

December 2020

Ethically Navigating Professional Peer Relationships

Boundaries with People Engaging in Services

About the Centre

Support House's **Centre for Innovation in Peer Support** provides wellness based, peer-led self-help and social connections programming to community members; and support to organizations who have peer staff, through training in peer-support program implementation, capacity-building, evaluation, research, knowledge brokerage, and quality improvement.

Growing from its original identity as a Consumer Survivor Initiative in 1999, then known as TEACH (Teach, Empower, Advocate for Community Health), the need for the support and training of agencies providing authentic peer support was identified. As a result, the Centre has evolved to become a "Benchmark of Excellence" in peer support and the meaningful engagement of lived experience and family/caregiver co-design. The Centre for Innovation in Peer Support has been engaging and supporting 11 Mississauga Halton LHIN funded & accredited Health Service Providers (HSPs) plus regional, provincial, national, and international collaborators. The HSPs include hospital psychiatric inpatient units, addictions residential treatment, supportive housing programs, central access, employment support programs, justice, community mental health and addiction providers, and self-help education and support groups.

The Centre's Provincial, Systems & Partner stream is focused on building capacity of People with Lived Experience & Family/Caregivers, People Engaging in Services, Peer Support Workers, Peer Support Supervisors, Health Service Providers, Regional Mental Health & Addiction Systems, and Provincial Healthcare Systems. System transformation is key. The Centre's Peer Programming stream offers quality regional programs that are designed, developed, implemented and evaluated by people with lived experience. This stream is focused on both peer-led psychosocial rehabilitative programming plus the Volunteer and Peer Mentor Training & Internship programs. Together, we build community and connection through creating safe spaces to heal and grow for people navigating mental health and substance use/addiction challenges, as well as the supporters/families.

The Centre continues to ensure that the lived experience of people and the values (fidelity) of peer support work are viewed as assets that facilitate the journey of individuals to what they see as health and good quality of life. (Life worth living). With those values and priorities, the Centre continues to champion social and healthcare change that fosters person-directed care to ensure every person will be recognized, appreciated and respected for the unique person they are on their unique journey; and to ensure that care provision is adaptable to the fluctuations in peoples' wellness and needs. The Centre knows that the roots of equality & inclusivity are found through engaging the people who know 'what it's like', and how that can promote values driven/person directed service delivery, inform quality improvement, co-create service provision, inform policy change, encourage cultural humility and transform organizations and systems.

The Centre's QI Lens, Provincial Footprint and Awards:

The Centre's leadership has been trained and coached extensively in quality improvement with the Excellence through Quality Improvement Project (E-QIP) for 2 cohorts. Leadership are also certified in LEADS Healthcare Leadership and are certified in Lean Six Sigma Green Belt. The Centre has been identified as a Promising Practice by Provincial System Support Programs (PSSP) Evidence Exchange Network (EENet) @ Centre for Addiction & Mental Health (CAMH), has co-authored on the 2017 Health Canada-Drug Treatment Funding Programs (DTFP) Performance Measurement in Peer Support, and was featured in the Ontario Excellence through Quality Improvement Report – An inspiring look at Quality Improvement in action.

The Centre has been the recipients of the 2017 Ontario Peer Development Initiative (OPDI) Lighthouse Innovators Award, 2017 Recipients of the Addictions & Mental Health Ontario (AMHO) President's Shield Award and 2016 Association of General Hospital Psychiatric Services (AGHPS) Summit Award. The Centre partnered with Evidence Exchange Network (EENet) @ Centre for Addiction & Mental Health (CAMH) to identify core elements of peer support programs across different health sectors such as mental health and addictions, diabetes, chronic disease and cancer; positioning this work to support breaking down healthcare silos.

About Support House:

Support House is directed by our core values. They guide our agency's decisions and actions, unite our staff, define our brand, and inspire our culture. We put people first – our supports are person directed. We connect and engage and start conversations to build and maintain relationships. We focus on health and wellness practices to inspire our culture. All employees are required to adhere to our Oath of conduct tied to our values.

How to Use This Guide

This guide reflects the considerations and actions of the Centre for Innovation in Peer Support (the Centre). This guide may be used as a reflective tool on an individual or agency level. Using our considerations, tools and techniques peer workers will possess the knowledge to have greater conversations with their peers, team and agency to establish the appropriate boundaries for their role(s) and supportive relationships with the peers they support.

To Cite this Document

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Legal

The views represented herein solely represent the views of the Centre for Innovation in Peer Support. Information in this document should not replace your own research and due diligence. The information used to create this toolkit draws on the experience of the Centre and public sources, referenced throughout. The materials in this toolkit are general guidelines only. This toolkit is not intended to provide legal advice. If there is a discrepancy between this document and any applicable legislation, the legislation will always prevail.

We would like to thank our entire team for their grit, determination and dedication to those we serve that made this fast-paced transition possible. Special acknowledgement to Ethan Hopkins, Alyssa Gremmen, Lisa McVey and Richard Adair for assembling this toolkit.

If you have questions about this resource, please contact

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Notes about Language

Lived Experience

When referring to lived experience we are intending to be inclusive of a broader scope of descriptors that people often use such as patient, family, caregiver, resident, citizen, community member etc. It references someone who has direct personal experience with the specific subject matter (E.g. When looking at caregiver supports someone with lived experience would be someone who supports a loved one who struggles with mental health concerns. When looking at direct service to people who use substances that would be someone with lived experience who has, or has had, their own substance use concerns.

Recovery

Recovery is a term that is recognized but not a term universally used to by each person to describe their personal experience. Many people see recovery as a way of holistically negotiating one's life to live the life they want. However, the Centre has discovered through all of its interaction with people with lived experience, that recovery can often be mistakenly interpreted as being a destination or being something you must get back to instead of just evolving as a person. It can also be used to restrict parameters or define what someone's journey should "look like". The word recovery is used in this guide because it is a "philosophy" that is helping to guide healthcare policy and care provision away from medical/clinical to an expanded view of what people holistically need. Recovery is a journey that can have fluctuations. Recovery is self-defined wellness, health and good quality of life. (Life worth living). This self-defined wellness may still include the use of substances, or experiences of mental illness.

