

# CORE COMPETENCIES: PEER ROLE

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## CORE COMPETENCIES: PEER ROLE PART 1

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This toolkit is separated into general categories in order to allow easy access to the large volume of information being presented. All of the individual modules are made to stand alone and include detailed instructions as well as the time, materials, and preparation needed for each module. When selecting modules for your training, it may be useful to get a synopsis of each module by reviewing the “Objectives” and the “In this activity you will” sections.

**What is a Peer?**

**Workplace Issues**

**Stages of Change**

**Disclosure Adherence Strategies**

CORE COMPETENCIES: PEER ROLE PART 1

## WHAT IS A PEER?

# PEER EDUCATION BASICS\*

## ► ABOUT THIS ACTIVITY

- 🕒 **Time:** 10 minutes
- ➡ **Objectives:** By the end of this session, participants will be able to:
  - Identify the role of peer educators.
- ★ **Training Methods:** Lecture, Brainstorm
- ✓ **In This Activity You Will...**
  - Explain the basics of peer counseling (4 minutes).
  - Use the handout or flip chart to discuss the principles of peer education (6 minutes).
- ✂ **Materials:**
  - Flip chart
  - Handout – Peer Education Basics
- ✍ **Preparation:**
  - Print handout.
  - Write Peer Education Basics on the flip chart.

## Instructions

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

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

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

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

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

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

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

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

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

# PEER EDUCATION BASICS

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

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

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

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

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

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

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

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

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

Responses may include the following:

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

## Summary

Wrap up session with key point:

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

\* This module is part of the online toolkit Building Blocks to Peer Success. For more information, visit [http://www.hdwg.org/peer\\_center/training\\_toolkit](http://www.hdwg.org/peer_center/training_toolkit). This module comes from Duke University, Partners in Caring; Center for Creative Education, 2006.

# PEER EDUCATION BASICS

## SESSION HANDOUT

### PEER EDUCATION BASICS

#### Basic Definition

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

#### Basic Principle

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

#### Basic Philosophy

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

#### Your Goal

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

#### Your Tools

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

# SYMBOL OF PEER ADVOCACY\*

## ► ABOUT THIS ACTIVITY

🕒 **Time:** 40 minutes

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

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

★ **Training Methods:** Large Group Activity, Visualization

✓ **In This Activity You Will...**

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

(continued next page)

## Instructions

1. Post the Lotus laminated poster somewhere visible in the room, where all participants can see it.
2. Tell the group: We want to start today's training by doing a visualization to help you understand how peer advocacy is like a beautiful Lotus flower.
3. Ask: How many of you have done visualizations before?
4. Explain: visualization is creating an image or a vision in your mind. We are going to visualize how the Lotus grows from the beginning to the end.
5. Read the following history and description of the Lotus flower:

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

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

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

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

\* This module comes from the Lotus Women's Peer Education Training Manual, Center for Health Training and Women Organized to Respond to Life Threatening Diseases (WORLD), 2008.

# SYMBOL OF PEER ADVOCACY

## ABOUT THIS ACTIVITY (CONT.)

### Materials:

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

### Preparation:

- Write on a sheet of flipchart:
  1. What is the role of the peer advocate? ---color of post-it
  2. What are advantages of peer advocacy?
- Give the peer facilitator(s) the following questions to help them prepare for telling their stories: In a few words, tell us your story of finding out that you were HIV positive and what that was like for you.

How did you become a peer advocate?

How did you deal with HIV disclosure in different relationships?

What are your strengths??

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

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

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

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

## The Journey of the Lotus Meditation/Visualization

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

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

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

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

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

# SYMBOL OF PEER ADVOCACY



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

Jackie Howell  
Peer Educator  
New York, NY

”

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

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

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

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

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

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

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

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



# SYMBOL OF PEER ADVOCACY

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

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

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

How did you deal with HIV disclosure in different relationships?

How did you become a peer advocate?

What are your strengths?

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

What are some challenges and successes peer advocacy for you?

10. Since we are all here to become "Peer Educators", let's talk about what it means to be a peer educator or peer advocate. You will hear us using both the terms educator and advocate which is basically the same thing.
11. Show the flipchart you prepared earlier with the following questions:
  - a. What is the role of the peer advocate?
  - b. What are the advantages of peer advocacy?

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

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

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

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

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

## Summary

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

\* This module is part of the online toolkit Building Blocks to Peer Success. For more information, visit [http://www.hdwg.org/peer\\_center/training\\_toolkit](http://www.hdwg.org/peer_center/training_toolkit). This module comes from the Lotus Women's Peer Education Training Manual, Center for Health Training and Women Organized to Respond to Life Threatening Diseases (WORLD), 2008.

# SYMBOL OF PEER ADVOCACY

## SESSION HANDOUT # 1 of 2

### PEER EDUCATION/ADVOCACY

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

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

What are the advantages of Peer Education? \_\_\_\_\_  
\_\_\_\_\_

What does Peer Education/Advocacy mean to you? \_\_\_\_\_  
\_\_\_\_\_

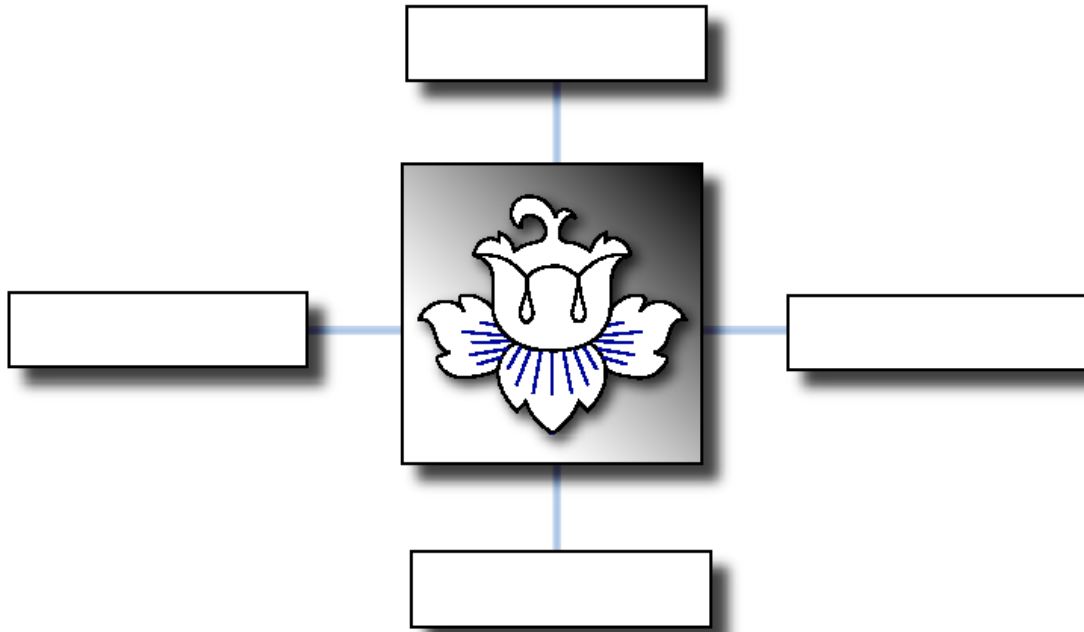
What are the various roles of Peer Educators?

A Peer Advocate is NOT a ..... \_\_\_\_\_

## SYMBOL OF PEER ADVOCACY

### SESSION HANDOUT # 2 of 2

What are the various roles of Peer Educators?



A Peer Advocate is NOT a ..... \_\_\_\_\_

## SYMBOL OF PEER ADVOCACY

### SESSION PICTURE



Picture found at [http://pinker.wjh.harvard.edu/photos/new\\_zealand\\_II/pages/lotus%20flower.htm](http://pinker.wjh.harvard.edu/photos/new_zealand_II/pages/lotus%20flower.htm)

# WHAT IS A PEER?\*

## ► ABOUT THIS ACTIVITY

🕒 **Time:** 45 minutes

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

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

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

✓ **In This Activity You Will...**

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

(continued next page)

## Instructions

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

### Lecture

1. Begin with a short lecture to introduce the concept of peer education programs. Peer Education programs share the following principles:
  - An understanding that people are more likely to hear and accept information that is presented and modeled by their peers.
  - A belief in the value and ability of people to bring about positive change in themselves and others
2. Peer Education programs were first developed to target youth in an effort to address youth sexual and reproductive rights according to the International Planned Parenthood Federation and to encourage positive student modeling and mentoring at high schools.
3. Success with youth has transcended to peer programs that target people of all ages and with a variety of chronic diseases.

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

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

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

# WHAT IS A PEER?

## ABOUT THIS ACTIVITY (CONT.)

### **Materials:**

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

### **Preparation:**

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

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

5. In the past decade there has been an interest in incorporating peer educators in health care programs to promote adherence to health routines such as patients attending medical appointments, taking medications, navigating social service systems and in chronic disease prevention.
6. We will spend the next [insert appropriate amount of time here] looking at the knowledge, skills, role and responsibilities and benefits of Peer Educators.
7. First, we are going to do a Brainstorming exercise that will help us understand some of the key concepts of peer education.

## Brainstorm Activity

1. Introduce the activity by explaining that participants will be assigned to small groups to brainstorm answers to key questions that will define what a peer is and some roles and responsibilities.
2. Pass out the Brainstorming Activity.
3. Assign participants to 4 groups by counting off 1-4 until all participants are assigned to a group.
4. Assign a space in the room for each group.
5. Ask participants to go to their assigned group in the respective space.
6. Give each small group a piece of prepared newsprint that has a question written on it.

# WHAT IS A PEER?



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

Jackie Howell  
Peer Educator  
New York, NY

7. As each group to appoint a reporter and a recorder.
8. Instruct group to use the newsprint to brainstorm answers to the question.
9. Tell the group they will have about 10 minutes to do this activity.
10. Bring the entire group back together and ask each reporter to go over his or her group's work.
11. Ask open-ended questions to draw out thoughts on how a peer might be of service to a person living with HIV.

## Summary

- Ask participants if they now understand what an effective Peer Educator is, what some of the benefits of working with a Peer Educator and what are some of the roles and responsibilities.
- Explain to participants that responsibilities will change based on the needs of the environment/agency that a Peer Educator maybe working at, but the core components remain the same.

\* This module is part of the online toolkit *Building Blocks to Peer Success*. For more information, visit [http://www.hdwg.org/peer\\_center/training\\_toolkit](http://www.hdwg.org/peer_center/training_toolkit). This module comes from the Missouri People to People Training Manual, 2008.

# WHAT IS A PEER?

## SESSION HANDOUT

### BRAINSTORMING ACTIVITY

What is a Peer?

What makes an effective Peer Educator?

What are the roles and responsibilities of peer educator?

What are the benefits of a peer educator?



# WHAT IS A PEER?

## SESSION TRAINER'S GUIDE

### POTENTIAL ANSWERS BRAINSTORMING ACTIVITY

#### What is a peer?

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

#### What makes an effective peer educator?

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

#### What is not an effective peer educator?

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

# WHAT IS A PEER?

## SESSION TRAINER'S GUIDE (cont.)

### POTENTIAL ANSWERS BRAINSTORMING ACTIVITY (CONT.)

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

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

#### What are the roles and responsibilities of a peer educator?

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

#### What are the benefits of a peer educator?

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

# WHAT DOES IT TAKE TO BE A PEER EDUCATOR?\*

## ► ABOUT THIS ACTIVITY

🕒 **Time:** 45 minutes

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

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

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

✓ **In This Activity You Will...**

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

✂ **Materials:**

- Laminated cards with headings for each category (Knowledge, Skills, Qualities)
- Laminated cards with knowledge, skills and qualities concepts/phrases
- Newsprint with definitions-  
Knowledge- information acquired through experience or education.  
Skills- action, the ability to do something well  
Qualities- characteristics of a person
- Handout-List of knowledge, skills and qualities
- Masking Tape

(continued next page)

## Instructions

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

## Discussion Questions

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

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

# WHAT DOES IT TAKE TO BE A PEER EDUCATOR?

## ABOUT THIS ACTIVITY (CONT.)



### Preparation:

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

## Summary

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

\* This module is part of the online toolkit *Building Blocks to Peer Success*. For more information, visit [http://www.hdwg.org/peer\\_center/training\\_toolkit](http://www.hdwg.org/peer_center/training_toolkit). This module comes from the Missouri People to People Training Manual, 2008.

# WHAT DOES IT TAKE TO BE A PEER EDUCATOR?

## SESSION HANDOUT

### KNOWLEDGE LIST

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

# WHAT DOES IT TAKE TO BE A PEER EDUCATOR?

## SESSION HANDOUT (cont.)

### SKILLS LIST

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

# WHAT DOES IT TAKE TO BE A PEER EDUCATOR?


## SESSION HANDOUT (cont.)


### QUALITIES LIST

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

# PEER WORKER CHALLENGES AND SUCCESSES\*

## ► ABOUT THIS ACTIVITY

 **Time:** 45 minutes

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

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

 **Training Method:** Small Group Discussion

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

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

 **Materials:**

- Discussion questions on newsprint/board.

 **Preparation:**

- Trainer writes questions on newsprint/board.

## Instructions

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

## Summary

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

\* This module is part of the online toolkit Building Blocks to Peer Success. For more information, visit [http://www.hdwg.org/peer\\_center/training\\_toolkit](http://www.hdwg.org/peer_center/training_toolkit). This module comes from the Comprehensive Peer Worker Training, Peer Advanced Competency Training (PACT) Project Harlem Hospital Center, Division of Infectious Diseases, 2008.



# PEER WORKER CHALLENGES AND SUCCESSES







## SESSION DISCUSSION QUESTIONS

### DISCUSSION QUESTIONS

1. What are some of the challenges that you've experienced in defining and fulfilling your role as peer workers?
2. What are some of the successes you've experienced as peer workers?
3. What tools, trainings, or other types of support would help you improve your work as a peer?

