PEER EDUCATION BASICS*

ABOUT THIS ACTIVITY

Time: 10 minutes

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

- Identify the role of peer educators.

Training Methods: Lecture, Brainstorm

In This Activity You Will…

- Explain the basics of peer counseling (4 minutes).
- Use the handout or flip chart to discuss the principles of peer education (6 minutes).

Materials:

- Flip chart
- Handout – Peer Education Basics

Preparation:

- Print handout.
- Write Peer Education Basics on the flip chart.

Instructions

1. Distribute handouts and explain the basics of peer counseling and the importance of serving or having peers at agencies. Emphasize that the responsibility is to first listen, then to assist; help with problems, but not to tell peers what to do.

It is important to bridge the gap between persons living with HIV or AIDS and the medical and social service systems. This is where peer educators play an important role, as the bridge. You may wonder what a peer is actually supposed to do. The answer is based on the individual needs of each peer you may come in contact with.

Because peer educators are understood to be HIV+, sometimes their most important role is in sharing their HIV status with the peers with whom they meet. This lets the peers know that they are not alone.

Peer educators must be able to listen carefully to others and to help them in solving their problems. This is accomplished by drawing on their own experiences and learning from others' experiences.

2. Explain how a peer serves as a bridge between clients and services.

As peers we are the people who may be able to answer questions for others concerning health care, medications, symptoms, services and sometimes just to listen to what others have to say about these issues. Peers may also be asked to explain who is in the health care team, and who will have information about their HIV status.

Peer educators are not doctors and should never give any medical advice. Peer educators can inform peers of places and resources to go to and to get medical assistance/treatment. As you can see, peers are a very important part of health care delivery. In your handouts you have a peer education basics handout to refer to.

3. Using the flip chart "Peer Education Basics" or the handout discuss the following principles.

* This module comes from Duke University, Partners in Caring; Center for Creative Education, 2006.

PEER EDUCATION BASICS

A Basic Definition for Peer Education: Peer Education is the use of simple listening and problem-solving skills-in combination with learned knowledge and lived experience-to counsel people who are your peers.

A Basic Principle for Peer Education: People are capable of solving their own problems if given a chance.

A Basic Philosophy: Most of the time, people are served best by a relationship which supports their own empowerment and decision-making.

The Goal: To help your peer find his/her own solutions to their own problems, not to solve their problems for them.

Your Tools: Tools to use in this process are active listening skills, problem solving skills and your own experience with personal and cultural issues.

As peers it is important to build a relationship of trust with each other. It is important for you, as the peer educator, to be trusted, especially when peers may need to disclose confidential information to you.

We are going to discuss ways to be a good peer educator and to learn how to communicate with each other in order to provide the best service we can. Remember that listening is the beginning of effective communication.

We talk and communicate with others everyday. What we say to them depends on our relationship with them.

4. Ask: What do you think makes a good peer educator?

   Responses may include the following:

- Serves as someone to talk to;
- Listens;
- Provides encouragement and support;
- Makes no false promises;
- Works together to solve and learn about issues;
- Asks questions on behalf of peers;
- Is trusting;
- Knows how to build rapport;
- Knows how to listen and to be compassionate;
- Has a desire to help;
- Gives no advice, judges not.

Summary

Wrap up session with key point:

- People talk more about the lives and circumstances when given the opportunity to do so.

* 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 Duke University, Partners in Caring; Center for Creative Education, 2006.

PEER EDUCATION BASICS

SESSION HANDOUT

PEER EDUCATION BASICS

Basic Definition

Peer education is the use of simple listening and problem-solving skills- in combination with learned knowledge and lived experience- to assist people who are your peers.

Basic Principle

People are capable of solving their own problems if given a chance.

Basic Philosophy

Most of the time, people are served best by a relationship with supports their own empowerment and decision-making.

Your Goal

To help peers find their own solutions to their own problems; not to solve their problems for them.

Your Tools

Tools to use are active listening skills, problem solving skills and your own experience with personal and cultural issues.

SYMBOL OF PEER ADVOCACY*

ABOUT THIS ACTIVITY

Time: 40 minutes

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

- Begin to develop a comfort level and trust with one another and the trainers.
- Discuss the concept of the lotus as a theme for a peer advocacy training and an HIV+ individual's role as peer advocate to others living with HIV.
- Define the roles and responsibilities of a peer educator/advocate.
- Discuss the theoretical basis of peer education.

Training Methods: Large Group Activity, Visualization

In This Activity You Will…

- Describe the Lotus metaphor (5 minutes).
- Lead a guided visualization and process it (10 minutes).
- Have the peer facilitator share the story of her journey (10 minutes).
- Facilitate an activity to define peer advocacy (15 minutes).

(continued next page)

Instructions

1. Post the Lotus laminated poster somewhere visible in the room, where all participants can see it.

2. Tell the group: We want to start today's training by doing a visualization to help you understand how peer advocacy is like a beautiful Lotus flower.

3. Ask: How many of you have done visualizations before?

4. Explain: visualization is creating an image or a vision in your mind. We are going to visualize how the Lotus grows from the beginning to the end.

5. Read the following history and description of the Lotus flower:

   The Lotus flower is used as a symbol in many traditions such as Egyptian, Hinduism, and Buddhism. In some traditions it symbolizes, femininity and rebirth. The Lotus flower is the only plant to fruit and flower simultaneously. The flower emerges from the depths of the muddy swamp. Growing from the mud at the bottom of ponds and streams, the exquisite Lotus flower rises above the water and is usually white or pink with 15 or more oval, spreading petals, and a flat seedcase at its center.

   The Lotus was chosen to represent a women-centered peer educator project because it reminds us of womanhood, healing, and giving.

   The swamp can be seen as representing the confusion and pain that arises when a woman has been diagnosed with HIV or AIDS. With inner strength and the support of others, a woman can rise out of the swamp, just like the Lotus flower.

   The blossom of the Lotus flower reminds us that if we allow ourselves to heal, we can open our selves and share with other

* 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.

SYMBOL OF PEER ADVOCACY

ABOUT THIS ACTIVITY (CONT.)

Materials:

- Large picture of a lotus that is laminated (Picture found at http://pinker.wjh.harvard.edu/photos/new_zealand_II/pages/lotus%20flower.htm)
- Tape or push pins
- 2 different color post-it notes
- Flipchart & Markers
- Handout - Peer Education/ Advocacy
- Handout - Key Definition in Peer Advocacy

Preparation:

- Write on a sheet of flipchart:

1. What is the role of the peer advocate? ---color of post-it
2. What are advantages of peer advocacy?

- Give the peer facilitator(s) the following questions to help them prepare for telling their stories:
  In a few words, tell us your story of finding out that you were HIV positive and what that was like for you.

  How did you become a peer advocate?

  How did you deal with HIV disclosure in different relationships?

  What are your strengths??

  What are some things you do to take care of yourself (self-care)?

  What are some challenges and successes of peer advocacy for you?

women how we have risen from the swamp. We can be role models and helpers in other women's process of healing.

6. Slowly read the following meditation that can assist us in getting in touch with the spirit of the lotus flower in ourselves:

The Journey of the Lotus Meditation/Visualization

Find a comfortable position in your chair. You may close your eyes if you like, or keep them open.

Imagine that you and the other women in this training are sitting on a grassy meadow, under a bright blue, sunny sky. Feel the ground beneath you—and breathe in and out, feeling how your breath gives you life? Let the sun dissolve your thoughts from your mind. It is okay if thoughts continue to rise—just let them come and go. Notice if you feel tension anywhere in your body. You may want to take a deep breath and send fresh air to those tense places. Take a moment to breathe and relax.

Imagine that you are still sitting under the sunny blue sky, and in front of you is a magnificent swamp that resembles the surface of a small lake. Out of the swamp arise many lotus flowers—as many flowers as there are women in this training. Choose one of the flowers in the swamp, and focus your attention on that flower, zooming in on it as if your eyes are a telescope. The flower is pearly white, and it has dozens of long wide silky petals that extend outward as if embracing the sky. Tucked inside the flower is a case full of seeds. The flower is so shiny that it brightens the air around it—as if it is glowing.

Gaze at the lotus, and allow yourself to connect with the flower from the center of your heart.

Now, with compassion for yourself, if you feel able, recall some of the confusion and pain that you felt when you were diagnosed with HIV. You do not need to remember everything, just some of the feelings. If the feelings become too strong, you can always allow the glow of the lotus flower to soothe your heart.

SYMBOL OF PEER ADVOCACY

We're there to let them know that we are just as human as they are. And that there's nothing wrong with feeling a feeling, there's nothing wrong with talking about it, and there's nothing wrong with being afraid.

Jackie Howell
Peer Educator
New York, NY

Imagine that all of your feelings are a part of the muddiness of the swamp from which the lotus flower grows. You have survived a very difficult experience. You have risen from the swamp like the lotus flower.

Now bring your attention to your heart. Imagine there is a lotus flower blooming in the very center of your heart. Allow the glow of the lotus to fill your body.

Now imagine the glow is extending from your heart to all of the women in this room. As you send out your glow, see if you can also receive the glow from others.

Now imagine that the glow of the lotus is extending to all women who are suffering from an HIV diagnosis.

The glow brings comfort, wisdom and hope to you and all women. This is the glow of peer advocacy.

Now become aware of your breathing, and posture. You may want to wiggle your fingers and toes as we finish the meditation. I will count backwards from 5, and at one we will conclude the meditation.

(Note to facilitator: It is often helpful to allow for some reflection after the close of the meditation.)

7. Ask group: How did you feel doing this visualization?

8. We did this visualization to help us realize that we are like lotus flowers as well. Remember to keep coming back to this exercise. As peers we have to visualize our efforts as a lotus flower. Something beautiful can come out of something so difficult. You all are on your way to becoming peer advocates, to help other

people using your personal struggles to guide others to deal with their struggles. And through doing that, you'll continue to blossom and grow in your own skills and abilities to deal with your own struggles and challenges.

9. Peer facilitator should share her story at this time about her journey to becoming a peer educator.

   In a few words, tell us your story of finding out that you were HIV positive and what that was like for you.

   How did you deal with HIV disclosure in different relationships?

   How did you become a peer advocate?

   What are your strengths?

   What are some things you do to take care of yourself (self-care)?

   What are some challenges and successes peer advocacy for you?

10. Since we are all here to become "Peer Educators", let's talk about what it means to be a peer educator or peer advocate. You will hear us using both the terms educator and advocate which is basically the same thing.

11. Show the flipchart you prepared earlier with the following questions:

    a. What is the role of the peer advocate?
    b. What are the advantages of peer advocacy?

12. Distribute a few post-it notes of each color to every participant. Have participants write "the roles" of a peer advocate on one color post-it and "the advantages" of peer advocacy on another color post-it.

13. After a few minutes, facilitator should collect the post-it notes and put them on the Lotus Poster.

14. Facilitator should read few responses to the larger group.

15. Refer them to the Defining Peer Advocacy handout to fill in responses. Tell participants that it is just as important to remember what a peer advocate does and what they don't do, so that they can get help from the appropriate people if necessary. An example could be a peer advocate is not a HIV treatment educator so you don't have to know everything about HIV treatment.

16. Leave the Lotus poster up on the wall visible to participants throughout the training so they can add more post-its and to reflect on how important and needed peers are to the community!

Summary

Wrap up: Ask if there are any comments or questions. Tell the group that throughout the training we will be adding to our understanding of being peers. We hope by the end of the training you are able to walk out of here feeling as though you are a newly blossomed Lotus flower and an educated "Peer Advocate."

* 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.

SYMBOL OF PEER ADVOCACY

SESSION HANDOUT # 1 of 2

PEER EDUCATION/ADVOCACY

A **peer** is a person who belongs to the same social group as another person or group. The social group can be based on age, sex, sexual orientation, occupation, health status, or other factors.

Education/Advocacy refers to the development of a person's knowledge, attitudes, beliefs or behaviors as a result of the learning process.

What are the advantages of Peer Education?_____

_____

What does Peer Education/Advocacy mean to you? _____

_____

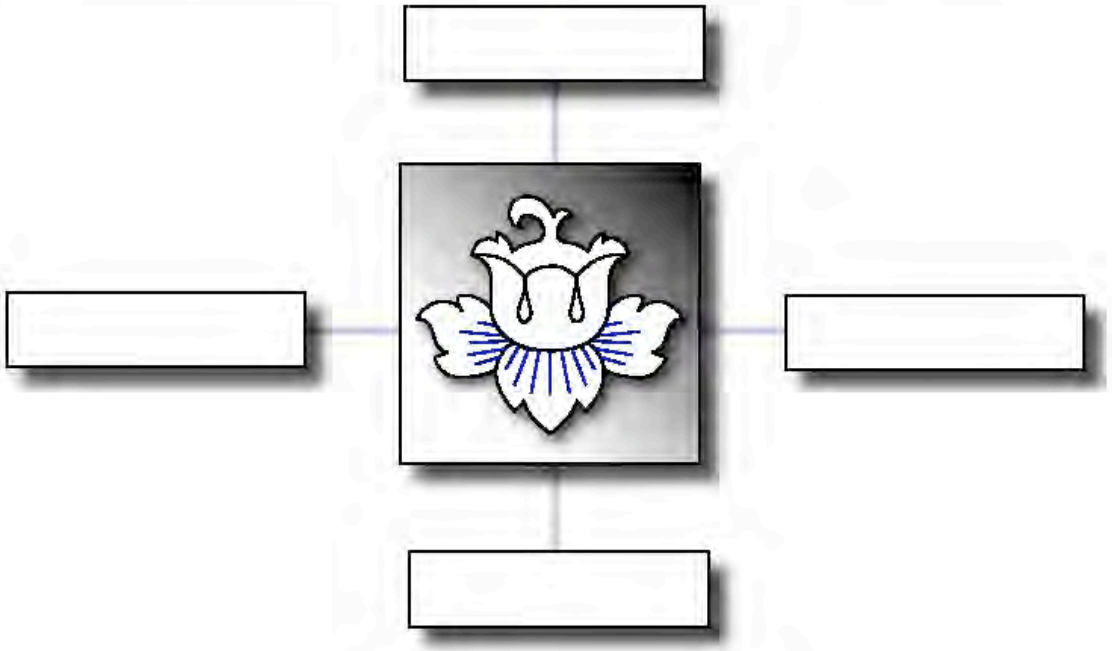
What are the various roles of Peer Educators?

A Peer Advocate is NOT a …… _____

SYMBOL OF PEER ADVOCACY

SESSION HANDOUT # 2 of 2

What are the various roles of Peer Educators?



A Peer Advocate is NOT a ..... _____

SYMBOL OF PEER ADVOCACY

SESSION PICTURE

Picture found at http://pinker.wjh.harvard.edu/photos/new_zealand_II/pages/lotus%20flower.htm

WHAT IS A PEER?*

ABOUT THIS ACTIVITY

Time: 45 minutes

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

- Describe a Peer's function;
- Identify what makes an effective Peer Educator;
- Identify core roles and responsibilities of Peers;
- Understand the benefits of a relationship with a Peer.

Training Methods: Lecture, Small Group Brainstorm Activity, Large Group Discussion

In This Activity You Will…

- Define principles of peer programs (10 minutes).
- Assign brainstorming questions to groups of 4 and provide activity instructions (5 minutes).
- Allow participants to complete answers (15 minutes).
- Lead group discussion of answers to ensure understanding (15 minutes).

(continued next page)

Instructions

Note: This lecture is tailored for the Kansas City/St. Louis areas. please adapt to fit your own environment.

Lecture

1. Begin with a short lecture to introducte the concept of peer education programs. Peer Education programs share the following principles:

- An understanding that people are more likely to hear and accept information that is presented and modeled by their peers.

- A belief in the value ad ability of people to bring about positive change in themselves and others

2. Peer Education programs were first developed to target youth in an effort to address youth sexual and reproductive rights according to the International Planned Parenthood Federation and to encourage positive student modeling and mentoring at high schools.

3. Success with youth has transcended to peer programs that target people of all ages and with a variety of chronic diseases.

   Research has shown us that peer programs are successful in the fields of mental health, cancer, multiple sclerosis, heart disease and HIV/AIDS nationally and internationally.

4. In Kansas City peer programs can be found at Planned Parenthood, Mental Health Association of the Heartland, St. Lukes Health System-Cancer Department, at HIV Primary Care Clinics such as Kansas City Free Health Clinic and Truman Medical Center.

* This module comes from the Missouri People to People Training Manual, 2008.

WHAT IS A PEER?

ABOUT THIS ACTIVITY (CONT.)

Materials:

- Newsprint (one copy for each small group)
- Markers
- Masking Tape
- Handout – Brainstorming Activity
- Trainer's Guide – Potential answers for Brainstorming Activity

Preparation:

- Print handouts
- Prepare newsprint (with a different question that each group will discuss)

In St. Louis they can be found at Barnes Siteman Cancer Center for Women, St. Lukes St. Louis Cancer Program, in the recent past St. Louis Effort for Aids and Washington University had peer programs.

5. In the past decade there has been an interest in incorporating peer educators in health care programs to promote adherence to health routines such as patients attending medical appointments, taking medications, navigating social service systems and in chronic disease prevention.

6. We will spend the next [insert appropriate amount of time here] looking at the knowledge, skills, role and responsibilities and benefits of Peer Educators.

7. First, we are going to do a Brainstorming exercise that will help us understand some of the key concepts of peer education.

Brainstorm Activity

1. Introduce the activity by explaining that participants will be assigned to small groups to brainstorm answers to key questions that will define what a peer is and some roles and responsibilities.

2. Pass out the Brainstorming Activity.

3. Assign participants to 4 groups by counting off 1-4 until all participants are assigned to a group.

4. Assign a space in the room for each group.

5. Ask participants to go to their assigned group in the respective space.

6. Give each small group a piece of prepared newsprint that has a question written on it.

WHAT IS A PEER?

The most important thing you do as a peer is to connect with the client; and to build trust. Because unless you build trust, the client is not going to speak to you or believe any of what you say.

Jackie Howell
Peer Educator
New York, NY

7. As each group to appoint a reporter and a recorder.

8. Instruct group to use the newsprint to brainstorm answers to the question.

9. Tell the group they will have about 10 minutes to do this activity.

10 Bring the entire group back together and ask each reporter to go over his or her group's work.

11. Ask open-ended questions to draw out thoughts on how a peer might be of service to a person living with HIV.

Summary

- Ask participants if they now understand what an effective Peer Educator is, what some of the benefits of working with a Peer Educator and what are some of the roles and responsibilities.

- Explain to participants that responsibilities will change based on the needs of the environment/agency that a Peer Educator maybe working at, but the core components remain the same.

* 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 Missouri People to People Training Manual, 2008.

WHAT IS A PEER?

SESSION HANDOUT

BRAINSTORMING ACTIVITY

What is a Peer?

What makes an effective Peer Educator?

What are the roles and responsibilities of peer educator?

What are the benefits of a peer educator?

WHAT IS A PEER?

SESSION TRAINER'S GUIDE

POTENTIAL ANSWERS BRAINSTORMING ACTIVITY

What is a peer?

- Someone who is my age
- Experiences similar experiences as me
- Someone I can relate to
- Someone who provides support
- Someone who fights the same fight
- Someone who I have something in common with
- Helps bring about positive change in others
- Someone who doesn't pass judgment

What makes an effective peer educator?

- A person who instills a sense of hope to others
- Plants seeds of knowledge
- An effective communicator
- Provides general health information
- Helps gets people into care
- A good listener
- Is a good role model
- Problem solver
- Knows the Ryan White system of services
- Available when I need them
- Does not give me advice

What is not an effective peer educator?

- Give medical advice (Doctors, Nurse Practitioners and Nurses are trained to provide this type of information. Peers receive updated information on treatment options, side effects of medications and always refer the client back to the health care provider)
- Serve as a licensed counselor (The capacity of a peer is to provide support. Licensed Counselors receive education, supervision and complete state licensure examinations)
- Make promises (Part of human nature is to want to help others, however if we say that we are going to do something and we don't clients do not forget. The trust factor in the relationship will be affected.)
- Judge or look down on peer (The relationship should be on the same playing field with mutual respect)
- Ignore feelings (Affirming feelings is acknowledgement that they are real for the client)

POTENTIAL ANSWERS BRAINSTORMING ACTIVITY (CONT.)

What is not an effective peer educator? (cont.)

- Act aggressively (Aggressive behavior pushes clients away in stead of building a trusting relationship that is mutually respected)
- Do things for the peers that they can do for themselves (A peer provides a client with knowledge and options and it is up to a client to make their own decisions. The peer motivates a client to empower themselves and feel confident that they can be independent.)
- Talk about themselves too much (A peer provides comfort to the client, shares experiences and is living proof that it is possible to live a productive, fulfilling life with HIV. A peer program is client-centered and about the client.)
- Break confidentiality (When building a relationship it is vital to assure the client that what is said is confidential which encourages open communication. Not respecting confidentiality breaks down the relationship and the work previously achieved)

What are the roles and responsibilities of a peer educator?

- Client advocate
- Educator
- Active Listener
- Help find resources such as employment, social services, mental health and medical services
- Care about peer
- Model self care
- Make themselves available to peers they serve
- Know that everyone has a different experience
- Encourage peers to ask questions
- Bridge gaps with providers and case managers
- Act direct, clear and assertive

What are the benefits of a peer educator?

- Gives the patient a message of hope, wellness and engage them in their own healthcare
- Increases knowledge of HIV/AIDS
- Clarify misinformation and dispel unnecessary fears
- Communicates that HIV disease if chronic and manageable
- Communicates that HIV treatment works
- Advises patients that greater than 90% adherence is the minimum necessary for effective adherence and achieving it is possible for everyone
- Fosters positive beliefs and empowerment

WHAT DOES IT TAKE TO BE A PEER EDUCATOR?*

ABOUT THIS ACTIVITY

Time: 45 minutes

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

- Identify core qualities, skill set needed and information/knowledge required to be a peer educator.

Training Methods: Individual Activity, Large Group Discussion

In This Activity You Will…

- Share definitions with group (25 minutes).
- Engage group by asking questions about their lab values (10 minutes).
- Lead a group discussion to summarize (10 minutes).

Materials:

- Laminated cards with headings for each category (Knowledge, Skills, Qualities)
- Laminated cards with knowledge, skills and qualities concepts/phrases
- Newsprint with definitions-

  Knowledge- information acquired through experience or education.

  Skills- action, the ability to do something well

  Qualities- characteristics of a person
- Handout-List of knowledge, skills and qualities
- Masking Tape

(continued next page)

Instructions

1. Distribute 2-4 cards to each participant from the knowledge, skills and qualities laminated cards until all are distributed.
2. Let participants know that they should use the masking tape to tape their phrases/concepts to the assigned category.
3. Tell participants that they can work individually on this activity or can problem-solve with each other if questions arise in assigning a concept/phrase to a category.
4. Give participants 5 minutes to tape concepts/phrases into categories.
5. Ask participants the following questions and facilitate discussion:

Discussion Questions

- Review each heading and matching concept/phrase.
- Ask group if there are additional concepts/phrases that they would associate with the headings.
- Assure group that these lists change based on the responsibility of peers in different settings.
- A list of knowledge, skills and qualities of a Peer Educator is in your participant manual.

* This module comes from the Missouri People to People Training Manual, 2008.

WHAT DOES IT TAKE TO BE A PEER EDUCATOR?

ABOUT THIS ACTIVITY (CONT.)

Preparation:

- Prepare laminated cards with headings
- Prepare laminated cards with concepts/phrases
- Prepare Newsprint with definitions
- Tape categories/headings to a wall in the room to form 3 columns
- Prepare pieces of masking tape that participants will use to attach the concepts/phrases assigned to the 3 categories.

Summary

- Tell participants that there is a wealth of knowledge that Peer Educators have and are able share with clients.
- There are specific skills and qualities that make an effective peer educator.
- Tell participants that activity provides a snapshot of the knowledge and skills they will be trained on in Level II to help them become a Peer Educator.

* 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 Missouri People to People Training Manual, 2008.

WHAT DOES IT TAKE TO BE A PEER EDUCATOR?

SESSION HANDOUT

KNOWLEDGE LIST

1. Basic HIV 101
2. Modes of HIV transmission
3. Risk Reduction Strategies
4. Aware of community services that are available to clients
5. HIV Viral Life Cycle
6. How to disclose HIV diagnosis
7. How to describe CD4 and Viral Load results
8. Understand drug resistance
9. Basic principles of effective communication
10. Where to get STD testing
11. Name/know about opportunistic infections
12. Medication side effects
13. Knows what videos, pamphlets are good resources for patients
14. Aware of HIV State Laws
15. Where to get an HIV test
16. Daily tasks peer educators complete
17. Understand workplace code of conduct
18. Understand paperwork needed for client chart

WHAT DOES IT TAKE TO BE A PEER EDUCATOR?

SESSION HANDOUT (cont.)

SKILLS LIST

1. Ability to read and write
2. Can read verbal and nonverbal cues
3. Develops trust and engage a client
4. Can get client information as needed
5. Ability to manage time
6. Active listening
7. Effective communicator
8. Ability to ask open ended questions
9. Gives options
10. Can document services provided to a client
11. Advocates for client
12. Ability to coach a client
13. Ability to use videos/computer
14. Speaks clearly
15. Can brainstorm ideas with clients
16. Problem solver
17. Models behavior change

WHAT DOES IT TAKE TO BE A PEER EDUCATOR?

SESSION HANDOUT (cont.)

QUALITIES LIST

1. Open-minded
2. Non-Judgmental
3. Flexible
4. Patience
5. Compassionate
6. Connect with others
7. Truthful
8. Supportive
9. Positive attitude
10. Encouraging
11. Focused
12. Sincere
13. Respectful
14. Warm
15. Interested
16. Assertive
17. Empowers others

PEER WORKER CHALLENGES AND SUCCESSES*

ABOUT THIS ACTIVITY

Time: 45 minutes

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

- Describe 3 challenges they have experienced in defining and fulfilling their role as peer workers;
- Discuss 3 successes that they have experienced in carrying out their role as peer workers;
- Identify 3 types of support that would enhance their effectiveness as peer workers.

Training Method: Small Group Discussion

In This Activity You Will…

- Direct small groups to discuss questions about challenges/ successes/additional resources for working as a peer and to record responses. (30 minutes)
- Ask the groups to report back to larger group. (15 minutes)

Materials:

- Discussion questions on newsprint/ board.

Preparation:

- Trainer writes questions on newsprint/ board.

Instructions

1. Introduce session, and break into groups of 4-6 people.
2. Instruct participants to discuss questions on the newsprint with their table groups and to share their personal experiences within their groups. Have each group appoint a recorder, who will be sharing the small group responses with the larger group. Allow up to 30 minutes for small group discussions.
3. Remind participants to move on to the next question at 10 and 20 minutes.
4. Ask recorders to share their responses with the larger group.
5. Write the successes on new newsprint.
6. Post the success newsprint on the wall – telling participants that we want to be reminded of the successes they have experienced throughout the training.

Summary

Wrap up exercise by pointing out upcoming sessions that will further address issues brought up by peers during this session.

* 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 Comprehensive Peer Worker Training, Peer Advanced Competency Training (PACT) Project Harlem Hospital Center, Division of Infectious Diseases, 2008.

PEER WORKER CHALLENGES AND SUCCESSES

SESSION DISCUSSION QUESTIONS

DISCUSSION QUESTIONS

1. What are some of the challenges that you've experienced in defining and fulfilling your role as peer workers?

2. What are some of the successes you've experienced as peer workers?

3. What tools, trainings, or other types of support would help you improve your work as a peer?

ROLE OF PEER WORKERS IN PROMOTING HEALTH AND WELL-BEING*

ABOUT THIS ACTIVITY

Time: 30 minutes

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

- List 4 ways peer workers promote health and well-being.

Training Methods: Small Group Brainstorm, Large Group Discussion

In This Activity You Will…

- Brainstorm "who is a peer/what do they do?" (20 minutes).
- Discuss the difference between personal qualities/knowledge/skills of a peer and discuss which of these a peer brings to the job versus are developed by training or both. (7 minutes).
- Summarize by mentioning studies showing the impact of peer support on a client's health. (3 minutes).

Materials:

- Newsprints-Peer Roles (one for each group)
- Handout – Role of Peer Worker
- Flip chart and easel
- Markers

Preparation:

- Prepare newsprints
- Prepare handouts

Instructions

1. Break into small groups of 4-5 people.
2. Pass out newsprint and a different color marker to each table group. Brainstorm "who is a peer/what do they do." Emphasize commonalities and differences in roles.
3. Instruct participants to think about what roles a peer plays in promoting health and well-being.
4. Instruct participants to brainstorm in their groups and write their answers on the newsprint. Watch time and instruct when 15 minutes has passed.
5. Ask participants to return to their seats.
6. Ask groups to present lists one by one (posting the lists on the wall in front).
7. Discuss the roles and as each group presents look for commonalities and differences.
8. Hand out answer key. Discuss personal qualities, knowledge and skills of a peer and ask for examples from the list. Discuss whether these are something that a peer can be trained on or if peer already has.
9. Discuss how peers are often valued more for their personal qualities but that they can also teach skills and have a measurable impact on health and well-being.
10. Explain the concept of a multidisciplinary team is. Briefly discuss the idea of multidisciplinary teams and the specialized role of the peer.

* This module comes from the Comprehensive Peer Worker Training, Peer Advanced Competency Training (PACT) Project Harlem Hospital Center, Division of Infectious Diseases, 2008.

ROLE OF PEER WORKERS IN PROMOTING HEALTH AND WELL-BEING

TRAINING TIP

- Keep these flipcharts to be used in the Multidisciplinary Team exercise later in training.
- Use this first exercise as an opportunity to validate the work that peers do. Whether they are paid or volunteer, peers are performing work that is a valuable function for their agency.

Summary

Summarize by reminding peers that they are much more than cultural guides: peers have a crucial role to play in a multidisciplinary team and can have an impact on a client's health. Tell participants that the positive impact of social networks and social support has been proven by studies to improve prevention efforts, slow disease progression, improve adherence, improve coping and quality of life.

* 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 Comprehensive Peer Worker Training, Peer Advanced Competency Training (PACT) Project Harlem Hospital Center, Division of Infectious Diseases, 2008.

SESSION HANDOUT

ROLE OF PEER WORKERS IN PROMOTING HEALTH AND WELL-BEING

Actively listen
Advocate
Answer questions
Assist with paper work
Assist with the service plan
Bridge the gap between patient and doctor
Bring street experience
Buddy
Build confidence
Communicate in layman's terms
Community outreach
Compassion
Concerned
Condom demonstrations
Counselor
Credible source of information
Demonstrate in marches
Dependable
Educate
Educate youth
Empathetic
Empower clients and themselves
Enhance self esteem
Escort
Experience with disclosure
Facilitator
Family support
Feedback to healthcare providers
Flexibility
Follow-up
Foster self-efficacy
Friendship (to an extent)
Give information
Harm reduction
Have more time than medical staff
Help clients with substance use
Help communicate with providers
Help incorporate treatment into daily life
Help navigate health care system
Help with confidence/self esteem
Help with disclosure
Help with risk factors
Honest
Housing
Identify with client
Identify client needs
Identify resources
Inspire hope
Lobby
Non-judgmental
Open and honest
Outreach
Positive role model
Presentations
Prevention with positives
Reach people where they are
Referrals
Run support groups
Support
Treatment education
Understanding

PEER JOB DESCRIPTION*

ABOUT THIS ACTIVITY

Time: 30 minutes

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

- Understand the educational requirements, essential functions, and physical demands of a Peer Educator in a clinic setting

Training Method: Large Group Discussion

In This Activity You Will…

- Lead the group by reviewing job description examples (10 minutes)
- Answer questions related to job description (10 minutes)
- Lead a group discussion to summarize (10 minutes)

Materials:

- Laptop
- Projector/Screen/White Wall
- Handout – Peer Educator and Peer Advocate Job Descriptions

Preparation:

- Obtain a relevant peer Job Description or use one of the descriptions attached to this module
- Print handouts

Instructions

1. Reference the *Job Descriptions.*
2. Review each bullet, answer questions as they arise.
3. Explain that the Peer Educator job description may change depending on the Agency/Clinic focus as well as the target population that the peer program is going to reach. Example Peer Educator may work in a HIV Primary Care Clinic and work with clients who come in for their medical appointments. Or peers may work at a Community Based Organization to assist Ryan White Case Managers in finding resources for clients.

Summary

- Re-state the main knowledge points of the session.
- Wrap up the discussion

The main thing I need to do with a new client is determine what type of services they need—do they need case management, are they homeless, do they need some health counseling—so basically it's really sitting down with the person, getting to know what they need and what they hope to find at Christie's Place, then pointing them in the right direction.

Carol Garcia, peer at Christie's Place
San Diego, CA

* 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 Missouri People to People Training Manual, 2008.

PEER JOB DESCRIPTION

SESSION HANDOUT

PEER EDUCATOR JOB DESCRIPTION #1

Title: Peer Educator	
Division: HIV Primary Care	Status: Part-time/non-exempt
Number of Employees This Position Supervises: 0	Budget Size: 0
Reports To: LaTrischa Miles	Date: June 19, 2006

General Summary

The Peer Educators are integral to the Treatment Adherence Program and provide specialized services in a professional environment. Peer Educators work to encourage engagement into care and support adherence to treatment by providing client centered individual and group level skill building activities to achieve client goals.

Minimum Requirements

- Must have a high school diploma/GED;
- Must have 1 year of experience in this or a related field;
- Must have experience in providing HIV peer education, HIV related volunteer work or completion of a leadership training program;
- Must have good interpersonal skills with the ability to relate to diverse groups of people and people on all levels;
- Must have the ability to work independently and seek guidance when necessary;
- Must have the ability to work within a multi-disciplinary team approach to health care;
- Must have good interpersonal skills with ability to relate to diverse groups of people and people on all levels.

PEER JOB DESCRIPTION

SESSION HANDOUT (cont.)

Essential Functions

- Maintain a client caseload of 5-10 HIV+ individuals
- Peer educators will provide individual contact with patients to identify and develop client directed treatment plan goals and monitor ongoing achievement of goals.
- Work collaboratively with primary care and case management staff to identify newly diagnosed patients who can benefit from peer support, by offering hope and living proof that living with the disease is possible
- Support patients in navigating the clinic system and community resources.
- Engage clients expected to start ARV regimens in an assessment of readiness for treatment, provide education on HIV medications, anticipated benefits/ sides effects and importance of adherence. Assess patient needs upon onset of medication.
- Provide individual and group educational skill building opportunities to foster adherence to medications, identify strategies to improve adherence to health routines, communication with providers and additional issues to increase engagement in care and adherence to treatment ;
- Enhance engagement in care and adherence by assembling next day appointment charts, complete patient reminder and DNKA calls per Protocol and Operational Activities Manual;
- Maintain appropriate records and collaborate with primary care and treatment adherence specialist on patient concerns
- Maintain the bulletin boards in patient exam rooms and re-stock with health promotion and disease prevention literature. Participate in continuing HIV/AIDS education.
- Mentor and educate new peer educators
- Supports the mission and vision of the Kansas City Free Health Clinic; follow all clinic policies and procedures; attend individual and group supervision meetings
- Must adhere to all confidentiality policies. It is a direct violation of Clinic policy to share the names or case facts concerning any client, patient or volunteer of the Clinic with any other person with the exception of those actually involved in the care of the patient/client. Any release of confidential information to any other entity shall be preformed by authorized personnel only and shall be accompanied by proper written authorization from the patient/client;

PEER JOB DESCRIPTION

SESSION HANDOUT (cont.)