Stigma

Although the word stigma is used in this guide because it is a recognizable concept, the Centre believes that stigma is a word that has distracted people from what it really means. Stigma means prejudice, stereotypes and discrimination. The anti-stigma campaigns do not seem to be moving society's barometer in any meaningful sustained way to create a paradigm shift of two necessary actions; 1. Genuine care for others, 2. Not judging others. We need to re-direct. **Simply and yet boldly, talk about what it "is".** Informing and sharing so society better understands people's perspectives on their experiences. This is the number one way to reduce "stigma," by gathering a true understanding of the lived experience of someone. Stereotypes and discrimination contribute to the destruction of life; create barriers to care and are culpable

in many deaths. They are inherently dangerous to any vulnerable demographic because they are misperceptions that breed harassment, abuse, violence and dismiss the human rights and choices of those affected. Stigma and the stereotypes, prejudice and discrimination that creates an innate ability to de-humanize people.

Trauma-Informed Practice

Trauma-informed practice is **our approach to each person who we interact with**. Firstly, bringing an understanding that a substantial amount of the people whom we support will have experienced being harmed in some way. It is an acknowledgement that of these people many may not have had a safe and supportive relationship in which to navigate their experience of being harmed, creating a space to heal from the effects of trauma. In addition, recognizing that the impacts of experiencing harm, especially in instances without a supportive person present soon after the instance of harm, often results in an impact on the person (and their worldview) throughout their life and into their present day experiences. Trauma-informed practice also holds an understanding that some people who live with the effects of experiencing trauma are unaware of the actual harm that they have lived through, which can be the result of a natural response of the brain/mind/body to protect them from reliving the traumatic experience in their current life.

When an approach is trauma-informed it creates the opportunity for the person who was harmed to experience feeling heard, felt and deeply seen by another, through a supportive, relationship. This is a place from which healing has the opportunity to blossom.

Person Engaging in Services (PES)

Within an agency or community of peers there can sometimes be confusion if “peers” is referencing peer staff or peers who are participating in services. For clarity, throughout this toolkit peers who are participating in services will be referred to as Person Engaging in Services (PES).

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Ethical Considerations for Peer Workers

When engaging in professional peer relationships it is of vital importance that we conduct ourselves ethically. An ethical relationship considers morals, values, equity and a dedication to never knowingly causing further harm to an individual. The following values and expectations of conduct provide a solid ethical foundation from which we can engage in meaningful relationships with peers engaging in services.

Foundation Built on Values

The Centre for Innovation in Peer Support and our “anchor” agency, Support House work from a foundational base of core values and putting those **values into action**. Through innovative Quality Improvement processes, these actionable (and measureable) values are both the overarching and underpinning of the expectations people can have for the person-directed services/trainings they receive from us; and how we interact with each other.

The Core Values



Hope and Recovery

Self-Determination

Health & Wellness

Empathetic & Equal
Relationships

Dignity, Respect & Social
Inclusion

Integrity, Authenticity, &
Trust,

Lifelong Learning &
Personal Growth

Sunderland, Kim, Mishkin, Wendy, Peer Leadership Group, Mental Health Commission of Canada. (2013). Guidelines for the Practice and Training of Peer Support. Calgary, AB: Mental Health Commission of Canada. | Retrieved from: <http://www.mentalhealthcommission.ca>

The Centre's Core Values in Action (Expectation & Code of Conduct)

1. To remind the participants that their health and wellness is unique to them.
2. To share their personal experiences when it may be helpful.
3. To give encouragement.
4. To share about community resources and different learning opportunities that are available.
5. To explore options open to the participants when they have a decision to make.
6. To not express disapproval of the participants or the choices they make.
7. To believe in the participants.
8. To recognize the participants' feelings and opinions as valid/worthwhile.
9. To genuinely listen.
10. To honour commitments they make to the participants.
11. To discuss confidentiality whenever needed.
12. To express that the participants are not alone in their experiences and struggles.
13. To encourage each individual to advocate for them self.
14. To learn from the participants.
15. To remind the participants they have the right to express their needs
16. To demonstrate their personal recovery/wellness and self-care.
17. To encourage people to participate in a way that is comfortable for them and the group.

Code of Conduct



As Certified Peer Supporters we adhere to the following Code of Conduct:

- I will act ethically, according to the values and principles of peer support
- I will treat all people with respect and dignity
- I will respect human diversity and will foster non-discriminatory activities
- I will honour the rights, beliefs and personal values of individuals
- I will behave with honesty and integrity in providing support to peers
- I will respect the privacy of individuals and maintain confidentiality within the limitations of program policies and the law e.g. potential harm to self or others
- I will not knowingly expose a peer to harm
- I will not take advantage of the peer relationship for personal benefit, material or financial gain
- I will respect the boundaries of peer support work and will not engage in romantic or sexual relationships with the peers that I support
- I will not provide peer support in a manner that negatively affects the public's confidence in peer support

Peer Support Canada. Peer Support Code of Conduct. Retrieved from: <https://peersupportcanada.ca/>

Power Dynamics

When we are delivering service, we do our absolute best to create a space where the supporter and the peer engaging in services have equal and empathetic relationships as well as dignity and respect. However, we are aware that as a supporter there is a power imbalance that occurs despite our efforts. Awareness of this power dynamic allows us to actively empower the person engaging in services by acting ethically and having discussions about boundaries; ours and theirs. We as the supporter are responsible for the safety and wellbeing of the peer during our interactions and when we come from the values, we can ensure that we do not knowingly cause harm to the peer. The ethics embedded in Peer Support also provide the opportunity for people engaging in services to engage in a transparent dialogue with us to self-determine if a conversation is causing harm and re-direct how they would like to continue to best meet their needs.