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

## ► ABOUT THIS ACTIVITY

-  **Time:** 30 minutes
-  **Objectives:** By the end of this session, participants will be able to:
  - List 4 ways peer workers promote health and well-being.
-  **Training Methods:** Small Group Brainstorm, Large Group Discussion
-  **In This Activity You Will...**
  - Brainstorm “who is a peer/what do they do?” (20 minutes).
  - Discuss the difference between personal qualities/knowledge/skills of a peer and discuss which of these a peer brings to the job versus are developed by training or both. (7 minutes).
  - Summarize by mentioning studies showing the impact of peer support on a client's health. (3 minutes).
-  **Materials:**
  - Newsprints-Peer Roles (one for each group)
  - Handout – Role of Peer Worker
  - Flip chart and easel
  - Markers
-  **Preparation:**
  - Prepare newsprints
  - Prepare handouts

## Instructions

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

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

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

## ► TRAINING TIP

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

## Summary

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

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

## SESSION HANDOUT

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

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

# PEER JOB DESCRIPTION\*

## ► ABOUT THIS ACTIVITY

- 🕒 **Time:** 30 minutes
- ➡ **Objectives:** By the end of this session, participants will be able to:
  - Understand the educational requirements, essential functions, and physical demands of a Peer Educator in a clinic setting
- ★ **Training Method:** Large Group Discussion
- ✓ **In This Activity You Will...**
  - Lead the group by reviewing job description examples (10 minutes)
  - Answer questions related to job description (10 minutes)
  - Lead a group discussion to summarize (10 minutes)
- ✂ **Materials:**
  - Laptop
  - Projector/Screen/White Wall
  - Handout – Peer Educator and Peer Advocate Job Descriptions
- 🔧 **Preparation:**
  - Obtain a relevant peer Job Description or use one of the descriptions attached to this module
  - Print handouts

## Instructions

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

## Summary

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



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

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

\* This module is part of the online toolkit *Building Blocks to Peer Success*. For more information, visit [http://www.hdwg.org/peer\\_center/training\\_toolkit](http://www.hdwg.org/peer_center/training_toolkit).  
This module comes from Missouri People to People Training Manual, 2008.

# PEER JOB DESCRIPTION

## SESSION HANDOUT

### PEER EDUCATOR JOB DESCRIPTION #1

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

### General Summary

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

### Minimum Requirements

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

# PEER JOB DESCRIPTION

## SESSION HANDOUT (cont.)

### Essential Functions

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

# PEER JOB DESCRIPTION

## SESSION HANDOUT (cont.)

### Physical Demands/Working Conditions

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

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

Signature and Date\_\_\_\_\_

Supervisor Signature and Date\_\_\_\_\_



# PEER JOB DESCRIPTION

## SESSION HANDOUT (cont.)

### PEER ADVOCATE JOB DESCRIPTION #2

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

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

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

#### Required Qualifications:

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

#### Preferred Qualifications:

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

CORE COMPETENCIES: PEER ROLE PART 1

## **WORKPLACE ISSUES**

# CONFIDENTIALITY AND CREATING BOUNDARIES IN THE WORKPLACE\*

## ► ABOUT THIS ACTIVITY

- 🕒 **Time:** 45 minutes
- ➔ **Objectives:** By the end of this session, participants will be able to:
  - Understand the importance of appropriate boundary setting with patients/clients;
  - Understand the importance of confidentiality and HIPAA laws.
- ★ **Training Methods:** Brainstorm, Lecture
- ✓ **In This Activity You Will...**
  - Share key definitions with the group (25 minutes).
  - Provide examples of when confidentiality and boundaries are broken (10 minutes).
  - Lead a group discussion to summarize (10 minutes).
- ✂ **Materials:**
  - Newsprint
  - Markers
  - Powerpoint slides
- 🔪 **Preparation:**
  - Prepare powerpoint presentation.

## Instructions

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

## Talking Points

What is Confidentiality?

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

Health Insurance Portability and Accountability Act (HIPAA)

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

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

# CONFIDENTIALITY AND CREATING BOUNDARIES IN THE WORKPLACE

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

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

Consequences of breaking confidentiality include:

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

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

- A boundary is a dividing line between you and anyone else that represents both physical and emotional limits.
- Boundaries ensure that others do not cross the line.
- Boundaries make you feel safe and healthy .

- Boundaries make others feel safe around you.
- Boundaries set relationship guidelines so people know how to behave around you.

Tips for setting boundaries:

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

What to do when someone crosses your boundaries?

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

## Summary

Wrap up session.

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

Borrowed from: The Relationship Coach Newsletter by Rinatta Paries, [www.WhatItTakes.com](http://www.WhatItTakes.com)

\* This module is part of the online toolkit *Building Blocks to Peer Success*. For more information, visit [http://www.hdwg.org/peer\\_center/training\\_toolkit](http://www.hdwg.org/peer_center/training_toolkit). This module comes from the Missouri People to People Training Manual, 2008.

# CONFIDENTIALITY AND CREATING BOUNDARIES IN THE WORKPLACE

## SESSION POWERPOINT



### Confidentiality and Creating Boundaries in the Workplace



#### Confidentiality & Boundaries

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

- ✓ A boundary is a dividing line between you and anyone else, even a loved one. The line represents both physical and emotional limits others may violate.
- ✓ When boundaries are crossed it creates intense feelings or anger, hurt, outrage etc.
- ✓ Boundaries ensure that others do not cross the line
- ✓ Boundaries make you feel safe, healthy, good
- ✓ Boundaries make others feel safe around you
- ✓ Boundaries let others know your limits
- ✓ Boundaries set relationship guidelines so people know how to behave around you



#### Confidentiality & Boundaries

##### Tips for setting boundaries:

- ✓ Do it clearly - without anger and with few words
- ✓ Avoid justifying, rationalizing or apologizing
- ✓ If needed, offer a brief explanation
- ✓ Tell what hurts
- ✓ Don't simultaneously set a boundary and take care of another's feelings
- ✓ Don't allow guilt or shame to keep you from setting a boundary
- ✓ Be ready to enforce a boundary once it's set
- ✓ Follow through.
- ✓ What we say must be what we do
- ✓ Be prepared for people to get angry when you set a boundary



#### Confidentiality & Boundaries

##### What to do when someone crosses your boundaries:

- ✓ **Inform** – Let the person know what they are doing while using “I” statements
- ✓ **Request** – Let them know what you want
- ✓ **Instruct** – Let them know what you want them to do
- ✓ **Take a stand** – Stop
- ✓ **Time Out** – Step out of the situation briefly for your safety
- ✓ **Extend Time Out** – Stop the relationship until the person changes behavior



#### Confidentiality and Boundaries Activity

- Group Activity



#### Confidentiality & Boundaries

##### What is Confidentiality?

- Information protected from unauthorized viewers
- Information accessible only to those authorized to have access
- Ethical principle associated with several professions - “privileged”
- Trusting another person with information that will not be shared with others

##### Health Insurance Portability and Accountability Act of 1996 (HIPAA)

- A federal government act established to maintain and protect the rights and interest of the customer.

# CONFIDENTIALITY AND CREATING BOUNDARIES IN THE WORKPLACE

## SESSION POWERPOINT (cont.)



### Confidentiality & Boundaries

#### HIPAA

- Defines the standard for electronic data exchange
- Protects confidentiality
- Provides security of healthcare records
- Privacy or confidential rules regulate how information is shared
  - ✓ Prior to receiving health services at pharmacy, medical visit, social services etc...
  - ✓ Client is informed of his rights to confidentiality, the policy and procedures regarding the release of his personal health information
  - ✓ Client signs a form stating they received and reviewed HIPAA



### Confidentiality & Boundaries

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

- ✓ Reporting abuse, neglect or domestic violence
- ✓ Prevent serious threat to health and public safety
- ✓ Reporting to Department of Public Health for health purposes
- ✓ Inform appropriate bureau during disaster relief
- ✓ Workers Compensation
- ✓ Food and Drug Administration for expected side effect to drugs or food product defects to enable product recall.
- ✓ Correctional institution
- ✓ Funeral directors, medical examiners, coroners, procurement of organ, or certain research purposes
- ✓ Notify family members, legal guardian involved in the client's care for notifying them of a person's location




### Confidentiality & Boundaries


#### Consequences of breaking confidentiality include:

- ✓ Employee reprimand, warning or dismissed
- ✓ Client/patient may be embarrassed
- ✓ Client will lose trust in Peer Educator and agency
- ✓ Client may file charges against Peer Educator and agency
- ✓ Agency could be fined criminal penalties for disregarding HIPAA

# CREATING BOUNDARIES\*

## ► ABOUT THIS ACTIVITY

 **Time:** 60 minutes

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

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

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

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

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

 **Materials:**

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

 **Preparation:**

- Print handouts

## Instructions

1. Have the participants form 2 lines 10 feet apart and face each other. One line will be A's and one line will be B's. Pairs will be created with the person directly in front of them.
2. Tell the A's that they are going to walk slowly towards the B's. The B's will stand still and when they start to feel uncomfortable with how close the A's are coming towards them, put their hands up with their palms facing A's.
3. Emphasize that there is no "right" or "wrong" distance, it's a matter of personal comfort. There will be some giggling, but encourage the group to do this silently and to really pay attention to their feelings.
4. Repeat the activity but mix up the pairs so the B's get to walk towards a different person in the A line.
5. After the pairs have done this, ask everyone to return to their seats and process by asking such questions as:
  - How did it feel to be B and to have the power to stop the other person?
  - How did it feel to be A and not have the power?
  - What does this have to do with being a peer advocate/educator?
  - Who has the power in that relationship to set boundaries?
  - How might you feel if a client sets boundaries that are farther away than you'd like?
  - How might you feel if her boundaries are closer than yours?
  - We've been looking at physical boundaries, but what other kinds of boundaries are important for us to set?
  - What are some safe ways to let others know our boundaries?
6. Through our discussion today we have seen that peer advocates face many challenges and to avoid burnout we need to create boundaries and limitations for ourselves.
7. Ask: How might someone go about creating boundaries with their clients who have many needs? Give participants the Creating

\* This module comes from the Lotus Women's Peer Education Training Manual, Center for Health Training and Women Organized to Respond to Life Threatening Diseases (WORLD), 2008.



# CREATING BOUNDARIES

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

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

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

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

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

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

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

- a. What did you learn about yourself and others?
- b. What values informed your choices?
- c. Was it hard to express disagreement with another person's value(s)? Why or why not?

- d. Were there times when you felt uncomfortable or unsafe? What helped you stand by your values at that time?
- e. Were there any times when you felt unable to stand for your values? When and why do you think that was so?
- f. What would support people at times when they feel unable to stand up for a value they believe in?

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

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

## Summary

- Wrap up by reminding the participants that the responsibility of peer advocates is not to convince people to change behaviors that they believe is wrong or not a part of their own values, even if it's risky. Our responsibility is to make sure that people have the information they need, have the chance to develop the skills they need, and have the support to explore their own beliefs and values so that they can make healthy decisions.
- The more we let our personal values into our work, the more likely it is that we will close the door with someone. Clients are more likely to trust us and to learn from us if they see us as non-judgmental.
- Acknowledge that this is a tough challenge and will continue to be so. We're here because we care about our clients' health, and it's really hard to watch someone do things that aren't healthy. But by providing support and keeping the door open, we have a much better chance of really helping her than if we try to change her.

\* This module is part of the online toolkit Building Blocks to Peer Success. For more information, visit [http://www.hdwg.org/peer\\_center/training\\_toolkit](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.



# CREATING BOUNDARIES

## SESSION HANDOUT # 1 of 3

### CREATING BOUNDARIES

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

# CREATING BOUNDARIES

## SESSION ANSWER KEY

### CREATING BOUNDARIES ANSWER KEY

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

# CREATING BOUNDARIES

## SESSION HANDOUT # 2 of 3

### MY PERSONAL STORY WORKSHEET

1. In what context will you be sharing your story (i.e., prevention education, family planning, issue awareness, public at large)?
2. Why are you telling your story? What is the purpose? What do you want people to get out of it?
3. Who is your audience? How might your audience affect the way you tell your story (i.e., language, level of formality, personal appearance)?
4. How will you structure questions and comments from the audience?
5. What is your story?
  - Main events/experiences relevant to your story.
  - Identify 3-5 main points/messages to be included.
  - How can you make it interactive? What questions do you want the audience to answer?
  - What questions do you expect the audience to ask?

# CREATING BOUNDARIES

## SESSION HANDOUT # 3 of 3

### VALUES

#### Value Statements

Do I agree or disagree with these? And why?







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

#### Discussion Questions

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

# BOUNDARIES OR CONFIDENTIALITY SCENARIOS\*

## ► ABOUT THIS ACTIVITY

-  **Time:** 20 minutes
-  **Objectives:** By the end of this session, participants will be able to:
  - Apply knowledge to problem-solve scenarios that may present on a day-to-day basis.
-  **Training Methods:** Small Group Activity, Large Group Discussion
-  **In This Activity You Will...**
  - Ask the participants to work in small groups to discuss scenarios (10 minutes).
  - Lead a group discussion of answers to activity (10 minutes).
-  **Materials:**
  - Newsprint
  - Handouts – Confidentiality and Boundaries Scenarios
  - Pencils
-  **Preparation:**
  - Print out scenarios
  - Prepare newsprints with Scenario questions (one newsprint for each Scenario)

## Instructions

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

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

## Summary

Wrap up session.

\* This module is part of the online toolkit *Building Blocks to Peer Success*. For more information, visit [http://www.hdwg.org/peer\\_center/training\\_toolkit](http://www.hdwg.org/peer_center/training_toolkit). This module comes from the Missouri People to People Training Manual, 2008.

