

COMMUNICATION SKILLS*

▶ ABOUT THIS ACTIVITY

- 🕒 **Time:** 55-60 minutes
- ➔ **Objectives:** By the end of this session, participants will be able to:
 - Understand the purposes and benefits of good communication.
 - Describe a few skills that may be used to enhance communication with clients.
- ★ **Training Methods:** Lecture, Large Group Discussion, Skills Practice
- ✓ **In This Activity You Will...**
 - Lead two brief icebreakers (5-10 minutes).
 - Provide lecturette combined with full group discussion on communication skills (20 minutes).
 - Ask participants to pair up and practice using skills and giving each other feedback (30 minutes)
- ✂ **Materials:**
 - Flipchart
 - Markers
 - Handout- Picture of Woman
 - Handout - Cash Register Worksheet
 - Handout - Communication Skills Worksheet
 - Handout- Barbara's Case Study

(continued next page)

Instructions

1. **Icebreaker #1-** Pass out picture of woman (Handout# 1) and ask participants what they see. Responses might vary from young girl looking sideways to old woman with big nose. The point of this activity is that everyone does not see the same thing, so communication is utterly important.

Icebreaker #2- Distribute to the participants “The Cash Register Worksheet” handout. Give them 4 minutes to complete in pairs. After everyone has completed it, tell them that the answers are: #3 false & #6 is true and rest of the answers are “don’t know”. Discuss with the group why they don’t know the rest. Point out that we make many assumptions if we have answered these questions. As humans, we have the tendency to want to fill in the blanks instead of asking questions to get the real deal and to get the correct information. This again shows that communication is an important skill to have as peers so we don’t make assumptions and get information wrong about our clients!
2. Now, begin this module on Communication Skills by explaining that the first concept or skill we need to know about is **Communication.**
3. What’s even more important than the information that we will be teaching our clients is how we communicate the information to them. Communication is sharing information by listening and giving feedback.
4. For good communication you need not only good information but you also need to use your:
 - Eyes – see other’s facial expressions, make eye contact
 - Ears – be attentive by concentrate on what is being said; Be impartial and don’t form an opinion, just listen.
 - Mouth – reflect back, acknowledge the reaction that they are having and summarize what has been said.
 - Mind- to soak it all in.
 - Heart- Listen with sensitivity and compassion.

* 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.

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ABOUT THIS ACTIVITY (CONT.)

Preparation:

- Make copies of handouts.
- Write the following skills and their definitions on flipchart paper. Power point can also be used:

Communication Skills:

Affirming

Open ended questions

Active Listening

Nonverbal Messages

Express Thoughts and Feelings

Communicate Without Making Other
Feel “Wrong”

- Go to the Case Study section of the Toolkit and print out copies of Barbara’s case study.

5. Refer to the handout on Communication Skills. Tell the group we’re going to look at 6 specific communication skills that we can use in any situation, with anyone.
6. As we go along, encourage the participants to complete their worksheet.
7. The first communication skill is **Affirming**.
8. *Ask: what does “affirming” mean?* Allow 1-2 responses.
9. Affirming is a positive confirmation. When you affirm something that someone has done or said, you are providing them with support and encouragement. This is unbelievably simple, yet most of us forget to do it!
10. *Ask: What are some examples of affirming statements?* Allow 3-4 responses and write on flipchart.
 - “That’s good.”
 - “I’m glad you asked that.”
 - “You’ve come to the right place.”
 - “That’s a great question.”
 - “You’re on the right track.”
 - “You really seem to have given this a lot of thought.”
11. The second skill is **Open-ended Questions**. *Ask: What’s an open-ended question?*
12. *Open-ended questions are questions that can’t be answered by “yes” or “no.” Why are they useful?* We get much more information from people; participants “own” the information they’re learning; powerful teaching tool.
13. *Ask: What are some examples of open-ended questions that you would use when getting to know someone and where they come from?* As participants come up with questions, if they ask a closed question, simply answer “yes” or “no” and move on.

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14. When they come up with open-ended questions, write the *first word* on flipchart, until you have the following list:
- When
 - Where
 - How
 - Who
 - Why
 - Tell me more ... also counts even though it's not really a question, it still gets more information.
15. Tell participants that these are all words that open-ended questions usually begin with.
16. What are some terms we should stay away from because they will give us yes or no responses and very little information?
- Could you
 - Would you
 - Should I
 - Can you
 - Do you
 - Are you
17. The next skill is **Active Listening**.
18. *What do you think it means to listen actively?* Using your eyes, ears, mouth, heart and body language to listen. This is especially important if someone is showing some strong feelings including feeling of sadness, shock, anger, relief, frustration, grief, etc.
19. *Ask: if a client is having one (ore more) of these feelings, how much do you think she can learn?* Not much at all. So what can we do to help her let go of these feelings, so that she can be more open?
20. *Tell the group: One thing that's really simple and really effective is to just name the feeling, by saying something like, "you seem _____ (upset/frustrated/sad)" etc.* By simply naming the feeling, it does help that person to let go and move on.
21. *Ask: Why does this work?* We let the person know its okay to have feelings; we give permission to express them and often to let them go, so she can hear the information she came to get.
22. *Ask: So why is it hard to actively listen?* We tend to want to "fix" it if someone is having uncomfortable feelings.
23. The next skill is **Nonverbal Messages**. *Ask: what are nonverbal messages?*
- Posture - let your body show that you are interested by sitting up and leaning toward the speaker.
 - Equal positioning - if the speaker is standing, you stand. If the speaker is sitting, you sit as well.
 - Facial expression - remember that feelings are reflected in facial expressions.
 - Gestures - your body language reveals a lot about how you interpret a message, so be aware of when you send signals that might cause the speaker to believe that you are angry, in a hurry, bored, etc.
24. It is also important to remember that different cultures have different styles of body language. For example in many cultures it is rude to give eye contact to someone who is older than you.

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25. The next skill is **Express Thoughts and Feelings**. *Ask: How do we do that?*

- Be open and honest – this will help build trust.
- Speak clearly - don't mumble and don't talk too quietly. If you don't know the word for something, describe what you mean so that you and the client can have a shared understanding of your concern or question.
- Make the distinction between facts, beliefs, and feelings. For example, which of the following statements are which?

“The best medical regimen for all clients is ...”
(belief)

“I'm so pleased you've been taking your meds.”
(feeling)

“Most PLWH experience ...” (fact)

26. The last skill is to **communicate without making other feel “Wrong”**. *How do we do this?*

- Express concerns non-judgmentally - talk about your questions or concerns without blaming other people. For example, you might be angry that your client stood you up three times in a row. Rather than talk about her being irresponsible, you can ask her what stopped her from showing up.
- Use “I” statements. Rather than say, “You didn't explain that very well,” say, “I didn't understand what you just said. Please explain it again.”

27. Now we are going to practice some of these skills.

28. Break up group into pairs. Using Barbara's case study as a skit, ask each pair to practice each of the following communication skills with your partner. One person is Barbara and one person is Sonya.

29. Barbara will talk to Sonya to get more information about her situation and how she might go about helping her. Give pairs 20 minutes. Ask them to switch roles 10 minutes into the exercise.

- Ask open ended questions.
- Respond with affirming statements.
- Active Listening- Reflect back what the person said.
- Nonverbal Messages
- Express Thoughts and Feelings
- Communicate without making the other feel wrong.

30. Sonya should give feedback to Barbara about her use of the communication skills. 5 minutes

31. Have the pairs report back on how easy or difficult it was to use the communication skills.

Summary

- Using these skills will feel artificial and awkward at first, but with practice, they come more easily.
- Practice, practice, practice! Practicing with children is great, since you're less likely to be self-conscious.

* 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.

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SESSION HANDOUT #1 of 3

ICEBREAKER #1 PICTURE



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SESSION HANDOUT #2 of 3

CASH REGISTER WORKSHEET

The Story

A businessman has just turned off the lights in the store when a man appeared and demanded money. The owner opened a cash register. The contents of the cash register were scooped up, and the man sped away. A member of the police force was notified promptly.

Statements About the Story

- | | | | |
|--|---|---|---|
| 1. A man appeared after the owner turned off his store lights. | T | F | ? |
| 2. The robber was a man. | T | F | ? |
| 3. The man did not demand money. | T | F | ? |
| 4. The man who opened the cash register was the owner. | T | F | ? |
| 5. The storeowner scooped up the contents of the cash register and sped away. | T | F | ? |
| 6. Someone opened a cash register. | T | F | ? |
| 7. After the man who demanded the money scooped up the contents of the cash register, he ran away. | T | F | ? |
| 8. While the cash register contained money, the story does not state how much. | T | F | ? |
| 9. The robber demanded money of the owner. | T | F | ? |
| 10. The story concerns a series of events in which only three persons are referred to: the owner of the store, a man who demanded money, and a member of the police force. | T | F | ? |

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COMMUNICATION SKILLS

SKILL	WHAT IS IT?	EXAMPLE
Affirming		
Open-Ended Questions		
Active Listening		
Nonverbal		
Express Thoughts and Feelings		
Communicate Without Making Others Feel “Wrong”		

INTRODUCTION TO COMMUNICATION SKILLS*

▶ ABOUT THIS ACTIVITY

🕒 **Time:** 70 minutes

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

- Define verbal, nonverbal, and paraverbal communication.
- List three barriers to effective communication.
- List three ways to enhance communication.
- Define active listening.
- Identify 3 active listening techniques.

★ **Training Methods:** Brainstorm, Role Play, Lecture, Small Group Activity, Skills Practice

✓ **In This Activity You Will...**

- Explore communication concepts and skills through a series of exercises.
- Develop and validate definitions for communications concepts. (10 minutes).
- Illustrate the definitions through a discussion of two role plays (15 minutes).
- Discuss and practice “active listening skills” including open and closed-ended questions, focused questions, and paraphrasing. (45 minutes).

(continued next page)

Instructions

1. Introduce session and ask participants for a definition of communication. The definition should include the idea that communication is a two-way exchange of information which takes the following forms: verbal, nonverbal, and paraverbal.

2. Discuss each form of communication with the class.

• **Verbal** – Communication through language

• **Nonverbal** – Communication other than through spoken language. More powerful messages are usually conveyed through nonverbal cues than through words themselves. 70-90% of our communication is nonverbal. Examples of nonverbal communication include:

Body language (e.g., folded arms)

Eye contact

Muscle tension (are neck or jaw muscles taut, fists clenched?)

Posture

Mannerisms (e.g., fiddling with hair, biting nails)

Proxemics (how close we stand when talking. In the US, we stand between 18 inches to 2 ft. from each other; we get uncomfortable if that boundary is violated. Proxemics vary from culture to culture.)

• **Paraverbal** – Communicating not by what you say, but how you say it. Examples of paraverbal communication include:

Voice qualities/voice tone (is voice flat or monotone?)

Rate of speech (how fast or slow one talks)

Cadence/rhythm of voice

Volume

Inflection

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

INTRODUCTION TO COMMUNICATION SKILLS

ABOUT THIS ACTIVITY (CONT.)

Materials:

- Tape
- Markers
- Handout- Role Plays #1 and #2 (2 copies for trainers)
- Handout - Types of communication
- Handout - Definition of Active Listening
- Handout - Barriers to Effective Communication
- Handout - Effective Communication Strategies
- Handout - Active Listening Strategies
- Handout - Open and Closed-Ended Questions
- Handout - Focused
- Handout - Paraphrasing
- Flip chart paper for exercise, 1 each entitled Barriers to Effective Communication, Strategies for Improving Communication, Active Listening Strategies

Preparation:

- Prepare flip charts
- Copy handouts

3. To illustrate how powerfully messages are conveyed both nonverbally and paraverbally, the facilitators will act out two short role plays in front of the class. The facilitators start by acting out Role Play #1: Nonverbal Communication.
4. Ask the class to analyze what was going on in the role play. Participants should note that in spite of Isabel's statements that she was listening to Donna, her nonverbal cues were saying more convincingly that she did not have the time or the desire to listen.
5. Ask the class to observe Role Play #2 and to note the differences in the attitudes portrayed. After the facilitators act out the role play, ask participants what messages they feel were being conveyed in both versions of the role play. The class should note that in the second interaction, the tone and volume of the voice (and perhaps some of the body language) conveyed an entirely different message than came through in the first interaction.
6. *Lecturette:* At the beginning of the session, we talked about how communication is a 2-way process. One part of that communication process is how we send messages out, either verbally, nonverbally or paraverbally. The other part of the communication process is how we understand the message that is being sent to us, in other words, how we listen. Have you ever heard the term active listening? How would you define active listening?
7. After acknowledging the participant responses, read and distribute the following definition of active listening:

Active listening is a way of listening that focuses entirely on what the other person is saying and confirms understanding of both the content of the message and the emotions and feelings underlying the message to ensure that understanding is accurate.

8. Divide the class into 3 groups. Direct Group #1 to the flip chart, *Barriers to Effective Communication*, and ask them to list all the barriers they can think of that might hinder communication. Direct Group #2 to the flip chart, *Strategies for Improving Communication* and ask them to list all the ways

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▶ TRAINING TIPS

- Acknowledge that participants are already good communicators and good listeners by the very nature of the positions to which they've been appointed and that they have a lot of expertise which we can all learn from.
- Remind participants that these are difficult skills and we are just introducing them so that they can begin to think about them and work on them when they have the opportunity.
- Handouts can be given out as one packet.

they can think of to improve communication. Direct Group #3 to the flip chart, *Active Listening Strategies*, and have them list all the ways that they can think of to engage in active listening. *Give an example of each.* Give the groups 10 minutes to compile their lists.

9. Ask each group to share their list with the class, making sure that the *Active Listening* group goes last, since this topic will segue way into the next exercise. (See *Communication Brainstorm* cheat sheet for possible answers). The groups' lists may overlap and that is okay. For the *Active Listening* group, make sure to define, discuss, and give examples of the following:

Open- and closed-ended questions

Focused questions

Paraphrasing

10. Tell the class that we are now going to practice some of the active listening techniques discussed in the brainstorming exercise. Hand out the worksheets on *closed-ended versus open-ended questions*, *focused questions*, and *paraphrasing*. Review the characteristics of closed-ended and open-ended questions and ask participants to read one of the closed-ended questions. Ask for a volunteer to re-phrase it as an open-ended question. (*Do the first example together as a class.*)
11. Next, do the same for focused questions and paraphrasing.
12. Ask participants how it felt to use these active listening techniques. Ask participants what differences there will be in both the information they get from their client and the rapport they will be able to establish.

Summary

Summarize these verbal techniques as ways to get more information from clients. Each technique has the potential to provide richer information about what the client has experienced, is feeling, or is thinking.

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SESSION HANDOUT #1 of 9

ROLE PLAY #1: NONVERBAL COMMUNICATION

Both facilitators are standing in front of the class. Facilitator A approaches Facilitator B.

Facilitator A: Hi, Isabel. Look, do you have a few minutes? There's something I really want to talk to you about.

Facilitator B: Oh sure, Donna. Of course I have time for you. What is it you wanted to talk to me about?

Facilitator A: Well, I'm having a problem with this client I'm working with. I just can't seem to get a handle on it. I feel I'm getting mixed messages from Lisa. She tells me that she needs to find new housing since she can't keep staying on her sister's couch but then every time I see her – she hasn't made any of her appointments with housing. I feel like she is at risk of ending up on the street.

Facilitator B: *(Acts distracted and annoyed that Donna is taking up her time. She taps her foot, looks at her watch, twirls her hair, looks away, picks her nails, etc).* Oh really? Well, I just want you to know that I'm here for you, Donna.

ROLE PLAY #2: PARAVERBAL COMMUNICATION

Facilitator A: Donna, I put that report on your desk this morning.

Facilitator B: *(in a loud voice, dripping with sarcasm)* Oh thanks, Isabel, I really appreciate that.

(The facilitators remind the class to note how the previous interaction differs from the following one.)

Facilitator A: Donna, I put that report on your desk this morning.

Facilitator B: *(in a sincere tone of voice)* Oh thanks, Isabel, I really appreciate that.

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TYPES OF COMMUNICATION

- **Verbal** – Communication through language
- **Nonverbal** – Communication other than through spoken language. More powerful messages are usually conveyed through nonverbal cues than through words themselves. 70-90% of our communication is nonverbal. Examples of nonverbal communication include:

Body language (e.g., folded arms)

Eye contact

Muscle tension (are neck or jaw muscles taut, fists clenched?)

Posture

Mannerisms (e.g., fiddling with hair, biting nails)

Proxemics (how close we stand when talking. In the US, we stand between 18 inches to 2 ft. from each other; we get uncomfortable if that boundary is violated.

Proxemics vary from culture to culture.)

- **Paraverbal** – Communicating not by *what* you say, but *how* you say it. Examples of paraverbal communication include:

Voice qualities/voice tone (is voice flat or monotone?)

Rate of speech (how fast or slow one talks)

Cadence/rhythm of voice

Volume

Inflection

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DEFINITION OF ACTIVE LISTENING

Active listening is a way of listening that focuses entirely on what the other person is saying and confirms understanding of both the content of the message and the emotions and feelings underlying the message to ensure that understanding is accurate.

Active listening is not:

- Quickly agreeing with client before they finish speaking
- Passing judgment
- Asking follow-up questions that are for your own information
- Reassuring the client that the situation is “not that bad”
- Giving advice either from your personal experience or from professionals

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SESSION HANDOUT #4 of 9

BARRIERS TO EFFECTIVE COMMUNICATION

- Hearing only part of the message
- Failure to listen
- Listening with a particular mind-set/prejudice
- Reacting emotionally
- Making assumptions
- Accents
- Physical barriers
- Cultural barriers
- Religious barriers
- Time pressures
- Distractions/interruptions
- Failure to wait for feedback/response
- Lack of sensitivity to emotions
- Poor volume, tone, emphasis
- Finishing person's sentence for him/her
- Not acknowledging person's experience, emotions, feelings, desires
- Jumping from topic to topic
- Acting phony

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EFFECTIVE COMMUNICATION STRATEGIES

- Making eye contact (like many nonverbal cues, this is culturally specific; in some cultures, direct eye contact is a sign of disrespect)
- Use attentive body language: sit slightly forward with a relaxed, easy posture
- Be aware of your gestures
- Stay on the topic
- Don't be phony, be yourself
- Be cultural sensitive
- Focus on the other person
- Determine what the other person already knows, then fill in the gaps
- Smile or nod
- Don't monopolize the conversation
- Establish rapport
- Arrange for privacy
- Create an atmosphere free of distractions and interruptions
- Be warm and enthusiastic
- Show interest
- Look bright and alert
- Ask open-ended questions
- Use active listening

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ACTIVE LISTENING STRATEGIES

- Focus on the other person.
- Use attentive body language: sit slightly forward with a relaxed, easy posture.
- Use verbal cues such as “um-hmmm,” “sure,” “ah,” and “yes.”
- Ask open-ended questions.
- Use focused questions to get a more definitive answer than you would with an open-ended question.

Example: Counselor: “Where do you spend most of your day?”

Client: “I don’t know – it’s hard to say.”

Focused question: “Okay, let’s take yesterday. Was that a regular day for you?
What did you do in the morning?”

- Use laundry list questions to obtain specific information about something by providing a series of choices and to get information you haven’t been able to get at with open-ended or focused questions.

Example: Counselor: “What side effects have you experienced from the HIV meds you got?”

Client: “I’m not sure what’s the disease and what’s the drugs.”

Laundry List question: It’s good to distinguish between side effects and disease symptoms, so let me list what side effects can be caused by... (name of medicine). Have you had ..(list side effects of medicines the patient is taking)?”

- Probe for more information, using open-ended questions or statements to obtain additional information.

Example: “Tell me what you know about HIV.”

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SESSION HANDOUT #6 of 9 (cont.)

ACTIVE LISTENING STRATEGIES (CONT.)

- Ask clarifying questions to help interpret what other person is saying.

Example: Client: “Oh, you know I don’t have a fixed address. I am living here and there.”

Clarifying statement: Tell me a little bit more about what you mean by here and there.”