Personal Considerations

- How do I feel?
- What is my body telling me?
- Are there any potential challenges for me?
- What is my comfort level?
- Have I shared my boundaries?
- What boundaries do I need to share?
- What is my role in this situation?

Considering the People Engaging in Services

- Is there any potential harm to the peer?
- What is their body language telling me?
- How are they responding to my boundaries?
- Have they shared their boundaries with me?
- Have I checked-in to make sure they are comfortable?

Boundaries

Key Considerations

What are Boundaries?

Here is where we consider what is acceptable or not for ourselves. Much like a fence that tells people where their property ends; boundaries communicate what parts of yourself you are comfortable sharing and establish how a relationship can be of most support to each other's well-being.

Our personal boundaries reflect many aspects of worldview: our culture, history, family traditions, and experience with trauma and the behavioural health system.

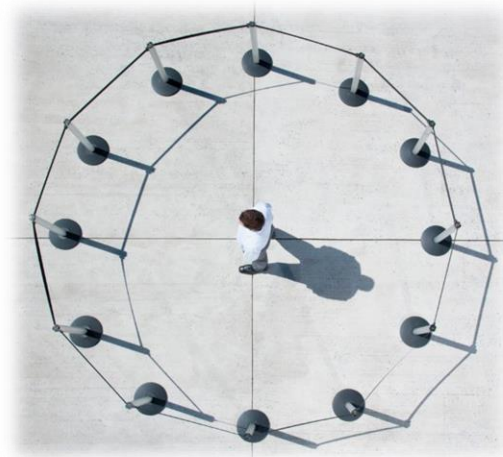
Our relationship with people engaging in services is not based on authority or power, but on mutual learning. We will have to balance our needs and the needs of the other person. While in a supportive relationship that regularly includes vulnerability for everyone involved it is essential that **integrity, authenticity & trust** are honoured to create and preserve safety.

Boundaries are:

- The unseen lines that we strive not to cross
- Physical and emotional distances
- Unique parameters of our relationship
- “What is okay and not okay in a relationship” – Brene Brown

Reflective Questions when Considering your “Fence”

- Am I making this decision to ease my discomfort?
- Am I making this decision because I’m sure (without asking) that it is best for the peer?
- Have I asked lots of questions and negotiated with the other person?
- Am I denying someone a chance to act responsibly or to grow into a healthy role?
- Am I saying “yes” or “no” because I can’t decide what would be best?
- How might I be limiting my value to this person by my decision?
- How might I be limiting someone’s growth by my decision?
- Is this something I can negotiate with the person engaging in services?
- Who can I approach for guidance before I make my final decision?



Why Boundaries are Important

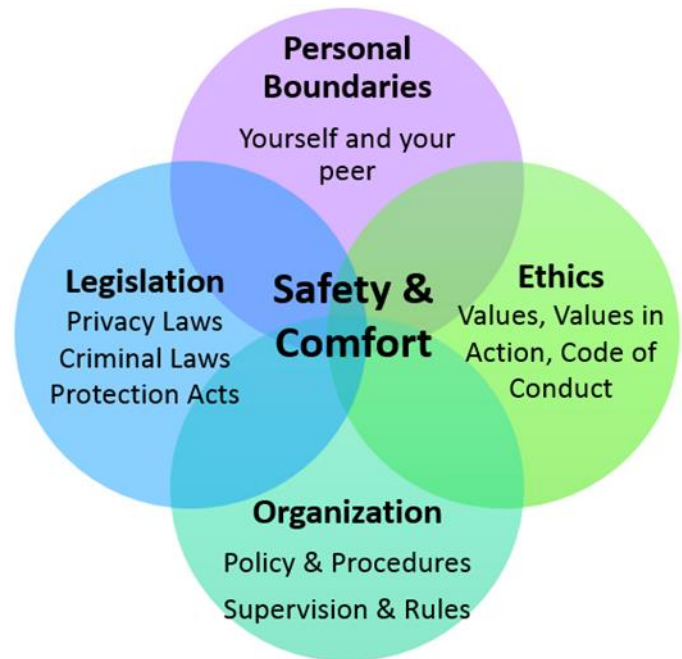
Peer support work is all about relationships, mutuality, and shared growth. Setting transparent boundaries is an important part of a trauma-informed, professional relationship. Another part of our trauma-informed care is asking if there are any boundaries the peer has that they would like us to be aware of. Revisit these boundaries regularly, especially if you feel the peer or you could benefit from an in-depth conversation.

Respecting each other’s boundaries provides:

- Safety
- Trust
- Empowerment
- Trauma-informed space

Common Boundaries of a Professional Peer Relationship

- Intention of our Role
 - What is in the scope of my role?
 - What is not?
 - Hours/Frequency of Support
 - Duration of Supportive Relationship
- Communication
 - Appropriate Methods of Contact
 - Reachable during work hours
 - Person engaging in services can expect a reply within **[Time Frame]** (I.e. 2 business days)
- Confidentiality
 - We honour individuals' confidentiality in accordance with PHIPA and PIPEDA
 - This includes conversations with co-workers unless we have been given consent to disclose specific information with individuals in their circle of care.
 - We clearly communicate that we will disclose necessary personal information if someone expresses they are at risk of serious harm to themselves or others; or if a child under the age of 16 is at risk of being harmed.
- Physical Contact
 - Are hugs appropriate?
 - Did they ask for a hug or did we assume?
 - Did they ask if it was okay to hug us?
 - Does this happen frequently or is it a one-off on a difficult day?
 - What are acceptable means of physical contact? (I.e. handshake, high five)
- Agency Policy
 - Please refer to agency specific policies (i.e. Safety planning, pandemic protocols, workplace safety, etc.)
- We are friendly, not friends
- Mutual Safety
- Mutual Respect



When to Communicate Boundaries

- Beginning of the relationship
- Revisit the boundaries regularly, especially if you feel the peer or you could benefit from an in-depth conversation
- Anytime boundaries are misunderstood or infringed upon