Physical Demands/Working Conditions

- Intermittent physical activity including walking, standing, sitting, lifting and supporting of patients.
- Incumbent will be exposed to virus, disease and infection from patients in working environment.
- Incumbent will be required to work at one of our two facilities and be responsible for their own transportation.
- Incumbent may experience traumatic situations including but not limited to psychiatric, dismembered and terminal patients.

My signature indicates that I understand that the above information is intended to describe the essential functions of the position and it is not intended to be an exhaustive list of all responsibilities, duties and skills required in order to perform the work required. I also understand that the Kansas City Free Health Clinic is an Equal Opportunity Employer and that the Kansas City Free Health Clinic is an "at will" organization and employment may be ended by either party with or without notice.

Signature and Date_____

Supervisor Signature and Date_____

PEER JOB DESCRIPTION

SESSION HANDOUT (cont.)

PEER ADVOCATE JOB DESCRIPTION #2

The role of the Peer Advocate is to provide a bridge between providers and clients (HIV-positive women) that facilitates the medical and psychosocial care of the client.

The Peer Advocate works in a team setting as one component of the clients coordinated care. However, the Peer Advocate is an advocate for the client, and maintains a relationship with the client that fosters trust and understanding distinct from a provider role.

The peer Advocate is expected to serve as a role model who provides reliable information, appropriate referrals, and emotional support to women who are infected with HIV or AIDS. Peer Advocates also help clients access services (medical, emotional, economic, and legal) and sometimes accompany clients to appointments or arrange for transportation as needed.

Required Qualifications:

1. First hand understanding of issues related to living with HIV or AIDS.
2. Familiarity with AIDS services in the city of _____.
3. Ability to work as part of a team, with other Peer Advocates at our Agency and with health care providers in clinical settings.
4. Honesty and genuine compassion for individuals living with HIV/AIDS.
5. Ability and willingness to accept direction from supervisor.
6. Good oral and written English communication skills.
7. Good telephone skills
8. Comfort with the diversity (ethnicity, sexual orientation, socioeconomic status, etc.) of our multicultural community.
9. Ability to maintain required work schedule, be on time, keep work area neat and be accountable for how time is used.
10. Ability to use good judgment regarding confidentiality issues.
11. At least one year clean and sober if addiction has been an issue.
12. Ability to advocate for clients by bringing concerns about services to providers' attention.
13. Ability to help clients identify risk reduction strategies (safer sex, drug treatment, needle exchange, etc.)
14. Strong knowledge of HIV disease, treatments, and substance abuse issues.

Preferred Qualifications:

1. Basic computer proficiency
2. Prior peer experience or peer education training.
3. Prior experience with record keeping.
4. Training certificate in HIV 101, Peer Education/Advocacy, HIV treatment is preferred but not required.

CONFIDENTIALITY AND CREATING BOUNDARIES IN THE WORKPLACE*

ABOUT THIS ACTIVITY

Time: 45 minutes

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

- Understand the importance of appropriate boundary setting with patients/clients;
- Understand the importance of confidentiality and HIPAA laws.

Training Methods: Brainstorm, Lecture

In This Activity You Will…

- Share key definitions with the group (25 minutes).
- Provide examples of when confidentiality and boundaries are broken (10 minutes).
- Lead a group discussion to summarize (10 minutes).

Materials:

- Newsprint
- Markers
- Powerpoint slides

Preparation:

- Prepare powerpoint presentation.

Instructions

1. This discussion is followed by a short brainstorming activity: Boundaries or Confidentiality Scenarios.
2. Elicit from the group responses to "What is Confidentiality?"
3. Affirm responses.
4. Follow talking points.

Talking Points

What is Confidentiality?

- Keeping information protected from unauthorized viewers
- Ensuring that information is accessible only to those authorized to have access
- Refers to an ethical principle associated with several professions- "privileged"
- Trusting another person with information that will not be shared with others

Health Insurance Portability and Accountability Act (HIPAA)

- The federal government established this act to maintain and protect the rights and interest of the customer. HIPAA defines the standard for electronic data exchange, protects confidentiality and security of healthcare records. The privacy or confidential rules regulate how information is shared. Upon engagement of health services- pharmacy, medical visit, social services etc. the client is informed of his rights to confidentiality and the policy and procedures regarding the release of his personal health information. The client signs form stating that they received and reviewed HIPAA law.

* This module comes from the Missouri People to People Training Manual, 2008.

CONFIDENTIALITY AND CREATING BOUNDARIES IN THE WORKPLACE

Situations when data can be released without the client's permission or consent:

- For the purpose of reporting abuse, neglect or domestic violence to the proper social service or protective services agency.
- To prevent serious threat to health and public safety
- To the department of public health for health reporting purposes
- Inform appropriate bureau during disaster relief
- Workers Compensation
- Food and drug administration for side effects of drugs or food product defects to enable product recall.
- Correctional institution
- To medical examiners, coroners, procurement of organ, or certain research purposes.
- Notify family members, legal guardian involved in the client's care for notifying them of a person location

Consequences of breaking confidentiality include:

- Employee reprimanded, given a warning or be dismissed from the agency.
- The client/patient may be embarrassed.
- The client will loose trust in the peer educator and the agency.
- The client may file charges against the peer educator and the agency.
- The agency could be fined criminal penalties for disregarding HIPAA.

What is a boundary and what does it mean to set boundaries?

- A boundary is a dividing line between you and anyone else that represents both physical and emotional limits.
- Boundaries ensure that others do not cross the line.
- Boundaries make you feel safe and healthy .
- Boundaries make others feel safe around you.
- Boundaries set relationship guidelines so people know how to behave around you.

Tips for setting boundaries:

- Clearly state what you will and will not do.
- Avoid justifying, rationalizing or apologizing for your boundaries.
- You cannot simultaneously set a boundary and take care of another's feelings.
- Set a boundary without feeling guilty
- Be ready to enforce a boundary once it's set
- Follow through. What we say must be what we do
- Be prepared for people to get angry when you set a boundary

What to do when someone crosses your boundaries?

- Inform - Let the person know what they are doing while using I statements
- Request- Let them know what you want
- Take a stand – Let them know that the behavior they crossed is not appreciated or is disrespectful
- Time Out – Step out of the situation briefly for your safety
- Extended Time Out – Stop the relationship until person changes behavior

Summary

Wrap up session.

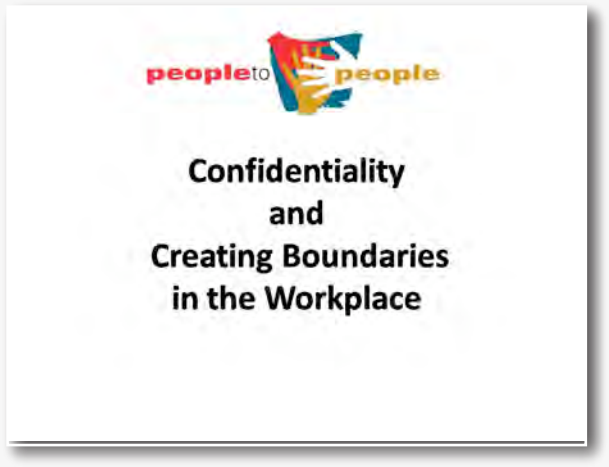
Borrowed from: Codependence: The Dance of Wounded Soulsand, Chapter- Setting Personal Boundaries by Robert Burney

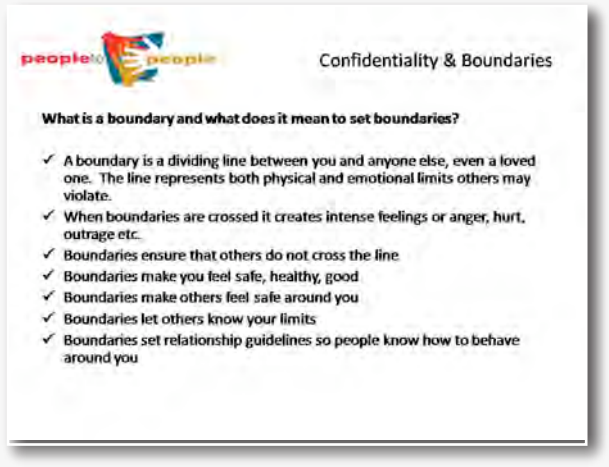
Borrowed from: The Relationship Coach Newsletter by Rinatta Paries, www.WhatItTakes.com

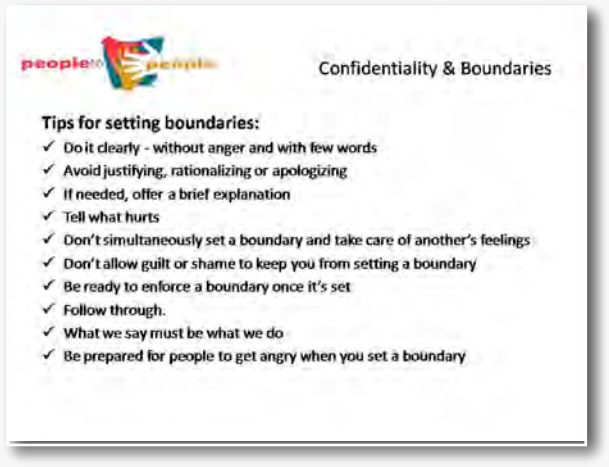
* This module is part of the online toolkit *Building Blocks to Peer Success.* For more information, visit http://www.hdwg.org/peer_center/training_toolkit.
This module comes from the Missouri People to People Training Manual, 2008.

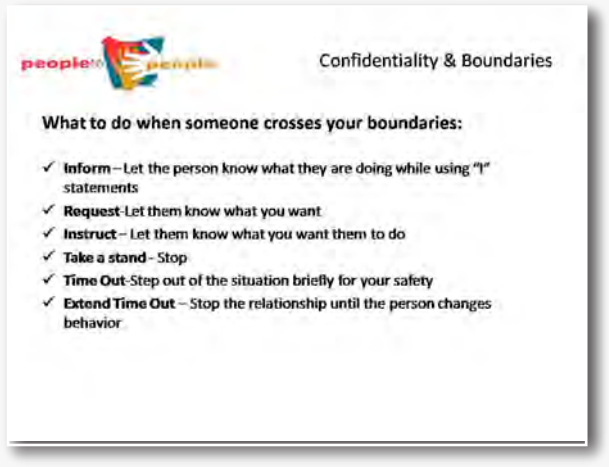
CONFIDENTIALITY AND CREATING BOUNDARIES IN THE WORKPLACE

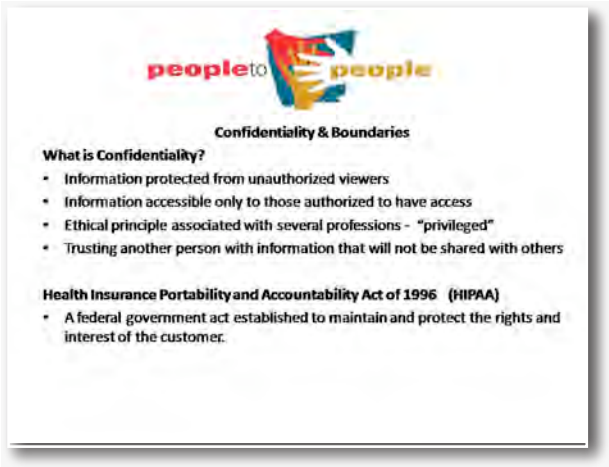
SESSION POWERPOINT





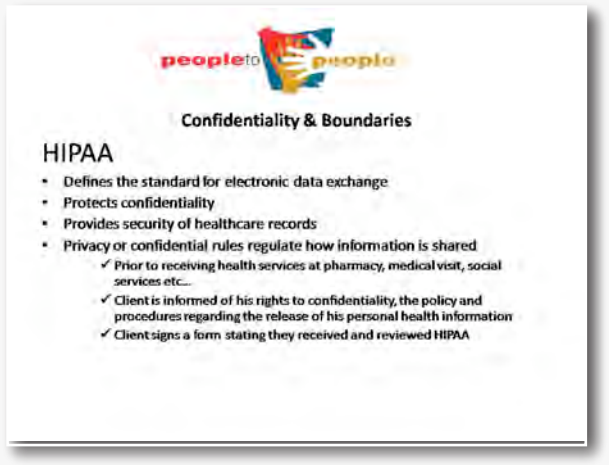


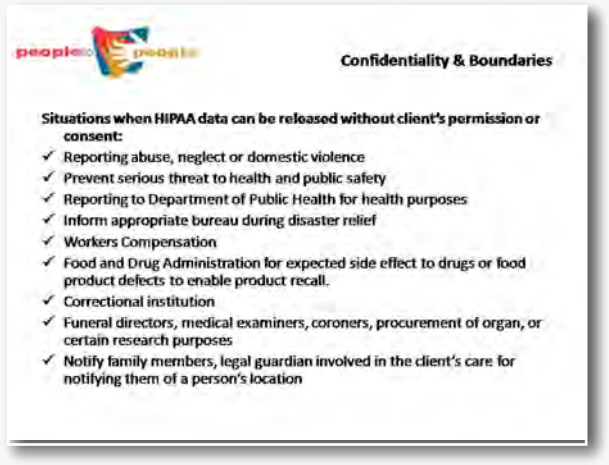


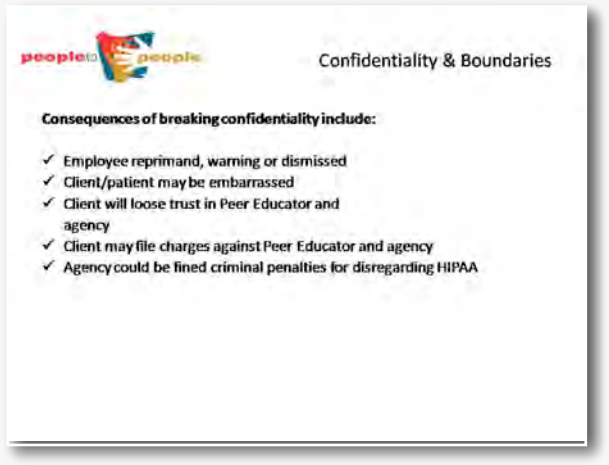


CONFIDENTIALITY AND CREATING BOUNDARIES IN THE WORKPLACE

SESSION POWERPOINT (cont.)







CREATING BOUNDARIES*

ABOUT THIS ACTIVITY

Time: 60 minutes

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

- Outline the role of the peer educator and limitations;
- Understand why professional boundaries are needed and useful;
- Understand when and how to use professional boundaries with colleagues and clients.

Training Methods: Large Group Activity, Small Group Activity, Large Group Report Back

In This Activity You Will…

- Lead an icebreaker and discussion about boundaries (20 minutes).
- Lead a discussion about values (10 minutes).
- Break the group into four groups to discuss values (20 minutes).
- Facilitate a full group discussion about values (10 minutes).

Materials:

- Flipchart, markers
- Handout - Creating Boundaries
- Answer Key- Creating Boundaries
- Handout - My Personal Story Worksheet (optional)
- Handout - Values

Preparation:

- Print handouts

Instructions

1. Have the participants form 2 lines 10 feet apart and face each other. One line will be A's and one line will be B's. Pairs will be created with the person directly in front of them.

2. Tell the A's that they are going to walk slowly towards the B's. The B's will stand still and when they start to feel uncomfortable with how close the A's are coming towards them, put their hands up with their palms facing A's.

3. Emphasize that there is no "right" or "wrong" distance, it's a matter of personal comfort. There will be some giggling, but encourage the group to do this silently and to really pay attention to their feelings.

4. Repeat the activity but mix up the pairs so the B's get to walk towards a different person in the A line.

5. After the pairs have done this, ask everyone to return to their seats and process by asking such questions as:

- How did it feel to be B and to have the power to stop the other person?
- How did it feel to be A and not have the power?
- What does this have to do with being a peer advocate/educator?
- Who has the power in that relationship to set boundaries?
- How might you feel if a client sets boundaries that are farther away than you'd like?
- How might you feel if her boundaries are closer than yours?
- We've been looking at physical boundaries, but what other kinds of boundaries are important for us to set?
- What are some safe ways to let others know our boundaries?

6. Through our discussion today we have seen that peer advocates face many challenges and to avoid burnout we need to create boundaries and limitations for ourselves.

7. Ask: How might someone go about creating boundaries with their clients who have many needs? Give participants the Creating

* 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.

Boundaries handout and tell them they can take notes on that if they choose. Review the Creating Boundaries handout and ask participants what they would do. Use answer key if necessary.

8. Let's discuss values. Ask the following questions, taking several responses to each:

- What's a value?
- Where do values come from?

9. Generally, we feel pretty strongly about our values; after all, they came from our families, our religious beliefs or other influences that we hold dear. When our values come in conflict with someone else's values, that's often pretty difficult to handle and brings up some strong feelings.

10. Some of our values may be challenged in our work as peer advocates, and it's important to continue to check-in with ourselves to see how our values mesh with the work that we are doing. If we find ourselves feeling very stressed, that may be a sign that our values are in conflict with our work.

11. Break participants into 4 groups. Each group should discuss with their group whether they agree or disagree with the value statements on Values Handout and why you feel that way. Remember this activity is not about who is right or wrong but sharing various view points and listening to each other.

12. Next, each group should discuss the questions on the bottom of the handout and take notes on the responses to share with the larger group.

    a. What did you learn about yourself and others?
    b. What values informed your choices?
    c. Was it hard to express disagreement with another person's value(s)? Why or why not?
    d. Were there times when you felt uncomfortable or unsafe? What helped you stand by your values at that time?
    e. Were there any times when you felt unable to stand for your values? When and why do you think that was so?
    f. What would support people at times when they feel unable to stand up for a value they believe in?

13. Ask each group to report back on 1-2 of the above questions to the larger group.

14. At the end of the session, you may distribute the handout My Personal Story Worksheet for participants to take home.

Summary

- Wrap up by reminding the participants that the responsibility of peer advocates is not to convince people to change behaviors that they believe is wrong or not a part of their own values, even if it's risky. Our responsibility is to make sure that people have the information they need, have the chance to develop the skills they need, and have the support to explore their own beliefs and values so that they can make healthy decisions.

- The more we let our personal values into our work, the more likely it is that we will close the door with someone. Clients are more likely to trust us and to learn from us if they see us as non-judgmental.

- Acknowledge that this is a tough challenge and will continue to be so. We're here because we care about our clients' health, and it's really hard to watch someone do things that aren't healthy. But by providing support and keeping the door open, we have a much better chance of really helping her than if we try to change her.

* 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.

BOUNDARIES OR CONFIDENTIALITY SCENARIOS*

ABOUT THIS ACTIVITY

Time: 20 minutes

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

- Apply knowledge to problem-solve scenarios that may present on a day-to-day basis.

Training Methods: Small Group Activity, Large Group Discussion

In This Activity You Will…

- Ask the participants to work in small groups to discuss scenarios (10 minutes).
- Lead a group discussion of answers to activity (10 minutes).

Materials:

- Newsprint
- Handouts – Confidentiality and Boundaries Scenarios
- Pencils

Preparation:

- Print out scenarios
- Prepare newsprints with Scenario questions (one newsprint for each Scenario)

Instructions

Introduce the activity by explaining that participants will be assigned to small groups to brainstorm scenarios where confidentiality or boundaries may have been broken.

1. Pass out the Confidentiality and Boundaries Scenarios.
2. Assign participants to groups of 3-4 people.
3. Assign a space in the room for each group.
4. Give each small group a piece of prepared newsprint with their scenario number and the corresponding questions written on it.
5. Ask each group to appoint a reporter and a recorder.
6. Tell the group they will have about 10 minutes to do this activity.
7. Bring the entire group back together and ask each reporter to go over his or her group's work.
8. Ask open-ended questions to draw out thoughts on how a peer might be on service to a person living with HIV.

Summary

Wrap up session.

* 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 Missouri People to People Training Manual, 2008.

BOUNDARIES OR CONFIDENTIALITY SCENARIOS

SESSION HANDOUT

CONFIDENTIALITY AND BOUNDARIES SCENARIOS

Scenario #1

Read the following scenario and answer the questions that follow.

Joe receives HIV care at the Clinic at the same place where you, the Peer Educator, work. You have seen him in the clinic hallways and have acknowledged him as a client who receives services but in your mind his face is familiar to you. You, the Peer Educator, attend your apartment building's monthly tenant meeting and sitting in the room is Joe. Your eyes connect.

- What do you do?
- What do you say and when?
- Is this a confidentiality or boundary issue?

Scenario #2

Read the following scenario and answer the questions that follow.

You have been working with a client for the past 6 months and both of you decide that he is ready for graduation from the peer program. You decide to celebrate by going to lunch. Each of you pays your way, of course. You meet him at the restaurant and he brings a plant for you as a gesture of his appreciation for the work you have done together.

- How do you handle this scenario?
- What other issues does this bring up?
- What if the gift was a $25 gift certificate payable to you for a pedicure?
- Is this a confidentiality or boundary issue?

CONFIDENTIALITY AND BOUNDARIES SCENARIOS (CONT.)

Scenario #3

Read the following scenario and answer the questions that follow.

You have just finished an educational session with your client Sarah. As you are walking her out she asks, "Can I borrow $20 to buy some food for my kids to eat? I promise I'll give it to you next week when I get my check."

- How would you handle this situation?
- What else comes up?
- Is this a confidentiality or boundary issue?

Scenario #4

Read the following scenario and answer the questions that follow.

The Peer Program gets a referral from a case manager and you are assigned to the client, Frances Draper. The name is familiar but you are not sure that you know the person. You meet with Frances and begin the peer working relationship. Unknown to your supervisor is the fact that Frances is a member of your church and your partner contracted with Frances to clean your house.

- What issues arise for you?
- What are the steps you should take with this client?
- Is this a confidentiality or boundary issue?

Scenario #5

Read the following scenario and answer the questions that follow.

The Police come to the clinic and you are the first person they see, they ask if Justin Love, a clinic patient, is here because they have a warrant for his arrest.

- What issues arise for you?
- What do you do?
- Is this a confidentiality or boundary issue?

SESSION HANDOUT # 1 of 3

CREATING BOUNDARIES

HOW TO CREATE BOUNDARIES	HOW WILL I DO THIS
Open communication with clients	
Follow through with your promises in a timely manner	
Address your limitations	
Seek support from your supervisor	
Refer, refer, refer	
It is OK to not know	
Don't feel pressured to share your story each and every time	
Being professional	
Putting your personal values aside	

SESSION ANSWER KEY

CREATING BOUNDARIES ANSWER KEY

HOW TO CREATE BOUNDARIES	HOW WILL I DO THIS
Open communication with clients	Let clients know what they can expect from you and what you expect from them from the beginning and be straightforward.
Follow through with your promises in a timely manner	Limit rescheduling or canceling appointments made with your clients.
Address your limitations	Let clients know what you are able to do and what you can't do. Share your roles of peer educator with them at first meeting. Tell them your hours and how they can reach you.
Seek support from your supervisor	If you don't know what to do or what is appropriate, make sure to contact other co-workers and peers. Always have supervisor's number on hand for emergencies.
Refer, refer, refer	You can't do everything so make sure you have a good, updated list of referrals. Make sure you are personally familiar with the referrals before sending clients to them. Take the time out to visit organizations and find contacts at those referrals. Follow through with the referrals.
It is OK to not know	Tell the client you don't know and that you will look into the information. Remember it is a learning process.
Don't feel pressured to share your story each and every time	Share what is appropriate, needed and within your comfort zone. See handout for reference: My Personal Story Worksheet
Being professional	Being organized, timely, efficient, and follow-through.
Putting your personal values aside	See Discussion

MY PERSONAL STORY WORKSHEET

1. In what context will you be sharing you story (i.e., prevention education, family planning, issue awareness, public at large)?

2. Why are you telling your story? What is the purpose? What do you want people to get out of it?

3. Who is your audience? How might your audience affect the way you tell your story (i.e., language, level of formality, personal appearance)?

4. How will you structure questions and comments from the audience?

5. What is your story?
- Main events/experiences relevant to your story.
- Identify 3-5 main points/messages to be included.
- How can you make it interactive? What questions do you want the audience to answer?
- What questions do you expect the audience to ask?

CREATING BOUNDARIES

SESSION HANDOUT # 3 of 3

VALUES

Value Statements

Do I agree or disagree with these? And why?

1. Sexual intercourse is appropriate only between married people.
2. Birth control should be available to youth without parental consent.
3. Men who have sex with other men are responsible for the HIV/AIDS epidemic.
4. It should be a crime for anyone infected with HIV to have sexual intercourse without telling her/his sexual partner.
5. Postponing sexual intercourse is the only message we should give youth about sexual behavior.
6. When a man and a woman have sexual intercourse, contraception should be the woman's responsibility.
7. Young woman/man who carries condoms or has them readily available are easy.
8. A young woman walking alone at night in tight sexy clothing is asking to be harassed.
9. People living with HIV/AIDS should be allowed to work in restaurants and prepare food.
10. People who use drugs and get HIV should not receive medical benefits and services.
11. Sex education and disease prevention messages should not include gay/lesbian sex since it is against most people's religion.

Discussion Questions

1. What did you learn about yourself and others?
2. What values informed your choices?
3. Was it hard to express disagreement with another person's value(s)? Why or why not?
4. Were there times when you felt uncomfortable or unsafe? What helped you stand by your values at that time?
5. Were there any times when you felt unable to stand for your values? When and why do you think that was so?
6. What would support people at times when they feel unable to stand up for a value they believe in?

SETTING BOUNDARIES*

ABOUT THIS ACTIVITY

Time: 45 minutes

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

- Outline the role of the peer educator and limitations;
- Understand why professional boundaries are needed and useful;
- Understand when and how to use professional boundaries with colleagues and clients.

Training Methods: Role Play, Large Group Discussion, Dyads, Large Group Discussion

In This Activity You Will…

- Demonstrate and conduct "sharing weight demonstration" (10 minutes).
- Conduct role plays (10 minutes).
- Facilitate discussion of role plays (15 minutes).
- Summarize discussion of boundaries (10 minutes).

Materials:

- Handout – Skit #1
- Handout – Skit #2

Preparation:

- Pre-select training participant to conduct the demonstration.
- Practice the "sharing weight" demonstration with the participant.

Instructions

1. Tell participants that being able to manage their lives is an important skill to have.

- It is important to take care of ourselves while we are helping others. Also, as peers it's important we understand that we don't have all the answers.

- In this session we're going to discuss professional boundaries. What are "boundaries"? **[Note: Possible answers include rules, limits, outline of expectations, etc.]**

2. Demonstrate personal boundaries with a "sharing weight demonstration."

- Pre-select partner from the group and discuss/practice exercise in advance.

- Designate a partner A & B for participant pairings.

[Note: The following are instructions on sharing weight to demonstrate where personal boundaries begin and end:]

- Designate which partner (A/B) will give/share weight. Demonstrate while giving instructions.

- Adjust so that partners are comfortably aligned and sharing weight equally to start.

- Face your partner and place the palms of your hands together.

- Have partners mirror what you demonstrate:

  A gives weight; B takes weight;
  A gives weight gently in increments; B takes weight and holds firmly;
  B pulls back when physical boundaries are violated (too close);

* This module comes from Duke University, Partners in Caring; Center for Creative Education, 2006.

SETTING BOUNDARIES

I had to learn to put up boundaries and stuff because I was at first bringing things home and it was affecting my health.

Fred Glick
Peer educator at Truman
Medical Center, Kansas City, MO

- Switch partners; B gives weight; A takes weight…

- Repeat instructions for sharing weight.

3. Process with the following questions:

- What happened when too much weight was put on a person?
- When have you ever experienced a time when your physical boundaries were violated?
- How did it feel?
- Where do you feel boundary violation in your body?

4. Pair participants and have them do the exercise.

- Invite participants to get a partner and follow along with exercise (optional).

- Caution peer/participants that these exercises involve shifting weight back and forth, bending and stretching. They should not be undertaken if someone has a physical limitation that might be aggravated by this kind of activity. Watching is a useful way to benefit from this exercise.

5. Process with the following questions:

- How did it feel to take all the weight?
- What did the person taking the weight notice about his/her ability to stand up?
- How does this exercise related to the kind of relationships we want to create with our peers?

6. Allow the volunteers to read over the skits and then act them out.

- We will now see two role-plays. I need four volunteers for the skits.

7. At the conclusion of the first skit, ask participants the following questions:

[Note to trainer: Follow the "11 second rule." Allow 11 seconds of silence for participants to respond to each question.]

- What did Keith do well in this situation?
- When did Chris overstep Keith's boundaries? Did Keith respond appropriately?
- What other ways can boundaries get set?
- How would you feel as Keith the next time you saw Chris?
- How do you think Chris feels the next time he sees Keith?
- What do you think negative reactions, like not wanting to see or deal with someone like Chris, are telling us? [Possible answers: comfort zone has been crossed; he's trouble—keep away; fear of legal ramifications or job security, etc.] Strong feelings like this are usually a sign that our boundaries have been crossed or our comfort zone has been invaded.

8. At the conclusion of the second skit, ask participants the following questions:

[Note to trainer: Follow the "11 second rule." Allow 11 seconds of silence for participants to respond to each question.]

- What was different about Skit #2 as compared to Skit #1?
- What were some of the differences?
- What did Keith do well in this scenario?
- Any suggestions for improvement for Keith?
- What other ways can boundaries get set?
- How would you feel as Keith the next time you saw Alyssa?

9. Link to sharing weight demonstration.

- So how do these skits link to the demonstration we saw earlier?

[Note: Allow a few responses. Possible answers include the following:]

- Skit #1 where the peer educator's personal and professional boundaries are tested by the peer relates to weight sharing (palm-to-palm).
- Skit #2 where the peer educator bends over to take the peer's weight relates to the concept of sharing weight to have a balanced, healthy peer-peer educator relationship.

10. Discuss that boundaries are important for both the peer educator and the peer.

- Why do we need boundaries?

[Potential answers include: personal comfort "we know better than we do" explain concept of aligning our actions with our best intentions, safety, legal issues, professional codes and ethics, so others will know what to expect from us, etc.]

- As a peer educator, both you and your patient will have boundaries. Some boundaries, like those that ensure safety, professionalism or legal issues, will be the same for every peer educator. Setting boundaries helps both people know what to expect. Clear boundaries keep our relationships healthy. Hurt, frustration and anger can actually harm or kill the relationship.

- Boundaries are important for both the peer educator and the client. These should be discussed early on with time allowed to identify boundaries and needs. Conflict in boundaries between a peer educator and client should be negotiated.

- As a peer educator, both you and your patient will have boundaries. Some boundaries will be the same for every peer educator. What do you think some of these are?

[Possible answers include: maintain confidentiality; do not have sex with a client; do not buy, share, or use drugs or alcohol with a client; do not give, lend or borrow money from a client; do not live with a client.

SETTING BOUNDARIES

- Other boundaries are individual but it is important to know the policy of the Institution you are working for when figuring out your own boundaries. What examples can people come up with of personal boundaries?

  [Possible answers include: working after work hours; finding acceptable places to meet with a client; giving out the phone or pager number and being clear when calls are appropriate; giving people rides.]

- Sometimes as caregivers, we feel that it is not compassionate or nice to say "NO" to people or to set limits. Setting boundaries is an important way for peer educators and peers to be clear about what to expect.

- Knowing your boundaries also deals with knowing when to refer clients for things such as mental health, adherence counseling, case management or a provider's care.

- Who do you think peer educators have professional boundaries with and where do we have them?

  [Answers include the following:]
  Clients – in their homes in public places like human service agencies or if we see them around town;
  Peers – other human service providers – in professional setting – at non-professional settings – if you see a colleague in a restaurant;
  Doctors, human service administrators – professional settings & non-professional settings.

- When do we use professional boundaries?
  [At a client's home or if you see them in public; at clinics and hospitals, etc.]

- You are a professional, not a friend on a social visit or a casual acquaintance. Know the "protocol" or appropriate behavior when you see a colleague out in public. Discussions using people's names in front of non-professionals are disrespectful, inappropriate and illegal. Remember the confidentiality form you all signed. This is an example of both the professional code and legal statute.

- These are complicated issues that even seasoned professionals have a hard time with. You may want to talk later with your mentor. The take home message is to understand what some of these "rules" or boundaries as a peer educator are:

- Empower don't enable
- Be clear and honest - Don't let clients blur boundaries between providers
- Use direct assertive communication
- Know your limits – when to refer – where to refer
- And remember, it's a job, not your life – don't take it personally, and remember to take care of yourself first.

Summary

- It is important for peer educators to know the difference between being "friendly" and being a "friend."
- It is important to know when, where and how to get support and assistance as a peer educator.

* 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 Duke University, Partners in Caring; Center for Creative Education, 2006.

SETTING BOUNDARIES

SESSION HANDOUT # 1 of 2

SKIT # 1

Keith is a peer educator sitting with his family to celebrate his son's birthday. Enters Chris, an HIV-infected peer.

Chris: What's up? Looks like you're having a party
Keith: We are; pull up a seat and join us.
Chris: Oh I just wanted to come and drop off my phone bill, but I would love to join you.
Keith: Let me introduce you to my family. Bob, Billy this is Chris. He is one of the people Daddy works with.
Chris: Nice to meet you. Hey, do you want to go get some ice cream after this, my treat? If I do not have to pay the phone bill I'll have enough money to splurge a little.
Keith: That is nice but we are going skating after we eat. That is what Billy wanted for his birthday.
Chris: Skating, I would love to go. I am a GREAT skater!
Keith: Uhmm. Okay, I guess that will be okay.

That Friday, Keith and Chris set a meeting to discuss his budget. Chris gets to the clinic site late.

Chris: Sorry I am late I overslept.
Keith: I understand, let's get started on this budget. I'll finish what I was working on later.
Chris: I don't know how I can work on a budget. I never know what my expenses are going to be. For example, my car broke down on the way from skating with you the other night; I had to walk two miles. Can I borrow your extra car until I get mine fixed?
Keith: My car? How will I get around?
Chris: Can't your wife bring you to work? What about your co-worker?
Keith: I guess you're right. How thoughtless of me, here are the keys.

