

Clinical Supervision Intervention: Addressing Interpersonal Challenges in an HIV Mentor Program

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Disclosures

Presenter has no financial interest to disclose.

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Learning Objectives

Participants will be able to:

1. Describe the inclusion of clinical supervision within a mentor program structure
2. Identify four clinical supervision themes
3. Identify best practices in clinical supervision to address issues that arise

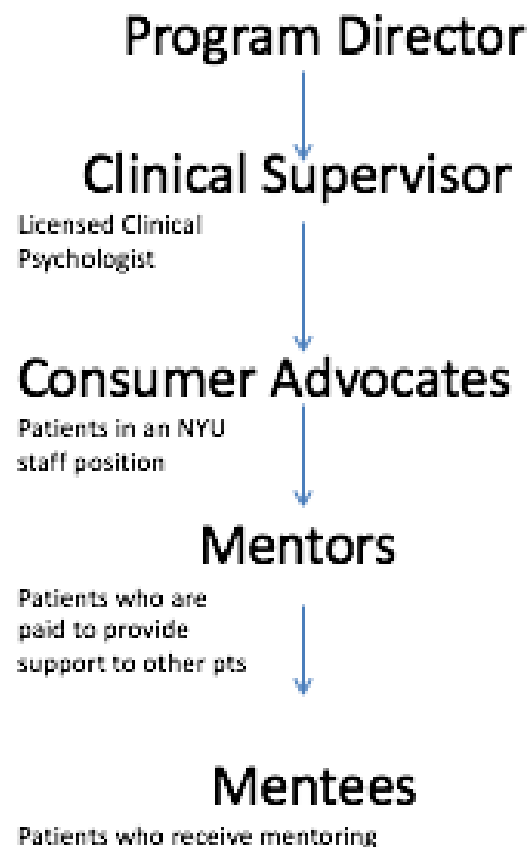
Introduction

- Clinical HIV+ Mentor literature focused on:
 - Adult HIV+ mentors with mentoring/peer experience (Enriquez, 2013)
 - Provision of education/support & referrals for services
- National survey of HIV+ adult mentors (Dutcher et al, 2011) identifies 4 types of social support provided:
 - Informational
 - Instrumental
 - Emotional
 - Affiliational
- Need to address the complex issues facing HIV+ youth mentoring other HIV+ youth

Background

- Involvement of HIV+ clients as mentors to HIV+ peers raises issues:
 - Mentor – peer supervisor personnel issues
 - Mentor – mentee interpersonal issues
 - Mentor – peer supervisor interpersonal issues
- Provision of Clinical Supervision to address these multiple interactions and gain insight into *how* mentors can be most helpful

Program Structure



Program Focus

- Focus on Developmental vs. Instrumental Approach
 - Skills developed by building close, trusting relationships
 - “Relationship building” as a prerequisite to goal achievement
- 4 types of social support
 - Informational: providing HIV & healthy lifestyles information
 - Emotional: listening and validating, giving mentees hope
 - Care Coordination
 - Socializing
- Mentors used a social support form in clinical supervision to guide areas of improvement

Expectations for Mentors

- Serve as Role-Model
- Actively address their own healthcare needs (both physical and emotional) to:
 - help mentees do the same
 - minimize extent to which physical or emotional problems limit their ability to do their job
- Demonstrate positive relational skills
- Maintain good work habits
- Meet with consumer advocates, clinical supervisor, or other program staff (e.g., staff psychologist) when difficulties arise in meeting expectations

Clinical Supervision Structure

- Biweekly group clinical supervision of mentors and individual clinical supervision as needed
 - Supports mentor and mentee development
 - in what it means to be a mentor
 - In providing the type of social support the mentee needs
 - Active problem-solving around mentor/mentee issues
 - Facilitate mentee engagement in program activities
 - Discuss difficulties in building relationships
- Cognitive-behavioral theory (CBT) approach to supervision