Communicating Boundaries

- We can explain “the why” – Refer to Previous Section: **Why are they Important?**
- Remain compassionate, empathetic, and understanding of our peers and their requests
- Be consistent
- Be clear
- Be open and honest
- We provide alternate options that honour our boundaries
- Debrief with a supervisor if it is an ongoing issue
- It can be helpful to openly ask the peer engaging with our services to share their boundaries

Avoid:

- Apologizing
- Saying no, then negotiating a solution to appease another person – offer options that honour your boundary
- Taking on guilt, give yourself permission to honour your boundaries

Remember:

- Setting boundaries is role modelling wellness and healthy relationships
- Setting boundaries can create opportunities for others to be resourceful

Conversation Prompts

- Now is a good opportunity to tell you a little bit about me and my role...
[Outline intention of role, what you can and cannot do] and I support people [short term/long term, duration].
- If at any point you want to contact me you can reach me at **[Phone Number]** ... will reply within **[Time Frame]** ... if you need immediate support here are some resources that are available to you...
- What you and I discuss is confidential, I will honour your privacy throughout and after our supportive relationship. The only scenarios that I will break confidentiality in are if you express you are at risk of serious harm to yourself or others; or if a child under the age of 16 is at risk of being harmed. I can also be subpoenaed in a court of law.
- Some of our relevant agency policies are...
- Do you have any boundaries you would like to share with me?
- This is what I need...
- I understand your point of view, my perspective is...
- **[Action/Behaviour]** ... makes me feel uncomfortable
- It is important to me

Boundaries Post-Service Delivery

Can We Have Relationships Post-Service Delivery?

- In small, remote communities navigating dual relationships and boundaries maybe be more complex
- There is no college of peer workers and therefore the supervising ethical body you are accountable to is your agency
 - What do your policies outline?
 - Can you be friends after the Peer Relationship?
 - Can you engage in a romantic relationship after the Peer Relationship?
 - Can you follow each other on social media?

Navigating a Personal Relationship Post-Service Delivery

If your agency policies and protocols allow for personal relationships post-service delivery, there are additional considerations:

- What challenges could we encounter entering a personal relationship with someone we have supported?
- How will the power dynamic that has existed effect this personal relationship?
- How will your relationship be impacted now that the person who has engaging in services is now also supporting your emotions?
- How will the person who was engaged in services be impacted by the person we are outside of our role, when we take off our professional hat?
- Why do we want to have a continued relationship with the individual?
- What is the person engaging in services' reasons for wanting a relationship after the professional relationship?
 - Additional Support?
 - Friendship?
- Will you be able to be friends, or will you become a peer supporter to this individual, now outside of company hours, in your personal life?
- Be conscious of how much time has passed since the peer relationship
 - Is it right away or later?
 - Be aware of a need to re-convey different boundaries
 - Now that I am in Hat 2 with you, I will no longer discuss our appointment history, etc.

- If the peer re-engages you will now have a dual relationship
- How will this affect your relationships with other people you support? Will they expect the same, is this something you are prepared to offer?
- Is there a trusted colleague or supervisor you feel comfortable having a conversation around next steps when considering these relationships?

Navigating Resistance to Boundaries

Considerations

- Reassure peers they matter and are important
- Revisit why boundaries are important
- Know limitations of our support and share these openly
- Defining peer support as a mutually beneficial relationship where both parties have needs
- Share from the “I” and lived experience
- Acknowledge when it’s a personal boundary or an agency policy
- Give the person engaging in services space to feel and explore their feelings
- Restating your boundaries – staying consistent
- Remain calm
- Suggest taking a break and talking about it later
- Debrief with someone you trust
- Utilize Supervision

Conversation Prompts

- “I Feel...When...Please...”
 - State how you feel; describe the event that caused your feelings – be specific; tell what you would like to happen in the future.
- “I Feel...Because...I would like”
 - State how you feel; describe the event that caused your feelings - be specific; tell what you would like to happen in the future
- “Can we take a break and come back to this?”
- What is causing distress or discomfort about the boundary?

Navigating a Boundary That Has Been Crossed

Key Considerations

Personal Considerations:

- How do I feel?
- What is my body telling me?
- What is my comfort level right now?
- What is my role in this situation?

Considering the Peer Engaging in Services:

- Is there any potential harm to the peer?
- What is their body language telling me?
- How are they responding to the boundary having been crossed?
- Have I checked-in to make sure they are comfortable?

Tools & Techniques

Responding to a Boundary That Has Been Crossed:

- Sincerely apologize if we have crossed a boundary
- We can explain “the why” – Refer to Previous Section: Why are they Important?
- Express the importance of the peer’s boundaries
- Remain respectful and professional
- Be consistent
- Be clear
- Be open and honest
- Discuss the impact of the boundary being crossed
- Discuss what emotions are coming up for both parties
- Discuss how this boundary can be better supported
- Brainstorm strategies to recall and honour each other’s boundaries
- Debrief with a supervisor if it is an ongoing issue

Ambiguous Situations

Navigating Romantic/Sexual Interest in Staff

Key Considerations

I will respect the boundaries of peer support work and will not engage in romantic or sexual relationships with the peers that I support – Peer Support Code of Conduct

- Safety
 - Do I feel safe meeting with this individual?
 - Do I have a plan in place to exit the situation quickly if I feel unsafe?
 - Does my supervisor know where I am and who I am with?
 - Have I scheduled another staff person to check in with me after or during my interaction with the peer?
 - Am I alone or are there other people around?
- Legislation
 - 1.6 Workplace Sexual Harassment under the **Occupational Health and Safety Act** defines workplace sexual harassment as:
 - *“Engaging in a course of vexatious comment or conduct against a worker, in a workplace because of sex, sexual orientation, gender identity or gender expression where the course of comment or conduct is known or ought reasonably to be known to be unwelcome, or making a sexual solicitation or advance where the person making it is in a position to confer, grant or deny a benefit or advancement to the worker and the person knows or ought reasonably to know the solicitation or advance is unwelcome.”*