SKIT #2

Keith is a peer educator meeting Alyssa, a new peer for the first time. The case manager has arranged the meeting.

Keith: Hi, I'm Keith the peer educator. We're here today to start the process of working with you as a peer.
Alyssa: Nice to meet you, but I about to leave this office.
Keith: We should plan to meet on Friday, because I know you have been a little overwhelmed today.
Alyssa: I do not have a car and it is hard for me to pay for gas for someone else to bring me here. Can you come to my house instead?
Keith: Of course; many clients prefer that, I work from 8 am until 12 o'clock noon on Fridays. What time do you want me to come?
Alyssa: How long will it take?
Keith: Usually an hour.
Alyssa: Can you come at night?
Keith: No, all of my work is done from 9-5, unless it is an emergency or something I can do on the phone.
Alyssa: Okay, what about 10:00 am.
Keith: That will work for me.
Alyssa: By the way, can you help with my utility payments?
Keith: I can't personally, but I can give you names of many agencies that help with utilities.
Alyssa: What about getting my phone back on? I missed a few payments after I got sick.
Keith: We should probably sit down and make a budget to see what you can do to get yourself back on track.
Alyssa: Thanks, I feel so relieved that I do not have to go through this alone.
Keith: You're not alone; I know that you are a strong person and want to do as much for yourself as possible. I'll be here to give you a little guidance and moral support.

FOUR C'S OF PEER EDUCATION*

ABOUT THIS ACTIVITY

Time: 45-65 minutes

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

- Identify challenges of being peers and suggest ways to respond to those challenges;
- Discuss the 4 key concepts of peer advocacy;
- Discuss the importance of self care and social support.

Training Method: Case Study

In This Activity You Will…

- Introduce the ABCs of peer advocacy (5 minutes).
- Read a case study and take questions (20 - 30 minutes).
- Discuss the case study (20 – 30 minutes).

Materials:

- Flipchart
- Markers
- Handout - Concepts of Peer Education to Address Challenges
- Handout - Barbara's Case Study

Preparation:

- On flipchart write:

  Challenges of peer advocacy/ education.

Instructions

1. In your own words, tell the group: Today we are going to talk about the ABC's of Peer Advocacy. The A stands for advocacy, B stands for believing in what you do. And the C is what we are going to be talking about throughout the day today the Challenges and Concepts to address those challenges.

2. Yesterday we talked about the various roles of a peer, the expectations, the rules they have to follow, etc. In this activity we will be discussing the challenges that peers can face in their work and concepts to address some of these challenges.

3. We are going to look at a case study about Barbara a peer advocate who has a client named Sonya. There is also a social worker that Barbara works with and her name is Cindy.

4. Ask for volunteers to read the case study to the group. Ask them to read slowly and pause after each paragraph to ask if there are any questions.

5. Ask:

- What is challenging about Barbara's situation? Responses should include: Barbara wears multiple hats, dual relationship, knows stuff about the client that the client doesn't know she knows, has a client with many needs, so needs to provide a lot of different types of support.
- How do you think Barbara handled the situation?
- What could the Barbara have done differently or should do in the future to address some of her challenges?

6. Peer Advocates wear many hats in their work. Ask: What are the multiple hats that Barbara wears in this situation?

7. Now that we know that peers can face many challenges, how

* 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.

FOUR C'S OF PEER EDUCATION

Once you have other people in the same situation, you realize you're not the only one.

Carol Garcia
Peer at Christie's Place
San Diego, CA

do we go about dealing with these challenges? There are 4 key Concepts that all peer advocates need to be familiar with in order to address the challenges and to also do their jobs well.

8. 4 C's of Peer Education to address challenges of peer advocacy:
   Communication skills
   Countertransference – understanding Countertransference
   Confidentiality – abiding with confidentiality
   Creating Boundaries – ties in with self-care, professional vs. personal values, seeking support, dealing with our own grief.

Summary

Wrap up session by telling the group that we will continue to address these 4C's of Peer Education through the rest of the training.

* 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.

FOUR C'S OF PEER EDUCATION

SESSION HANDOUT # 1 of 2

CONCEPTS OF PEER EDUCATION TO ADDRESS CHALLENGES

- Communication
- Confidentiality
- Counter transference
- Creating Boundaries

FOUR C'S OF PEER EDUCATION

SESSION HANDOUT # 2 of 2

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.

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. .

CONFIDENTIALITY

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.

CONFIDENTIALITY

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.

CONFIDENTIALITY

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:

_____

_____

_____

CONFIDENTIALITY

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.

CONFIDENTIALITY

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 _____

CONFIDENTIALITY

SESSION CASE STUDY

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

SESSION CASE STUDY (cont.)

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.

ETHICS AND PEER EDUCATORS*

ABOUT THIS ACTIVITY

Time: 30 minutes

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

- Describe what is Ethics;
- Identify ethical standards that peer educators should follow.

Training Methods: Small Group Brainstorm, Large Group Discussion

In This Activity You Will…

- Elicit the definition of ethics (10 minutes).
- Assign participants in 3 groups to brainstorm responses to questions (10 minutes).
- Lead group discussion of answers and summarize activity (10 minutes).

Materials:

- Newsprint
- Markers
- Masking Tape
- Handout – Ethical Standards for Peer Educators

(continued next page)

Instructions

Introduce the activity by explaining that participants will be assigned to small groups to brainstorm a list of Ethics and standards for Peer Educators to follow.

1. Assign participants to 3 groups by counting off 1-3 until all participants are assigned to a group.
2. Assign a space in the room for each group. Ask participants to go to their assigned group in the respective space.
3. Give each small group a piece of prepared newsprint that has the 3 questions written on it.
4. Ask each group to appoint a reporter and a recorder.
5. Instruct group to use the newsprint to brainstorm answers to the question.
6. Tell the group they will have about 10 minutes to do this activity.
7. Bring the entire group back together and ask each reporter to go over his or her group's work.
8. Ask open-ended questions to draw out their thoughts on the Ethical Standards that Peer Educators should follow. Potential answers to brainstorming Ethical Standards for Peer Educators:

- Ethics are principles that govern right and wrong practices and moral conduct.

9. Discuss any other brainstorming answers to all the questions
10. Review Ethical Standards for Peer Educators handout.

* 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 Missouri People to People Training Manual, 2008.

ETHICS AND PEER EDUCATORS

ABOUT THIS ACTIVITY (CONT.)

Preparation:

- Write the following questions on 3 pieces of newsprint (one for each group):

  What are Ethics?

  Why are they important?

  What are some ethical standards peers should follow in working with clients?

Summary

- Ask participants if they now understand how important ethical standards are in the work that peer educators do with clients.
- Explain to participants that ethical standards help new peer educators in the management of peer/client relationship.
- Explain that ethical standards provides the general public information that they can to hold peer educators accountable.

ETHICS AND PEER EDUCATORS

SESSION HANDOUT

ETHICAL STANDARDS FOR PEER EDUCATORS

These principles may include but are not limited to:

Propriety	The Peer Educator shall maintain high standards of personal conduct in the capacity as a Peer Educator.
Competence and Professional Development	The Peer Educator shall strive to become and remain proficient in the performance of his/her professional function.
Integrity	The Peer Educator shall act in accordance with the standards of professional integrity.
Privacy of Client's Interests	The Peer Educator's primary responsibility is to client's rights and prerogatives as well as their general health and well being. The Peer Educator shall make every effort to foster maximum self-determination/empowerment on the part of clients.
Confidentiality and Privacy	The Peer Educator shall respect the privacy of clients and hold in confidence all information obtained in the course of professional service.
Respect, Fairness and Courtesy	The Peer Educator should treat clients and colleagues with respect, courtesy, fairness and good faith.
Community Service	The Peer Educator should assist in making Treatment Advocacy/Education services available to the general public.
Employment Commitments	The Peer Educator should adhere to commitments made to the employing organization
Maintain Integrity	The Peer Educator shall uphold and advance the values, ethics, knowledge, and mission of the Peer Program.
Knowledge Development	The Peer Educator shall take responsibility in continuing his/her education/training to provide peer services.

Edited and adapted from the Standards of Care Committee, HIV/AIDS Treatment Advocacy/Education, Los Angeles County Commission on HIV Health Services.

PEER EDUCATOR CODE OF ETHICS*

ABOUT THIS ACTIVITY

Time: 30 minutes

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

- Discuss and identify ethical principles and practices as they relate to their role as a peer educator/ advocate.

Training Methods: Brainstorm, Role Play, Large Group Discussion

In This Activity You Will…

- Lead a discussion about ethics and peer educators, using a handout (20 minutes).
- Present two skits demonstrating ethical and unethical conduct (10 minutes).

Materials:

- Flipchart & Markers
- Handout - Peer Educator Code of Ethics

Preparation:

- Write on flipchart:

1. Peer Educator Code of Ethics
2. Ethics - "A set of morals or principles or what a person defines as right and wrong."

Instructions

1. Introduce the activity by saying: We are going to be talking about ethics, a very important part of being a good peer educator.

2. Ask: What do you think about when I say "ethics"? (Allow 1-2 minutes for responses. You can write them up on the flipchart)

3. Tell the group that ethics is "A set of morals or principles or what a person defines as right and wrong."

4. Each profession has its own code of ethics, and that goes for peer advocates, too. Ex. doctors have a code which says "First do no harm".

5. Think about what kinds of "rules or morals" a peer educator should follow when she is working with her clients. List on flipchart.

   Responses might include:
   - Respect individual differences, including choices people make that may not be our own
   - Maintain confidentiality
   - Be committed to ongoing learning
   - Act as a role model, making healthy choices and being true to myself
   - Honor diversity in all its forms

6. Refer participants to the handout "Peer Educator Code of Ethics" after they have given their list. (This is a list that was developed for the Lotus Project peers.)

7. Facilitators do two short role plays, one depicting an ethical code of conduct and one depicting an unethical.

* 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.

Examples of ethical code of conduct- Peer advocate talking with her client who is pregnant, very religious and not taking her HIV medications because she believes God will protect her baby from getting infected. Peer advocate shows consideration and support for the client's beliefs but provides her with some information and refers her to speak with her doctor about the risk and statistics.

Example of unethical code of conduct- Two co-workers who work at X organization are talking about a client that one of them has. This client is related to one of the peer advocates who works at this same organization.

8. Lead a brief discussion after each role play and ask participants if what they saw was ethical or unethical? Ask, what went well?

9. Ask what could have been done differently by the peer advocate in that situation?

Summary

Wrap up by pointing out how much responsibility rests on their shoulders, but remind them that none of them carries the responsibility alone—they should continue to work together, to take challenging situations to one another for guidance, and to ask for help when needed.

* 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.

PEER EDUCATOR CODE OF ETHICS

SESSION HANDOUT

PEER EDUCATOR CODE OF ETHICS

I value my role as a peer educator and in order to best fulfill that role, I will:

1. Respect individual differences, including choices people make that may not be my own.
2. Act as a role model, making healthy choices and being true to myself.
3. Honor diversity in all its forms.
4. Maintain confidentiality.
5. Learn as much as possible about the issues that affect my peers.
6. Only offer information that I am qualified to offer and with the greatest accuracy possible.
7. Follow through on my word and promises.
8. Meet clients where they are at in their journey towards healing and positive change.
9. Accept supervision and support from others.
10. Not allow my peer educator duties to put my emotional or physical well-being at risk.

I value and know who I am...

I am an individual, a caring helper, an educator, a role model.

I am a Peer Educator.

PROFESSIONAL STANDARDS*

ABOUT THIS ACTIVITY

Time: 40 minutes

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

- List 3 professional standards that relate to being in the workplace;
- Define at least 2 professional standards.

Training Methods: Brainstorm, Small Group Discussion

In This Activity You Will…

- Develop a group definition of professional standards. (5 minutes).
- Ask participants to brainstorm a list of those standards. (10 minutes).
- Divide up topics and assign to tables. Ask participants to come up with a definition for each standard. (15 minutes).
- Lead a group discussion of the results. (10 minutes).

Materials:

- Professional Standards cheat sheet for trainer
- Flip chart and easel
- Markers
- Eraser

Preparation: Print out standards and divide list into 3 or 4 groups to match the number of breakout groups.

Instructions

1. Ask participants if they can come up with a definition for professional standards (behavior/ how to conduct oneself on the job).

2. Ask participants to brainstorm a list of professional standards.

3. Lead a discussion about "professional standards" as they relate to being a peer. Does being paid or volunteering as a peer change how you view standards?

4. Discuss whom you represent as a peer -- the agency, your community, your peer group? Does this vary depending on where you are or who you are talking to?

5. Break into 3-4 groups.

6. Give each group one set of standards (divide them up among the groups) and to define them and give a basic standard that should be followed/achieved.

7. Discussion questions:
   a. How did it feel to do this exercise?
   b. How many of you have done this on your job?
   c. How would it influence your role as a peer if this was done?
   d. You are the supervisor hiring peers – Is it different looking at being a peer from the supervisor's perspective since you have to think about the best way to get the work done and be fair to everyone?

Summary

Wrap up session.

* 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 Comprehensive Peer Worker Training, Peer Advanced Competency Training (PACT) Project Harlem Hospital Center, Division of Infectious Diseases, 2008.

PROFESSIONAL STANDARDS

SESSION CHEAT SHEET

PROFESSIONAL STANDARDS

Absences
Accountability
Chain of command/whom to see about what
Clothing/dress code
Confidentiality
Dating/relationships
Getting along with co-workers
Hygiene
Knowing role and limit of job/job description
Knowing your rights
Money to clients/boundaries
Physical space
Relationships with clients
Sexual harassment
Staff interaction/respect
Timeliness

WORKPLACE CHALLENGES*

ABOUT THIS ACTIVITY

Time: 60 minutes

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

- List 4 general workplace challenges.
- Identify the challenges that are most relevant for themselves.
- Discuss how to make decisions about workplace issues.

Training Methods: Brainstorm, Small Group Case Studies, Large Group Discussion

In This Activity You Will…

- Ask participants to brainstorm challenges in their work as a peer (10 minutes).
- Break into groups to discuss scenarios (10 minutes).
- Report back the results of the group discussions (40 minutes).

Materials:

- Handout - Challenges list
- Handout - Scenario
- Trainer guides - Scenario
- Flip chart - Decision-making
- Handout - Decision-making
- Tape
- Flip chart and easel
- Markers

Preparation:

- Prepare flipcharts
- Prepare handouts

Instructions

1. Introduce session.
2. Explain that participants will first brainstorm to identify workplace challenges. Clarify that experience within the group varies widely but that challenges can crop up even for the most experienced peer, and while there will be fewer over time some may be ongoing challenges while new ones can also crop up.
3. Ask participants what are the most challenging aspects of returning to work, changing jobs and working as a peer in general. Give examples as needed to start conversation.
4. Write comments on flip chart.
5. When there are no more new ideas, ask participants to help group comments and summarize what the core issues are.
6. Once the list has been generated bring out challenges list and review if there is anything not discussed already.
7. Explain to participants that these are complex issues and we will have time to only look at a few of them today.
8. Instruct participants that they are going to discuss real life situations in their table groups and then will report back to the whole group on how they would handle the situation and what issues are involved.
9. Give each group a copy of the scenario and allow participants 10 minutes to discuss.
10. After 10 minutes lead a discussion of the first scenario with each group reporting.
11. Repeat for remaining scenarios until10 minutes left in session.

* This module comes from the Comprehensive Peer Worker Training, Peer Advanced Competency Training (PACT) Project Harlem Hospital Center, Division of Infectious Diseases, 2008.

TRAINING TIPS

- This exercise can be done with varying number of scenarios – pick the ones most relevant to your training group. Three is usually the minimum unless time is very short.
- This exercise can be expanded using more scenarios.
- Ask participants who they represent; the agency, peer group, themselves? Discuss if there is time.
- If a group comes up with a suggestion that might not work well, ask them: "What would be the outcome of that?"
- Remind peers that as a peer they have access to money (even if not a lot), resources, information, talking with staff, so you are no longer exactly like your community/peer group. This can be difficult to deal with.
- This exercise can be done with varying number of scenarios – pick the ones most relevant to your training group. Three is usually the minimum unless time is very short.

12. Ask what the common elements were in each scenario.

13. Discuss how relying on workplace policy and referrals can be the easiest way to handle challenging situations.

14. Ask participants who they represent; the agency, peer group, themselves? Discuss if there is time.

Summary

Summarize by talking about how some situations are clear cut and others have many shades of grey. Discuss how the degree of the situation can sometimes influence the decision of how to handle it although that can also obscure the real issue. Use "decision-making list" to discuss issues involved in decision-making.

Source: Inspiration and some scenarios from "Thinking on our Feet" exercise from The Community Health Worker Network of NYC

* 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 Comprehensive Peer Worker Training, Peer Advanced Competency Training (PACT) Project Harlem Hospital Center, Division of Infectious Diseases, 2008.

SESSION HANDOUT # 1 of 3

WORKPLACE CHALLENGES

Accepted by professional staff as part of team

Benefits

Boundaries (financial/attraction/information)

Confidentiality

Communication styles (street versus office)

Contact info (cell/home numbers)

Disclosure

Health limitations

Over-identification with client/counter-transference

Personal relationships between peers

Professional Attire

Professionalism

Staying open-minded

Supervisory issues

Working as a team player

Working in structured environment

Work hours/flexibility

WORKPLACE CHALLENGES

SESSION HANDOUT # 2 of 3

CASE STUDIES/SCENARIOS

Scenario A

You are just finishing meeting with a client that you have known for a long time. As you are ending the conversation, she asks you "Can I borrow $20 to feed the kids? I promise I'll give it back to you next week when I get my check."

How would you handle this scenario?

What issues are involved in this scenario?

Scenario B

When you arrive at the office, your co-worker tells you that your client Sally Brown stopped by and left something on your desk. When you get to your desk you see that she left you a birthday present.

How would you handle this scenario?

What issues are involved in this scenario?

Scenario C

As you get on the elevator your co-worker spots you and says, "Can you believe that our client, Mrs. Smith who lives on 125th Street had another baby?"

How would you handle this scenario?

What issues are involved in this scenario?

Scenario D

You and another peer are running a support group. Today your co-leader once again starts to use a personal story as an example. His story goes on for quite a while and he seems to be upset about the story he is telling.

How would you handle this scenario?

What issues are involved in this scenario?

DECISION-MAKING

(Flipchart and Handout)

What are the issues involved?

Is there a workplace policy about this issue? Can your supervisor help you with this issue?

How might your decision affect your relationship with the client?

How might your decision affect your work with the client?

How might your decision affect the care this patient receives?

How might your decision affect your relationship with other clients?

How might your decision affect your position within the program?

WORKPLACE CHALLENGES

CASE STUDIES/SCENARIOS

Scenario A

You are just finishing meeting with a client that you have known for a long time. As you are ending the conversation, she asks you "Can I borrow $20 to feed the kids? I promise I'll give it back to you next week when I get my check."

How would you handle this scenario?

What issues are involved in this scenario?

Trainer notes:

Does the dollar amount make a difference?

Does it matter how long you have known the client?

Does it matter if the money appears to be for food for the children or for something else?

How could giving money affect the care this client receives?

How could giving money affect your relationship with the client?

What makes lending money a good or bad gesture?

Is this an act of caring for your client? Why or why not?

Would lending money empower or enable a client?

Has this every happened to you?

What did you do?

What was the outcome?

CASE STUDIES/SCENARIOS (CONT.)

Scenario B

When you arrive at the office, your co-worker tells you that your client Sally Brown stopped by and left something on your desk. When you get to your desk you see that she left you a birthday present.

How would you handle this scenario?

What issues are involved in this scenario?

Trainer notes:

Does the dollar value of the gift make a difference?

What if you knew the client before you started working as a peer?

Would you accept a gift from certain clients but not others?

How could accepting gifts affect the care this client receives?

How could accepting gifts affect your relationship with the client?

Does your workplace have a policy about gifts? What is that policy?

Do you know your organization's general workplace policies?

Has this every happened to you?

What did you do?

What was the outcome?

CASE STUDIES/SCENARIOS (CONT.)

Scenario C

As you get on the elevator your co-worker spots you and says, "Can you believe that our client, Mrs. Smith on 125th Street had another baby?"

How would you handle this scenario?

What issues are involved in this scenario?

Trainer notes:

Is this a breach of confidentiality?

Has this ever happened to you?

What did you do?

What was the outcome?

CASE STUDIES/SCENARIOS (CONT.)

Scenario D

You and another peer are running a support group. Today your co-leader once again starts to use a personal story as an example. His story goes on for quite a while and he seems to be upset about the story he is telling.

How would you handle this scenario?

What issues are involved in this scenario?

Trainer notes:

How might sharing your experience affect the group?

How might sharing your experience influence participants' view of you as the leader?

Is there a place to share your experiences while you are running a group?

How do you decide when it is appropriate to share your experience?

In what way do you share your experiences?

How would you discuss this with your co-leader? When would you discuss this?

Would you take this issue to your supervisor?

Has this every happened to you?

What did you do?

What was the outcome?

WORKPLACE DO'S AND DON'TS*

ABOUT THIS ACTIVITY

Time: 30 minutes

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

- Have a basic understanding surrounding issues that may arise when returning to work.

Training Methods: Lecture, Large Group Discussion

In This Activity You Will…

- Identify and answer questions participants may have about returning to work (20 minutes).
- Lead a group discussion to summarize (10 minutes).

Materials:

- Projector
- Laptop
- Screen/Wall

Preparation: None

Instructions

Follow the power point presentation. Use slide notes as a reference during presentation.

Talking Points (PowerPoint Slides)

Answers to questions you want to know, but don't want to ask?

- What are my hours?
  It is important to know what hours you report to work and end your day.
  Depending on the number of hour your work or volunteer, agencies will encourage you to take a 15 minute break or/and a lunch break.

- How should I dress when going to work?
  Present in a professional manner-dress code, grooming, personal hygiene.
  Business casual-slacks and shirts, skirts/slacks and blouse, sweaters, vests, sport-coats, blazers and shoes. Examples of what not to wear-caps/hats, exercise gear, shorts/tank-tops, slippers/flip-flops, clothing with inappropriate words/pictures, clothing that is wrinkled, ripped, frayed.

- What is confidentiality in the workplace?
  Working with patients who have a chronic disease is sensitive and requires a high degree of confidentiality. It is critical that patients know that their records are stored confidentially and that staff working with them will not reveal information about the services they provide. Patients have to complete written consent forms to have their records shared with another provider.

- What are my job responsibilities?
  A job description is provided to staff or volunteers.
  Understand daily job tasks that need to be completed.

* This module comes from the Missouri People to People Training Manual, 2008.

WORKPLACE DO'S AND DON'TS

If something comes up that you feel uncomfortable with or you don't know how to deal with, you can always ask because that's how you learn... People have always been very willing to help me out when I've had questions or issues that come up that you don't necessarily know about because you're fairly new.

Carol Garcia
Peer at Christie's Place
San Diego, CA

- Will I have an agency orientation?
  Human Resources or your Department Supervisor will arrange for you to meet with managers of all agency departments to become familiar with agency services.
  Usually occurs within the first 30 days of employment.
  There maybe orientation to agencies in the community to increase knowledge of services.

- Do I have to fill out timesheets?
  Timecards or timesheets are used to track the number of hours a person works or volunteers. Human Resources will show you how to fill them out.

- Can I use the agency phone for personal business?
  If you are unsure ask your supervisor.
  Use discretion when using the phone.
  Use when on a break.

- Should I have my cell phone on when working?
  If you are unsure ask your supervisor.
  Use of vibrate or ringer off option.

- How and who to report a problem in the workplace?
  Report concerns to your supervisor
  Report concerns to Human Resources if it relates to your supervisor, sexual harassment or discrimination

- Will there be parking?
  Agency may have parking lots available to staff who drive.

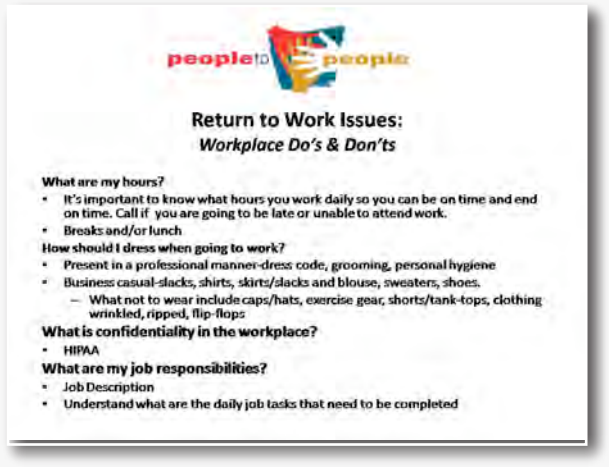
Summary

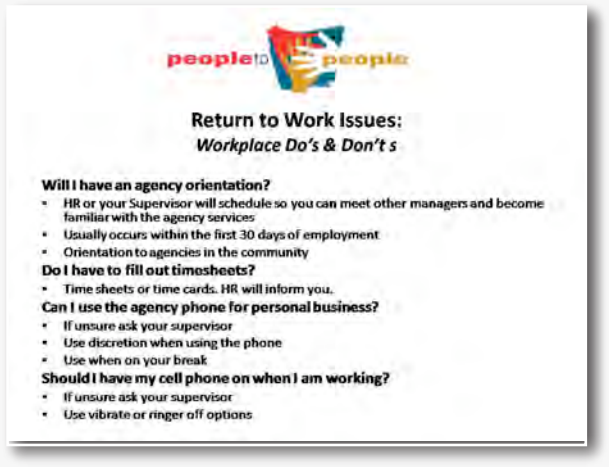
This topic raises lots of questions that you may have about working or volunteering at an agency. I hope it's been a lively discussion and helped relieve some anxieties that you had. Most agencies will provide you with an orientation and employee manual which will be your guide in being successful at your placement.

* 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 Missouri People to People Training Manual, 2008.

WORKPLACE DO'S AND DON'TS

SESSION POWERPOINT





WHAT IS THE DEFINITION OF STIGMA?*

ABOUT THIS ACTIVITY

Time: 25 minutes

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

- Define stigma and give examples.

Training Methods: Individual Activity, Large Group Discussion

In This Activity You Will…

- Ask participants to write their own definitions of stigma (5 minutes).
- Lead a discussion on the types of stigma (20 minutes).

Materials:

- Index Cards
- Handout – Definitions of Stigma (optional)

Preparation:

- Print handouts (optional)

Instructions

1. Hand out cards.
2. Ask participants to write on cards their own definition of stigma.
3. Encourage people to give examples of stigma or define it.
4. Then explain the definition below or give it out as a handout.

- Deep feeling one can have, which makes one feels disrespected or unloved.
- I feel stigmatized in my work as an AIDS educator –people tease me about distributing condoms and call me "Mama Condom".
- PLWHA (people living with HIV/AIDS) being blamed for their infection and told they deserve it.
- People running away from you because of a disease you have.
- Feeling ashamed because one has HIV/AIDS.
- Fear of disclosing one's disease to others.
- Self-stigma – PLWHA react to and begin to accept negative judgments of society.

Two types of stigma:

- Internal stigma – self-hatred, shame, blame – people feel they are being judged by others, so they isolate themselves. PLWHA practice "self-stigma" – isolate themselves from their families and communities.
- External stigma or enacted stigma or discrimination - perceptions, feelings or actions towards PLWHA.

Stigma process:

- Point out or label differences – he is different from us – he coughs a lot.
- Attribute differences to negative behavior – his sickness is caused by his sinful and promiscuous behavior.
- Separate 'us' and 'them' – for example, shunning, isolation, rejection.
- Loss of status and discrimination – loss of respect, isolation.

* This module comes from Support Group Facilitation Training, JRI Health Peer Support Services, 2006.

WHAT IS THE DEFINITION OF STIGMA?

Knowledge is the key that breaks stigma and unlocks doors.

Graduate of the PACT training program

Other important dimensions:

- Often people do not understand the word 'stigma' in English.
- Difficult to find a word in other languages that is equivalent.
- Differs in intensity – sometimes blatant, sometimes subtle.
- Targeted mostly at people who are assumed to be HIV positive.
- Targeted at stereotyped and scapegoated groups (women, sex workers).
- AIDS disfigures, so stigma changes according to the stage of the disease.
- Stigma increases as the symptoms of the disease become more visible.
- HIV, sex, and death – value laden.
- Motives for stigma change according to the setting.
- Disrupts social relations.
- People fear that HIV is very contagious.
- People hide their stigmatizing attitudes.
- Discrimination and human rights.

Summary

Wrap up session.

*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 Support Group Facilitation Training, JRI Health Peer Support Services, 2006.

WHAT IS THE DEFINITION OF STIGMA?

SESSION HANDOUT

DEFINITION OF STIGMA

- Deep feeling one can have, which makes one feels disrespected or unloved.
- I feel stigmatized in my work as an AIDS educator –people tease me about distributing condoms and call me "Mama Condom".
- PLHA being blamed for their infection and told they deserve it.
- People running away from you because of a disease you have.
- Feeling ashamed because one has HIV/AIDS.
- Fear of disclosing one's disease to others.
- Self-stigma – PLHA react to and begin to accept negative judgments of society.

WORKING WITH GRIEF*

ABOUT THIS ACTIVITY

Time: 60 minutes

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

- Understand how to differentiate between grief and depression.
- Determine whether a client is grieving or depressed.
- Discuss ways to help support a client who is grieving.

Training Methods: Brainstorm, Small Group Case Study, Large Group Discussion

In This Activity You Will…

- Facilitate a brief discussion about grief and stages of grieving (20 minutes).
- Break the group into small groups to discuss two scenarios (25 minutes).
- Lead a full group debrief of the two scenarios (15 minutes).

Materials:

- Flipchart
- Markers
- Tape
- Handout - Working with Grief (optional)
- Handout - Grief vs. Depression
- Handout - Working with Grief, Case Scenarios

(continued next page)

Instructions

1. Provide the following information in your own words: By the time most people are adults they have experienced grief in relation to a life event. Grief happens when we have suffered a loss that is somehow permanent.

2. By loss we mean not only death, but other losses such as the loss of one's health status (e.g. an HIV diagnosis), freedom, a love we broke up with, a friend who moved away, a pet, a child who got married and moved away, a place in our life we had to leave behind.

3. We also want to give you all some tools to evaluate whether or not you should refer someone to a mental health professional.

4. Ask:

- What are things people grieve over?
- How would you describe grief?

5. Point out that sometimes a person may have difficulty with the process of grieving. Ask: why might this occur?

- Sometimes we hold beliefs about grief that actually inhibit our ability to grieve.
- Or we think we have to take care of others by not showing our feelings.

6. Tell the group: There are several models used in the mental health field to describe the process of moving through grief. As peer advocates we help people move through the various stages of initial crisis to the later stages of understanding – growth and positive change. Let's consider the path our clients (and we) walk through the feelings of grief.

* 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.

WORKING WITH GRIEF

ABOUT THIS ACTIVITY (CONT.)

Preparation:

- Write on flipchart:

1. Do you hope that you will be able to heal from the loss?
2. Do you feel a sense of purpose even though you have suffered a loss?

7. Ask: What are some of the phases or stages someone passes through as they experience grief? List on flipchart. Answers might include:

- Shock/Denial/Unreality
- Fear
- Bargaining
- Loneliness
- Anger
- Shame
- Sadness
- Acceptance
- Sense of meaning/purpose
- Wholeness

8. Ask: What happens as we grieve over time? For most people they will move into the stage of:

- Acceptance
- Sense of meaning/purpose
- Wholeness

9. Sometimes for some it is much more difficult to work through the grieving process – or a person may be or may become depressed. Prolonged depression or anxiety can prevent us from grieving.

10. It is important to know the difference between a client who is grieving or experiencing acute (short-term depression) and a client who is experiencing chronic (long-term depression).

11. Discuss the following points and write on flipchart:

- Someone who is grieving will experience a range of emotions at any given time. Someone who is depressed may not experience a range of emotions; rather she may feel only deep sadness, despair or numbness.

- Someone who is grieving will probably indicate that they know that life will go on despite the loss. People who are depressed often feel a sense of hopelessness.

WORKING WITH GRIEF

I hope everyone understands the importance of mental health supervision. I need that support. This is hard work. I wouldn't be here anymore if I didn't have it."

Sylvia Young
Peer Advocate Program Manager
WORLD

- People who are grieving usually feel a sense of purpose; as a matter of fact, the loss may cause them to strengthen or re-assess what is important. Someone who is depressed may feel a lack of purpose, or unenthusiastic about her life's purpose.

12. Break participants into groups of 4-5 and hand out scenarios. Give half the groups scenario #1 and the other half scenario #2. Ask them to answer thequestions on the handout. The first 3 questions will help them to analyze the situation, and the last 4 will help them develop a plan.

13. Give the groups 10 minutes to discuss their scenario.

14. In the full group, discuss both scenarios and ask for a few responses to each.

15. You may distribute the optional Working with Grief handout for people to take with them as a homework assignment.

Summary

Wrap up session by reminding participants that grief and grieving are normal processes and to refer clients to mental health professionals if they suspect someone is depressed. As a peer advocate you should also seek support for your own grief from your supervisor or mental health professional.

* 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.

SESSION HANDOUT # 1 of 3

WORKING WITH GRIEF

When do we grieve?

We grieve when we have suffered a loss that is somehow permanent:
- Loss of one's health status (e.g. an HIV diagnosis)
- Freedom
- Break up, divorce
- Friend who moved away
- Death
- Loss of a pet
- Child who got married and moved away
- Place in our life we had to leave behind

Stages of Grief

Early Stages of Grief

Loneliness
- Anger
- Shame
- Sadness
- Fear
- Bargaining
- Shock
- Denial/Unreality

Later Stages of Grief

- Understanding – growth and positive change
- Acceptance
- Sense of meaning/purpose
- Wholeness

Role of a Peer: As a peer advocate you can help clients move through various stages of initial crisis to the later stages of grief!

Grief vs. Depression

Grief

- Range of emotions
- Life will go on
- Sense of purpose for future
- Need time alone and with others
- Usually temporary
- Many times can work through on their own

Depression

- Only sadness, despair
- Sense of hopelessness
- Feel a lack of purpose
- Only want to be alone
- Can be long-term feeling
- Needs professional support to work through

WORKING WITH GRIEF

SESSION HANDOUT # 2 of 3

GRIEF VS. DEPRESSION

Determining if a client is depressed or sad with grief…

1. Do your feelings change throughout the day or the week? For example, are you sometimes sad, happy and/or angry? What are some of the feelings that you have throughout the week?

Someone who is grieving will experience a range of emotions at any given time.
Someone who is depressed may not experience a range of emotions; rather she may feel only deep sadness, despair or numbness.

A follow up question would be:_____
_____

2. Do you have hope that you will be able to heal from the loss? What can you imagine the future to be like?

Someone who is grieving will probably indicate that they know that life will go on despite the loss. People who are depressed often feel a sense of hopelessness.

