

CORE COMPETENCIES: PEER ROLE

CORE COMPETENCIES: PEER ROLE PART 2

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.

The Multidisciplinary Team

Navigating the System

Self-Care

Are You Ready to Be a Peer?

CORE COMPETENCIES: PEER ROLE PART 2

THE MULTIDISCIPLINARY TEAM

PEERS IN THE MULTIDISCIPLINARY TEAM*

► ABOUT THIS ACTIVITY

- 🕒 **Time:** 40 minutes
- ➔ **Objectives:** By the end of this session, participants will be able to:
 - Understand the concept of multi-disciplinary teams
 - Understand the vital role that Peer Educators play on the multi-disciplinary team
- ★ **Training Methods:** Lecture, Discussion
- ✓ **In This Activity You Will...**
 - Lead a group discussion about multidisciplinary teams (15 minutes)
 - Ask questions about difference between a traditional approach versus a multidisciplinary approach to health (10 minutes)
 - Lead a group discussion to summarize (15minutes)
- ✂️ **Materials**
 - Laptop
 - Projector
- 🗑️ **Preparation:** None

Instructions

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

What is a Multi-Disciplinary Team?

- Multi-disciplinary teams are groups of professionals from diverse disciplines who come together to provide comprehensive assessments and consultation for a common goal (client/patient).
- Multi-disciplinary teams members do not have to be all located at the same agency/clinic, but are connected in the provision of services to the same client/patient.
- Multi-disciplinary teams are more prominent in health care-at Hospitals, Clinics and at social services agencies-Non Profit Community Based Organizations and State funded agencies.
- Multi-disciplinary teams are present in the business field and at schools but often times the title of the team is different and are comprised of professionals from diverse disciplines coming together to provide assessments for a common purpose. An example in the business field would be a proposal to bid on a construction job where the diverse disciplines would include marketing department, sales, mechanical and electrical engineers, cad drawers etc. An example in the school setting would be to explore resources that might assist a student function better at school where the diverse disciplines would include the school counselor, the school nurse, the home room teacher etc.

Multidisciplinary Team at a Hospital or Clinic

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

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

PEERS IN THE MULTIDISCIPLINARY TEAM



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

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

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

coming in for a medical appointment and there is suspicion of substance abuse that is affecting adherence to medications etc...

- The common goal would be to assess the patient/client needs and develop a plan with the client and the team
- All disciplines are encouraged to share information they know about the case to support a holistic assessment and explore options to provide to the case for resolution

Traditional Approach versus the Multidisciplinary Approach

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

2. Ask participants the following questions and facilitate discussion.

Discussion Questions:

- What are the major differences between the Traditional Approach versus the Multidisciplinary Approach of collaborating with clients?
- What are some of the benefits to the multidisciplinary approach?
- How do you ensure that each discipline's role on the multidisciplinary team is valued?

Summary

As you can see the multidisciplinary team approach is inclusive of all disciplines and each team play is valued during assessment and goal planning for the client.

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

PEERS IN THE MULTIDISCIPLINARY TEAM

SESSION POWERPOINT



Peer Educators in the Multi-Disciplinary Team



Peer Educators in the Multi-Disciplinary Team

- Common Goal-assess client needs, develop plan between client and team
- Holistic approach



Peer Educators in the Multi-Disciplinary Team

- What are the qualities of an effective Peer Educator?
- What are not the qualities of an effective Peer Educator?



Peer Educators in the Multi-Disciplinary Team

What is a Multi-Disciplinary Team?

- Groups of professionals from diverse disciplines who come together to provide comprehensive assessments and consultation for a common goal.
- Team members at agencies where clients receive care
- Valued at hospitals, clinics, agencies
- Other disciplines: businesses, schools

Multi-Disciplinary Teams at hospitals/clinics

- Meet weekly
- Diverse disciplines
- Why complete a client case conferences
- Frequency of case conferences

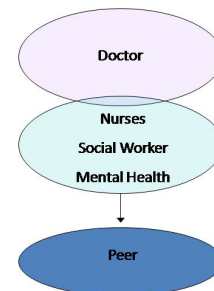


Traditional vs. the Multi-Disciplinary Approach

- Traditional Approach-Providers only, communication style, directive approach to service delivery
- Multi-Disciplinary Approach-Peer is center of team, communication style, holistic approach
- Peer is vital to connection between the client and providers