Mentor Demographics

- 6 mentors
- Age range: 19-34; Mean age: 26.33 (SD=5.1)
 - Mentees' Mean Age: 23.53
- Ethnicity: 3 African-American, 2 Hispanic/Latino, 1 Caucasian
- All but one had no prior mentoring experience
- Program Youth Consumer Advocates matched mentors with mentees based on 'interpersonal style' & age in consultation with clinical team

Identifying & Coding Clinical Themes

- From November 2015-March 2016:
 - Recorded detailed process notes after each group and individual supervision session
 - Assessed 20 hours of clinical supervision for central themes
- Clinical Themes
 - Mentor-Mentee Development of Trust
 - Mentors' Emotional Reactions to Mentee Difficulties
 - Challenges of Multiple Roles
 - Impact of Mentors' Personal Issues on Job Role & Responsibilities

Mentor-Mentee Development of Trust: A Two-Way Street

“What if my mentee is not interacting with the group enough, how do I deal with that?”

- Mentor – identifying ways to engage with mentees
 - Social media - Text, Facebook
 - Social situations - “Fun Fridays,” Potlucks
 - Learn about mentees’ interests
 - Use natural conversation to form a connection, and gradually discuss more specific ways to be helpful
 - “Meeting mentees where they are at”
- Mentee - What it means to ask for help?
 - Disclosing more personal information/boundaries
 - Relying on others and trusting others

Mentors' Reactions to Mentee Difficulties

- Mentee difficulties produced negative thoughts/ feelings for mentors
 - Mentees difficulties with engagement
 - “I’m a horrible mentor...because I’m not getting any responses”
 - “Sometimes I feel like a failure if my mentee does not reach back out to me”
 - Mentor expectations placed on their mentees
 - “If my mentee does not want to listen to me about the importance of taking meds, its frustrating.”

The Challenges of Multiple Roles

Many clients have known each other since they were young and expect a “level playing field”

- Employing clients presented challenges

Mentor challenges with Consumer Advocates

- Mentor difficulties in taking direction or accepting help from Consumer Advocates
 - “It’s hard adjusting to him as my boss, because I was in groups with him since I was a kid”

Consumer Advocate challenges with Mentors

- Consumer Advocates often had more than one role with the mentors
 - “Friend” and “Manager;” previous mentor and subsequent manager

Mentor and Mentee

- Potential for conflict when mentor is also a friend

The Challenges of Multiple Roles (cont.)

- Clinical Supervisor Multiple Role with Prior Therapy Clients
 - Clinical supervisory role vs. collaborative role of therapist
 - Individual supervision to help mentors be a role-model for mentees
 - One mentor had a mental health issue that was negatively affecting many of his relationships. Clinical supervision helped him develop better positive relational skills.
 - Options to work with a consulting psychologist if mentor prefers

Mentors' Personal Issues and Impact on Job Roles & Responsibilities

- Boundary issues that affect mentor role
 - Mentor expectation of being a mentee's therapist
 - "It's difficult not taking on my mentees problems or remembering that I'm not their therapist"
 - Mentors fear of sharing mentee details that could help HCT
 - Confidentiality concerns, "I can handle it myself," their own distrust in medical system
- Addressing mentor job-related problems
 - Mentors expected to serve as role models in health behavior adherence
 - Problems with adherence
 - Forgetting medical and mental health appointments
 - Drug use
 - Being in the ER and missing job
 - Difficulty in actively addressing work-related problems and instead avoiding problems

Clinical Supervision Interventions

- Issues related to trust and mentor's own emotional reactions to their work
 - Coping with mentee issues outside their control
 - Acceptance of “trying your best” in response to mentee lack of participation
 - Instilling empathy and perspective-taking in response to interpersonal challenges
 - Encouraging mentors to “put themselves in a mentee's shoes”
 - Helping mentors' connect to values about ‘mentoring’ increased their motivation and interest in helping others
- Addressing the Challenge of Holding Multiple Roles
 - Consumer Advocates: Weekly individual supervision to actively problem-solve and empower them to find the best solution
 - Mentors: Group supervision: Sharing with each other how others might handle a situation
 - “With my friend, I try to gently switch roles” so they feel supported
 - Clinical Supervisor's Multiple Roles

Supervision Interventions (cont.)