# BOUNDARIES OR CONFIDENTIALITY SCENARIOS

## SESSION HANDOUT

### CONFIDENTIALITY AND BOUNDARIES SCENARIOS

#### Scenario #1

Read the following scenario and answer the questions that follow.

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

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

#### Scenario #2

Read the following scenario and answer the questions that follow.

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

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

# BOUNDARIES OR CONFIDENTIALITY SCENARIOS

## SESSION HANDOUT (cont.)

### CONFIDENTIALITY AND BOUNDARIES SCENARIOS (CONT.)

#### Scenario #3

Read the following scenario and answer the questions that follow.

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

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

#### Scenario #4

Read the following scenario and answer the questions that follow.

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

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

#### Scenario #5

Read the following scenario and answer the questions that follow.

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

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

# SETTING BOUNDARIES\*

## ► ABOUT THIS ACTIVITY

🕒 **Time:** 45 minutes

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

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

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

✓ **In This Activity You Will...**

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

✂ **Materials:**

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

🔪 **Preparation:**

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

## Instructions

1. Tell participants that being able to manage their lives is an important skill to have.
  - It is important to take care of ourselves while we are helping others. Also, as peers it’s important we understand that we don’t have all the answers.
  - In this session we’re going to discuss professional boundaries. What are “boundaries”? **[Note: Possible answers include rules, limits, outline of expectations, etc.]**
2. Demonstrate personal boundaries with a “sharing weight demonstration.”
  - Pre-select partner from the group and discuss/practice exercise in advance.
  - Designate a partner A & B for participant pairings.

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

- Designate which partner (A/B) will give/share weight. Demonstrate while giving instructions.
- Adjust so that partners are comfortably aligned and sharing weight equally to start.
- Face your partner and place the palms of your hands together.
- Have partners mirror what you demonstrate:
  - A gives weight; B takes weight;
  - A gives weight gently in increments; B takes weight and holds firmly;
  - B pulls back when physical boundaries are violated (too close);

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



# SETTING BOUNDARIES



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

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

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

- Repeat instructions for sharing weight.

3. Process with the following questions:

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

4. Pair participants and have them do the exercise.

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

5. Process with the following questions:

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

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

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

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

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

# SETTING BOUNDARIES

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

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

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

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

9. Link to sharing weight demonstration.

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

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

- Skit #1 where the peer educator's personal and

professional boundaries are tested by the peer relates to weight sharing (palm-to-palm).

- Skit #2 where the peer educator bends over to take the peer's weight relates to the concept of sharing weight to have a balanced, healthy peer-peer educator relationship.

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

- Why do we need boundaries?

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

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

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

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

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

# SETTING BOUNDARIES

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

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

- Sometimes as caregivers, we feel that it is not compassionate or nice to say “NO” to people or to set limits. Setting boundaries is an important way for peer educators and peers to be clear about what to expect.
- Knowing your boundaries also deals with knowing when to refer clients for things such as mental health, adherence counseling, case management or a provider’s care.
- Who do you think peer educators have professional boundaries with and where do we have them?

[Answers include the following:]

**Clients** – in their homes in public places like human service agencies or if we see them around town;

**Peers** – other human service providers – in professional setting – at non-professional settings – if you see a colleague in a restaurant;

**Doctors, human service administrators** – professional settings & non-professional settings.

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

- You are a professional, not a friend on a social visit or a casual acquaintance. Know the “protocol” or appropriate behavior when you see a colleague out in public. Discussions using people’s names in front of non-professionals are disrespectful, inappropriate and illegal. Remember the confidentiality form you all signed. This is an example of both the professional code and legal statute.
- These are complicated issues that even seasoned professionals have a hard time with. You may want to talk later with your mentor. The take home message is to understand what some of these “rules” or boundaries as a peer educator are:
  - Empower don’t enable
  - Be clear and honest - Don’t let clients blur boundaries between providers
  - Use direct assertive communication
  - Know your limits – when to refer – where to refer
  - And remember, it’s a job, not your life – don’t take it personally, and remember to take care of yourself first.

## Summary

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

\* This module is part of the online toolkit Building Blocks to Peer Success. For more information, visit [http://www.hdwg.org/peer\\_center/training\\_toolkit](http://www.hdwg.org/peer_center/training_toolkit). This module comes from Duke University, Partners in Caring; Center for Creative Education, 2006.

# SETTING BOUNDARIES

## SESSION HANDOUT # 1 of 2

### SKIT # 1

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

**Chris:** What's up? Looks like you're having a party

**Keith:** We are; pull up a seat and join us.

**Chris:** Oh I just wanted to come and drop off my phone bill, but I would love to join you.

**Keith:** Let me introduce you to my family. Bob, Billy this is Chris. He is one of the people Daddy works with.

**Chris:** Nice to meet you. Hey, do you want to go get some ice cream after this, my treat? If I do not have to pay the phone bill I'll have enough money to splurge a little.

**Keith:** That is nice but we are going skating after we eat. That is what Billy wanted for his birthday.

**Chris:** Skating, I would love to go. I am a GREAT skater!

**Keith:** Ummm. Okay, I guess that will be okay.

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

**Chris:** Sorry I am late I overslept.

**Keith:** I understand, let's get started on this budget. I'll finish what I was working on later.

**Chris:** I don't know how I can work on a budget. I never know what my expenses are going to be. For example, my car broke down on the way from skating with you the other night; I had to walk two miles. Can I borrow your extra car until I get mine fixed?

**Keith:** My car? How will I get around?

**Chris:** Can't your wife bring you to work? What about your co-worker?

**Keith:** I guess you're right. How thoughtless of me, here are the keys.

# SETTING BOUNDARIES

## SESSION HANDOUT # 2 of 2

### SKIT #2

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

**Keith:** Hi, I'm Keith the peer educator. We're here today to start the process of working with you as a peer.

**Alyssa:** Nice to meet you, but I about to leave this office.

**Keith:** We should plan to meet on Friday, because I know you have been a little overwhelmed today.

**Alyssa:** I do not have a car and it is hard for me to pay for gas for someone else to bring me here. Can you come to my house instead?

**Keith:** Of course; many clients prefer that, I work from 8 am until 12 o'clock noon on Fridays. What time do you want me to come?

**Alyssa:** How long will it take?

**Keith:** Usually an hour.

**Alyssa:** Can you come at night?

**Keith:** No, all of my work is done from 9-5, unless it is an emergency or something I can do on the phone.

**Alyssa:** Okay, what about 10:00 am.

**Keith:** That will work for me.

**Alyssa:** By the way, can you help with my utility payments?

**Keith:** I can't personally, but I can give you names of many agencies that help with utilities.

**Alyssa:** What about getting my phone back on? I missed a few payments after I got sick.


**Keith:** We should probably sit down and make a budget to see what you can do to get yourself back on track.


**Alyssa:** Thanks, I feel so relieved that I do not have to go through this alone.

**Keith:** You're not alone; I know that you are a strong person and want to do as much for yourself as possible. I'll be here to give you a little guidance and moral support.

# FOUR C'S OF PEER EDUCATION\*

## ► ABOUT THIS ACTIVITY

 **Time:** 45-65 minutes

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

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

 **Training Method:** Case Study

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

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

 **Materials:**

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

 **Preparation:**

- On flipchart write:  
Challenges of peer advocacy/  
education.

## Instructions

1. In your own words, tell the group: Today we are going to talk about the ABC's of Peer Advocacy. The A stands for advocacy, B stands for believing in what you do. And the C is what we are going to be talking about throughout the day today the Challenges and Concepts to address those challenges.
2. Yesterday we talked about the various roles of a peer, the expectations, the rules they have to follow, etc. In this activity we will be discussing the challenges that peers can face in their work and concepts to address some of these challenges.
3. We are going to look at a case study about Barbara a peer advocate who has a client named Sonya. There is also a social worker that Barbara works with and her name is Cindy.
4. Ask for volunteers to read the case study to the group. Ask them to read slowly and pause after each paragraph to ask if there are any questions.
5. Ask:
  - What is challenging about Barbara's situation? Responses should include: Barbara wears multiple hats, dual relationship, knows stuff about the client that the client doesn't know she knows, has a client with many needs, so needs to provide a lot of different types of support.
  - How do you think Barbara handled the situation?
  - What could the Barbara have done differently or should do in the future to address some of her challenges?
6. Peer Advocates wear many hats in their work. Ask: What are the multiple hats that Barbara wears in this situation?
7. Now that we know that peers can face many challenges, how

\* This module comes from the Lotus Women's Peer Education Training Manual, Center for Health Training and Women Organized to Respond To Life Threatening Diseases (WORLD), 2008.

## FOUR C'S OF PEER EDUCATION



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

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

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

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

### Summary

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

\* This module is part of the online toolkit Building Blocks to Peer Success. For more information, visit [http://www.hdwg.org/peer\\_center/training\\_toolkit](http://www.hdwg.org/peer_center/training_toolkit). This module comes from the Lotus Women's Peer Education Training Manual, Center for Health Training and Women Organized to Respond To Life Threatening Diseases (WORLD), 2008.

# FOUR C'S OF PEER EDUCATION

## SESSION HANDOUT # 1 of 2

### CONCEPTS OF PEER EDUCATION TO ADDRESS CHALLENGES

- Communication
- Confidentiality
- Counter transference
- Creating Boundaries



## FOUR C'S OF PEER EDUCATION

### SESSION HANDOUT # 2 of 2

#### BARBARA'S CASE STUDY

Barbara is a peer advocate living with HIV.

Sonya has recently tested positive for HIV (not an AIDS diagnosis) and was referred to Barbara by a social worker at a local medical clinic. Cindy, the social worker is Sonya's social worker and refers her clients to Barbara when they need a peer advocate and the two of them sometimes coordinate care for their mutual clients. Cindy is also Barbara's personal social worker—and to this day helps Barbara with some matters. Barbara and Cindy are therefore, in two different kinds of relationships. Cindy is Barbara's social worker, and the two of them are also colleagues.

Cindy referred Sonya to Barbara when Sonya was a few months pregnant. Sonya had recently tested positive for HIV (not an AIDS diagnosis). Barbara and Sonya met for the first time after Sonya's initial HIV clinic appointment. While they were meeting privately, Barbara explained peer advocacy to Sonya, and disclosed her own HIV status. As soon as Sonya found out Barbara was also living with HIV, she burst out crying. Barbara empathized with Sonya's feelings because she has been there herself. She also re-assured her that she wasn't alone, and that many women were living full lives after this diagnosis.

During the first meeting, Barbara learned that Sonya needed: 1) emotional support; 2) education and information; and 3) support attending appointments. Barbara shared with Sonya what she could provide. Sonya said she would like to get this help from Barbara. Barbara suggested that they talk and/or meet at least once per week. Sonya agreed. Barbara filled out an intake and consent form with Sonya. Sonya agreed in writing that Barbara could speak with Cindy and Sonya's physician in order to better coordinate care for her. They set a follow up meeting for a week later. The two of them decided that Sonya would come by Barbara's office before an OB/GYN appointment to talk. Then, Barbara would accompany Sonya to her OB/GYN appointment for moral support and help with asking questions of the doctor.

After meeting with Sonya, Barbara touched base with Cindy the social worker to let her know that the meeting went well and she would be helping Sonya with emotional support, information, and medical appointments. Cindy thanked her and asked if Sonya had also mentioned her unstable living situation. Barbara said no. Cindy told Barbara that Sonya might require help finding housing resources if she was kicked out of the house where she stays with her mother, grandmother, and siblings. Cindy explained that Sonya and her mother fight and there have been threats by her mother for her to leave. Cindy was thinking of having a meeting with Sonya and her mother, hoping to mediate the conflict and encourage the mother to allow Barbara to stay until the birth of the baby. At that point Cindy could find a transitional housing situation for Sonya and her baby. Barbara, suddenly wondering about the father of the baby, asked Cindy about the father. Cindy replied that Sonya told her the father was "out of the picture." Barbara is now feeling very overwhelmed about her

## FOUR C'S OF PEER EDUCATION

### SESSION HANDOUT # 2 of 2 (cont.)

#### BARBARA'S CASE STUDY (CONT.)

client and everything she has to do to help the client.


In their next meeting, Barbara and Sonya talked more about HIV, pregnancy and Sonya's fears. Barbara mentioned to Sonya that Cindy let her know that her living situation was problematic. Sonya said, "She told you that?" Barbara said, "She wanted me to know in case you needed me to help you find housing resources." Sonya seemed to relax, and said, "Oh, okay." Then Sonya asked Barbara if Barbara "tells Cindy everything." Barbara said, "I don't tell her everything, and she doesn't tell me everything either. What you and I talk about is confidential. Sonya replied, "Honest?" Barbara replied, "Honest."

Then Sonya began to tell Barbara about her on-and-off boyfriend (who is the father) who is very possessive and sometimes "beats her up". She said that her mother "hates" him and has banned him from the house. She fights with her mom because her mom hears them talking on the phone a lot, and Sonya has "snuck" him over a few times. Barbara feels her emotions rising but remains calm with Sonya. She always gets protective towards her client when a client mentions domestic violence because she herself had a lot of trouble leaving a husband who was abusive. She makes a mental note to talk to her close colleague, supervisor, and therapist for her own emotional support.


# CONFIDENTIALITY\*

## ► ABOUT THIS ACTIVITY

 **Time:** 45 minutes

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

- Understand the importance of confidentiality between a peer and client.
- Discuss when and how it is acceptable to break confidentiality.