- Paraphrase what the other person has said.

Example: Client: “I have so much to do – medical appointments, working, taking care of the kids. I don’t know how I’m going to keep it all together.”

Paraphrase: “You’re feeling overwhelmed by all of things going on in your life right now.”

- Mirror or reflect what the other person has said.

Example: Client: Why should I tell any of my partners that I’m HIV positive? Let them find out the way I found out – by getting sick.

Mirroring statement: “It sounds like you’re angry because no one informed you that you were exposed to HIV.

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CLOSED VS. OPEN-ENDED QUESTIONS

Closed-ended questions invite a yes or no answer. They begin with Do, Does, Did, Is, Are, Was, Has, Have, Could, Would, and Will.

Open-ended questions cannot be answered by yes or no. They begin with: Who, What, When, Where, Why, and How.

The purpose of open-ended questions is to facilitate engagement with the client so that the client will open-up to the worker. This can help to improve the client-worker relationship as well to help gather more information.

1. Closed: Do you live with somebody?

Open: Tell me about your living arrangements and anyone you live with?

2. Closed: Have you ever been really sick before?

Open: _____

3. Closed: Do you work?

Open: _____

4. Closed: Did you have any side effects from the medicines you had to take?

Open: _____

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FOCUSED QUESTIONS

1. Worker: Where do you spend most of your time?

Client: I don't know, it's hard to say.

Focused Question: _____

2. Worker: Who do you have contact with on a regular basis?

Client: Oh, I guess with some people over at the shelter, and then some other people I meet for a drink now and then.

Focused Question: _____

3. Worker: How have you been feeling recently?

Client: Pretty lousy.

Focused Question: _____

4. Worker: What kind of work do you do?

Client: A little of this, a little of that. I hustle. Whatever it takes.

Focused Question: _____

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PARAPHRASING

How to Paraphrase:

Repeat the meaning of what the client says, but use different words.

The paraphrase should begin with “You” to reflect what the client is expressing.

1. Client: I don't know how I got emphysema. I only smoke one cigarette after each meal.

Paraphrase: _____

2. Client: I feel worse when I exercise, I'd rather just sit around.

Paraphrase: _____

3. Client: I have always taken care of myself. I should not have had a stroke. I blame my doctor for his incompetence.

Paraphrase: _____

4. Client: My boss just fired me even though it was only the second time I was late this week.

Paraphrase: _____

ATTENTIVE LISTENING*

▶ ABOUT THIS ACTIVITY

 **Time:** 20 minutes

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

- Understand listening skills in both a verbal and nonverbal way.
- Differentiate among listening patterns and to adopt a listening style that is conducive to effective communication.

 **Training Methods:** Brainstorm, Demonstration

 **In This Activity You Will...**

- Lead a discussion using the brainstorm questions provided making sure to cover the talking points listed with the questions (10 minutes).
- Demonstrate non-verbal cues and identify key questions to ask to show that you are being attentive in a conversation (10 minutes).

 **Materials:** None

 **Preparation:** None

Instructions

1. Lead a discussion using the following brainstorm question provided making sure to cover the talking points listed with the questions.

Brainstorm Question: How can someone demonstrate listening skills using words and gestures?

2. Make sure the following points are covered:

Nonverbal listening skills show a person that you are interested without really speaking. Some nonverbal listening techniques include:

- Making eye contact
- Nodding your head
- Leaning forward
- Reflecting your feelings with facial expressions

Verbal listening skills use verbal responses to show acceptance, understanding, respect, empathy and encouragement. Some active listening techniques include:

- Using verbal responses (“really?” “What happened next?”)
- Commenting directly on what was being said
- Restating the speaker’s ideas in your own words (“do you mean...?”)
- Encouraging the person to express feelings (“I guess you must have felt...”)
- Encouraging more information (“tell me about...”)
- Emphasize the importance of not passing judgment.

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.

LISTENING TO OTHERS*

▶ ABOUT THIS ACTIVITY

- 🕒 **Time:** 55 minutes
- ➔ **Objectives:** By the end of this session, participants will be able to:
 - Practice different types of communication skills.
 - Identify ways that good communication with clients is valuable.
- ★ **Training Method:** Skills Practice
- ✓ **In This Activity You Will...**
 - Ask participants to bring together interviewing and active listening skills discussed in previous sessions by practicing in groups of three with interviewer, interviewee, observer. (40 minutes)
 - Lead a group discussion about skills practiced. (15 minutes)
- ✂ **Materials:**
 - Handout - Interview Checklist
- 📝 **Preparation:**
 - Prepare handout

Instructions

1. Have participants break up into groups of three. Tell them that they will now practice interviewing each other integrating many of the communication techniques that were discussed in the previous exercises. Remind participants that these are difficult skills so here is a chance to practice them a little.
2. Hand out the Interview Checklist to all participants; explain that each person will have a chance to be the interviewer, the interviewee, and the observer. Groups need to decide for the first go-round who will be the interviewer, the interviewee, and the observer.
3. Explain the following:
 - a. Only the observer needs to use the handout.
 - b. The role of the interviewer is to discover information about the interviewee's life. The interviewer may want to interview that person about his or her history, passions, inspirations, challenges that he or she has overcome, etc. The interviewer should try to use the active listening techniques that have been discussed and can look to the interview checklist for a review. (Acknowledge that they may use all or only some of the techniques we have discussed today)
 - c. The role of the interviewer is to respond to the interviewee's questions; whenever the interviewer asks a close-ended question, the interviewee should respond with a "yes" or "no" answer.
 - d. The role of the observer is to watch the interview and note on the Interview Checklist whether or not the interviewer is using active listening techniques and to list examples of the use of such techniques.

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

LISTENING TO OTHERS

▶ TRAINING TIP

Remind participants that this is difficult information to actually use but that this is an opportunity to practice some of the new techniques.

Interviewers will spend 3 minutes conducting the interview. Afterward both the observer and the interviewee will have 1 minute to give further feedback to the interviewer. Participants should rotate roles until everyone has had the opportunity to be interviewee, interviewer, and observer.

4. Bring participants back to the larger group and get feedback on how the exercise went.

For the interviewers: How difficult was it to use those active listening techniques?

For the interviewees: How well did they feel that they were being heard by their interviewers?

For the observers: What were some of the ways the interviewer was successful in making the interviewee feel comfortable and encouraging him or her to talk?

For all: What active listening strategies do they feel comfortable using with their clients? Which ones do they feel they still need to work on?

Summary

Wrap up session.

Source: "Interview Exercise" from San Francisco Disease Contact Investigators 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 Comprehensive Peer Worker Training, Peer Advanced Competency Training (PACT) Project Harlem Hospital Center, Division of Infectious Diseases, 2008.

LISTENING TO OTHERS

SESSION HANDOUT

INTERVIEW CHECKLIST

Did the interviewer use:

Open-ended questions? Yes _____ No _____

Comments _____

Appropriate non-verbal communication? Yes _____ No _____

Comments _____

Paraphrasing? Yes _____ No _____

Comments _____

Focused questions? Yes _____ No _____

Comments _____

BARRIERS TO LEARNING: A GROUP ACTIVITY*

▶ ABOUT THIS ACTIVITY

 **Time:** 15 minutes

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

- Discuss barriers to learning and factors that can interfere with a person's ability and/or willingness to learn.

 **Training Method:** Brainstorm

 **In This Activity You Will...**

- Ask questions to stimulate group discussion (10 minutes).
- Summarize in a large group the barriers and how we can use this to develop teaching strategies with our clients (5 minutes).

 **Materials:**

- Newsprint
- Markers
- Tape

 **Preparation:** None

Instructions

1. Lead a group brainstorm. Write the groups' responses on newsprint to the following question:

What are examples of barriers to learning?

2. Explain to participants that many things can interfere with a person's willingness and/or ability to learn. The purpose of this brainstorm is to list any barriers that could hinder a person's learning while using peer services.

3. Likely responses include:

- Financial Troubles
- Stigma/shame
- Fear
- Literacy challenges
- Cultural differences between client and peer educator
- Substance abuse
- Language
- Mental health diagnosis/depression
- Attitudes about HIV/AIDS (e.g. fatalistic thinking)
- Beliefs about HIV/AIDS (e.g. fatalistic beliefs)
- Feelings of isolation
- General lack of interest

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.

MOTIVATION TO LEARN*

▶ ABOUT THIS ACTIVITY

- 🕒 **Time:** 30 minutes
- ➔ **Objectives:** By the end of this session, participants will be able to:
 - Identify appropriate teaching methods for peer educator in peer sessions.
- ★ **Training Methods:** Large Group Discussion, Lecture
- ✓ **In This Activity You Will...**
 - Ask questions to stimulate group discussion (5 minutes).
 - Define the acronym MARS (Motivation, Association, Repetition and Senses) and give examples (20 minutes).
 - Summarize in a large group the benefits of using this new concept to problem techniques in teaching (5 minutes).
- ✂ **Materials:**
 - Newsprint, markers, tape
 - Projector, screen, computer (optional)
- 🔪 **Preparation:**
 - Set up computer for PowerPoint presentation (optional)

Instructions

1. Lead a group discussion using the following question:

Why does a peer need to understand how people learn?
 2. Follow up with the definition of learning as indicated in the power point presentation. Discuss how each element of the MARS mnemonic enhances learning from both the client and peer educator perspectives.
 - The definition we are going to use today is:

Learning is the process of acquiring knowledge or skill through study, experience or teaching.
 - Most would agree that learning:

Comes from study and/or life experiences
Requires acquisition of new knowledge, skills or attitudes
Occurs over a period of time
Involves the process of change
Is a life long process
 - Using **MARS** to enhance learning
- The mnemonic **MARS** (motivation, association, repetition and senses) can help participants remember these four concepts that enhance learning. We will explore each of these aspects from 2 perspectives: the clients' and the peer educators'.
1. **Motivation**

Client

 - Comes from within.
 - Motivation is related to an immediate need, problem, or deficit and is encouraged when the person finds value.

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

MOTIVATION TO LEARN

Peer Educator

- Creates an environment to encourage and connect motivation to learning.
- Connect new information to the values of the person.

2. Association

Client

- Clients learn more rapidly when they can associate the information with previous experiences or learning.
- New material draws on past experiences and is related to something the learner already knows.

Peer Educator

- Draw from the clients' past experiences and knowledge with the new necessary information.
- Relate complex ideas to everyday occurrences or their frame of reference.
- Using personal stories to connect with the clients' experiences with new information.

3. Repetition

Client

- Frequent reviewing, summarizing and practicing provides the repetition that helps learning and remembering.
- Repeated interactions or experiences with content reinforce learning.

Peer Educator

- Reframing and restating information multiple times and ways support clients' understanding.

4. Use of Sense

Client

- Clients learn more effectively when multiple senses are used.
- If clients use, see and hear new information they have a better chance of remembering.

Peer Educator

- Learning occurs more effectively when participants are actively involved in the learning process through the use of as many senses as possible.
- Examples: books, videos, personal experiences, role-play, etc.

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.

MOTIVATION TO LEARN

SESSION POWERPOINT



Motivation to Learn



Learning

- Why does a peer need to understand how people learn?



Learning...

- Comes from study and/or life experiences
- Requires acquisition of new knowledge, skills or attitudes
- Occurs over a period of time
- Involves the process of change
- Is a life long process



M.A.R.S.

- **M**otivation
- **A**ssociation
- **R**epetition
- Use of **S**enses



M.A.R.S.

Client

Motivation-

- Comes from within.
- Motivation is related to an immediate need, problem, or deficit and is encouraged when the person finds value.

Peer Educator

Motivation-

- Creates an environment to encourage and connect motivation to learning
- Connect new information to the values of the person



M.A.R.S.

Client

A

- Clients learn more rapidly when they can associate the information with previous experiences or learning.
- New material draws on past experiences and is related to something the learner already knows.

Peer Educator

A

- Draw from the clients' past experiences and knowledge with the new necessary information.
- Relate complex ideas to everyday occurrences or their frame of reference.
- Using personal stories to connect with the clients' experiences with new information.

MOTIVATION TO LEARN

SESSION POWERPOINT (cont.)



M.A.R.S.

Client	Peer Educator
R epetition-	R epetition-
<ul style="list-style-type: none">• Frequent reviewing, summarizing and practicing provides the repetition that helps learning and remembering.• Repeat interactions or experiences with content reinforces learning.	<ul style="list-style-type: none">• Reframing and restating information multiple times and ways supports clients' understanding.



M.A.R.S.

Client	Peer Educator
U se of S enses-	U se of S enses-
<ul style="list-style-type: none">• Clients learn more effectively when multiple senses are used.• If clients use, see and hear new information they have a better chance of remembering.	<ul style="list-style-type: none">• Learning occurs more effectively when participants are actively involved in the learning process through the use of as many senses as possible.• Examples: books, videos, personal experiences, role-play, etc.



Barriers to Learning

- Brainstorm Activity
What are examples of barriers to learning?



M.A.R.S.

"Meeting Diverse Barriers to Learning" activity

MEETING DIVERSE BARRIERS TO LEARNING*

▶ ABOUT THIS ACTIVITY

 **Time:** 45 minutes

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

- Understand that peers learn in different ways and at different speeds.
- Identify ways to overcome barriers to learning.

 **Training Methods:** Brainstorm, Small Group Activity

 **In This Activity You Will...**

- Define to the group the main ideas behind using MARS (Motivation, Association, Repetition and Senses) (10 minutes).
- Distribute, assign small groups to complete activity “Meeting Diverse Barriers to Learning” (15 minutes).
- Ask small groups to share what they wrote on the activity sheet (15 minutes).
- Summarize in a large group the impact using MARS can have on clients learning (5 minutes).

 **Materials:**

- Newsprint
- Markers
- Tape
- Handout - Meeting Diverse Barriers to Learning

 **Preparation:**

- Print handout

Instructions

Note: This module should be completed after the “Motivation to Learn” module or after you have covered the MARS technique (Motivation, Association, Repetition, and Senses).

1. Ask participants to turn to the Meeting Diverse Barriers to Learning Worksheet.
2. Ask the entire group for additional barriers to add to the list.
3. Divide the group into three small groups and assign an equal number of barriers to each group.
4. Have each group choose a “recorder” and “reporter”. Ask each group to:
 - Decide how a peer educator could enhance learning when there are barriers to learning.
 - Identify which of the MARS strategies is being used, if applicable.
5. Have the recorder capture their group’s ideas on their newsprint.
6. Have each reporter report their group’s answers to the entire group.

Summary

- Peers learn in different ways and at different speeds.
- Peers learn through reading, completing written documents, watching videos, practicing skills and/or participating in group activities.
- Peers bring to their sessions a diverse set of barriers that affect their ability to 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 Missouri People to People Training Manual, 2008.

MEETING DIVERSE BARRIERS TO LEARNING

SESSION HANDOUT

MEETING DIVERSE BARRIERS TO LEARNING WORKSHEET

Instructions

Complete the chart. In the first column are barriers to learning. In the second column, write how a peer educator could enhance learning if there that might be a barrier. Then, in the third column identify which MARS strategy is being used, if applicable. The first strategy is filled in as an example. Add barriers and strategies if time permits.

Barriers	Strategies to Enhance Learning	MARS Strategy Used
Reading Ability (Low literacy level – peer client has difficulty reading)	<ul style="list-style-type: none"> • Use simple, clear terms. • Check often for understanding • Use visuals when possible. • Help client understand benefits of learning the new information. For example: explain how medication adherence is beneficial to health. 	R S M
Cultural Background (Client is an African American Gay Man and you are not).		
Language (Client has limited English communication skills)		
Interest (Client level of interest towards medication adherence is low)		
Attitude (Client has a negative attitude toward using barrier methods)		
Active Substance Use (Client regularly uses drugs and alcohol)		

MEETING DIVERSE BARRIERS TO LEARNING

SESSION HANDOUT ANSWER KEY

MEETING DIVERSE BARRIERS TO LEARNING ANSWER KEY

Barriers	Strategies to Enhance Learning	MARS Strategy Used
Reading Ability (Low literacy level – peer client has difficulty reading)	<ul style="list-style-type: none"> • Use simple, clear terms. • Check often for understanding • Use visuals when possible. • Help client understand benefits of learning the new information. For example: explain how medication adherence is beneficial to health. 	R S M
Cultural Background (Client is an African American Gay Man and you are not).	<ul style="list-style-type: none"> • Use common language and experiences • Check for understanding • Use of visual aids 	R S A
Language (Client has limited English communication skills)	<ul style="list-style-type: none"> • Check often for understanding • Use materials in both English and client’s native language. • Use of visual aids 	R A
Interest (Client level of interest towards medication adherence is low)	<ul style="list-style-type: none"> • Motivate client by outlining benefits of medication adherence. • Association – Pose questions that recall past experiences. For example, how did you feel in the past when you had a cold or stomachache and did not take any medications to alleviate the symptoms? How did you feel when you took medication like Tums or Tylenol when you were ill? 	M A
Attitude (Client has a negative attitude toward using barrier methods)	<ul style="list-style-type: none"> • Motivate client to the benefits of using condoms, dental dams, or female condoms. • Repetition – Review and practice with penile models the correct way to put on a condom. (This creates self-efficacy and confidence so client can feel more comfortable using this skill) 	M R
Active Substance Use (Client regularly uses drugs and alcohol)	<ul style="list-style-type: none"> • Motivate client by outlining benefits of taking care of their health • Educate on interactions between medications and substance use 	M A

BACK-TO-BACK DRAWINGS*

▶ ABOUT THIS ACTIVITY

- 🕒 **Time:** 20 minutes
- ➔ **Objectives:** By the end of this session, participants will be able to:
 - Present basic principles for communication.
 - Demonstrate verbal & non-verbal facilitation skills.
- ★ **Training Method:** Dyad Activity
- ✓ **In This Activity You Will...**
 - Explain the activity (2 minutes)
 - Conduct the activity in pairs/dyads (10 minutes)
 - Discuss the activity and its relevance for effective peer interactions (8 minutes)
- ✂ **Materials:**
 - Paper (enough for each dyad to have one sheet)
 - Thin markers (enough for each dyad to have one)
 - Pairing method (plastic farm animals—five different animals, two of each type)
 - Handouts- Activity image (enough for each dyad to have one)
- 📄 **Preparation:** Make copies of handout.

Instructions

1. Explain the activity. We're going to get into pairs in a few minutes and do an activity where Partner #1 will describe an image to Partner #2. Partner #2 will then need to reproduce this image.
2. State the rules of the activity. There are three rules: Partner #1 and #2 cannot face each other; Partner #1 can give the rules only once; and Partner #2 cannot ask for any clarification.
3. Divide the group into pairs with plastic farm animals (5 different animals, 2 of each type). Ask participants to get a book or something to write on and find their partners by matching farm animals.
4. Once everyone is in pairs, instruct the group to form a line, back to back: Partner #1 facing one wall and Partner #2 facing the other wall. [Note: Participants may sit or stand in this line. If chairs are used, facilitator will need to provide additional instructions for participants to bring chairs to the area.]
5. Hand the people facing one wall (Partner #1) a handout with the image. Emphasize that the other person (Partner #2) cannot view this sheet.
6. Hand Partner #2 a blank sheet of paper and a marker.
7. Ask Partner #1 to describe the picture to Partner #2 so that she/he can reproduce the drawing on his/her sheet of paper.
8. Repeat the three rules:
 - Partner #1 and #2 cannot face each other.
 - Partner #1 can give the rules only once.
 - Partner #2 cannot ask for any clarification.
9. Allow 10 minutes for this activity. Circulate to be sure people are following the instructions.

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

BACK-TO-BACK DRAWINGS

► TAKE-HOME MESSAGES

- Communication needs to be specific.
- Don't assume people know what you're talking about.
- Body language helps check for understanding.
- It's important to break the big picture into "smaller" pieces so people have successes.
- Questions help both parties—it's helpful to ask and allow questions.