If a person's answer is no or not sure or that they imagine it to be hopeless, you may want to ask:
_____
_____

3. Do you feel a sense of purpose even though you have suffered a loss?

People who are grieving usually feel a sense of purpose; as a matter of fact, the loss may cause them to strengthen or re-assess what is important. Someone who is depressed may feel a lack of purpose, or unenthusiastic about her life's purpose.

If the answer is no or not sure, you may want to ask her:_____
_____

4. Do you sometimes feel like being alone, and other times feel like being with other people? How is it to be alone? To be with others?

While grieving, people need time alone as well as support and company from other people. If the person only wants to be alone, or only with others, she may be experiencing depression or anxiety.

If she indicates one or the other only, you may want to ask her:_____
_____

WORKING WITH GRIEF

SESSION HANDOUT # 3 of 3

WORKING WITH GRIEF, CASE SCENARIO 1

You have a client who found out that she has HIV about 2 months ago from her OB/GYN who decided to test her after she had several severe yeast infections and was complaining of feeling tired. Her CD4+T cell count came back at 125, so she started medication. Her partner of 5 years broke up with her when he found out about her status.

She found your agency through a referral from her doctor and has been coming to see you for about a month. She has seemed very sad about her situation and today when you see her and ask her how she is doing, she says fine but as she is checking in with you she begins to cry.

For each scenario answer the Following Questions:

1. In your opinion – what is happening in the scenario?_____

_____

2. What state of grief process do you think she is experiencing?_____

_____

3. List the information that supports your conclusion._____

_____

4. List at least three questions might you ask her to figure out if she is depressed or grieving?_____

_____

5. What thoughts, concerns, or feelings might come up for her? For you?

_____ _____

6. What support and/or information could you offer her?_____

_____

7. What action steps might your client, you or both of you consider taking?_____

_____

SESSION HANDOUT # 3 of 3 (cont.)

WORKING WITH GRIEF, CASE SCENARIO 2

You have a client who has known about her HIV status for several years. She has been taking medication, but after getting the flu, she ended up in the emergency room with pneumonia. When she was in the ER getting her lungs checked, the doctor found a lump on her neck and under her arm. The biopsies determined that she has cancer and she has started treatment for that. When you call to check-in on how she is doing, she sounds angry that her regular doctor did not find the lumps and can't seem to talk about anything else.

For each scenario answer the Following Questions:

1. In your opinion – what is happening in the scenario? _____

_____

2. What state of grief process do you think she is experiencing?_____

_____

3. List the information that supports your conclusion. _____

_____

4. List at least three questions might you ask her to figure out if she is depressed or grieving?_____

_____

5. What thoughts, concerns, or feelings might come up for her? For you?_____

_____

6. What support and/or information could you offer her?_____

_____

7. What action steps might your client, you or both of you consider taking?_____

_____

STAGES OF CHANGE*

ABOUT THIS ACTIVITY

Time: 40 minutes

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

- Describe the Stages of Change model
- Discuss the importance of identifying which stage a client is in;
- Describe factors that help move clients through stages.

Training Methods: Large Group Activity, Small Group Activity, Large Group Discussion

In This Activity You Will…

- Lead the group in a brief icebreaker (5 minutes).
- Discuss the stages of change process (5 minutes).
- Break the group into six small groups and facilitate an activity (20 minutes).
- Debrief (10 minutes).

Materials:

- Flipchart and markers
- Handout - Stages of Change Model of Peer Advocacy
- Handout - Meeting Your Client Where They Are

(continued next page)

Instructions

1. Icebreaker activity
   a. Have participants clasp their hand together with right thumb on top of left thumb.
   b. Then have them re-clasp their hands again but this time with left thumb on top of right thumb.

2. Ask the group how it felt to do that?

3. Point out that change is weird as we saw in this activity. Ask: So what do we need to make changes?

4. In your own words tell the group the following:

   The ultimate goal of peer advocacy is to be this tool box for individuals who are struggling to deal with difficult situations, diseases, stressors so they change behaviors which will help them in improving their quality of life.

5. Draw a "tool box" on flipchart and write in responses of what we need to make changes. Responses should include: information on options, motivation, support, feedback.

6. Researchers have come up with a model known as the stages of change model to help us understand how people make changes in their lives.

7. This model suggests that individuals or groups pass through six stages when changing behavior: pre-contemplation, contemplation, preparation, action, maintenance, and relapse.

8. Ask participants to turn to their handout, Stages of Change Model of Peer Advocacy and utilize the handout as they do the next activity.

* 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.

STAGES OF CHANGE

ABOUT THIS ACTIVITY (CONT.)

Preparation:

- Prepare six signs, one with each stage of change (Pre-contemplation, Contemplation, Preparation, Action, Maintenance, Relapse), and post them around the room
- Print handouts

9. Have the participants imagine that they are peer advocates with HIV positive, sexually active clients all at different stages. Conduct a brief discussion of risky or protective behaviors the client may engage in at each stage.

10. Break participants into 6 groups and assign one stage to each group.

11. Ask them to go to an assigned area where their stage of change is posted.

12. After each group is at their assigned stage, have them discuss with their group the questions written earlier on the flipchart:
    a. What feelings, thoughts or anxiety may your client experience at this particular stage?
    b. What can peers say or do to be supportive of this client at this stage?

13. Have the groups report back.

14. After all have gone, ask: Is there anything that all stages have in common? Ask: What are some of the differences between stages?

15. Point out that some stages are ready for more encouragement than others. Some stages, especially pre-contemplation, contemplation, and relapse really need gentle treatment and support, because people in those stages are likely to be hard on themselves and/or not really ready to make changes. The important thing in those stages is to keep the door open so the person will come back to us when they're ready for advice or suggestions.

Summary

End by saying that making change is difficult but each step that someone makes towards that change is SUCCESS!

* 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.v

STAGES OF CHANGE

SESSION HANDOUT #1 of 2

STAGES OF CHANGE MODEL OF PEER ADVOCACY

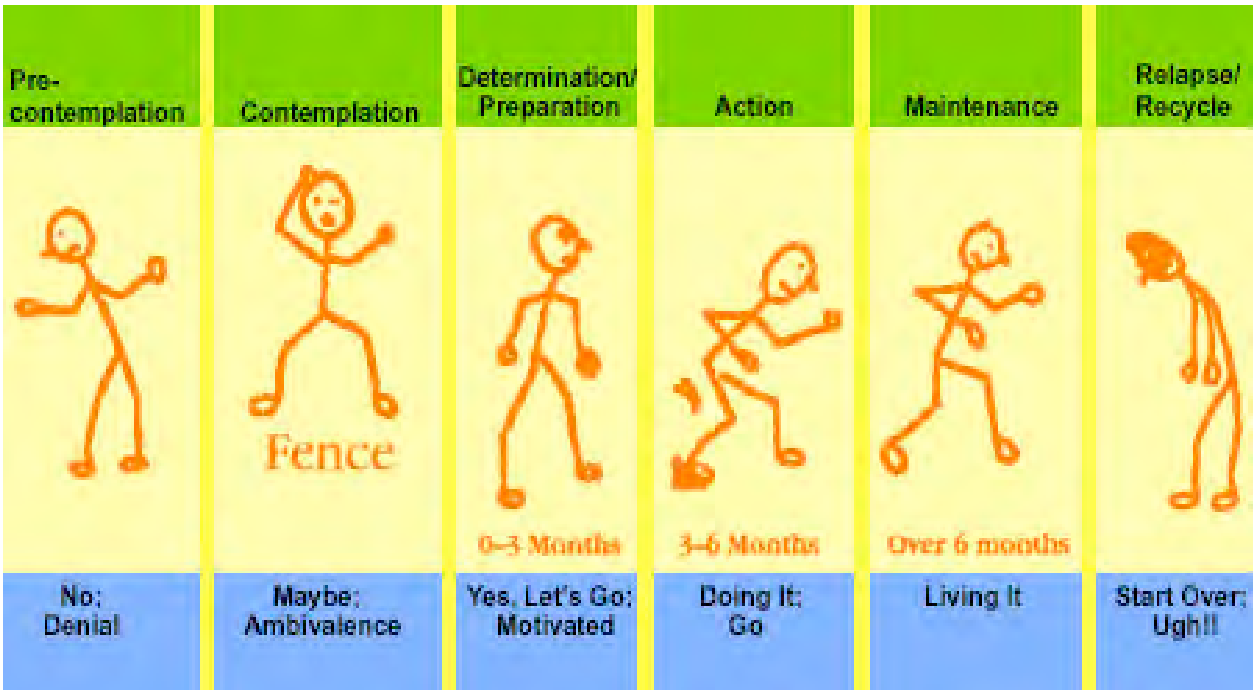
One model we can use to understand better how we deal with change is the Stages of Change model. This theory proposes that we typically progress through six stages as we incorporate a new behavior, attitude, or skill into our lives. We can learn to identify at what stage a client, family member or friends is in, and offer support to help them move forward.

STAGE	BEHAVIOR	WHAT YOU CAN SAY/ DO TO HELP
Precontemplation	• Doesn't intend to change, feels no need to change. • May feel hopeless, defensive, ashamed or angry.	• Support feelings: You seem sad/scared/nervous. • Ask non-threatening questions: What do you think about . . .? How would you handle this? • Listen. • Provide limited information, increase awareness of risks.
Contemplation	• Growing awareness of need to change. • More open to feedback. • Thinking about change, not taking action. • Indecisive, not ready to commit to change.	• Support feelings: This seems scary to you. • Ask open questions: What would happen if...? How would it be to...? • Weigh pros/cons of change: On the one hand…, but on the other…
Preparation	• Intent to take action in near future. • May have already begun taking some steps toward change. • 0-3 months	• Show understanding and support: Other women feel the way you do. This is a really tough decision. You're making a great start. • I like what you've already done. • Examine alternatives: Some women have tried...
Action	• In process of changing. • Practices new behavior consistently. • 3-6 months	• Ask supportive questions: Who can help you stick with this? • Support small steps: I'm so impressed you've tried this.
Maintenance	• Feels confident and comfortable with new behavior. • 6 months or more	• Show support: What an accomplishment! Look how far we've come. • Identify strategies: What's one thing that will keep you going?
Relapse	• Falls back to any former stage.	• Support feelings: You seem frustrated/sad. • Ask non-threatening questions: What helped you…? What do you think about…? • Provide reassurance: Most people go through this.

STAGES OF CHANGE

SESSION HANDOUT # 2 of 2

MEETING YOUR CLIENT WHERE THEY ARE



This model suggests that individuals or groups pass through six stages when changing behavior:

For example, when people change their behavior by using condoms to protect themselves from infection, the stages they pass through could be described as:

1. Pre-contemplation: Have not considered that they are at risk and need to use condoms

2. Contemplation: Become aware of their risk and subsequent need to use condoms

3. Preparation: Begin to think about using condoms in the next months

4. Action: Use condoms consistently for fewer than six months

5. Maintenance: Use condoms consistently for six months or more

6. Relapse: May begin to use condoms less consistently or discontinue use

People tend to move back and forth between stages, and relapse to a prior stage is always possible. In fact, people can relapse to any stage, but a return to pre-contemplation is least likely.

It is important to remember that changing behaviors, especially intimate and private behaviors, is a complex process.

STAGES OF CHANGE*

ABOUT THIS ACTIVITY

Time: 30 minutes

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

- Describe the Stages of Change model.
- Discuss the importance of identifying which stage a client is in.
- Discuss the importance of relapse.
- Describe factors that help move clients through stages.

Training Methods: Large Group Discussion, Large Group Activity

In This Activity You Will…

- Lead a group discussion about the history and principle elements of the Stages of Change model. (30 minutes).

Materials:

- Discussion questions – Stages of Change
- Handout – Stages of Change
- Handout – Stages of Change spiral
- Handout – Staging Examples
- Answer Key – Staging Examples
- Markers

Preparation:

- Prepare Stages of Change flip charts
- Prepare handouts

Instructions

1. Introduce topic and ask participants to think privately of a behavior that they have succeeded at changing in their lives as well as one where they have not succeeded. Ask participants not to share the behavior but to keep it in mind while we are discussing how and why people change.

2. Conduct discussion of the Stages of Change model using the following discussion questions (see attached for possible discussion points/answers):
   a. As peers, are we trying to change clients?
   b. Is that our role?
   c. Why do clients come to us?
   d. Are people ready to change if they say they are?
   e. Have you heard of the Stages of Change/Transtheoretical Model?
   f. Can anyone describe any parts of it?
   g. Do you know why it was developed?

3. Pass out Stages of Change handout. Ask participants to read aloud the stages and the descriptions and then briefly discuss each one. When you discuss Relapse make sure to explain that this might be a new approach to Relapse.

4. Discuss some important considerations in Stages of Change. (see attached)

5. Pass out Staging Examples handout. Have participants read examples aloud and work together as a class to assign it to the appropriate stage of change. After all examples are done, pass out Staging Examples answer sheet.

* This module comes from the Comprehensive Peer Worker Training, Peer Advanced Competency Training (PACT) Project Harlem Hospital Center, Division of Infectious Diseases, 2008.

STAGES OF CHANGE

TRAINING TIP

Use these ideas throughout the training to remind of the role of peer, potential burnout, and starting where client is at.

Summary

• Wrap up session reminding participants that they have not learned enough today to "stage" clients but it will help them work with clients to know more about stages and what motivates people to change during various stages. Remind them that relapse is expected and normal.

• Also summarize by reminding peers that we are presenting this since we feel it is important to keep in mind so that we do not burn out and think that our client's behavior is our responsibility. We are peers helping to facilitate change that a client might be attempting. If it takes many tries for the client, it is a nice reminder to us that that is very normal.

* 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 Comprehensive Peer Worker Training, Peer Advanced Competency Training (PACT) Project Harlem Hospital Center, Division of Infectious Diseases, 2008.

STAGES OF CHANGE

SESSION DISCUSSION QUESTIONS

STAGES OF CHANGE DISCUSSION QUESTIONS

A. Initial discussion questions

- As peers, are we trying to change clients?
- Is that our role?
- Why do clients come to us? Not necessarily to change, more likely it is for support even if they use the language of change.
- Are people ready to change if they say they are? Many are not. Others are ready but have not put enough in place for it to work.
- Have you heard of the Stages of Change/Trans-theoretical Model?
- Can anyone describe any parts of it?
- Do you know why it was developed? Originally developed because smoking cessation programs were failing and the program staff couldn't figure out why. If they had great programs and people came to them and said they wanted to change, why weren't the clients changing? Once they began to do research they realized that in any given population, generally 40% of a population is in the stage of Pre-Contemplation, 40% in Contemplation, and 20% in Preparation.
- So what is out role as peers? Our role is to encourage and support our clients, wherever they are in the process of wanting to or planning change.

B. Other issues

- Stages of change is a way to assess an individual's intention to change and it has been shown that the stages are a good predictor of the amount of progress people will make in treatment. For example, in each stage, a client is 2/3 more likely to succeed than in the stage before.
- One important idea is the pros and cons of the behavior change. In the early stages, the cons are very strong and the pros are not. As the client moves through the stages the pros get stronger until they are enough so that the person is ready to change. The cons are still there often but they are not that strong now
- Progress through the changes is cyclical; people can change stages even in a conversation
- Change is a process not a one-time event.
- If you are working with someone who is a Pre-Contemplator, Contemplator, or maybe some in the Preparation stage, the goal is drop-out prevention, not action
- If someone is actively working on change then assist them to build supports in their environment. For example, people, places and things.

STAGES OF CHANGE

SESSION HANDOUT # 1 of 3

STAGES OF CHANGE

Pre-Contemplation

Person does not see behavior as a problem.

Person is not interested in discussing behavior with others that do see the behavior as a problem.

Person has no intention of changing behavior.

Person is unaware of the risks or easily rationalizes them away.

Person may have made previous attempts to change and feels hopeless about change.

Contemplation

Person has some awareness of the need to change behavior.

Person begins to realize the risks of the behavior.

Person is actively weighing the Pros and Cons of the behavior.

Person expresses awareness of need for change, but may waver in willingness to change.

Preparation

Person believes that the behavior can be changed and that she/he can manage the change.

Person has made some successful attempts to change in the past.

Person expresses intent to change.

Person clearly sees the benefits of changing the behavior.

STAGES OF CHANGE (CONT.)

Action

Person has begun to make the behavior change (1st day to 6 months)

Person is emotionally, intellectually, and behaviorally prepared to make the change consistently

Person has expressed commitment to change.

Person has developed plans to maintain change.

Maintenance

New behavior is practiced consistently for over six months.

New behavior is becoming habitual.

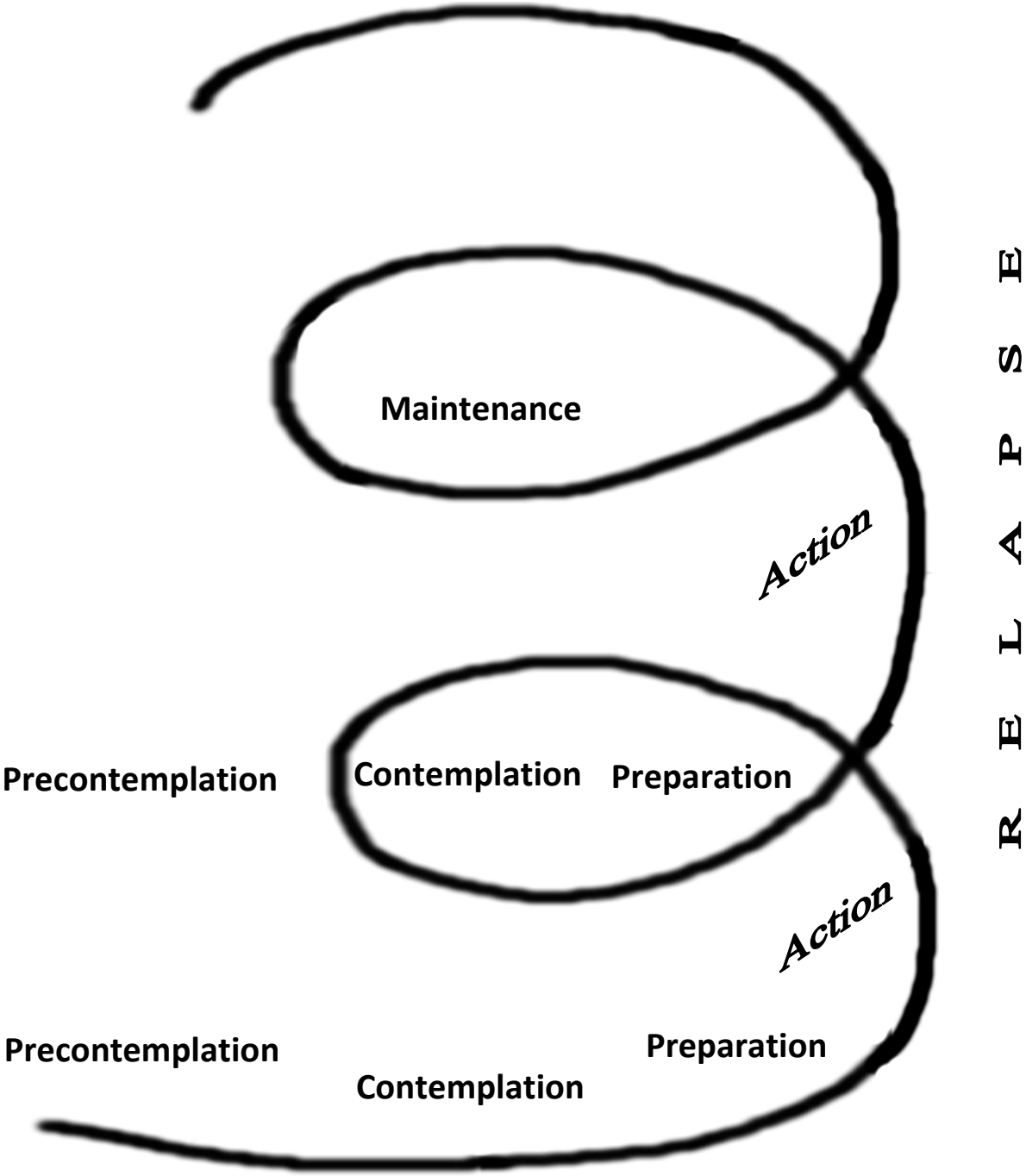
Person expresses confidence in ability to continue change.

Quick Reference

Stage of Change*	Determined by
Pre-Contemplation	Client does not intend to change behavior within the next 6 months.Client has not attempted to change behavior within last 6 months. Client may not see behavior as a problem
Contemplation	Client wants to change behavior within the next six months
Preparation	Client has a plan to change behavior within the next month
Action	Client is working to change behavior
Maintenance	Client has changed behavior for over 6 months

SESSION HANDOUT # 2 of 3

The stages of change



Adapted from Cicatelli

STAGES OF CHANGE

SESSION HANDOUT # 3 of 3

STAGING EXAMPLES

Lisa has been going to the gym three times a week for almost nine months. She feels very motivated and can't imagine not exercising.

Rogerio feels like his drinking is getting in the way of his job but he enjoys going out with his friends and getting drunk.

Juanita plans to start dieting just after the holidays. She has already joined a gym and bought workout clothing. She has even lined up a babysitter three days a week.

Robert smokes and thinks that information on lung cancer etc. is overrated. His grandfather smoked all his life and lived to be 90.

Elaine has tried to quit smoking many times and knows that she can do it. Her relapses happened during stressful family events like her mother's death. She is planning to quit soon and has thought through strategies so that she won't relapse when family stress intervenes. She knows that she feels better when she is not smoking.

Gail knows that she needs to be more consistent with her meds but she keeps forgetting to take them when her life gets busy.

Lynn gets angry whenever her friend tells her she should start taking medications. She has seen friends die or get serious side effects and doesn't want to deal with medications.

Saundra has been back on her meds for two months and her viral load is falling. She has developed a buddy system with a friend from the clinic where they call each other every day and check in.

Veronica has been taking her meds for almost a year, her viral load is undetectable and she is feeling better than ever. Veronica feels that her life is so much better, she has started looking for a job again and vows never to let her health go again.

Robert has stopped eating McDonald's every day. He has increased the amount of fresh fruits and vegetables that he eats and he cooks many meals at home.

STAGES OF CHANGE

SESSION ANSWER KEY

STAGING EXAMPLES ANSWER KEY

Pre-Contemplation

Robert smokes and thinks that information on lung cancer etc. is overrated. His grandfather smoked all his life and lived to be 90.

Lynn gets angry whenever her friend tells her she should get on ART. She has seen friends die or get serious side effects and doesn't want to deal with medications.

Contemplation

Rogerio feels like his drinking is getting in the way of his job but he enjoys going out with his friends and getting drunk.

Gail knows that she needs to be more consistent with her ART meds but she keeps forgetting to take them when her life gets busy.

Preparation

Elaine has tried to quit smoking many times and knows that she can do it. Her relapses happened during stressful family events like her mother's death. She is planning to quit soon and has thought through strategies so that she won't relapse when family stress intervenes. She knows that she feels better when she is not smoking.

Juanita plans to start dieting just after the holidays. She has already joined a gym and bought workout clothing. She has even lined up a babysitter three days a week.

Action

Robert has stopped eating McDonald's every day. He has increased the amount of fresh fruits and vegetables that he eats and he cooks many meals at home.

Saundra has been back on her meds for 2 months and her viral load is falling. She has developed a buddy system with a friend from the clinic where they call each other every day and check in.

Maintenance

Lisa has been going to the gym three times a week for almost nine months. She feels very motivated and can't imagine not exercising.

Veronica has been taking her meds for almost a year, her viral load is undetectable and she is feeling better than ever. Veronica feels that her life is so much better, she has started looking for a job again and vows never to let her health go again.

BEHAVIOR CHANGE*

ABOUT THIS ACTIVITY

Time: 60 minutes

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

- Identify how people make changes in their behaviors;
- Ask questions that can help a peer identify their readiness to change a behavior.

Training Methods: Individual Activity, Dyad Activity, Large Group Discussion

In This Activity You Will…

- Introduce concept of behavior change and explain activity (20 minutes).
- Facilitate behavior change activity and discussion (20 minutes).
- Review the Essential Ingredients of Behavior Change and Wheel of Change flipchart (20 minutes).

Materials:

- Handout – Behavior Change and Me
- Handout –Essential Elements of Behavior Change,
- Handout –Stages of Change
- Flipchart – Wheel of Change
- Color-coded cards for assigning people to pairs
- Flipchart
- Markers

Preparation:

- Prepare Wheel of Change flipchart
- Prepare handouts

Instructions

1. Introduce activity.

   Many of us are peer educators because we hope that through education people will adopt more healthy behaviors. Whether we work in HIV/AIDS, substance abuse or another program, we all hope our education will make a real difference.

2. Acknowledge that behavior change is a complex process.

   There are many different theories of behavior change (approximately 51). In this workshop, we will learn about a widely used model, called "stages of change."

   This will help us understand how behavior change happens so we can be more effective in supporting the peers we work with.

3. Ask each participant to think of some behavior she or he has tried or wanted to change.

   Think of a behavior you have tried to change that you are willing to share.

   Please take out the handout Behavior Change and Me. Take a few minutes to fill out the questions about a behavior you tried to change. **[Note to trainers: Be available if participants need help reading or filling out the questionnaire. Should take 20 minutes up to this point]**

4. Place participants in pairs using their color-coded cards. Instruct them to share their responses with their partners, with the first partner sharing all of his/her steps and then the second partner sharing all of his/hers.

   We are going to find our partners based on our cards, and share our responses with our partners. Please take turns sharing with your partner and then come back to the large group [10 minutes].

* This module comes from Duke University, Partners in Caring; Center for Creative Education, 2006.

5. Call the group back together after 10 minutes and ask participants to share any insights gained during this exercise with the group [another 10 minutes].

   What did you realize about your change process?

   How many people needed more information in order to make a behavior change?

   Did anyone say something to you that really helped you make the change?

   Did you succeed the first time?

6. Refer participants to the "Wheel of Change" flipchart and Essential Ingredients of Behavior Change handout. Review the wheel of change. Discuss the tasks at each stage [10 minutes].

   Please look at the Essential Ingredients of Behavior Change handout. Look at the different factors at each stage and what helps people change. Peers can help people identify what it will take to change a behavior. Please look at the Stages of Change handout. With your partner, think of something a peer could say to clients at each stage change that helps them focus on their goal of changing?

7. After 10 minutes, ask for suggestions for each stage. Emphasize that people need more than information to change behaviors. Challenge the peer educators to remember this point when talking to peers. Some examples:

- **Stage 1** - Pre-Contemplation – "Did you know this is happening to other people just like you?" "Gee, there are advantages to your behavior. Are there are any negatives?"

- **Stage 2** – Contemplation –"Why is it important for you to make this change?" "How will you feel when you have achieved it?"

- **Stage 3** - Decision – "Sounds like you're ready. "What are you going to do to make the change?" "What resources can help you?" "What might get in the way and what can you do?"

- **Stage 4** – Action – "How is it going? How do you feel about yourself? What is working really well? What is getting in the way?"

- **Stage 5** – Maintenance – "Way to go! What might trip you up?"

- **Stage 6** – Recycle/Relapse – "Give yourself a break. We all fall down, and then we get up. Change is hard and failure is often part of the process. It's normal, but it doesn't' feel good. Do you know anyone else who failed at first? Are you ready to get back on track? Do you need to make any changes in how you are doing it? Who and what would help you?" How can you use these when working with peers?

8. Close by thanking the group for their suggestions.

Summary

Wrap up with the following points:

- It is important for peer educators to understand that people change in their own way and at their own pace.

- Change is a process that usually takes several tries before change it lasts.

- Information alone is not always enough for people to change their behaviors.

* 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 Duke University, Partners in Caring; Center for Creative Education, 2006.

BEHAVIOR CHANGE

SESSION HANDOUT # 1 of 3

ESSENTIAL INGREDIENTS OF BEHAVIOR CHANGE

How it happens

- Peer-centered – the peer has to want to change.
- This is the peer's process NOT yours - meet them where they are – let them set the pace.
- Help peers discover for themselves what realistic steps are necessary to change.
- Keep checking in and be a cheerleader throughout the process.
- Work with the peers to figure out how much responsibility they are willing to take for their own behavior change process. Help them remember how important their role is in the process.

What knowledge, information, facts are needed?

(What the PEER EDUCATOR can DO to help peers change behavior)

- Educate about why change would be helpful.
- Provide new information to make change possible.
- Help find tools; learn skills; get information and other resources.
- Figure out where to begin.

If you believe it, you can do it!

- Peer believes there are steps s/he can take to make change happen.
- Peer understands the risk of NOT changing.
- Peer believes that change is possible ->HOPE.
- Peer has self-confidence that s/he can change.
- Peer understands barriers/obstacles to change.
- Peer believes s/he will feel better about themselves once they have changed.

Making it happen: knowledge in action

(What the peer has to do to change their behavior)

- Use tools and apply skills to make change happen - "What do I need to learn to do differently to make the change I want?"
- Use tools and apply skills in new situations
- Communicate with others to get them to support the change they want

ESSENTIAL INGREDIENTS OF BEHAVIOR CHANGE (CONT.)

The world around us.

The PEER EDUCATOR can help the peer to:

- Identify a support system, role models and mentor for making and maintaining change.
- Figure out how society, neighborhood and family expectations can affect the behavior change they want to make
- Decide where there are incentives and rewards to motivate behavior change
- Identify obstacles, challenges and opportunities around their behavior change
- Understand laws, rules, and financial limitations around their behavior change

Other important things a PEER EDUCATOR can do to help:

- Partner with the peer to create a plan for change.
- Be a cheerleader all the way! – Celebrate every little step.

BEHAVIOR CHANGE

SESSION HANDOUT # 2 of 3

BEHAVIOR CHANGE AND ME

Think about a behavior change you have made (or tried to make) and answer the questions below with your partner:

The behavior I tried to change was:

I decided I wanted to make this behavior change because:

I believed that if I made this behavior change, my life would be different by…

The new things I needed to know or learn in order to make this behavior change were:

People and activities that helped me make this change were:

Other things that blocked me from making this change were:

BEHAVIOR CHANGE

SESSION HANDOUT # 3 of 3

STAGES OF CHANGE

Successful behavior change is a PROCESS. People rarely change their behavior immediately when they get new information. They go through a series of stages or steps, and may "re-cycle" a few times before they change successfully.

Stage 1: "Not even thinking about it." People at this stage don't think that information about risk applies to them. For example, a person at this stage might say, "What do you mean I need to quit drinking? I can drink a 12-pack and not pass out!"

What can a PEER EDUCATOR say to a peer this stage?

Stage 2: "Thinking about it." People at this stage know they eventually want to make a change, but they are not quite ready. For example, "People in my family tend to get diabetes in their fifties. I should probably start watching what I eat."

What can a PEER EDUCATOR say to people at this stage?

Stage 3: "Now I'm ready!" People at this stage are ready to take action. They might say, "My case manager got me a new pillbox and helped me fill it up so I can take my meds everyday like my doctor wants me to."

What can a PEER EDUCATOR say to people at this stage?

SESSION HANDOUT # 3 of 3 (cont.)

STAGES OF CHANGE (CONT.)

Stage 4: "I'm doing it!" People at this stage have begun practicing their new behavior. For example, "I take a friend with me now when I go out to bars and she stops me from ordering that second drink."

What can a PEER EDUCATOR say to people at this stage?

Stage 5: "Keep on keeping on." People at this stage have successfully changed something. You might hear, "For the past six months I make sure I have condoms with me at all times, and I use them every time I have sex."

What can a PEER EDUCATOR say to people at this stage?

Stage 6: "Whoops!" People at this stage have gone back to an old behavior, usually for a reason. For example, I was sober for over a year, but then my mom died and I couldn't handle it."

What can a PEER EDUCATOR say to people at this stage?

SESSION FLIPCHART

Wheel of Change

DISCLOSURE: BENEFITS AND RISKS*

ABOUT THIS ACTIVITY

Time: 60 minutes

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

- Understand that everyone has a unique experience with disclosure or partner notification;
- Empathize with others upon hearing their stories.

Training Methods: Large Group Activity and Discussion

In This Activity You Will…

- Review the difference between confidentiality and disclosure (15 minutes)
- Facilitate group activity around disclosure (30 minutes)
- Review disclosure brochures and the peer role (15 minutes)

Materials:

- Flipchart
- Markers
- Cards: "I would never tell" and I would always tell" (two or three of each)
- Handout – Disclosure: Some Considerations Before You Disclose
- Brochure - Disclosure

Preparation:

- Print handout and brochure

Instructions

Note: This module should be delivered after completing an introductory training on disclosure.

1. Introduce the activity.

- Disclosure and confidentiality are slightly different. Why or why not? (Answers could include—another person breaking your confidentiality vs. your telling another person about your HIV)
- In previous modules, disclosure and the importance of understanding people's choices about disclosing his or her HIV status to family and friends has been discussed.
- Telling others about your HIV status is your personal choice. You have a right to keep it a secret with the exception of telling: current and past sex partners, anyone that you may have shared needles with, and your doctor or dentist.
- People have different reasons for telling or not telling others about their HIV status. There are some risks and benefits of disclosure.
- It is important to know that everyone has his or her own unique experiences with disclosure. This exercise will help us learn why people chose or do not chose to disclose their HIV status.
- Peer educators may not agree with, but need to respect, the decisions that others make about disclosure.
- At this time I will need you to think about an experience when you told someone about your HIV status. Think about who they are: your mother, partner, brother, friend, employee, your whole family, sister, aunt, child.
- In that experience was the person or group supportive, angry, violent, judgmental or confused? There are many reactions that may be associated with disclosure, some of which we could have never anticipated.

2. Explain the exercise.

- In a moment, I will hand out cards to several people in the room.
- We will begin by having someone with an "I would always tell…" card to share one person or group that s/he would always disclose to. Next, we'll have someone with an "I would never tell…" card to

* This module comes from Duke University, Partners in Caring; Center for Creative Education, 2006.

DISCLOSURE: BENEFITS AND RISKS

share a person or group s/he would never disclose to. You may add a reason why you would or would not tell this person/group if you choose.
- If I hand you a card and you don't wish to participate at this time, please let me know.

3. The trainer should ask for clarification of the instructions and repeat them and use the example below if needed.

- The example to start could be: "I would always tell my employer because I may need to have time to go to my provider appointments."

4. Allow each person who received a card to tell who s/he would or would not disclose to, and process the activity with the following questions.

- Who were the people who were always told? Who were never told? What did you notice about these groups?
- How do you feel about people choosing who they want to disclose to other than those they are required to tell?

5. Allow participants to respond.

- What is the best thing to do when a person tells you that they want to disclose to someone? [Possible answers include: ask if the person has a private place to disclose; ask person if s/he feels safe disclosing; prepare person for reactions.]