 **Training Methods:** Brainstorm, Case Study

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

- Lead a discussion about confidentiality and its importance (15 minutes)
- Go over a Sample Confidentiality Agreement and how to use it (10 minutes)
- Facilitate a discussion about when it's okay to break confidentiality (20 minutes)

 **Materials:**

- Flipchart
- Markers
- Handout - Confidentiality Worksheet
- Handout - When is it OK to Break Confidentiality?
- Handout - Sample Confidentiality Agreement
- Barbara's Case Study (optional)

(continued next page)

## Instructions

1. This session assumes that participants have read Barbara's Case Study.
2. Hand out Confidentiality Worksheet. Tell participants they can use this to take notes as we discuss these questions.
3. Ask the participants what is confidentiality? Write responses on either session flipchart. Allow 3-5 responses.
4. If necessary, you can add that the definition of confidentiality is shared information that is kept private between two or more people.
5. Ask participants why is confidentiality important between a peer advocate and her client? Write responses on flipchart. Allow 3-5 responses.
6. Ask participants what types of things may a client want to keep confidential? Write responses on flipchart. Allow 3-5 responses.
7. Remind the group of Sonya and Barbara from Barbara's Case Study. Ask: What were concerns for Sonya around confidentiality and how did Barbara address them? What could she have done differently?
8. Summarize the discussion by briefly reviewing key points and then telling participants that usually each organization has a document that is signed by the client and the peer advocate. This form is an agreement between the client and the peer that their discussion will be confidential. This helps to build trust and make confidentiality formal.
9. Hand out Sample Confidentiality Agreement. Point out that many organizations will have clients sign an agreement at their first meeting when they explain the roles of a peer advocate.

\* This module comes from the Lotus Women's Peer Education Training Manual, Center for Health Training and Women Organized to Respond To Life Threatening Diseases (WORLD), 2008. .

# CONFIDENTIALITY

## ABOUT THIS ACTIVITY (CONT.)



### Preparation:

- On flipchart write:
  1. What is confidentiality?
  2. Why is confidentiality important between peer advocate and client?
  3. What are things that a client might want to keep confidential?
- Print handouts

10. This step should be done in the first meeting with client. If you cannot get something signed the first time you meet with your client, you should get a verbal agreement.
  11. Every organization that works with clients has a confidentiality policy or agreement that their employees should follow. It is a good idea to review the policies with your supervisor before beginning your work as a peer advocate.
  12. Ask participants when is it ok to break confidentiality? What are steps to follow?
  13. Briefly review the 3 times when confidentiality can be broken and the steps to follow. It is a good idea to review these policies with your supervisor before beginning your work as a peer advocate.
- If the client is suicidal:

There is a technique called QPR – question, persuade, refer.

If you are comfortable question the client about:

Are you suicidal or have you thought about hurting yourself?  
Do you have a plan on how you would do it?  
How would you do it?

Immediately seek assistance from supervisor at the agency you are working with.

Call 911 if client needs immediate assistance even if you have a doubt.

Call 1-800-245-TALK and make sure client has this phone number to call if they need to talk.
  - If the client threatens homicide or plans to seriously hurt someone:

Immediately seek assistance from supervisor at the agency you are working with.
  - If a client shares that they are physically abusing a child or dependant adult:

Immediately seek assistance from supervisor at the agency you are working with.

## Summary

Close with these key points:

- Confidentiality is an important part of a peer-client relationship
- There are many reasons why a peer advocate must do all she can to maintain a client's confidentiality including building trust, to provide support, etc.
- A client may have several things she wants kept confidential (for example her status, domestic violence, where she lives, sexual history, etc) and peer should be mindful about them.
- There are times when a client's confidentiality may have to be broken for her own safety or the safety of others for example when client is seriously threatening suicide, homicide or abuse.
- Assure the group: We will discuss confidentiality in more detail later in the day in other activities. Ask if anyone has questions or comments.

\* This module is part of the online toolkit Building Blocks to Peer Success. For more information, visit [http://www.hdwg.org/peer\\_center/training\\_toolkit](http://www.hdwg.org/peer_center/training_toolkit). This module comes from the Lotus Women's Peer Education Training Manual, Center for Health Training and Women Organized to Respond To Life Threatening Diseases (WORLD), 2008.

# CONFIDENTIALITY

## SESSION HANDOUT # 1 of 3

### CONFIDENTIALITY WORKSHEET

What is confidentiality?

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Why is it important for a peer advocate to maintain confidentiality with her client:

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What types of things may a client want to keep confidential:

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### WHEN IS IT OK TO BREAK CONFIDENTIALITY?

What are steps to follow?

1. If the client is **suicidal**:

- It is very appropriate and OK to ask the client:

Are you suicidal or have you thought about hurting yourself?  
Do you have a plan on how you would do it?

- Immediately seek assistance from supervisor or higher authority at the agency you are working with.
- Call 911 if client needs immediate assistance even if you have a doubt.
- Call 1-800-273-TALK (8255) and make sure client has this phone number to call if they need to talk.

2. If the client threatens **homicide** or plans to seriously hurt someone.

- Immediately seek assistance from supervisor or higher authority at the agency you are working with.

3. If a client shares that they are **physically abusing** a child or dependant adult

- Immediately seek assistance from supervisor or higher authority at the agency you are working with.

# CONFIDENTIALITY

## SESSION HANDOUT # 3 of 3

### SAMPLE CONFIDENTIALITY AGREEMENT

As a client of \_\_\_\_\_ and a participant in the \_\_\_\_\_ Peer Advocate Program, you can expect to receive peer support that is professional, respectful, and trustworthy.

Professional peer support means that you can expect your Peer Advocate to maintain a confidential relationship with you. She will not share information about you with anyone outside of XXXX without your consent. There is, however, an exception to this rule. Confidentiality may be waived if your safety or the safety of someone close to you is in question. If questions of safety arise, she will contact either your case manager or another professional for assistance. In most cases, the peer advocate will let you know if she plans to speak with your case manager.

Respectful peer support means that you can expect your Peer Advocate to honor your privacy. You may choose to share many personal topics with your Peer Advocate; however, you need only to share personal information if and when you feel comfortable.

At times, she may offer advice or suggestions, but she will keep in mind that you know what is best for you.

Trustworthy peer support means that you can expect your Peer Advocate to follow through with the support that she offers to you. She will be on time and listen to you during your time together. Time spent together may include peer counseling, accompaniment to doctor visits, visits to your home, phone check-ins, and other activities as decided upon by you and your Peer Advocate.

As a client of our organization, you are encouraged to speak with your Peer Advocate if you have questions, concerns or complaints about the program.

By signing below, you and your Peer Advocate are agreeing to the above guidelines. You also are indicating your understanding of the standards inherent in the peer advocate/client relationship:

**Client:**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Peer Advocate:**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



### BARBARA'S CASE STUDY

Barbara is a peer advocate living with HIV.

Sonya has recently tested positive for HIV (not an AIDS diagnosis) and was referred to Barbara by a social worker at a local medical clinic. Cindy, the social worker is Sonya's social worker and refers her clients to Barbara when they need a peer advocate and the two of them sometimes coordinate care for their mutual clients. Cindy is also Barbara's personal social worker—and to this day helps Barbara with some matters. Barbara and Cindy are therefore, in two different kinds of relationships. Cindy is Barbara's social worker, and the two of them are also colleagues.

Cindy referred Sonya to Barbara when Sonya was a few months pregnant. Sonya had recently tested positive for HIV (not an AIDS diagnosis). Barbara and Sonya met for the first time after Sonya's initial HIV clinic appointment. While they were meeting privately, Barbara explained peer advocacy to Sonya, and disclosed her own HIV status. As soon as Sonya found out Barbara was also living with HIV, she burst out crying. Barbara empathized with Sonya's feelings because she has been there herself. She also re-assured her that she wasn't alone, and that many women were living full lives after this diagnosis.

During the first meeting, Barbara learned that Sonya needed: 1) emotional support; 2) education and information; and 3) support attending appointments. Barbara shared with Sonya what she could provide. Sonya said she would like to get this help from Barbara. Barbara suggested that they talk and/or meet at least once per week. Sonya agreed. Barbara filled out an intake and consent form with Sonya. Sonya agreed in writing that Barbara could speak with Cindy and Sonya's physician in order to better coordinate care for her. They set a follow up meeting for a week later. The two of them decided that Sonya would come by Barbara's office before an OB/GYN appointment to talk. Then, Barbara would accompany Sonya to her OB/GYN appointment for moral support and help with asking questions of the doctor.

After meeting with Sonya, Barbara touched base with Cindy the social worker to let her know that the meeting went well and she would be helping Sonya with emotional support, information, and medical appointments. Cindy thanked her and asked if Sonya had also mentioned her unstable living situation. Barbara said no. Cindy told Barbara that Sonya might require help finding housing resources if she was kicked out of the house where she stays with her mother, grandmother, and siblings. Cindy explained that Sonya and her mother fight and there have been threats by her mother for her to leave. Cindy was thinking of having a meeting with Sonya and her mother, hoping to mediate the conflict and encourage the mother to allow Barbara to stay until the birth of the baby. At that point Cindy could find a transitional housing situation for Sonya and her baby. Barbara, suddenly wondering about the father of the baby, asked Cindy about the father. Cindy replied that Sonya told her the father was "out of the picture." Barbara is now feeling very overwhelmed about her

### BARBARA'S CASE STUDY (CONT.)

client and everything she has to do to help the client.

In their next meeting, Barbara and Sonya talked more about HIV, pregnancy and Sonya's fears. Barbara mentioned to Sonya that Cindy let her know that her living situation was problematic. Sonya said, "She told you that?" Barbara said, "She wanted me to know in case you needed me to help you find housing resources." Sonya seemed to relax, and said, "Oh, okay." Then Sonya asked Barbara if Barbara "tells Cindy everything." Barbara said, "I don't tell her everything, and she doesn't tell me everything either. What you and I talk about is confidential. Sonya replied, "Honest?" Barbara replied, "Honest."

Then Sonya began to tell Barbara about her on-and-off boyfriend (who is the father) who is very possessive and sometimes "beats her up". She said that her mother "hates" him and has banned him from the house. She fights with her mom because her mom hears them talking on the phone a lot, and Sonya has "snuck" him over a few times. Barbara feels her emotions rising but remains calm with Sonya. She always gets protective towards her client when a client mentions domestic violence because she herself had a lot of trouble leaving a husband who was abusive. She makes a mental note to talk to her close colleague, supervisor, and therapist for her own emotional support.

# ETHICS AND PEER EDUCATORS\*

## ► ABOUT THIS ACTIVITY

- 🕒 **Time:** 30 minutes
- ➡ **Objectives:** By the end of this session, participants will be able to:
  - Describe what is Ethics;
  - Identify ethical standards that peer educators should follow.
- ★ **Training Methods:** Small Group Brainstorm, Large Group Discussion
- ✓ **In This Activity You Will...**
  - Elicit the definition of ethics (10 minutes).
  - Assign participants in 3 groups to brainstorm responses to questions (10 minutes).
  - Lead group discussion of answers and summarize activity (10 minutes).
- ✂ **Materials:**
  - Newsprint
  - Markers
  - Masking Tape
  - Handout – Ethical Standards for Peer Educators

(continued next page)

## Instructions

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

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

\* This module is part of the online toolkit *Building Blocks to Peer Success*. For more information, visit [http://www.hdwg.org/peer\\_center/training\\_toolkit](http://www.hdwg.org/peer_center/training_toolkit). This module comes from the Missouri People to People Training Manual, 2008.

# ETHICS AND PEER EDUCATORS

## ABOUT THIS ACTIVITY (CONT.)



### Preparation:

- Write the following questions on 3 pieces of newsprint (one for each group):  
What are Ethics?  
Why are they important?  
What are some ethical standards peers should follow in working with clients?

## Summary

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

# ETHICS AND PEER EDUCATORS

## SESSION HANDOUT

### ETHICAL STANDARDS FOR PEER EDUCATORS

These principles may include but are not limited to:

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

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

# PEER EDUCATOR CODE OF ETHICS\*

## ► ABOUT THIS ACTIVITY

- 🕒 **Time:** 30 minutes
- ➡ **Objectives:** By the end of this session, participants will be able to:
  - Discuss and identify ethical principles and practices as they relate to their role as a peer educator/advocate.
- ★ **Training Methods:** Brainstorm, Role Play, Large Group Discussion
- ✓ **In This Activity You Will...**
  - Lead a discussion about ethics and peer educators, using a handout (20 minutes).
  - Present two skits demonstrating ethical and unethical conduct (10 minutes).
- ✂ **Materials:**
  - Flipchart & Markers
  - Handout - Peer Educator Code of Ethics
- ✂ **Preparation:**
  - Write on flipchart:
    1. Peer Educator Code of Ethics
    2. Ethics - "A set of morals or principles or what a person defines as right and wrong."

## Instructions

1. Introduce the activity by saying: We are going to be talking about ethics, a very important part of being a good peer educator.
2. Ask: What do you think about when I say "ethics"? (Allow 1-2 minutes for responses. You can write them up on the flipchart)
3. Tell the group that ethics is "A set of morals or principles or what a person defines as right and wrong."
4. Each profession has its own code of ethics, and that goes for peer advocates, too. Ex. doctors have a code which says "First do no harm".
5. Think about what kinds of "rules or morals" a peer educator should follow when she is working with her clients. List on flipchart.

Responses might include:

  - Respect individual differences, including choices people make that may not be our own
  - Maintain confidentiality
  - Be committed to ongoing learning
  - Act as a role model, making healthy choices and being true to myself
  - Honor diversity in all its forms
6. Refer participants to the handout "Peer Educator Code of Ethics" after they have given their list. (This is a list that was developed for the Lotus Project peers.)
7. Facilitators do two short role plays, one depicting an ethical code of conduct and one depicting an unethical.

\* This module comes from the Lotus Women's Peer Education Training Manual, Center for Health Training and Women Organized to Respond to Life Threatening Diseases (WORLD), 2008.

# PEER EDUCATOR CODE OF ETHICS

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

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

8. Lead a brief discussion after each role play and ask participants if what they saw was ethical or unethical? Ask, what went well?
9. Ask what could have been done differently by the peer advocate in that situation?

