



CHAPTER 2

WHEELS & BARRY



2

2

CHAPTER 2

WHEELS & BARRY



CHAPTER 2: WHEELS & BARRY (6:40)

Reflections on Practice:

- People in Context (1:19)
- Safety (2:12)
- Relationship Building (1:52)
- Boundaries (2:19)

+ Topics:

- Aboriginals & Drugs (6:23)
- Fetal Alcohol Spectrum Disorder (7:38)
- Street Drugs 101 (34:58)

“I see Barry. I don’t see him as what he does.
I see him as an individual who needs health care.”

Caroline Brunt, Street Nurse



CHAPTER OVERVIEW

Chapter 2: *Wheels & Barry* focuses on the unique challenges that outreach nurses face when they provide health care on the street, and in parks, alleys and hotels. Chapter 2 illustrates the many variables outreach nurses may encounter in terms of contexts, personalities, power and settings. The +Topics inform participants about two specialized areas of outreach nursing: outreach work with Aboriginal people, and causes and effects of Fetal Alcohol Spectrum Disorder.

SUMMARY OF LEARNING OBJECTIVES

1. To explore the interactions between nurses and people who use drugs.
2. To explore the social determinants of health in the context of the lives of people who use drugs.
3. To explore strategies to ensure nurse and client safety when out on the street, in parks or hotels.
4. To explore how to build relationships with people who use drugs.
5. To explore the concept of boundaries in the relationship between an outreach nurse and a person using drugs.
6. To explore drug use issues in Aboriginal communities.
7. To explore the concepts of Fetal Alcohol Spectrum Disorder (FASD) and the communication strategies nurses can employ when they are working with people affected by FASD.

LEARNING ACTIVITY FOR CHAPTER 2: WHEELS & BARRY

Overview

This episode documents a health care encounter in an alley between the street nurse, Caroline Brunt, and Barry, as well as an encounter on a street corner between another nurse, Janine Stevenson, and Wheels and Dexter.

Objective

To explore the interactions between nurses and people who use drugs.

Before Viewing

Ask participants to list strategies that nurses might use to establish professional relationships with people.

How might nurses use cues from people who use drugs when deciding whether to begin, maintain, or end a health-care session?

During Viewing

View Chapter 2: *Wheels & Barry* (6:40)

Observe the interactions between the nurses and the clients.

After Viewing

What strategies do the nurses, Caroline and Janine, use to establish friendly, professional relationships?

How do the clients respond to the nurses?

CHAPTER 2

REFLECTIONS ON PRACTICE PEOPLE IN CONTEXT



People operate in a complex context of social, cultural, physical, economic, psychological and spiritual dimensions. Socio-economic conditions are greater predictors of health status than genetics or such traditional risk factors as activity, diet and tobacco use.

World Health Organization, (WHO) 1998

CHAPTER 2: WHEELS & BARRY (6:40)

Reflections on Practice:

People in Context (1:19)

Safety (2:12)

Relationship Building (1:52)

Boundaries (2:19)

+ Topics:

Aboriginals & Drugs (6:23)

Fetal Alcohol Spectrum Disorder (7:38)

Street Drugs 101 (34:58)

Background

The following factors, known as the social determinants of health, are critical in determining health risks:

1. Income and Social Status
2. Social Support Networks
3. Education and Literacy
4. Employment/Working Conditions
5. Social Environments
6. Physical Environments
7. Personal Health Practices and Coping Skills
8. Healthy Child Development
9. Biology and Genetic Endowment
10. Health Services
11. Gender
12. Culture

Public Health Agency of Canada (2007)

<http://www.phac-aspc.gc.ca/ph-sp/phdd/determinants/index.html#determinants>

Outreach nurses witness the impact of these determinants every day. Addressing the social determinants of health requires a paradigm shift in thinking, away from therapies and treatments and towards a consideration of the impact of poverty, social equality and justice. Gaining an appreciation for these determinants helps nurses approach their clients with a non-judgmental attitude. Instead of thinking “Why can’t users just pull up their socks?” it is useful to contextualize people’s drug use, i.e., “What may it have been like to have been abused as a child, to have no social support system, no money and no education?”

LEARNING ACTIVITY 1 FOR PEOPLE IN CONTEXT

Objective

To explore the social determinants of health in the context of the lives of people who use drugs.