10. After 10 minutes, ask the group to come back together and discuss what they observed.

Summary

Summarize the activity with the following questions:

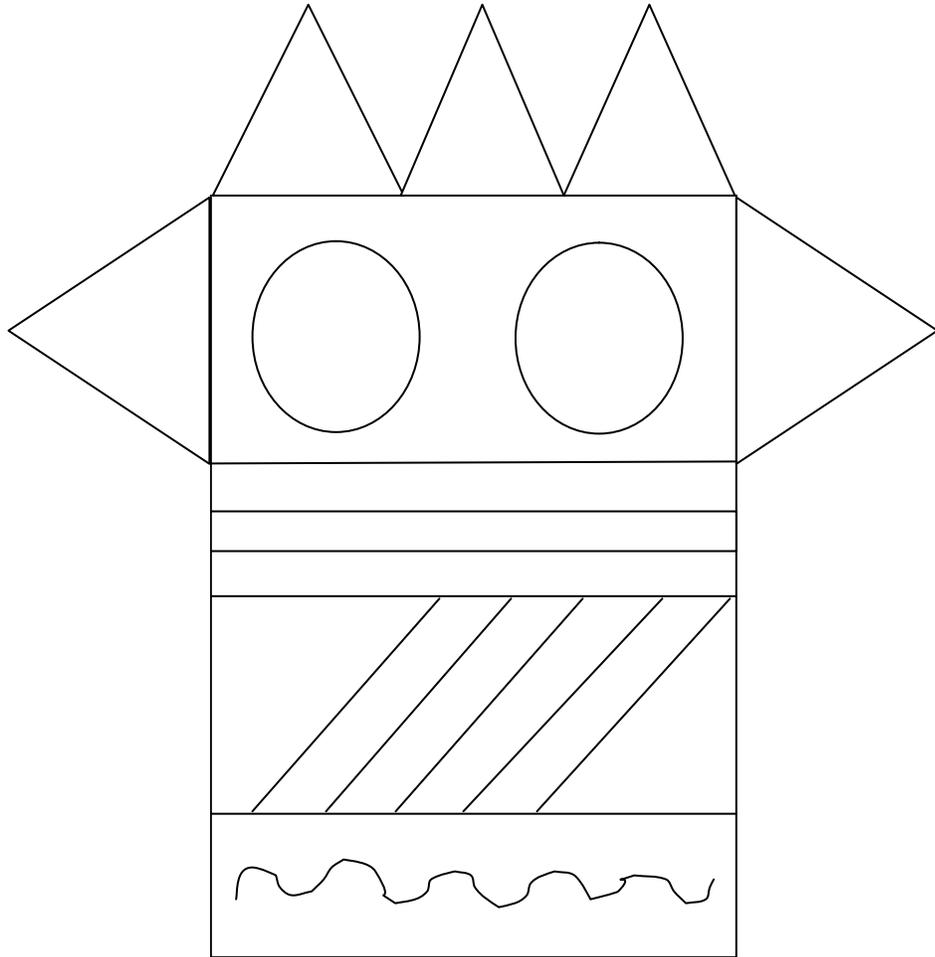
- Who was successful?
- How did participants feel in their respective roles?
- What was the most frustrating aspect?
- What were the specific methods you used to accomplish the task?
- How does this exercise relate to interviewing peers?

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

BACK-TO-BACK DRAWINGS

SESSION HANDOUT

IMAGE FOR BACK-TO-BACK DRAWING



ONE- AND TWO-WAY COMMUNICATION*

▶ ABOUT THIS ACTIVITY

 **Time:** 20 minutes

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

- Describe 2 problems in understanding that can arise from one-way communication.
- Describe 2 benefits of two-way communication.

 **Training Method:** Large Group Activity

 **In This Activity You Will...**

- Have one volunteer use one way communication to describe a drawing of shapes to the trainees to draw (5 minutes).
- Repeat with participants allowed to ask questions (5 minutes).
- Discuss the feelings and results, focusing on communication issues. (10 minutes).

 **Materials:**

- Flipchart
- Pens

 **Preparation:**

- Prepare flipcharts with 2 different diagrams of shapes.

Instructions

1. Ask for a participant volunteer to assist with this exercise. Explain to the other participants that the volunteer is going to describe some shapes to them and their task is to simply follow instructions in sketching out the illustration.
2. Provide the volunteer with the diagram. Have the volunteer turn his or her back to the class so no eye contact is possible. Ask the volunteer to stand close to the easel so s/he can't see the trainees.
3. The volunteer can use only verbal communication, i.e., no gestures, hand signals, etc. Further, no questions are allowed on the part of the audience. In brief, only one-way communication is allowed.
4. When the exercise is completed, show the correct figure on the flipchart and ask participants to judge whether their drawings are at all similar to it. Repeat the exercise a second time (with a second diagram) allowing participants to ask questions (two-way communication).
5. Lead a discussion on the difficulties of this exercise. Explain that this exercise is about verbal and non verbal clues, being able to ask questions of speaker, and the speaker reading the listener to see if the listener is understanding. Explain to the participants that this exercise is not about doing it right but about communication.

Summary

Process exercise by asking participants:

- How many of us got confused and just “quit” listening? Why?
- Why was the one-way communication so difficult to follow?
- Even two-way communication cannot ensure complete understanding. How can we make our communication efforts more effective?
- How would the exercise have been if participants were sitting together looking at the materials?

* 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.

COMMUNICATION: PUSHING ALL THE BUTTONS*

▶ ABOUT THIS ACTIVITY

- 🕒 **Time:** 60 minutes
- ➔ **Objectives:** By the end of this session, participants will be able to:
 - Demonstrate the importance of communicating clearly with others.
 - Establish a link between effective communication and a successful peer relationship.
- ★ **Training Methods:** Small Group Activity, Large Group Discussion
- ✓ **In This Activity You Will...**
 - Explain and organize a small group activity around communication (10 minutes).
 - Help participants facilitate the small group scenario-response activity (25 minutes).
 - Facilitate group report back and discussion (25 minutes).
- ✂ **Materials:**
 - Flip chart
 - Markers
 - Deck of playing cards (with 3 suits)
 - Prepared flipcharts
 - Handout - Pushing all the Buttons
 - Handout – Scenarios 1-3

(continued next page)

Instructions

1. This activity will be done in three small groups. Each group needs an area to write on such as a table. The success of this activity depends on an established level of trust and rapport with participants and trainers. (10 Minutes)
 - *We are going to start the afternoon with an activity that will help us communicate better with our peers and become more aware of issues that may cause us discomfort. These scenarios might raise some difficult or sensitive issues. Once we identify the issues, we want to provide options that are available to you as a peer to address the issue.*
 - *Please take a card; you will get either a diamond, club or a heart. Those with diamonds will form one group, clubs a second group and hearts a third group.*
 - *The first thing you will need to do in your group is to assign a facilitator. This will be the person who makes sure the group stays on time and asks questions related to the scenario.*
 - *The group facilitator will note and share what was discussed in the group. Facilitators should be sure not to make any judgment or try to counsel anyone.*
2. Allow groups to begin. Give scenarios and instructions to identified facilitators. (25 Minutes)
3. Inform facilitators that they will ask for reactions to the scenarios and hand them the questions to ask their groups. Facilitators will ask the groups to share and discuss the following:
 - *What or who in the scenario would “push your buttons?”*
 - *What feelings do these situations bring up in you?*
 - *How can you manage your feelings so you can be an effective peer educator if or when these situations arise?*

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

COMMUNICATION: PUSHING ALL THE BUTTONS

ABOUT THIS ACTIVITY (CONT.)

Preparation:

- Make handouts with the six questions;
 1. What or who in the scenario would “push your buttons?”
 2. What feelings do these situations bring up in you?
 3. How can you manage your feelings so you can be an effective peer educator if or when these situations arise?
 4. What support and/or resources can you draw on for handling your feelings?
 5. What might be some possible approaches to deal with this peer effectively?
 6. What referral resources are available in the community to help the peer educator or peer?
- Make handouts with the scenarios
- Prepare flipchart with six questions

- *What support and/or resources can you draw on for handling your feelings?*
 - *What might be some possible approaches to deal with this peer effectively?*
 - *What referral resources are available in the community to help the peer educator or peer?*
4. At least one trainer should be in each group to assist during this process. Be sure to respect participants’ boundaries, and allow them to disengage from this activity.
 5. Groups should record their ideas on flipchart paper. After each group has discussed the assigned scenario have the large group return and allow each group to share what they learned in this session. (25 minutes)
 6. Process the small group exercise with the following questions:
 - *What other situations do you think will push your buttons or make it difficult for you to remain objective?*
 - *What key points do you think that a good peer educator should follow when his/her buttons are pushed?*
 - *Remind the group that as human beings we were brought up differently, therefore we have different experiences, expectations, values, and opinions. With that said, what we feel a peer should follow may not be a priority for them or be the best for their current situation. It’s important that we remain objective and practice how to effectively control our discomfort when our values or expectations are opposed.*

Summary

- It is important that peer educators demonstrate non-judgmental communication.
- It is important that peer educators have a sense of self-awareness and empathy.
- Good peer communication takes practice.

* 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.

COMMUNICATION: PUSHING ALL THE BUTTONS

SESSION HANDOUT #1 of 2

PUSHING ALL THE BUTTONS

- What or who in the scenario would “push your buttons?”
- What feelings do these situations bring up in you?
- How can you manage your feelings so you can be an effective peer educator if or when these situations arise?
- What support and/or resources can you draw on for handling your feelings?
- What might be some possible approaches to deal with this peer effectively?
- What referral resources are available in the community to help the peer educator or peer?

COMMUNICATION: PUSHING ALL THE BUTTONS

SESSION HANDOUT #2 of 2

SCENARIO 1

A married HIV (+) female peer has come to you for assistance because she knows that her husband, who is HIV (-) is sleeping around. He has a woman he keeps in an apartment, and his other girlfriends come by and call their home. She is afraid to ask him to use a condom. When asked why she is afraid, she admits that he beats her, and then wants to have sex with her. She feels he doesn't love her because he is having affairs with other women and is beating her. She doesn't know why he wants to continue to have sex with her. When he wants to have sex, she agrees because she is afraid of him.

They have two small children and her husband controls the car and the family's money.

SCENARIO 2

Your peer has been referred to you after being discharged from the hospital. She is a single parent of two children ages two and six. Her cocaine and heroin addictions have resulted in the loss of both her job and her house. She has begun turning tricks on the street in order to get money to support her children and her addictions. She was diagnosed with HIV three years ago, prior to the birth of her second child, and was recently discharged from the hospital after having bacterial pneumonia. In the hospital she became depressed and thought about suicide. It has been 36 hours since she has had some drugs. She complains of having severe pain and anxiety and wants you to help her do something to ease the pain. She's begging you to help her.

SCENARIO 3

An HIV+ woman has an HIV- partner. He, the partner, is aware of her HIV infection but wants to be with her. However, he sometimes refuses to use a condom when they have sex. She doesn't want to infect him and he isn't trying to catch the virus, but he says that sometimes he just wants to be close to her in that way. When talking with them, you find that they are both aware of the implications and risks. However, this is a choice they have made.

COMMUNICATION SKILLS: ASKING TOUGH QUESTIONS*

▶ ABOUT THIS ACTIVITY

 **Time:** 50 minutes

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

- Demonstrate the importance of communicating clearly with others.
- Demonstrate how easy it is to miss exactly what others are saying and discuss what that means for communication.

 **Training Methods:** Brainstorm, Role Play, Skills Practice

 **In This Activity You Will...**

- Conduct a brainstorming introduction to the activity about difficult questions and responses (15 minutes).
- Facilitate an activity using scenarios (20 minutes).
- Facilitate a discussion about the activity (15 minutes).

 **Materials:**

- Handout- Questioning Scenarios
- Flip chart
- Markers

 **Preparation:**

- Make 3 copies of each questioning scenario and put on separate pieces of paper.

Instructions

1. Explain the purpose of this activity. There are some topics that it's hard to ask someone you don't know well. What are some of these topics that you might have trouble bringing up with a peer?

[Note: some responses might include the following:]

- Sex
- Sexual orientation
- Religion
- Drugs
- Alcohol use
- Feelings—depression, anger, etc.
- Death and dying
- Anger with provider

2. Ask how a peer might feel if you appear uncomfortable discussing these issues? **[Note: some responses might include the following:]**

- Alienated
- Judged
- Angry
- Alone
- Shameful
- Guilty

3. Ask how this might affect the outcome of your peer education session? **[Note: some responses might include the following:]**

- Peer might not come back
- S/he might not get important information
- S/he might not follow recommendations from peer and mentor
- S/he might shut down during session

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

COMMUNICATION SKILLS: ASKING TOUGH QUESTIONS

4. Ask what are some things we need to keep in mind when we ask tough questions? **[Note: some responses might include the following:]**

- What words we use
 - How we say the words
 - Timing is important
 - Need to know why you are asking each question
5. Provide instructions for activity. This is an activity where you can practice asking some of these difficult topics as well as experience what it's like to be on the receiving end of hearing potentially offensive or embarrassing terms.
6. The trainers will demonstrate by going first. Choose one scenario and perform a skit.
7. Break up larger group into pairs and distribute scenarios.

For this exercise, the taller person will be the peer educator and other person will be the peer. In a moment, I'll distribute three scenarios to each group. You'll have 6 minutes to role-play these scenarios.

After 6 minutes, you'll switch roles and I'll give you three different scenarios to work with. You might want to use the questioning handout as a reminder to ask open-ended questions.

*You'll have 6 more minutes to practice these situations. Notice your own feelings, thought and sensations when asking the tough questions as well as when answering. **[Note: trainers should be available to help those with limited literacy skills.]***

8. Allow both "peer" and "peer educator" to practice the first 3 scenarios. After ten minutes, distribute three different scenarios and signal that they should switch roles.
9. After time is up (12-15 minutes), call larger group back together and process with the following questions:
- How was your experience?
 - What was difficult about it?
 - What are some ideas you have about making this experience easier with peers in the future?

Summary

A large part of being an effective peer educator is being able to listen without jumping in—letting the patient do the speaking. But sometimes you have to ask questions to get to a peer's underlying concern or behavior. Modeling comfort and professionalism encourages peers to be open and honest.

* 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

COMMUNICATION SKILLS: ASKING TOUGH QUESTIONS

SESSION HANDOUT

QUESTIONING SCENARIOS

Your peer is a single mother whose main issue is safer-sex practices. Your goal is to find out what sort of activities she's concerned about and what kind of barriers she has been using or will use.

Your peer is a heroin addict. Your goal is to find out whether s/he has been practicing harm reduction.

Your peer is a gay male who has told you he's been "bare-backing." Your goal is to discuss how to practice safer sex and disclose his HIV status to partner/s.

Your peer is an HIV+ woman who has just found out she is pregnant. Your goal is to discuss treatment options and whether her partner/s are aware of her HIV infection.

Your peer is a 17-year old sex worker. Your goal is to find out how she's been practicing safer sex.

Your peer is a bi-sexual woman who is currently having sex with only women. She doesn't think she can pass HIV to another woman so she hasn't been using protection. Your goal is to discuss safer sex options with her.

COMMUNICATION SKILLS: QUESTIONING*

▶ ABOUT THIS ACTIVITY

 **Time:** 40 minutes

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

- Demonstrate the importance of communicating clearly with others.
- Demonstrate how questioning skills are effective ways to find out information.

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

 **In This Activity You Will...**

- Play a game using open-ended questions (20 minutes)
- Repeat the game (10 minutes)
- Facilitate a discussion on the process of asking open-ended questions (10 minutes)

 **Materials:**

- Papers with famous names (two different names per participant)
- Masking tape
- Handout- Open-ended Questions
- Handout- Suggested Names

 **Preparation:**

- Write the name of a famous person on a slip of paper (twice as many names as participants in the training).

Instructions

1. Explain directions for activity: “We’re going to do an activity now that will show the importance of questioning. In a moment, we’re going to place a piece of paper on your back. There will be a famous person’s name on this paper. You’ll need to find out who your person is by asking only questions that can be answered by “yes” or “no,” such as, “Am I a woman?” “Am I famous?” etc.”
2. Tape a different name on each participant’s back so s/he can’t see what’s on it. [**Note: see suggestions for names in handouts.**]
3. Instruct participants to circulate around the room with names on their backs. They need to discover who they “are” by asking only questions that can be answered by “yes” or “no.”
4. After everyone has figured out their person or when 10 minutes is up, bring group back together and process with the following questions:
 - How easy or difficult was it to discover who you were?
 - What made it difficult?
 - How did you feel while doing this activity?
5. Refer to handout and review what open-ended questions are.
6. Using the additional sheets of famous people, put new names on participants’ backs and have them circulate again.
 - This time you should only ask questions that are open-ended to find out who you are. If someone asks you a “yes” or “no” question, do not answer him/her.

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

COMMUNICATION SKILLS: QUESTIONING



[An] interesting thing I learned was to ask open-ended questions of clients, rather than a yes or no question because you don't really learn that much if you ask yes or no questions... if you say "Does that make you feel bad?" you'll get "yes", but if you ask "How does that make you feel when your family has that attitude?" It opens up the dialogue. I thought that was very important.

Carol Garcia
Peer at Christie's Place



7. After time is up or everyone has discovered who they are this time, bring group back together and process.

- How was this time different from the last time?
- What made it easier?
- What made it harder?
- How many people found themselves asking closed-ended questions?
- How did you feel while you were doing this activity this time?
- How does this activity relate to interviewing peers?

Summary

These questioning skills are not only useful when working with your peers, but also when talking to your health care provider, case manager and others.

* 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.

COMMUNICATION SKILLS: QUESTIONING

SESSION HANDOUT #1 of 2

OPEN-ENDED QUESTIONS

Open-ended questions are helpful for getting details about issues. The following words will help you get specific information from peers;

Where...

When...

Who...

What...

How...

*Although “why” is certainly an open-ended question, it’s better to avoid using it in a peer education setting since it can sometimes sound judgmental or make people defensive.

COMMUNICATION SKILLS: QUESTIONING

SESSION HANDOUT #2 of 2

SUGGESTED NAMES TO PUT ON PARTICIPANTS' BACKS

- Aretha Franklin
- Lil' Kim
- Queen Latifah
- Oprah
- Michael Jordan
- Billy Graham
- Pope John Paul
- Bill Clinton
- Bill Cosby
- Martin Luther King
- Tiger Woods
- Princess Diana
- Michael Jackson
- Marilyn Monroe
- Elvis Presley
- Eddie Murphy
- Halle Berry
- Patti LaBelle
- Denzel Washington
- Elizabeth Taylor
- Serena Williams
- Venus Williams
- O.J. Simpson
- Whitney Houston

COMMUNICATION TECHNIQUES: EXPRESSING YOURSELF*

▶ ABOUT THIS ACTIVITY

🕒 **Time:** 75 minutes

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

- Demonstrate principles of sharing information without giving advice.
- Differentiate between feelings statements and opinions/judgments.

★ **Training Methods:** Role Play, Large Group Discussion, Lecture

✓ **In This Activity You Will...**

- Perform a role play for participants demonstrating overly directive communication (5 minutes).
- Discuss giving advice versus giving information (30 minutes).
- Discuss examples of directive communication and identifying feelings and then practice (40 minutes).

✂ **Materials:**

- Handout - Expressing Yourself Role Play
- Handout - PLISSIT Model
- Handout - Giving Advice (flip chart and handout)
- Handout - Steps to Sharing Information (flipchart and handout)

(continued next page)

Instructions

1. Introduce session.
2. Conduct *Expressing Yourself* role play in front of class.
3. After the role play is finished, ask participants for feedback:
 - How effective was the counselor at addressing the client's concerns?
Counselor directed session, rather than following client's lead.
Counselor discussed what was concerning her/him, not what was most pressing for the client.
Client said she felt guilty, but counselor shut her down by saying she shouldn't feel that emotion.
 - What attitude was the counselor expressing during the session?
That the counselor knew best how to deal with the client's issues.
 - What words used by the counselor conveyed that attitude?
*You **shouldn't feel** guilty; you **can't** let things get out of control; you **need to** let her know who's boss; you **have to** establish authority.*
 - How could the counselor have been more effective in addressing the client's concerns?
Let the client's concerns lead the discussion.
Listen to and explore client's feelings and options, rather than give advice.
Give client permission to experience her feelings.