## Summary

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

\* This module is part of the online toolkit Building Blocks to Peer Success. For more information, visit [http://www.hdwg.org/peer\\_center/training\\_toolkit](http://www.hdwg.org/peer_center/training_toolkit). This module comes from the Lotus Women's Peer Education Training Manual, Center for Health Training and Women Organized to Respond to Life Threatening Diseases (WORLD), 2008.

# PEER EDUCATOR CODE OF ETHICS

## SESSION HANDOUT

### PEER EDUCATOR CODE OF ETHICS

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

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

I value and know who I am...


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


I am a Peer Educator.




# PROFESSIONAL STANDARDS\*

## ► ABOUT THIS ACTIVITY

 **Time:** 40 minutes

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

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


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

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

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

 **Materials:**

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

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

## Instructions

1. Ask participants if they can come up with a definition for professional standards (behavior/ how to conduct oneself on the job).
2. Ask participants to brainstorm a list of professional standards.
3. Lead a discussion about “professional standards” as they relate to being a peer. Does being paid or volunteering as a peer change how you view standards?
4. Discuss whom you represent as a peer -- the agency, your community, your peer group? Does this vary depending on where you are or who you are talking to?
5. Break into 3-4 groups.
6. Give each group one set of standards (divide them up among the groups) and to define them and give a basic standard that should be followed/achieved.
7. Discussion questions:
  - a. How did it feel to do this exercise?
  - b. How many of you have done this on your job?
  - c. How would it influence your role as a peer if this was done?
  - d. You are the supervisor hiring peers – Is it different looking at being a peer from the supervisor’s perspective since you have to think about the best way to get the work done and be fair to everyone?

## Summary

Wrap up session.

\* This module is part of the online toolkit Building Blocks to Peer Success. For more information, visit [http://www.hdwg.org/peer\\_center/training\\_toolkit](http://www.hdwg.org/peer_center/training_toolkit). This module comes from the Comprehensive Peer Worker Training, Peer Advanced Competency Training (PACT) Project Harlem Hospital Center, Division of Infectious Diseases, 2008.

# PROFESSIONAL STANDARDS

## SESSION CHEAT SHEET


### PROFESSIONAL STANDARDS

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


# WORKPLACE CHALLENGES\*

## ► ABOUT THIS ACTIVITY

 **Time:** 60 minutes

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

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

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

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

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

 **Materials:**

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

 **Preparation:**

- Prepare flipcharts
- Prepare handouts

## Instructions

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

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

# WORKPLACE CHALLENGES

## ► TRAINING TIPS

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

12. Ask what the common elements were in each scenario.
13. Discuss how relying on workplace policy and referrals can be the easiest way to handle challenging situations.
14. Ask participants who they represent; the agency, peer group, themselves? Discuss if there is time.

## Summary

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

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

\* This module is part of the online toolkit Building Blocks to Peer Success. For more information, visit [http://www.hdwg.org/peer\\_center/training\\_toolkit](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.

# WORKPLACE CHALLENGES

## SESSION HANDOUT # 1 of 3

### WORKPLACE CHALLENGES

Accepted by professional staff as part of team

Benefits

Boundaries (financial/attraction/information)

Confidentiality

Communication styles (street versus office)

Contact info (cell/home numbers)

Disclosure

Health limitations

Over-identification with client/counter-transference

Personal relationships between peers

Professional Attire

Professionalism

Staying open-minded

Supervisory issues

Working as a team player

Working in structured environment

Work hours/flexibility

# WORKPLACE CHALLENGES

## SESSION HANDOUT # 2 of 3

### CASE STUDIES/SCENARIOS

#### Scenario A

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

How would you handle this scenario?

What issues are involved in this scenario?

#### Scenario B

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

How would you handle this scenario?

What issues are involved in this scenario?

#### Scenario C

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

How would you handle this scenario?

What issues are involved in this scenario?

#### Scenario D

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

How would you handle this scenario?

What issues are involved in this scenario?

# WORKPLACE CHALLENGES

## SESSION HANDOUT # 3 of 3

### DECISION-MAKING

(Flipchart and Handout)

What are the issues involved?

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

How might your decision affect your relationship with the client?

How might your decision affect your work with the client?

How might your decision affect the care this patient receives?

How might your decision affect your relationship with other clients?

How might your decision affect your position within the program?

# WORKPLACE CHALLENGES

## SESSION TRAINER'S GUIDE

### CASE STUDIES/SCENARIOS

#### Scenario A

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

How would you handle this scenario?

What issues are involved in this scenario?

#### **Trainer notes:**

Does the dollar amount make a difference?

Does it matter how long you have known the client?

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

How could giving money affect the care this client receives?

How could giving money affect your relationship with the client?

What makes lending money a good or bad gesture?

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

Would lending money empower or enable a client?

Has this ever happened to you?

What did you do?

What was the outcome?



# WORKPLACE CHALLENGES

## SESSION TRAINER'S GUIDE (cont.)

### CASE STUDIES/SCENARIOS (CONT.)

#### Scenario B

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

How would you handle this scenario?

What issues are involved in this scenario?

#### **Trainer notes:**

Does the dollar value of the gift make a difference?

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

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

How could accepting gifts affect the care this client receives?

How could accepting gifts affect your relationship with the client?

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

Do you know your organization's general workplace policies?

Has this ever happened to you?

What did you do?

What was the outcome?

# WORKPLACE CHALLENGES

## SESSION TRAINER'S GUIDE (cont.)

### CASE STUDIES/SCENARIOS (CONT.)

#### Scenario C

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

How would you handle this scenario?

What issues are involved in this scenario?

#### **Trainer notes:**

Is this a breach of confidentiality?

Has this ever happened to you?

What did you do?

What was the outcome?

# WORKPLACE CHALLENGES

## SESSION TRAINER'S GUIDE (cont.)

### CASE STUDIES/SCENARIOS (CONT.)

#### Scenario D

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

How would you handle this scenario?

What issues are involved in this scenario?

#### **Trainer notes:**

How might sharing your experience affect the group?

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

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

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

In what way do you share your experiences?

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

Would you take this issue to your supervisor?

Has this ever happened to you?

What did you do?

What was the outcome?

# WORKPLACE DO'S AND DON'TS\*

## ► ABOUT THIS ACTIVITY

- 🕒 **Time:** 30 minutes
- ➔ **Objectives:** By the end of this session, participants will be able to:
  - Have a basic understanding surrounding issues that may arise when returning to work.
- ★ **Training Methods:** Lecture, Large Group Discussion
- ✓ **In This Activity You Will...**
  - Identify and answer questions participants may have about returning to work (20 minutes).
  - Lead a group discussion to summarize (10 minutes).
- ✂ **Materials:**
  - Projector
  - Laptop
  - Screen/Wall
- 🚫 **Preparation:** None

## Instructions

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

### Talking Points (PowerPoint Slides)

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

- What are my hours?

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

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

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

A job description is provided to staff or volunteers.  
Understand daily job tasks that need to be completed.

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

# WORKPLACE DO'S AND DON'TS



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

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

- Will I have an agency orientation?  
Human Resources or your Department Supervisor will arrange for you to meet with managers of all agency departments to become familiar with agency services.  
Usually occurs within the first 30 days of employment.  
There maybe orientation to agencies in the community to increase knowledge of services.
- Do I have to fill out timesheets?  
Timecards or timesheets are used to track the number of hours a person works or volunteers. Human Resources will show you how to fill them out.
- Can I use the agency phone for personal business?  
If you are unsure ask your supervisor.  
Use discretion when using the phone.  
Use when on a break.
- Should I have my cell phone on when working?  
If you are unsure ask your supervisor.  
Use of vibrate or ringer off option.
- How and who to report a problem in the workplace?  
Report concerns to your supervisor  
Report concerns to Human Resources if it relates to your supervisor, sexual harassment or discrimination
- Will there be parking?  
Agency may have parking lots available to staff who drive.

## Summary

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

\* This module is part of the online toolkit *Building Blocks to Peer Success*. For more information, visit [http://www.hdwg.org/peer\\_center/training\\_toolkit](http://www.hdwg.org/peer_center/training_toolkit).  
This module comes from the Missouri People to People Training Manual, 2008.

# WORKPLACE DO'S AND DON'TS

## SESSION POWERPOINT



### Return to Work Issues: *Workplace Do's & Don'ts*



### Return to Work Issues: *Workplace Do's & Don'ts*

#### What are my hours?

- It's important to know what hours you work daily so you can be on time and end on time. Call if you are going to be late or unable to attend work.
- Breaks and/or lunch

#### How should I dress when going to work?

- Present in a professional manner-dress code, grooming, personal hygiene
- Business casual-slacks, shirts, skirts/slacks and blouse, sweaters, shoes.
  - What not to wear include caps/hats, exercise gear, shorts/tank-tops, clothing wrinkled, ripped, flip-flops

#### What is confidentiality in the workplace?

- HIPAA

#### What are my job responsibilities?

- Job Description
- Understand what are the daily job tasks that need to be completed



### Return to Work Issues: *Workplace Do's & Don'ts*

#### Will I have an agency orientation?

- HR or your Supervisor will schedule so you can meet other managers and become familiar with the agency services
- Usually occurs within the first 30 days of employment
- Orientation to agencies in the community

#### Do I have to fill out timesheets?

- Time sheets or time cards. HR will inform you.

#### Can I use the agency phone for personal business?

- If unsure ask your supervisor
- Use discretion when using the phone
- Use when on your break

#### Should I have my cell phone on when I am working?

- If unsure ask your supervisor
- Use vibrate or ringer off options



### Back to the Workforce Answers to questions you want to know, but don't want to ask...

#### How and who to report a problem to in the workplace?

- Report concerns to your supervisor
- Report concerns to HR if it relates to supervisor, sexual harassment or discrimination

#### Will there be parking?

- Agency may have parking lots.

#### Are there transportation assistance benefits?

- Discounted monthly bus pass programs

# WHAT IS THE DEFINITION OF STIGMA?\*

## ► ABOUT THIS ACTIVITY

- 🕒 **Time:** 25 minutes
- ➡ **Objectives:** By the end of this session, participants will be able to:
  - Define stigma and give examples.
- ★ **Training Methods:** Individual Activity, Large Group Discussion
- ✓ **In This Activity You Will...**
  - Ask participants to write their own definitions of stigma (5 minutes).
  - Lead a discussion on the types of stigma (20 minutes).
- ✂ **Materials:**
  - Index Cards
  - Handout – Definitions of Stigma (optional)
- 🔪 **Preparation:**
  - Print handouts (optional)

## Instructions

1. Hand out cards.
  2. Ask participants to write on cards their own definition of stigma.
  3. Encourage people to give examples of stigma or define it.
  4. Then explain the definition below or give it out as a handout.
- Deep feeling one can have, which makes one feels disrespected or unloved.
  - I feel stigmatized in my work as an AIDS educator –people tease me about distributing condoms and call me “Mama Condom”.
  - PLWHA (people living with HIV/AIDS) being blamed for their infection and told they deserve it.
  - People running away from you because of a disease you have.
  - Feeling ashamed because one has HIV/AIDS.
  - Fear of disclosing one’s disease to others.
  - Self-stigma – PLWHA react to and begin to accept negative judgments of society.

### Two types of stigma:

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

### Stigma process:

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

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

# WHAT IS THE DEFINITION OF STIGMA?



*Knowledge is the key that breaks stigma and unlocks doors.*

Graduate of the PACT training program

Other important dimensions:

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

## Summary

Wrap up session.

\*This module is part of the online toolkit Building Blocks to Peer Success. For more information, visit [http://www.hdwg.org/peer\\_center/training\\_toolkit](http://www.hdwg.org/peer_center/training_toolkit).

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



# WHAT IS THE DEFINITION OF STIGMA?

## SESSION HANDOUT

### DEFINITION OF STIGMA

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

# WORKING WITH GRIEF\*

## ► ABOUT THIS ACTIVITY

- 🕒 **Time:** 60 minutes
- ➡ **Objectives:** By the end of this session, participants will be able to:
  - Understand how to differentiate between grief and depression.
  - Determine whether a client is grieving or depressed.
  - Discuss ways to help support a client who is grieving.
- ★ **Training Methods:** Brainstorm, Small Group Case Study, Large Group Discussion
- ✓ **In This Activity You Will...**
  - Facilitate a brief discussion about grief and stages of grieving (20 minutes).
  - Break the group into small groups to discuss two scenarios (25 minutes).
  - Lead a full group debrief of the two scenarios (15 minutes).
- ✂ **Materials:**
  - Flipchart
  - Markers
  - Tape
  - Handout - Working with Grief (optional)
  - Handout - Grief vs. Depression
  - Handout - Working with Grief, Case Scenarios

(continued next page)

## Instructions

1. Provide the following information in your own words: By the time most people are adults they have experienced grief in relation to a life event. Grief happens when we have suffered a loss that is somehow permanent.
2. By loss we mean not only death, but other losses such as the loss of one's health status (e.g. an HIV diagnosis), freedom, a love we broke up with, a friend who moved away, a pet, a child who got married and moved away, a place in our life we had to leave behind.
3. We also want to give you all some tools to evaluate whether or not you should refer someone to a mental health professional.
4. Ask:
  - What are things people grieve over?
  - How would you describe grief?
5. Point out that sometimes a person may have difficulty with the process of grieving. Ask: why might this occur?
  - Sometimes we hold beliefs about grief that actually inhibit our ability to grieve.
  - Or we think we have to take care of others by not showing our feelings.
6. Tell the group: There are several models used in the mental health field to describe the process of moving through grief. As peer advocates we help people move through the various stages of initial crisis to the later stages of understanding – growth and positive change. Let's consider the path our clients (and we) walk through the feelings of grief.

\* This module comes from the Lotus Women's Peer Education Training Manual, Center for Health Training and Women Organized to Respond to Life Threatening Diseases (WORLD), 2008.