Before Viewing

Encourage participants to briefly review the social determinants of health. These might be represented on a poster or on a handout.

During Viewing

View *People in Context* (1:19)

After Viewing

Invite each participant to select a social determinant and ask her/him to explain how it might contribute to difficult life experiences and to possible self-medication.

CHAPTER 2

REFLECTIONS ON PRACTICE SAFETY



CHAPTER 2: WHEELS & BARRY (6:40)

Reflections on Practice:

People in Context (1:19)

Safety (2:12)

Relationship Building (1:52)

Boundaries (2:19)

+ Topics:

Aboriginals & Drugs (6:23)

Fetal Alcohol Spectrum Disorder (7:38)

Street Drugs 101 (34:58)

Background

Outreach nurses use the same basic nursing strategies as colleagues working in clinics, hospitals, extended care facilities and the community. Throughout **BEVEL UP** you will find examples of all the strategies below. In the DVD footage we have only chosen to highlight two basic strategies, safety and relationship building.

- Safety (2:12)
- Relationship Building (1:52)
- History and Information Gathering
- Providing Care
- Teaching
- Follow-Up
- Reflection

LEARNING ACTIVITY 1 FOR SAFETY

Objective

To explore strategies that ensure nurse and client safety out on the street, in parks, and in hotels.

Before Viewing

Ask participants to brainstorm safety concerns, if any, for outreach nurses working with people who use drugs.

During Viewing

View *Safety* (2:12)

Note the cautions that the street nurse, Caroline, and the practice consultant, Mary, suggest.

After Viewing

Add to the brainstormed strategies from the *Hints for Facilitators* list, see right.

HINTS FOR FACILITATORS

- working in pairs
- partnering with community agencies
- notifying a colleague or supervisor if working alone
- carrying cell phones when outside of clinic settings
- carrying work ID



“You can’t have a relationship with a client if they don’t have some kind of place in that relationship. Without that relationship, you don’t get that other stuff done – you don’t get the blood drawn, you don’t get them in to see the doctor, and you don’t get the pills taken – if the client doesn’t trust you.”

Janine Stevenson, Street Nurse

CHAPTER 2: WHEELS & BARRY (6:40)

Reflections on Practice:

People in Context (1:19)
Safety (2:12)

Relationship Building (1:52)

Boundaries (2:19)

+ Topics:

Aboriginals & Drugs (6:23)
Fetal Alcohol Spectrum Disorder (7:38)
Street Drugs 101 (34:58)

Background

A trusting relationship between the nurse and the client not only opens doors, but also increases safety for the nurse. With trust, nurses can access clients, gather information, take medical histories, and provide treatment, health education and follow-up, as well as acting as health advocates. According to Robinson (1996) actions that influence positive change include curious listening, showing compassion, having a positive orientation, collaborating, and being impartial, objective, and non-judgmental.

Taylor (1992) suggests that what makes outreach nurses most effective is not their separateness from clients but their common humanity. As Taylor explains, “Within the context of caring, the nurses were ordinary people perceived as

being extraordinarily effective, by the very ways in which their humanness shone through their knowledge and skills, to make their whole being with patients something more than just professional helping.”

Caring for clients in a street or hotel setting is vastly different from providing care in an institution or hospital/clinical facility. Nurses are on clients’ “turf” and the illusion of authority, which the institutional setting provides, dissipates quickly. Nurses also do not have access to the resources that are available in traditional settings. It is important to create a collaborative relationship with clients and help them realize that they are part of their health care solution.



LEARNING ACTIVITY 1 FOR RELATIONSHIP BUILDING

Objective

To explore how to build relationships with people who use drugs.

Before Viewing

1. Divide the participants into groups of four. Ask the members of each group to role-play the nurse, Wheels and Dexter. One member of the group should act as an observer.
2. The facilitator gathers all the Wheels together and tells them, without the nurses or the Dexters knowing, that they will not agree to any health care intervention.
3. The facilitator then gathers all the Dexters together and they are told, without the others knowing, that they will only agree to a health care intervention after being persuaded.
4. The nurses are then told by the facilitator without the others knowing that they have been asked by their employer to test Dexter and Wheels for syphilis.

5. Ask the nurse and the clients to role-play a health care encounter. The observer provides feedback and, if necessary, demonstrates how the nurse could have responded differently to effect a better outcome.

