *What do you think about this interaction? How does this compare to what you already do with non-peer staff? What challenges would this kind of supervision present for you?*

Key Points

- *Shadowing and debriefing allow you to observe peer strengths and challenges, but also how peers react to patients and how patients react to peers. It also allows you to correct misinformation, which is a concern expressed by many providers.*

- *Shadowing and debriefing should be done by the supervisor or other experienced staff as often as needed or until the supervisor is comfortable with the peer's progress, knowledge level, skills, communication, etc.*

SESSION IV: CONFIDENTIALITY

Topic: What is Confidentiality?

TOTAL TIME FOR SESSION IV: 45 minutes
SLIDES: #30-33

ABOUT THIS ACTIVITY

Time: 10 minutes

Slides: #31-32

Objectives:

By the end of this session, participants will be able to:

- Describe two situations in which confidentiality can 1) help and 2) hinder a peer's relationship with a patient

Training Methods:

- Lecture
- Group discussion

In this activity you will:

- Lead a discussion about confidentiality, especially with peers

Materials:

- None

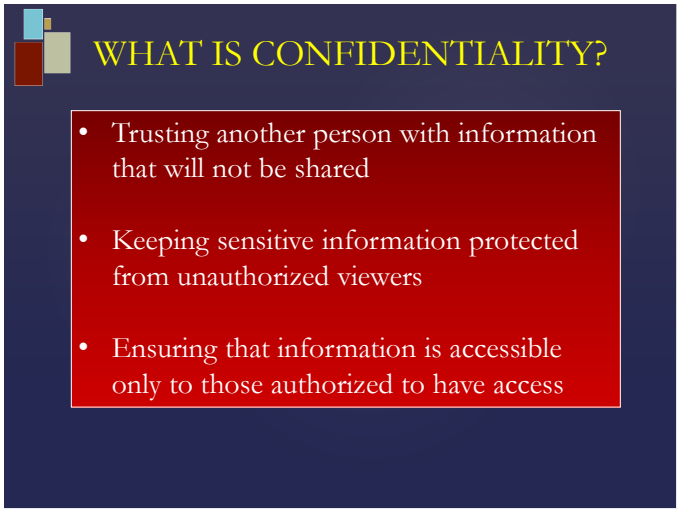
Preparation:

- None

Instructions

1. Engage participants in a conversation about confidentiality rules in their organization. Ask about specific policies, how they are applied and consequences of them.

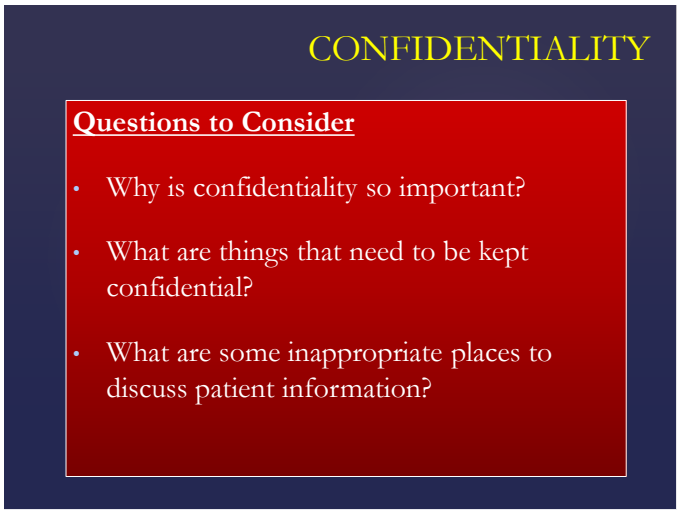
2. Review slide 31 with participants and elaborate:



Unauthorized viewers can vary from one organization to the other, but, generally, unauthorized users are people who are not employees of the organization.

3. *In many cases, even among employees, only those working directly with a patient and their supervisors have access to patient files.*

4. Review slide 32.



Discuss the following questions:

5. Question 1: Quickly brainstorm with the group why confidentiality is important. Possible answers:

   - *People need to be able to trust their peer.*
   - *People need to feel safe.*
   - *We must respect the dignity of individuals.*
   - *If patients don't trust us, we may lose them.*
   - *It's the agency policy.*
   - *There are liability issues for the agency.*

6. Tell participants that beyond file access, peers hold a lot of personal information about patients and have an ethical responsibility to guard that information from unauthorized users. *This can be tricky because, as people with HIV, peers may travel in some of the same circles as their patients, and when patients see them in those circles, they may wonder if the peers will guard their information. Any "leaks" will get back to patients and, before you know it, other patients will know that the peer can't be trusted. This could render the peer ineffective and can lead to negative consequences.*

7. Question 2: Quickly brainstorm with group specific things that should be kept confidential. Summarize by stating that everything about the patient is confidential.

   - *Patient's name, address, phone number*
   - *Diagnosis*
   - *Medical information*
   - *Patient's relationship with peer*

8. Question 3: Conduct another quick brainstorm on inappropriate places to discuss patient information and document on newsprint.

   - *Clinic and office hallway*
   - *Email communication with patient's full name*
   - *Outside of the clinic/agency; for example grocery story, community meeting places*
   - *In places where others can hear what we are talking about*

SESSION IV: CONFIDENTIALITY

Topic: Health Insurance Portability and Accountability Act (HIPAA): Legal Aspects

ABOUT THIS ACTIVITY

Time: 15 minutes

Slides: 33

Objectives:

By the end of this session, participants will be able to:

- State the connection between confidentiality and HIPAA regulations

Training Methods:

- Lecture
- Group discussion

In this activity you will:

- Summarize how HIPAA regulations must be adhered to, specifically around confidentiality

Materials:

- None

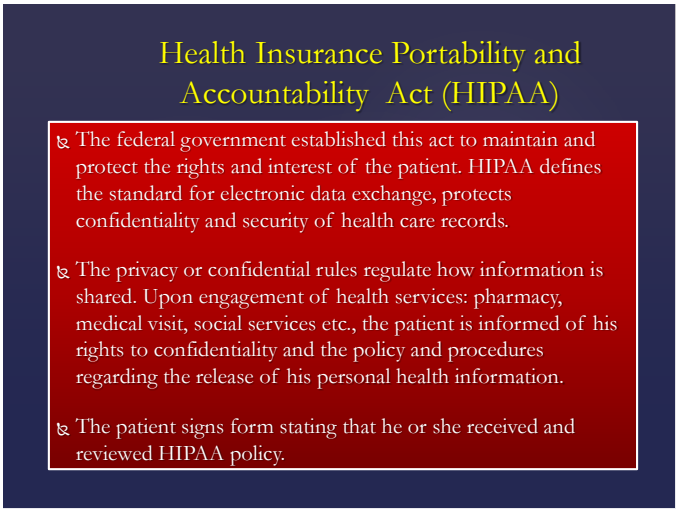
Preparation:

- None

Instructions

1. Ask participants if they know of any legal reasons why confidentiality is kept and for what reasons.

2. Introduce and review Slide 33 which discusses the Health Insurance Portability and Accountability Act (HIPAA).



SESSION IV: CONFIDENTIALITY

Topic: Breaking Confidentiality, the Consequences, and Supervision Strategies

ABOUT THIS ACTIVITY

Time: 20 minutes

Slides: #34-36

Objectives:

By the end of this session, participants will be able to:

- Recognize situations in which confidentiality can be broken legally
- Recognize situations in which confidentiality cannot be broken legally

Training Methods:

- Lecture
- Group discussion

In this activity you will:

- Lead brainstorms on when confidentiality can be broken

Materials:

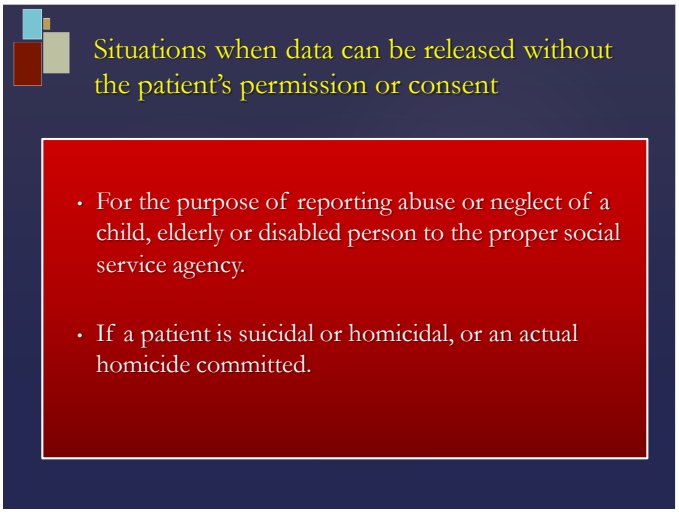
- Newsprint (optional)
- Markers (optional)