# WORKING WITH GRIEF

## ABOUT THIS ACTIVITY (CONT.)

### Preparation:

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

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

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

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

- Acceptance
- Sense of meaning/purpose
- Wholeness

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

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

11. Discuss the following points and write on flipchart:

- Someone who is grieving will experience a range of emotions at any given time. Someone who is depressed may not experience a range of emotions; rather she may feel only deep sadness, despair or numbness.
- Someone who is grieving will probably indicate that they know that life will go on despite the loss. People who are depressed often feel a sense of hopelessness.

# WORKING WITH GRIEF



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

Sylvia Young  
Peer Advocate Program Manager  
WORLD

- People who are grieving usually feel a sense of purpose; as a matter of fact, the loss may cause them to strengthen or re-assess what is important. Someone who is depressed may feel a lack of purpose, or unenthusiastic about her life's purpose.
12. Break participants into groups of 4-5 and hand out scenarios. Give half the groups scenario #1 and the other half scenario #2. Ask them to answer the questions on the handout. The first 3 questions will help them to analyze the situation, and the last 4 will help them develop a plan.
  13. Give the groups 10 minutes to discuss their scenario.
  14. In the full group, discuss both scenarios and ask for a few responses to each.
  15. You may distribute the optional Working with Grief handout for people to take with them as a homework assignment.

## Summary

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

\* This module is part of the online toolkit Building Blocks to Peer Success. For more information, visit [http://www.hdwg.org/peer\\_center/training\\_toolkit](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.

# WORKING WITH GRIEF

## SESSION HANDOUT # 1 of 3

### WORKING WITH GRIEF

#### When do we grieve?

We grieve when we have suffered a loss that is somehow permanent:

- Loss of one's health status (e.g. an HIV diagnosis)
- Freedom
- Break up, divorce
- Friend who moved away
- Death
- Loss of a pet
- Child who got married and moved away
- Place in our life we had to leave behind

#### Stages of Grief

##### Early Stages of Grief

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

##### Later Stages of Grief

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

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

#### Grief vs. Depression

##### Grief

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

##### Depression

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

# WORKING WITH GRIEF

## SESSION HANDOUT # 2 of 3

### GRIEF VS. DEPRESSION

Determining if a client is depressed or sad with grief...

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

Someone who is grieving will experience a range of emotions at any given time.

Someone who is depressed may not experience a range of emotions; rather she may feel only deep sadness, despair or numbness.

A follow up question would be: \_\_\_\_\_  
\_\_\_\_\_

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

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

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

\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

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

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

# WORKING WITH GRIEF

## SESSION HANDOUT # 3 of 3

### WORKING WITH GRIEF, CASE SCENARIO 1

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

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

For each scenario answer the Following Questions:

1. In your opinion – what is happening in the scenario? \_\_\_\_\_  
\_\_\_\_\_
2. What state of grief process do you think she is experiencing? \_\_\_\_\_  
\_\_\_\_\_
3. List the information that supports your conclusion. \_\_\_\_\_  
\_\_\_\_\_
4. List at least three questions might you ask her to figure out if she is depressed or grieving? \_\_\_\_\_  
\_\_\_\_\_
5. What thoughts, concerns, or feelings might come up for her? For you? \_\_\_\_\_  
\_\_\_\_\_
6. What support and/or information could you offer her? \_\_\_\_\_  
\_\_\_\_\_
7. What action steps might your client, you or both of you consider taking? \_\_\_\_\_  
\_\_\_\_\_

# WORKING WITH GRIEF

## SESSION HANDOUT # 3 of 3 (cont.)

### WORKING WITH GRIEF, CASE SCENARIO 2

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

For each scenario answer the Following Questions:

1. In your opinion – what is happening in the scenario? \_\_\_\_\_  
\_\_\_\_\_
2. What state of grief process do you think she is experiencing? \_\_\_\_\_  
\_\_\_\_\_
3. List the information that supports your conclusion. \_\_\_\_\_  
\_\_\_\_\_
4. List at least three questions might you ask her to figure out if she is depressed or grieving? \_\_\_\_\_  
\_\_\_\_\_
5. What thoughts, concerns, or feelings might come up for her? For you? \_\_\_\_\_  
\_\_\_\_\_
6. What support and/or information could you offer her? \_\_\_\_\_  
\_\_\_\_\_
7. What action steps might your client, you or both of you consider taking? \_\_\_\_\_  
\_\_\_\_\_



CORE COMPETENCIES: PEER ROLE PART 1

## **STAGES OF CHANGE**

# STAGES OF CHANGE\*

## ► ABOUT THIS ACTIVITY

🕒 **Time:** 40 minutes

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

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

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

✓ **In This Activity You Will...**

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

✂ **Materials:**

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

(continued next page)

## Instructions

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

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

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

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

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

5. Draw a “tool box” on flipchart and write in responses of what we need to make changes. Responses should include: information on options, motivation, support, feedback.
6. Researchers have come up with a model known as the stages of change model to help us understand how people make changes in their lives.
7. This model suggests that individuals or groups pass through six stages when changing behavior: pre-contemplation, contemplation, preparation, action, maintenance, and relapse.
8. Ask participants to turn to their handout, Stages of Change Model of Peer Advocacy and utilize the handout as they do the next activity.

\* This module comes from the Lotus Women's Peer Education Training Manual, Center for Health Training and Women Organized to Respond to Life Threatening Diseases (WORLD), 2008.

# STAGES OF CHANGE

## ABOUT THIS ACTIVITY (CONT.)

### Preparation:

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

9. Have the participants imagine that they are peer advocates with HIV positive, sexually active clients all at different stages. Conduct a brief discussion of risky or protective behaviors the client may engage in at each stage.
10. Break participants into 6 groups and assign one stage to each group.
11. Ask them to go to an assigned area where their stage of change is posted.
12. After each group is at their assigned stage, have them discuss with their group the questions written earlier on the flipchart:
  - a. What feelings, thoughts or anxiety may your client experience at this particular stage?
  - b. What can peers say or do to be supportive of this client at this stage?
13. Have the groups report back.
14. After all have gone, ask: Is there anything that all stages have in common? Ask: What are some of the differences between stages?
15. Point out that some stages are ready for more encouragement than others. Some stages, especially pre-contemplation, contemplation, and relapse really need gentle treatment and support, because people in those stages are likely to be hard on themselves and/or not really ready to make changes. The important thing in those stages is to keep the door open so the person will come back to us when they're ready for advice or suggestions.

## Summary

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

\* This module is part of the online toolkit Building Blocks to Peer Success. For more information, visit [http://www.hdwg.org/peer\\_center/training\\_toolkit](http://www.hdwg.org/peer_center/training_toolkit). This module comes from the Lotus Women's Peer Education Training Manual, Center for Health Training and Women Organized to Respond to Life Threatening Diseases (WORLD), 2008.v

# STAGES OF CHANGE

## SESSION HANDOUT #1 of 2

### STAGES OF CHANGE MODEL OF PEER ADVOCACY

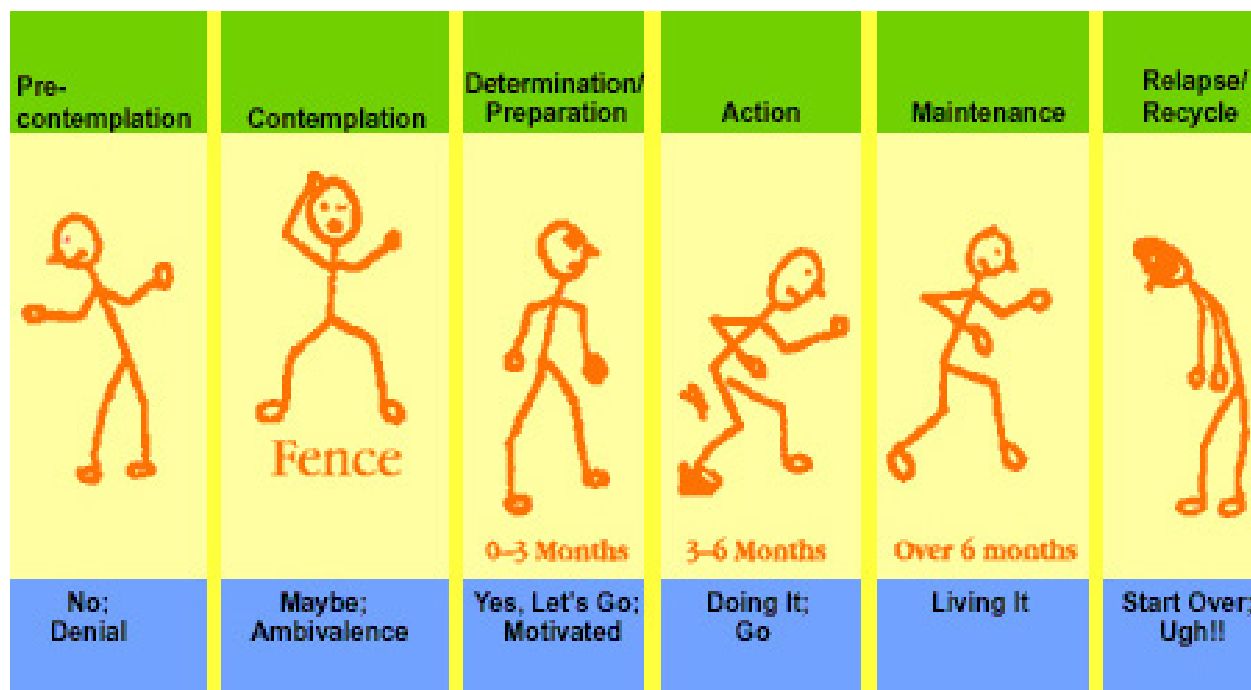
One model we can use to understand better how we deal with change is the Stages of Change model. This theory proposes that we typically progress through six stages as we incorporate a new behavior, attitude, or skill into our lives. We can learn to identify at what stage a client, family member or friends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

STAGE	BEHAVIOR	WHAT YOU CAN SAY/ DO TO HELP
Precontemplation	<ul style="list-style-type: none"> <li>Doesn't intend to change, feels no need to change.</li> <li>May feel hopeless, defensive, ashamed or angry.</li> </ul>	<ul style="list-style-type: none"> <li>Support feelings: You seem sad/scared/nervous.</li> <li>Ask non-threatening questions: What do you think about . . .? How would you handle this?</li> <li>Listen.</li> <li>Provide limited information, increase awareness of risks.</li> </ul>
Contemplation	<ul style="list-style-type: none"> <li>Growing awareness of need to change.</li> <li>More open to feedback.</li> <li>Thinking about change, not taking action.</li> <li>Indecisive, not ready to commit to change.</li> </ul>	<ul style="list-style-type: none"> <li>Support feelings: This seems scary to you.</li> <li>Ask open questions: What would happen if...? How would it be to...?</li> <li>Weigh pros/cons of change: On the one hand..., but on the other...</li> </ul>
Preparation	<ul style="list-style-type: none"> <li>Intent to take action in near future.</li> <li>May have already begun taking some steps toward change.</li> <li>0-3 months</li> </ul>	<ul style="list-style-type: none"> <li>Show understanding and support: Other women feel the way you do. This is a really tough decision. You're making a great start.</li> <li>I like what you've already done.</li> <li>Examine alternatives: Some women have tried...</li> </ul>
Action	<ul style="list-style-type: none"> <li>In process of changing.</li> <li>Practices new behavior consistently.</li> <li>3-6 months</li> </ul>	<ul style="list-style-type: none"> <li>Ask supportive questions: Who can help you stick with this?</li> <li>Support small steps: I'm so impressed you've tried this.</li> </ul>
Maintenance	<ul style="list-style-type: none"> <li>Feels confident and comfortable with new behavior.</li> <li>6 months or more</li> </ul>	<ul style="list-style-type: none"> <li>Show support: What an accomplishment! Look how far we've come.</li> <li>Identify strategies: What's one thing that will keep you going?</li> </ul>
Relapse	<ul style="list-style-type: none"> <li>Falls back to any former stage.</li> </ul>	<ul style="list-style-type: none"> <li>Support feelings: You seem frustrated/sad.</li> <li>Ask non-threatening questions: What helped you...? What do you think about...?</li> <li>Provide reassurance: Most people go through this.</li> </ul>

# STAGES OF CHANGE

## SESSION HANDOUT # 2 of 2

### MEETING YOUR CLIENT WHERE THEY ARE



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

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

1. Pre-contemplation: Have not considered that they are at risk and need to use condoms
2. Contemplation: Become aware of their risk and subsequent need to use condoms
3. Preparation: Begin to think about using condoms in the next months
4. Action: Use condoms consistently for fewer than six months
5. Maintenance: Use condoms consistently for six months or more
6. Relapse: May begin to use condoms less consistently or discontinue use

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

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

# STAGES OF CHANGE\*

## ► ABOUT THIS ACTIVITY

- 🕒 **Time:** 30 minutes
- ➡ **Objectives:** By the end of this session, participants will be able to:
  - Describe the Stages of Change model.
  - Discuss the importance of identifying which stage a client is in.
  - Discuss the importance of relapse.
  - Describe factors that help move clients through stages.
- ★ **Training Methods:** Large Group Discussion, Large Group Activity
- ✓ **In This Activity You Will...**
  - Lead a group discussion about the history and principle elements of the Stages of Change model. (30 minutes).
- ✂ **Materials:**
  - Discussion questions – Stages of Change
  - Handout – Stages of Change
  - Handout – Stages of Change spiral
  - Handout – Staging Examples
  - Answer Key – Staging Examples
  - Markers
- 🔪 **Preparation:**
  - Prepare Stages of Change flip charts
  - Prepare handouts

## Instructions

1. Introduce topic and ask participants to think privately of a behavior that they have succeeded at changing in their lives as well as one where they have not succeeded. Ask participants not to share the behavior but to keep it in mind while we are discussing how and why people change.
2. Conduct discussion of the Stages of Change model using the following discussion questions (see attached for possible discussion points/answers):
  - a. As peers, are we trying to change clients?
  - b. Is that our role?
  - c. Why do clients come to us?
  - d. Are people ready to change if they say they are?
  - e. Have you heard of the Stages of Change/Transtheoretical Model?
  - f. Can anyone describe any parts of it?
  - g. Do you know why it was developed?
3. Pass out Stages of Change handout. Ask participants to read aloud the stages and the descriptions and then briefly discuss each one. When you discuss Relapse make sure to explain that this might be a new approach to Relapse.
4. Discuss some important considerations in Stages of Change. (see attached)
5. Pass out Staging Examples handout. Have participants read examples aloud and work together as a class to assign it to the appropriate stage of change. After all examples are done, pass out Staging Examples answer sheet.