6. Allow responses. Then go through the disclosure process. Have brochures available. [Record answers on a flipchart. Some responses could be:]

- "Let's talk about this a bit."
- "If you are anxious about this, you and I could role-play and then you can make a decision whether you want to disclose."

7. Allow responses. Then go through the disclosure process.

- Thank you all for sharing. It is important to remember that we all disclose to different people for different reasons. It is not up to peer educators to encourage others to disclose their HIV status, or to decide to whom their clients should tell.
- Peer educators should encourage their clients to consider several things before disclosing to someone. These include:
- What do you need most from the person you are telling? Have the peer think about how this person knowing can help their situation or make it worse.
- Who are you most comfortable telling. Have the peer think of someone who can support them in a non-judgmental way while coping with their own feelings.
- How important is privacy to you? Have the peer consider how the person s/he's considering disclosing to regularly deals with others' confidential information.
- Prepare for reactions. Have the peer consider if the person s/he's going to tell might get upset. S/he might also provide written information on HIV to the person.
- Where will you tell? Have the peer choose a place that is comfortable and provides enough privacy.
- What are some of the risks? Have the peer think about the risks associated with disclosing, such as jeopardizing a job or telling someone who might become violent.

8. Ask participants what some of the benefits of disclosure are. Allow responses.

- Telling others about your status may take pressure off of you and relieve stress. This can help you stay healthy.

- Some other benefits of disclosure may be:
  Getting emotional support
  Relief from the burden of secrecy
  Connecting with others who are HIV+
  Controlling your own disclosure on your own terms

DISCLOSURE: BENEFITS AND RISKS

TRAINING TIP

Further instructions:

- In the handouts is included a brochure about how to tell someone about your HIV status.

Summary

- Disclosure is your personal choice;
- Peer educators may not agree with but need to respect the decision that others make about disclosure;
- Everyone has a unique experience with disclosure and partner notification.

* 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 Duke University, Partners in Caring; Center for Creative Education, 2006.

DISCLOSURE: BENEFITS AND RISKS

SESSION HANDOUT # 1 of 3

I would always tell	I would always tell	I would always tell
I would never tell	I would never tell	I would never tell

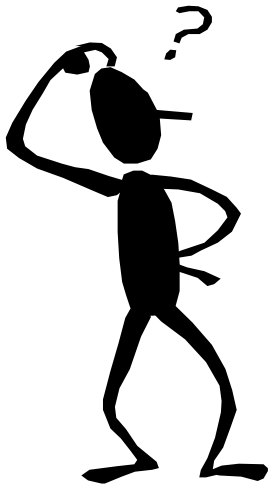
DISCLOSURE: BENEFITS AND RISKS

SESSION HANDOUT # 2 of 3

DISCLOSURE: SOME CONSIDERATIONS BEFORE YOU DISCLOSE

Peer educators should encourage their clients to consider several things before disclosing to someone. These include:

- What do you need most from the person you are telling? Have the peer think about how this person knowing can help their situation or make it worse.
- Who are you most comfortable telling. Have the peer think of someone who can support them in a non-judgmental way while coping with their own feelings.
- How important is privacy to you? Have the peer consider how the person s/he's considering disclosing to regularly deals with others' confidential information.
- Prepare for reactions. Have the peer consider if the person s/he's going to tell might get upset. S/he might also provide written information on HIV to the person.
- Where will you tell? Have the peer choose a place that is comfortable and provides enough privacy?
- What are some of the risks? Have the peer think about the risks associated with disclosing, such as jeopardizing a job or telling someone who might become violent.



SESSION HANDOUT # 3 of 3

Telling Others About Your HIV

Peer Education Training Site (PETS)
Duke University Medical Center
Box 3284
Durham, NC 27710

Disclosure is YOUR Choice

Telling others about your HIV status – disclosure – is a very personal decision. You do have the right to keep it secret from others, except from those who might be at risk of getting infected. It is important you share your status with these people:

- Current and past sex partners
- Anyone that you may have shared needles
- Your doctor and dentist

Benefits of Disclosure

Telling others about your status may take pressure off of you and relieve stress. This can help you stay healthy. Other benefits include:

- Getting emotional support
- Relief from the burden of secrecy
- Opportunity to connect with others with HIV
- Control over your own disclosure on your own terms

Risks of Disclosure

But disclosing may have serious risks for you at home or work. People may make fun of you, harass you or even try to hurt you. They may try to take away your job or place to live.

Even though there are laws to protect people with HIV, you would have to spend time and money to take these people to court or find other legal solutions. This might "out" you as HIV positive to many more people.

How to Tell

If you feel secure enough with your own emotions to disclose, it may help to think about the words you will say. Write them down and practice a few times. Consider the following:

- **What do you need most from the person you are telling?** Think about how this person knowing can help your situation or make it worse.
- **Who are you most comfortable telling?** Choose someone who can support you in a non-judgmental way while coping with their own feelings.
- **Will this person respect your privacy?** Think how this person regularly deals with others' confidential information.
- **How will this person react?** If they might get upset, give them written information on HIV. Tell them that HIV is a manageable illness.
- **Where would be the best place to tell this other person?** You might choose a place that is comfortable and provides enough privacy.

SESSION HANDOUT # 3 of 3 (cont.)

Telling a Child

You may delay disclosing to a child unless:

- Your health is at risk
- You are making frequent trips to the doctor
- You are taking medications
- Your energy level has declined, then your child may be aware the "something is wrong".

You may want to avoid letting your child learn about your status from someone else. If you decide to tell them:

- Do it when you are physically and emotionally able to assist them in adjusting.
- Provide accurate information, both verbal and written, based on what your child knows about HIV.
- Identify people they can turn to for support.

Other Issues Pertaining to Children

When a child is infected:

- Disclosure to school officials is an individual decision in North Carolina, but may prevent accidental disclosure by the child
- Disclosure to the school can result in the HIV status being on the child's school record (unless medical records are kept separate)
- Disclosure to the school will result in disclosure about the mother's HIV status
- Disclosure to "play groups" or friends can provide an opportunity for friends to understand and be supportive
- Disclosure to these groups can result in the same issues as school issues.

Telling Your Employer

You may wish to tell your employer. However, legal advisors often urge caution regarding disclosure of medical conditions to an employer. Consider your reasons for telling and how it would affect your job and health. Limited disclosure work for you. An example of this might be, "I need to schedule some breaks because I have to take medicines at certain times during the day."
If you decide to tell your employer, use your human resources department. They are trained to handle difficult issues with confidentiality and professionalism. State clearly to your human resources specialist, "I know that you will keep my questions and concerns confidential."

Get More Support

Support from others is an important aspect of living well with HIV. When you have people in your life you can talk with and rely on for help, you are better able to keep HIV in perspective and maintain a positive frame of mind.

If needed, consider ways to increase your sources of support, such as, support groups, social or volunteer activities. Many communities offer a variety of social support programs for those living with HIV.

Telling a Family Member or Romantic Partner

Disclosure rarely results in violence; but consider your personal safety, especially if there is a history of physical violence in a relationship. Seek out support and resources before disclosure. If you anticipate a violent response, you need to delay and reconsider. In such situations, a social worker or HIV case manager may be able to help you identify needed resources.

This brochure focuses on common issues related to disclosure of HIV. It was adapted from a brochure that was produced by the AIDS Clinical Trials Group Social Workers. Further discussion with a clinical social worker can provide additional guidance and understanding of individual issues related to disclosure. For assistance, call:

Gordon Lipscomb, Dionne Moore, or Mary Washington Duke University Infectious Diseases Clinic (919) 681-4470

DISCLOSURE AND STIGMA FISHBOWL*

ABOUT THIS ACTIVITY

Time: 120 minutes

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

- Discuss HIV disclosure basics;
- Understand that everyone has a unique experience with disclosure;
- Identify the benefits of, and barriers to, disclosure.

Training Methods: Large Group Activity

In This Activity You Will…

- Introduce the fishbowl activity and explain the rules (15 minutes)
- Tell a disclosure story (5 minutes)
- Facilitate the fishbowl activity (60 minutes - more or less depending on the size of the group)
- Debrief the activity with the group (30 minutes)
- Lead the group in a closing circle activity (10 minutes)

Materials:

- Newsprint, markers
- Chairs
- Flipchart
- Lollipops
- Timer
- Kleenex

(continued next page)

Instructions

1. Introduce activity, by making the following points.

   a. We are going to have a discussion about disclosure and how it can impact the work that peers do in the community. We are going to do a fishbowl. Has anyone ever done a fishbowl before? In a fishbowl discussion, we have two groups. One group will come inside the circle and sit facing the rest of circle and answer three questions.

   b. Then we will switch groups and ask the same questions.

   c. The group that is on the outside of the circle must only listen; let's practice our listening skills, no question, no comments. We've got some lollipops for you, in case you feel the urge to say something!

2. We want to remember our ground rules we have established. This can be an emotional topic and we all have many stories to tell. We want to encourage you to tell the piece of your story related to disclosure, not your whole story. Tears are fine, we've got Kleenex. We want to hear from everyone that would like to speak, so please keep that in mind as you answer questions. When you are talking, you will have a timer. The timer will be set for 2 minutes and when it goes off your turn is up and the next person will give her response to the question. Let's do our best to be respectful and compassionate to each other, recognizing that we all come from a different place with different experiences.

3. Disclosure Meter/Role Model- Go over the disclosure meter with the group. Ask everyone to think about where they feel most comfortable on the meter. As they are thinking about this, tell a story of disclosure for yourself.

4. Fishbowl Activity

* 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.

DISCLOSURE AND STIGMA FISHBOWL

ABOUT THIS ACTIVITY(CONT.)

Materials (cont.):

- Candles
- CD player
- CD of Christina Aguilera's song "Beautiful" or other song for mixed group.
- Handout - Telling
- Handout - HIV and Disclosure
- Handout - Who Needs To Know You Are HIV+
- Handout - Disclosing to Loved Ones

Note: Handouts are optional and are not required to complete this activity.

Preparation:

- Write the following on flipchart:

  Disclosure Meter: How comfortable are you with disclosing your HIV status?

  1-NOT AT ALL COMFORTABLE - I will not tell anybody.

  2-A LITTLE COMFORTABLE - I will tell a couple of people.

  3-GETTING MORE COMFORTABLE- I will tell my family and friends.

  4-VERY COMFORTABLE- I disclose to everyone, my family/friends, and I am on TV, newspapers, posters, etc.

- Arrange chairs in a large circle. Ask everyone to take a seat. Put some chairs inside the large circle facing out.

Tips for successfully implementing Fishbowl

- Repeat the question when asking each participant-to keep them on track.
- Rephrase what they say to the group-this helps move the discussion along and also have them reflect on what they are saying. It also helps other participants that are listening.
- Be present, but don't get emotionally engaged. Your role is to facilitate and move the discussion forward.
- Sit with the inside group when asking questions or you can stand outside the outer circle.
- Keep Kleenex in the middle
- Have popsicles or something for the outer circle participants to suck on while they are listening. This helps them to resist the urge to talk.
- Be compassionately firm with time, having each person who speaks hold some kind of timer or use soft chimes.

First group

- Ask those who rated themselves 1-2's to come inside the circle and face outwards towards the outer circle.
- Ask the following questions to the group.

  What do you want people in the other group to know about you?
  Why are you a 1 or 2?
  How do you feel about being a 1 or 2?
  What is one thing hard about being a 1 or 2?
  What is one thing easy about being a 1 or 2?

Second group

- Ask those who are 3-4's to come inside the circle.
- Ask the following questions to the group.

  What do you want people in the other group to know about you?
  Why are you a 3 or 4?
  How do you feel about being a 3 or 4?
  What is one thing hard about being a 3 or 4?
  What is one thing easy about being a 3 or 4?

DISCLOSURE AND STIGMA FISHBOWL

TRAINING TIP

The instructions for the song are for a women-only group; if a mixed gender group is present select another song if appropriate.

5. Lead the group in a discussion using the following questions:

- What did you learn about yourself?
- What did you learn from the other group?
- What was it like to just listen?
- What was it like to talk and to just be listened to?
- What role do women living with HIV play in fighting stigma?
- How does this role relate to your own comfort level with disclosure?

6. Lead group in closing circle activity, as follows:

- Ask group for any closing comments or question. Thank group for being open and compassionate with others.
- Have the group stand together in a circle. Play the song "Beautiful" by Christina Aguilera while having women lighting candles.
- Facilitator will start by lighting one candle (symbolizing she is lighting a candle for her life) and using that candle to light another candle. Then she can blow out one of the candles (symbolizing that she is blowing it out for stigma).
- Pass the candles to the next person (one lit candle and one unlit candle). Participant will follow the steps as above.
- Pass the candles around the whole circle.

Summary

Wrap up by again thanking everyone for their respect, compassion and participation. Acknowledge that this is a very challenging issue and there is no perfect place to be; it depends on our own personal experiences, situations, and resources, and can change, as those other conditions change. Point out the handouts that they can use to continue exploring their feelings and thoughts about disclosing.

* 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.

DISCLOSURE AND STIGMA FISHBOWL

SESSION HANDOUT # 1 of 4

TELLING

1. A good experience that I had with telling someone else that I living with HIV…

2. A not-so-good experience that I had with telling someone else that I living with HIV…

3. One thing I do well when deciding who to tell is…

4. One thing I will change about disclosing my HIV status in the future is…

DISCLOSURE AND STIGMA FISHBOWL

SESSION HANDOUT # 2 of 4

HIV & DISCLOSURE

Preparing for Disclosure

"Disclosure" means telling someone that you are HIV+. Who to tell about your HIV status and how to tell them can be a very complex and personal decision.

There is no one best way to tell someone, just as there is no sure way to gauge their reaction to your news. But it will help to ask yourself a few questions before disclosing:

1. Who do I want to tell and why do I want them to know?

2. How much am I ready to share or are they ready to hear?

3. How will disclosing my HIV status affect me and how will it affect the people around me?

4. Think about the people you rely on for support, like family, friends, or coworkers.

5. Figure out your relationship with each of these people and the advantages and disadvantages of telling them.

6. Determine any issues the person might have that will affect how much he or she can support you. For example, does the person have any health problems of her own? Can you trust her?

7. Look at the person's attitude and knowledge about HIV. Do they have fears or preconceived ideas about HIV?

8. Think about why you'd want to disclose to this person. What kind of support can this person provide?

9. For each person, decide if the person should be told now, later, or to wait and see.

Deciding who to tell may take a short time or a long time.

There is no right way to do this.

It is a very personal decision that only you can make.

Julianne Serovich, PhD, Professor, Marriage and Family Therapy

DISCLOSURE AND STIGMA FISHBOWL

SESSION HANDOUT # 3 of 4

WHO NEEDS TO KNOW YOU ARE HIV+

You do not have to tell everyone that you are HIV+. You should tell people that you may have exposed to HIV so that they can be tested and seek medical attention if required.
These people could be sexual contacts or people with whom you have shared needles. If you do not want to tell them yourself, The Department of Health can inform your contacts without even using your name.

In about 27 states, the law requires that you disclose your HIV status before knowingly exposing or transmitting HIV to someone else. Penalties vary from state to state.
You need to tell your doctors and other healthcare providers to ensure you receive appropriate care. Your doctor also needs to know how you were infected to determine if are at risk for other diseases, such as hepatitis C for injection drug users and other sexually transmitted diseases for women infected through sex.

Who Does Not Need to Know

You do not have to tell your employer that you are HIV+. If you do tell, remember that, as long as you are performing your job, your employer cannot legally discriminate against you. People with disabilities, including HIV, are protected from job discrimination under the Americans with Disabilities Act (ADA).

Who You May Want to Tell

Women often choose to disclose their status to close friends and family. For many, telling those closest to them provides them with both emotional and practical support.

Some people decide to become more public and use their stories to advocate for others with government or media. Others may disclose for educational purposes to neighbors, community and religious groups, schools, other HIV+ people, or healthcare providers.

Many women find a sense of purpose and increased self-esteem by telling their story.
You may want to consider how much of your story you are ready to tell. Many people will ask you how you became infected. If you decide not to share that information, have a reply ready such as, “does it really matter?” or simply state that you are not ready to talk about that.

DISCLOSING TO LOVED ONES

Disclosing to Children

For moms considering telling their children, it is important to ask yourself why you want to tell them:

- Will they be angry if you keep a secret?
- Do they suspect something?
- Are you sick?

Children can react to the news of HIV in the family in many different ways. Older kids may be upset that you kept a secret from them. Younger children may just want to go back to their toys. Partial truths can be helpful when telling children. You may decide only to tell them as much as you consider appropriate for their age.
Do not forget that kids need support too. If you can, give them the name of another adult they can talk to, perhaps an aunt or grandparent. Several books are available that deal with the issue of disclosure to children. (Find books at Let's Talk.)

Disclosure and Relationships

Women who are dating find it difficult to know when to disclose. Should you tell on the first date or only if the relationship is getting serious? While there is no correct answer, the longer you wait, the more difficult it becomes.

Be aware that women are at risk for violence when disclosing their HIV status, especially pregnant women. If you are worried that your partner may become violent, think about having the discussion with a neutral third party present: a therapist, an HIV advocate, or a health professional.

In close relationships, studies show that living with a secret, such as HIV, can be more emotionally harmful than the rejection that could result from disclosure. Many women who have kept a secret for a long time feel a sense of relief after telling. Community based organizations and AIDS clinics can offer resources to guide women through the disclosure process.

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3 Margolese, S.L. (2002). Telling your story, how to decide: A skills-building workshop designed to increase involvement of people with HIV in education, advocacy, and prevention. XIV International AIDS Conference, Barcelona. Abs. TuPeF5496.
4 Schmidt, C.K. & Goggin, K. (2002). Disclosure patterns among HIV+ women. American Clinical Laboratory. 40-43: Retrieved July 2003 from http://www.iscpubs.com/articles/acl/c0203sch.pdf.

PEER DISCLOSURE*

ABOUT THIS ACTIVITY

Time: 45 minutes

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

- Discuss the best time for disclosing to a client;
- Identify the benefits of, and barriers to, disclosure.

Training Methods: Small Group Discussion, Report Back

In This Activity You Will…

- Divide the room into 4 groups and distribute newsprint (5 minutes)
- Ask groups disclosure at the time listed on their newsprint and to discuss the impact of disclosure upon the peer/client relationship at that point (25 minutes)
- Ask groups to report back to the room. (15 minutes)

Materials:

- 4 newsprints with the following titles:
- Newsprint - Before Meeting the Client
- Newsprint - During First Meeting with the Client
- Newsprint - After Building a Level of Trust/Rapport with the Client
- Newsprint - When a Critical Incident Occurs

Preparation:

- Prepare newsprints

Instructions

1. Introduce session by asking participants what they see as the purpose(s) of peer disclosing their HIV status to clients. Acknowledge that organizations may have their own protocols for when and perhaps how peers are to disclose to clients.

   In addition, individual peers have developed a sense of the most appropriate and fruitful times to disclose to a client. Explain that you will be giving participants a chance to discuss what they feel are the best times to disclose their status to clients and what the benefits and drawbacks may be to disclosing at various points in their relationship with the client.

2. Break participants into four groups. Assign each group one of the 4 newsprint "topics" and ask them to appoint a recorder. Have groups divide newsprints into 2 categories: benefits and drawbacks. Instruct groups to list both the benefits, as well as the drawbacks, of disclosing to clients at that particular time. Give participants 15 minutes to develop their lists.

3. Ask each group to present their lists and discuss the benefits and drawbacks listed – do this in order of the topic. Elicit feedback from other groups regarding their thoughts on disclosing at the various times; something seen as a benefit by one group may be viewed as a drawback by another.

   Explore these differences in experience and opinion. Ask participants if there may be instances in which they never would disclose their status to a client.

* This module comes from the Comprehensive Peer Worker Training, Peer Advanced Competency Training (PACT) Project Harlem Hospital Center, Division of Infectious Diseases, 2008.

PEER DISCLOSURE

TRAINING TIP

- Disclosure should be done when the client needs it, not for the peer.
- There is no best time for disclosure, it depends on agency policy or if you have a choice then you should assess the relationship and the client's needs

Summary

When all groups have shared their lists, wrap up the session by reinforcing the idea that there is no "right" time to disclose to clients and that, except in cases in which their organization dictates disclosure, each peer must decide on when he or she feels disclosure is most appropriate and most beneficial for the client.

* 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 Comprehensive Peer Worker Training, Peer Advanced Competency Training (PACT) Project Harlem Hospital Center, Division of Infectious Diseases, 2008.

PEER DISCLOSURE

SESSION NEWSPRINT

Disclosure before meeting the client

Benefits

Drawbacks

Disclosure during first meeting

Benefits

Dra**wbacks**

Disclosure after building trust/rapport with client

Benefits

Drawbacks

Disclosure when a critical incident occurs

Benefits

Drawbacks

SUPPORTING OUR CLIENTS THROUGH DISCLOSURE*

ABOUT THIS ACTIVITY

Time: 45 minutes

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

- Discuss HIV disclosure basics;
- Understand that everyone has a unique experience with disclosure;
- Identify the benefits of, and barriers to, disclosure.

Training Methods: Large Group Discussions, Dyad Activity

In This Activity You Will…

- Go over basic concepts of disclosure (15 minutes)
- Facilitate pairs activity (15 minutes)
- Debrief and wrap up (15 minutes)

Materials:

- Newsprint, markers
- Handout - Telling
- Handout - HIV and Disclosure
- Handout - Who Needs To Know You Are HIV+
- Handout - Disclosing to Loved Ones

(continued next page)

Instructions

1. Lead a brief discussion on the importance of thoughtful disclosure.

   "Disclosure" means telling someone about one's HIV status. As peer educators conversations about HIV disclosure will come up quite often and you have to be prepared and mindful of how you can help your clients with this process. Who to tell about their HIV status and how to tell can be a very complex and personal decision, which your client will need help with. There is no one best way to tell someone, just as there is no sure way to know what their reaction to the news will be. You cannot tell your clients what to say or who to say it to but you can provide them with support and resources that may help them in their process. You can provide your client with some questions they should ask themselves before:

2. Review the question words that you have written on the flipchart.

3. Review the roles of the peer advocate.

4. Have discussion of safe/unsafe disclosure using the pre-written flipchart papers.

5. Hand out the Telling handout. Ask them to write their answers to the first two questions only on the worksheet. Pair people up and ask one person to tell their partner about a safe disclosure experience and the other person to tell their partner about an unsafe disclosure experience.

   Tell them that each person has about 2 minutes to share. While one person talks, the other person should practice listening without interruptions. Remind them of the class agreements and that each person will share only what they are comfortable sharing.

   Tell them to get started! After 5 minutes, tell them the time is half up and to make sure both partners get to share. After another 5 minutes, ask them to stop.

* 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.

SUPPORTING OUR CLIENTS THROUGH DISCLOSURE

ABOUT THIS ACTIVITY (CONT.)

Preparation:

- Write on flipchart:

  Who Where
  What How
  When

  Role of peer advocate:
  Listen, Support, Encourage, Suggest, Provide, Share your own experience.

- Write on another sheet of flipchart:

  Unsafe Disclosure:
  Pressured by a friend or loved one
  Under the influence of drugs or alcohol
  Wasn't honest with self about the situation
  Needed something
  Impulse
  Didn't think of consequences

- Write on another sheet of flipchart:

  Safe Disclosure:
  You make the choice- the place, the time….
  You are sober, calm,
  You have information/phone number to give if there are any questions and you are ready to answer and/or discuss HIV,
  You have someone to talk with who an support you
  Thought it through for a long time
  Take your time
  Have a trusting relationship with the other person
  Know why you wanted/needed disclose your status to this person

6. Reconvene the group and lead a discussion by asking the following questions:

- How easy or difficult was it to share the good experience you had? Why?

- How easy or difficult was it to share the not-so-good experience you had? Why?

Points to remember

- Emphasize that what you're looking for here is not what happened, but how it happened: I.e., You're not asking them to share their stories with the group, but to think about what they did that helped make this a good experience.

- Emphasize that safe disclosure requires more time and work from a person than unsafe disclosure.

- Acknowledge that we have all made good choice and bad choices about disclosing different things at some point in our lives. This applies to other personal information, not just HIV.

7. Ask them to get out their "Telling" Handouts, and to write their answers to the last two questions on the worksheet.

8. End the session by asking the group: what are the roles of a peer advocate when supporting their client through disclosure?

   Responses can include:

- Listening to their concerns, fears, etc
- Reaffirm that is ok not to disclose.
- Help a client process why they should disclose, what they want to come out of it.
- Offer non-directive suggestions instead of telling them what to do and how to do it.
- Staying away from legal issues and scare tactics to convincing them to disclose.
- Encouraging clients to practice harm reduction practices

SUPPORTING OUR CLIENTS THROUGH DISCLOSURE

▶ TRAINING TIP

Things to stress:

- If anyone starts to share their story, point out that this is a good time to practice not sharing something, not disclosing!

Summary

Wrap up by reminding the group that making decisions about disclosure are a lot like making other decisions in our lives, and we have excellent tools to make sound decisions, and their clients do, too.

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SUPPORTING OUR CLIENTS THROUGH DISCLOSURE

SESSION HANDOUT # 1 of 4

TELLING

1. A good experience that I had with telling someone else that I living with HIV…

2. A not-so-good experience that I had with telling someone else that I living with HIV…

3. One thing I do well when deciding who to tell is…

4. One thing I will change about disclosing my HIV status in the future is…

SUPPORTING OUR CLIENTS THROUGH DISCLOSURE

SESSION HANDOUT # 2 of 4

HIV & DISCLOSURE

Preparing for Disclosure

"Disclosure" means telling someone that you are HIV+. Who to tell about your HIV status and how to tell them can be a very complex and personal decision.

There is no one best way to tell someone, just as there is no sure way to gauge their reaction to your news. But it will help to ask yourself a few questions before disclosing:

1. Who do I want to tell and why do I want them to know?

2. How much am I ready to share or are they ready to hear?

3. How will disclosing my HIV status affect me and how will it affect the people around me?

4. Think about the people you rely on for support, like family, friends, or coworkers.

5. Figure out your relationship with each of these people and the advantages and disadvantages of telling them.

6. Determine any issues the person might have that will affect how much he or she can support you. For example, does the person have any health problems of her own? Can you trust her?

7. Look at the person's attitude and knowledge about HIV. Do they have fears or preconceived ideas about HIV?

8. Think about why you'd want to disclose to this person. What kind of support can this person provide?

9. For each person, decide if the person should be told now, later, or to wait and see.

Deciding who to tell may take a short time or a long time.

There is no right way to do this.

It is a very personal decision that only you can make.

Julianne Serovich, PhD, Professor, Marriage and Family Therapy

SUPPORTING OUR CLIENTS THROUGH DISCLOSURE

SESSION HANDOUT # 3 of 4

WHO NEEDS TO KNOW YOU ARE HIV+

You do not have to tell everyone that you are HIV+. You should tell people that you may have exposed to HIV so that they can be tested and seek medical attention if required.
These people could be sexual contacts or people with whom you have shared needles. If you do not want to tell them yourself, The Department of Health can inform your contacts without even using your name.

In about 27 states, the law requires that you disclose your HIV status before knowingly exposing or transmitting HIV to someone else. Penalties vary from state to state.
You need to tell your doctors and other healthcare providers to ensure you receive appropriate care. Your doctor also needs to know how you were infected to determine if are at risk for other diseases, such as hepatitis C for injection drug users and other sexually transmitted diseases for women infected through sex.

Who Does Not Need to Know

You do not have to tell your employer that you are HIV+. If you do tell, remember that, as long as you are performing your job, your employer cannot legally discriminate against you. People with disabilities, including HIV, are protected from job discrimination under the Americans with Disabilities Act (ADA).

Who You May Want to Tell

Women often choose to disclose their status to close friends and family. For many, telling those closest to them provides them with both emotional and practical support.

Some people decide to become more public and use their stories to advocate for others with government or media. Others may disclose for educational purposes to neighbors, community and religious groups, schools, other HIV+ people, or healthcare providers.

Many women find a sense of purpose and increased self-esteem by telling their story.

You may want to consider how much of your story you are ready to tell. Many people will ask you how you became infected. If you decide not to share that information, have a reply ready such as, “does it really matter?” or simply state that you are not ready to talk about that.

DISCLOSING TO LOVED ONES

Disclosing to Children

For moms considering telling their children, it is important to ask yourself why you want to tell them:

- Will they be angry if you keep a secret?
- Do they suspect something?
- Are you sick?

Children can react to the news of HIV in the family in many different ways. Older kids may be upset that you kept a secret from them. Younger children may just want to go back to their toys. Partial truths can be helpful when telling children. You may decide only to tell them as much as you consider appropriate for their age.

Do not forget that kids need support too. If you can, give them the name of another adult they can talk to, perhaps an aunt or grandparent. Several books are available that deal with the issue of disclosure to children. (Find books at Let's Talk.)

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PEERS IN THE MULTIDISCIPLINARY TEAM*

ABOUT THIS ACTIVITY

Time: 40 minutes

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

- Understand the concept of multi-disciplinary teams
- Understand the vital role that Peer Educators play on the multi-disciplinary team

Training Methods: Lecture, Discussion

In This Activity You Will…

- Lead a group discussion about multidisciplinary teams (15 minutes)
- Ask questions about difference between a traditional approach versus a multidisciplinary approach to health (10 minutes)
- Lead a group discussion to summarize (15minutes)

Materials

- Laptop
- Projector

Preparation: None

Instructions

1. Lead the presentation using the talking points on the PowerPoint slide presentation.

What is a Multi-Disciplinary Team?

- Multi-disciplinary teams are groups of professionals from diverse disciplines who come together to provide comprehensive assessments and consultation for a common goal (client/patient).
- Multi-disciplinary teams members do not have to be all located at the same agency/clinic, but are connected in the provision of services to the same client/patient.
- Multi-disciplinary teams are more prominent in health care- at Hospitals, Clinics and at social services agencies-Non Profit Community Based Organizations and State funded agencies.

- Multi-disciplinary teams are present in the business field and at schools but often times the title of the team is different and are comprised of professionals from diverse disciplines coming together to provide assessments for a common purpose. An example in the business field would be a proposal to bid on a construction job where the diverse disciplines would include marketing department, sales, mechanical and electrical engineers, cad drawers etc. An example in the school setting would be to explore resources that might assist a student function better at school where the diverse disciplines would include the school counselor, the school nurse, the home room teacher etc.

Multidisciplinary Team at a Hospital or Clinic

- Many teams meet at a minimum weekly
- Diverse disciplines include-social workers, case managers, physician, nurses, psychiatrist or mental health representative, peer educator and others depending on the number of disciplines/services offered at the hospital or clinic
- How the team decides which case to conference varies-some cases maybe chosen because of multiple agencies involved in providing services to the client, client is at risk of losing housing or insurance, client has not had a case conference in 6 months or the client is

* This module comes from the Missouri People to People Training Manual, 2008.

PEERS IN THE MULTIDISCIPLINARY TEAM

Sally Neville with Jerry, a peer educator, and two case managers at the Kansas City Free Health Clinic.

From a policy and procedure viewpoint, our peers have developed into equal members of the interdisciplinary team.

Sally Neville, RN, MSN
Director, HIV Primary Care
Kansas City Free Health Clinic

coming in for a medical appointment and there is suspicion of substance abuse that is affecting adherence to medications etc…
- The common goal would be to assess the patient/client needs and develop a plan with the client and the team
- All disciplines are encouraged to share information they know about the case to support a holistic assessment and explore options to provide to the case for resolution

Traditional Approach versus the Multidisciplinary Approach

- In the traditional approach we see the team as being the doctors, nurses, social workers who give direction to the Peer and so there is not much shared information to provide a holistic approach to service delivery.
- In the Multidisciplinary Approach we see that the Client is at the center with all disciplines including the Peer sharing information and providing a team approach to delivery of services.
- The Peer is vital to the connections between the Client and the multiple service providers.

2. Ask participants the following questions and facilitate discussion.

Discussion Questions:

- What are the major differences between the Traditional Approach versus the Multidisciplinary Approach of collaborating with clients?
- What are some of the benefits to the multidisciplinary approach?
- How do you ensure that each discipline's role on the multidisciplinary team is valued?

Summary

As you can see the multidisciplinary team approach is inclusive of all disciplines and each team play is valued during assessment and goal planning for the client.

* 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 Missouri People to People Training Manual, 2008.

PEERS IN THE MULTIDISCIPLINARY TEAM

SESSION POWERPOINT

Peer Educators in the Multi-Disciplinary Team

Peer Educators in the Multi-Disciplinary Team

- Common Goal-assess client needs, develop plan between client and team
- Holistic approach

Peer Educators in the Multi-Disciplinary Team

- What are the qualities of an effective Peer Educator?
- What are **not** the qualities of an effective Peer Educator?

Peer Educators in the Multi-Disciplinary Team

What is a Multi-Disciplinary Team?

- Groups of professionals from diverse disciplines who come together to provide comprehensive assessments and consultation for a common goal.
- Team members at agencies where clients receive care
- Valued at hospitals, clinics, agencies
- Other disciplines: businesses, schools

Multi-Disciplinary Teams at hospitals/clinics

- Meet weekly
- Diverse disciplines
- Why complete a client case conferences
- Frequency of case conferences

Traditional vs. the Multi-Disciplinary Approach

- Traditional Approach-Providers only, communication style, directive approach to service delivery
- Multi-Disciplinary Approach-Peer is center of team, communication style, holistic approach
- Peer is vital to connection between the client and providers

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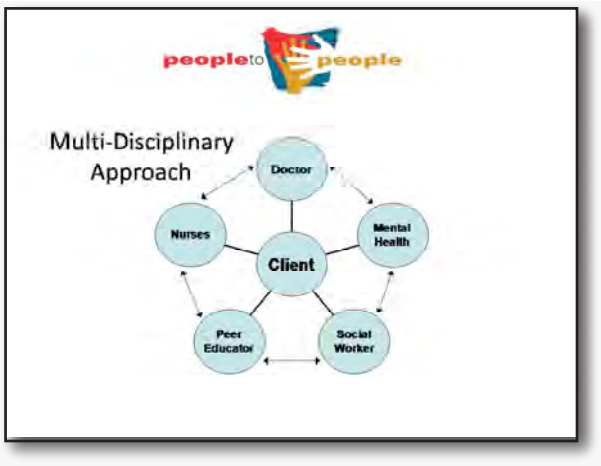
PEERS IN THE MULTIDISCIPLINARY TEAM

SESSION POWERPOINT (cont.)



PEERS IN THE MULTIDISCIPLINARY TEAM ACTIVITY*

ABOUT THIS ACTIVITY

Time: 30 minutes

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

- Describe key aspects of being a peer educator
- Identify common qualities of peer educators;
- Understand the different roles we play as peer educators.