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

COMMUNICATION TECHNIQUES: EXPRESSING YOURSELF

ABOUT THIS ACTIVITY (CONT.)

Materials (cont.):

- Handout - Feelings vs. Opinions and Judgments (flipchart and handout)
- Handout - Expressing Feelings samples
- Handout - Expressive Humor
- Tape
- Flip chart and easel
- Markers
- Eraser

Preparation:

- Prepare Giving Advice list and Steps to Sharing Information on flip chart paper
- Prepare handouts

Listen more than talk; the session should be about the client's experiences and feelings, not the counselor's.

Don't minimize client's predicament by telling her that things are going to be alright

- In general, what do people want to hear when they talk to someone about something that is bothering them?
4. Introduce the PLISSIT Model, integrating participant feedback about the role play into the presentation.
 5. Summarize by emphasizing the importance of listening over speaking.
 6. Ask participants what advice sounds like -- what words are used when a person is giving advice?
 7. Write comments on flip chart.
 8. Compare participants' list with the *Giving Advice* list on flip chart.
 9. Present *Steps to Sharing Information* using flip chart.
 10. Remind participants that clients make their own decisions and we should present information to help them rather than suggestions/advice.
 11. Introduce the idea of examining one's feelings as a necessary part of communicating clearly.
 12. Ask participants why they think it is important to learn to express him or her self. Write their responses on flip chart.
 13. Ask participants how they know when they are expressing their feelings.

COMMUNICATION TECHNIQUES: EXPRESSING YOURSELF

► TRAINING TIP

- Emphasize what someone wants when s/he comes to see you.
- Where is the power when you give advice versus information?
- Implementing “I feel” statements is very hard in real life.

14. Demonstrate how using the word “feel” does not always represent a person’s feelings. Show how “feel” is often used to express opinions and judgments using *Feelings vs. Opinions and Judgments* on flip chart.
15. Explain that if “I think” can be substituted for “I feel” then it is not a feeling. Tell them to look for blame in the statement.
16. Ask participants if they have ever been told something that was expressed as an opinion but was actually a judgment.
17. Give examples of sneaky judgments that express an opinion.
18. Give *Expressing Feelings exam* to participants. Ask for a volunteer to read the first example and ask the group whether it is a sentence that expresses feelings or is a sneaky judgment. Discuss as a group. ***If the sentence does not reflect a feeling then ask participants to rephrase.*** Repeat for each example.

Summary

Wrap up and hand out *Expressive Humor* handout for a lighthearted look at expressing yourself.

* 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.

COMMUNICATION TECHNIQUES: EXPRESSING YOURSELF

SESSION HANDOUT #1 of 7

EXPRESSING YOURSELF ROLE PLAY

(The client, Tina, has just entered her counselor's office for her weekly session.)

Counselor: Hi, Tina, how are you doing today?

Tina: OK, I guess.

Counselor: Listen, I think we should spend this session discussing your relationship with your daughter. I've noticed that it's a topic you've avoided in the past and I think it's time we dealt with it. How are things going between the two of you?

Tina: Well, things haven't been so great. I feel like she's angry with me for getting sick and I feel guilty because this is something I brought on myself, you know, because of shooting up. So now she goes out all the time with her friends 'til all hours of the morning and I don't feel like I can control her anymore.

Counselor: First of all, you shouldn't feel guilty – guilt is a wasted emotion. And you can't continue to let things get out of control with your daughter – you need to let her know who's boss. You know, when my son was a teenager, he started hanging out with the wrong crowd. I never knew where he was at night and then I found out he was ditching school. I knew I had to put my foot down fast or I might lose him to the streets. So I gave him a curfew, told him he had to get an after-school job, and said he had to get a B average at school this year – if he failed to meet any of those conditions, I told him I'd pack him off to his grandparents who don't tolerate any nonsense. I'm not going to say it was an easy road, but eventually I was able to get him back on the right path. If it worked for me, I'm sure it can work for you and your daughter.

Tina: I just don't know if it will work the same way with us -- I feel like I've lost all authority over her.

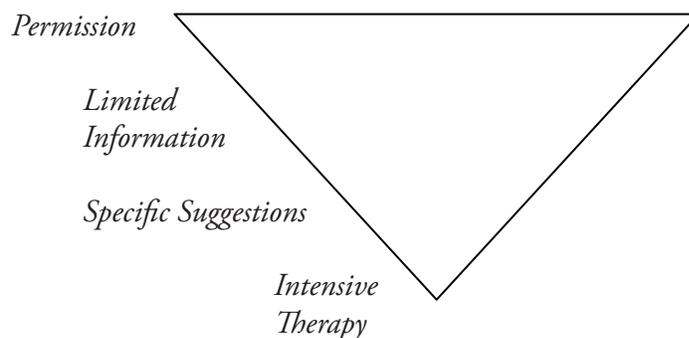
Counselor: You have to commit yourself to establishing authority or the situation will only get worse. If you do what I'm telling you, things will turn out alright.

COMMUNICATION TECHNIQUES: EXPRESSING YOURSELF

SESSION HANDOUT #2 of 7

THE PLISSIT MODEL

The PLISSIT Model is one which may be used by counselors to typify the needs of the client.



Permission

Most people want one thing, and one thing only: Permission. Permission to feel their feelings and to express them without being judged. They do **not** want:

- To be given advice or to be told what to do
- To hear how the counselor handled a similar problem
- To have the counselor read them a passage from a medical textbook
- To be told not to worry
- To be told that they shouldn't or should feel angry, confused, scared...

In fact, they don't want to hear much from the counselor at all: counseling is primarily about listening, not talking.

Limited Information

Fewer people ask for information. Limited information means that the conversation is directed by the client and his or her need for information, rather than being governed by the counselor's and proceed to other, often-difficult questions.

COMMUNICATION TECHNIQUES: EXPRESSING YOURSELF

SESSION HANDOUT #2 of 7 (cont.)

THE PLISSIT MODEL (CONT.)

Specific Suggestions

Still fewer people need specific suggestions. Suggestions are not the same as advice: although suggestions may come out of the counselor's personal and professional experience, the suggestions themselves are tailored to the individual client's needs rather than the needs of the counselor. Suggestions are almost always questions ("Could you..?" "Would it work if you..?") and specific suggestions break down in proposed action into workable parts (to visit a doctor a person may need to ask for the afternoon off from the boss, negotiate the absence with co-workers, figure out which subway to ride, etc.)

Intensive Therapy

Some people need intensive therapy, which is beyond the scope of this work. When the client's concerns cannot be effectively addressed in a brief conversation, counselors may ask the client what his or her feelings are about therapy and may refer the client to a qualified therapist.

COMMUNICATION TECHNIQUES: EXPRESSING YOURSELF

SESSION HANDOUT #3 of 7

GIVING ADVICE

“You should...”

“You ought to...”

“Why don’t you....”

“You should have...”

“Why didn’t you....”

“You shouldn’t have...”

COMMUNICATION TECHNIQUES: EXPRESSING YOURSELF

SESSION HANDOUT #4 of 7

STEPS TO SHARING INFORMATION

Offering Information

Deciding How Much Information to Offer

Making Suggestions

Discussing Options

COMMUNICATION TECHNIQUES: EXPRESSING YOURSELF

SESSION HANDOUT #5 of 7

FEELINGS VS. OPINIONS AND JUDGMENTS

Expressing a feeling:

“I feel...”

Expressing an opinion or judgment:

“I feel that...”

“I feel like...”

“I feel I/you/he/she/it...”

If you can replace “I feel” with “I think” then it is an opinion!

Examples:

I feel stressed when I come home and I find dirty dishes in the sink from the morning.

I feel pressured when I don't have time to think about my schedule before you make plans for our weekend.

COMMUNICATION TECHNIQUES: EXPRESSING YOURSELF

SESSION HANDOUT #6 of 7

EXPRESSING FEELINGS SAMPLES

1. I was really hurt that you didn't come to Jan's baby shower.
2. I feel you gave me a bad evaluation without spending time looking at my work
3. I am really ticked off that you are cross-talking with your friends during the group.
4. (To your teenager) I'm feeling really exhausted and cranky after a long day, and I wonder if we could talk about raising your allowance after dinner.
5. I feel taken advantage of when I end up paying for our lunches because you don't bring cash.
6. (To your co-worker) I'm frustrated and angry that you left the supply cabinet unlocked again and the VCR is missing.

COMMUNICATION TECHNIQUES: EXPRESSING YOURSELF

SESSION HANDOUT #7 of 7

EXPRESSIVE HUMOR

These are actual quotes from insurance company accident reports:

“An invisible car came out of nowhere, struck my vehicle, and vanished.”

“I was on the way to the doctor with rear-end trouble when my universal joint gave way, causing me to have an accident.”

“The pedestrian had no idea which direction to go, so I ran over him.”

“I collided with a stationary (sic) truck coming the other way.”

“I pulled away from the side of the road, glanced at my mother-in-law, and headed over the embankment.”

“I had been driving my car for 40 years when I fell asleep at the wheel and had an accident.”

“I thought my window was down, but I found out it was up when I put my hand through it.”

“My car was legally parked as it backed into the other vehicle.”

“In my attempt to kill a fly, I drove into a telephone pole.”

NONVERBAL COMMUNICATION*

▶ ABOUT THIS ACTIVITY

- 🕒 **Time:** 45 minutes
- ➔ **Objectives:** By the end of this session, participants will be able to:
 - Recognize and understand the various aspects of nonverbal communication.
- ★ **Training Methods:** Brainstorm, Large Group Activity
- ✓ **In This Activity You Will...**
 - Define non-verbal communication (10 minutes).
 - Demonstrate non-verbal communication cues (10 minutes).
 - Lead activity to demonstrate feelings without words, similar to charades (15 minutes).
 - Summarize in a large group the impact of non-verbal communication (10 minutes).
- ✂ **Materials:**
 - Power Point Slides (optional)
 - “Feelings” Activity Cards
- ✂ **Preparation:**
 - Prepare “Feelings” Activity Cards
 - Print/cut each feeling onto its own piece of paper and place in an envelope.

Instructions

1. Lead a discussion using the following discussion questions making sure to cover the talking points listed with the questions.
 - a. What are some examples of nonverbal communication?

Nonverbal communication may include hand gestures, facial expressions, posture, remaining silent, etc.
 - b. Are nonverbal messages stronger when used with verbal messages?

Reading nonverbal communication cues provides clues to what a person is feeling and often tells us what is most important to him.

Nonverbal messages can enhance the sender’s message making it easier to understand as well as illuminate incongruence if the verbal message doesn’t match the body language.
 - c. Do you tend to trust nonverbal messages more than verbal messages? Why?
2. Tell participants they will have the opportunity to practice identifying nonverbal cues. To do this, ask participants to draw one of the Activity Cards: “Feelings”. Without speaking, communicate the feeling or emotion on the card to the rest of the group. Have one participant at time get up in front of the group. For larger groups divide into smaller groups to make sure every participant gets the opportunity to do this activity.

Summary

Discuss as a closing:

- How can recognizing nonverbal communication cues help you in your role as a peer educator?
- Why is it important for a peer educator to be mindful of his own non verbals when interacting with someone.

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

NONVERBAL COMMUNICATION

SESSION HANDOUT

ACTIVITY CARDS

Worried	Exhausted	Excited
Happy	Angry	Shy
Disappointed	Afraid	Rejected
Hysterical	Nervous	Relieved
Intimidated	Defeated	

NONVERBAL COMMUNICATION

SESSION POWERPOINT



Non-Verbal Communication



Communication

- **What is non-verbal communication?**

Non-verbal communication is sending and receiving wordless messages. Such messages can be communicated through hand movement, posture, facial expression and eye contact.



Non-Verbal Communication

What's the difference?

- Verbal communication
- Non-verbal communication

What is your opinion?

- Do *non-verbal* messages always match *verbal* messages?
- How do we know?
- What do we look for?

Do you tend to depend on *verbal* messages more than *non-verbal* messages?

Activity

RESPONDING TO CONFLICT: WHAT DO WE DO?*

▶ ABOUT THIS ACTIVITY

🕒 **Time:** 95 minutes

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

- Describe the six conflict resolution styles.
- Identify their own ways of dealing with conflict.
- Discuss how different conflict styles can lead to different results.

★ **Training Methods:** Dramatic Reading, Brainstorm, Small Group Activity, Large Group Discussion

✓ **In This Activity You Will...**

Part A

- Ask participants to read aloud each style.
- Discuss the implications of each style with the class. (15 minutes)
- Ask participants to read the skits and ask the class to identify the conflict resolution style that is being used. (15 minutes)

Part B

- Ask participants to describe a recent conflict and then to use the earlier discussion to figure out which style was used and how you might improve the outcome the next time. (30 minutes)

(continued next page)

Instructions

Part A

1. Explain that the purpose of this session is to introduce different styles of dealing with conflict. Remind participants that we are discussing conflict situations at work not regular conversation.
2. Distribute the handout Six Conflict Resolution Styles and review the definition of each style. Explain that one style is not necessarily better than the others. The point is to realize that there are different methods of dealing with conflict and to realize that we can choose the method that is right for the situation.
3. Distribute the handout Conflict Styles Skits. Ask for volunteers to do a dramatic reading of each script. After each reading, ask participants to identify the conflict style being demonstrated. Remind participants to focus on the language to determine the style.
4. When participants have finished their readings, discuss the following questions:
 - Do people talk and listen differently depending on the conflict style they are using?
 - In each style, who has the power and how does he or she use it?
 - How can different conflict styles lead to different results?
 - If you really want to resolve a problem, what are the key points that will help you get there?
5. Ask participants to brainstorm some of the advantages and disadvantages of each style. Which styles do they see most often at work? Why do they think co-workers and clients choose these styles?

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

RESPONDING TO CONFLICT: WHAT DO WE DO?

ABOUT THIS ACTIVITY (CONT.)

✓ In This Activity You Will...(cont.)

Part C

- Ask participants in triads to read one conflict situation and to discuss the best and worst way to handle the situation. (20 minutes)
- Report back to the larger group. (15 minutes)

✂ Materials:

- Flipchart - Six Conflict Resolution Styles
- Flipchart- Conflict Discussion Questions
- Handout - Six Conflict Resolution Styles
- Handout - Conflict Styles Skits
- Handout- Conflict Cards (6 sets)
- Trainer Guide - Conflict Styles Skits
- Newsprint - Recent Conflict discussion questions

🕒 Preparation:

- Prepare flipchart
- Prepare handouts
- Focus on “resolution” part of the conflict

Part B

6. Divide the participants into groups of three each. Within each group, give participants 20 minutes to discuss the following topics from the flipchart:
 - Describe a recent conflict situation in which you were involved; the conflict can be personal or professional.
 - Briefly describe how you handled the situation. What conflict style did you use? What are examples of your behaviors that indicate this style?
 - What conflict style(s) might you employ that would help you to better resolve the conflict situation?
7. Ask tables to report on one of the situations from their discussion to the larger group and discuss the conflict styles further. This should take about 10 minutes.

Part C

8. Keep the class in groups of three. Distribute one set of Conflict Cards to each group. Ask the three participants in each group to take turns picking a card and reading it out loud. For each Conflict Card, ask the participant to decide which conflict style would be most effective in dealing with this conflict, and which style would be least effective. Ask them to share the reasons for their choices. The trainer may want to assign cards to each table to reduce the time spent choosing.
9. After each participant has had a turn, ask the group to choose one more example. For each example, ask them to discuss what outcomes might result from using each of the six different conflict styles. Ask the group to agree on the most effective and the least effective conflict style to use in each case. Give students about seven minutes for this discussion. Each group can report and justify their choices.

RESPONDING TO CONFLICT: WHAT DO WE DO?

▶ TRAINER'S TIPS

Part A:

- For each scenario ask participants what are the results that you want? Does the style prioritize task or relationship?
- Discuss the distinction between personal and private conflict resolution styles – relationship is very important to maintain.

Part B:

- Tell groups not to spend too much time on the story itself but to quickly summarize the situation and discussion.
- May need to spend extra time on the distinction between compromise and collaboration.

Part C:

- Trainees may spend too much time picking a scenario so it helps to assign them (i.e. 1st 3 for group A, etc).

Summary

- If time permits, close exercise by having a “go-round:” participants take turns responding to the statement, “The next time I have a conflict with someone, I would like to...” A participant can opt to pass when it’s his or her turn to speak. After everyone has spoken, you can go back to those who passed to see if they have thought of something they want to contribute.
- **Wrap up the session.**

Sources: Conflict Resolution in the High School by Carol Miller Lieber with Linda Lantieri and Tom Roderick, 1998 and The Conflict Resolution Training Program by Prudence Bowman Kestner and Larry Ray, 2002

* 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.

RESPONDING TO CONFLICT: WHAT DO WE DO?

SESSION HANDOUT #1 of 3

SIX CONFLICT RESOLUTION STYLES

Directing/Controlling

“My way or hit the highway.”

We do not, cannot, or will not bargain or give in. At times we are standing up for our rights and deeply held beliefs. It can also mean pursuing what we want at the expense of another person. We may also be caught in a power struggle and not see a way to negotiate to get what we want.

Collaborating

“Let’s sit down and work this out.”

We work with others to find mutually satisfying ways to get all of our needs met. We are interested in finding solutions and in maintaining or even improving the relationship. Other people involved are seen as partners rather than adversaries.

Compromising

“Let’s both give a little” or “Something is better than nothing.”

We seek the middle ground. Each party gives up something for a solution that may satisfy our needs only partially.

Accommodating

“Whatever you want is fine” or “It doesn’t matter anyway.”

We yield to another’s point of view, meeting the other person’s needs while denying our own. We may give in to smooth the relationship, or to get our way another time.

Avoiding/Denying

“Let’s skip it” or “Problem? I don’t see a problem.”

We do not address the conflict and withdraw from the situation or behave as though the situation were not happening. We leave it to others to deal with.

Appealing to a Greater Authority or a Third Party

“Help me out here.”

We turn to others whom we perceive as having more power, influence, authority, or wisdom to solve the conflict.

RESPONDING TO CONFLICT: WHAT DO WE DO?

SESSION HANDOUT #2 of 3

CONFLICT STYLES SKITS

Skit # 1

Alex and Jamie are working on a part of a grant proposal that is due tomorrow. Alex has his part ready, but Jamie has arrived at their meeting empty-handed.

Alex: I knew this would happen! You never get stuff in on time. I should have known I couldn't count on you.

Jamie: Look, there's still this afternoon. I can work late if I have to.

Alex: This afternoon? This afternoon is too late! You can't just wait until the last minute. I told you that before. You're so irresponsible.

Jamie: Alex, just listen. I have an outline in my head; I just need to put it all on paper.

Alex: You don't have any idea how to do this proposal. I'd rather do the whole thing myself!

Jamie: Oh, right – how will that make me look? You'd better think twice about edging me out.

Alex: Oh, yeah? Why would I want to work with someone who's bringing me down?

Jamie: Bringing you down? How about all the times I helped you out?

Alex: Oh, please. The kind of help you give I don't need.

Jamie: Maybe you'd better not say things you'll regret later.

Alex: Oh, forget it.

Skit #2

Members of the Holiday Party Planning Committee are meeting to plan next month's employee party.

Sondra: Look, we've just spent an hour arguing about a band. No one likes the same kind of music.

Aimee: I don't think we've looked hard enough.

Thomas: Sure we have. We've gotten at least ten suggestions.

Joanne: Well, it looks to me like we're not going to agree. Why don't we hire a DJ who will play different kinds of music?

Sondra: I guess that would work, but people really wanted a live band.

Thomas: We're running out of time and we've got other decisions to make. Let's just go with a DJ, okay?

Others: Okay, alright...

RESPONDING TO CONFLICT: WHAT DO WE DO?

SESSION HANDOUT #2 of 3 (cont.)

