

PEER HEALTH NAVIGATION:

Mental health implications of
working as a peer

PRESENTED BY

Amanda Giacomazzo, Moderator

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Webinar Agenda (1.5 hours)

- Welcome and introduction
- Mental health implications of working as peer
Holly Gauvin, 15 minutes
- Peer health navigator perspective
Wendy Stevens, 15 minutes
- Peer health navigator perspective
Adrian Crawford, 15 minutes
- Peer Toolkit developed by Interior Health Authority
Glen Bradford, 10 minutes
- Scenarios and questions
All, 25 minutes



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The Basics

Prevention

Treatment

Healthy Living

Strengthening
Programming

What's New?

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Website Tour

Practice Guidelines in Peer Health Navigation for People Living with HIV

Print-friendly PDF

CATIE and a national working group have developed national evidence-based guidelines on peer health navigation in HIV. The guidelines provide agencies with research- and practice-based information and recommendations to develop, implement and strengthen peer health navigation programs. Peer health navigation programs have been shown to [improve health and wellbeing outcomes](#) for people living with HIV.

[Practice guidelines](#)

[General programming resources and tools](#)

[Programming resources and tools by chapter](#)

Practice guidelines

[Practice guidelines in peer health navigation for people living with HIV \(complete guidelines PDF\)](#)

[Summary of recommendations \(PDF\)](#)

NEWS

[Juluca approved in Canada for HIV treatment](#)

[Agencies issue caution about use of dolutegravir by pregnant HIV-positive women](#)

[Study uncovers high rates of loneliness among older HIV-positive people](#)

[HepCInfo Update 9.10: Fatigue improves after cure; POC testing acceptable to people who inject drugs; increased adherence when HCV treatment combined with OST](#)

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CATIE ANNOUNCES

[Call for Nominations to the Board of Directors](#)

CATIE webinar: [Peer Health Navigation: GIPA, MEPA and Your Organization](#)

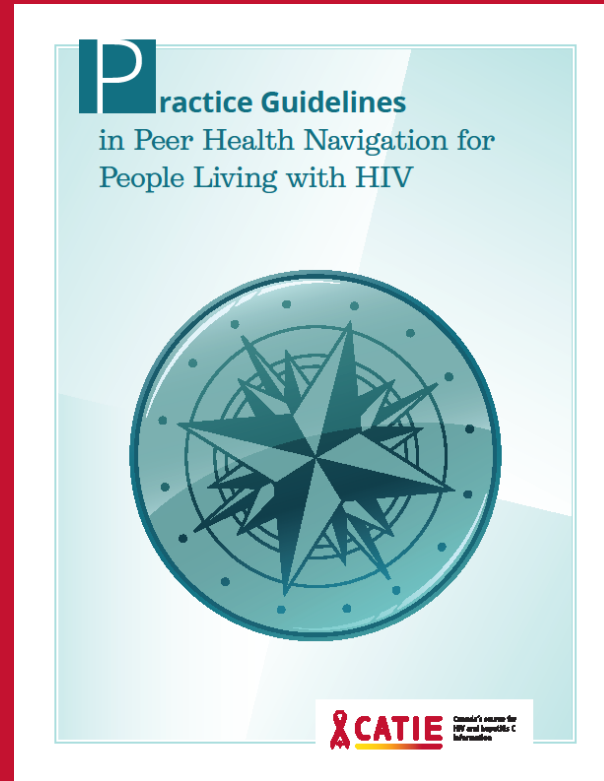
Monday 4 June, Noon EDT

Latest Blog Posts

[La grave réalité des personnes trans en santé et l'importance de l'alliance thérapeutique](#)

[HIV and life insurance: A welcome change but questions remain](#)

- CATIE convened a 13-member expert working group
- Guidelines are both practice and evidence-based
- Guidelines contain 11 chapters



- Today's webinar will focus on Chapter 3 of the guidelines related to ethical considerations (e.g., boundary setting, confidentiality, dual roles, self-care)

Chapter 3: Ethical considerations for peer health navigation programs

[Print-friendly PDF](#) 

In this chapter, we identify the ethical considerations that may arise in peer health navigation programs.

[Chapter 3: Ethical considerations for peer health navigation programs \(PDF\)](#) 

[Back to guidelines table of contents](#)

Programming resources and tools

The following resources can be used to help address the ethical considerations that may arise in peer health navigation programs. Where a resource addresses a specific recommendation from the chapter, the recommendation number is provided.

For additional resources related to ethical considerations, see the peer training resources for [Chapter 7: Program management – training for peer health navigators](#).

General

[Peer navigator code of ethics](#) 

Holly Gauvin

Holly is the Executive Director of Elevate NWO where she has worked since 2011. She holds an Honours Bachelor of Social Worker from Lakehead University and a diploma in Native Mental Health from Negahneewin College. She has been working in the social work field for more that 20 years and spent 13 years as an interim professor teaching counseling skills to first year social service worker and addiction services worker students.