Training Methods: Dyad Activity, Large Group Discussion

In This Activity You Will…

- Facilitate activity about what are and are not the qualities of peer educators (10 minutes)
- Elicit answers about what are and are not the qualities of peer educators (10 minutes).
- Lead a group discussion to summarize (10 minutes)

Materials:

- Handout – Peer Educators in the Multi-Disciplinary Team Activity
- Pencils/Pens
- Questions on newsprint
- Markers

Preparation:

- Print handouts
- Write questions on newsprint

Instructions

1. Explain to participants that everyone will need to complete the questions on the activity sheets.
2. Ask participants to form into dyads or pairs.
3. Participant A will ask interview B following the questions on the activity sheet.
4. Participant B will ask interview A following the questions on the activity sheet.
5. A co-facilitator (if available) will write on newsprint the answers to the questions. If no co-facilitator is available, the interviewer will record answers on newsprint.
6. Review participant answers while emphasizing the common qualities of Peer Educators.
7. Upon completion of this activity post on the wall to refer to during the training

Summary

Summarize common qualities based on participant feedback from the activity. Acknowledge that as we go through this training we will learn about more qualities that were not mentioned today, but are essential to being a peer educator. Now we will learn about incorporating a peer educator as part of a health care team or multi-disciplinary team.

* 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 Missouri People to People Training Manual, 2008.

PEER IN THE MULTIDISCIPLINARY TEAM ACTIVITY

SESSION HANDOUT

PEER EDUCATORS IN THE MULTIDISCIPLINARY TEAM ACTIVITY

1. What are the qualities of an effective Peer Educator?

2. What are not the qualities of an effective Peer Educator?

ROLE OF MULTIDISCIPLINARY TEAM MEMBERS*

ABOUT THIS ACTIVITY

Time: 30 minutes

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

- List 3 roles peer workers share with other team members
- List 4 unique roles of peer workers

Training Methods: Small Group Activity, Large Group Discussion

In This Activity You Will…

- Ask participants to reflect on the unique tasks that members of multidisciplinary team perform as well as commonalities (5 minutes)
- Fill out matrix on newsprints (15 minutes)
- Share matrices with the class (10 minutes)

Materials:

- Newsprint - Team Roles (one per table)
- Handout & Answer Key - Team Tasks
- Handout- New York Times Article- Drug Users' Hard Lessons Become Tools to Teach Doctors (optional)
- Tape
- Flip chart and easel
- Markers
- Eraser

Preparation:

- Prepare newsprints
- Prepare handouts

Instructions

1. Introduce session and define the term *multidisciplinary team.*
2. Earlier we talked about what makes peers unique. Now we are looking at what Peers share with other team members.
3. Instruct participants that they are going to do an exercise on defining the role of multidisciplinary team members. Explain to participants that understanding the role of co-workers is essential for a multidisciplinary team to work well together.
4. Break into small groups.
5. Give each table group a *team roles* newsprint.
6. Explain that each group should ask one person to be secretary and that each group should make a list of tasks for each multidisciplinary team member. Remind participants that some tasks will be shared and some will be unique to that team member.
7. *Remind participants that we have already spent time on the peer's role so they should do that quickly and then spend most of their time on the other team member's roles.*
8. After 15 minutes ask the small groups to stop.
9. Ask the groups to present their lists. Put a star next to common tasks.
10. Discuss different assignment of tasks between the groups.
11. Ask participants to comment on tasks that are shared by different

* This module comes from the Comprehensive Peer Worker Training, Peer Advanced Competency Training (PACT) Project Harlem Hospital Center, Division of Infectious Diseases, 2008.

ROLE OF MULTIDISCIPLINARY TEAM MEMBERS

▶ TRAINER'S TIPS

- Share skills and tasks with other team members regardless of degrees.
- Highlight commonalities as well as what makes peers unique and what have in common.
- Explain to participants that understanding the role of co-workers is essential for a multidisciplinary team to work well together.

team members ("listen to patient concerns") as well as tasks that are unique to peers or medical personnel. Mark shared tasks among all job titles with asterisks using colored markers. Then emphasize unique tasks for peers.

12. Hand out answer key.

Summary

- Re-state the main knowledge points of the session
- Wrap up the discussion

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ROLE OF MULTIDISCIPLINARY TEAM MEMBERS

SESSION NEWSPRINT

MULTIDISCIPLINARY TEAM TASKS

Peer	Supervisor	Physician	Nurse	Social Worker	Case Manager

ROLE OF MULTIDISCIPLINARY TEAM MEMBERS

SESSION HANDOUT #1 of 2

MULTIDISCIPLINARY TEAM TASKS ANSWER KEY

Peer	Supervisor	Physician	Nurse	Social Worker	Case Manager
Counsel	Counsel	Counsel	Counsel	Counsel	Counsel
Advocate	Advocate	Advocate	Advocate	Advocate	Advocate
Listen to concerns	Listen to concerns	Listen to concerns	Listen to concerns	Listen to concerns	Listen to concerns
Motivate	Motivate	Motivate	Motivate	Motivate	Motivate
Empower	Empower	Empower	Empower	Empower	Empower
Advise	Advise	Advise	Advise	Advise	Advise
Refer	Refer	Refer	Refer	Refer	Refer
Identify barriers	Identify barriers	Identify Barriers	Identify Barriers	Identify Barriers	Identify Barriers
Educate	Educate	Educate	Educate	Educate	Educate
Follow-up	Help with emergency	Follow-up	Escort	Follow-up	Follow-up
Escort	Manage Staff	Help with emergency	Help with emergency	Escort	Escort
Help with emergency	Administrate	Show how to take meds	Show how to take meds	Help with emergency	Help with emergency
Show how to take meds		Discharge	Discharge	Incr. client self esteem	Incr. client self esteem
Incr. client self esteem		Diagnose	Diagnose	Discharge	Help with entitlements
Identify with client		Vital signs	Vital signs	Help with entitlements	
Navigate		Examine	Review MD's Orders		
		Prescribe			
		Order Labs			

SESSION HANDOUT #2 of 2

The New York Times
nytimes.com

April 2, 2006

Drug Users' Hard Lessons Become Tools to Teach Doctors

By LUKE JEROD KUMMER

Marlana Reed and Geraldine Westcott were huddled in the corridor of a hospital in the Bronx one recent morning, wrangling over who would be in charge of heroin and who should cover crack. After agreeing, they entered the conference room and sat at the head of a long table.

Five first-year doctors on the other side focused the attentive stares they seemed to have honed in medical school.

"I know you all know about drugs through the books," said Ms. Reed, whose face, prone to girlish grins, belies her 48 years. "But we're here to tell you the real deal from the street."
So began the seminar.

In the Albert Einstein College of Medicine's residency program at Montefiore Medical Center, substance abuse training may include lessons from those with firsthand experience. Since January, three pairs of patients, called Peer Educators, have come monthly from among five methadone clinics in the Bronx to lead 90-minute courses for internal medicine interns through a program called Project Grow (Giving Resources and Options to Women).

"In med school, we get the chemical mechanisms of what drugs do to the body and how to treat it," said an intern, Dr. Svetlana Korenfeld. "You can read about drug abuse, but if you've never seen it the way it really is, you won't recognize it."

Dr. Hillary Kunins, Grow's founder, and Dr. Melissa Stein, who coordinates the interns' substance abuse education, also attend the sessions to add information from a physician's standpoint. But the Peer Educators provide nuances that statistics and medical jargon miss. For instance, in a recent seminar, Dr. Kunins mentioned that crack smokers face an increased risk of hepatitis C from sharing pipes.

Ms. Westcott explained: "Say if you're in a hurry to get that hit. The glass might pop and you cut the skin, or you burn your mouth because the stem is too short."

A crack binge, she added, often results in scorches on smokers' thumbs, from use of cheap lighters.

One intern, Dr. Alexander Han, said he was clueless about such things — despite having treated many substance abusers in his first months of practice. "When I look back, they definitely did have a lot of skin chafing," he said. "I wasn't too sure what it was, and so I let it be. Burn marks in the mouth? I'd never thought to look for that."

In 2000, Dr. Kunins began directing a methadone clinic in the Bronx and fretted that though her patients were at risk for health problems like H.I.V., they often

avoided medical care besides their once-a-day methadone stop. A few years later, she founded Grow, offering H.I.V. risk-reduction education, counseling and escorts to doctor's appointments. She knew, however, that the patients still faced a medical culture that speaks a different language than they do and is not well equipped to serve them. With Dr. Stein's help, she began organizing seminars to bring women from Grow to instruct interns so they can better understand drug-related health issues.

The course material strays from the curriculum the doctors have seen before. The Peer Educators lecture and field questions on street lingo, how to find and use drugs, and what being high and withdrawal are like. "How long does crack last?" asked Dr. Christina Tseng, an intern.

"That first hit is tremendous," Ms. Westcott said. "After that, you just chasing it until the money is gone."

Dr. Tseng wondered what a doctor could have done to help them stop using. "Don't be judgmental, because a drug user figures everybody's watching anyway," Ms. Reed said, adding that users are not likely to ask for help outright. "You gotta kind of read in between."

In many of Ms. Reed's seminars, she explains how heroin can be bought in abandoned buildings. "There are these holes in the wall, and you put your hand in the hole and they put the stuff in your hand," she said. "The last time I put my hand in that wall, somebody put cuffs on it from the other side."

In more than 20 years of using drugs, Ms. Reed said she experienced incredible highs. But memories of the lows — including being arrested and fearing for her baby after using drugs during pregnancy — will not go away even though she has not used heroin for more than a decade.

Now, she gains satisfaction from her tumultuous history by sharing valuable information with doctors who have spent many of their years in classrooms.

"It makes me feel good to know something they don't," Ms. Reed said. "Today, that is my high."

According to Dr. Kunins, Grow's main purpose is to give these women the tools to care for their own health. "But they have this expertise, and if they can transmit that to the doctors," she said, "then we can improve the system."

Dr. Kunins and Dr. Stein say what distinguishes their program from similar ones that connect drug users with clinicians is that these women assume the role of expert.

"We don't present the participants as patients, we present them as teachers," Dr. Stein said. "They often don't share personal experience very much. It's a different dynamic than the testimonial model."

Grow provides its Peer Educators with a $20 stipend and transportation to seminars. The interns are getting a deal, too, said Dr. Richard Saitz, the president of the Association for Medical Education and Research in Substance Abuse.

ROLE OF MULTIDISCIPLINARY TEAM MEMBERS

SESSION HANDOUT #3 of 3 (cont.)

"Learning factual information from someone who is an expert on their own disease would be something that they will remember for a long time," Dr. Saitz said from his office at Boston University, where he works to raise substance abuse awareness among health professionals.

Not only is this kind of training rare, Dr. Saitz said, but substance abuse training for residents is also lacking over all. He cited a broad, government-financed survey, published in 2000, with more than 1,200 residency program directors responding. Only 56 percent required substance abuse training of any kind.

Dr. Saitz believes that number is too low. "There's no word for educational malpractice," he said, "but to not train people in drug abuse when you're training them for H.I.V. or Hep C reduction is ridiculous."

And that is where Ms. Reed and Ms. Westcott are making a mark. "Unless the patient was specifically admitted for overdose or withdrawal," Dr. Han said after the seminar, "I would usually just ask routinely, 'Do you smoke, use alcohol or drugs?' and then move on. Now I think we know a lot more questions to ask."

Ms. Reed said that she hoped her students would use their new skills with care. After all, she said with a grin, "If I go to a doctor and they have more street knowledge than I do, I might feel a little shaky about that doctor."

http://www.nytimes.com/2006/04/02/nyregion/02montefiore.html?_r=1&oref=slogin

WORKING AS A MULTIDISCIPLINARY TEAM*

ABOUT THIS ACTIVITY

Time: 60 minutes

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

- Discuss behaviors that help or hinder team work
- State the 3 key components of a well-functioning multidisciplinary team
- State 3 ways in which client is impacted by teamwork.

Training Methods: Small Group Activity, Large Group Discussion

In This Activity You Will…

- Divide participants into teams. and provide instructions for group activity (10 minutes)
- Give groups time to work on the squares (30 minutes)
- Lead a debriefing/discussion about the exercise (20 minutes)

Materials:

- 5 envelopes
- 15 shapes (Broken Squares)
- Observer handout - Broken Squares
- Answer key handout - Broken Squares
- Flip chart and easel
- Markers
- Eraser

(continued next page)

Instructions

1. Introduce session, and explain that an effective team can accomplish more than its individual members can alone. But, to do this, the team must be able to solve problems well.

2. Break into small groups of at least 6 people each.

3. Tell participants to clear their tables.

4. Ask participants to volunteer 1 or more observers and 5 participants. If anyone has done this exercise before, instruct them to be an observer.

5. Explain to participants that they will be working to assemble 5 squares of equal size. Assure them that the shapes do make 5 equal squares.

6. Explain that the rules are that:

   a. No one may communicate by talking or pointing.
   b. Participants can give pieces away but no one may ask for a piece.
   c. Participants may not put pieces in the middle for others to take.
   d. Anyone can give away any number of pieces, any number of times
   e. Ask the observer to think about the questions on the Observer Instruction Sheet during the exercise and to enforce the rules.

7. Distribute the envelopes but ask participants not to open envelopes until told to do so. Give observers a minute to read their instructions. Instruct participants to open envelopes.

8. After 15 minutes tell the groups that their time is up. If they have not completed the squares, allow them 5 more minutes with the Observer as a consultant. Explain that the consultant can answer questions but cannot solve the puzzle themselves.

* This module comes from the Comprehensive Peer Worker Training, Peer Advanced Competency Training (PACT) Project Harlem Hospital Center, Division of Infectious Dioseases, 2008.

WORKING AS A MULTIDISCIPLINARY TEAM

ABOUT THIS ACTIVITY (CONT.)

Preparation:

- Prepare Broken Squares packets by cutting out the shapes in each square, mixinh up the shapes, and placing 3 shapes in each envelope.
- Prepare flip chart for Observer questions
- Prepare handouts

9. Discuss the exercise with the questions from the Observers handout (using the newsprint).

10. Continue processing the exercise with the following questions:
    a. What behaviors helped accomplish the task?
    b. What behaviors got in the way of completing the task?
    c. If anyone has done the exercise before or figured it out quickly ask What was it like to know what needed to be done, but not be able to express it?

11. Ask participants the following questions:

What are the most important components of a well-functioning team?

- Each person needs to understand what the overall problem/goal is
- Each person should understand how s/he contributes to the solution
- Each person should be aware of the potential contributions of the others
- Each person should recognize the difficulties (strengths/weaknesses) of others to help them contribute most effectively
- Groups that pay attention to their own problem-solving process are more likely to be effective than groups that do not
- Bottom Line – role definition, communication, clearly defined/common goal

What is the impact on the client of a team that is not working well together?

- Some information not received by client
- Receive conflicting information
- Client may end up trusting certain team members more than others
- Client may leave team/facility
- Mistakes in client care
- These all ultimately have health consequences

WORKING AS A MULTIDISCIPLINARY TEAM

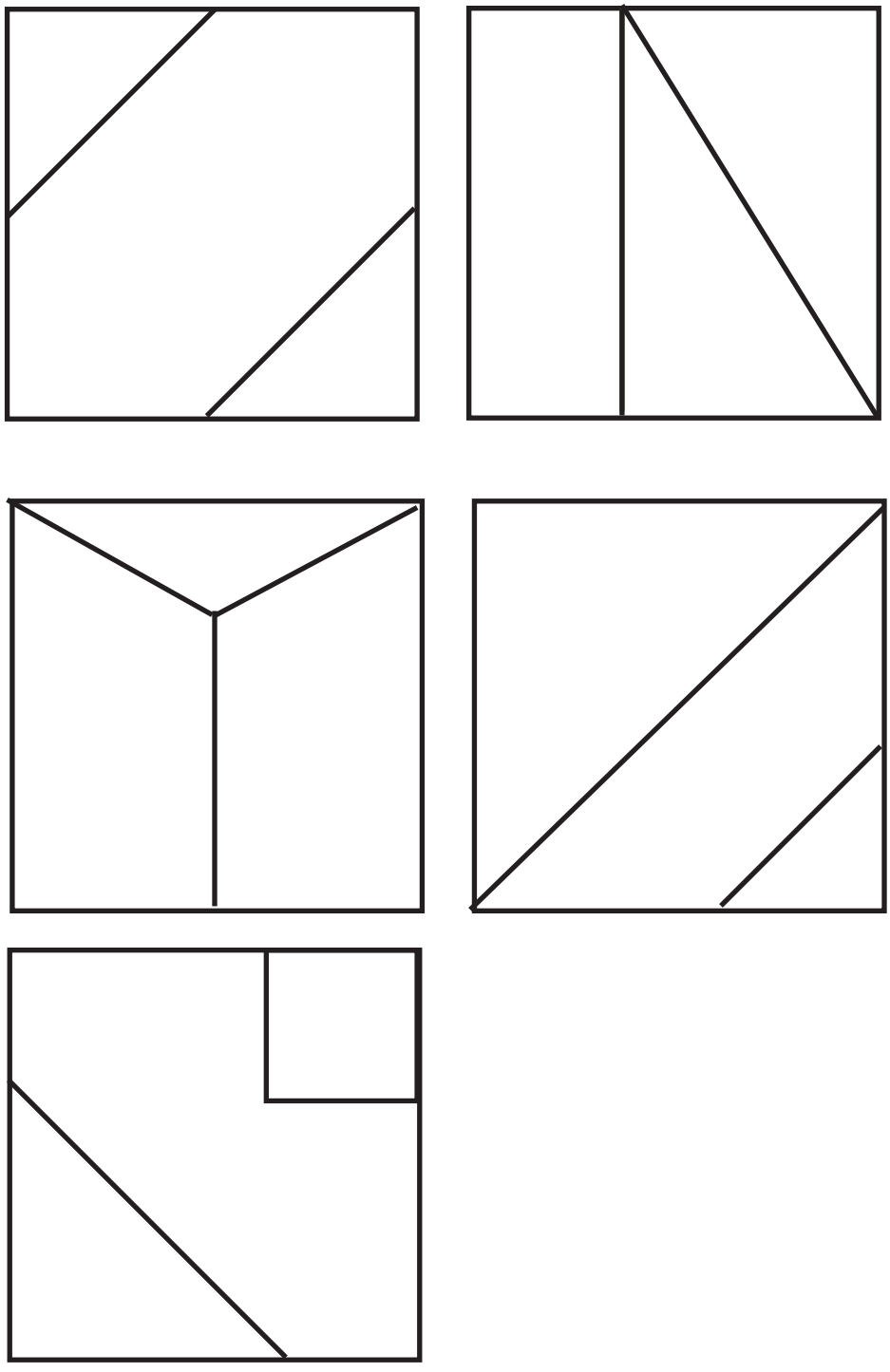
Summary

Wrap up session by reminding participants that client health is ultimately affected by how well a team works together. If there is a problem with the team, there will probably be a problem with the client too. If someone is not being heard on the team, it is probably happening with the client too. These issues are even more important for a multidisciplinary team as they are each bringing different perspectives to the table.

* 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 Comprehensive Peer Worker Training, Peer Advanced Competency Training (PACT) Project Harlem Hospital Center, Division of Infectious Dioseases, 2008.

SESSION HANDOUT #1 of 2

BROKEN SQUARES



BROKEN SQUARES: OBSERVER DIRECTIONS

Your job is to enforce the rules and also to observe what happens. If someone violates a rule, simply point out to them that what they have done is against the rules. As an observer, you might want to look for things like:

1. Who took a leadership role? What did they do?

2. How did the group deal with any frustration?

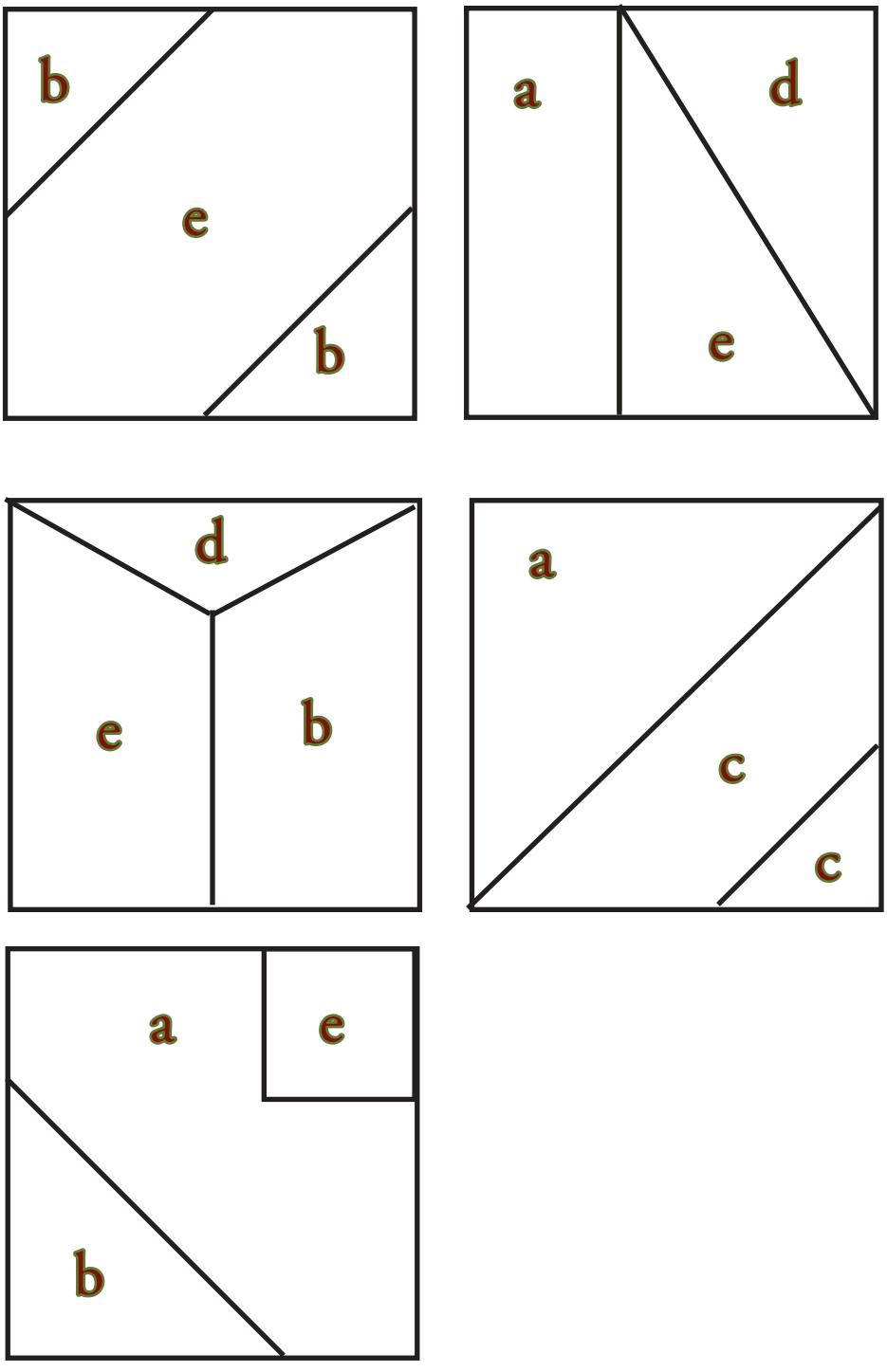
3. Was there a turning point, or points? What happened?

4. Who was the first to give away pieces?

5. If the group didn't finish, how did it get stuck?

SESSION ANSWER KEY

BROKEN SQUARES: PUZZLE KEY



NAVIGATING THE SYSTEM*

ABOUT THIS ACTIVITY

Time: 30 minutes

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

- Identify community resources.

Training Methods: Small Group Activity, Large Group Discussion

In This Activity You Will…

- Divide participants into groups to complete an activity (15 minutes).
- Lead a group discussion about community resources (10 minutes).
- Lead a group discussion to summarize (5 minutes).

Materials:

- Newsprint (one copy for each small group)
- Markers
- Masking Tape
- Handout –What resources are in your community?
- Community Resource Books

(continued next page)

Instructions

1. Introduce the activity by explaining that participants will be assigned to small groups to brainstorm answers to key questions that will define what a peer is and some roles and responsibilities.
2. Pass out worksheet- What resources are in your community?
3. Assign participants to 4 groups by counting off 1-4 until all participants are assigned to a group.
4. Assign a space in the room for each group.
5. Ask participants to go to their assigned group in the respective space.
6. Give each small group a piece of prepared newsprint that has a question written on it.
7. As each group to appoint a reporter and a recorder.
8. Instruct group to use the newsprint to brainstorm answers to the question.
9. Tell the group they will have about 10 minutes to do this activity.
10. Bring the entire group back together and ask each reporter to go over his or her group's work.
11. Ask open-ended questions to draw out their thoughts on how a peer might be able to support a client in navigating the system both at the agency and community levels.

* This module comes from the Missouri People to People Training Manual, 2008.

NAVIGATING THE SYSTEM

ABOUT THIS ACTIVITY (CONT).

Preparation:

- Print handout
- Prepare newsprints – put a question that each group will discuss on each one
- Obtain copies of Community Resource Books or Guides from the host organization if you do not have them for this community.

Summary

- Ask participants if they now understand the importance of supporting clients in navigating their agency and community resources.
- Explain to participants that agency and community resources will change based on funding opportunities and restrictions and that it is key to keep up to date on these resources.

* 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 Missouri People to People Training Manual, 2008.

SESSION HANDOUT

WHAT RESOURCES ARE IN YOUR COMMUNITY?

Please identify the names of agencies/resources in your community. The space provided can be used to write down answers.

Case Management Sites

1.
2.
3.
4.
5.

Food Pantries

1.
2.
3.
4.
5.

HIV Counseling and Testing Sites

1.
2.
3.
4.
5.

Housing Agencies

1.
2.
3.
4.
5.

SESSION HANDOUT (cont.)

WHAT RESOURCES ARE IN YOUR COMMUNITY? (CONT.)

Infectious Disease Doctors

1.
2.
3.
4.
5.

Pharmacies

1.
2.
3.
4.
5.

STD Testing Sites

1.
2.
3.
4.
5.

Support Groups in the Community

1.
2.
3.
4.
5.

Utility Assistance Agencies

1.
2.
3.
4.
5.

PANEL OF LOCAL HIV PROVIDERS*

ABOUT THIS ACTIVITY

Time: Up to 90 minutes (depending on the number of panel members)

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

- Describe the services provided by some agencies in their community and how a peer advocate can refer their own clients to these agencies;
- Identify agencies in their community that utilize peers advocates.

Training Methods: Guest Speakers, Large Group Discussion

In This Activity You Will…

- Introduce guest speakers (5 minutes)
- Act as timekeeper for guest speakers (each gets 10-15 minutes)
- Facilitate question and answer session (15 minutes)

Materials:

- Note cards for participants to write questions
- Flipchart

(continued next page)

Instructions

1. Introduce the providers and the agency they represent to the trainees.
2. Write their names and titles on flipchart.
3. Allow 10-15 minutes for each provider to talk about:
   a. Name of agency, location, hours, services they offer.
   b. Who do they serve at their agency.
   c. How to access these services and qualifications to receiving these services, charges, insurance or payment options.
   d. Step by step process on how a peer advocate can get their client into services at their agency.
   e. Intake process at the organization.
   f. Types of providers they have at their agency.
   g. Do they utilize peer advocates – are they looking to hire peer advocates?
4. Have participants ask providers questions or facilitator should distribute note cards so participants can write their questions on them and the facilitator can ask them.
5. Facilitate further discussion between the providers on what each agency is doing to combat the HIV epidemic in their community. (if time permits)
6. Distribute any informational materials from the providers.
7. End by thanking the providers and applause.

* 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.

PANEL OF LOCAL HIV PROVIDERS

ABOUT THIS ACTIVITY (CONT).

Preparation:

- Invite 3-4 health care and social service providers working within the local community to talk to the trainees about their services. (Possible providers: Social Workers, Case Managers, Lawyers, Substance Abuse Counselors, Domestic Violence Providers, Youth Program, GLBT Providers, Doctors)
- Provide a basic summary of the Peer Education Training goals and objectives to the providers, as well as the list in step 3 below, in advance. Tell them their time parameters.
- Have participants write down 2 possible questions they can ask the providers.

Summary

Wrap up session by reminding participants that staying on top of current local resources is essential and one way to do this is to share information with each other, e.g., when you come across a great new resource, be sure to tell other peers.

* 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.

SELF-CARE*

ABOUT THIS ACTIVITY

Time: 15 minutes

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

- Discuss the importance of self care and social support;
- Create a self care contract for themselves.

Training Methods: Brainstorm, Large Group Activity

In This Activity You Will…

- Discuss stress and ways to manage stress (5 minutes)
- Lead the group in one self-care activity (10 minutes)

Materials:

- Handout - 101 Ways To Take Care of Yourself and Reduce Stress
- Handout - Self-Talk
- Handout - Changing Negative Thinking into Positive
- Handout - Practicing Self-Care
- Handout - 10 Things You Can Do to Enhance Your Emotional Well-Being
- Handout - Self-Care Contract

Preparation:

- Review the handouts and choose one activity from them to facilitate with the full group.

Instructions

1. In this next section we want to talk about stress. Stress not only impacts our health and well-being but it can impact the work we do and how well we do what we do. As peers we need to think about these issues especially since we are dealing with a very serious health issue (HIV) that is impacting our clients and even some of us. Stress can make any health condition worse so it is imperative that we find ways to manage stress.

2. Ask: What is stress? Webster defines stress as "a physical, chemical, or emotional factor that causes bodily or mental tension and may be a factor in disease causation."

3. Ask: What are some problems that stress can cause? (heart disease, high blood pressure, irritable bowel syndrome, etc.)

4. Ask: What are some benefits of stress? (learn coping strategies, deal with emergencies, motivate us, etc.)

5. Ask: What are ways you manage stress? Take a few answers, and then point out the handout, 101 Ways to Take Care of Yourself and Reduce Stress. Give the group a few minutes to look over.

6. Lead the group through the one self-care activity that you chose previously.

7. Give the group a few minutes to fill out the "self-care contract".

8. Have participants share what they have written in their contracts with their neighbor.

* 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. .

SELF-CARE

> *[The training] helped me to learn how to keep myself healthy 'cause you can't really help other people if you're not healthy inside in your thoughts and your emotions.*
>
> Graduate from the Lotus training program

Summary

Wrap up session by making the following points:

- It's not about removing stress from our lives, it's about managing it!
- Remember we can turn to one another as resources when feeling stressed.
- If we don't take care of ourselves, we'll have nothing left to offer others that we want to support.
- Use your new knowledge of lab tests and lab values to be a partner with your doctor.
- Live smarter, healthier, and happier by being in control.

* 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.

SESSION HANDOUT # 1 of 6

101 WAYS TO TAKE CARE OF YOURSELF AND TO REDUCE STRESS

1. Get up 15 minutes earlier
2. Prepare for the morning the night before
3. Avoid tight fitting clothes
4. Avoid relying on chemical aids
5. Set appointments ahead
6. Don't rely on your memory...write it down
7. Practice preventative maintenance
8. Make duplicate keys
9. Say no more often
10. Set priorities in your life
11. Avoid negative people
12. Use time wisely
13. Simplify meal times
14. Always make copies of important papers
15. Anticipate your needs
16. Repair anything that doesn't work properly
17. Ask for help with the jobs you dislike
18. Break large tasks into bite size portions
19. Look at problems as challenges
20. Look at challenges differently
21. Unclutter your life
22. Smile
23. Be prepared for rain
24. Tickle a baby
25. Pet a friendly dog or cat
26. Don't know all the answers
27. Look for the silver lining
28. Say something nice to someone
29. Teach a kid to fly a kite
30. Walk in the rain
31. Schedule play time into every day
32. Take a bubble bath
33. Be aware of the decisions you make
34. Believe in yourself
35. Stop saying negative things to yourself
36. Visualize yourself winning
37. Develop your sense of humor
38. Stop thinking tomorrow will be a better today
39. Have goals for yourself
40. Dance a jig

SESSION HANDOUT # 1 of 6 (cont.)

101 WAYS TO TAKE CARE OF YOURSELF AND TO REDUCE STRESS (CONT.)

41. Say hello to a stranger
42. Ask a friend for a hug
43. Look up at the stars
44. Practice breathing slowly
45. Learn to whistle a tune
46. Read a poem
47. Listen to a symphony
48. Watch a ballet
49. Read a story curled up in bed
50. Do a brand new thing
51. Stop a bad habit
52. Buy yourself a flower
53. Take time to smell the flower
54. Find support from others
55. Ask someone to be your "vent partner"
56. Do it today
57. Work at being cheerful and optimistic
58. Put safety first
59. Do everything in moderation
60. Pay attention to your appearance
61. Strive for excellence NOT perfection
62. Stretch your limits a little each day
63. Look at a work of art
64. Hum a jingle
65. Maintain your weight
66. Plant a tree
67. Feed the birds
68. Practice grace under pressure
69. Stand up and stretch
70. Always have a plan "B"
71. Learn a new doodle
72. Memorize a joke
73. Be responsible for your feelings
74. Learn to meet your own needs
75. Become a better listener
76. Know your limitations and let others know them too
77. Tell someone to have a good day in pig Latin
78. Throw a paper airplane
79. Exercise every day

SESSION HANDOUT # 1 of 6 (cont.)

101 WAYS TO TAKE CARE OF YOURSELF AND TO REDUCE STRESS (CONT.)

80. Learn the words to a new song
81. Get to work early
82. Clean out one closet
83. Play patty cake with a toddler
84. Go on a picnic
85. Take a different route to work
86. Leave work early (with permission)
87. Put air freshener in your car
88. Watch a movie and eat popcorn
89. Write a note to a far away friend
90. Go to a ball game and scream
91. Cook a meal and eat it by candlelight
92. Recognize the importance of unconditional love
93. Remember that stress is an attitude
94. Keep a journal
95. Practice a monster smile
96. Remember you always have options
97. Have a support network of people, places and things
98. Quit trying to "fix" other people
99. Get enough sleep
100. Talk less and listen more
101. Freely praise other people

P.S. Relax, take each day one at a time...
You have the rest of your life to live.

Examples of Rational Self-Talk

I'll just relax and do the best that I can.
I've had to deal with this before and I managed pretty well.
This is really a pain in the neck and I sure don't like it, but I won't panic.
I'll just take one thing at a time, stay calm, and see it through.
I know it won't help to get upset. I can't control what someone else does.

Examples of Coping Self-Talk

I'll take one step at a time.
I'll just think calmly about what I can do.
I'm in control; I can handle this.
Relax. Take a deep, slow breath.
It's okay to be a little anxious; it doesn't mean I can't handle it.
These feelings will pass.