Preparation:

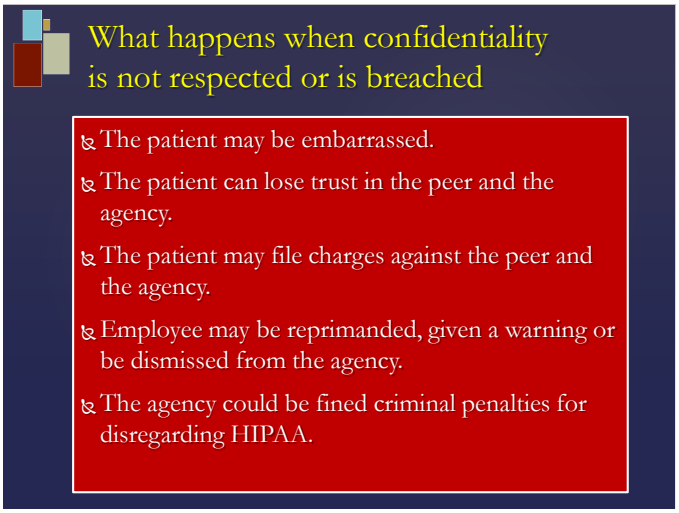
- None

Instructions

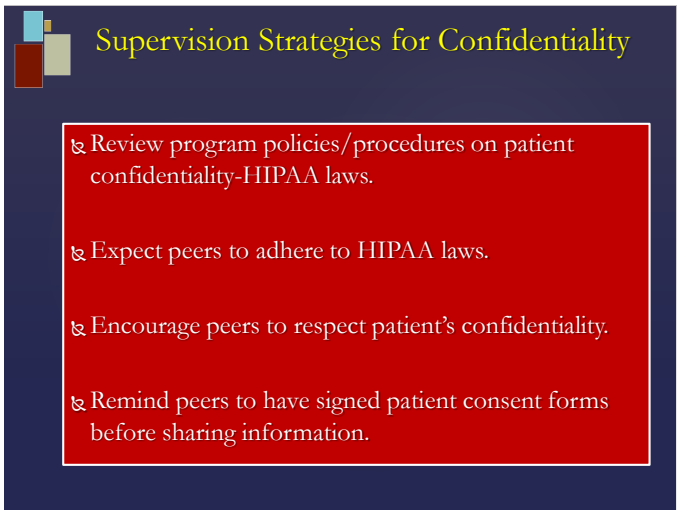
1. Brainstorm ideas of when confidentiality can be broken. You may want to record answers on a newsprint. After the brainstorm session, compare with slide 34.



2. *Now that we know when confidentiality can be broken legally, what happens when confidentiality is breached or not respected in an illegal manner?* Review slide 35.



3. *How should supervisors address confidentiality during supervision? Ask participants to brainstorm this question.* Afterwards, review slide 36.



- Situations when data can be released without the patient's permission or consent:
    - For the purpose of reporting abuse, neglect or domestic violence to the proper social service or protective services agency
    - To prevent serious threat to health and public safety
    - To the department of public health for health reporting purposes
    - Inform appropriate bureaus during disaster relief
    - Workers' compensation
    - Food and drug administration for expected side effect to drugs of food product defects to enable product recall
    - Correctional institutions
    - To medical examiners, coroners, procurement of organ, or certain research purposes
    - Notify family members or legal guardian involved in the patient's care if a person is missing (example Amber or Silver alerts on television/radio)

SESSION V: BOUNDARIES

Topic: Professional Boundaries

TOTAL TIME FOR SESSION V: 1 hour 5 minutes
SLIDES: #37-59

ABOUT THIS ACTIVITY

Time: 15 minutes

Slides: none

Objectives:

By the end of this session, participants will be able to:

- Discuss the importance of boundaries in professional relationships

Training Methods:

- Lecture
- Group discussion
- Individual exercise

In this activity you will:

- Stimulate a conversation on professional boundaries

Materials:

- "Boundaries in Professional Relationships" Worksheet

Preparation:

- None

Instructions

1. Ask participants: *What are boundaries and why are they important?* Possible responses: *for patients to feel safe, for staff to feel safe, for supervisors to feel safe, to prevent peer burnout, to prevent misinformation, to prevent liability, to keep patients engaged with the organization, etc.*

2. *Some boundaries are non-negotiable, as established by professional codes and agency policy, while others are more personal and may be different from person to person or situation to situation*

   Peer-related boundaries have always been a concern for service providers.

3. *We tend to be more concerned about peer boundaries than with other employees – why do you think this is so? Take a few responses.* Possible responses: *higher level of intimacy, lack of experience in the workplace, wanting to be all things to patients, not knowing the limits of their roles and wanting to see patients be successful.*

4. Exercise:

   - Tell participants: *We are going to do an individual exercise that will help you test your own boundaries.*

   - Ask participants to find the "Boundaries in Professional Relationships" worksheet and to spend a few minutes answering the questions.

5. Debrief:

   - Ask for volunteers to share how they answered the questions and facilitate discussion. Were there any gray areas? Are there boundaries they felt strongly about or boundaries they just couldn't answer at all.

Summarize

- *It is important for the supervisor to understand his/her own boundaries before they attempt to supervise a peer around boundaries, because they are not that different.*

> *When they presented the project of peer educators here, it created a little resistance among case managers—they thought [the peers] were going to invade our space and the confidentiality of the client. But it was short lived once the case managers understood the purpose of peers.*
>
> A case manager at PR CONCRA

SESSION HANDOUT

RELATIONSHIPS AND BOUNDARIES IN PEER WORK

Decide whether for you each of these situations in clearly Always Okay or Never Okay. If there are times when it might or might not be okay, depending on circumstances, check Sometimes Okay. Then make a note as to when or under what circumstances would make that behavior okay. Do discuss your decision with others.

Behavior	Always Okay	Never Okay	Sometimes Okay (When?)
1. Keep your attraction to your patient secret from supervisor/team			
2. Keep patient's attraction to you secret from supervisor/ team			
3. Keep boundary concerns secret from supervisor/team			
4. Bend the rules for an individual patient			
5. Share religious/spiritual beliefs with patient			
6. Advocate for a patient despite your team/agency's opposing view			
7. Share after-hours social time with a patient			
8. Bring a patient to your home for any reason			
9. Share a meal with a patient			
10. Engage in common interests with a patient			
11. Spend time alone with patient in his/her apartment			
12. Lend money to a patient			
13. Lend personal items to a patient			
14. Accept a loan of money from a patient			
15. Accept a loan of personal items from a patient			
16. Give a gift to a patient			
17. Accept a gift from a patient			
18. Call a patient after work hours			
19. Accept a call from a patient after work hours			
20. Accept a call from a patient at your home			
21. Invite patients to a party at your home			
22. See a former patient as a friend			
23. Date a former patient			
24. Accept a hug from a patient			

SESSION HANDOUT (Cont.)