CONFLICT STYLES SKITS (CONT.)

Skit #3

Carmen walks past Peter in the hallway.

- Peter:** Look at those legs! Hey, you all, clear the way so she can strut her stuff!
- Carmen:** Just because I have a skirt on doesn't give you the right to make a public announcement.
- Peter:** Hey, you're doing the advertising, not me.
- Carmen:** Look, I've asked you before to stop hassling me, and you just keep at it. I want to go to Human Resources about this.
- Peter:** Aw, give me a break. You make such a big deal about everything.
- Carmen:** I'm serious, it really bothers me. And I know for a fact I'm not the only one. I've talked to Sherrie and Kendra and...
- Peter:** Alright, alright. If you want to go to HR, fine. I'll be happy to tell my side of the story.

Skit #4

Lee and Dana are meeting to plan for their organization's monthly seminar on "Emerging Issues in HIV."

- Dana:** So what do you think this month's topic should be? I'm really interested in getting someone in to speak about crystal meth.
- Lee:** That feels played out to me – the topic's gotten so much attention lately. I think we should focus on something that hasn't been addressed as much, like HIV in the elderly.
- Dana:** Well, we don't have many elderly people coming in to our agency – I really don't see it as being as relevant for us as the crystal epidemic.
- Lee:** We may have only a few elderly clients now, but I believe it's the tip of the iceberg. We really need to learn more about their issues so that our agency can be inviting to them and able to deal with them effectively when they do start coming in.
- Dana:** Well, I guess we can do the elderly this month. But I really do want to address the crystal meth issue in one of our upcoming seminars – I have more and more clients coming in who are hooked in to the "Party 'n Play" scene.
- Lee:** It's a deal. So do you know anyone who's an expert in HIV in the elderly?

RESPONDING TO CONFLICT: WHAT DO WE DO?

SESSION HANDOUT #2 of 3 (cont.)

CONFLICT STYLES SKITS (CONT.)

Skit #5

In the women's bathroom:

- Selma:** Did you hear what Alma said about Susan? She said that Susan only got her promotion because she was sleeping with the boss.
- Sharon:** What a load of crap! Susan is a good friend of mine and I know her husband and family very well. Susan got the promotion because she works hard and she does a great job. That rumor is pure fantasy on Alma's part – she's just jealous because she wasn't even considered for the position.
- Selma:** Well, a lot of people are starting to repeat the rumor and they seem to really believe it. Do you think you should tell Susan? I mean, since she's your good friend and all. I sure would want someone to do that for me.
- Sharon:** Hey, I'm not messing with this. The whole thing is just a stupid rumor. I'm staying out of it.

Skit #6

Louise has just walked into the office she shares with Dara.

- Louise:** Dara, it's freezing in here. It's snowing outside and you've got the air conditioner on!
- Dara:** If I didn't put the air on, I'd suffocate. The way the heat blasts out of this radiator, I'm being roasted alive.
- Louise:** Well, I don't know how you can be so hot – I have to wear my coat and gloves in here – are you going through menopause or something?
- Dara:** Very funny, I'm younger than you. Look skinny bones, you must be cold all the time because you don't have any body fat to generate any heat.
- Louise:** Look, it's obvious we're experiencing 2 different climates in here; maybe we could just turn the radiator down.
- Dara:** I tried that, but I can't even reach it – my desk is blocking it.
- Louise:** Hmm, you know we could try moving this furniture around. If we got the building staff to move your desk over by the window, you could get away from that radiator blasting heat out at you.
- Dara:** I thought this office furniture was nailed down. If I did move my desk, that would uncover the radiator so that we would actually be able to regulate the heat for the first time. But what about your desk? If I was over by the window, we'd be right on top of each other.
- Louise:** I can move my desk to the opposite corner, I don't mind.
- Dara:** Great, let's do it. I'll call building services right now and see how soon they can come up.

RESPONDING TO CONFLICT: WHAT DO WE DO?

SESSION HANDOUT #3 of 3

CONFLICT CARDS

<p>Someone you work with is making fun of another co-worker. You're angry because this co-worker does this stuff all the time.</p>	<p>Your co-worker tells you she has a family emergency and has to leave work early. She has asked you to secretly punch her time card at 5:00.</p>
<p>Your co-worker is always borrowing your office supplies and never returns them.</p>	<p>As you are talking to friends, someone passes by and stops. She thinks you just insulted her.</p>
<p>Your co-worker says he is stressed out and has asked you to help him with his work. This is the third time this has happened.</p>	<p>Your boss is always criticizing you. Your work never seems to be good enough.</p>
<p>You think your boss has been unfair in your yearly evaluation. Your evaluations are never as good as you think they should be.</p>	<p>You and two co-workers have spent 20 minutes arguing about who is responsible for covering Saturday's clinic shift. You've had enough.</p>
<p>The same co-worker wants to start an argument with you again! You know you will both end up yelling at each other.</p>	<p>Your boss is very upset. You were supposed to come in early to help her prepare for a big meeting and you forgot.</p>

RESPONDING TO CONFLICT: WHAT DO WE DO?

SESSION FLIPCHART #1 of 2

SIX CONFLICT RESOLUTION STYLES

Directing/Controlling

“My way or hit the highway.”

Collaborating

“Let’s sit down and work this out.”

Compromising

“Let’s both give a little” or “Something is better than nothing.”

Accommodating

“Whatever you want is fine” or “It doesn’t matter anyway.”

Avoiding/Denying

“Let’s skip it” or “Problem? I don’t see a problem.”

Appealing to a Greater Authority or a Third Party

“Help me out here.”

RESPONDING TO CONFLICT: WHAT DO WE DO?

SESSION FLIPCHART #2 of 2

RECENT CONFLICT DISCUSSION QUESTIONS

Describe a recent conflict situation in which you were involved; the conflict can be personal or professional.

Briefly describe how you handled the situation. What conflict style did you use? What are examples of your behaviors that indicate this style?

What conflict style(s) might you employ that would help you to better resolve the conflict situation?

RESPONDING TO CONFLICT: WHAT DO WE DO?

SESSION TRAINER'S GUIDE

CONFLICT STYLES SKITS

- 1 = Direct/Controlling
- 2 = Accomodating
- 3 = Appealing to a Higher Authority
- 4 = Compromising
- 5 = Avoiding/Denying
- 6 = Collaborating

VERBAL COMMUNICATION*

▶ ABOUT THIS ACTIVITY

🕒 **Time:** 60 minutes

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

- Comprehend the basic concepts of communication.
- Recognize their own styles of interpersonal communication.
- Understand how style of interpersonal communication affects their role as a peer educator.
- Understand the differences between aggressive, passive, passive aggressive and assertive communication styles.

★ **Training Methods:** Brainstorm, Large Group Activity and Discussion, Role Play

✓ **In This Activity You Will...**

- Lead a brainstorming activity about the definition of communication (10 minutes).
- Model good communication vs. poor communication and ask group to identify differences (5 minutes).
- Describe the different styles of communication (10 minutes).
- Role play assertive communication (5 minutes).
- Ask participants to get into pairs, assign scenario and role play assertive style of communication (25 minutes).
- Lead a full group discussion to summarize (5 minutes).

(continued next page)

Instructions

Section 1 – What is communication and why is it important?

1. Ask the group to brainstorm “What is communication?”
2. Reinforce correct comments and make a list of participant responses on newsprint.
3. Emphasize that communication has several components. Talk about the three parts listed below and call attention to parallels with the group’s responses to the previous question: What is communication?

Some key concepts of communication are:

Sender – One who extends the message

Receiver – One who receives the message

Message – What is being sent (verb or non-verbal)

4. Once participants understand the first 3 concepts of communication, say the following words of greetings to the entire class. Some blank faces will reflect that participants do not understand as well as some participants may respond.
 - a. Bonjour! (French, hello)
 - b. Guten tag! (GOOTEN TOCK) (German, good day)
 - c. Hola! (Spanish, hello)
 - d. Ni hao! (NEE-HOW) (Chinese, hello)
 - e. Jambo! (like MAMBO) (Swahili, hello)
5. Ask participants, “What is missing?” The objective of asking this question is to reinforce that in order for messages to become communication it is essential that there is understanding.

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

VERBAL COMMUNICATION

ABOUT THIS ACTIVITY (CONT.)

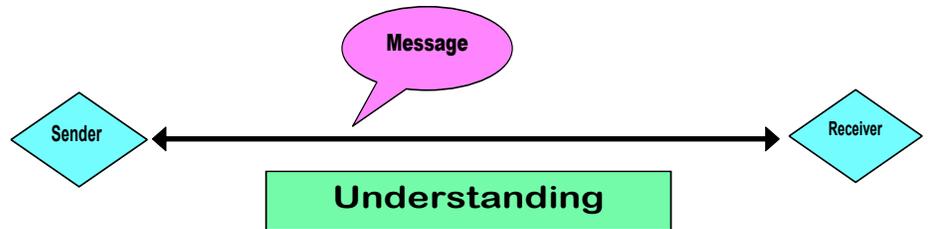
✂ Materials:

- Power Point Slides
- Newsprint
- Pencils/Pens
- Markers
- Handout - Communication Role Play Worksheet (cut role plays into strips for activity)

✂ Preparation:

- Print handouts and cut role plays into strips.

6. **To reinforce:** Draw the diagram below on a flip chart and state that to have proper communication you must have a sender, receiver, message and, most importantly, understanding.



Also relate that understanding is important when the peer educator communicates with clients as well as when clients to communicate with their doctors, nurses, and others on their multi-disciplinary team.

Understanding is essential otherwise the interaction is not considered communication.

Communication can be described as an understood message between a sender and receiver.

Section Two – What are the communication styles and is there a difference?

1. Ask the group the questions below. After each question allow the group to share their ideas. There are no right or wrong answers. Stay neutral and with a non-judgmental attitude. Then share the meaning of the terms with the group.
 - a. *What does it mean to be passive in what you say to and do with others?*

Being passive means repressing the emotions, feelings, and thoughts that we have even if by doing so we feel uncomfortable and unhappy with ourselves. Passive responders tend to act out the role of victim, making those around them feel guilty or frustrated.

VERBAL COMMUNICATION

Note: Facilitator should demonstrate some passive communication styles that include no eye contact, low volume, hunched over body posture, etc. Thus, the demonstration will reinforce the above definition.

b. *What does it mean to be **aggressive** in what you say to and do with others?*

Being **aggressive** means interacting with others without respect for their rights and/or feelings. Emphasize that aggressive communication can be direct and indirect. Aggressiveness may be direct, and may involve physical or verbal assault. Indirect aggressiveness is a way of expressing anger in an unclear manner, which usually leaves others feeling nervous, guilty, or frustrated. Indirect aggressors use hostility and indifference at the same time that they say everything is fine.

c. *What does it mean to be **passive aggressive** in what you say and do with others?*

Being **passive aggressive** means displaying behavior in which feelings of aggression are expressed in passive ways as, for example, by stubbornness, sullenness, procrastination, or intentional inefficiency. It is a defensive mechanism and, more often than not, only partly conscious. For example, people who are passive-aggressive might take so long to get ready for a party they do not wish to attend, that the party is nearly over by the time they arrive.

d. *What does it mean to be **assertive** in what you say and do with others?*

Being **assertive** means expressing what we want or believe in and is an important part of clear communication. If we say what we want or feel

and explain why we have chosen a certain decision or action, we can reduce the probability of being misunderstood.

2. **Role play:** Facilitators: demonstrate one or more of the communication styles listed above, always starting with assertive first. The idea here is to demonstrate the “good” behavior before demonstrating “poor” behavior.

3. Ask the group the following question:

What difference did you see between the two?

4. **Optional Activity:** If time allows, or if participants want to do it on their own, let them volunteer to role-play the communication types above, using the Communication Role Plays worksheet.

- Review activity objectives to reinforce what participants will gain from this activity.
- Divide participants into pairs. Assign a situation from the Communication Role Plays sheet to each group.
- In their small groups, have participants read the situation and decide together which response belongs to the categories listed (assertive, passive, aggressive or passive aggressive).
- Tell participants to refer to the definitions on their sheet if they need help.
- Once participants have identified each communication style for their scenario, ask them to choose on style and role play the response.
- Remind participants that doing a role play is much like acting in a play, so they are to pretend to be the person in the scenario.

VERBAL COMMUNICATION



I learned ways to make myself more efficient as a peer educator. Ways to ask the right types of questions to make the information I need from a client acquirable...I learned that there are other ways to ask questions to someone in a way that is loving and caring, to be open, because everyone is different, my way is not always correct and people have different opinions.

A Graduate of Duke
Peer Training



- Allow 3-4 minutes to accomplish this and review as a large group.
- Remind participants that they are no longer in role.
- Facilitate group discussion by asking the following questions.

What do you think?

What was effective?

What could be improved?

How is this different from the assertive example?

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.

VERBAL COMMUNICATION

SESSION HANDOUT

COMMUNICATION ROLE PLAYS

Being assertive means expressing what we want or believe in and is an important part of clear communication.

Being passive means repressing the emotions, feelings, and thoughts that we have even if by doing so we feel uncomfortable and unhappy with ourselves.

Being aggressive means interacting with others without respect for their rights and/or feelings.

Being passive aggressive means displaying behavior in which feelings of aggression are expressed in passive ways as, for example, by stubbornness, sullenness, procrastination, or intentional inefficiency.

1. You are at a department store and you are waiting in line when another customer walks past you and asks to get checked out since she is running late. The young woman behind the counter goes ahead and helps her in spite of the fact that you were next in line. What do you do or say?

Make the statement, "Well, I guess she is late so go ahead and help her."	
You push yourself to the counter and demand to get help. "I've been waiting for the last 5 minutes, you self-proclaimed diva -wait your turn!"	
Tell the young lady behind the counter "Excuse me, maybe you did not notice, but I would appreciate if you help me since I was next in line."	
Say nothing, but sigh loudly and give the woman irritated looks.	

VERBAL COMMUNICATION

SESSION HANDOUT (cont.)

COMMUNICATION ROLE PLAYS (CONT.)

Being assertive means expressing what we want or believe in and is an important part of clear communication.

Being passive means repressing the emotions, feelings, and thoughts that we have even if by doing so we feel uncomfortable and unhappy with ourselves.

Being aggressive means interacting with others without respect for their rights and/or feelings.

Being passive aggressive means displaying behavior in which feelings of aggression are expressed in passive ways as, for example, by stubbornness, sullenness, procrastination, or intentional inefficiency.

2. You are at a party and everyone is drinking or getting high. Generally you prefer to enjoy a casual drink but you don't drink to excess. You have already done three alcohol shots on this particular evening and since this is your limit you don't want to drink any more. Dave, however, wants you to keep "partying." What do you say or do?

"I'll have another drink, but if something happens to me it's your fault."	
"Hey you jerk, stop bothering me. You know I don't want to drink anymore."	
"Dave, I know you want to keep partying and we can still dance and have fun, but I would feel more comfortable if I stop drinking. I have to drive home later and it wouldn't be responsible for me to drink anymore."	
"Since you are my good friend, let's go ahead and have one more, but only one."	

VERBAL COMMUNICATION

SESSION HANDOUT (cont.)

COMMUNICATION ROLE PLAYS (CONT.)

Being assertive means expressing what we want or believe in and is an important part of clear communication.

Being passive means repressing the emotions, feelings, and thoughts that we have even if by doing so we feel uncomfortable and unhappy with ourselves.

Being aggressive means interacting with others without respect for their rights and/or feelings.

Being passive aggressive means displaying behavior in which feelings of aggression are expressed in passive ways as, for example, by stubbornness, sullenness, procrastination, or intentional inefficiency.

3. On the job, your fellow co-worker keeps asking you to do some of her work and in the past you have often helped. You are starting to feel mistreated, however, and would like her to start pulling her own weight. What do you do or say?

"Ana, I'm flattered that you think I am competent to do this work, however, helping you all the time has got me feeling overloaded. In the future I would appreciate it if you try doing it yourself or ask someone else."	
Take Ana's extra work from her, but procrastinate and do not complete it so that her deadlines don't get met. She eventually stops asking you for help.	
"I know you don't know what to do with this extra work, Ana. I might be able to squeeze some of it in and help you out."	
"Ana, I am going to go to our boss and let her know what a lazy employee you are and tell her that you never do any or your work."	

VERBAL COMMUNICATION

SESSION HANDOUT (cont.)

COMMUNICATION ROLE PLAYS (CONT.)

Being assertive means expressing what we want or believe in and is an important part of clear communication.

Being passive means repressing the emotions, feelings, and thoughts that we have even if by doing so we feel uncomfortable and unhappy with ourselves.

Being aggressive means interacting with others without respect for their rights and/or feelings.

Being passive aggressive means displaying behavior in which feelings of aggression are expressed in passive ways as, for example, by stubbornness, sullenness, procrastination, or intentional inefficiency.

4. After a wonderful date with Mark you go back to his place. You start kissing and touching all over. You care about him but only want to have sex if it's with a condom. He insists that he likes it natural and just wants to feel you because he cares about you so much. What do you do or say?

"Mark, I guess since you say you care about me and we have gone out a several times it's ok to do it natural."	
"Mark, I care about you too and because I care about our relationship, I think we should use a condom."	
"You always say you care and that's great but no glove no love. I am sick and tired of you always making me feel uncomfortable."	
"Oh, great idea, genius."	

COUNSELING EXERCISE*

▶ ABOUT THIS ACTIVITY

 **Time:** 35 minutes

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

- Explain three counseling skills.
- Discuss two ways that clients may react upon termination of the counseling relationship.

 **Training Method:** Small Group Activity

 **In This Activity You Will...**

- Direct each group to take one of the concepts discussed during the session and to illustrate it by cutting out magazine pictures/words and making a collage style poster (20 minutes).
- Present the posters and have each group explain their concepts (15 minutes).

 **Materials:**

- Newsprint
- Markers
- 10 magazines
- 10 pairs of scissors
- 10 glue sticks

 **Preparation:** None

Instructions

Note: This is a good exercise to use *after* you have discussed counseling techniques, such as Listening, Individual Counseling Skills, De-escalation, Termination and Boundaries.

1. Introduce the activity by explaining that the large group will break into 4-5 small groups. Each group will create a collage that represents a specific counseling technique.
2. Assign each work group one of the following counseling topics:
 - Elements of Counseling
 - Individual Counseling Skills
 - De-escalation
 - Termination
 - Boundaries (if need a 5th topic)
3. Tell participants that they are going to review the information on counseling covered previously by describing the essential elements of their counseling topic to the rest of the class. However, instead of just listing the essential elements and describing them back to the class, they will be looking through magazines to find and cut out images and/or words that represent these elements. They will then glue the magazine clippings to newsprint and use that sheet to review for the class the essential elements of their topic.
4. Pass out magazines, newsprint, glue sticks, and scissors and give participants 15 minutes to come up with their review presentations. Ask the participants to focus more on the images rather than the words. Walk around the room to make sure the groups are on the right track.
5. After all groups have finished creating their presentations, have each group review their topic for the rest of the class. Help the groups to elaborate on any elements they may not have adequately addressed.

Summary

Congratulate the groups for their thoughtfulness and creativity.

* 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.

ADVOCATING WITH PROVIDERS*

▶ ABOUT THIS ACTIVITY

 **Time:** 35 minutes

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

- Describe problems clients have with their healthcare providers.
- Describe ways peers can help their clients advocate for themselves with their health care providers.