6. Circulate and support the small groups.

7. If there is time, rotate the roles.

Ask participants the following:

- How did you feel as nurses and as clients?
- Discuss/explore the challenges you encountered.
- Reflect on how well you met the challenges.

During Viewing

View *Relationship Building* (1:52)

After Viewing

Ask the participants what they learned, and what they could incorporate into their nursing practice.

CHAPTER 2

REFLECTIONS ON PRACTICE BOUNDARIES



“It is always the registered nurse who is responsible for establishing and maintaining boundaries with clients.”

CRNBC (2006)

CHAPTER 2: WHEELS & BARRY (6:40)

Reflections on Practice:

People in Context (1:19)

Safety (2:12)

Relationship Building (1:52)

Boundaries (2:19)

+ Topics:

Aboriginals & Drugs (6:23)

Fetal Alcohol Spectrum Disorder (7:38)

Street Drugs 101 (34:58)

Overview

In Chapter 2: *Wheels & Barry* there is an encounter between the street nurse, Janine Stevenson, and two male clients, Wheels and Dexter. Janine is the subject of several sexually charged comments.

Background

A nurse would be well within his or her standards of practice and Canadian Nurses Association (CNA) Code of Ethics for Registered Nurses in telling a client his remarks are inappropriate. (CRNBC, 2003) However, Janine knows from experience that such a comment in this context might change and perhaps sever any relationship she has with Wheels and Dexter.

Peternelj-Taylor & Yonge (2003) explain that within the nurse-client relationship there are many hazards that can compromise the integrity of what is fundamentally a therapeutic relationship. Being aware of this potential is the first step in preventing boundary violations. Peternelj-Taylor & Yonge share some active strategies that help to maintain clear therapeutic boundaries.

These strategies include:

- Self-awareness: Are your actions meeting your needs or the client's?
- Peer debriefing: Sharing doubts, concerns and questions openly with colleagues.
- Group approaches: Asking a more experienced nurse to accompany you into a potentially uncomfortable situation.
- Education: Ensuring that all nursing curricula deal with creating and maintaining boundaries.

LEARNING ACTIVITY 1 FOR BOUNDARIES

Objective

To explore the concept of boundaries in the relationship between an outreach nurse and a person using drugs.

Before Viewing

Write the following quote on a flip chart, read it to the class and ask participants what it means to them:

“The familiarity and trust that develop between a nurse and a client, coupled with the seductive pull of helping, the complexity of the client's treatment needs, a general lack of understanding of boundary theory, can threaten the integrity of the relationship and ultimately lead to boundary violations.”

(Peternelj-Taylor & Yonge, 2003)



- Ask participants to recall how the nurse, Janine, interacts with Wheels and Dexter in Chapter 2.
- Ask the participants to identify the boundaries that were pushed.
- Ask participants to describe how Janine met the challenge.
- Assess how Janine met the boundary challenge and imagine other possible strategies.

During Viewing

View *Boundaries* (2:19)

After Viewing

- What concepts do Janine, the street nurse, and Paddy Rodney, the nursing ethicist, discuss?
- How do these concepts apply to your present nursing practice?
- What additional issues involving boundaries do outreach nurses need to consider and prepare for?

HINTS FOR FACILITATORS

- The nurse – not the client – is responsible for establishing and maintaining boundaries.
 - Begin, maintain and end a relationship with a client in a way that ensures the client's health care needs are first and foremost.
 - Use caution when socializing with clients and former clients.
 - Engage in appropriate self-disclosure.
 - Supportive touching or hugging a client may be therapeutic in select circumstances.
 - Communicate respectfully with clients.
- (CRNBC, 2006)

HINTS FOR FACILITATORS

- Consider how to respond when clients hit on you sexually.
- Consider the dynamic created by giving money to clients.
- Consider how much to care.
- Consider how much to ask.
- Consider how much to share about yourself.
- Know when to call 911.
- Identify strategies for maintaining boundaries.
- Ask: Would I do this in front of my supervisor?
- Ask: Is this intervention for the benefit of the client or the nurse?
- Ask: Is there a supportive work environment where we can acknowledge, discuss and examine feelings?