25. Initiate a hug with a patient			
26. Accept a massage from a patient			
27. Initiate a massage with a patient			
28. Take a patient to your church			
29. Take a patient to your self-help meeting			
30. Ride in a patient's vehicle			
31. Encourage your patient to disclose to his/her partner(s)			
32. Encourage your patient to disclose to his/her family members			
33. Disclose your own HIV status and your life story to your patient			

SESSION V: BOUNDARIES

Topic: Types of Boundaries

ABOUT THIS ACTIVITY

Time: 20 minutes

Slides: #38-52

Objectives:

By the end of this session, participants will be able to:

- Name and differentiate the four types of boundaries (emotional, place/time, physical, and personal)

Training Methods:

- Lecture
- Group discussion

In this activity you will:

- Facilitate a dialogue around each type of boundaries

Materials:

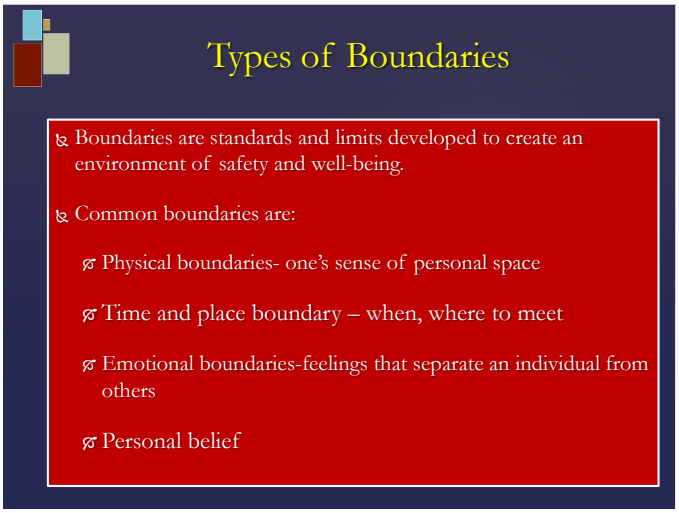
- Newsprint
- Markers
- "Transference and Boundaries" Handout

Preparation:

- None

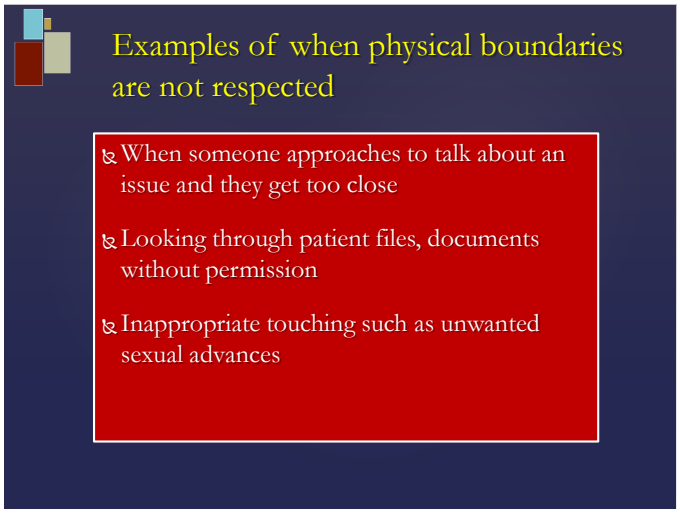
Instructions

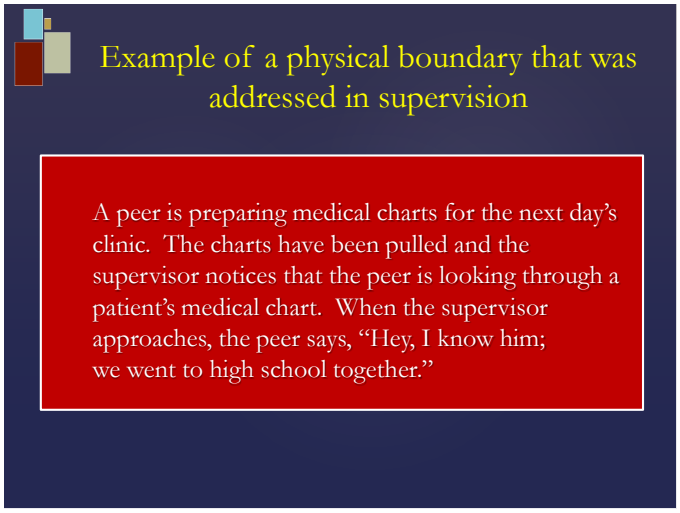
1. Review slide 38.

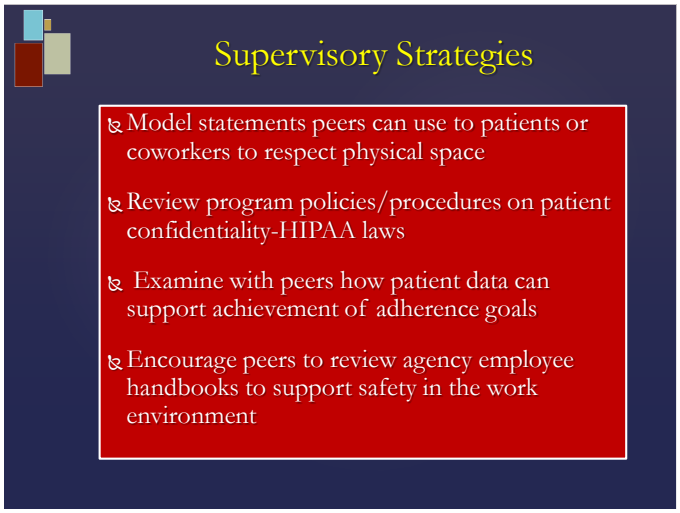


2. Brainstorm the importance and necessity of boundaries in general and specially for peers. Write responses on newsprint – each type of boundary could be on its own newsprint or you can just list them all together on the same newsprint. Encourage participants to think in terms of all types of boundaries (physical, time/place, emotional and personal, others).

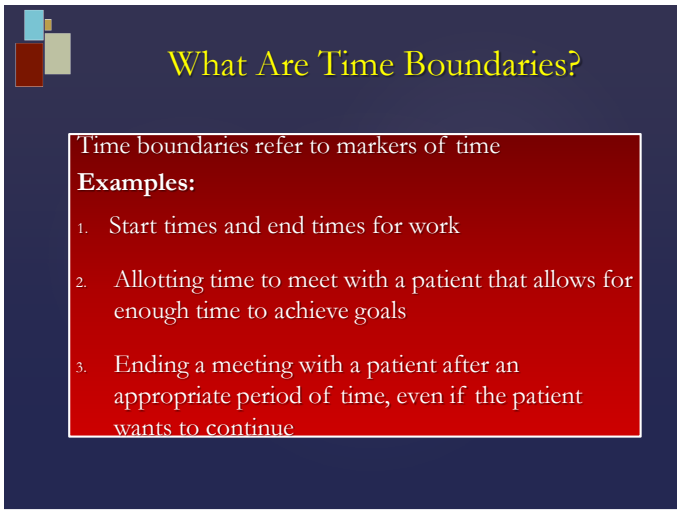
3. Review slides 39 – 41. As questions, comments or concerns arise, use the group as a sounding board to help answer and resolve the issue.





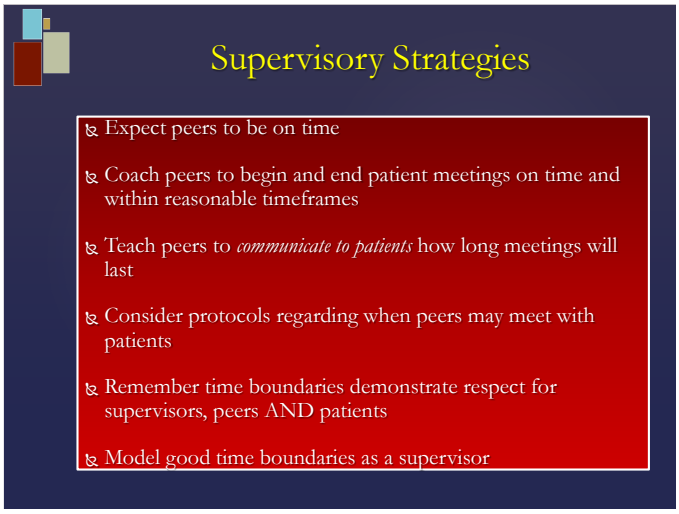


4. Review slide 42-43.



Time Boundaries:

- *Time boundaries refer to markers of time*
- *Peers can define start and end times for work with patients.*
- *Allot a time to meet with a patient that allows for enough time to achieve goals.*
- *End a meeting with a patient after an appropriate period of time, even if the patient wants to continue.*
- *Peers modeling good time boundaries will help patients set their boundaries with others in their lives.*