Examples of Reinforcing Self-Talk

I did it, and it worked.
That wasn't so bad.
I'm really getting better at dealing with this stress.
I've learned more about myself and these feelings.
I like how I handled this.
Next time, I'll know what works for me.

Don't worry about things that you have no control over, because you have no control over them.
Don't worry about things that you have control over, because you have control over them.
— Mickey Rivers

CHANGING NEGATIVE THINKING INTO POSITIVE

Rewrite the negative messages below, using more powerful and positive words. Look for messages that are realistic, that you have control over, and that are helpful.

1. I know I'm going to be so nervous I'll blow it.

   Even though I'll be nervous, I'll try my hardest.

2. There's no way I can get this done! No way!

3. I can't stand her; she makes me sick.

4. I can't believe I screwed that up so badly! I'm so stupid!

5. He just has it in for me; there's nothing I can do.

6. It's not even worth trying. Everyone else is so much better than I am.

7. I've tried this a million times. It's just not worth it. I can't do it and I know it.

8. No one cares if I'm there or not! Why should I go?

9. I'm always late. I just can't help it!

10. I'm so ugly (or fat, or???). I can't stand the way I look!

SESSION HANDOUT # 4 of 6

PRACTICING SELF-CARE

Physical Self-Care

- Eat regularly (e.g. breakfast, lunch, dinner)
- Eat healthily
- Exercise
- Get regular medical care for prevention
- Take time off when sick
- Get massages
- Dance, swim, walk, run, play sports, sing, or do some other physical activity that is fun
- Take time to be sexual—with yourself, with a partner
- Get enough sleep
- Wear clothes you like
- Take vacations
- Take day trips or mini-vacations
- Make time away from telephones

Psychological Self-Care

- Make time for self-reflection
- Have your own personal psychotherapy
- Write in a journal
- Read literature that is unrelated to work
- Do something at which you are not expert or in charge
- Decrease stress in your life
- Notice your inner experiences• Let others know different aspects of you
- Engage your intelligence in a new area, e.g., go to an art museum, history exhibit, sports event, auction, theater performance
- Practice receiving from others
- Say no to extra responsibilities sometimes

SESSION HANDOUT # 4 of 6 (cont.)

PRACTICING SELF-CARE (CONT.)

Emotional Self-Care

- Spend time with others whose company you enjoy
- Stay in contact with important people in your life
- Give yourself affirmations, praise yourself
- Find ways to increase your sense of self-esteem
- Reread favorite books, re-view favorite movies
- Identify comforting activities, people, relationships, places, and seek them out
- Allow yourself to cry
- Find things to make you laugh
- Express your outrage in social action, letters, donations, marches, protests
- Play with children

Spiritual Self-Care

- Make time for reflection
- Spend time with nature
- Find a spiritual connection or community
- Be open to inspiration
- Cherish your optimism and hope
- Be aware of nonmaterial aspects of life
- Try at times not to be in charge or the expert
- Be open to not knowing
- Meditate, Pray
- Sing
- Spend time with children
- Have experiences of awe
- Contribute to causes in which you believe

Excerpted from: Saakvitne, K. W., & Pearlman, L. A. (Eds.). 1996. Transforming the pain: A workbook on vicarious traumatization. New York: Norton

TEN THINGS YOU CAN DO TO ENHANCE YOUR EMOTIONAL WELL-BEING IF YOU ARE HIV +

By J. Buzz von Ornsteiner, Ph.D.

1. **Build a strong, supportive, trusting relationship with an HIV/AIDS doctor.** You should be able to freely discuss everything and anything and, if needed, to challenge your doctor's advice.

2. **Develop consistent contact with a health care case manager** who can help to make the rocky road to benefits and services easier for you. One mold does not .t all, so try to find a case manager that you trust, even if you have to switch to a new one.

3. **Join an HIV/AIDS support group.** Find out if they use an ongoing, drop-in format or if they are time-limited and require pre-enrollment. Also find out about the training and qualifications of the group leaders.

4. **Get a therapist,** preferably a good licensed psychologist or certified social worker. Remember anyone can state they are a "therapist"; request more information about their background and experience. Keep looking until your instincts tell you that you have found a good match.

5. **Attend workshops or other HIV/AIDS events** so that you can find out as much as you can about HIV/AIDS. You must be the expert on this disease and be on top of any new developments and programs.

6. **Stay informed about your HIV/AIDS medications** by seeking out information from any and all sources, including people, Web sites, and periodicals. The more you know about the medication you are taking and its potential side effects, the more you know what to expect about your emotions and mental well-being.

7. **Address any substance use issues you may have** by looking into substance use programs and groups. Consider working towards being clean and sober.

8. **Exercise regularly and maintain good nutrition** because the mind and the body are closely linked, and physical health enhances mental health.

9. **Work if you can for income** but also work for the structure and well being that employment can provide. Everyone can benefit from structure, and we all need to feel we are productive members of this world.

10. **Seek a sense of belonging outside of HIV/AIDS** such as by starting a hobby, traveling and exploring, getting a pet, starting or finishing school, or volunteering. The bottom line is to keep your stress low; keeping your stress low will help you to keep your immune system high.

SESSION HANDOUT # 6 of 6

MY SELF-CARE CONTRACT

I, _____, do hereby agree to begin to focus on

my health and to take better care of myself as of _____,

and to continue it for a period of _____.

What I plan to do is: _____

_____.

The barriers/challenges I think I may have in meeting my goals are: _____

_____.

The people who support me and what I want of them are: _____

_____.

My short-term (daily) rewards will be: _____.

My long-term reward(s) will be: _____.

_____ _____

Signature Witness

SELF-ASSESSMENT TOOL: SELF-CARE*

ABOUT THIS ACTIVITY

Time: 15 minutes

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

- Use a self-assessment tool to rate their physical, psychological, emotional, spiritual, and workplace self-care

Training Methods: Individual Activity, Large Group Discussion

In This Activity You Will…

- Facilitate participant completion of a self-care assessment tool (7 minutes)
- Lead a group discussion on self-care strategies or activities (8 minutes)

Materials:

- Handout- Self-Assessment Tool: Self-Care

Preparation:

- Complete the self-assessment tool yourself and think about your responses to the follow-up questions listed below.
- Make enough copies of the self-assessment tool for each participant.

Instructions

1. Distribute a copy of the self-assessment tool to each participant and request that everyone takes about five to seven minutes to complete it. Emphasize that this is a representative list of self-care activities, not an all-inclusive list. In addition, inform participants that no person is expected to be doing all of the things mentioned on the list. This tool simply provides a snapshot of a person's current attention to personal wellness.

2. Once participants have completed the self-assessment, ask them to discuss the ideas and issues it raised. You can ask participants to discuss this in pairs, in small groups, or in the entire group. If you wish, you may prompt the participants with questions such as the following:

- Were there any surprises? Did the assessment present any new ideas that you hadn't thought of before?
- Which activity ideas seem like they would be more of a burden than a benefit to you?
- What are you already doing to practice self-care in the physical, psychological, emotional, spiritual, and workplace realms?
- Of the activities you are not doing now, which particularly sparks your interest? How might you incorporate them into your life sometime in the future?
- What is one activity or practice you would like to "try on for size" starting now or as soon as possible?

Summary

Wrap up session.

* 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 A Kaleidoscope of Care: Responding to the Challenges of HIV and Substance Use, 2004, http://www.hdwg.org/kaleidoscope.

SESSION HANDOUT

SELF-ASSESSMENT TOOL: SELF-CARE

Rate yourself, using the numerical scale below, to fill in the empty boxes:
5 = Frequently, 4 = Occasionally, 3 =Sometimes, 2 = Never, 1 = It never even occurred to me

How often do you do the following activities?

Physical Self-Care

- ☐ Eat regularly (that is, breakfast, lunch, and dinner)
- ☐ Eat healthfully
- ☐ Exercise or go to the gym
- ☐ Lift weights
- ☐ Practice martial arts
- ☐ Get regular medical care for prevention
- ☐ Get medical care when needed
- ☐ Take time off when you're sick
- ☐ Get massages or other body work
- ☐ Do physical activity that is fun for you
- ☐ Take time to be sexual
- ☐ Get enough sleep
- ☐ Wear clothes you like
- ☐ Take vacations
- ☐ Take day trips or mini-vacations
- ☐ Get away from stressful technology such as pagers, faxes, telephones, and e mail
- ☐ Other:_____

Psychological Self-Care

- ☐ Make time for self-reflection
- ☐ Go to see a psychotherapist or counselor
- ☐ Write in a journal
- ☐ Read literature unrelated to work
- ☐ Do something at which you are a beginner
- ☐ Take a step to decrease stress in your life
- ☐ Notice your inner experience – your dreams, thoughts, imagery, and feelings
- ☐ Let others know different aspects of you
- ☐ Engage your intelligence in a new area – go to an art museum, performance, sports event, exhibit, or
- ☐ other cultural event
- ☐ Practice receiving from others
- ☐ Be curious
- ☐ Say no to extra responsibilities sometimes
- ☐ Spend time outdoors
- ☐ Other:_____

SESSION HANDOUT (cont.)

SELF-ASSESSMENT TOOL: SELF-CARE (CONT.)

Emotional Self-Care

- ☐ Spend time with others whose company you enjoy
- ☐ Stay in contact with important people in your life
- ☐ Treat yourself kindly (for example, by using supportive inner dialogue or self talk)
- ☐ Feel proud of yourself
- ☐ Reread favorite books and see favorite movies again
- ☐ Identify comforting activities, objects, people, relationships, and places, and seek them out
- ☐ Allow yourself to cry
- ☐ Find things that make you laugh
- ☐ Express your outrage in a constructive way
- ☐ Play with children
- ☐ Other:_____

Spiritual Self-Care

- ☐ Make time for prayer, meditation, and reflection
- ☐ Spend time in nature
- ☐ Participate in a spiritual gathering, community, or group
- ☐ Be open to inspiration
- ☐ Cherish your optimism and hope
- ☐ Be aware of intangible (nonmaterial) aspects of life
- ☐ Be open to mystery and not-knowing
- ☐ Identify what is meaningful to you and notice its place in your life
- ☐ Sing
- ☐ Express gratitude
- ☐ Celebrate milestones with rituals that are meaningful to you
- ☐ Remember and memorialize loved ones who are dead
- ☐ Nurture others
- ☐ Have awe ful experiences
- ☐ Contribute to or participate in the causes you believe in
- ☐ Read inspirational literature
- ☐ Listen to inspiring music
- ☐ Other:_____

SESSION HANDOUT (cont.)

SELF-ASSESSMENT TOOL: SELF-CARE (CONT.)

Workplace/Professional Self-Care

- ☐ Take time to eat lunch with co-workers
- ☐ Take time to chat with coworkers
- ☐ Make time to complete tasks
- ☐ Identity projects or tasks that are exciting, growth promoting, and rewarding for you
- ☐ Set limits with clients and colleagues
- ☐ Balance your caseload so that no particular day is 'too much!"
- ☐ Arrange your workspace to make it comfortable and comforting
- ☐ Get regular supervision or consultation
- ☐ Negotiate for your needs, such as benefits and pay raises
- ☐ Have a peer support group
- ☐ Other: _____

This handout was adapted from Transforming the Pain: A Workbook on Vicarious Traumatization by Karen Saakvitne and Laurie Anne Pearlman, published in 1996 by TSI Staff.

RELAXATION EXERCISE*

ABOUT THIS ACTIVITY

Time: 10 minutes

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

- Practice a relaxation technique to help reduce stress and burnout.

Training Method: Large Group Activity

In This Activity You Will…

- Ask participants to sit in their chairs and to follow the guided relaxation. (10 minutes)

Materials:

- Guided Relaxation script

Preparation: None

Instructions

1. Introduce the opener to this topic as different from the types of openers we usually use in the training. As opposed to being an energizer, this opener is actually a relaxation exercise, an appropriate way to start out today's session, which focuses on the different types of stressors that you may encounter in your work.

2. Read the guided relaxation exercise aloud to the participants.

3. At the end of the exercise, have participants open their eyes. Ask them how they feel. Remind participants that this is an exercise they can do anytime, anywhere to help them relieve some of the symptoms of stress.

Summary

Wrap up session.

* 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 Comprehensive Peer Worker Training, Peer Advanced Competency Training (PACT) Project Harlem Hospital Center, Division of Infectious Diseases, 2008.

RELAXATION EXERCISE

SESSION SCRIPT

GUIDED RELAXATION SCRIPT

To begin, sit in a chair with your back straight. Place your feet flat on the floor. Place your hands in your lap.

Take a deep breath. And, as you slowly let it out, let your eyes close and feel yourself begin to relax. As you continue to breathe normally, think and feel the word "calm" with each exhalation of your breath. "Calm." Let your eyes remain closed to eliminate distractions and help you learn to relax more rapidly.

Gently shift your attention to your hands lying in your lap. Clench your fists. While holding them clenched, pull your forearms up against your upper arms as far as you can. Pull your forearms up tight enough so you can feel the large muscle in your upper arms tighten. Hold it. Relax; just let your arms flop down into your lap, and notice the difference between tension and relaxation.

Gently shift your attention to your head and raise your eyebrows. At the same time, imagine moving your scalp down to meet your eyebrows. Don't worry if you can't feel your scalp; many people can't. Release that tension all at once, now. Just allow your forehead to smooth out.

Once again, raise your eyebrows and feel the muscles that are tense. Now try to let about half of the tension go from your forehead while keeping the remaining tension at a constant, even level. Now let half of that tension go and hold the remaining tension steady. And release half of that, so that you are maintaining just a tiny level of tension. And let all of that tension go. Learning to relax the forehead can be a key to relaxing much of the rest of your body even though you may not feel that the forehead muscle is tense.

Now tense all the muscles in your body, but do them in this sequence. Raise the tips of your toes as if to touch your shins and hold that while tensing your thighs, and then your buttocks. Take a deep breath and hold it. Clench your fists and tighten your upper arms. Grit your teeth and close your eyes tight. Hold it so you are tense all over. Now let go all at once. Don't ease off, but just let go and feel the tension leaving your body.

Take a deep breath. Hold it for a count of 4 and then let it out. As you let it out, think "Calm." Once again, take a deep breath; hold it. As you let it out, think and feel "Calm." Now slowly open your eyes.

MENTAL HEALTH STRESSORS*

ABOUT THIS ACTIVITY

Time: 40 minutes

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

- Identify some of the mental health stressors that they experience in their work.
- Discuss ways of coping effectively with mental health stressors and feelings of burnout on the job.
- Identify and describe appropriate resources for peers' own care and support.

Training Methods: Small Group Discussion, Brainstorm

In This Activity You Will…

- Ask small groups to reflect on stressors in their role as a peer and coping skills for these stressors. (30 minutes)
- Lead a group discussion about what each group has listed for these questions. (10 minutes)

Materials:

- Newsprint - Discussion Questions
- Handout – List of Stressors
- Newsprint
- Markers
- Writing paper
- Pens/pencils for recorders

Preparation:

- Prepare newsprint
- Prepare handout

Instructions

1. Introduce the session by acknowledging that HIV peer workers are in a unique position among health care workers in terms of the psychological and social impact their work may have on them. In general, HIV/AIDS health care providers have to cope with a variety of mental health stressors in their work with HIV-infected clients and patients. These stressors are many and may include feelings of grief and loss at the death of a client, frustration at not being able to "fix" a client's situation, or frustration with a client who is not meeting the provider's expectations. However, these stressors may be magnified for an HIV peer worker, who is dealing not only with the client's medical, psychological, and social needs, but must also cope with the way HIV impacts his or her own life.

2. Introduce the exercise as one which will give peers an opportunity to discuss some of the stressors they experience on the job and to identify ways they have found to cope with them.

3. Break the group into smaller groups.

4. Instruct each group to refer to the list of discussion questions on the newsprint. Ask them to discuss each question in their small groups and have someone record the responses on newsprint. Assign someone to report back responses to the group. Give the groups 20 minutes to complete the exercise.

5. Have groups share their responses to each of the questions in turn. (Refer to the "List of Stressors" cheat sheet to expand discussion on certain topics.)

Summary

To wrap up the exercise, ask for any other suggestions participants may have for their peers in meeting their own needs for care and support and hand out Stressors sheet. Remind participants that it is important to address stress as soon as possible and to work to fit in time for themselves.

* 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 Comprehensive Peer Worker Training, Peer Advanced Competency Training (PACT) Project Harlem Hospital Center, Division of Infectious Diseases, 2008.

MENTAL HEALTH STRESSORS

SESSION NEWSPRINT

DISCUSSION QUESTIONS

1. What are some of the mental health stressors you experience as an HIV peer worker?

2. How do these stressors affect your own health and well-being?

3. What resources or social support systems do you use to help you cope with these stressors?

MENTAL HEALTH STRESSORS

SESSION HANDOUT

LIST OF STRESSORS

- Grief at losing a client
- Over-identification with patients
- Stigma
  Stigma is thought by some to be the single most important factor in producing and reinforcing the negative psychological and social impact of HIV/AIDS
- A feeling of powerlessness at being unable to "fix" the client's situation.
- Frustration or anger when the client does not meet the peer's expectations (refer to Stages of Change" theory).
- Anger at clients who do not disclose their status and/or knowingly expose others to HIV
- Hopelessness at their inability to affect behavior change in their client (refer to "Stages of Change" theory)
- Frustration at insufficient resources and unlimited needs of clients
- Feeling overwhelmed by high case loads and inadequate staffing
- Burnout created by excessive emotional demands of job

  Burnout is not uncommon among HIV service providers and should be addressed as soon as possible to avoid more serious manifestations of stress, which can include:
  physical symptoms, such as:
  - exhaustion
  - headaches
  - back pain
  - sleeplessness
  - malaise
  - gastrointestinal problems

MENTAL HEALTH STRESSORS

SESSION HANDOUT (cont.)

LIST OF STRESSORS (CONT.)

behavioral symptoms, such as:
- becoming easily irritated and angry
- increased alcohol/drug use - relapse
- marital/relationship problems
- inflexibility in problem-solving
- impulsivity and acting out
- withdrawal from non-colleagues

cognitive and emotional symptoms, such as:
- emotional numbness or hypersensitivity
- over-identification with clients
- grief and sadness
- pessimism and hopelessness
- cynicism
- indecision and inattention
- depression

STRESS REDUCTION*

ABOUT THIS ACTIVITY

Time: 20 minutes

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

- Recognize physical and emotional symptoms of stress and burnout;
- Distinguish between effective and ineffective strategies for coping with stress.

Training Methods: Brainstorm, Large Group Activity

In This Activity You Will…

- Facilitate a group discussion on symptoms of stress, coping mechanisms and the impact on health (12 minutes).
- Explain the difference between the "stress response" (fight or flight response) and the "relaxation response" (2 minutes).
- Conduct a full belly breathing exercise and debrief (6 minutes).

Materials:

- Flip Chart
- Markers
- Handout – Effective Ways of Coping with Stress and Burnout
- Handout – Signs and Symptoms of Stress and Burnout
- Handout – Techniques for Eliciting and Relaxation Response

Preparation:

- Print handouts
- Prepare flipchart with "What is Stress?" written on it

Instructions

1. Begin group discussion by asking participants to define stress. Record group responses on prepared flip chart.

   Ask participants:

   What happens when you are stressed? How do you feel? **[Review definition: Stress is anything—real or imagined-- that is perceived to be a threat to your wellbeing.]** *Having a diagnosis of HIV infection can certainly be perceived as a threat, and is indeed referred to by many as a life-threatening condition.*

   Ask participants:

   What causes you to be stressed? [Answers may include: bills, supervisor, worrying about children or grandchildren, loneliness, bad news, health problems, spouses, fighting, lack of money, etc.]

2. Ask participants, "Does stress affect your viral load and T cell count?"

   Answer: When people with HIV infection experience prolonged high levels of stress the T cell count can drop and the viral load can increase.

3. Ask the group to identify **physical and emotional symptoms of stress and burnout,** and record responses on flip chart. Some responses may include fatigue, difficulty breathing, nervousness, poor appetite, headaches, inability to sleep, sexual dysfunction, depression, anger…

4. Ask the group to identify **ineffective ways of coping with stress**; behaviors that may alleviate symptoms temporarily, but are not helpful in the long run. Record responses on flip chart.

   Ask participants:

   What are some unhealthy things you do to deal with stress? [Answers may include: worry, argue, drink, overeat, don't eat, don't take medications or follow your diet, have suicidal thoughts, do too much, etc.]

* This module comes from Duke University, Partners in Caring; Center for Creative Education, 2006.

STRESS REDUCTION

Even when you're down and out and feeling depressed, you can always counteract a negative thought with a positive one, and even if you don't believe it, if you keep saying it, it actually becomes a reality over time. It's just training yourself to focus on the positive.

Carol Garcia
Peer at Christie's Place
San Diego, CA

5. Ask the group to identify effective ways of coping with stress; behaviors that help to reduce symptoms and improve quality of life. Record responses on flip chart.

   What are some things that could help reduce stress? [Answers may include: exercise, hot baths, aromatherapy, sex, meditation, yoga, prayer etc.]

6. Summarize by pointing out that the group has come up with many signs and symptoms of stress and burnout, as well as many ways that people cope with stress. Emphasize the importance of learning to distinguish between effective and ineffective coping.

7. Distinguish for the group the difference between the "stress response" (fight or flight response) and the "relaxation response."

   The stress response is what happens to the body when you experience stress. The heart rate goes up; respiratory rate goes up; blood sugar goes up; digestion shuts down; muscles tense; attention turns outward looking for danger; and immune function decreases. Most people recognize this as an "adrenaline rush."

   When the source of stress is acute, such as when you are suddenly surprised and frightened, these effects last only long enough for you to fight or run (take flight), and then the body automatically brings about the "relaxation response." When the relaxation response occurs the body relaxes, attention turns inward, immune function goes back to normal, respiration and heart rate slow down, etc.

   However, when the source of stress is chronic and prolonged, the body does not automatically bring about the relaxation response, and you experience all of the negative effects of stress and burnout. It then becomes important to engage in effective ways of coping with stress that bring about the relaxation response and restore the body to health.

There are many ways you can bring about the relaxation response. Most of us intuitively know how to relax, and we all have our own techniques. One simple technique for relaxing that can be easily learned and easily taught to others is deep "full belly" breathing. {You have handouts in your manuals with instructions so you can review them at home, and you can use the handouts to teach clients some techniques when you work as a peer educator.}

8. Ask everyone to move their chairs away from the table. Inform the group that we will demonstrate some "full belly" breathing for a few minutes.

Sit up in your chair with your back straight, your feet flat on the floor, and your hands in your lap. (If you are at home you may choose to lie flat on the floor on a blanket with a small pillow to support your head, or lie on a bed or sofa.) Make sure you are not too hot or too cold. Loosen any tight clothing, especially around the waist.

Close your eyes and begin to allow your body to relax.

Begin to breathe slowly and evenly, extending each inhalation and exhalation, gradually deepening and slowing down your breath.

When you inhale, allow your lower belly to completely relax and fill up like a balloon.

When you exhale, allow your lower belly to relax back down to normal. Exhale slowly and completely. Gently tighten your lower belly at the very end of the exhalation.

Continue to breath deeply, slowly, and evenly, expanding the belly as you breath in, and gently contracting the belly at the end of your exhalation.

9. Call people's attention back and accept responses on how the belly breathing felt and how they can incorporate a simple relaxation technique at home.

Okay, everyone bring your attention back to the group. How did that feel? How can you use this technique in your daily lives? This is a simple example of how to do self-care. It doesn't take a long time, just taking a few minutes to relax and breathe deeply can change how you feel, how you respond to people and how you maintain your sanity and health.

Summary

Wrap up session with key point:

- Learning to recognize the negative effects of stress and practicing effective coping strategies can help keep you healthy and prevent burnout

* 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 Duke University, Partners in Caring; Center for Creative Education, 2006.

TECHNIQUES FOR ELICITING THE RELAXATION RESPONSE
FULL BELLY BREATHING AND SIMPLE MEDITATION TECHNIQUE

Les Harmon, NP

1. Full Belly Breathing

Sit in a chair with your back straight, your feet flat on the floor, and your hands in your lap. Or you may choose to lie flat on the floor on a blanket with a small pillow to support your head, or lie on a bed or sofa. Make sure you are not too hot or too cold. Loosen any tight clothing, especially around the waist.

Close your eyes and begin to allow your body to relax.

Begin to breathe slowly and evenly, extending each inhalation and exhalation, gradually deepening and slowing down your breath.

When you inhale, allow your lower belly to completely relax and fill up like a balloon.

When you exhale, allow your lower belly to relax back down to normal. Exhale slowly and completely. Gently tighten your lower belly at the very end of the exhalation.

Continue to breath deeply, slowly, and evenly, expanding the belly as you breath in, and gently contracting the belly at the end of your exhalation.

2. Simple Meditation Technique

Find a quiet place that is not too hot or too cold. Turn off radio, TV, cell phone, etc.
Sit in a chair with your spine straight, your feet resting on the floor, and your hands resting in your lap. Or you may choose to sit on the floor on a cushion, or lie on the floor or the bed. Loosen any tight clothing.

Close your eyes and take a few minutes to relax. Allow your body to become very still, and let your breathing become even and quiet. Then begin to focus your attention on an object of meditation. Some suggestions for an object of meditation include a word or phrase, a prayer, or a visual image. The breath is often used as an object of meditation. Simply count your exhalations up to ten, go back to zero and count to ten again, and so on. Or you may choose to inwardly say the word “one” with each exhalation.

Focus all of your attention on the object of meditation. The mind is always active, so it is normal to constantly experience thoughts and feelings. When your find that your focus has shifted to thoughts or feelings simply return your attention to the object of meditation.

Meditate for a few minutes every day at the beginning, gradually increasing your meditation time to 15 minutes or longer.

SIGNS AND SYMPTOMS OF STRESS AND BURNOUT

Physical symptoms

Fatigue
Poor appetite
Headache
Muscle tension
Sleep disturbances
Shallow breathing
Heart palpitations
Susceptibility to illness

Emotional symptoms

Fear
Anger
Mistrust
Depression
Sadness
Indifference
Forgetfulness
Emotional "numbness"

Behavioral symptoms

(Ineffective ways of coping)

Acting out
Not taking medications
Isolating and withdrawing
Blaming others
Crying jags
Impatience
Denial and avoidance
Substance abuse (recreational drugs, prescription drugs, alcohol, food)
Inappropriate sexual behavior
Excessive worrying

SESSION HANDOUT # 3 of 3

EFFECTIVE WAYS OF COPING WITH STRESS AND BURNOUT

Ask for help
Talk with family and/or friends
Take time off from work
Engage in spiritually nourishing activities
Meditate
Exercise—get up and get moving
Avoid junk food
Avoid overuse of caffeine, alcohol, tobacco
Get plenty of rest
Drink plenty of water
Take your medications and keep your doctor appointments
Engage in creative activities
Think positively
Don't worry about what you can't control
Spend time outdoors
Listen to music
Reserve a little quiet time for yourself each day
Practice deep breathing and stretching
Do the things you enjoy the most
Build a good support system
Avoid negative people and situations
Lighten up—keep your sense of humor
Look for the positive lessons in the bad things that happen to you
Trust your own ability to heal yourself
RELAX

COUNTER-TRANSFERENCE*

ABOUT THIS ACTIVITY

Time: 45 minutes

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

- Understand the concept of counter -transference.
- Describe ways one can recognize and address counter- transference.

Training Methods: Case Study, Large Group Discussion

In This Activity You Will…

- Discuss the concept of counter-transference and have the peer trainer illustrate with a story (15 minutes)
- Lead a discussion about recognizing and dealing with counter-transference (30 minutes)

Materials:

- Flipchart
- Markers
- Handout - Barbara's Case Study (optional)
- Handout – Counter transference: How can you recognize it?
- Handout - What Can You Do to Address Your Counter -transference?

(continued next page)

Instructions

Note: It is recommended that this exercised be used with modules on Barbara's Case Study and the Four C's of Counter-transference.

1. In your own words, explain the following: We are going to discuss a concept to help us manage difficult feelings that might come up while helping our clients. Therapists and other providers use this technique when working with their clients. Peer advocates can also benefit from knowing about this technique called Counter-transference.

2. Sometimes the thoughts and feelings that arise for the peer relate to her/his past experiences.

3. Ask the peer trainer to share her story (see Preparation.)

4. Sometimes when we have these reactions, it gets in the way of our being empathetic and meeting the client where she is at in her journey or readiness to deal with that situation. Instead, we might get too directive, judgmental, too focused on giving advice, and getting too protective of the client.

5. Ask participants:

   a. What might cause a reaction in you? If participants have trouble coming up with this, ask them to think of someone in their life that triggers them and have them identify the trigger/issue.

   b. Have you ever felt this? How?

   c. What are some self-care strategies we can use when this happens? What did Barbara decide she was going to do?

6. Explain that learning about what triggers us ("pushes our buttons") can help us plan how to respond when difficult feelings

* 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.

COUNTER-TRANSFERENCE

ABOUT THIS ACTIVITY (CONT).

Preparation:

- Write the following on flipchart:

  Counter-transference = any thought, feeling, wish, hope or fear that might come up for a peer advocate, that is directed towards the client.

- Ask the peer trainer to be prepared to provide a real life example of a time when (s)he felt challenged by a client and used the concept of Counter- transference to manage his/her feelings and maintain her professional stance towards her client:

1. Describe a situation in which there were triggers and what that triggered for him/her.
2. Explain how (s)he dealt with the feelings that came up.
3. Tell how (s)he recognized the situation and what was going on
4. Self-care strategies (s)he used, either during or after the situation.

arise with clients (especially clients who remind us of ourselves, or remind us of things we have had to deal with in our lives).

7. Understanding the concept of "counter transference" can help us in working with our clients.

8. It can also help us recognize that clients are different than we are, and ultimately cleints make the decision.

9. Point out that there is a handout in their packet "Counter-transference: How do you know if it is there?" Read a few of points from the handout.

Summary

Wrap up by telling the group that learning to recognize this in ourselves can be quite challenging, but absolutely gets better with practice. Self awareness is a key component of peer advocacy. We don't need to be perfect, only willing to observe ourselves and learn.

* 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.

COUNTER-TRANSFERENCE

SESSION HANDOUT # 1 of 3

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.

BARBARA'S CASE STUDY (CONT.)

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 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.

COUNTER-TRANSFERENCE

SESSION HANDOUT # 2 of 3

COUNTER-TRANSFERENCE: HOW CAN YOU RECOGNIZE IT?

You could be experiencing counter-transference if one or more of the following is true:

1. You think you know exactly what a client needs to do.
2. You are making assumptions about a client without checking them out with her.
3. You are going out of your way for a client, even though she is not working very hard for herself.
4. You are avoiding a client(s).
5. You feel you are being manipulated.
6. You begin to ignore or forget your boundaries, or the boundaries of your organization.
7. You are spending too much time with one client for an extended period of time.
8. You worry about a client(s) excessively.
9. You begin to use your client for your own stress relief.
10. You are feeling confused about your role with a client(s).
11. You feel angry, sad or judgmental about a client(s) a lot of the time.
12. You find yourself being late consistently with a client.
13. While meeting with a client, an intense feeling suddenly arises—could be anger, sadness, or any other feeling, even a "positive" one. The feeling distracts you from your normal ability to listen well.

COUNTER-TRANSFERENCE

SESSION HANDOUT # 3 of 3

WHAT CAN YOU DO TO ADDRESS YOUR COUNTER-TRANSFERENCE?

1. Take some time to consider your feelings about the client(s) who are triggering you.
2. Check to see if you are over-identifying with your client (perhaps she/he and you have some similarities that trigger feelings for you). Remember that sometimes these similarities are hard to acknowledge.
3. Talk to a trusted colleague, supervisor, counselor, or other supportive person.
4. Engage in a stress reduction technique of any sort.
5. Re-assess your boundaries with a client(s). Do you need to spend more or less energy on this person(s)?
6. Question your assumptions.
7. Remember your limits.
8. Remember that you do not have to be perfect.
9. Remember that your job is not to fix people—people are ultimately responsible for themselves.
10. Remember to get help if you need it.
11. Get feedback from someone who will remind you of your strengths.
12. Remember that one of your most important jobs is to role model self-care.

AM I READY TO BE A PEER?*

ABOUT THIS ACTIVITY

Time: 55-60 minutes

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

- Develop an action plan for first steps as a peer.

Training Methods: Individual Activity, Small Group Activity, Report Back

In This Activity You Will…

- Ask participants to complete an action plan worksheet (10-15 minutes)
- Break participants into small groups to share and give feedback (45 minutes)

Materials:

- Handout - My Action Plan Worksheet (2 pages)
- Handout - 15 Steps to Starting a Support Group
- Handout - Tips for Writing an Effective Resume
- Handout - Sample Cover Letter
- Handout - Sample Resume

Preparation:

- Write on flipchart:

1. What do you see as the strengths of this plan?
2. What concerns do you have about this plan?
3. What suggestions can you make to strengthen this plan?

Instructions

1. Hand out *My Action Plan Worksheet* to each participant and explain that as we wrap up our time together, we have a great opportunity to be thoughtful about planning what we take away from all this great training.

2. Ask participants to complete the first page of the worksheet and encourage them to take their time and think about each answer. The point of this is to identify where they feel really confident as well as some areas they want to work further on. If all of these truly seem like they're no problem, ask them to add their own category/ies that they do see as challenging.

3. After they've completed the first page, ask them to choose one or at most two areas to which they answered "Not at all," or "Slightly" and to complete the second page of the handout with those in mind.

4. After everyone has finished completing their worksheets, break them into small groups of 3-4 people. Tell the groups they will get about 45 minutes to share their plans with the others, i.e., each person gets 10-15 minutes. This is a chance to get some feedback on their plan and to make it even stronger and more do-able. (Suggestion: have a facilitator sit at each end of the table, if possible.)

5. Point out the questions you wrote earlier on flipchart:
   - What do you see as the strengths of this plan?
   - What concerns do you have about this plan?
   - What suggestions can you make to strengthen this plan?

6. Tell the group: *As each of you takes your turn presenting your plan, the others should give you feedback based on these questions. You should also ask each other questions (open-ended if possible!) to clarify anything you don't understand.*

7. As the groups work, periodically remind them of the time so that everyone has a chance to present their plan and get

* 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.

AM I READY TO BE A PEER?

….The main thing I like about [being a peer] is feeling like I'm making a difference. Even sometimes just a smile and a welcome word or two to someone can make a difference in their day.

Carol Garcia,
Peer at Christie's Place,
San Diego, CA

feedback on it.

8. When the groups have finished providing feedback to one another, ask them to take another five minutes and go around and have each woman tell the others one thing she feels "very confident" about. Ask them to congratulate one another and also to note if someone feels very confident about something that she does not, that she's a potential resource!

9. After the groups are done, give everyone about 5-10 minutes to go back to her original plan and to fine-tune it based on the feedback she's received.

