



CONFIDENTIALITY*

▶ ABOUT THIS ACTIVITY

 **Time:** 45 minutes

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

- Understand the importance of confidentiality between a peer and client.
- Discuss when and how it is acceptable to break confidentiality.

 **Training Methods:** Brainstorm, Case Study

 **In This Activity You Will...**

- Lead a discussion about confidentiality and its importance (15 minutes)
- Go over a Sample Confidentiality Agreement and how to use it (10 minutes)
- Facilitate a discussion about when it's okay to break confidentiality (20 minutes)

 **Materials:**

- Flipchart
- Markers
- Handout - Confidentiality Worksheet
- Handout - When is it OK to Break Confidentiality?
- Handout - Sample Confidentiality Agreement
- Barbara's Case Study (optional)

(continued next page)

Instructions

1. This session assumes that participants have read Barbara's Case Study.
2. Hand out Confidentiality Worksheet. Tell participants they can use this to take notes as we discuss these questions.
3. Ask the participants what is confidentiality? Write responses on either session flipchart. Allow 3-5 responses.
4. If necessary, you can add that the definition of confidentiality is shared information that is kept private between two or more people.
5. Ask participants why is confidentiality important between a peer advocate and her client? Write responses on flipchart. Allow 3-5 responses.
6. Ask participants what types of things may a client want to keep confidential? Write responses on flipchart. Allow 3-5 responses.
7. Remind the group of Sonya and Barbara from Barbara's Case Study. Ask: What were concerns for Sonya around confidentiality and how did Barbara address them? What could she have done differently?
8. Summarize the discussion by briefly reviewing key points and then telling participants that usually each organization has a document that is signed by the client and the peer advocate. This form is an agreement between the client and the peer that their discussion will be confidential. This helps to build trust and make confidentiality formal.
9. Hand out Sample Confidentiality Agreement. Point out that many organizations will have clients sign an agreement at their first meeting when they explain the roles of a peer advocate.

* This module comes from the Lotus Women's Peer Education Training Manual, Center for Health Training and Women Organized to Respond To Life Threatening Diseases (WORLD), 2008. .

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ABOUT THIS ACTIVITY (CONT.)



Preparation:

- On flipchart write:
 1. What is confidentiality?
 2. Why is confidentiality important between peer advocate and client?
 3. What are things that a client might want to keep confidential?
- Print handouts

10. This step should be done in the first meeting with client. If you cannot get something signed the first time you meet with your client, you should get a verbal agreement.
11. Every organization that works with clients has a confidentiality policy or agreement that their employees should follow. It is a good idea to review the policies with your supervisor before beginning your work as a peer advocate.
12. Ask participants when is it ok to break confidentiality? What are steps to follow?
13. Briefly review the 3 times when confidentiality can be broken and the steps to follow. It is a good idea to review these policies with your supervisor before beginning your work as a peer advocate.

- If the client is suicidal:
There is a technique called QPR – question, persuade, refer.

If you are comfortable question the client about:

Are you suicidal or have you thought about hurting yourself?
Do you have a plan on how you would do it?
How would you do it?

Immediately seek assistance from supervisor at the agency you are working with.

Call 911 if client needs immediate assistance even if you have a doubt.

Call 1-800-245-TALK and make sure client has this phone number to call if they need to talk.

- If the client threatens homicide or plans to seriously hurt someone:
Immediately seek assistance from supervisor at the agency you are working with.
- If a client shares that they are physically abusing a child or dependant adult:
Immediately seek assistance from supervisor at the agency you are working with.

Summary

Close with these key points:

- Confidentiality is an important part of a peer-client relationship
- There are many reasons why a peer advocate must do all she can to maintain a client's confidentiality including building trust, to provide support, etc.
- A client may have several things she wants kept confidential (for example her status, domestic violence, where she lives, sexual history, etc) and peer should be mindful about them.
- There are times when a client's confidentiality may have to be broken for her own safety or the safety of others for example when client is seriously threatening suicide, homicide or abuse.
- Assure the group: We will discuss confidentiality in more detail later in the day in other activities. Ask if anyone has questions or comments.

* This module is part of the online toolkit Building Blocks to Peer Success. For more information, visit http://www.hdwg.org/peer_center/training_toolkit. This module comes from the Lotus Women's Peer Education Training Manual, Center for Health Training and Women Organized to Respond To Life Threatening Diseases (WORLD), 2008.

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SESSION HANDOUT # 1 of 3

CONFIDENTIALITY WORKSHEET

What is confidentiality?

Why is it important for a peer advocate to maintain confidentiality with her client:

What types of things may a client want to keep confidential:

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SESSION HANDOUT # 2 of 3

WHEN IS IT OK TO BREAK CONFIDENTIALITY?

What are steps to follow?

1. If the client is **suicidal**:

- It is very appropriate and OK to ask the client:

Are you suicidal or have you thought about hurting yourself?

Do you have a plan on how you would do it?

- Immediately seek assistance from supervisor or higher authority at the agency you are working with.
- Call 911 if client needs immediate assistance even if you have a doubt.
- Call 1-800-273-TALK (8255) and make sure client has this phone number to call if they need to talk.

2. If the client threatens **homicide** or plans to seriously hurt someone.

- Immediately seek assistance from supervisor or higher authority at the agency you are working with.

3. If a client shares that they are **physically abusing** a child or dependant adult

- Immediately seek assistance from supervisor or higher authority at the agency you are working with.