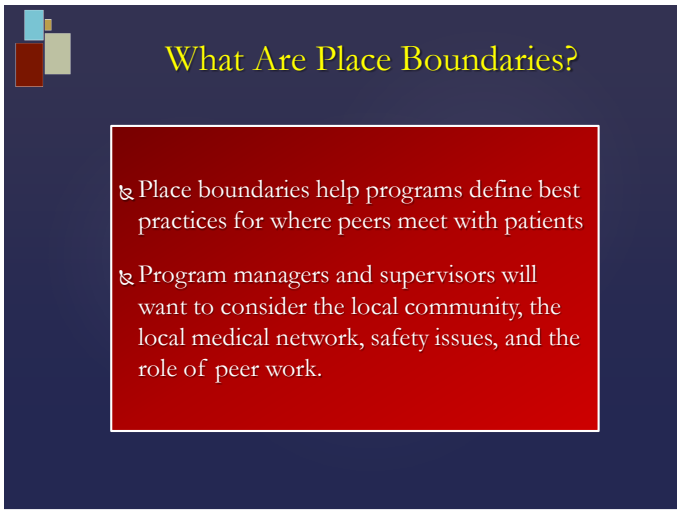


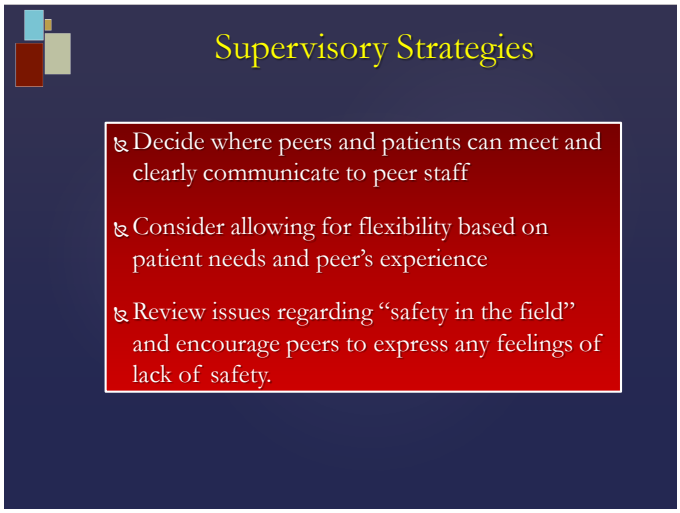
- As part of talking points for supervisory strategies- relate back to the role of ADMINISTRATIVE Supervisor and/or SUPPORTIVE/clinical Supervisor.

- Say: *Supervisors can initiate dialogues with peer staff about why it might be important to have time boundaries--and how it helps them AND their patients. Peers will avoid overextending themselves and patients will feel that their time is respected by peers. It also builds a sense of trust.*

- *It is also helpful to outline the program's protocols for time (and place) boundaries in orientation materials.*

5. Review slides 44 – 45 (Place Boundaries).

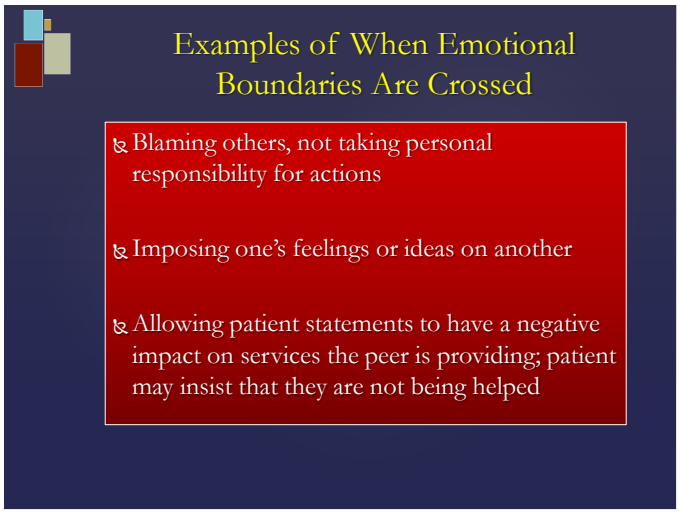




- As part of talking points for supervisory strategies- relate back to the role of ADMINISTRATIVE supervisor and/or SUPPORTIVE/clinical supervisor

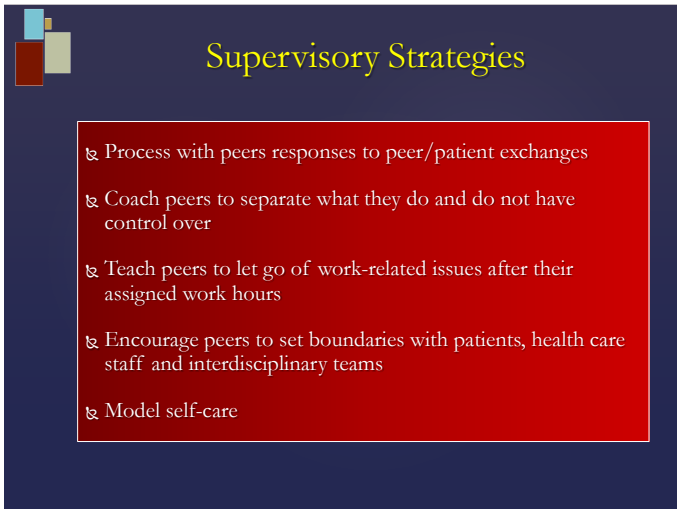
- Say: *Supervisors/managers may want to bring peer staff into the discussion about where and when to meet with patients. Peers are familiar with the community so they know where safe places may be for their patients. It is important for peers to inform coworkers about when and where they are meeting with their patients as part of the safety protocol at the agency.*

6. Review slides 46 – 47 (Emotional Boundaries).



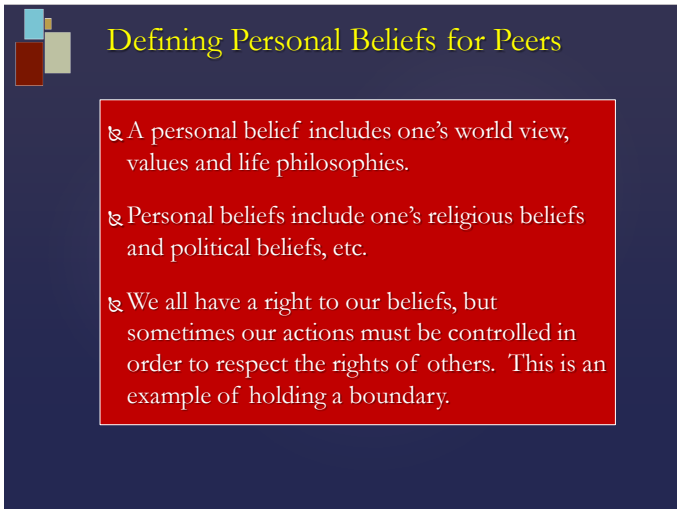
Emotional Boundaries:

- *Another type of boundary is emotional boundaries.*
- *Sometimes a peer may impose their feelings onto their patients; for example if your patient is pregnant and as the peer you want your patient to get on medications right away, you may insist that your patient see her doctor when your patient does not want to, for fear of potential harm that may come to the baby from the HIV medications. It is important in this situation that the peer not say anything that may make the patient feel guilty; but use the time to educate the patient about benefits of being on HIV medications, making a list of questions to ask the doctor's about pros/cons of medications during pregnancy.*



- As part of talking points for supervisory strategies- relate back to the role of ADMINISTRATIVE supervisor and/or SUPPORTIVE/clinical supervisor.
- *Can you give an example?*

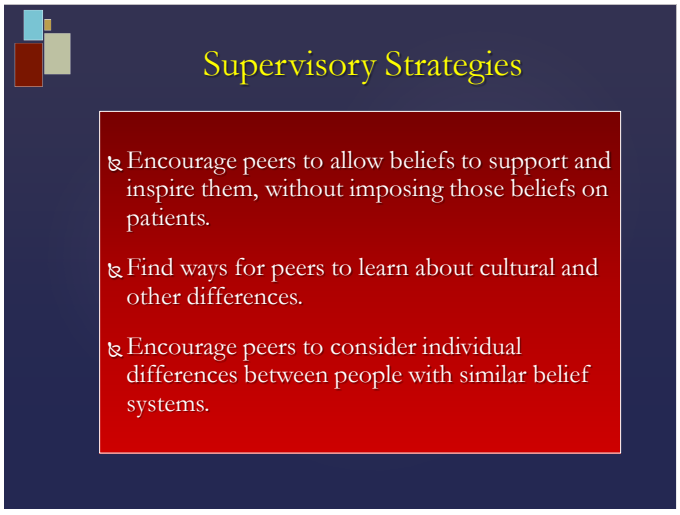
7. Review slides 48 – 49 (Peer Personal Beliefs).