Source: Ministry of Labour. (2016). Workplace Violence and Harassment: Understanding the Law. Retrieved from: https://files.ontario.ca/wpvh_guide_english.pdf

- Timing
 - Are you able to respond rather than react?
 - If relevant, wait until you or the person engaging in services is in an emotionally safe place to have the conversation

- Power Dynamic
 - It is unethical to engage in a romantic or sexual relationship with anyone we are supporting
 - Please be familiar with any sexual consent legislation that applies to you as a person in a position of authority
 - See section: **Power Dynamics** under **Ethical Consideration for Peer Workers**
- How can romantic/sexual interest occur?
 - Comments
 - Actions
 - Pictures

Tools & Techniques

- Consult with supervisors
 - Guidance
 - Sharing information
 - Documentation if needed
- Utilize technology & safety applications
 - OK Alone App – Employee Check-in and response application connected to supervisor and EMS services (**See Appendix**)
- Be aware of your surroundings
 - Meet in public spaces or offices
 - Have a plan in place to leave the situation if needed

Conversation Prompts

- “What is your understanding of my role and our professional relationship?”
 - Collaboratively listen and discuss
- “I am your peer worker, and I can help with ...”
 - Revisit intention of our role with the peer
- “Can we have a conversation? This is an opportunity to learn and grow together.”
- After sharing, check in – “How do you feel?” & “Would you like to continue to meet or is it more comfortable to meet with someone else?”

Navigating the Sentiment “I love you”

Key Considerations

- “I love you” can have different meanings and contexts to different people
- There varying contexts determine the appropriateness its use in our professional relationships.
- The Ancient Greeks had 8 words for love to clarify its multiple contexts:
 - Eros (romantic, passionate love)
 - Eros is passion, lust and pleasure
 - Philia (affectionate love)
 - Friendship
 - **Agape (selfless, universal love)**
 - **The third is Agape, selfless universal love, such as the love for strangers, nature, or God.**
 - **This love is unconditional, bigger than us, a boundless compassion, and an infinite empathy that you extended to everyone, whether they are family members or distant strangers.**
 - Storge (familiar love)
 - Storge is a natural form of affection experienced between family members.
 - This protective, kinship-based love is common between parents and their children, and children for their parents.
 - Mania (obsessive love)
 - When love turns to obsession, it becomes mania.
 - Co-dependency, extreme jealousy, etc.
 - Ludus (playful love)
 - The Ancient Greeks thought of ludus as a playful form of love.
 - It describes the situation of having a crush and acting on it, or the affection between young lovers.
 - Pragma (enduring love)
 - Pragma is a love built on commitment, understanding and long-term best interests.

- It is a love that has aged, matured and about making compromises to help the relationship work overtime, also showing patience and tolerance.
- Philautia (self love)
 - The Greeks understood that in order to care for others, we must first learn to care for ourselves.

Source: Greek City Times. The 8 Ancient Greek Words for Love. (2020). Retrieved from: <https://greekcitytimes.com/>

- Based on these definitions we can explore that when used in the context of extending empathy and connection to another human being (Agape) love may be appropriate.
- Many Peer Supporters choose to work in this field because they feel this love towards our community.

Tools & Techniques

- Explore the significance and understanding of the word love from the peer's perspective and your own
- Have an open discussion
- Reply with elements of the relationship we appreciate (I.e. "I love the great conversations we always have")
- Modelling alternatives can also be helpful; statements like "I enjoy" "I appreciate"
- Reply with community-based sentiments rather than specific to an individual "I love you guys"

Conversation Prompts

- What does "I love you" mean to you?
- For me that sentiment conveys ...
- I am comfortable with...
- I am uncomfortable with...
- How can we express our appreciation for one another in a way that we both feel comfortable?

Navigating Gifts

How Can we Navigate Gifts?

- Acknowledge that people are trying to show appreciation and gratitude
- Offering alternatives; what are acceptable gifts?
 - Please refer to your agency policy
 - Cards (Thank you, Christmas)
 - Gifts for the community - when peers and staff can use it
 - Homemade
 - Certain agencies may have a price cap for gift value (i.e. 5 dollars)
 - Food shared with staff team
 - A donation or buying supplies, helping clean up and set up – “by giving back you are giving back to me”
 - Pay it forward and help someone else in the community
 - Brainstorming other ways to show appreciation
- Seek to understand different cultural traditions of gift giving
- When using expenses to buy coffee, ensure the peer knows it is from “organization” rather than from you

Conversation Prompts

- Thank you so much for being so thoughtful, I am unable to accept... If you would like to exchange something meaningful, we could ...
- I appreciate this so much; can we share it with the [group/team/office]?
- If you would like to show appreciation I really enjoy when ...

Dual Relationships

Key Considerations

What is a Dual Relationship?

- Wearing multiple “hats” - Being present in more than one role in an individual’s life
- Where may we have dual relationships with people engaging in services:
 - Professional Spaces
 - Community Groups
 - Recovery-based Groups
 - Virtual Communities
 - Friendships
 - Family
 - Neighbours
 - Ex-Romantic Relationship
- Considerations when dual relationships arise:
 - What protocols/procedures does your agency have?
 - Are they comfortable with you in the space?
 - What if they are comfortable but we are not?
 - Are there other staff available to support instead?
- Additional considerations for a group setting:
 - Anyone can walk into a drop-in group
 - How do you approach a conversation with someone while in a group setting?

Tools & Techniques

Navigating Dual Relationships

- Communication, communication, communication
- When we have dual relationships by being civilians of the same city/town:
 - Let peers know that if we see them in community, we will honour their confidentiality and therefore we will not approach them.

- We may address that we are okay if they approach us to say hi, or that we prefer they did not.
- Consult with supervisors
 - Guidance
 - Sharing information
 - Documentation if needed

Conversation Prompts

- When I am wearing Hat 1 – you can expect
- When I am wearing Hat 2 – you can expect ...
- I do not have discussions concerning one hat while wearing another.
- Conversations regarding Hat 1 should be approached through my Hat 1 cell phone, on Hat 1 hours
- Conversations regarding Hat 2 should be approached through my Hat 2 cell phone, on Hat 2 hours
- What do you need from me for this dual relationship to be comfortable?