Summary

- Point out the additional handouts as well as other resources.
- Wrap up session by reminding participants that they can continue to be resources for one another and can continue to share their ongoing plans, successes, and challenges with one another.

* 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.

AM I READY TO BE A PEER?

SESSION HANDOUT #1 of 5

MY ACTION PLAN WORKSHEET

How confident do you feel about each of these?	Not at all confident	Slightly confident	Pretty confident	Very confident
Help a client decide the reduce their drug use				
Discuss how to have safer sex with a client				
Help a client understand how HIV medications can improve their health				
Help a client talk openly with his or her doctor				
Go with a client to health care or social service appointment				
Provide emotional support to a client				
Talk with a client about a behavior change that impacts their health				
Help a client find or choose HIV services				
Help a client find or choose social or support services				
Help a client make choices about disclosing HIV status				
Help a client to take HIV medications correctly				
Set clear boundaries with clients				
Help a client understand what confidentiality means				
Others:				

AM I READY TO BE A PEER?

SESSION HANDOUT #1 of 5 (cont.)

AM I READY TO BE A PEER ADVOCATE?

In the next 6 months, I plan to do the following 3 things (steps) to either improve on my work as a peer educator or to start working as a peer educator:

1. _____
2. _____
3. _____

To be a stronger peer, I want to work on …

I want to work on these issues because …

Some challenges I may face in working on this is…

I'll get support from or find resources to address these challenges from …

I'll reward myself by …

My 3 biggest strengths are…

1. _____
2. _____
3. _____

AM I READY TO BE A PEER?

SESSION HANDOUT #2 of 5

15 STEPS TO STARTING A SUPPORT GROUP

1. Keep your meeting at the same place and at the same time during the beginning weeks. Have your meeting even if no outside guests show up. Sometimes it will take a few weeks for you to start getting participants on a regular basis.
2. Create flyer about your group and post at clinics, other agencies, churches, supermarket, etc.
3. Make phone calls to interested participants.
4. Search for volunteers to lead your support group.
5. Make a welcome kit for new participants: include a confidentiality agreement, contact sheet, fact sheet about HIV, and an outline of the general format of group meetings.
6. Make a sign-in sheet, and have participants sign it at every meeting.
7. Create group agreements on the first day of group and post the agreements at every session.
8. Have different topics available for each group meeting.
9. Provide incentives if possible.
10. Conduct a needs assessment every six months.
11. Providing food is very important; if you don't have money for food, then do a pot- luck style, or see if there are near-by restaurants willing to donate.
12. Choose a point person for the support group - someone who doesn't mind sharing their contact information or screening new participants.
13. Create a crisis plan in case your participants have serious issues going on in their lives.
14. Make a list of possible outside speakers for group meetings.
15. Give everyone a contact sheet with names and phone numbers of participants who do not mind sharing their information with group.

▶ TIPS

- Observe time limits. Start on time and end on time so that members feel you are reliable. If they should have babysitters, they will be able to work with them easier.
- Be up front. If no child care is available, let members know ahead of time if children are welcome and if not, don't make exceptions.
- Be prepared to have you or your co-leaders do most of the speaking at the first few meetings until your members begin to feel comfortable with each other.
- Free space can sometimes be found at the local school, churches, non-profit and social agencies or at member's homes.
- Place chairs in a circle and close enough that all members can hear.

AM I READY TO BE A PEER?

SESSION HANDOUT #3 of 5

TIPS FOR WRITING AN EFFECTIVE RESUME

It isn't important to follow the sample resume exactly. What is more important is that you **represent your strengths** effectively. Follow these quick tips to make sure that your potential employer understands why you are a great candidate for the job!

1. **List your most important experiences closest to the top of the resume.** For example, if you haven't had a job or any education recently, put the "skills" section first. If you just took a continuing education or vocational class, list your education first.

2. **Don't hold back!** Make sure you list any experience that you have had that will make you better at the job you hope to get. Your resume is NOT limited to past jobs or formal college degrees! Include volunteer positions, certifications, language abilities, and any other important skills, training, or work experience.

3. When listing your experiences, **use action words** to describe your responsibilities at jobs and volunteer positions. Think about the specifics of important tasks you performed. Don't just describe your achievements by saying, "helped HIV positive women." Instead, say "coordinated weekly support group of 15 women aimed at building a local support network of positive women" or "motivated 4 HIV positive clients, through weekly meetings, to seek support services and medical treatment."

   The best way to write an experience section is to brainstorm a list of accomplishments—in detail—that you had in each job, and then select one or two that best illustrate your skill set to include on your resume.

4. **Tailor your resume to each job that you are applying to.** When you sit down to write a resume, include every experience that you think might help you get ANY job. But when you actually apply, **look carefully at the job description** and include experiences and skills that .t the position. For example, if you are applying for a job as a peer advocate, your skill section should include skills like: "good listener, ability to work on a team, knowledge of local HIV support services, training experience, etc." If you are applying to an office job, your skill set will be different, including instead, "computer skills, organizational skills, writing and editing ability, etc."

   Think carefully about what skills you bring to the table, and list them thoroughly.

5. **Proofread your resume!** And then have someone else proofread it! Your resume is an example of your writing ability and your work ethic; if it looks messy, has misspellings or grammatical errors, employers get a bad first impression.

If you are interested in a full step-by-step guide for writing resumes and cover letters, get in touch with us at the Center for Health Training (510.835.3700 x115 or x119) and we will send one to you!

SAMPLE COVER LETTER

Your Name Here
Address: 555 Main Street, Apt. 3
San Francisco, CA 94100
Phone: 415.555.8000
Email: firstname_lastname@yahoo.com

Today's Date

Name of Contact
Title
Name of Organization
Address
City, State, Zip

Dear Mr./Ms. [Last name of Contact]:

I am responding to your posting for a peer advocate (or job title you are applying for) in this Sunday's *Chronicle* with excitement, as I recently completed a peer advocacy training program and, as an HIV-positive woman, am eager to help build a supportive community for HIV-positive women in the area. I have included my resume for your consideration.

I think that you will find that my skills and interests match well with [name of organization here]. At W.O.R.L.D. (Women Organized to Respond to Life Threatening Disease), I have been using my status as a positive woman to mentor other recently diagnosed women. I have provided emotional support and education for women whose experience I understand personally, and have also gained experience and knowledge of local support services available for women with HIV. I am dedicated to helping women learn more about and accept their HIV-positive status, and I look forward to having the opportunity to continue this work with your organization.

I am excited by the possibility of working with [name of organization here]! Please feel free to contact me at 415-555-8000 at your earliest convenience. Thank you so much for your consideration.

Sincerely,

Your Name Here

AM I READY TO BE A PEER?

SESSION HANDOUT #5 of 5

SAMPLE RESUME

Your Name
Address
City, State ZIP Code
Phone Number
Email address

OBJECTIVE OR INTERESTS:

One to two lines about what are your interests in the field and what type of jobs you are looking for.

PAST EMPLOYMENT:

Title or Position
Year Started-Present or date ended, City, State

Description of Position: tasks you performed or job description

EDUCATION:

College or Classes you have attended

Training related to HIV and peer education (Lotus training)

SKILLS:

For example, computer skills, group facilitation, public speaking,etc.

VOLUNTEER ACTIVITIES:

Here you can list where you have volunteered: Planning Councils, advocacy, outreach, public speaking gigs, and board membership.

SETTING UP YOUR FIRST MEETING*

ABOUT THIS ACTIVITY

Time: 60 minutes

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

- Understand the process involved with setting up initial contact with a client;
- Feel more comfortable setting up first meeting with client.

Training Methods: Dyad Activity, Skills Practice

In This Activity You Will…

- Provide and go over some tools (handouts) as resources (10 minutes)
- Facilitate role play activity in pairs (30 minutes)
- Set up a role play demo and debrief (20 minutes)

Materials:

- Flipchart and Markers
- Handout - Meeting With A Client
- Handout - Sample Peer Contact Form
- Handout - Sample Confidentiality Agreement
- Handout - Peer/Client Role Play (optional)

Preparation:

Print handouts

Instructions

1. Introduce the activity by describing the objectives.

2. Break the group up into pairs. Ask each pair to pull out the following handouts and use them as they do the role play. Take a few minutes to walk through each form, briefly explaining what each one is:

a. Meeting With A Client
b. Sample Confidentiality Agreement
c. Sample Peer Contact Form

3. Ask one person in pair to be client and the other person to be the peer. We are going to practice meeting with your client for the first time. Use the various concepts – especially the communication skills we learned such as open-ended questions, affirming, and paraphrasing- we have learned earlier in the week to gather information.

4. Emphasize:

- When playing the role of a peer they should explain confidentiality to their client and get them to sign the confidentiality form. Steps on what can be done are listed on the Meeting with a Client handout.
- At the end of the role play, the peer should remember to also set up a follow-up meeting.

5. Read out loud to the group:

a. **Peer role:** You are a peer advocate. A woman/man who has been diagnosed with HIV for several years is referred to you by a social worker. The social worker told you that the client is doing okay, but she/he is new to the area and feeling isolated.
b. **Client role:** You are a woman/man who has been living with HIV for many years. Your health is okay and you are stable on medication. You just moved to the area and you told your new social worker that you are lonely. She referred you to what she called a "peer advocate." You are unsure what a peer advocate is, but you are open to anything.

* 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.

SETTING UP YOUR FIRST MEETING

….The most important thing you do as a peer is to connect with the client, and build trust. Because unless you build trust, the client is not going to speak to you or believe any of what you say.

Jackie Howell
Peer Educator
New York

6. Remind them to use the forms provided in their packets, but to focus on the client, not the paper.

7. Tell the groups they'll have about 15 minutes and then you'll ask them to switch roles.

8. Ask them to switch roles in about 15 minutes. Tell them that it is okay if they do not finish; they should start from the beginning.

9. Process the activity by asking participants:

a. How did that activity go for you?
b. How did it feel to play the peer advocate?
c. Who did most of the talking?
d. Did the peers ask open-ended questions?
e. Were you comfortable in explaining confidentiality to the client?

Point out that we want the client to do most of the talking, so she/he begins to feel empowered and develops her/his own "voice" with you. If you did most of the talking this time, that's natural, but something to pay attention to and work on. Use more open-ended questions!

10. Ask for a volunteer pair to role play in front of larger group. Give them about 5 minutes, then stop them, thank them, and ask the others:

a. What new ideas did you get from watching this?
b. What did the advocate do that you liked?
c. What did you learn about the client?
d. What were some open-ended questions you heard? Any missed opportunities?

Summary

Congratulate everyone for jumping in and trying on their new role. Remind them that the most important part is to establish a connection so the client feels comfortable and confident with them and will return.

* 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 ThreateningDiseases (WORLD), 2008.

SETTING UP YOUR FIRST MEETING

SESSION HANDOUT #1 of 4

MEETING WITH A CLIENT

First Visit with a New Client

1. Introduce yourself and the agency you work with.
2. Explain peer education and who you are.
3. Explain confidentiality.
4. Get verbal/written consent from client to begin helping her as a peer.
5. Ask open-ended questions about the client's needs and listen.

- Seek information from client regarding her situation.
- Seek information on client's health behaviors (ex. Is she taking mediations, has a doctor, safer sex, drug use, etc)
- What are barriers present in client's life?
- What are resources available in client's life?
- What are client's immediate needs? What can peer do for the client?

6. Provide emotional support and find a way to connect.
7. Fill out necessary paperwork.
8. Set priorities or goals for next meeting.
9. Set up next meeting time (crucial!).

Tasks for Peer Before Next Visit with Your Client:

1. Search for appropriate referrals for client's needs.
2. Communicate with referral source and coordinate services if necessary.
3. Follow-up with the client regarding referral.

At the Next Meeting with Your Client:

1. Check-in with client regarding referrals and last meeting.
2. Follow through with support and addressing needs.

REMEMBER

- Recognize your own need for support from supervisors, co-workers and others.
- Recognize your need for self-care and personal reflection.
- You may not follow these steps in this order but make sure to cover ALL the steps.

SETTING UP YOUR FIRST MEETING

SESSION HANDOUT #2 of 4

SAMPLE PEER CONTACT FORM

Client Code:_____ Peer Code:_____ Date of Contact:__/__/__

Description of the contact *Please check the appropriate*

Who initiated contact?
- ❑ Client
- ❑ Peer
- ❑ Other individual

Life Stressors Addressed:
- ❑ None
- ❑ Health
- ❑ Anxious/depressed/ lonely
- ❑ Benefits/Insurance
- ❑ Problems with partners/ kids
- ❑ Money
- ❑ Housing
- ❑ Family's Health
- ❑ Death of family/friend
- ❑ Legal problems
- ❑ Any accident
- ❑ Isolation
- ❑ Immigration issues
- ❑ Other (Explain)

_____
_____
_____

Incentives Provided:
- ❑ Yes
- ❑ No

Do you talk about adherence?
- ❑ Yes
- ❑ No

Did the client say she/he is adherent?
- ❑ Yes
- ❑ No

Did you discuss T-cells or viral load?
- ❑ Yes
- ❑ No

Did the client mention missed days or med holiday?
- ❑ Yes
- ❑ No

If the client has missed meds, about how many days?
_____days

Notes and Next steps:

Where?
- ❑ Unsuccessful contact
- ❑ Phone contact
- ❑ ID clinic
- ❑ Street
- ❑ Hospital wards
- ❑ Drug program
- ❑ Client's home
- ❑ Other location

Type of Contact:
- ❑ Face to face
- ❑ Phone
- ❑ Mail
- ❑ Left message only
- ❑ Phone, but no answer
- ❑ Other

Who was contacted?
- ❑ Client
- ❑ Family/friends
- ❑ Case Workers
- ❑ Medical
- ❑ Other
- ❑ Not applicable

Referrals made:
- ❑ None
- ❑ Case Manager
- ❑ Health Educator
- ❑ Medical Provider
- ❑ Support Group
- ❑ Mental Health
- ❑ Supplies (food, baby, etc.)
- ❑ Other_____

Next Visit: ____/____/____

SETTING UP YOUR FIRST MEETING

SESSION HANDOUT #3 of 4

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 XXX 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 _____

SETTING UP YOUR FIRST MEETING

SESSION HANDOUT #4 of 4

PEER ROLE

You are a peer advocate. A woman who has been diagnosed with HIV for several years is referred to you by a social worker. The social worker told you that the client is doing okay, but she is new to the area and feeling isolated.

CLIENT ROLE

You are stable on medication. You just moved to the area and you told your new social worker that you are lonely. She referred you to what she called a "peer advocate." You are unsure what a peer advocate is, but you are open to anything.

PEER SKILLS ROLE PLAY*

ABOUT THIS ACTIVITY

Time: 180 minutes

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

- Put into practice skills learned in the core competencies on HIV/AIDS and Communication
- Use information learned in this module and feedback from group and facilitators to reinforce skills needed to be an effective peer

Training Methods: Brainstorm, Dyad Activity, Role Play

In This Activity You Will…

- Review skills and new information (20 minutes)
- Demonstrate incorporating skills or tools taught in a role play scenario (10 minutes)
- Assign participants in pairs and pass out role play scenarios (10 minutes)
- Facilitate activity by allowing participants to role play scenarios, asking questions and identifying strengths/challenges of role play (130 minutes)
- Lead a full group discussion to summarize (10 minutes)

Materials:

- Dry erase /chalk board or newsprint
- Markers and tape
- Handout – Role-play Scenarios
- Sign which says "In Role"

(continued next page)

Instructions

1. Allow participants to briefly review the skills covered in the HIV/AIDS and Communication sessions, this can be done as a brainstorm. Use list on newsprint/board.

2. Divide group into pairs. Let participants blindly choose which role-play they will perform. Allow them to work with their partners for 10-15 minutes to prepare for their role-play. If a participant is uneasy with a role-play scenario, allow him or her to choose a different one.

3. Remind role-play participants not to lose the focus of the situation they are acting out (i.e. getting caught up in a values-based debate. If participants slip out of their roles, they lose the protection role-playing affords, and the situation may become sensitive. It is up to the facilitator to make the environment safe for those participating in the role-play.

4. Set ground rules.

- All need to feel that they will not be attacked or teased about their role-playing:
- Call time-out if needed.
- Stay in role during the role-play
- Don't get personal.

5. Performing the role-play:

Always begin the role-play with a clear signal, such as announcing, "You are now in role." Some instructors put up a sign with "In Role" written on it.

An important skill for instructors is "letting go," which simply means that, once participants are put "in role," the instructor allows them to perform the role-play without interruption. If a role-play

* This module comes from the Missouri People to People Training Manual, 2008.

PEER SKILLS ROLE PLAY

ABOUT THIS ACTIVITY (CONT.)

Preparation:

- Print handouts
- Cut role-play scenarios into individual strips of paper.
- Write on the board or prepare a piece of newsprint with the following skills learned in previous training. The list should look like this:

Viral Life Cycle
Stigma
Disclosure
Special Populations
Medications
- Side Effects (long & short term)
- Lab Values
- Adherence Issues (tools)
- Cultural Issues

Motivation
Association
Repetition
Use of Senses
Styles of Communication
- Passive
- Passive Aggressive
- Aggressive
- Assertive
- Non-Verbal
- Facial expression
- Body language
- Attentive Listening (Nodding, Yes, uh huh, Asking questions)

Rephrasing

MESSAGE
SENDER ⇆ RECEIVER
UNDERSTANDING

seems to struggle, the instructor can steady it by giving minimal feedback or directions.

Watch for any signs that participants may be troubled about personal issues connected to the role-plays. This is important if any participant too closely identifies with their role. If emotions get out of hand, step in and remind them of the time-out option or refocus the role-play to be less emotional. If needed, end the role-play.

Summary

Wrap up session.

Role-play instructions taken from the American Red Cross' African American HIV/AIDS Instructor Trainer Manual.

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 Missouri People to People Training Manual, 2008.

PEER SKILLS ROLE PLAY

SESSION HANDOUT

ROLE-PLAY SCENARIOS

1.

Henry, a 70 year old widow, recently moved into a retirement community where he leads a very active life. He is an avid tennis player and loves to travel to exotic countries. Lately, Henry complains of feeling uncharacteristically tired, so he scheduled an appointment with his doctor for an evaluation. That is when he was diagnosed with HIV. Shocked and nervous, Henry expressed his fears about dying and of his friends finding out to his doctor. His doctor suggested that he meet with the peer educator before leaving the office so that could learn about support groups and how a peer could help him manage his diagnosis.
(Please address HIV 101, disclosure, support group information, educational groups)

2.

Jenny, a HIV positive single mother of 3 just found out that she will lose her housing assistance in 30 days. She doesn't know what to do because she cannot afford the rent with out assistance. Moving in with her family is not an option either since all of her family lives out of state. To add to her dilemma, Jenny has been experiencing night sweats and painful tingling sensations in her feet when walking. Jenny's peer educator has been a tremendous support to her lately, so she scheduled an appointment to meet to develop a plan of action.
(Please address community resources, medication side effects, talking with healthcare provider)

3.

Bryson is HIV positive, a successful attorney and lives a lavish life with his partner of 5 years. Six months ago Bryson and his partner purchased a new home in an exclusive neighborhood in their city. In the beginning things were great. They entertained their neighbors for dinner as often as once a week. It wasn't long when Bryson noticed that his neighbors were less and less available to visit. Then a light bulb went off in his head! Bryson remembered the day that his HIV medications were accidentally delivered next door. They were packaged in a plain wrapper, but he can't seem to shake the feeling that his neighbor knows his status. Bryson shares his concerns with his peer educator as he considers how to handle this situation.
(Please address Stigma and disclosure issues)

PEER SKILLS ROLE PLAY

SESSION HANDOUT (cont.)

4.

Fred is a charismatic, high energy, newly diagnosed HIV positive man who has enrolled in the peer program at his local clinic. Every time Fred meets with his peer educator he seems to be so hyper that it causes alarm with his peer educator. The source of Fred's excited mood is methamphetamines. During the session, the peer educator learns that Fred forgets to take his medications. The peer would like to discuss the effects of mixing street drugs with his ARV's and how forgetting to take his medications could lead to drug resistance.
(Please talk about the importance of adherence, explain drug resistance and community resources for drug treatment)

5.

Pedro and Maria have been together for a year and have decided to take their relationship to the next level to include sex. Maria was diagnosed with HIV before her relationship started with Pedro who is HIV negative. Their relationship has been very open and built on trust. Maria and Pedro decide to meet with a peer educator to discuss prevention methods. When Maria and Pedro arrive to the meeting it becomes very clear to the peer educator that language is a barrier because Maria and Pedro do not speak English well. The peer educator also notices that when he asks Maria questions about her sexual history, Pedro responds. The peer educator is not sure how to help them as he doesn't speak Spanish.
(Please problem solve language and cultural barriers, HIV 101, condom usage skills)

6.

Jodi is HIV positive and very adherent to her health routines. She takes her ARV's as prescribed by her doctor the right way every time except for one medicine. To her surprise her doctor recommends that she begin a new drug regimen. It seems that she has developed resistance to her current treatment. Jodi visits her peer educator to understand more about resistance.
(Discuss resistance and how to talk with her physician)

PEER SKILLS ROLE PLAY

SESSION HANDOUT (cont.)

7.

Murphy is an HIV positive health and fitness coach who has been medication free for 7 years because his viral load was low and his CD4 count has remained above 350, until recently. Due to changes in his lab results, Murphy's doctor suggests starting ARV's to manage his HIV disease progression. Murphy believes in herbal treatment methods and does not want to use traditional HIV medications. He schedules a meeting with his peer educator to discuss his concerns.
(Discuss treatment options and how to talk with his physician)

8.

Leon is an African American community activist in one of this country's largest city. His role has made him very visible and the public watches his every move. When Leon was diagnosed with HIV three months ago he became overwhelmed with thoughts of people in the community finding out and discriminating against him publicly, so he moved to a small rural farming community where his mother lives. Leon felt very depressed and isolated from his life in the big city, so his mother suggested that he visit a peer educator at their local hospital. Reluctantly, Leon agreed and scheduled an appointment. When Leon arrived to his session he was greeted by his peer educator, a short, bald, overweight, older white male. Leon gasped as he followed the peer educator to the private meeting room.
(Discuss mental health referrals and address cultural barriers and changes to life in a rural community.)

9.

Michael is a newly diagnosed HIV positive man who agreed to participate in the peer program at his doctor's suggestion. During his first two visits with his peer educator, Michael was very talkative but his tone of voice seemed hostile. The peer educator noticed the tension in their relationship, so during their third visit he asked Michael to rate his level of comfort during their visits on a scale from one to ten, one being very comfortable and ten, most uncomfortable. Michael quickly took offence and rose to his feet assuming a defensive posture. Then he blurted, "Don't you go trying to get in my head! I hate it when people try to get in my head! If you ever do that again… well… I'm not sure what I'll do." The peer educator is stunned by the Michael's behavior, but he remains seated and considers what to do next.
(Address boundaries and effective communication)

PEER SKILLS ROLE PLAY

SESSION HANDOUT (cont.)

10.

Darlene is an HIV positive transgender woman who learned of her HIV diagnosis while preparing for the last phase of her transition - sexual reassignment surgery. Darlene is sure of her decision to transition, so she agreed to take part in the peer program to receive support in incorporating HIV treatment into her current health routines. When Darlene's peer reviews her file prior to their appointment, she notices that Darlene has had 2 STD's within the last 6 months. The peer educator decides that this should be addressed. During the session, Darlene shares that she exchanges sex for money to save money to pay for her surgery. She knows the risk of re-infection, but she doesn't see any other way of earning that amount of undocumented money. Darlene doesn't want to risk losing her benefits by making too much money legally. (Discuss prevention options, disclosure/legal issues)

11.

Sylvia is HIV positive and diagnosed with mild retardation. Sylvia lives in a residential care facility with other people who have similar mental challenges. The facility staff has requested assistance from the peer program to help educate Sylvia about HIV. Sylvia responds well to a one on one learning environment. A peer from the peer program meets with Sylvia. (Discuss HIV:101)

PEER EDUCATOR TO CLIENT ROLE PLAY*

ABOUT THIS ACTIVITY

Time: 20 minutes

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

- Describe what they observe happen between a Peer Educator and newly diagnosed HIV+ individual.

Training Methods: Role Play, Large Group Discussion

In This Activity You Will…

- Role play with co-facilitator client/ peer educator session (10 minutes).
- Lead group discussion asking participants to identify strengths, qualities, knowledge and skills observed in the role play (10 minutes).

Materials:

- Script – Role Play

Preparation:

- Print script

Instructions

1. Have two facilitators or volunteers go through the Role Play script.

2. Ask participants the following questions and facilitate discussion.

- What were your feelings about the interaction between the Peer Educator and Client?

- What do you think about the services the Peer Educator is able to provide to the Client?

- What did you like about the Peer Educator's interaction with the client? What could have been done better?

- What do you think encouraged the client to share with the Peer Educator?

Summary

As you were able to observe the interaction between the Peer Educator and Client you see how important it is to have the knowledge and skill set we discussed earlier. Being a Peer Educator can be challenging, however the scenario shows us that the support a Peer Educator can provide to a Client is invaluable because of the shared experiences. This scenario is just one of the many interactions between a Peer Educator and a Client.

* 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 Missouri People to People Training Manual, 2008.

PEER EDUCATOR TO CLIENT ROLE PLAY

SESSION HANDOUT

ROLE PLAY

A newly diagnosed HIV+ client comes in for their second office visit with the doctor to discuss laboratory test results. The client was diagnosed with HIV 2 weeks ago, at which time they met with the HIV Primary Care Team and completed a battery of laboratory tests. The client understandably is still distraught, scared, and ashamed and is trying to make sense of the diagnosis. The doctor discusses with the client the many options for HIV care and treatment but the client is not ready to discuss them and does not know what to do. The doctor then refers the client to the Peer Education Program, explains that a Peer Educator is available to provide support to people who are newly diagnosed.

This is an example of an interaction between Client and Peer Educator.

Script

Peer Educator
Hi, I'm Anne, how are you?

Client
Well, now I don't really know how I am.

Peer Educator
I understand…..you were recently diagnosed HIV+ a couple of weeks ago.

Client
Yes, I just don't know what I'm going to do. I have small children. How am I going to tell them that I'm going to die?

Peer Educator
You know there is no cure for HIV yet but researchers are working hard every day to find a cure, and develop more medications to help those living with HIV. HIV is life changing, it's a chronic disease but it is manageable. Don't get comfortable and focused on dying, because you have a lot of living to do. You found out two weeks ago, do you have any support, like friends or family?

Client
No, I'm not telling anyone that I have this.

PEER EDUCATOR TO CLIENT ROLE PLAY

SESSION HANDOUT (cont.)

ROLE PLAY (CONT.)

Peer Educator
Family and friends can sometimes provide a lot of support, but if you have any reservations at all about disclosure or telling them about your HIV status, then follow your gut feelings. If you are open to the Peer Counseling Program we have at the clinic we would be glad to be that support for you until you feel ready to disclose; and if you'd like we can arrange to be there with you.

Client
That sounds good. I'm just not ready to tell anyone now.

Peer Educator
I can understand you are still trying to process this yourself.

Client
Yeah.

Peer Educator
What have you heard about HIV?

Client
Just what I've seen on TV, always wear a condom to prevent HIV and I knew that. That's why I feel so stupid.

Peer Educator
Don't beat yourself up, of course we should take precautions but nobody deserves to be infected. Not you, not the person that infected you. Have you talked to them yet?

Client
Yes. He apologized but that doesn't change anything.

Peer Educator
No it doesn't, but we can start where you are and that is from this point on you can learn how to live a healthy life living HIV+. I did.

Client
What? You are HIV positive, but you don't look like it.

Peer Educator
Yes, I am positive, but the look is a myth. It's not how you look. (Peer Educator shares their story)

PEER EDUCATOR TO CLIENT ROLE PLAY

SESSION HANDOUT (cont.)

ROLE PLAY (CONT.)

Client
You got that right!

Peer Educator
The Peer Program helped me and it can help you to by providing you with more education about HIV disease, how it is transmitted, and how to understand your labs. As your advocate we can breakdown those lab values to make some sense of all those numbers your doctor is giving you, we can also talk a little about medications that are currently approved, and how nutrition and exercise can help your immune system now more than ever.

Client
What do I need to do to be a part of the program?

Peer Educator
I'll be glad to explain it to you.

END

CHALLENGING SITUATION CASE SCENARIOS*

ABOUT THIS ACTIVITY

Time: 60 minutes

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

- Practice peer advocacy skills.
- Use appropriate steps to address challenging situations that may arise with a client.

Training Methods: Small Group Discussion, Case Studies, Report Back

In This Activity You Will…

- Break the group into 4 small groups and assign them case scenarios (25 minutes).
- Facilitate the groups' reporting back and discussion (35 minutes).

Materials:

- Flipchart and Markers
- Handouts - 4 Challenging Situation Case Scenarios

Preparation:

- Print handouts

Instructions

1. Tell the group that in this activity we are going to discuss how to help a client who is in a challenging situation. We are going to use some of the skills we have learned in previous trainings (including the 4 concepts of peer advocacy, if you have already conducted this training).

2. Break the group into four groups. Assign each group 1 case scenario. Ask them to answer the questions at the bottom of the handout. Give the groups about 20 minutes.

3. Ask each group to read their scenario out loud to the full group and to report back on the following questions:

- What are some pressing concerns for your client?
- List at least three open-ended questions you might ask the client to gather information about her situation.
- What thoughts, concerns, or feelings might come up for your clients?
- What thoughts, concerns, or feeling might come up for you as a peer?
- What support and/or information could you offer her?
- What action steps might your client, you or both of you consider taking? List 3-5 action steps.

4. What are key referrals for this client?

5. After each group reports, ask the others if they have anything to add.

Summary

Wrap up by emphasizing that we don't have to be experts on all of these challenging situations. We do need to be able to recognize some "red flags," and to make referrals for our clients and to get the extra help and support needed in these particularly challenging times.

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This module comes from Missouri People to People Training Manual, 2008.

CHALLENGING SITUATION CASE SCENARIOS

SESSION HANDOUT #1 of 4

SCENARIO 1

You have a long-term client who did not show up for a couple of meetings. When you went to her house at 1pm in the afternoon, she was just getting out of bed. She tells you that she lost her job and that she and her baby's father broke up about a month ago. She starts crying and confides that she is having a lot of trouble "getting through the day". She tells you she is completely exhausted, is sleeping and crying a lot, and drinking almost every day. She thought about calling you earlier to let you know what was happening, but "couldn't get it together" and then "felt like it was too late". She also tells you that she was not remembering her medication and knew that skipping was not good, so she stopped.

Discussion Questions

1. What are some pressing concerns for your client?
2. List at least three open-ended questions you might ask the client to gather information about her situation.
3. What thoughts, concerns, or feelings might come up for your clients?
4. What thoughts, concerns, or feeling might come up for you as a peer?
5. What support and/or information could you offer her?
6. What action steps might your client, you or both of you consider taking? List 3-5.

CHALLENGING SITUATION CASE SCENARIOS

SESSION HANDOUT #2 of 4

SCENARIO 2

You have a client who went back to work after several years out of the workforce due to HIV/AIDS-related illnesses. Your client was very excited to get the position. In your regular meeting with her she reports that she has been having increasing difficulties with her job. The position she has is in the hotel food service industry and one of the most important benefits of the job in her perspective is that she has medical and dental benefits for herself and her children. During one of the hotel's largest event of the year, a manager raised her voice at the staff because she was not satisfied with how fast they were working. Your client reports that she had to go to the hospital because she started having trouble breathing, became dizzy and her chest hurt. The doctor told her she had a panic attack. She has not disclosed her status at work and now has started having difficulty sleeping and concentrating because she thinks work might ask her questions about what happened and/or find out that she has HIV and "find a reason" to fire her.

Discussion Questions

1. What are some pressing concerns for your client?

2. List at least three open-ended questions you might ask the client to gather information about her situation.

3. What thoughts, concerns, or feelings might come up for your clients?

4. What thoughts, concerns, or feeling might come up for you as a peer?

5. What support and/or information could you offer her?

6. What action steps might your client, you or both of you consider taking? List 3-5.

CHALLENGING SITUATION CASE SCENARIOS

SESSION HANDOUT #3 of 4

SCENARIO 3

You have a client who has been having a difficult time for the past three months. She was in a serious car accident where one of the passengers, a niece, was killed and her sister severely injured. The first couple of weeks after the accident, she would show up to groups but not speak. A month after the accident she talked to her doctor about difficulty sleeping and feeling extremely sad. She was prescribed medication to help her sleep and anti-depressants. She stopped coming to the agency's support groups and missed a meeting with you. You called and when you spoke with her, she said that she was having difficulty coming to the agency because she couldn't get into a car without thinking about the accident and seeing it over and over in her head. She said she finished the medication the doctor gave her, but had not refilled the prescription. She had not refilled any prescription – including her HIV medications – this month. She was having trouble sleeping still as she had nightmares almost every night about the accident. She did not want to ask her family for help as her sister was having a very difficult time and she did not want to bother them.

Discussion Questions

1. What are some pressing concerns for your client?

2. List at least three open-ended questions you might ask the client to gather information about her situation.

3. What thoughts, concerns, or feelings might come up for your clients?

4. What thoughts, concerns, or feeling might come up for you as a peer?

5. What support and/or information could you offer her?

6. What action steps might your client, you or both of you consider taking? List 3-5.

CHALLENGING SITUATION CASE SCENARIOS

SESSION HANDOUT #4 of 4

SCENARIO 4

You have a client who you know has a bipolar diagnosis and takes mood stabilizing medication. She has a history of alcohol and substance abuse. Your experience with he mood disorder up until now has been depression related. While you know that she was hospitalized after a couple of incidents, you only had contact with her after she had stabilized on medications. Over the past two weeks, you have noticed that she had been calling you with increasing frequency. She has seemed upbeat, but you noticed that on the last two calls she has begun speaking more and more quickly. She called and left you a message that she needs to speak with you immediately. When you return her call she asks you if you can loan her some money for a couple of days. She knows the upcoming winning lottery numbers for California and New York and she is willing to share the winnings with you if you can loan her some money to buy tickets. She is laughing but when you tell her you are not allowed to loan her money, her voice changes and she becomes loud and agitated sounding. She says she is not asking you for money – only a loan, she is silent for a few seconds, you hear her begin to cry and then she hangs up. Your phone rings 10 minutes later and when you answer the phone it is her again.

Discussion Questions

1. What are some pressing concerns for your client?

2. List at least three open-ended questions you might ask the client to gather information about her situation.

3. What thoughts, concerns, or feelings might come up for your clients?

4. What thoughts, concerns, or feeling might come up for you as a peer?

5. What support and/or information could you offer her?

6. What action steps might your client, you or both of you consider taking? List 3-5.