Peer Personal Beliefs:

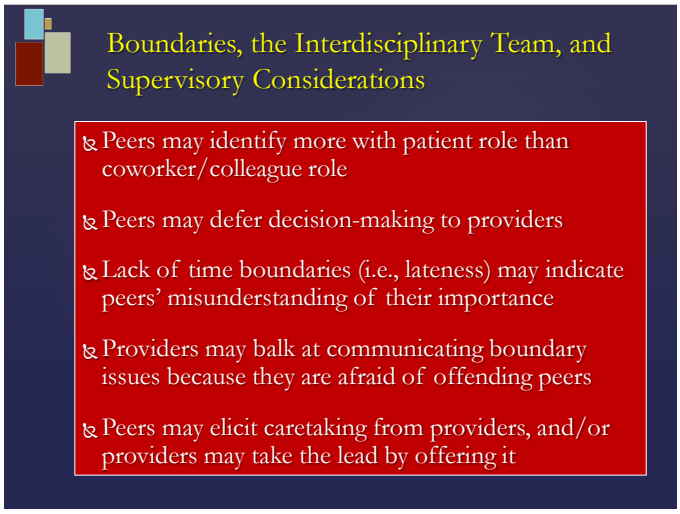
- *A personal belief includes one's world view, values and life philosophies. Personal beliefs include one's religious beliefs and political beliefs, etc.*

- *We all have a right to our beliefs, but sometimes our actions must be controlled in order to respect the rights of others. For example a peer was under the impression that all religions used the Bible. She was glad to learn that many do not, and this helped her become more culturally sensitive to some of her patients. Another example might be the need to wear black for 40 days after the death of a family member.*



- As part of talking points for supervisory strategies- relate back to the role of ADMINISTRATIVE supervisor and/or SUPPORTIVE/clinical supervisor.

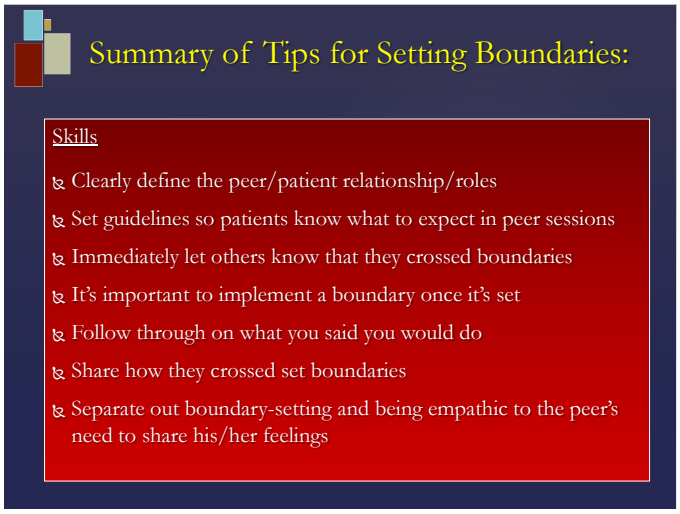
8. Review slides 50 – 51 (Supervisory Considerations).



- This is problematic because peers are not being treated as equals and not given the opportunity to learn about how they are having an impact and how important their participation is.

Summarize

8. Review slide 52.



- *Clearly define the peer/patient relationship/roles*
- *Set guidelines so patients 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 boundary-setting and being empathic to the peer's need to share his/her feelings*

SESSION HANDOUT

TRANSFERENCE AND BOUNDARIES

Transference

A term used in psychology to describe a situation in which a patient unconsciously transfers feelings and/or attitudes from a past situation or person onto a situation or person in the present. The term is used when a provider suspects that the patient's feelings are strongly influencing the way the patient is experiencing the provider and the services being received. The term implies that the patient's feelings partially arise out of the patient's history and are based on beliefs that were formed during prior relationship experiences. Transference is a term originally created by Sigmund Freud; however, the term is now widely used by providers that work from a variety of perspectives.

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. Other patients may have different ways of dealing with the same emotional issue--some might completely avoid help in order to avoid disappointment

Countertransference

A term used in psychology that describes a provider's responses, feelings, beliefs, or biases in response to a patient's unconscious transference communications. While it is human to have feelings, the term *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 patient, especially a negative effect.

Peers can use this tool as well to professionalize the way they view their feelings and gain some perspective, especially when the feelings are strong and the peer and/or supervisor is concerned that the peers' behaviors towards the patient are being influenced in a way that is detrimental. (Sometimes feelings can have a positive effect and in peer work this is often OKAY!)

Example of countertransference

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.

SESSION HANDOUT (Cont.)

Mary is helping a newly diagnosed patient become open to starting meds. Mary believes that meds saved her life early in her diagnosis. She becomes pushy when her patient questions them. The patient begins to avoid contact with Mary. In this first example, the peer is experiencing countertransference in reaction to the patient, and some of her own emotional history is getting triggered (not feeling like she can ever do enough). These are two types of countertransference. The second example illustrates countertransference that comes from the peers' recent history—and how countertransference can affect the patient relationship.

Supervisor's Strategy: Address Feelings with Peers

Use the 3 N's; use the 3 C's. Teach and utilize the concepts of countertransference and transference in ways that are tailored and appropriate to the peer-patient alliance.

The 3 N's

- Notice peers' emotions when speaking about patient 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 patients.

The 3 C's

- Check countertransference 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.

Avoid analyzing (going into peer's personal relationships and history) peers' feelings. If a peer wants to make a few comments about how this affects her personally, that is okay, but deeper discussion is not appropriate to supervision. If a peer seems to want or need more of this kind of exploration, a referral to counseling or therapy may be advised.

SESSION HANDOUT (Cont.)

How a Supervisor Might Respond to Tenecia

The supervisor notices that Tenecia is not bringing Miranda up and asks about her. Tenecia looks annoyed, so her 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 patient, so could they in part be countertransference?"

The supervisor and Tenecia talk about how hard it is to not be able to do everything for patients 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 Tenecia can do to release some stress.

Boundary Dilemmas

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

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 and must now manage his dual role: patient and peer. 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 patients can hear his struggles…can he really share that in the group or should he go to a different substance abuse group? Find resources for substance abuse groups in the community.

Credibility of the Peer Program

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

SESSION HANDOUT (Cont.)

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 Strategy

- Assess relationship. Include both patient and peer in decision to have a working relationship. Advise the health care team that the peer knows the patient from a previous relationship. Re-assess. Encourage the peer to reassure the patient that HIPAA laws apply to everyone on the health care team and that absolute confidentiality is expected within and outside the medical setting. Switching or transferring peers is another option for the patient. Don't compromise: make sure the patient feels comfortable with the chosen peer while receiving medical or peer services. What are some of the challenges you have faced as a result of cultural differences and misunderstandings?

SESSION V: BOUNDARIES

Topic: Transference and Countertransference

ABOUT THIS ACTIVITY

Time: 30 minutes

Slides: #53-59

Objectives:

By the end of this session, participants will be able to:

- Define transference and countertransference
- Explain at least 3 ways to manage transference
- Explain at least 5 ways to manage countertransference.

Training Methods:

- Lecture
- Group discussion
- Role play

In this activity you will:

- Guide participants in a discussion about transference and countertransference
- Participate in a role-play

Materials:

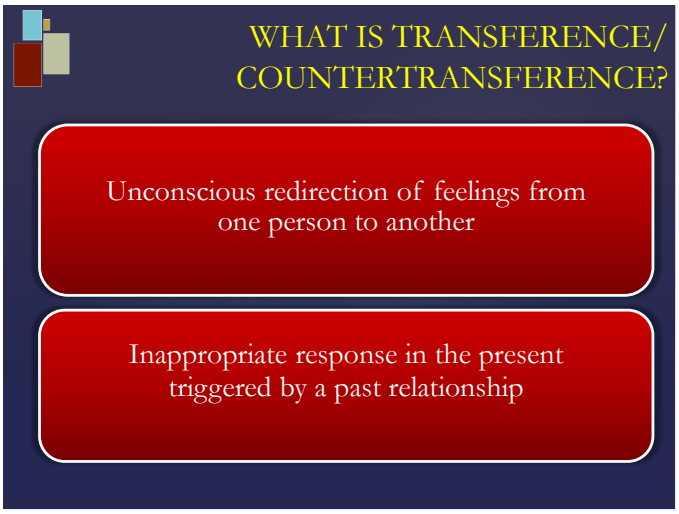
- "Transference-Countertransference Role-Play Script" handout
- "Transference and Boundaries" handout - from previous topic