Conflict of Interest

Key Considerations

What is a Conflict of Interest?

- A Conflict of Interest can occur from any interpersonal relationship (e.g. family, colleagues, or community relationships).
- An occurrence is a conflict of interest when it interferes with the exercise of professional discretion and impartial judgment (Positive Living Society of British Columbia).

I will not take advantage of the peer relationship for personal benefit, material, or financial gain.

I will not provide peer support in a manner that negatively affects the public's confidence in peer support.

– Peer Support Code of Conduct

Tools & Techniques

Navigating a Conflict of Interest

How can we ensure this person still receives support to meet their needs?

- Transparent communication with supervisor
- Alternative staff member
- Referral to alternative agency
- Potentially support with increased, transparent supervision

Conversation Prompts

With the Person Engaging in Services

- I cannot be the individual to support you as we have a conflict of interest, I can connect you with another staff person or a different organization. What would you prefer?

With Supervisor

- I am unable to support this individual due to a conflict of interest, [insert conflict].
- Is there someone else on the team who can support this individual?
- Could I switch groups with [co-worker]?
- Can I be locked out of this individual's digital file to honour their privacy?

Appendix

Establishing Your Boundaries Worksheet

What boundaries do I have?

1. Boundary:

Is this boundary healthy for me?

2. Boundary:

Is this boundary healthy for me?

3. Boundary:

Is this boundary healthy for me?

4. Boundary:

Is this boundary healthy for me?

What can I do so I have healthier boundaries?

Example: *"I can start saying "no" more often. I will try to say "no" to at least one thing I don't want to do in the next week"*

Where could I run into a dual relationship challenge?

Example: *"A member from one of my 12 step programs, or a friend from the community"*

1.	3.
2.	4.

How will I navigate this dual relationship?

Example: *"Notify my direct Supervisor"*

1.	3.
2.	4.
5.	6.

Entering a Peer Support Relationship

- ✓ Create an opportunity for all thoughts & feelings to be shared and discussed
- ✓ Too many “rules” can be over-whelming & over-powering – keep it simple and positive
- ✓ Bring a copy of *The Personal Bill of Rights*

Professional Boundaries

Confidentiality: Anything that is said between us stays between us. I will not share your information, experience, thoughts or feelings with anyone without your permission beforehand. I expect the same commitment from you. Our mental health community is a small one, and we will have people in common. However, if I hear an indication of harm to yourself or others, I have a responsibility to ensuring your safety and this will mean disclosing necessary details to others.

Choosing to end our partnership: If we, you, or I feel that this peer relationship is not beneficial for you, we can speak with each other, or with the supervisor, and examine options in having a different peer supporter support you. We understand that it is not a failure or a rejection of the other person, but that sometimes people do not connect and there is nothing wrong with that. We want the best support available for you.

Intentional Support: Our time together is a mental health service, overseen by my organization. This relationship focuses on your recovery experience by providing support for you. The scope of my role is.... I will not come to you for support, and you are not responsible to provide me with any – We are here to support you!

Professional Relationship: As a Peer Supporter, I am not permitted to... Provide my personal contact information (including phone number or email), provide transportation or money, act as an emergency support, or engage in personal relationships with a peer

Safety: We both have a right to safety. I will not tolerate violence, physical or verbal abuse, or manipulation. If any of these should occur, I may address them with you directly and report them to my supervisor immediately. If at any point you feel that this relationship is not safe, I invite you to share that with me in the moment as well as contact my supervisor.

The contact information for filing a complaint is listed below.

Contact Name: _____

Contact Phone Number and/or Email:

Conduct: I will honour the Code of Conduct from Peer Support Canada and my organizations policies.

Is there anything else we would like to set out before we begin this relationship?

- _____

- _____

Your Boundaries

This is *your* time. You have the right to ask questions, choose or change the topic, express your emotions, and to talk as much as you want without interruption.

You can't offend me by saying NO. Please say NO to any question you don't want to answer or any topic you don't feel ready to discuss – you can't offend me. Your comfort level is more important.

You can reschedule or rearrange our meeting time (or place). Some days you just aren't up to it or you need a different type of support, and that's okay, I will understand. I ask that you let me know as soon as you feel this is a possibility.

Do you have any other boundaries you would like to share with me?

- _____

- _____

My Boundaries

- **I will say “no” to you sometimes.** If I’m uncomfortable discussing something or you ask a question I feel is too personal, I will tell you. I have my right to privacy too. Please try not to take it personally.

Additional boundaries I would like to share:

- _____

- _____

- _____

BILL OF RIGHTS FOR PROFESSIONAL PEER RELATIONSHIPS

- 1) **I have the right** to ask for what **I** need.
- 2) **I have the right** to say no to requests or demands **I** can't meet.
- 3) **I have the right** to express all of **my** feelings towards how **I** am impacted, positive or negative.
- 4) **I have the right** to change **my** mind.
- 5) **I have the right** to make mistakes and to not have to be perfect.
- 6) **I have the right** to have **my** own values.
- 7) **I have the right** to say no when **I** feel it is unsafe, or it violates **the** values of peer support.
- 8) **I have the right** to not feel responsible for others' behaviors, actions, feelings, or problems.
- 9) **I have the right** to expect honesty from others.
- 10) **I have the right** to be uniquely **myself**.
- 11) **I have the right** to feel scared and say, "**I'm** scared."
- 12) **I have the right** to say, "**I** don't know."
- 13) **I have the right** to **my** own needs for personal space and time.
- 14) **I have the right** to share playfulness and laughter.
- 15) **I have the right** to be healthier than those around **me**.
- 16) **I have the right** to be in a non-abusive environment.
- 17) **I have the right** to be comfortable around others.
- 18) **I have the right** to have **my** needs and boundaries respected by others.
- 19) **I have the right** to be treated with dignity and respect.
- 20) **I have the right** to be happy.