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

# STAGES OF CHANGE

## ► TRAINING TIP

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

## Summary

- Wrap up session reminding participants that they have not learned enough today to “stage” clients but it will help them work with clients to know more about stages and what motivates people to change during various stages. Remind them that relapse is expected and normal.
- Also summarize by reminding peers that we are presenting this since we feel it is important to keep in mind so that we do not burn out and think that our client’s behavior is our responsibility. We are peers helping to facilitate change that a client might be attempting. If it takes many tries for the client, it is a nice reminder to us that that is very normal.

\* This module is part of the online toolkit Building Blocks to Peer Success. For more information, visit [http://www.hdwg.org/peer\\_center/training\\_toolkit](http://www.hdwg.org/peer_center/training_toolkit).

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

# STAGES OF CHANGE

## SESSION DISCUSSION QUESTIONS

### STAGES OF CHANGE DISCUSSION QUESTIONS

#### A. Initial discussion questions

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

#### B. Other issues

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



# STAGES OF CHANGE

## SESSION HANDOUT # 1 of 3

### STAGES OF CHANGE

#### Pre-Contemplation

Person does not see behavior as a problem.

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

Person has no intention of changing behavior.

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

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

#### Contemplation

Person has some awareness of the need to change behavior.

Person begins to realize the risks of the behavior.

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

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

#### Preparation

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

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

Person expresses intent to change.

Person clearly sees the benefits of changing the behavior.

# STAGES OF CHANGE

## SESSION HANDOUT # 1 of 3 (cont.)

### STAGES OF CHANGE (CONT.)

#### Action

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

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

Person has expressed commitment to change.

Person has developed plans to maintain change.

#### Maintenance

New behavior is practiced consistently for over six months.

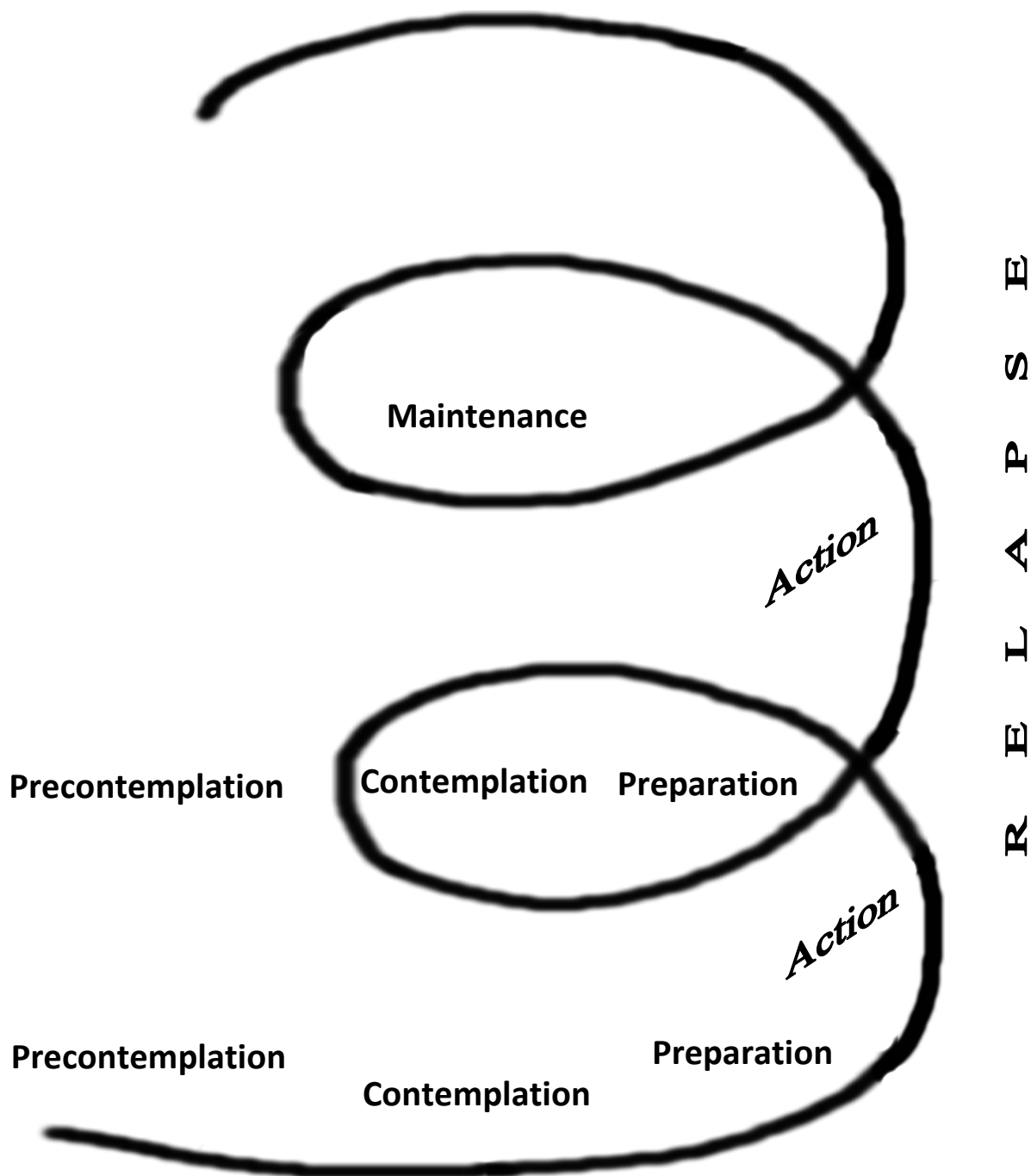
New behavior is becoming habitual.

Person expresses confidence in ability to continue change.

#### Quick Reference

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

# The stages of change



Adapted from Cicatelli

# STAGES OF CHANGE

## SESSION HANDOUT # 3 of 3

### STAGING EXAMPLES

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

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

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

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

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

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

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

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

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

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

# STAGES OF CHANGE

## SESSION ANSWER KEY

### STAGING EXAMPLES ANSWER KEY

#### Pre-Contemplation

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

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

#### Contemplation

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

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

#### Preparation

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

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

#### Action

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

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

#### Maintenance


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

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


# BEHAVIOR CHANGE\*

## ► ABOUT THIS ACTIVITY

 **Time:** 60 minutes

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

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

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



### In This Activity You Will...

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

 **Materials:**

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

 **Preparation:**

- Prepare Wheel of Change flipchart
- Prepare handouts

## Instructions

1. Introduce activity.

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

2. Acknowledge that behavior change is a complex process.

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

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

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

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

*Please take out the handout Behavior Change and Me. Take a few minutes to fill out the questions about a behavior you tried to change.*

**[Note to trainers: Be available if participants need help reading or filling out the questionnaire. Should take 20 minutes up to this point]**

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

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

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

# BEHAVIOR CHANGE

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

*What did you realize about your change process?*

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

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

*Did you succeed the first time?*

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

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

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

- **Stage 1** - Pre-Contemplation – “Did you know this is happening to other people just like you?” “Gee, there are advantages to your behavior. Are there any negatives?”
- **Stage 2** – Contemplation – “Why is it important for

you to make this change?” “How will you feel when you have achieved it?”

- **Stage 3** - Decision – “Sounds like you’re ready. “What are you going to do to make the change?” “What resources can help you?” “What might get in the way and what can you do?”
- **Stage 4** – Action – “How is it going? How do you feel about yourself? What is working really well? What is getting in the way?”
- **Stage 5** – Maintenance – “Way to go! What might trip you up?”
- **Stage 6** – Recycle/Relapse – “Give yourself a break. We all fall down, and then we get up. Change is hard and failure is often part of the process. It’s normal, but it doesn’t feel good. Do you know anyone else who failed at first? Are you ready to get back on track? Do you need to make any changes in how you are doing it? Who and what would help you?” How can you use these when working with peers?

8. Close by thanking the group for their suggestions.

## Summary

Wrap up with the following points:

- It is important for peer educators to understand that people change in their own way and at their own pace.
- Change is a process that usually takes several tries before change it lasts.
- Information alone is not always enough for people to change their behaviors.

\* This module is part of the online toolkit Building Blocks to Peer Success. For more information, visit [http://www.hdwg.org/peer\\_center/training\\_toolkit](http://www.hdwg.org/peer_center/training_toolkit). This module comes from Duke University, Partners in Caring; Center for Creative Education, 2006.

# BEHAVIOR CHANGE

## SESSION HANDOUT # 1 of 3

### ESSENTIAL INGREDIENTS OF BEHAVIOR CHANGE

#### How it happens

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

#### What knowledge, information, facts are needed?

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

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

#### If you believe it, you can do it!

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



#### Making it happen: knowledge in action

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

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



# BEHAVIOR CHANGE

## SESSION HANDOUT # 1 of 3 (cont.)

### ESSENTIAL INGREDIENTS OF BEHAVIOR CHANGE (CONT.)

#### The world around us.

The PEER EDUCATOR can help the peer to:

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

#### Other important things a PEER EDUCATOR can do to help:

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

# BEHAVIOR CHANGE

## SESSION HANDOUT # 2 of 3

### BEHAVIOR CHANGE AND ME

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

The behavior I tried to change was:

I decided I wanted to make this behavior change because:

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

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

People and activities that helped me make this change were:

Other things that blocked me from making this change were:

# BEHAVIOR CHANGE

## SESSION HANDOUT # 3 of 3

### STAGES OF CHANGE

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

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

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

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

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

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

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

# BEHAVIOR CHANGE

## SESSION HANDOUT # 3 of 3 (cont.)

### STAGES OF CHANGE (CONT.)

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

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

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

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

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

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

### Wheel of Change









CORE COMPETENCIES: PEER ROLE PART 1

## **DISCLOSURE**

# DISCLOSURE: BENEFITS AND RISKS\*

## ► ABOUT THIS ACTIVITY

-  **Time:** 60 minutes
-  **Objectives:** By the end of this session, participants will be able to:
  - Understand that everyone has a unique experience with disclosure or partner notification;
  - Empathize with others upon hearing their stories.
-  **Training Methods:** Large Group Activity and Discussion
-  **In This Activity You Will...**
  - Review the difference between confidentiality and disclosure (15 minutes)
  - Facilitate group activity around disclosure (30 minutes)
  - Review disclosure brochures and the peer role (15 minutes)
-  **Materials:**
  - Flipchart
  - Markers
  - Cards: “I would never tell” and I would always tell” (two or three of each)
  - Handout – Disclosure: Some Considerations Before You Disclose
  - Brochure - Disclosure
-  **Preparation:**
  - Print handout and brochure

## Instructions

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

### 1. Introduce the activity.

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

### 2. Explain the exercise.

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

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

# DISCLOSURE: BENEFITS AND RISKS

share a person or group s/he would never disclose to. You may add a reason why you would or would not tell this person/group if you choose.

- If I hand you a card and you don't wish to participate at this time, please let me know.
3. The trainer should ask for clarification of the instructions and repeat them and use the example below if needed.
    - The example to start could be: "I would always tell my employer because I may need to have time to go to my provider appointments."
  4. Allow each person who received a card to tell who s/he would or would not disclose to, and process the activity with the following questions.
    - Who were the people who were always told? Who were never told? What did you notice about these groups?
    - How do you feel about people choosing who they want to disclose to other than those they are required to tell?
  5. Allow participants to respond.
    - What is the best thing to do when a person tells you that they want to disclose to someone? [Possible answers include: ask if the person has a private place to disclose; ask person if s/he feels safe disclosing; prepare person for reactions.]
  6. Allow responses. Then go through the disclosure process. Have brochures available. [Record answers on a flipchart. Some responses could be:]
    - "Let's talk about this a bit."
    - "If you are anxious about this, you and I could role-play and then you can make a decision whether you want to disclose."
  7. Allow responses. Then go through the disclosure process.
    - Thank you all for sharing. It is important to remember that we all disclose to different people for different reasons. It is not up to peer educators to encourage others to disclose their HIV status, or to decide to whom their clients should tell.
    - Peer educators should encourage their clients to consider several things before disclosing to someone. These include:
      - What do you need most from the person you are telling? Have the peer think about how this person knowing can help their situation or make it worse.
      - Who are you most comfortable telling. Have the peer think of someone who can support them in a non-judgmental way while coping with their own feelings.
      - How important is privacy to you? Have the peer consider how the person s/he's considering disclosing to regularly deals with others' confidential information.
      - Prepare for reactions. Have the peer consider if the person s/he's going to tell might get upset. S/he might also provide written information on HIV to the person.
      - Where will you tell? Have the peer choose a place that is comfortable and provides enough privacy.
      - What are some of the risks? Have the peer think about the risks associated with disclosing, such as jeopardizing a job or telling someone who might become violent.
  8. Ask participants what some of the benefits of disclosure are. Allow responses.
    - Telling others about your status may take pressure off of you and relieve stress. This can help you stay healthy.
    - Some other benefits of disclosure may be:
      - Getting emotional support
      - Relief from the burden of secrecy
      - Connecting with others who are HIV+
      - Controlling your own disclosure on your own terms



# DISCLOSURE: BENEFITS AND RISKS

## ► TRAINING TIP

### Further instructions:

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

## Summary

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

\* This module is part of the online toolkit *Building Blocks to Peer Success*. For more information, visit [http://www.hdwg.org/peer\\_center/training\\_toolkit](http://www.hdwg.org/peer_center/training_toolkit). This module comes from Duke University, Partners in Caring; Center for Creative Education, 2006.