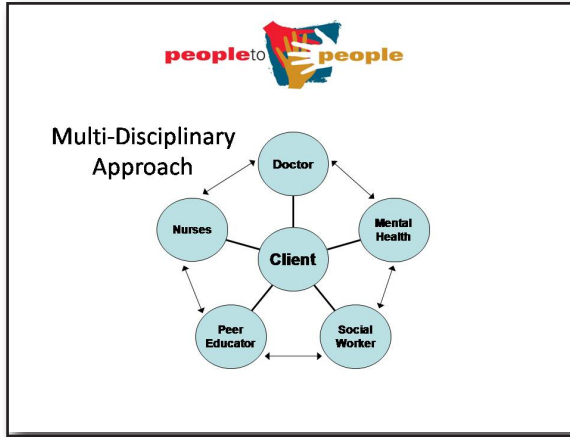


Traditional Approach









PEERS IN THE MULTIDISCIPLINARY TEAM

SESSION POWERPOINT (cont.)



PEERS IN THE MULTIDISCIPLINARY TEAM ACTIVITY*

► ABOUT THIS ACTIVITY

-  **Time:** 30 minutes
-  **Objectives:** By the end of this session, participants will be able to:
 - Describe key aspects of being a peer educator
 - Identify common qualities of peer educators;
 - Understand the different roles we play as peer educators.
-  **Training Methods:** Dyad Activity, Large Group Discussion
-  **In This Activity You Will...**
 - Facilitate activity about what are and are not the qualities of peer educators (10 minutes)
 - Elicit answers about what are and are not the qualities of peer educators (10 minutes).
 - Lead a group discussion to summarize (10 minutes)
-  **Materials:**
 - Handout – Peer Educators in the Multi-Disciplinary Team Activity
 - Pencils/Pens
 - Questions on newsprint
 - Markers
-  **Preparation:**
 - Print handouts
 - Write questions on newsprint

Instructions

1. Explain to participants that everyone will need to complete the questions on the activity sheets.
2. Ask participants to form into dyads or pairs.
3. Participant A will ask interview B following the questions on the activity sheet.
4. Participant B will ask interview A following the questions on the activity sheet.
5. A co-facilitator (if available) will write on newsprint the answers to the questions. If no co-facilitator is available, the interviewer will record answers on newsprint.
6. Review participant answers while emphasizing the common qualities of Peer Educators.
7. Upon completion of this activity post on the wall to refer to during the training

Summary

Summarize common qualities based on participant feedback from the activity. Acknowledge that as we go through this training we will learn about more qualities that were not mentioned today, but are essential to being a peer educator. Now we will learn about incorporating a peer educator as part of a health care team or multi-disciplinary team.

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

PEER IN THE MULTIDISCIPLINARY TEAM ACTIVITY

SESSION HANDOUT

PEER EDUCATORS IN THE MULTIDISCIPLINARY TEAM ACTIVITY

1. What are the qualities of an effective Peer Educator?
2. What are not the qualities of an effective Peer Educator?

ROLE OF MULTIDISCIPLINARY TEAM MEMBERS*

► ABOUT THIS ACTIVITY

🕒 **Time:** 30 minutes

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

- List 3 roles peer workers share with other team members
- List 4 unique roles of peer workers

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

✓ **In This Activity You Will...**

- Ask participants to reflect on the unique tasks that members of multidisciplinary team perform as well as commonalities (5 minutes)
- Fill out matrix on newsprints (15 minutes)
- Share matrices with the class (10 minutes)

✂ **Materials:**

- Newsprint - Team Roles (one per table)
- Handout & Answer Key - Team Tasks
- Handout- New York Times Article- Drug Users' Hard Lessons Become Tools to Teach Doctors (optional)
- Tape
- Flip chart and easel
- Markers
- Eraser

✂ **Preparation:**

- Prepare newsprints
- Prepare handouts

Instructions

1. Introduce session and define the term *multidisciplinary team*.
2. Earlier we talked about what makes peers unique. Now we are looking at what Peers share with other team members.
3. Instruct participants that they are going to do an exercise on defining the role of multidisciplinary team members. Explain to participants that understanding the role of co-workers is essential for a multidisciplinary team to work well together.
4. Break into small groups.
5. Give each table group a *team roles* newsprint.
6. Explain that each group should ask one person to be secretary and that each group should make a list of tasks for each multidisciplinary team member. Remind participants that some tasks will be shared and some will be unique to that team member.
7. *Remind participants that we have already spent time on the peer's role so they should do that quickly and then spend most of their time on the other team member's roles.*
8. After 15 minutes ask the small groups to stop.
9. Ask the groups to present their lists. Put a star next to common tasks.
10. Discuss different assignment of tasks between the groups.
11. Ask participants to comment on tasks that are shared by different