Adapted from:

Bourne, E. J. (2005). The anxiety & phobia workbook. Oakland, CA: New Harbinger Publications.

Ethical Guidelines in Professional Relationships

It is the responsibility of the peer navigator to establish the tenor of their professional relationship with clients, members and others, and to ensure that the relationship serves the needs of clients, and others to whom there is a professional duty, over the needs of the peer navigator. In establishing a professional relationship the peer navigator takes into account relevant contextual issues, such as age, culture and gender of the client, and ensures the dignity, individuality and rights of the client and members of our society are protected.

2.1 Appropriate Professional Boundaries

2.1.1 Peer navigators maintain appropriate professional boundaries throughout the course of the professional relationship and after the professional relationship.

2.2 No Exploitation for Personal or Professional Gain

2.2.1 Peer navigators do not exploit professional relationships for personal benefit, gain or gratification.

2.2.2 Peer navigators do not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political or business interests.

2.3 Declare Conflicts of Interest

Peer navigators avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. Peer navigators inform clients when a real or potential conflict of interest arises and take reasonable steps to resolve the issue in a manner that makes the clients' interests primary. In some cases, protecting clients' interests may require termination of the professional relationship with proper referral of the client to another professional.

2.3.1 When peer navigators provide services to two or more people who have a relationship with each other (e.g., couples, family members), peer navigators clarify with all parties which individuals will be considered clients and the nature of the professional relationship with other involved parties.

2.3.2 Peer navigators who anticipate a conflict of interest among the individuals receiving services, or who anticipate having to perform a difficult role, clarify with clients their role and responsibilities. (For example, when a peer navigator is asked to testify in a child custody dispute or divorce proceedings involving clients).

2.3.3 Peer navigators consider carefully the potential for professional conflicts of interest where close personal relationships exist or where social, business or sexual relationships with colleagues are contemplated or exist.

2.4 Dual and Multiple Relationships

Dual or multiple relationships occur when peer navigators relate to clients in more than one relationship, whether professional, social or business. Dual or multiple relationships can occur simultaneously or consecutively. While having contact with clients in different life situations is not inherently harmful, it is the responsibility of the peer navigator to evaluate the nature of the various contacts to determine whether the peer navigator is in a position of power and/or authority that may unduly and/or negatively affect the decisions and actions of their client

2.4.1 Peer navigators take care to evaluate the nature of dual or multiple relationships to ensure that the needs and welfare of their clients are protected.

2.5 Physical Contact with Clients

2.5.1 Peer navigators who engage in appropriate physical contact (a hug) with clients are responsible for setting clear, appropriate and culturally sensitive boundaries to govern such physical contact.

2.6 No Romantic or Sexual Relationships with Clients

2.6.1 Peer navigators do not engage in romantic relationships, sexual activities or sexual contact with clients, even if such contact is sought by clients.

2.6.2 Peer navigators who have provided support or services do not engage in romantic relationships, sexual activities or sexual contact with former clients for at least one year. It is the responsibility of the peer navigator to evaluate the nature of the professional relationship they had with a client and to determine whether the peer navigator is in a position of power and/or authority that may unduly and/or negatively affect the decisions and actions of their former client.

2.7 No Sexual Harassment

Sexual harassment refers to unwelcome sexual comments or lewd statements, unwelcome sexual advances, unwelcome requests for sexual favours or other unwelcome conduct of a sexual nature in circumstances where a reasonable person could anticipate that the person harassed would be offended, humiliated or intimidated.

2.7.1 Peer navigators do not sexually harass any person.

Sample Workplace Harassment Program

From the Code of Practice:

This workplace harassment program is a sample. Employers may want to modify their program to meet the needs of the workplace. The program must be developed in consultation with the joint health and safety committee and health and safety representative (if any).

<Insert employer name> is committed to providing a work environment in which all workers are treated with respect and dignity. Workplace harassment will not be tolerated from any person in the workplace (including customers, clients, other employers, supervisors, workers, and members of the public, as applicable).

The workplace harassment program applies to all workers including managers, supervisors, temporary employees, students and subcontractors.

1. Workplace Harassment

Workplace harassment means engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome or workplace sexual harassment. (employer may want to insert examples)

Workplace sexual harassment means:

- a) engaging in a course of vexatious comment or conduct against a worker in a workplace because of sex, sexual orientation, gender identity or gender expression, where the course of comment or conduct is known or ought reasonably to be known to be unwelcome, or
- b) making a sexual solicitation or advance where the person making the solicitation or advance is in a position to confer, grant or deny a benefit or advancement to the worker and the person knows or ought reasonably to know that the solicitation or advance is unwelcome;

Reasonable action taken by the employer or supervisor relating to the management and direction of workers or the workplace is not workplace harassment. (employer may want to insert examples e.g. scheduling, annual performance review)

2. Reporting Workplace Harassment

a. How to Report Workplace Harassment

Workers can report incidents or complaints of workplace harassment verbally or in writing. When submitting a written complaint, please use the workplace harassment complaint form (see attached). When reporting verbally, the reporting contact, along with the worker complaining of harassment, will fill out the complaint form.

The report of the incident should include the following information:

- i. Name(s) of the worker who has allegedly experienced workplace harassment and contact information
- ii. Name of the alleged harasser(s), position and contact information (if known)
- iii. Names of the witness(es) (if any) or other person(s) with relevant information to provide about the incident (if any) and contact information (if known)
- iv. Details of what happened including date(s), frequency and location(s) of the alleged incident(s)
 - a. Any supporting documents the worker who complains of harassment may have in his/her possession that is relevant to the complaint.
 - b. List any documents a witness, another person or the alleged harasser may have in their possession that is relevant to the complaint.

b. Who to Report Workplace Harassment?

An incident or a complaint of workplace harassment should be reported as soon as possible after experiencing or witnessing an incident. This allows the incident to be investigated in a timely manner.