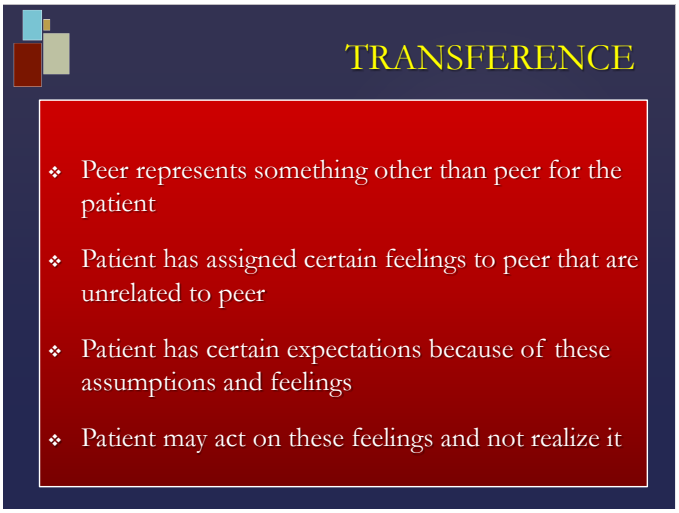
Preparation:

- None

Instructions

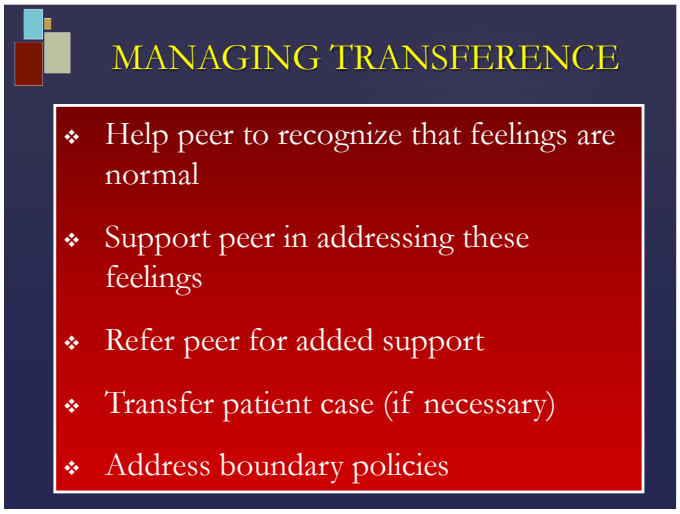
1. Review slide 53 – 56 with participants and facilitate discussion.

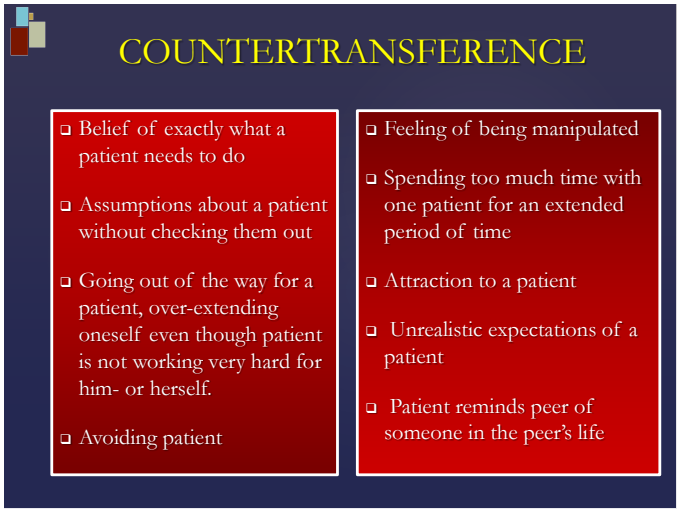




SESSION V: BOUNDARIES

Topic: Transference and Countertransference





Some questions to start the discussion can include:

- *What is Transference? Countertransference?*

  Example answer: *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. Countertransference is defined as redirection of the peer's feelings toward a patient, or more generally, as an emotional entanglement with someone.*

- *Who experiences transference? Countertransference?*

  Example answer: *Anyone (patients, peers, 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.*

- *When can a person experience transference? Countertransference?*

  Example answer: *Anytime during an encounter.*

- *This is also referred to as "over-identification" or transference-countertransference.*

- *It is important for a peer to develop an awareness of this so that s/he may manage those feelings when they come up.*

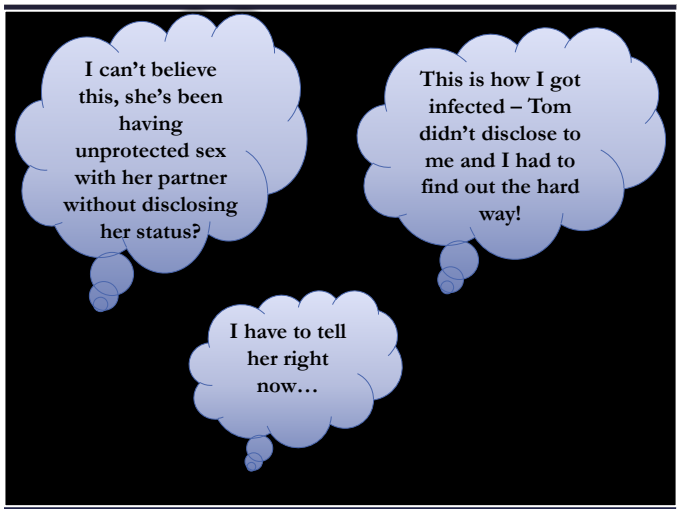
- *Not being aware of this will not allow us to gain insight into why these feelings are occurring.*

- *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.*

- *Being attuned to countertransference as a peer is nearly as critical as understanding the transference; this helps the peer regulate his/her emotions in the relationship.*

2. Transition to the role-play. Tell participants that trainers will be doing a role play on countertransference

3. Show slide 57 as soon as the peer says *"hmm"* and pause.

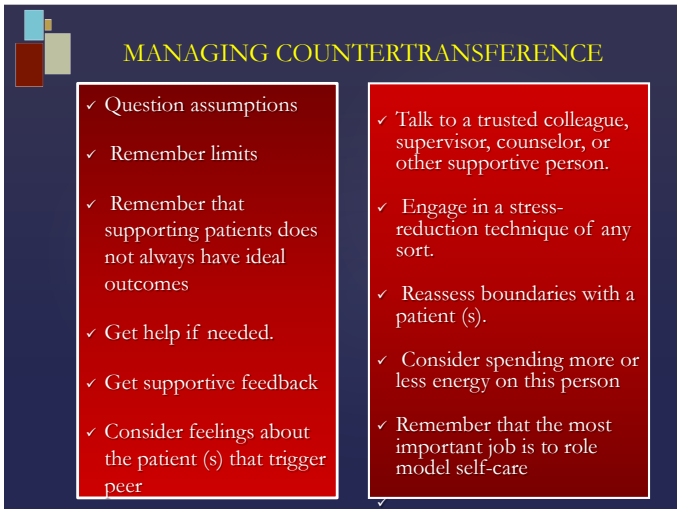


4. Have someone read the peer's thoughts and feelings in the slide, then resume role-play.

5. Debrief role play by facilitating a discussion after the role play using the following questions.

- *What did you observe?* Take responses and facilitate discussion.
- *What did the patient want to talk about?*
- *Where did the peer go instead and why?*
- *What could happen if the patient "obeys" the peer and discloses to her partner that day?*
- *What can happen if the peer isn't aware of why s/he is having these thoughts and feelings?*
- *What would have been the appropriate action by the peer?*
- *What could the peer have done with the feelings raised by the patient?*
- *What is the lesson in this role play?*