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

ROLE OF MULTIDISCIPLINARY TEAM MEMBERS

► TRAINER'S TIPS

- Share skills and tasks with other team members regardless of degrees.
- Highlight commonalities as well as what makes peers unique and what have in common.
- Explain to participants that understanding the role of co-workers is essential for a multidisciplinary team to work well together.

team members (“listen to patient concerns”) as well as tasks that are unique to peers or medical personnel. Mark shared tasks among all job titles with asterisks using colored markers. Then emphasize unique tasks for peers.

12. Hand out answer key.

Summary

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

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ROLE OF MULTIDISCIPLINARY TEAM MEMBERS

MULTIDISCIPLINARY TEAM TASKS

Peer	Supervisor	Physician	Nurse	Social Worker	Case Manager

ROLE OF MULTIDISCIPLINARY TEAM MEMBERS

SESSION HANDOUT #1 of 2

MULTIDISCIPLINARY TEAM TASKS ANSWER KEY

Peer	Supervisor	Physician	Nurse	Social Worker	Case Manager
Counsel	Counsel	Counsel	Counsel	Counsel	Counsel
Advocate	Advocate	Advocate	Advocate	Advocate	Advocate
Listen to concerns	Listen to concerns	Listen to concerns	Listen to concerns	Listen to concerns	Listen to concerns
Motivate	Motivate	Motivate	Motivate	Motivate	Motivate
Empower	Empower	Empower	Empower	Empower	Empower
Advise	Advise	Advise	Advise	Advise	Advise
Refer	Refer	Refer	Refer	Refer	Refer
Identify barriers	Identify barriers	Identify Barriers	Identify Barriers	Identify Barriers	Identify Barriers
Educate	Educate	Educate	Educate	Educate	Educate
Follow-up	Follow-up	Follow-up	Follow-up	Follow-up	Follow-up
Escort	Escort	Escort	Escort	Escort	Escort
Help with emergency	Help with emergency	Help with emergency	Help with emergency	Help with emergency	Help with emergency
Show how to take meds	Show how to take meds	Show how to take meds	Show how to take meds	Show how to take meds	Show how to take meds
Incr. client self esteem	Incr. client self esteem	Incr. client self esteem	Incr. client self esteem	Incr. client self esteem	Incr. client self esteem
Identify with client	Identify with client	Identify with client	Identify with client	Identify with client	Identify with client
Navigate	Navigate	Navigate	Navigate	Navigate	Navigate

ROLE OF MULTIDISCIPLINARY TEAM MEMBERS

The New York Times
nytimes.com

April 2, 2006

Drug Users' Hard Lessons Become Tools to Teach Doctors

By LUKE JEROD KUMMER

Marlana Reed and Geraldine Westcott were huddled in the corridor of a hospital in the Bronx one recent morning, wrangling over who would be in charge of heroin and who should cover crack. After agreeing, they entered the conference room and sat at the head of a long table.

Five first-year doctors on the other side focused the attentive stares they seemed to have honed in medical school.

"I know you all know about drugs through the books," said Ms. Reed, whose face, prone to girlish grins, belies her 48 years. "But we're here to tell you the real deal from the street." So began the seminar.

In the Albert Einstein College of Medicine's residency program at Montefiore Medical Center, substance abuse training may include lessons from those with firsthand experience. Since January, three pairs of patients, called Peer Educators, have come monthly from among five methadone clinics in the Bronx to lead 90-minute courses for internal medicine interns through a program called Project Grow (Giving Resources and Options to Women).

"In med school, we get the chemical mechanisms of what drugs do to the body and how to treat it," said an intern, Dr. Svetlana Korenfeld. "You can read about drug abuse, but if you've never seen it the way it really is, you won't recognize it."

Dr. Hillary Kunins, Grow's founder, and Dr. Melissa Stein, who coordinates the interns' substance abuse education, also attend the sessions to add information from a physician's standpoint. But the Peer Educators provide nuances that statistics and medical jargon miss. For instance, in a recent seminar, Dr. Kunins mentioned that crack smokers face an increased risk of hepatitis C from sharing pipes.