Report a workplace harassment incident or complaint to <name, position, and contact information>. If the worker's supervisor, or the reporting contact is the person engaging the workplace harassment, contact <position or name of alternate reporting contact and contact information>. If employer (e.g. owner, senior executive, director) is the person engaging the workplace harassment, contact <position or name of alternate reporting contact and contact information>. (Note: The person designated as the reporting contact should not be under the direct control of the alleged harasser.)

Human Resources <or designated person> shall be notified of the workplace harassment incident or complaint so that they can ensure an investigation is conducted that is appropriate in the circumstances. If the incident or complaint involves the owner, senior executive or <list positions as appropriate>, an external person qualified to conduct a workplace harassment investigation who has knowledge of the relevant workplace harassment laws will be retained to conduct the investigation.

All incidents or complaints of workplace harassment shall be kept confidential except to the extent necessary to protect workers, to investigate the complaint or incident, to take corrective action or otherwise as required by law.

3. Investigation

a. Commitment to Investigate

<insert employer name> will ensure that an investigation appropriate in the circumstances is conducted when the employer, human resources, a manager or supervisor becomes aware of an incident of workplace harassment or receives a complaint of workplace harassment.

b. Who Will Investigate

<insert name, manager or department> will determine who will conduct the investigation into the incident or complaint of workplace harassment. If the allegations of workplace harassment involve <insert jobs, positions, levels or departments (e.g. senior leadership, president and above)>, the employer will refer the investigation to an external investigator to conduct an impartial investigation.

c. Timing of the Investigation

The investigation must be completed in a timely manner and generally within 90 days or less unless there are extenuating circumstances (i.e. illness, complex investigation) warranting a longer investigation.

d. Investigation Process

The person conducting the investigation whether internal or external to the workplace will, at minimum, complete the following:

- i. The investigator must ensure the investigation is kept confidential and identifying information is not disclosed unless necessary to conduct the investigation. The investigator should remind the parties of this confidentiality obligation at the beginning of the investigation.
- ii. The investigator must thoroughly interview the worker who allegedly experienced the workplace harassment and the alleged harasser(s), if the alleged harasser is a worker of the employer. If the alleged harasser is not a worker, the investigator should make reasonable efforts to interview the alleged harasser.
- iii. The alleged harasser(s) must be given the opportunity to respond to the specific allegations raised by the worker. In some circumstances, the worker who allegedly experienced the workplace harassment should be given a reasonable opportunity to reply.
- iv. The investigator must interview any relevant witnesses employed by the employer who may be identified by either the worker who allegedly experienced the workplace harassment, the alleged harasser(s) or as necessary to conduct a thorough investigation. The investigator must make

reasonable efforts to interview any relevant witnesses who are not employed by the employer if there are any identified.

v. The investigator must collect and review any relevant documents.

vi. The investigator must take appropriate notes and statements during interviews with the worker who allegedly experienced workplace harassment, the alleged harasser and any witnesses.

vii. The investigator must prepare a written report summarizing the steps taken during the investigation, the complaint, the allegations of the worker who allegedly experienced the workplace harassment, the response from the alleged harasser, the evidence of any witnesses, and the evidence gathered. The report must set out findings of fact and come to a conclusion about whether workplace harassment was found or not.

e. Results of the Investigation

Within 10 days of the investigation being completed, the worker who allegedly experienced the workplace harassment and the alleged harasser, if the he or she is a worker of the employer, will be informed in writing of the results of the investigation and any corrective action taken or that will be taken by the employer to address workplace harassment.

f. Confidentiality

Information about complaints and incidents shall be kept confidential to the extent possible. Information obtained about an incident or complaint of workplace harassment, including identifying information about any individuals involved, will not be disclosed unless disclosure is necessary to protect workers, to investigate the complaint or incident, to take corrective action or otherwise as required by law.

While the investigation is on-going, the worker who has allegedly experienced harassment, the alleged harasser(s) and any witnesses should not to discuss the incident or complaint or the investigation with each other or other workers or witnesses unless necessary to obtain advice about their rights. The investigator may discuss the investigation and disclose the incident or complaint-related information only as necessary to conduct the investigation. All records of the investigation will be kept confidential.

g. Handling Complaints

<The employer must set out any interim measures that may be taken after the complaint is received and during the investigation. The employer must also set out how they might deal with the complaint of harassment if harassment is found. This may include discipline up to and including termination.>

4. Record-Keeping

The employer (human resources or designated person) will keep records of the investigation including:

- a) a copy of the complaint or details about the incident;
- b) a record of the investigation including notes;
- c) a copy of the investigation report (if any);
- d) a summary of the results of the investigation that was provided to the worker who allegedly experienced the workplace harassment and the alleged harasser, if a worker of the employer;
- e) a copy of any corrective action taken to address the complaint or incident of workplace harassment.

All records of the investigation will be kept confidential. The investigation documents, including this report should not be disclosed unless necessary to investigate an incident or complaint of workplace harassment, take corrective action or otherwise as required by law. Records will be kept for <insert timeframe that is at least one year>.

Date created: _____ Annual review date: _____

Ministry of Labour. (2016). Workplace Violence and Harassment: Understanding the Law. Retrieved from:
https://files.ontario.ca/wpvh_guide_english.pdf



Ok Alone – Lone Worker App

How Lone Workers Use Ok Alone

 docs.okalone.net/how-lone-workers-use-ok-alone/

June 3, 2020

We are always looking for better ways to explain how Ok Alone works. We have always aimed to keep our system simple to understand and operate. This image shows how the Ok Alone system is used by lone workers.





With the Ok Alone system, any worker can be kept safe using this simple process.

- **Start Shift** – Worker starts their shift using the app or calling/texting in
- **Check In Due** – Worker must check in at set intervals
- **End Shift** – Worker ends their shift when they have finished working
- **Check In Overdue** – Workers have a grace period to check in after the app alarm sounds. They may also get texts and call reminders
- **Check In Missed** – The monitor receives an alert that the worker has not responded and will attempt to contact them
- **Monitors Take Action** – Monitor(s) or Live Monitoring attempt to contact worker