 **Training Methods:** Brainstorm, large group discussion

 **In This Activity You Will...**

- Ask participants to brainstorm a list of difficulties in communicating with providers for themselves or for clients. (5 minutes)
- Divide up the list and ask the groups to come up with solutions. (20 minutes)
- Discuss the solutions. (10 minutes)

 **Materials:**

- Flip chart
- Markers
- Handout –Working with Healthcare Providers
- Handout – Health Care Providers Don't Receive Any More Training
- Handout – Solutions to Dealing with Physicians or Health Care Providers
- Cheat Sheet - Problems Clients May Have with Physicians or Health Care Providers

 **Preparation:**

- Prepare handouts

Instructions

1. Introduce this session on patient advocacy. Ask participants what advocacy means to them.
2. Acknowledge that advocacy can take several forms, but that it is basically about speaking up in order to make positive change happen. In today's session, we'll be focusing on helping our clients to advocate for themselves with their doctors and other health care providers. Remind participants that these skills are also useful for them.
3. Brainstorm: What problems do you or your clients have with your doctors or other health care professionals? On flip chart paper, record participants' responses. Refer to Working with Health Care Providers if needed.
4. Next, ask participants to brainstorm possible solutions to each problem they came up with. Designate a fresh flip chart page for each "problem" and record participant responses. (Some "problems" that came up during the brainstorm may be similar and can be grouped together on the "solutions" sheets.)
5. Distribute handout and review any items that have not been discussed.
6. Ask if participants can see how they would use any of the suggestions, and if so, which ones.
7. Hand out a list of suggestions developed by AIDS Community Research Initiative of America's (ACRIA) on how HIV infected patients can advocate for themselves with their health care providers. Acknowledge that most, if not all, of these have already come up in today's discussion.

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

ADVOCATING WITH PROVIDERS

► TRAINING TIP

Link the concept of advocating with providers to other areas where peers need the same skills such as assisting clients that they work with and when working on a multidisciplinary team. Also draw a link with their personal lives. Acknowledge that this is difficult for every one and that these suggestions might need to be implemented gradually

Summary

Wrap up session.

Sources: The Chronic Disease Self-Management Workshop: Leaders Manual, Stanford University, 1999 and AIDS Community Research Initiative of America (ACRIA) Update, Winter 2004/05

* 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.

ADVOCATING WITH PROVIDERS

SESSION HANDOUT # 1 of 3

WORKING WITH HEALTH CARE PROVIDERS

So – What's the First Step?

- Get involved with your care!

Educate Yourself

- Through treatment newsletters.
- Through the internet
Learn how to use the internet and find places where you can go online – your AIDS service organization, the library, etc.
- Get subscriptions to treatment magazines and newsletters – most are free!
- Go to your local AIDS service organization and talk to the treatment specialist or enroll in a treatment education program.
- Talk to other HIV-positive people who are going through some of the same things that you are.

What to Think About when Choosing a Doctor or Other Health Care Provider

- Does the provider have at least two years of HIV experience?
- Do they keep up to date? Do they read journals, attend conferences and seminars, and receive other HIV-related medical education?
- Is the provider sensitive to your particular issues – drug use, gender, sexual orientation, religious or spiritual beliefs?

It's Your First Visit – Bring Your Medical History

- If you can get your records from your previous provider, it makes things easier.
- You have a legal right to copies of all your medical records.
- Keep a copy of all your records.

Take Some Time Before Seeing the Provider

- Make a list of everything you'd like to ask about. This way, you won't forget the important things or the little things that have been bugging you.
- You probably won't get the chance to ask everything, but think of it as a wish list.

ADVOCATING WITH PROVIDERS

SESSION HANDOUT # 1 of 3 (cont.)

WORKING WITH HEALTH CARE PROVIDERS (CONT.)

- Check off five things that you really want to ask about, so that you're sure to get to them. Things like:
 1. New symptoms or recent sicknesses you may have had.
 2. Medicines, natural or over-the-counter remedies, or vitamins you are taking
 3. Any life changes, like changes in your diet, where you are living, your job, or how busy or active you have been.
 4. Let your provider know about any emergency room visits.
 5. Questions you have about your medicines or new medicines you have heard about.

Stop Your Provider the Moment You Don't Understand Something

- Lots of times, things snowball – the provider starts saying something and you are not really sure what it's about. But you're a nice person, so you nod, and the provider keeps talking, and suddenly you realize that you really don't know what they're talking about at all.

Take Notes

- If you find it hard to listen or hear what your provider says (and who doesn't?), bring paper and pen to write things down.
- Keep notes of the important points of your visit.
- You can bring a friend or family member to help you remember what the healthcare provider said. You can even bring a tape recorder (although the tape recorder might make the provider nervous).
- Ask your provider to write treatments or instructions down on paper.

Ask About Your Medicines

- What is the name and purpose of the medicine?
- Will there be any interactions with any other medicines you are taking?
- What is the dosage of the drug and how often should it be taken?
- Are there any foods you have to take with the medicines?
- What are the possible side effects? And how can you deal with them if you get them?
- Is there written material about the drug that you can take home with you?

ADVOCATING WITH PROVIDERS

SESSION HANDOUT # 1 of 3 (cont.)

WORKING WITH HEALTH CARE PROVIDERS (CONT.)

Communication Skills/Conflict Resolution

- **Open Up:** Don't feel embarrassed about bringing up sensitive health issues. If your provider makes you feel uncomfortable when you discuss your lifestyle or a particular issue, you may need to find another provider.
- **Be Honest:** Don't be tempted to tell your providers what they want to hear – for example, that you are taking your medications regularly and in the correct way when you're really not.

What to Do When Your Provider Isn't Available

- If your doctor isn't in when you call, you can often get help from the nurse, physician's assistant (PA), or someone else who works there. That's one reason why it's good to know the names of everyone on the medical team.
- If it's a serious problem and you must speak with your doctor, be clear that you will be waiting for a return call – and be sure to be available at the number that you leave.

Source: AIDS Community Research Initiative of America (ACRIA) Update, Winter 2004/05 – Vol. 14, No. 1

ADVOCATING WITH PROVIDERS

SESSION HANDOUT # 2 of 3

HEALTH CARE PROVIDERS DON'T RECEIVE ANY MORE TRAINING THAN THE REST OF US IN HOW TO BE HUMAN BEINGS

- Some are kind, some aren't so smart, some are malicious, and some are really great people.
- They may be nervous and hate that they sometimes don't really know what to do.
- They hate that they don't have a cure to offer you.
- They rarely try to cause harm.
- They're often overwhelmed, but rarely admit it. They carry their arrogance mostly to protect themselves, not to hurt you.
- As in any other relationship, calling them on their stuff can sometimes help communication.
- If it's not working, move on if you can!
- Never forget that the healthcare provider works for you. It's your body, your health, your blood tests, your HIV. You are paying the provider's rent for her every time you walk in the door.

ADVOCATING WITH PROVIDERS

SESSION HANDOUT # 3 of 3

SOLUTIONS TO DEALING WITH PHYSICIANS OR HEALTH CARE PROVIDERS

Ask questions especially for jargon/ technical terms

Be comfortable

Don't be embarrassed

Follow-up

Resources – 101 and websites

There are no stupid questions

Non- medical solutions to side effects

Need to respect peer knowledge/pay attention to peer

Use other resources/references

Document and keep copies

Tell them to use accessible language

Don't talk down

Ask provider to give more information instead of just a prescription

Explain the benefits versus risks of medications and procedures

Communicate with other providers

Provide more information about toxic medications

View peers as individuals

Make self heard and ask why

Listen

Realize consequences

Go to same-sex physician if you prefer

Be truthful/blunt and to the point

ADVOCATING WITH PROVIDERS

SESSION TRAINER CHEAT SHEET

PROBLEMS CLIENTS MAY HAVE WITH PHYSICIANS OR HEALTH CARE PROVIDERS

Speaking to doctors about side effects and damages

Doctors may not pay attention to the role of a peer worker

Uncomfortable speaking about sexual issues

Not enough time

Compatibility with patient they are working with

Dealing with over-worked physicians

Different language/jargon/technical terms

Not getting respect

COMMUNICATING EFFECTIVELY WITH PROVIDERS*

▶ ABOUT THIS ACTIVITY

🕒 **Time:** 30 minutes

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

- Demonstrate helpful and unhelpful ways to build rapport with your health care provider.
- Discuss strategies for better (more satisfying) appointments with the provider.
- Learn who the health care team is.

★ **Training Methods:** Brainstorm, Large Group Discussion, Role Play, Skills Practice

✓ **In This Activity You Will...**

- Brainstorm how to prepare for a doctor's visit and what questions to ask about medications (8 minutes)
- Lead a discussion about viral load and CD4 count (2 minutes)
- Conduct a role play of an encounter between a patient and a doctor and debrief (10 minutes)
- Facilitate the process of two participants conducting a role play and debrief (10 minutes)

✂ **Materials:**

- Props- hats, white coat, stethoscope, clipboard, bag, scarf, etc.
- Handout – Preparing for A Visit to Your Provider
- Handout – Questions About Medications
- Handout – Patient Rights

(continued next page)

Instructions

1. This activity is a group brainstorm about what you need to do to prepare for a visit with your provider. Ask the group the following question:

What are some things that we can do to prepare and be ready for a visit with our provider?

2. Place responses on the flipchart. Possible answers include:

- Educate yourself – read magazines, brochures, internet
- Keep a journal or calendar of symptoms.
- Be prepared to describe side effects including symptoms.
- Bring medications in a bag or have them on a list.
- Bring a friend.
- Bring a list of questions.
- Bring food and something to stay busy.

These suggestions are some of the ways to help us have better communication with our HIV provider.

3. As patients, we all have the right to ask questions and get answers. Be honest with your provider and have a dialogue with him or her. Your relationship with your health care provider(s) affects your health and well-being. One important part of communicating with your providers is knowing and asking about your medications. If your health care provider prescribes medicines, what questions can you ask?

4. Responses may include:

- Why has this medicine been prescribed?
- How should I take it?
- Are there any special storage requirements?
- Should I take it with food or without?

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

COMMUNICATING EFFECTIVELY WITH PROVIDERS

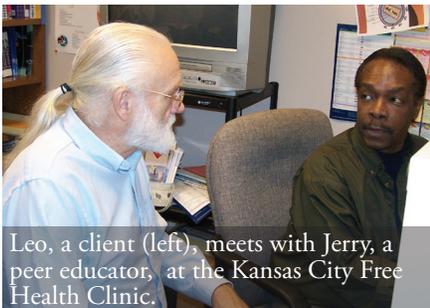
ABOUT THIS ACTIVITY (CONT.)

✂ Materials (cont.):

- Handout – Patient Responsibilities
- Handout-Role Play #1
- Handout-Role Play #2
- Role play character instructions and scenarios (one for each role in skits)
- Flipchart

🚫 Preparation:

- Print handouts
- Prepare role play character instructions and scenarios (one for each role in skits)
- Identify participants to volunteer for the role play.



Leo, a client (left), meets with Jerry, a peer educator, at the Kansas City Free Health Clinic.

I went with Leo to a couple of his appointments to help talk with the doctor. We went through his lab values and picked out some that he can monitor. We set up a spreadsheet that he brings with him to his appointments now so the doctor can see exactly what information he's looking for.

Jerry, peer educator at Kansas City Free Health Clinic

- Will this medicine make me feel worse?
 - What are the side effects of this medicine?
 - How many and how often should I take this?
 - What do I do if I forget a dose?
 - Are there any alternatives?
 - How long will I have to take this?
 - Will this new medicine interact in a bad way with any other medicine I may be taking?
5. Discuss responses and provide the group with Handouts #1 and #2 so they can use them as peer educator resources.
 6. Lead a discussion about viral load and CD4 count. Inform the participants that their CD4 cell count should be high and their viral load should be low. Ask participants if they have questions about viral load and CD4 count.
 7. Introduce and set up the role-plays. A trainer and participant will act out the first role-play: the trainer will be the provider and one of the participants will be the patient. Co-trainer will assist the participant to get into the role and will serve as the narrator. Use props.
 8. Refer to Handout# 5 for Role Play 1. After the role play, ask the group the following question:

Now, do you think this was a good meeting between the provider and the patient? If yes, why? If not, why not?

Responses may include:

- The patient didn't appear to understand t-cells or viral load.
 - The patient didn't really seem to be ready to start therapy but didn't reveal this to the provider.
9. Next, ask the group what the patient could have done to improve that meeting. Answers include:
 - Educated self
 - Asked questions
 - Used eye contact

COMMUNICATING EFFECTIVELY WITH PROVIDERS

► KEY POINT

We also have a responsibility to ask our provider who the health care team is. The health care team can include: your doctor or physician's assistant or nurse practitioner, your "blood drawer" or phlebotomist, your clinic nurse, your social worker, your case manager, your chaplain, a specialist to whom you have been referred, and perhaps others. It is important to ask the question of your provider in order that you are not later surprised to learn that others know about your HIV infection.

10. Have two participants volunteer to be the patient and provider in the next role-play (Handout# 6). Give the participants 5 minutes to review the role-play with trainer.

11. Ask the group to answer the following questions:

*Was this a good meeting between provider and patient?
If no, why not? If yes, why?*

Some responses may include:

- The patient got a better understanding of t-cells and viral load.
- Even though the patient still wasn't sure about starting therapy, s/he discussed this with the provider and made a plan to get more information through the peer educator and then re-visit the issue at the next provider meeting.
- The patient was honest with the provider.
- The patient understood s/he had the right to refuse until getting more information.

12. Thank the participants for playing along.

Summary

Wrap up with key points:

- It is important to take charge of your own health care.
- It is important to know what information to share with your provider.
- It is important to know what questions to ask your doctor.
- It is important to know your rights and responsibilities as a patient.
- It is important to know how to be a partner with your provider.
- It is important to know that you can ask for a follow-up appointment to get all of your questions answered.

*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.

COMMUNICATING EFFECTIVELY WITH PROVIDERS

SESSION HANDOUT #1 of 6

HOW TO PREPARE A VISIT WITH YOUR PROVIDER

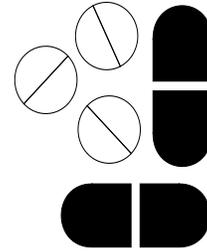
1. Keep a journal or calendar of symptoms.
2. Be prepared to describe side effects including symptoms.
3. Bring medications in a bag or have on a list.
4. Bring a friend.
5. Bring a list of questions.
6. Bring food and something to stay busy.

COMMUNICATING EFFECTIVELY WITH PROVIDERS

SESSION HANDOUT #2 of 6

IF YOUR HEALTHCARE PROVIDER PRESCRIBES MEDICINES, ASK THE FOLLOWING:

1. Why has this medicine been prescribed?
2. How should I take it?
3. Are there any special storage requirements?
4. Should I take it with food or without?
5. Will this medicine make me feel worse?
6. What are the side effects?
7. How many and how often should I take this?
8. What do I do if I forget a dose?
9. Are there any alternatives?
10. How long will I have to take this?
11. Will this new medicine interact in a bad way with any other medicine I may be taking?



COMMUNICATING EFFECTIVELY WITH PROVIDERS

SESSION HANDOUT #3 of 6

HIV PATIENT BILL OF RIGHTS

1. The person with HIV has the right to considerate and respectful care regardless of race, ethnicity, national origin, religion, age, sexual orientation, gender or payment source.
2. The person with HIV has the right to, and is encouraged to, obtain current and understandable information concerning diagnosis, treatment and prognosis.
3. The person with HIV has the right to know the identity of the physician, nurses and others involved in his/her care, including those who are students, residents or other trainees.
4. The person with HIV has the right to work with the physician or nurse in establishing their plan of care, including the refusal of a recommended treatment, without the fear of reprisal or discrimination.
5. The person living with HIV has the right to privacy.
6. The person living with HIV has the right to expect that all records and communication are treated as confidential except in the case of abuse.
7. The person living with HIV has the right to review his/her own medical records and request copies of them.
8. The person living with HIV has the right to expect that an advance directive (such as a living will, health care power of attorney) will be honored by the medical staff.
9. The person living with HIV has the right to receive timely notice and explanation of changes in fees or billing practices.
10. The person living with HIV has the right to expect an appropriate amount of time during their medical visit to discuss their concerns and questions.
11. The person living with HIV has the right to expect that his/her medical caregivers will follow universal precautions.

COMMUNICATING EFFECTIVELY WITH PROVIDERS

SESSION HANDOUT #3 of 6 (cont.)

HIV PATIENT BILL OF RIGHTS (CONT.)

12. The person living with HIV has the right to voice his/her concerns, complaints and questions about care and expect a timely response.
13. The person living with HIV has the right to expect that the medical caregivers will give the necessary health services to the best of their ability. If a transfer of care is recommended, he/she should be informed of the benefits and alternatives.
14. The person living with HIV has the right to know the relationships his/her medical caregivers have with outside parties (such as health care providers or insurers) that may influence treatment and care.
15. The person living with HIV has the right to be told of realistic care alternatives when the current treatment is no longer working.
16. The person living with HIV has the right to expect reasonable assistance to overcome language (including limited English proficiency), cultural, physical or communication barriers.
17. The person living with HIV has the right to avoid lengthy delays in seeing medical providers; when delays occur, he/she should expect an explanation of why they occurred and, if appropriate, an apology.

COMMUNICATING EFFECTIVELY WITH PROVIDERS

SESSION HANDOUT #4 of 6

AS A PATIENT, YOU HAVE THE RESPONSIBILITY TO...

1. Provide your medical caregivers with accurate and complete information, and convey your understanding about what is expected of you in regard to your treatment. If you believe you cannot follow through with your treatment, let them know.
2. Meet your financial obligations as promptly as possible.
3. Be considerate of the rights of other patients and medical personnel in the control of noise and respect of property at your appointments or in the hospital.
4. Recognize the reality of risks and limits of the science of medical care and the human fallibility of the health care professional.
5. Be aware of the health care provider's obligation to be reasonably efficient and equitable in providing care to other patients and the community.
6. Become knowledgeable about your health care plan.
7. Report wrongdoing and fraud to appropriate resources or legal authorities.
8. Keep appointments and notify the clinic if unable to do so.
9. Inform the clinic of the existence of, and any changes to, advance directives.
10. Notify the clinic of changes in your condition or care situation.

COMMUNICATING EFFECTIVELY WITH PROVIDERS

SESSION HANDOUT #5 of 6

ROLE PLAY 1

Narrator: The following is a discussion between a patient and his/her provider. It will be quite obvious by the response and body language of the patient that s/he is really unaware of what the provider is talking about; yet, the patient will not admit this to the provider. Trainers will use props to distinguish the patient from the provider.

Provider: Well, as I said earlier, I think it's time to start you on medications. Your t-cell counts are at 300 and your viral load is up at 50,000. How do you feel about starting meds at this time?

Patient: Okay...

Provider: Are you sure you're okay with this, you sound a little anxious.

Patient: No, it's okay I guess, if you think I need to.

Provider: Well, let's start with this combination of medicines and see how it goes. If you should start having any side effects such as high fever or rash, let me know as soon as possible.

Patient: High fever or rash okay, I will ... I'll let you know.

Provider: I'll see you back in about a month to see how it's going and to check on your liver. Any questions?

Patient: No, I don't think so.

The patient leaves, saying to herself/himself: T-cells and viral load...wonder what he meant by that? And if this stuff is going to cause me to have a fever and a rash, I don't know if I want to take it. Plus he said something about my liver. I feel fine right now, I don't know about taking this stuff.

COMMUNICATING EFFECTIVELY WITH PROVIDERS

SESSION HANDOUT #6 of 6

ROLE PLAY 2

Narrator: Now let's take another look at a conversation between a provider and patient. This patient is more empowered and has a better understanding of the provider/patient relationship. This patient understands that s/he has rights and responsibilities. These rights ensure that s/he is working together with the provider to maintain the best of health.

Provider: Well, as I said earlier, I think it's time to start you on medications. Your t-cell counts are down at 300 and your viral load is up at 50,000. How do you feel about starting meds at this time?

Patient: To tell the truth, I'm not really sure. Can I ask you a couple of questions first? I wrote them down so I would remember.

Provider: Sure, what is it I can help you with?

Patient: Well, I know you told me this before but I'm still not sure if my t-cells are supposed to be down and viral load up or is it the other way around. I still get confused.

Provider: I understand. It confuses a lot of people. We like to see your t-cells up because it is a measure of how well your immune system is doing, and the viral load we want to be down because viral load is the amount of virus in the body.

Provider: I think there's someone in our office that can help you understand all these terms better, if you'd be interested in meeting with him/her, I can refer you to our peer educator for more information. But do you understand a little better now?

