

Confidentiality



RYAN- aged 22

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At Masaka Regional Hospital

- Are there some circumstances where privacy and confidentiality might potentially harm the person that they are intended to protect?
- My experience...

- Is there a way to consider a support team approach while **still** considering the privacy rights of the individual?

Family is not about blood.



It's about who is willing to
hold your hand when you
need it the most.



addictsmom.com

'Family' Support Team

- Who is the “family”?
- Who are the supportive people in the client's life?
- Would the client be willing to engage them as support team?
- The needs of the client would remain of primary concern. The client remains as the 'driver of the bus.'

- Expect resistance. Addiction thrives on shame and lives in the shadows.
- If/when the client is willing to have a support team, discuss the parameters with the client first.
- Then team support members can be contacted to discuss the purpose and their willingness to take part.
- The support team is not needed for every session

Client's Right to Privacy

- With the entire team, discuss confidentiality.
- Also have client express his/her wishes and concerns.
- CONFIDENTIALITY WITHIN THE TEAM IS EXPECTED.
- It can be difficult to guarantee; a signed agreement further impresses the point.
- Limits to confidentiality- harm.

The Question

- What are you willing to do to support ~~the~~'s(client) journey into recovery from substance use?
 - How would you do that?



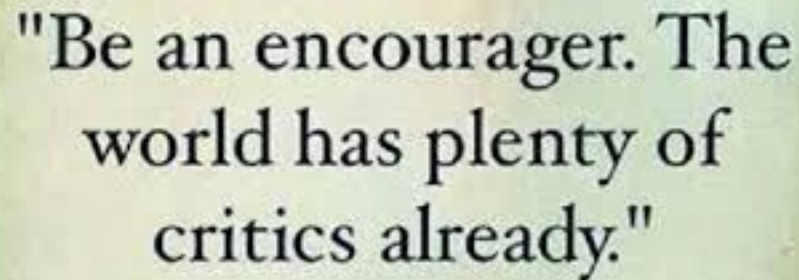
What does a support team need to know?

- Understand their role: as supporters and encouragers. You may have to teach the ‘language of encouragement’

- Specific

- Honest

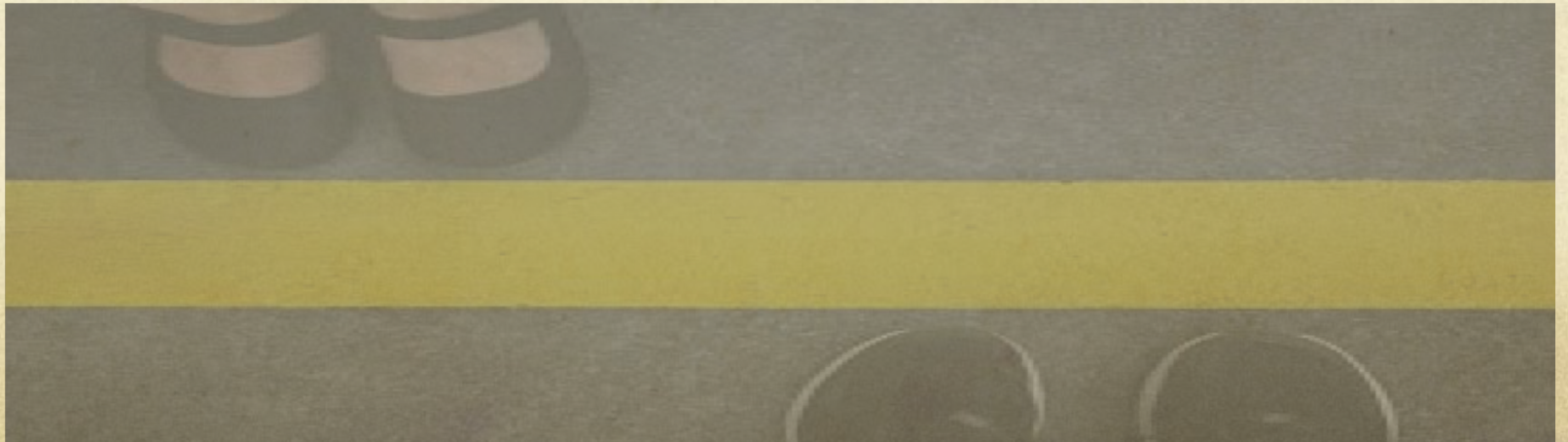
- Not a value judgment



"Be an encourager. The world has plenty of critics already."

...teams also need to

- Understand addiction: relapses. treatment, emergency situations, missed dose.
- Understand the 'boundaries' of the client, the medical staff, the team itself.



The 'pluses'

- Greater likelihood of recovery.
- Potential for fewer relapses.
- Team members as holders of information
- People the client can turn to when the medical team s not available



The Barriers

- Clients may be unwilling to engage a team.
- Training of the team can be time consuming.
- The boundaries must be discussed and understood.
- Potential for friction amongst the team members.
- May have to deal with unsupportive actions of team members
- More meetings!



And the last word to Ola

Me: “What is it that you really want?”

My daughter: “ Mommie, what I want is to live a long and happy life.”

*It takes a community to maintain a human...*Earon Davis