## DISCLOSURE: BENEFITS AND RISKS

### SESSION HANDOUT # 1 of 3

<b>I would always tell</b>	<b>I would always tell</b>	<b>I would always tell</b>
<b>I would never tell</b>	<b>I would never tell</b>	<b>I would never tell</b>

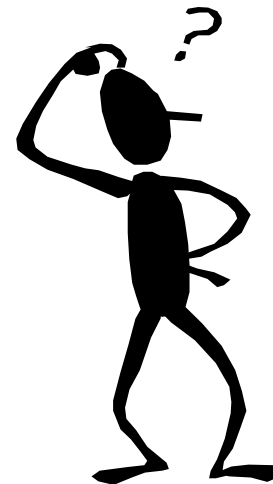
# DISCLOSURE: BENEFITS AND RISKS

## SESSION HANDOUT # 2 of 3

### DISCLOSURE: SOME CONSIDERATIONS BEFORE YOU DISCLOSE

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

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



## DISCLOSURE: BENEFITS AND RISKS



### Telling Others About Your HIV

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

#### Disclosure is YOUR Choice

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

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

#### Benefits of Disclosure

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

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

#### Risks of Disclosure

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

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

#### How to Tell

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

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

## DISCLOSURE: BENEFITS AND RISKS

### Telling a Child

You may delay disclosing to a child unless:

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

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

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

### Other Issues Pertaining to Children

When a child is infected:

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

### Telling Your Employer

You may wish to tell your employer.

However, legal advisors often urge caution regarding disclosure of medical conditions to an employer. Consider your reasons for telling and how it would affect your job and health. Limited disclosure work for you. An example of this might be, “I need to schedule some breaks because I have to take medicines at certain times during the day.”

If you decide to tell your employer, use your human resources department. They are trained to handle difficult issues with confidentiality and professionalism. State clearly to your human resources specialist, “I know that you will keep my questions and concerns confidential.”

### Get More Support

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

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

### Telling a Family Member or Romantic Partner

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

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

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

# DISCLOSURE AND STIGMA FISHBOWL\*

## ► ABOUT THIS ACTIVITY

- 🕒 **Time:** 120 minutes
- ➡ **Objectives:** By the end of this session, participants will be able to:
  - Discuss HIV disclosure basics;
  - Understand that everyone has a unique experience with disclosure;
  - Identify the benefits of, and barriers to, disclosure.
- ★ **Training Methods:** Large Group Activity
- ✓ **In This Activity You Will...**
  - Introduce the fishbowl activity and explain the rules (15 minutes)
  - Tell a disclosure story (5 minutes)
  - Facilitate the fishbowl activity (60 minutes - more or less depending on the size of the group)
  - Debrief the activity with the group (30 minutes)
  - Lead the group in a closing circle activity (10 minutes)
- ✂ **Materials:**
  - Newsprint, markers
  - Chairs
  - Flipchart
  - Lollipops
  - Timer
  - Kleenex

(continued next page)

## Instructions

1. Introduce activity, by making the following points.
  - a. We are going to have a discussion about disclosure and how it can impact the work that peers do in the community. We are going to do a fishbowl. Has anyone ever done a fishbowl before? In a fishbowl discussion, we have two groups. One group will come inside the circle and sit facing the rest of circle and answer three questions.
  - b. Then we will switch groups and ask the same questions.
  - c. The group that is on the outside of the circle must only listen; let's practice our listening skills, no question, no comments. We've got some lollipops for you, in case you feel the urge to say something!
2. We want to remember our ground rules we have established. This can be an emotional topic and we all have many stories to tell. We want to encourage you to tell the piece of your story related to disclosure, not your whole story. Tears are fine, we've got Kleenex. We want to hear from everyone that would like to speak, so please keep that in mind as you answer questions. When you are talking, you will have a timer. The timer will be set for 2 minutes and when it goes off your turn is up and the next person will give her response to the question. Let's do our best to be respectful and compassionate to each other, recognizing that we all come from a different place with different experiences.
3. Disclosure Meter/Role Model- Go over the disclosure meter with the group. Ask everyone to think about where they feel most comfortable on the meter. As they are thinking about this, tell a story of disclosure for yourself.
4. Fishbowl Activity

\* This module comes from the Lotus Women's Peer Education Training Manual, Center for Health Training and Women Organized to Respond to Life Threatening Diseases (WORLD), 2008.

# DISCLOSURE AND STIGMA FISHBOWL

## ABOUT THIS ACTIVITY(CONT.)

### Materials (cont.):

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

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

### Preparation:

- Write the following on flipchart:  
Disclosure Meter: How comfortable are you with disclosing your HIV status?  
1-NOT AT ALL COMFORTABLE - I will not tell anybody.  
2-A LITTLE COMFORTABLE - I will tell a couple of people.  
3-GETTING MORE COMFORTABLE- I will tell my family and friends.  
4-VERY COMFORTABLE- I disclose to everyone, my family/friends, and I am on TV, newspapers, posters, etc.
- Arrange chairs in a large circle. Ask everyone to take a seat. Put some chairs inside the large circle facing out.

## Tips for successfully implementing Fishbowl

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

## First group

- Ask those who rated themselves 1-2's to come inside the circle and face outwards towards the outer circle.
- Ask the following questions to the group.  
What do you want people in the other group to know about you?  
Why are you a 1 or 2?  
How do you feel about being a 1 or 2?  
What is one thing hard about being a 1 or 2?  
What is one thing easy about being a 1 or 2?

## Second group

- Ask those who are 3-4's to come inside the circle.
- Ask the following questions to the group.  
What do you want people in the other group to know about you?  
Why are you a 3 or 4?  
How do you feel about being a 3 or 4?  
What is one thing hard about being a 3 or 4?  
What is one thing easy about being a 3 or 4?

# DISCLOSURE AND STIGMA FISHBOWL

## ► TRAINING TIP

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

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

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

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

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

## Summary

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

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# DISCLOSURE AND STIGMA FISHBOWL

## SESSION HANDOUT # 1 of 4

### TELLING

1. A good experience that I had with telling someone else that I living with HIV...
2. A not-so-good experience that I had with telling someone else that I living with HIV...
3. One thing I do well when deciding who to tell is...
4. One thing I will change about disclosing my HIV status in the future is...

# DISCLOSURE AND STIGMA FISHBOWL

## SESSION HANDOUT # 2 of 4

### HIV & DISCLOSURE

#### Preparing for Disclosure

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

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

1. Who do I want to tell and why do I want them to know?
2. How much am I ready to share or are they ready to hear?
3. How will disclosing my HIV status affect me and how will it affect the people around me?
4. Think about the people you rely on for support, like family, friends, or coworkers.
5. Figure out your relationship with each of these people and the advantages and disadvantages of telling them.
6. Determine any issues the person might have that will affect how much he or she can support you. For example, does the person have any health problems of her own? Can you trust her?
7. Look at the person's attitude and knowledge about HIV. Do they have fears or preconceived ideas about HIV?
8. Think about why you'd want to disclose to this person. What kind of support can this person provide?
9. For each person, decide if the person should be told now, later, or to wait and see.

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

**There is no right way to do this.**

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

Julianne Serovich, PhD, Professor, Marriage and Family Therapy

# DISCLOSURE AND STIGMA FISHBOWL

## SESSION HANDOUT # 3 of 4

### WHO NEEDS TO KNOW YOU ARE HIV+

You do not have to tell everyone that you are HIV+. You should tell people that you may have exposed to HIV so that they can be tested and seek medical attention if required.

These people could be sexual contacts or people with whom you have shared needles. If you do not want to tell them yourself, The Department of Health can inform your contacts without even using your name.

In about 27 states, the law requires that you disclose your HIV status before knowingly exposing or transmitting HIV to someone else. Penalties vary from state to state.

You need to tell your doctors and other healthcare providers to ensure you receive appropriate care. Your doctor also needs to know how you were infected to determine if are at risk for other diseases, such as hepatitis C for injection drug users and other sexually transmitted diseases for women infected through sex.

### Who Does Not Need to Know

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

### Who You May Want to Tell

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

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

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

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

# DISCLOSURE AND STIGMA FISHBOWL

## DISCLOSING TO LOVED ONES

### Disclosing to Children

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

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

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

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

### Disclosure and Relationships

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

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

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

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# PEER DISCLOSURE\*

## ► ABOUT THIS ACTIVITY

 **Time:** 45 minutes

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

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

 **Training Methods:** Small Group Discussion, Report Back

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

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

 **Materials:**

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

 **Preparation:**

- Prepare newsprints

## Instructions

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

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

2. Break participants into four groups. Assign each group one of the 4 newsprint “topics” and ask them to appoint a recorder. Have groups divide newsprints into 2 categories: benefits and drawbacks. Instruct groups to list both the benefits, as well as the drawbacks, of disclosing to clients at that particular time. Give participants 15 minutes to develop their lists.
3. Ask each group to present their lists and discuss the benefits and drawbacks listed – do this in order of the topic. Elicit feedback from other groups regarding their thoughts on disclosing at the various times; something seen as a benefit by one group may be viewed as a drawback by another.

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

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

# PEER DISCLOSURE

## ► TRAINING TIP

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

## Summary

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

\* This module is part of the online toolkit *Building Blocks to Peer Success*. For more information, visit [http://www.hdwg.org/peer\\_center/training\\_toolkit](http://www.hdwg.org/peer_center/training_toolkit). This module comes from the Comprehensive Peer Worker Training, Peer Advanced Competency Training (PACT) Project Harlem Hospital Center, Division of Infectious Diseases, 2008.

# PEER DISCLOSURE

## SESSION NEWSPRINT

### Disclosure before meeting the client

Benefits

Drawbacks

### Disclosure during first meeting

Benefits

**Drawbacks**

### Disclosure after building trust/rapport with client

Benefits

**Drawbacks**

### Disclosure when a critical incident occurs

Benefits

Drawbacks

# SUPPORTING OUR CLIENTS THROUGH DISCLOSURE\*

## ► ABOUT THIS ACTIVITY

- 🕒 **Time:** 45 minutes
- ➡ **Objectives:** By the end of this session, participants will be able to:
  - Discuss HIV disclosure basics;
  - Understand that everyone has a unique experience with disclosure;
  - Identify the benefits of, and barriers to, disclosure.
- ★ **Training Methods:** Large Group Discussions, Dyad Activity
- ✓ **In This Activity You Will...**
  - Go over basic concepts of disclosure (15 minutes)
  - Facilitate pairs activity (15 minutes)
  - Debrief and wrap up (15 minutes)
- ✂ **Materials:**
  - Newsprint, markers
  - Handout - Telling
  - Handout - HIV and Disclosure
  - Handout - Who Needs To Know You Are HIV+
  - Handout - Disclosing to Loved Ones

(continued next page)

## Instructions

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

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

2. Review the question words that you have written on the flipchart.
3. Review the roles of the peer advocate.
4. Have discussion of safe/unsafe disclosure using the pre-written flipchart papers.
5. Hand out the Telling handout. Ask them to write their answers to the first two questions only on the worksheet. Pair people up and ask one person to tell their partner about a safe disclosure experience and the other person to tell their partner about an unsafe disclosure experience.

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

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

\* This module comes from the Lotus Women’s Peer Education Training Manual, Center for Health Training and Women Organized to Respond to Life Threatening Diseases (WORLD), 2008.



# SUPPORTING OUR CLIENTS THROUGH DISCLOSURE

## ABOUT THIS ACTIVITY (CONT.)



### Preparation:

- Write on flipchart:

Who	Where
What	How
When	

Role of peer advocate:

Listen, Support, Encourage, Suggest,  
Provide, Share your own experience.

- Write on another sheet of flipchart:

Unsafe Disclosure:

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

- Write on another sheet of flipchart:

Safe Disclosure:

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

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

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

### Points to remember

- Emphasize that what you're looking for here is not what happened, but how it happened: I.e., You're not asking them to share their stories with the group, but to think about what they did that helped make this a good experience.
  - Emphasize that safe disclosure requires more time and work from a person than unsafe disclosure.
  - Acknowledge that we have all made good choice and bad choices about disclosing different things at some point in our lives. This applies to other personal information, not just HIV.
7. Ask them to get out their "Telling" Handouts, and to write their answers to the last two questions on the worksheet.
8. End the session by asking the group: what are the roles of a peer advocate when supporting their client through disclosure?

Responses can include:

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

# SUPPORTING OUR CLIENTS THROUGH DISCLOSURE

## ► TRAINING TIP

### Things to stress:

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

## Summary

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

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# SUPPORTING OUR CLIENTS THROUGH DISCLOSURE

## SESSION HANDOUT # 1 of 4

### TELLING

1. A good experience that I had with telling someone else that I living with HIV...
2. A not-so-good experience that I had with telling someone else that I living with HIV...
3. One thing I do well when deciding who to tell is...
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# SUPPORTING OUR CLIENTS THROUGH DISCLOSURE

## SESSION HANDOUT # 2 of 4

### HIV & DISCLOSURE

#### Preparing for Disclosure

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1. Who do I want to tell and why do I want them to know?
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# SUPPORTING OUR CLIENTS THROUGH DISCLOSURE

## SESSION HANDOUT # 3 of 4

### WHO NEEDS TO KNOW YOU ARE HIV+

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# SUPPORTING OUR CLIENTS THROUGH DISCLOSURE

## SESSION HANDOUT # 4 of 4

### DISCLOSING TO LOVED ONES

#### Disclosing to Children

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

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

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

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