Patient: Yes, I think I would like to meet with the person you're talking about. But I have another question. Why do you think I should start meds now, I'm feeling just fine and I heard those meds can sometimes make you feel bad.

Provider: Well, the reason I think we should start now is because we want to keep your immune system strong. Remember we want to keep those t-cells up and we want to get that viral load down. The medicine will help make that happen if you take it correctly. Yes, you may feel bad at first and experience some side effects but those should go away once your body has adjusted to the meds.

Patient: I heard about side effects. They can make you feel really bad. I'm still not sure I'm ready to do the medicine thing. Can I talk to this counselor or educator you were talking about for more information before I make a decision? I really don't think I'm ready to do this medicine thing right now.

COMMUNICATING EFFECTIVELY WITH PROVIDERS

SESSION HANDOUT #6 of 6 (cont.)

ROLE PLAY 2 (CONT.)

Provider: I understand, it is a very important decision to make and we want you to be sure you're ready to start these medicines. We will need you to do your best to take these medicines exactly as prescribed in order for them to work. I'll make contact with the peer educator and s/he will give you a call to set up a time to meet with you and discuss your concerns. Then, you and I will talk again in a couple of weeks; is that okay with you? Let's be sure to set your return appointment before you leave today.

Patient: Yes: Dr. I would feel much better doing it that way first. This way I'll get all the information I need before starting these medicines. I appreciate your understanding.

COMMUNICATING HEALTH INFORMATION*

▶ ABOUT THIS ACTIVITY

🕒 **Time:** 90 minutes

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

- Define health literacy.
- Describe ways to improve patient understanding.
- Translate medical jargon into simple, everyday language.
- Describe the “teach-back” or “show me” approach to patient education.

★ **Training Methods:** Role Play, Large Group Activity, Dyad Activity, Skills Practice

✓ **In This Activity You Will...**

- Perform contrasting role plays on health education to highlight effective and ineffective health communication skills. (30 minutes)
- Discuss the concept of literacy and health literacy. (10 minutes)
- Ask participants to do a group exercise to translate medical terms/ jargon into everyday language. (20 minutes)
- Break group into pairs to practice effective communication techniques through role plays. (30 minutes)

(continued next page)

Instructions

1. Introduce the session on Communicating Health Information. Tell participants that the facilitators will be conducting a role play in front of the class and ask them to take note of how effectively the “peer” provided health education to the “client.”
2. Conduct “Bad Role Play” in front of participants – do it standing. When it is over, ask for feedback on things the “peer” did well and areas for improvement (use Key Points). If participants do not bring up the issue of health literacy, the facilitator(s) should do so, referring to the Health Literacy handout.
3. Ask participants to read Health Literacy paragraph by paragraph, asking for volunteers.
4. After processing the first role play, introduce 2nd role play and ask participants to note ways that the “peer” tries to more effectively educate client; acknowledge that there may still be room for improvement and let participants know that you welcome their suggestions.
5. Conduct Good Role Play in front of participants – do it sitting side by side. When it is over, ask for feedback on things the “peer” did well and areas for improvement (use Key Points).
6. Wrap up processing by asking participants if they have any suggestions from their own experience in improving patient/client education.
7. Break up into three smaller groups. Tell participants that even though we are all aware of the need to speak to our clients in simple language, we sometimes accidentally slip medical jargon into our speech. Pass out a Jargon-Busting Worksheet to all participants and ask them to work with their groups to translate the medical terms on the sheet into simple, everyday language.

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

COMMUNICATING HEALTH INFORMATION

ABOUT THIS ACTIVITY (CONT.)

Materials:

- Handout- Bad Role Play
- Handout- Good Role Play
- Handout - Patient-Provider Communication Challenges
- Handout - Health Literacy
- Handout - Jargon-Busting Worksheet
- Handout - Role plays
- Markers
- Flip chart paper

Preparation:

- Prepare flipcharts and handouts
- Partially cut participant role plays so they can separate them once handed out

8. Remind participants to use very few syllables and describe each item in 10 words or less. Give the groups 10 minutes to work on their sheets.
9. When groups are finished with their sheets, ask them for the translations they came up with. Do all 3 definitions at once for a particular word. Ask participants to keep these simpler terms in mind the next time they meet with clients.
10. Break participants into dyads; tell them that they will take turns being “peer” and “client” and hand out the first set of role plays to each dyad. Tell participants that these are descriptions of the person – they should make up the conversation.
11. Tell participants that they will be giving feedback after this exercise and that they should try to find something to compliment as well as offering some advice or suggestions, if appropriate.
12. Tell participants to keep in mind the following effective communication techniques:
 - KISS (Keep it short and simple)
 - Slow down
 - Avoid medical jargon
 - Think about using pictures to explain concepts
 - Confirm understanding with the “teach-back” or “show me” technique
 - Ask open-ended questions
 - Encourage client to ask questions
13. Make sure to give very clear instructions. Give participants 10 minutes for the first role play.
14. At the end of 10 minutes, ask “clients” to take a few minutes to give feedback to their “peers” on how well they communicated health information. Then go around the room and ask for feedback from the various dyads.

For clients: What techniques did the peer use that helped you to understand the information?

COMMUNICATING HEALTH INFORMATION

► TRAINING TIP

Remind participants that communication is 7% verbal, 38% tone, and 55% visual.

For peers: What techniques helped you to assure that the client understood the information? What were the challenges in communicating health information to this client?

15. Hand out the second set of role plays and have dyad members switch their roles.
16. Process the role plays as before.
17. Hand out Patient-Provider Communication Challenges and review with participants.

Summary

Wrap up session by asking participants what they learned about the way they communicate with clients and which techniques, if any, they plan on applying in the future.

* 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.

COMMUNICATING HEALTH INFORMATION

SESSION HANDOUT #1 of 6

BAD ROLE PLAY

(Client enters peer's office)

Peer: Hi Tara, how are you doing?

Client: Hi, Bill. Well, I just filled my prescription at the pharmacy downstairs; this time I'm serious about taking all of my meds.

Peer: That's great. You know you need to take your regimen as prescribed by your PCP.

Client: The only thing is I get confused by how much medicine to take and which ones you have to take on any empty stomach and which ones you have to take with food.

Peer: Well, the instructions should be written on the bottle. Do you have any of your meds with you so we can check that?

Client: Yeah.

Peer: Well, check on one of the bottles to see what the instructions say.

Client: (Pulls out bottle and looks at it.) I didn't bring my glasses with me today, so I can't see it so well.

Peer: Let me see it – oh, yeah, it's right here. It says you need to take this one with food. If you follow the directions, exactly as they're written on the bottles, you should do OK.

Client: I'm really going to try to take them all every day – but does it really matter if I take it with or without food? I have a pretty strong stomach.

Peer: Yes, it really does make a difference. (Talking fast) It's all about pharmacokinetics. Your body absorbs and metabolizes different drugs in different ways and each has a different half-life -- if ARVs are not taken correctly, the metabolism of the drug can be accelerated, lowering bloodstream levels to below the threshold required to manage the virus. This can increase viral loads, prompting the onset of resistance. On the other hand, strict adherence to ART can suppress replication of the virus and reduce the viral load where it is undetectable in some patients.

So do you understand now why it's important to take the meds just as the PCP indicated?

COMMUNICATING HEALTH INFORMATION

SESSION HANDOUT #1 of 6 (cont.)

BAD ROLE PLAY (CONT.)

Client: (Nods head yes.)

Peer: Great. So all your meds bottles have instructions on how they are to be taken. Follow those instructions strictly. For example, this one is 2 tab PO bid. And here is some more information on adherence.

(Hands him pamphlets). Did you have any more questions?

Client: (Looking confused) No.

Peer: OK, then, I'll see you next week.

Key Points for Processing – Bad Role Play

- Uses too much jargon
- Should KISS: Keep it Simple and Short
- Talks too fast
- Does not pick up on the possibility that client may have low health literacy when he claims not to be able to read the bottle instructions because he forgot his glasses (refer to “Low Health Literacy” overhead/flip chart)
- Relies only on written and verbal communication; doesn't use any visual aids to help client understand
- People learn in different ways. Is the client a verbal or visual learner or a combination of the two?
- Talks “at” the client; communication would be improved if he were to assess what client already knows and then fill in gaps
- Needs to explain “Why” not just “What”
- Asks close-ended questions: “Do you understand?”
- Should use the “teach back” approach to confirm understanding
- Asking patient to repeat information or instructions in his own words
- Provider can begin by saying, “I want to make sure I explained this clearly.”
- Gives provider a chance to correct any misunderstandings by saying, “You start and I'll fill in any missing details.”

COMMUNICATING HEALTH INFORMATION

SESSION HANDOUT #2 of 6

GOOD ROLE PLAY

(Client enters peer's office)

Peer: Hi Tara, I'm your peer and I'm going to be working with you. How are you doing?

Client: Hi, Bill. Well, I just filled my prescription at the pharmacy downstairs; this time I'm serious about taking all of my meds.

Peer: That's great. We talked before about how you sometimes forgot to take your meds when you got real busy - what plan do you have to help you remember when things get crazy?

Client: Well, I'm going to use that pill box, like we talked about before. But I get confused about how much medicine to take and which ones you have to take on any empty stomach and which ones you have to take with food.

Peer: The different dosages and the way you have to take the medicines can be challenging for a lot of people and I'm glad you brought that up – it is something we can work on together. Did you bring the meds here with you today? We can look at the instructions on the bottle together to see how you are supposed to take each medicine.

Client: Yeah, I have them right here.

Peer: OK, let's look at this bottle of drug name – what do the instructions say?

Client: (Pulls out bottle and looks at it) I didn't bring my glasses with me today, so I can't see it so well.

Peer: You know, we have a system that's been pretty effective with other clients in helping them to manage their meds – it's called a sticker chart. Let's work with that today. (Pulls out sticker chart to show client).

Client: Yeah, that sounds good, but I don't really understand what difference it makes whether I take the meds with or without food. Maybe some other people get an upset stomach with the meds, but really I've got an iron gut.

Peer: There are actually some really important reasons why some meds should be taken with food and others on an empty stomach. But why don't you tell me what you understand about how these HIV drugs work to make you better?

Client: Umm, I guess they go into your body and fight the HIV – is that right? But I'm not exactly sure how.

COMMUNICATING HEALTH INFORMATION

SESSION HANDOUT #2 of 6 (cont.)

GOOD ROLE PLAY (CONT.)

Peer: Yes, you are correct. HIV Medicines go into your blood to slow down the virus in your body. Some medicines work better if taken with food. Others are better on an empty stomach.

In our last session, we talked about how HIV spreads itself throughout the body by multiplying. HIV drugs do not kill the virus, they slow down the virus. Skipping doses is not good because each dose you skip allows the virus to increase in your bloodstream. The more HIV multiplies, the greater the chances are that the drugs will not work, and you may develop resistance.

Because I want to make sure that I explained this clearly, can you tell me, in your own words, why it is important to take the medicines exactly as the doctor prescribed them?

Client: It seems like you have to have enough of the drug in your blood in order to fight the virus. And some drugs get in the blood better if you have food in your stomach, but other drugs get in your system better if you have no food in your stomach. If you don't take the medicines right, you won't have enough of the drug in your body to kill HIV and you can develop resistance, which means that the drugs might not work for you and the HIV virus will grow and multiply.

Peer: Yes, you are right about how you are supposed to take the medicines and also that you can develop resistance if you don't take them as the doctor prescribed. The only thing that I wasn't clear enough about was that the drugs don't actually kill the HIV virus, but if taken correctly, they almost stop it from multiplying. Have you heard of a viral load test?

Client: Yeah.

Peer: Well, the viral load test measures the amount of virus in your blood. If you take anti-HIV drugs the way they're prescribed, the amount of virus in your blood should go down. If your viral load is very low, you probably won't develop any AIDS-related illnesses.

Now, can you tell me how the HIV drugs work on the HIV virus?

Client: They stop the virus from multiplying – almost anyway. And they bring the amount of virus in your blood down so you can be healthier.

Peer: Yes, exactly! Do you have any other questions about how the meds work to fight HIV?

Client: No, I think I pretty much get it.

Peer: OK, let's get back to that sticker chart I was talking about, so we can make sure you understand exactly how to take your meds...

COMMUNICATING HEALTH INFORMATION

SESSION HANDOUT #2 of 6 (cont.)

GOOD ROLE PLAY (CONT.)

Key Points for Processing –Good Role Play

- Uses open-ended questions
- Addresses barriers to adherence and ways to overcome them
- Picks up on possibility of client's low health literacy
- Uses visual “sticker chart” to teach client; de-stigmatizes low health literacy issue by saying that chart has been “pretty effective with other clients...”
- Doesn't talk “at” client; asks what client knows, then fills in the blanks
- Uses teach-back method to confirm client understanding
- When client gets something wrong, peer says “I didn't explain clearly enough;” this technique reduces blame and puts the responsibility for comprehension on the provider
- Speaks in simple language, without jargon

PATIENT-PROVIDER COMMUNICATION CHALLENGES

- 40-80% of medical information is immediately forgotten
- Almost half is remembered incorrectly
- The more information given, the more forgotten
- Speaking information – 17% is retained
- Speaking and pictogram – 84% is retained

COMMUNICATING HEALTH INFORMATION

SESSION HANDOUT #4 of 6

HEALTH LITERACY

What is health literacy?

- The ability to read, understand, and act on health information

How does low health literacy affects a patient's ability to participate in the health care system?

In the U.S.:

- 33% are unable to read basic health care materials
- 42% cannot understand directions for taking medication on an empty stomach
- 26% are not able to understand information on an appointment slip
- 43% do not understand the rights and responsibilities section of a Medicaid application
- 60% do not understand a standard informed consent

Patients with low health literacy are often ashamed to admit they have difficulty understanding information and instructions. To hide the problem, they may:

- Always bring someone with them to their appointments
- Say they forgot their glasses when asked to complete a form
- Watch and copy others' actions

In a recent study of health literacy among HIV positive patients, those with lower health literacy:

- Had lower CD4 cell counts
- Had higher viral loads
- Were less likely to be taking HIV medications
- Reported a greater number of hospitalizations
- Reported poorer health.

What can you do to improve patient understanding?

- Limit the amount of information provided at each visit
- Slow down
- Avoid medical or technical jargon
- Explain necessary terms
- Use pictures or models to explain important concepts
- Assure understanding with the “teach-back” or “show-me” technique
- Encourage patients to ask questions
- Read aloud to patient

COMMUNICATING HEALTH INFORMATION

SESSION HANDOUT #5 of 6

JARGON-BUSTING WORKSHEET

Jargon	Everyday Language
Resistance	
ART	
CD4	
Viral Load	
Undetectable	
Regimen	
Adverse Reaction	
Immune System	
Antibodies	
Window Period	

COMMUNICATING HEALTH INFORMATION

SESSION HANDOUT #6 of 6

ROLE PLAY #1

Peer: You are a peer educator in a hospital. You are in the middle of an educational session with Jim, a 40 year old man who was recently diagnosed with HIV but who does not have an AIDS diagnosis. Jim has just expressed to you that he believes the test he took shows he has AIDS. You educate him about the difference between HIV and AIDS.

Client: You are a 40 year old man who has just been diagnosed with HIV. You are seeing an HIV peer educator in the hospital and you think that your positive HIV test result means you have AIDS.

COMMUNICATING HEALTH INFORMATION

SESSION HANDOUT #6 of 6 (cont.)

ROLE PLAY #2

Peer: You are a street outreach worker in HIV prevention. You are providing education to Mary, a 21 year old woman, about how HIV is spread.

Client: You are a 21 year old woman who thinks exposure to HIV can be avoided by not having sex with someone who looks sick. You have met a street outreach worker who is providing you with information about HIV transmission.

COMMUNICATION ABOUT RISKS AND SAFER SEX*

▶ ABOUT THIS ACTIVITY

 **Time:** 60 minutes

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

- Demonstrate the importance of communicating clearly with others.
- Assist clients in making and following through with their safer sex decisions.
- Establish a link between effective communication and prevention.

 **Training Methods:** Role Play, Small Group Activity, Skills Practice

 **In This Activity You Will...**

- Explain and organize the role play activity (10 minutes).
- Conduct the role plays (30 minutes).
- Facilitate a discussion about the role plays and communication skills (20 minutes).

 **Materials:**

- Method for breaking people into small groups (play money)
- Handout - Safer Sex Role Play Client Characters (with each scenario on separate strip of paper)
- Flipchart
- Markers
- Masks (optional)—one for each character. These should be cut out and laminated before training.

 **Preparation:**

- Prepare Role Play paper strips

Instructions

1. Explain that this is an exercise to practice discussing safer sex with clients while maintaining a supportive and nonjudgmental attitude. For groups larger than 10, break participants into triads using three different denominations of play money (e.g., \$1; \$5; and \$10). For groups of 10 or fewer, break into pairs.

We're going to do an activity now to practice ways to talk about issues with your peers. What are some topics that could be difficult to talk about with someone? [Some possible answers include: sexual orientation, marital status, relationships, drugs, etc.]

2. Explain that because they will be doing only two role plays, not everyone will have a chance to be in each role. Have the person with the brightest-colored shirt be the counselor; the person with the birthday closest to today's date be the client; and the other person will be the observer. For the second role-play, the observer becomes the counselor; the counselor from the first role play becomes the client and the client becomes the observer.
3. Pass out role-play index cards to the "clients" in each triad, and ask them not to share. Give them five minutes to prepare their roles; then, they can act out the discussion for the group (30 minutes).

The client's job is to play the character on their index card. The counselor's job is to use what s/he has learned in the workshop while counseling the client. The observer's job is to give the counselor honest feedback about strengths and areas for growth. Counselors should take in the feedback without dismissing compliments or making excuses.

4. Allow 10 minutes for each role-play—six minutes to role-play and four minutes for feedback. Cue participants to switch. Trainers should check in with all groups. Also, some groups might need help reading cards, so trainers should be available to assist.

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

COMMUNICATION ABOUT RISKS AND SAFER SEX

► KEY POINT

It is important that peer educators demonstrate non-judgmental communication.

5. After 30 minutes, call group back together and process with the following questions (20 minutes):

- What did you learn about listening?
- What was successful?
- What was difficult?
- What will you do the same way or differently when talking to peers in the future?

Summary

- It is important that peers help clients identify their prevention support needs.
- Communicating effectively is hard work and takes practice.

* 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.

COMMUNICATION ABOUT RISKS AND SAFER SEX

SESSION HANDOUT

SAFER SEX ROLE PLAY CLIENT CHARACTERS

Frita/Freddie Frightened

You are in an abusive relationship.

You have been having unprotected sex, and know your partner is cheating on you. Tell your counselor: “I’m afraid I’ll get hit if I ask my partner to use a condom.”

Teresa/Thomas Too-late-Now

You’ve had unsafe sex a couple of times with your new partner. Tell your counselor that you don’t see why you should have safe sex now—if you are going to catch something you would have already and it’s too late to do anything about it.

Sally/Sammy Sex-Worker

You are a prostitute and sometimes your Johns don’t want to use condoms, or they offer to pay you a lot more to go without. Tell your counselor that you really need the money.

Geraldine/George Go-Down

You are HIV+, heterosexual or bisexual and date a lot.

You’ve had several sexual partners in the last year.

You use condoms for vaginal/anal sex, but not for oral sex. Ask your counselor if s/he thinks that’s okay.

Carlotta/Charles Caught-in-the-Moment

You are currently in non-monogamous relationships with two men. You always have the intention of having safer sex, but you hate the way latex feels.

Sometimes intercourse even hurts with latex whereas it feels fantastic without. Frequently you get caught up in the passion and don’t use a condom for several minutes, or sometimes the whole time. This happens with both partners. Tell your counselor that you’re worried about your risk.

Maria/Martin Mood-Saver

You are a single person who has dated several people in the last year. Sometimes you have unsafe sex because it feels like dragging out the latex will ruin the mood. Tell your counselor that you just don’t like condoms. (Make your counselor ask why.)