CHAPTER 2

+ TOPICS: ABORIGINALS & DRUGS



Substance abuse problems are a major social and health issue faced by indigenous peoples all over the world, from the Maori of New Zealand to Greenlanders to the First Nations of Canada. (WHO, 1996) Ultimately, this situation stems from the consequences of European conquest of these lands, with a loss of culture, resources and population that ensued in the next centuries.

Wright, 1995

Overview

In *Aboriginals and Drugs*, the nurse, Lucy Barney, discusses drug use in Aboriginal communities.

Background

In Canada, about 100,000 Aboriginal children were taken from their homes to be educated in residential schools. Some were physically, emotionally and sexually abused by teachers and guardians. The tragic effects of this legacy continue to reverberate among Aboriginal peoples today. Despite recent advances in health status, Canada's Aboriginal peoples have higher unemployment, lower educational opportunities, shorter life expectancies, higher infant mortality rates, higher morbidity rates and higher rates of problematic substance use than the Canadian population in general. (Health Canada, 2000)

BC HIV statistics reflect this reality. Between 1996 and 2000, Aboriginal people accounted for approximately 4% of the total population but comprised 18% of new HIV infections. Between 1998 and 2000, 60% of new HIV infections among Aboriginal people were attributed to injection drug use (Millar et al. 2006). BCCDC statistics reveal that in 2005, more than 30% of those women with positive HIV tests were Aboriginal. Meanwhile, Aboriginal men accounted for 9% of positive tests. (BCCDC, 2005)

LEARNING ACTIVITY 1 FOR ABORIGINALS & DRUGS

Objective

To explore drug use issues in Aboriginal communities.

Before Viewing

Define “harm reduction” and “abstinence”.

Ask: How are harm reduction and abstinence two different ways of responding to the same problems?

During Viewing

View *Aboriginals and Drugs* (6:23)

After Viewing

Ask participants the following:

- How might the metaphor of the braid (mind, body and spirit) help nurses in their interactions with Aboriginal people who use drugs?
- How might Lucy's comments help nurses understand why some Aboriginal people who use drugs do not access mainstream clinics?

CHAPTER 2: WHEELS & BARRY (6:40)

Reflections on Practice:

- People in Context (1:19)
- Safety (2:12)
- Relationship Building (1:52)
- Boundaries (2:19)

+ Topics:

- Aboriginals & Drugs** (6:23)
- Fetal Alcohol Spectrum Disorder (7:38)
- Street Drugs 101 (34:58)

CHAPTER 2

+ TOPICS: FETAL ALCOHOL SPECTRUM DISORDER



Overview

In *Fetal Alcohol Spectrum Disorder*, pediatrician Christine Looch explains Fetal Alcohol Spectrum Disorder, brain dysfunctions and guidelines for effective communication with people suffering the effects of fetal alcohol exposure.

In *Generations*, the nurse, Lucy Barney, explains why education is crucial to limiting the effects of alcohol on the fetus.

LEARNING ACTIVITY 1 FOR FETAL ALCOHOL SPECTRUM DISORDER

Objective

To explore the concepts of Fetal Alcohol Spectrum Disorder and the communication strategies nurses can employ when they are working with people affected by FASD.

Before Viewing

Use the KWL *Fetal Alcohol Spectrum Disorder* handout on page 36 to identify what participants already know, want to know and have learned about communicating with people who are suffering from the effects of fetal alcohol exposure.

Ask participants to complete the first two columns.

During Viewing

View *Fetal Alcohol Spectrum Disorder* (7:38)

After Viewing

Ask participants to do the following:

- Complete the third column.
- Share and highlight their learning.
- Suggest further questions about Fetal Alcohol Spectrum Disorder. What impact does this knowledge have on their nursing care?

STREET DRUGS 101

+Topics: *Street Drugs 101* is included in the Chapter 2 DVD menu.

The +Topics: *Street Drugs 101* Learning Activity is on page 21.

CHAPTER 2: WHEELS & BARRY (6:40)

Reflections on Practice:

- People in Context (1:19)
- Safety (2:12)
- Relationship Building (1:52)
- Boundaries (2:19)

+ Topics:

Aboriginals & Drugs (6:23)

Fetal Alcohol Spectrum Disorder
(7:38)

Street Drugs 101 (34:58)

FETAL ALCOHOL SPECTRUM DISORDER

WHAT I KNOW	WHAT I WANT TO KNOW	WHAT I LEARNED