- Clarify confusion around mentorship role
 - Review boundary of responsibilities
 - Remind mentors to focus on four types of support
 - Discuss how “the best help is professional help” regarding mental health or substance abuse concerns
- Discuss problems in meeting job-expectations
 - Importance of active vs. passive communication
 - Ideal “role-model” vs. practical “role-model”
 - Working on medication adherence and attending medical/mental health appointments vs. expecting perfection
 - ‘We’re all in the same soup’ helped mentors disclose their own difficulties with adherence and share with group what has worked for them.
 - “It helps me to have others remind me to take my meds”

Recommended Best Practices



Developing a Performance Improvement Plan

- Initial program structure to address job-related expectations worked “ok” for some mentor problems
- Conversations not enough for persistent mentor-related difficulties
- Development of Performance Improvement Plan (PIP)
 - Ex: For work habits consistently below expectations defined in mentor contract, a mentor was placed on a 1-month probation period where he agreed to the following:
 - Attend all conference calls
 - Attend all supervisions
 - Attend all defined duties at Fun Friday
 - Demonstrate weekly contact with mentees
 - Arrive on-time to all activities
 - Discuss reasons behind falling behind these expectations in therapy (mentor added)
 - Positive mentor response - shared insight in how structure was missing in his life growing up, but now recognizes he responds well to having and meeting specific expectations

Mentor Contract Revisions

- Ongoing Mentor Contract Revisions
 - Feedback from mentors on “what works” vs. “what doesn’t” incorporated
 - Consultation meetings with program director, clinical supervisor, and senior program psychologist added
- Increased Mentor Contract specificity helped with mentor expectations and accountability
 - Performance Improvement Plan
 - Specific expectations at events
 - Mentor “Fun Friday Expectations”
 - Contact consumer advocates at least 1 day in advance if unable to attend an event
- Clarifying work expectations helped consumer advocates have “tough conversations” with mentors re: job issues

Addressing Interpersonal Issues Among Mentors

- Mentor Contract guidelines followed to address mentor/mentee issues
 - Support consumer advocates in their role as managers & mediators through individual supervisions
 - Escalation to clinical supervisor and program director
- Mediation process to encourage active problem-solving regarding mentor/mentee issues
 - Mentor and Mentee try to resolve issue
 - Consumer advocates help when needed
 - Clinical supervision oversees the process both with mentors and consumer advocates
- Use of staff psychologist consultant
 - Option of meeting with psychologist instead of clinical supervisor to discuss how personal issues are impacting their job
 - Preferences differed among mentors

Providing Mental Health Support

- For mentors requiring mental health support (e.g. therapy, crisis intervention)
 - Substance use issue
 - Not demonstrating role-model behavior
 - Provided mentor options for support (supervision vs therapy)
 - Significant mental health issues that affect work adversely
 - Depression >>> not showing up for work
- Mental health support for mentees
 - Creation and implementation of mental health flow chart

Preliminary Outcomes

- Group supervision facilitated an environment where mentors could give and receive support
- 3 out of 6 mentors who used individual & group supervision demonstrated the most growth
- Mentors still struggle with the same challenges other patients do: adherence, forgetting appointments, interpersonal issues, active communication

Acknowledgements

- The Lower New York Consortium is funded by Ryan White Care Act:
 - Part C grant no. 2H7600043-24-01
 - Part D grant no. 6H12HA24879-03-03
- NY State AIDS Institute Youth Specialized Center for Care 4300 & 4301