6. Review and discuss slide 58 on managing countertransference.

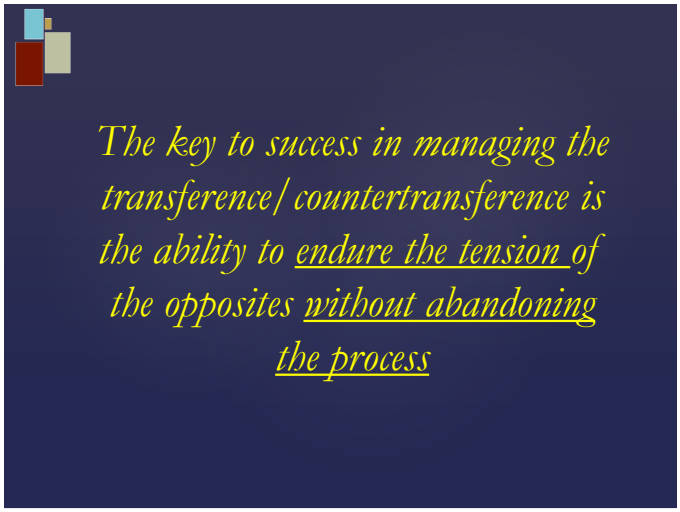


Summarize

- *In a similar counseling technique called motivational interviewing, this situation is called "the premature-focus trap;" resistance may result if patient and peer wish to focus on different topics.*
- *The peer may want to identify and hone in on what they perceive to be the patient's problem, but the patient, in contrast, may have more pressing concerns (in this case safer sex) and may not share the importance placed by the peer on disclosure and the needs of the patient's partner.*
- *Very often, exploring those things that are of concern to the patient will lead back to the things that are of concern to the peer, particularly when the areas of concern are related (as is the case with safer sex and disclosure).*
- *If the peer had listened to and addressed the patient's area of immediate concern, the conversation could come around to the effects of non-disclosure.*

- *It is critical for the peer to suspend personal feelings during the interaction with the patient.*
- *First and foremost, do no harm, particularly when time with the patient is short.*
- *A sincere desire to help can lead a peer to try to "fix" the situation for the patient based on his/her perception of what the patient needs and should do. The peer may shift into problem solving, and prescribe answers and solutions that the patient may not be ready for.*

Close with slide 59.



SESSION HANDOUT

TRANSFERENCE/COUNTERTRANSFERENCE ROLE PLAY SCRIPT

Shirley (peer): "Hi Lynn, how are you doing today?"

Lynn (patient): "I'm OK, but there's something that's troubling me."

Shirley: "I'm here to help. What's going on?"

Lynn: "Well, my partner doesn't know my status yet, and I don't feel ready to tell him."

Shirley: "Really, your partner doesn't know your status? It's been 2 years since your diagnosis and you haven't told him?"

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 on the virus to him."

Shirley: "hmm" *(thoughts and feelings from slide 57)*

Shirley: "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?"

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."

Shirley: "Why?"

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."

Shirley: "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."

TOPIC: DOCUMENTATION

ABOUT THIS ACTIVITY

Time: 30 minutes

Slides: #60-62

Objectives:

By the end of this session, participants will be able to:

- State the benefits of good documentation in general and specifically to a peer program
- Describe how peers should write patient notes

Training Methods:

- Lecture
- Group discussion
- Role play

In this activity you will:

- Facilitate a discussion on documentation strategies
- Take part in a role-play activity

Materials:

- Sample Peer Contact Form (designed specifically for the PREP project)
- Documentation Role-Play Scripts

Preparation:

- None

Instructions

1. Ask participants: *Why is documentation important?* Possible responses: *to do program evaluation, to evaluate peer performance, to have a record of each patient's progress, for reporting, chart reviews by funder, etc.*

2. *What are the challenges?* Possible responses:

   - *Some patients are not comfortable having peers write down personal information confided to them.*

   - *Peers may not have good writing skills or the ability to write objectively or succinctly.*

   - *Peers might find it difficult to write progress notes that do not compromise the trusting relationships between peer and patient.*

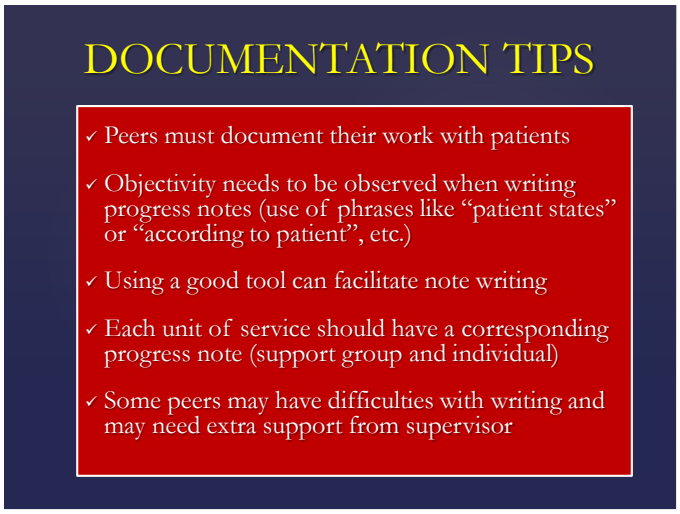
3. *Documentation of peer work is one of the most important aspects of running a peer program, especially when documentation affects a research project.*

   - *If an activity isn't documented then it's like it never happened.*

4. *The issue of what to document and how much is of particular concern to interdisciplinary programs because the team needs to know what's going on with patients.*

TOPIC: DOCUMENTATION

5. Review slide 61 with participants and facilitate a discussion.



- *Documentation represents yet another potential boundary area because if progress notes are not objective, the peer may be crossing the line in terms of how the patient is being characterized.*

- *Supervisors play a role in teaching peers how to write appropriate progress notes; this can be achieved by reviewing all progress notes during supervision or randomly.*

6. Review peer documentation tool.

7. Slide 62—role play: Ask participants to observe the role-play and document the interaction using the peer contact form and making progress notes.

- Trainers role-play a scenario between a peer and a patient in which the patient shares a lot of deeply intimate information (too much information) about a sexual encounter.

Debrief

8. Ask for volunteers to report out their contact form and progress notes and give feedback.

Summarize

- *Patients often give too much information, particularly to peers. More often than not, the care team doesn't really need to know every detail to address what's going on with the patient.*

- *There's no need for the team to know every detail other than for voyeuristic reasons.*

- *It is important for the peer to sort out what's important to document (what does the team need to know about the sexual encounter?) and what should be kept confidential.*

- *Ask yourself: What would the team do differently if they knew all the details? Answer: nothing.*

- *Ask yourself: If the patient were to see their file with explicit notes about their intimate lives, how would they feel?*

- If time permits, complete additional case scenarios.

SESSION HANDOUT # 1

44290

PEER CONTACT FORM

Peer Re-Engagement Project (PREP)

Participant ID: ☐☐☐☐

Date of Contact: ☐☐ / ☐☐ / ☐☐

Peer ID: ☐☐☐☐

Site: 1☐ NY 2☐ FL 3☐ PR

1☐ Check here if attempted to locate but unable to contact.

Total duration of all encounters on this date (minutes): ☐☐☐

Please mark all encounters for the entire day.

"X" each encounter that occurred.

"X" the type of contact. →

	Face-to-face	Telephone	Email / text msg / voicemail	Other *
1☐ Find client/Outreach	1☐	2☐	3☐	4☐
1☐ Take client to a medical appointment/visit	1☐			
1☐ Take client to a mental health appointment/visit	1☐			
1☐ Take client to a substance use treatment appointment/visit	1☐			
1☐ Take client to other social service appointment/visit	1☐			
1☐ Remind client about a medical or social service appointment/visit	1☐	2☐	3☐	4☐
1☐ Provide education on the HIV viral life cycle	1☐	2☐	3☐	4☐
1☐ Discuss HIV medications/treatment readiness	1☐	2☐	3☐	4☐
1☐ Discuss lab values	1☐	2☐	3☐	4☐
1☐ Discuss drug resistance and adherence	1☐	2☐	3☐	4☐
1☐ Discuss safer sex	1☐	2☐	3☐	4☐
1☐ Discuss drug use/harm reduction	1☐	2☐	3☐	4☐
1☐ Talk with client about disclosure	1☐	2☐	3☐	4☐
1☐ Mentoring/coaching on provider interactions	1☐	2☐	3☐	4☐
1☐ Provide emotional support/counseling	1☐	2☐	3☐	4☐
1☐ Assist with making appointment/visit for other health care	1☐	2☐	3☐	4☐
1☐ Assist with making appointment/visit for mental health care	1☐	2☐	3☐	4☐
1☐ Assist with making appointment/visit for substance abuse treatment	1☐	2☐	3☐	4☐
1☐ Assist with housing services	1☐	2☐	3☐	4☐
1☐ Assist with making appointment/visit for other support services	1☐	2☐	3☐	4☐
1☐ Follow up with client about a service or referral	1☐	2☐	3☐	4☐
1☐ Other (specify):				

* If "Type of Contact" = "Other", specify: _____

*****Please Write Progress Notes on Other Side of This Form*****

PREP Peer Contact Page 1 of 1 Version 05/16/2013

Additional sample forms for documenting peer work can be found in the *Building Blocks to Peer Program Success* resources for Section 7 at http://peer.hdwg.org/program_dev/resources

SESSION HANDOUT # 2

SCRIPT 1 FOR DOCUMENTATION ROLE-PLAY

Peer: "Hi Joe, it's good to see you again. How are you doing?"