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SESSION HANDOUT # 3 of 3

SAMPLE CONFIDENTIALITY AGREEMENT

As a client of _____ and a participant in the _____ Peer Advocate Program, you can expect to receive peer support that is professional, respectful, and trustworthy.

Professional peer support means that you can expect your Peer Advocate to maintain a confidential relationship with you. She will not share information about you with anyone outside of XXXX without your consent. There is, however, an exception to this rule. Confidentiality may be waived if your safety or the safety of someone close to you is in question. If questions of safety arise, she will contact either your case manager or another professional for assistance. In most cases, the peer advocate will let you know if she plans to speak with your case manager.

Respectful peer support means that you can expect your Peer Advocate to honor your privacy. You may choose to share many personal topics with your Peer Advocate; however, you need only to share personal information if and when you feel comfortable.

At times, she may offer advice or suggestions, but she will keep in mind that you know what is best for you.

Trustworthy peer support means that you can expect your Peer Advocate to follow through with the support that she offers to you. She will be on time and listen to you during your time together. Time spent together may include peer counseling, accompaniment to doctor visits, visits to your home, phone check-ins, and other activities as decided upon by you and your Peer Advocate.

As a client of our organization, you are encouraged to speak with your Peer Advocate if you have questions, concerns or complaints about the program.

By signing below, you and your Peer Advocate are agreeing to the above guidelines. You also are indicating your understanding of the standards inherent in the peer advocate/client relationship:

Client:

Print Name _____

Signature _____

Date _____

Peer Advocate:

Print Name _____

Signature _____

Date _____

BARBARA'S CASE STUDY

Barbara is a peer advocate living with HIV.

Sonya has recently tested positive for HIV (not an AIDS diagnosis) and was referred to Barbara by a social worker at a local medical clinic. Cindy, the social worker is Sonya's social worker and refers her clients to Barbara when they need a peer advocate and the two of them sometimes coordinate care for their mutual clients. Cindy is also Barbara's personal social worker—and to this day helps Barbara with some matters. Barbara and Cindy are therefore, in two different kinds of relationships. Cindy is Barbara's social worker, and the two of them are also colleagues.

Cindy referred Sonya to Barbara when Sonya was a few months pregnant. Sonya had recently tested positive for HIV (not an AIDS diagnosis). Barbara and Sonya met for the first time after Sonya's initial HIV clinic appointment. While they were meeting privately, Barbara explained peer advocacy to Sonya, and disclosed her own HIV status. As soon as Sonya found out Barbara was also living with HIV, she burst out crying. Barbara empathized with Sonya's feelings because she has been there herself. She also re-assured her that she wasn't alone, and that many women were living full lives after this diagnosis.

During the first meeting, Barbara learned that Sonya needed: 1) emotional support; 2) education and information; and 3) support attending appointments. Barbara shared with Sonya what she could provide. Sonya said she would like to get this help from Barbara. Barbara suggested that they talk and/or meet at least once per week. Sonya agreed. Barbara filled out an intake and consent form with Sonya. Sonya agreed in writing that Barbara could speak with Cindy and Sonya's physician in order to better coordinate care for her. They set a follow up meeting for a week later. The two of them decided that Sonya would come by Barbara's office before an OB/GYN appointment to talk. Then, Barbara would accompany Sonya to her OB/GYN appointment for moral support and help with asking questions of the doctor.

After meeting with Sonya, Barbara touched base with Cindy the social worker to let her know that the meeting went well and she would be helping Sonya with emotional support, information, and medical appointments. Cindy thanked her and asked if Sonya had also mentioned her unstable living situation. Barbara said no. Cindy told Barbara that Sonya might require help finding housing resources if she was kicked out of the house where she stays with her mother, grandmother, and siblings. Cindy explained that Sonya and her mother fight and there have been threats by her mother for her to leave. Cindy was thinking of having a meeting with Sonya and her mother, hoping to mediate the conflict and encourage the mother to allow Barbara to stay until the birth of the baby. At that point Cindy could find a transitional housing situation for Sonya and her baby. Barbara, suddenly wondering about the father of the baby, asked Cindy about the father. Cindy replied that Sonya told her the father was "out of the picture." Barbara is now feeling very overwhelmed about her

BARBARA'S CASE STUDY (CONT.)

client and everything she has to do to help the client.

In their next meeting, Barbara and Sonya talked more about HIV, pregnancy and Sonya's fears. Barbara mentioned to Sonya that Cindy let her know that her living situation was problematic. Sonya said, "She told you that?" Barbara said, "She wanted me to know in case you needed me to help you find housing resources." Sonya seemed to relax, and said, "Oh, okay." Then Sonya asked Barbara if Barbara "tells Cindy everything." Barbara said, "I don't tell her everything, and she doesn't tell me everything either. What you and I talk about is confidential. Sonya replied, "Honest?" Barbara replied, "Honest."

Then Sonya began to tell Barbara about her on-and-off boyfriend (who is the father) who is very possessive and sometimes "beats her up". She said that her mother "hates" him and has banned him from the house. She fights with her mom because her mom hears them talking on the phone a lot, and Sonya has "snuck" him over a few times. Barbara feels her emotions rising but remains calm with Sonya. She always gets protective towards her client when a client mentions domestic violence because she herself had a lot of trouble leaving a husband who was abusive. She makes a mental note to talk to her close colleague, supervisor, and therapist for her own emotional support.