Wendy Stevens

Wendy has been working as a full-time Peer Navigator at Positive Living BC since 2012. Wendy has been HIV+ for 12 years. She's also a recovering addict and former sex trade worker from Vancouver's Downtown Eastside.

Well-being and Self-care: a peer perspective

Wendy Stevens

Peer Navigator

Positive Living BC

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Self-care

▶ What works for me:

▶ Nutrition

- ▶ When I first started I didn't have much knowledge of nutrition and food prep
- ▶ I often found myself tired and irritable
- ▶ In our weekly peer navigator trainings we received nutritional counseling
- ▶ I took some food prep training
- ▶ I bought a mini-bullet smoothie maker

▶ Exercise

- ▶ Walk between seeing clients
- ▶ swim

Boundary Setting

- ▶ When I first started, I was trained about boundaries, but had no context
- ▶ I went on a women's retreat and shared a room with a client
- ▶ This created some role confusion for the client as they thought we were now friends
- ▶ This made it difficult to reestablish client/peer navigator relationship
- ▶ Safe guards to maintain boundaries
 - ▶ Would I extend the same help to all of my clients or am I creating a “special” relationship. If it feels “special”, it’s likely a boundary crossing
 - ▶ If I’m going to share something personal, would I feel comfortable telling others (mom, co-workers, other clients)

Confidentiality

- ▶ Other people have made assumptions about my ability to respect people's confidence
- ▶ As a Peer,
 - ▶ I sign confidentiality agreements
 - ▶ Receive training on the importance of confidentiality
 - ▶ Follow my legal responsibilities
 - ▶ I know what it's like to have my confidentiality breached
- ▶ Therefore,
 - ▶ I don't talk about my clients with anyone except my supervisor
 - ▶ Require a release of information form signed and I'm not intimidated to ask for it
 - ▶ I don't use a client's first or last name in my work journal or emails

Dual Roles

Real World Challenges:

- ▶ In the beginning, some of the people in my friendship network were also co-worker's clients
 - ▶ I don't talk about work in front of friend
 - ▶ I don't take friends on as clients and I don't make clients into my friends
- ▶ Sometimes Peer Navigators are active in 12 step programs
 - ▶ When I'm linking a client up to a 12 step program, I don't link them to my group
- ▶ Dating
 - ▶ I don't date/hook up with clients
 - ▶ Some of my gay co-workers have stopped going to the bathhouses
- ▶ Spiritual Groups
 - ▶ Depends on the culture or spirituality (Latino, indigenous, afro-Canadian)

Well being

- ▶ Having a good friendship network with diverse interests
- ▶ Have fun
- ▶ Debriefing
- ▶ Have alone time...but don't live there
- ▶ Keep drug and alcohol use in moderation
- ▶ Exercise
- ▶ Journaling
- ▶ Healthy money management so I can invest in myself
- ▶ Being a Peer Navigator has given me a sense purpose that I didn't have before

Adrian Crawford

Adrian is currently a Peer Health Navigator at Elevate NWO. He graduated in 1995 from Lakehead University with a B.A. in English. For 20 years Adrian worked as a professional female impersonator, touring Canada and appearing in film and television. Adrian joined the Elevate NWO team in 2015.

Elevate N.W.O.

Adrian Crawford
Peer Health Navigator



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Confidentiality



- Confidentiality agreement
- Group agreement
- Initials used in documentation



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Boundaries

➤ get “on top of it”



➤ Internal conversation

Dual Roles

- The friendship can't impede the work



Health & Wellness

- It's not about Me
- Debrief
- Deep Breathing
- Write it & revisit it



Team



106 Cumberland St. N

➤ I am not alone

Questions ?



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Glen Bradford

Glen is the Director of Programs and Services at Positive Living BC in Vancouver. He has been living with HIV for 24 years and has been the past Chair of the Board for two HIV organizations in Vancouver.

Another Type of Peer to Peer Best Practice Tool Kit

**Glen Bradford,
Director of Programs and
Services**

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Vancouver, BC

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Peer Tool Kit



- ▶ <https://www.interiorhealth.ca/YourCare/HIVHealthOutreach/Pages/Peer-Toolkit.aspx>
- ▶ This toolkit provides practical guidance and tools to assist community based organizations or groups to train people as peer support workers to people living with HIV and/or hepatitis (Hep C).
- ▶ **It includes four parts:**
 - ▶ **Getting Started**: a guide to develop and deliver peer support services
 - ▶ **Training Peer Mentors**: Facilitation Guide
 - ▶ **Becoming a Peer Mentor**: Participant Training Guide
 - ▶ **Peer Mentor Policy and Procedure Handbook**
- ▶ In addition there is a module on stigma that is currently separate from the rest of the toolkit and can be found on a separate link within the webpage.

Today our focus will be on the two links,

- ▶ [Training Peer Mentors](#): Trainer Facilitation Guide
- ▶ [Becoming a Peer Mentor](#): Participant Training Guide

Module 3: Basics of Peer Mentoring

- ▶ Explores key concepts of Peer work, the definition of self-care and how self-care is unique to each person.