TAKING CHARGE: WORKING WITH YOUR DOCTOR*

▶ ABOUT THIS ACTIVITY

- 🕒 **Time:** 30 minutes
- ➔ **Objectives:** By the end of this session, participants will be able to:
 - Understand the roles of provider and patient.
 - Understand how to become an active participant in one's own healthcare.
- ★ **Training Methods:** Large Group Activity, Lecture
- ✓ **In This Activity You Will...**
 - Facilitate activity by distributing cards and giving instruction on activity (10 minutes).
 - Lead a group discussion about the relationship between a provider and a client (10 minutes).
 - Lead a group discussion to summarize (10 minutes).
- ✂ **Materials:**
 - Laminated cards with category headings (Provider Role, Patient Role)
 - Laminated cards with provider and patient roles/responsibilities
 - Masking Tape
- 🚫 **Preparation:**
 - Prepare laminated cards

Instructions

1. Tape category headings (Patient Role, Provider Role) to a wall in the room to form 2 columns.
2. Distribute the role/responsibility cards to each participant until all are handed out.

Laminated Cards for Provider Role include:

- Support patient interests in healthcare
- Be flexible
- Describe both the provider and patient sides of the issue
- Respond medically
- Be available
- Know personal issues
- Respect confidentiality

Laminated Cards for Patient Role include:

- Learn different provider roles
 - Be honest in sharing point of view
 - Choose the type of relationship (traditional vs. partnership)
 - Increase your HIV/AIDS knowledge
 - Be prepared emotionally
 - Be open
 - Prepare a list of concerns
 - Keep appointments
 - Be assertive
 - Take notes
 - Bring a support person
3. Prepare pieces of masking tape that participants will use to attach the laminated provider and patient roles/responsibilities cards to assign to the 2 categories. Let participants know that they should use the masking tape to tape roles/responsibilities to the assigned category.

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

TAKING CHARGE: WORKING WITH YOUR DOCTOR



I have been more assertive and open with my doctors and my case manager.

A Graduate of
a Lotus Training

4. 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.
5. Give participants 5 minutes to tape concepts/phrases under the categories.

Talking Points:

HIV treatment is complicated. Making decisions to begin medications, manage side effects and understand laboratory results requires that the provider and patient are a good match for each other and have a common goal.

What is the Patient role?

- Learn the different roles of your providers-Doctor, Nurse Practitioner, Nurse, Medical Assistant.
- Share your point of view-be honest about your feelings and what is or isn't working for you.
- Choose the type of relationship you want with your provider-Traditional (the doctor leads the treatment and the patient follows) or the Partnership (doctor and patient participate in the decision making process).
- Learn information-increase your knowledge about HIV/AIDS so that you can be an active participant in discussions.
- Be prepared emotionally-sometimes the news shared during a medical visit requires that the doctor be more sensitive or maybe a patient wants the approach to be more direct. Utilize supports because there is only so much a doctor can give.

TAKING CHARGE: WORKING WITH YOUR DOCTOR

- Be open-tell all that is going on with you-eating, sleeping, medication side effects, exercise, partying, smoking, etc.
- Take advantage of your time with the doctor by being prepared with a list of questions, concerns, alternative therapies you want to try, changes to your living situation etc. Bring a copy for your doctor.
- Keep your appointments, be on time, call if delayed.
- Be assertive-get the answers you are searching for, ask questions if you don't understand until you understand.
- Take notes, fact sheets or bring a support person who can take notes and help you understand.

What is the Provider role?

- Support patient's interest in their healthcare-allow the patient to be an active participant by listening to their questions/concerns and the patient will usually do the same. It builds trust.
- Be flexible – Listen openly to what clients have to say about their treatment, questions they have because the disease treatment options are ever evolving.
- Describe both sides of the issue- medical reasoning versus the patient point of view. Support clients in making the right decision even if it may not be what you recommend.
- Respond medically- Monitor patients even if they sometimes do what is not recommended by the

doctor. It is important to not refuse monitoring as it diminishes the relationship.

- Be available to patients- accept new patients, follow schedules.
- Know their patients personal issues- take an interest in their patients outside of management of the disease.
- Confidentiality-ensure that this is respected.

Summary

- Review each heading and matching role/responsibility.
- Ask group if there are any additional roles/responsibilities that they would associate with the headings.
- As you can see it is critical that a patient decides the type of relationship they want with their provider, understand the roles and responsibilities that each play in the relationship and be active participants in achieving the ultimate goal- good health and good 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 Missouri People to People Training Manual, 2008.

CULTURE AND CULTURAL COMPETENCE*

▶ ABOUT THIS ACTIVITY

🕒 **Time:** 60 minutes

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

- Establish a common definition of culture.
- Understand why culture is important.
- Help participants understand what cultural competence is and is not.
- Understand how culture affects health.

★ **Training Methods:** Large Group Discussion, Lecture

✓ **In This Activity You Will...**

- Ask questions to stimulate group discussion (10 minutes).
- Distribute and lead activity “It’s All About ME” (10 minutes).
- Ask participants to share what they wrote on the activity sheet (20 minutes).
- Lead a full group discussion and define culture, cultural competency, cultural knowledge, cultural awareness and cultural sensitivity (15 minutes).
- Summarize in a large group the impact of cultural competency (5 minutes).

(continued next page)

Instructions

1. Open with a series of questions:

- What makes you special?
- Why do you wear your hair as you do?
- Why do you talk with an accent?
- Why do you do things the way you do?
- What are the powerful influences in your life?

It is the impact of your culture that leads us to our next activity on Culture and Cultural Competence.

2. Distribute It’s All About ME Activity Sheet.

3. Allow participants to describe what influences who they are in the spaces provided.

4. Discuss as a group- how what they have written makes them who they are today, topics could include religion, age, race, education, and economic status.

5. Conduct powerpoint presentation.

Talking Points (Powerpoint Slides)

Social Impact

We have discussed why we are who we are, Now let’s talk about how we can plug these things into a broader scope.

- Discuss how outside things can affect who we are. These things shape the way we experience and view the world.
- Have participants give examples (from the slide) of how social identity can impact who we are.

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

CULTURE AND CULTURAL COMPETENCE

ABOUT THIS ACTIVITY (CONT.)

Materials:

- Handout – It's All About ME Activity Sheet
- PowerPoint Slides

Preparation:

- Print handout

What is Culture?

The next two slides will help clarify the different ideas of culture.

Definition: Aspects of life shared in common by a group of people may include:

- values, norms & expectations, attitudes, beliefs
- age, gender, race / ethnicity, sexual orientation
- language, history, geography, customs, rituals
- food, clothing, music, literature, art, religion
- education and literacy, occupation, income, social class and status, leisure activities

Give examples from slides.

What is Culture?

Let look as how culture is a patchwork of influence. We want to continue to discuss how these items affect who we are.

What is Cultural Competence?

Now that we've formed a definition of culture, how would you know if someone is being culturally competent? Competence implies a skill. Part of cultural competence is not being judgmental; being able to adjust. It's learning more about a person's culture from resources and asking them what things mean within their cultural context.

Definition: Having the capacity to work effectively and interact with people from cultures different than our own.

Cultural Competence Differs from...

- **Cultural Knowledge:** to be familiar with selected cultural characteristics, history, values, belief systems, and behaviors of another group.

Example: Knowing that May 5th is important in the Hispanic community but not why.

CULTURE AND CULTURAL COMPETENCE



“

One of the things I learned is to be aware of cultural differences and how those play a part in HIV, how there are differences depending on a person's background.

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

”

- **Cultural Awareness:** a general understanding of what another group is like and how it functions.

Example: Knowing there's a difference and not being critical, ie “eating enough garlic will stop me from getting HIV.”

- **Cultural Sensitivity:** accepting and appreciating the differences that exist between cultures without assigning judgments (good/bad, right/wrong) to those differences. This usually involves internal changes in one's attitudes and values.

Example: Adapting to their circumstances, ie “that may be so in addition to using a condom the correct way every time will greatly reduce the risk.”

Why Is Cultural Competency Important?

As a peer this is vitally important because we want to connect with others in a genuine way. We want to show authenticity (realness), respect, true understanding and to build trust.

Summary

Cultural competence is on-going. It is something that we always strive towards. Within the same ethnic groups there may not be cultural competence. So we have to constantly make ourselves aware of others around us and not be judgmental.

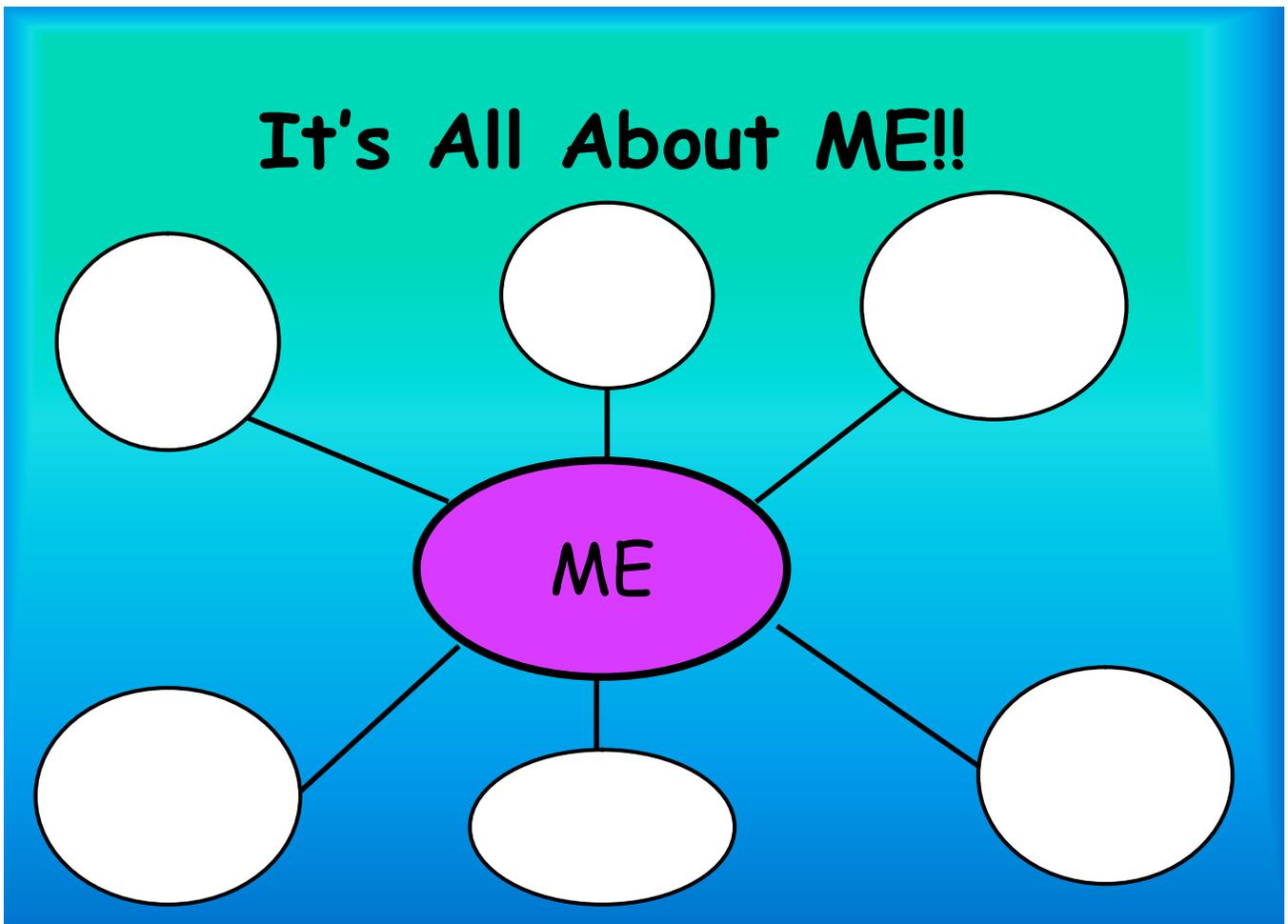
* This module is part of the online toolkit *Building Blocks to Peer Success*. For more information, visit http://www.hdwg.org/peer_center/training_toolkit. This module comes from the Missouri People to People Training Manual, 2008.

CULTURE AND CULTURAL COMPETENCE

SESSION HANDOUT

ACTIVITY SHEET

Describe what influences who you are in the blank circles. Influences could include religion, age, race, education, economic status. Be prepared to share with the group and discuss. How has what you've written in the circles made you who you are today?



CULTURE AND CULTURAL COMPETENCE

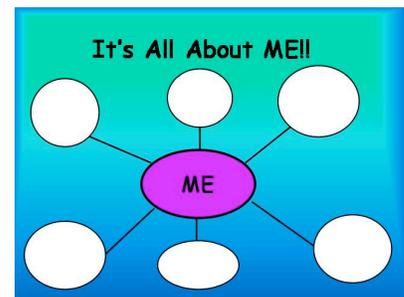
SESSION POWERPOINT



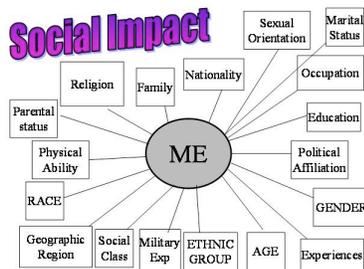
Culture and Cultural Competence: How It Affects What We Do



Activity



Culture

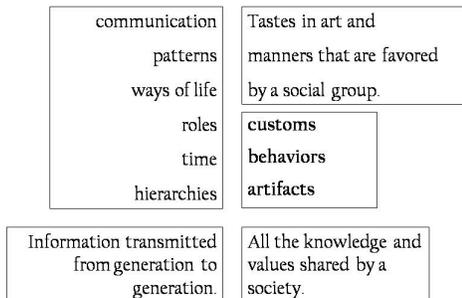


Culture

- What is Culture?
 - Aspects of life shared in common by a group of people, which may include:
 - values, norms & expectations, attitudes, beliefs
 - age, gender, race / ethnicity, sexual orientation
 - language, history, geography, customs, rituals
 - food, clothing, music, literature, art, religion
 - education and literacy, occupation, income, social class and status, leisure activities



What is Culture?



Culture

What is Cultural Competence?

- Having the capacity to work effectively and interact with people from cultures different than our own

CULTURE AND CULTURAL COMPETENCE

SESSION POWERPOINT (cont.)



Culture

Cultural Competence Differs from

- Cultural Knowledge:
 - to be familiar with selected cultural characteristics, history, values, belief systems, and behaviors of another group.
- Cultural Awareness:
 - a general understanding of what another group is like and how it functions.
- Cultural Sensitivity:
 - accepting and appreciating the differences that exist between cultures without assigning judgments (good/bad, right/wrong) to those differences. This usually involves internal changes in one's attitudes and values.



Culture

Why is cultural competency important?

- People come from diverse backgrounds with many different kinds beliefs and practices
- We want to connect with others in a genuine way. We want to show authenticity (realness), respect, true understanding and build trust.

DELIVERING CULTURALLY COMPETENT CARE*

▶ ABOUT THIS ACTIVITY

- 🕒 **Time:** 105 minutes
- ➔ **Objectives:** By the end of this session, participants will be able to:
 - Describe essential ideas about culture and cultural competency.
 - Describe the difference between Cultural Knowledge, Cultural Awareness, Cultural Sensitivity, and Cultural Competency.
- ★ **Training Method:** Large Group Discussion
- ✓ **In This Activity You Will...**
 - Lead a discussion about cultural competency in health care (30 minutes).
 - Work with participants on an exercise about values/customs in other cultures that we like and why (15 minutes).
 - Instruct participants to develop lists of values/customs in other cultures that they are uncomfortable with and why they think that culture developed that value/custom (30 minutes).
 - Lead a group discussion on the items each table has come up with (30 minutes).

(continued next page)

Instructions

1. Introduce session and explain that we will be discussing sensitive issues today and that we would like participants to really work with us. “I am asking you to stretch your brain and to think in new ways.”
2. Conduct discussion of Delivering Cultural Competent Health Care.
 - a. What is culture? (make a list of items on a flipchart)
 - b. Can it change?
 - c. How many cultures can one person belong to?
 - d. Who decides which culture they belong to?
3. With the trainer using handout (How does Cultural Competency differ from Cultural Sensitivity/Awareness?) ask participants how they would define the following terms and discuss each one. Cultural Knowledge, Cultural Awareness, Cultural Sensitivity, Cultural Competency.
4. Ask participants how Cultural Competency is different than Cultural Sensitivity or Awareness.
5. Ask participants what Linguistic Competency is and how it is different than Cultural Competency.
6. Hand out the How does Cultural Competency differ from Cultural Sensitivity/Awareness? handout and review any information that has not already been discussed.
7. Discuss who can be culturally competent. (People and agencies/ organizations)
8. Why is cultural competency important? (There are ongoing differences in health outcomes for different groups and most of

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

DELIVERING CULTURALLY COMPETENT CARE

ABOUT THIS ACTIVITY (CONT.)

Materials:

- Handout – How does Cultural Competency differ from Cultural Sensitivity/Awareness? This can be downloaded from http://cecp.air.org/cultural/Q_howdifferent.htm
- Handout – Self Assessment
- Flip chart and easel
- Markers
- Eraser

Preparation:

- Prepare handouts.

that can be caused by different treatment. It's all about respect. How a client is treated when they walk through the door can determine if they will come back or not)

Summary

- Hand out the Self Assessment and suggest that participants do it when they have a moment.
- 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.

DELIVERING CULTURALLY COMPETENT CARE

SESSION HANDOUT

SELF-ASSESSMENT CHECKLIST

This self-assessment checklist is a tool for self-reflection. It is not intended to be a measure of cultural competence.

This checklist does not have an answer key with correct responses, but it can aid you in identifying specific areas where you may be able to improve your cultural sensitivity.

Directions:

Please select A, B, or C for each item listed below.

- A = Things I do frequently
- B = Things I do occasionally
- C = Things I do rarely or never

Physical Environment, Materials & Resources

_____ I ensure that magazines, brochures, and other printed materials in reception areas are of interest to and reflect the different cultures of individuals and families served by my program or agency.

_____ I ensure that printed information disseminated by my agency or program takes into account the average literacy levels of individuals and families receiving services.

Communication Styles

_____ For clients who speak languages or dialects other than English, I try to learn and use words in their language so that I can communicate with them better.

_____ I try to learn any slang expressions or colloquialisms that my clients use in our conversations.

DELIVERING CULTURALLY COMPETENT CARE

SESSION HANDOUT (cont.)

SELF-ASSESSMENT CHECKLIST (CONT.)

Values & Attitudes

- _____ I try not to expect people to hold the same values that I, my family, and or my culture hold.
- _____ I accept that individuals from different cultural backgrounds may not want to adopt (assimilate to) the dominant culture as much as others.
- _____ I understand and accept that different cultures define family differently (for example, 'family' may include extended family members, fictive kin, godparents).
- _____ I take my clients' age and their family roles into account in my interactions with them (for example, a client may seek the opinions and decisions of the oldest male or female member of the household, or may expect young adult children to continue to live with parents).
- _____ Even though my professional or moral viewpoints may be different than my clients' viewpoints, I accept that they are the ultimate decision makers for services and supports that impact on their lives.
- _____ I recognize that the meaning or value of medical treatment and health education changes from one culture to another.
- _____ Before I visit a client in the home setting, I try to get information on acceptable behaviors, customs, and expectations that are common in that client's culture.
- _____ I look for development and training to increase my knowledge and skills about providing services to culturally, ethnically, racially and linguistically diverse groups.

The items to which you responded "C" indicate areas where there may be room to improve your cultural sensitivity.

Adapted and excerpted from a checklist developed by:

Tawara D. Goode, - Georgetown University Center for Child and Human Development - Adapted from Promoting Cultural and Linguistic Competence and Cultural Diversity in Early Intervention and Early Childhood Settings and Promoting Cultural Competence and Cultural Diversity for Personnel Providing Services and Supports to Children with Special Health Care Needs and their Families - (June,1989; revised 1993, 1996, 1997, 1999, 2000, and 2002).