Joe: "I'm not feeling well today."

Peer: "What's going on?"

Joe: "I don't know, it's too embarrassing to tell."

Peer: "Joe, I'm here to support you, not judge you; and remember, anything you say to me is confidential. But you don't have to tell me anything you're not ready to talk about."

Joe: "Well….I feel like I should talk with someone….I was at a party Saturday night and virtually everyone was drinking and doing cocaine. At first I thought about not partaking because alcohol doesn't mix well with my meds and cocaine makes me do crazy things. But it was too tempting to pass up, so I did a line and all hell broke loose."

Peer: "What do you mean?"

Joe: "Well, in the past, if I did a line, I had to do a gram or more."

Peer: "Did you do more at or after the party?"

Joe: "Yeah, I bought some before leaving the party in case I hooked up."

Peer: "What do you mean?"

Joe: "I've always associated cocaine with sex, so I went to the Fenz to hook up."

Peer: "And did you hook up?"

Joe: "Yeah, I ended up in a threesome with these two guys; I knew one of them but not the other; the worst part is that I ended having unprotected anal sex – I topped and bottomed, and one of the guys took my load and the other came in my mouth. When I got home I noticed some bleeding in my anus and I could see tears on my foreskin."

Peer: "How do you feel about that?"

TOPIC: DOCUMENTATION

SESSION HANDOUT # 2 (Cont.)

Joe: "In the moment, I felt great!" Now I feel guilty. What if I infected those guys?"

Peer: "Joe, right now I'm more concerned about you and your health. You may have been exposed to a sexually transmitted disease. I think it's important for you to get an STD screening. Have you talked to your doctor yet?"

Joe: "Oh my God, no. I don't want my doctor to know, I couldn't face him; in fact, I don't want anyone else to know."

Peer: "You don't need to tell your doctor if you're not comfortable telling him, but there are other places you can go for testing and treatment if needed. I'll help set up an appointment."

Joe: "Will you? That would be really helpful. Do I have to tell them I'm HIV positive? What if they judge me?"

Peer: "I think they ought to know you're positive; otherwise, they're going to offer you an HIV test. Don't worry, their job is to test and treat, not judge. If they behave judgmentally toward you, I will remind them of what their role is and is not."

Joe: "OK, but what about those guys I had sex with?"

Peer: "Joe, you were not the only one who engaged in unprotected sex, they engaged too! Yes, we have a responsibility not to infect others, but they had a responsibility to protect themselves. For all you know, they're HIV positive, too! Sometimes people make assumptions about status based on what their partner is willing and not willing to do. Did you stop to think that they may have been more of a risk to you than you to them, especially if they had any STDs? I'm not trying to minimize the risk to them – none of us really wants to infect anybody, right? But there is something we can do at least for the guy you know. We can refer him to the local Post-Exposure Prophylaxis (PEP) site where he can get HIV meds to prevent the exposure from becoming an infection. You wouldn't have to tell him yourself, there are public health workers who can notify him anonymously."

SESSION HANDOUT #3

SCRIPT 2 FOR DOCUMENTATION ROLE-PLAY

Peer: "Thanks for coming in to see me today."

Pam: "It's been rough the last week or so since finding out that I'm HIV+."

Peer: "I remember how difficult it was for me too. Who have you talked to since then?"

Pam: "Well I have my best friend and she is trying to be there for me, but she is busy with her family."

Peer: "What do you know about HIV?"

Pam: "I remember when Magic came out. I see bus signs telling people they should get tested and I know you get it from sex. I didn't think it would happen to me."

Peer: "How about we focus our time today on the basics of HIV? Then, there are other components that we can talk about during our time in this project."

Pam: "Okay."

Peer: "HIV stands for Human Immunodeficiency Virus. It is the virus that causes AIDS which stands for Acquired Immune Deficiency Syndrome. When you break it down HIV is a virus that is passed on from one person to another, that's why H stands for human. The virus attacks the immune system, I think of the immune system as "my soldiers" because it tries to fight off any disease, germs that may come in contact with my body. So, HIV attacks my immune system or my soldiers, so the stronger my soldiers the better they work for me."

Pam: "So that makes sense to me. Is that why I was so sick last month? I thought I had the flu, you know its winter and all, but I just couldn't shake it. I ended up going to the doctor and my doctor's nurse was telling me about HIV testing being part of routine screening that they were doing with all patients. I thought, ah well, sure I'll do the test."

Peer: "It's possible that the flu like symptoms was you body's response to the HIV infection. Other symptoms that a person may experience include night sweats, diarrhea, trouble sleeping or flu symptoms. Let's talk about how HIV is transmitted. HIV is transmitted through unprotected anal, vaginal or oral sex with an HIV+ sex partner. It can also be transmitted from HIV+ pregnant mothers to her unborn child and from sharing of needles among IV drug users-I think of these as transmission routes. There are certain infectious fluids that are shared in the transmission routes we just talked about: infectious blood, breast milk from mother to child, semen and vaginal fluids."

Pam: "Wow, yeah it's all coming back to me. I remember learning about this before and didn't think it would happen to me. I need to take time for all this to sink in. I'm glad I'm meeting with you because you know what I'm going through, you've been there."

Peer: "Yes I can relate and I'm here for you."

SESSION HANDOUT #4

SCRIPT 3 FOR DOCUMENTATION ROLE-PLAY

Peer: "Hi Mike, it's good to see you again. How are you doing?"

Mike: "I'm feeling kinda bad today."

Peer: "Well what's going on?"

Mike: "You know my attendance at that substance abuse group at Vital Bridges has been hit or miss, but last Tuesday I went. It's kind of embarrassing, but I hooked up with one of my old tricks."

Peer: "I'm glad you went to the group because you've said that it help you sometimes."

Mike: "It didn't help Tuesday, that's for sure."

Peer: "I hear you. What do you mean when you say hooked up?"

Mike: "We did some meth, lots of sex and some more meth."

Peer: "You know Mike, I'm glad you came by today because we can figure out some next steps. What do you want to do?"

Mike: "That's why I came to you, Pappy, you help me figure things out and don't judge me. If I went to someone else I'd just get a lecture and I've gotten enough of that in my life."

Peer: "Did you use any condoms?"

Mike: "What you think? Sorry man, no."

Peer: "So let's see if we can get you an appointment to check for STDs/STIs."

Peer: "I know you don't like going to groups, what do you think about talking to a substance abuse counselor? Yeah, it's one more person to see but you know what they say, 'don't knock it till you try it man.'"

Mike: "I've done this counseling thing before and didn't mesh well with the guy."

Peer: "You know there is a new substance abuse counselor who just got hired. Maybe we can see if your case manager can make a referral for you."

Mike: "You mean I have to tell her too."

Peer: "Mike, you're working with a team here, man. Let's talk to her together. She's on your side."

TOPIC: NEXT STEPS AND TRAINING EVALUATION

ABOUT THIS ACTIVITY

Time: 20 minutes

Slides: #63

Objectives:

By the end of this session, participants will be able to:

- Begin thinking about how they will build on this training and identify additional areas for training

Training Methods:

- Group discussion

In this activity you will:

- Conduct a Plus-Delta evaluation with training participants
- Record participant's responses for additional TA needs

Materials:

- Newsprint
- Markers

Preparation:

- None

Instructions

1. Show slide 63.

Ask participants to identify additional technical assistance (TA) needs and document responses in a list to share with the group as part of training follow-up. Tell participants that they can find more resources related to peer programs on the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau TARGET website which provides tools for the Ryan White community: http://careacttarget.org and in the *Building Blocks for Peer Program Success* toolkit at http://peer.hdwg.org/program_dev

2. Conduct a brief training evaluation using the Plus-Delta method. On one newsprint record what participants enjoy, benefited from, etc. (Plus), while on a second record changes that would have made the training more beneficial for participants (Delta). The changes can be topics discussed, format of training, etc.

This publication is part of the online curriculum *PREParing Peers for Success, Peer Supervision Curriculum*. For accompanying PowerPoint slides, and other curricula in the series, visit http://www.hdwg.org/prep/curricula

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