Differentiates between compassion fatigue, burnout and how to mitigate burnout.

Compassion Fatigue:

- ▶ Often referred to as “the cost of caring”.
- ▶ Secondary or vicarious traumatization.
- ▶ Symptoms may include:
 - ▶ Hyper-arousal (poor sleep, irritability),
 - ▶ avoidance (“not wanting to go there”),
 - ▶ “Everyone wants a piece of me”,
 - ▶ re-experiencing personal experiences (intrusive thoughts/dreams when triggered).

Defines burnout in the context of Peer work as:

- ▶ Emotional exhaustion.
- ▶ Reduced personal accomplishment and commitment to the role.
- ▶ Depersonalization:
 - ▶ a negative attitude towards clients/role;
 - ▶ personal detachment;
 - ▶ loss of ideals.

Explores how Peers can mitigate burnout.

Consider:

Often, self care can be a challenge for people in the helping profession, whether HIV+ or not. Self care is not selfish.

- ▶ Practice Mindfulness Meditation.
- ▶ Reflective Writing.
- ▶ Adequate supervision and mentoring.
- ▶ Sustainable workload.
- ▶ Promotion of choice and control.
- ▶ Appropriate recognition and reward.
- ▶ Supportive work community.

The Guides also include...

- ▶ Notes to Facilitators,
- ▶ Materials needed,
- ▶ The Process (detailed steps on how to walk the participants through exercises),
- ▶ Guided mediation scripts,
- ▶ Discussion questions,
- ▶ Trainer instructions on how participants can create a Wellness Inventory for themselves,
- ▶ Role plays.

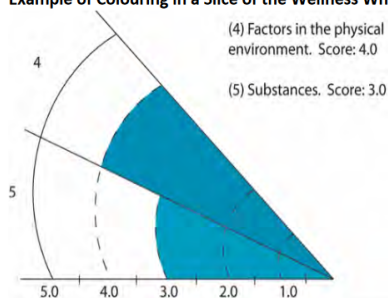
Includes types of wellness inventories and wellness wheels people can try.

4. Each "slice" of the Wellness Wheel corresponds to one of the tables you completed. Using your average points in each table, colour in the Wellness Wheel.

Example of Completed Table¹⁵:

5	4	3	2	1	0	Sample Statements (Physical Activity)
x						When participating in physical activities, I include stretching and flexibility exercises.
x						I run at least one mile three times a week (or equivalent aerobic exercise).
x						I am aware of the calories expended in my activities.
				x		I walk, run, or ride my bicycle instead of drive/ride in a vehicle whenever feasible.
		x				I maintain a healthy weight.
5	8	3	0	1	0	Total Points=17

Example of Colouring in a Slice of the Wellness Wheel¹⁵:



How to Determine Your Rating

- 5 – Yes, always (95% or more of the time)
- 4 – Very often, usually (approximately 75% (3/4) of the time)
- 3 – Often (approximately 50% (1/2) of the time)
- 2 – Sometimes, maybe (approximately 25% (1/4) of the time)
- 1 – Almost never, rarely (less than 10% of the time)
- 0 – No, never

Examples of Discussion Questions

- ▶ In which areas of your life are you most/least well?
- ▶ Is there a pattern you see in your inventory? Is your wheel round (would it roll)?
- ▶ What improvements would you like to see in your wheel?
- ▶ What type of action plans/self-care activities can you attach to each section of wheel to either improve or maintain balance?
- ▶ What area of wellness is congruent with your values?

Interior Health Advisory Groups are an excellent example of how people with lived experience can participate in safe ways.

- ▶ One advisory group involved the participation of 8 individuals with lived experience of HIV and/or Hepatitis C and one health outreach nurse, most of whom were members of the Peer Advisory Committee for STOP HIV with the Interior Health Authority at the time. The other advisory group involved the participation of 16 individuals from 10 organizations:
- ▶ This project would not have been possible without funding and leadership provided by the Interior Health Authority, HIV and Health Outreach Program, Population Health.
- ▶ Authors: Alison Kyte, Jayme Pereira and the Canadian Mental Health Association Kelowna & District Branch



Acknowledgements



Example scenarios

- Teddy, a navigation client approaches Linh, a peer health navigator, at a local community social gathering. While they didn't know each other until Teddy became Linh's client, they are from the same community, share a cultural background, and know some of the same people. At the gathering, Teddy asks Linh if he could borrow some money.

Example scenarios

- Nupur has become a peer health navigator in the local AIDS service organization (ASO). She is also a long-standing client of the ASO and has strong ties with the case managers on staff. While they are excited to have Nupur as a new peer navigator, the program supervisor, Harpreet, is unsure whether Nupur should continue to receive services at the host agency.

Audience questions?

Please type your question or comment into the chat box.

Thank You

Please complete the webinar evaluation that will be provided following this webinar.

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