Ms. Westcott explained: "Say if you're in a hurry to get that hit. The glass might pop and you cut the skin, or you burn your mouth because the stem is too short."

A crack binge, she added, often results in scorches on smokers' thumbs, from use of cheap lighters.

One intern, Dr. Alexander Han, said he was clueless about such things — despite having treated many substance abusers in his first months of practice. "When I look back, they definitely did have a lot of skin chafing," he said. "I wasn't too sure what it was, and so I let it be. Burn marks in the mouth? I'd never thought to look for that."

In 2000, Dr. Kunins began directing a methadone clinic in the Bronx and fretted that though her patients were at risk for health problems like H.I.V., they often

ROLE OF MULTIDISCIPLINARY TEAM MEMBERS

SESSION HANDOUT #3 of 3 (cont.)

avoided medical care besides their once-a-day methadone stop. A few years later, she founded Grow, offering H.I.V. risk-reduction education, counseling and escorts to doctor's appointments. She knew, however, that the patients still faced a medical culture that speaks a different language than they do and is not well equipped to serve them. With Dr. Stein's help, she began organizing seminars to bring women from Grow to instruct interns so they can better understand drug-related health issues.

The course material strays from the curriculum the doctors have seen before. The Peer Educators lecture and field questions on street lingo, how to find and use drugs, and what being high and withdrawal are like. "How long does crack last?" asked Dr. Christina Tseng, an intern.

"That first hit is tremendous," Ms. Westcott said. "After that, you just chasing it until the money is gone."

Dr. Tseng wondered what a doctor could have done to help them stop using. "Don't be judgmental, because a drug user figures everybody's watching anyway," Ms. Reed said, adding that users are not likely to ask for help outright. "You gotta kind of read in between."

In many of Ms. Reed's seminars, she explains how heroin can be bought in abandoned buildings. "There are these

holes in the wall, and you put your hand in the hole and they put the stuff in your hand," she said. "The last time I put my hand in that wall, somebody put cuffs on it from the other side."

In more than 20 years of using drugs, Ms. Reed said she experienced incredible highs. But memories of the lows — including being arrested and fearing for her baby after using drugs during pregnancy — will not go away even though she has not used heroin for more than a decade.

Now, she gains satisfaction from her tumultuous history by sharing valuable information with doctors who have spent many of their years in classrooms.

"It makes me feel good to know something they don't," Ms. Reed said. "Today, that is my high."

According to Dr. Kunins, Grow's main purpose is to give these women the tools to care for their own health. "But they have this expertise, and if they can transmit that to the doctors," she said, "then we can improve the system."

Dr. Kunins and Dr. Stein say what distinguishes their program from similar ones that connect drug users with clinicians is that these women assume the role of expert.

"We don't present the participants as patients, we present them as teachers," Dr. Stein said. "They often don't share personal experience very much. It's a different dynamic than the testimonial model."

Grow provides its Peer Educators with a \$20 stipend and transportation to seminars. The interns are getting a deal, too, said Dr. Richard Saitz, the president of the Association for Medical Education and Research in Substance Abuse.

ROLE OF MULTIDISCIPLINARY TEAM MEMBERS

SESSION HANDOUT #3 of 3 (cont.)

“Learning factual information from someone who is an expert on their own disease would be something that they will remember for a long time,” Dr. Saitz said from his office at Boston University, where he works to raise substance abuse awareness among health professionals.

Not only is this kind of training rare, Dr. Saitz said, but substance abuse training for residents is also lacking over all. He cited a broad, government-financed survey, published in 2000, with more than 1,200 residency program directors responding. Only 56 percent required substance abuse training of any kind.

Dr. Saitz believes that number is too low. “There’s no word for educational malpractice,” he said, “but to not train people in drug abuse when you’re training them for H.I.V. or Hep C reduction is ridiculous.”

And that is where Ms. Reed and Ms. Westcott are making a mark. “Unless the patient was specifically admitted for overdose or withdrawal,” Dr. Han said after the seminar, “I would usually just ask routinely, ‘Do you smoke, use alcohol or drugs?’ and then move on. Now I think we know a lot more questions to ask.”


Ms. Reed said that she hoped her students would use their new skills with care. After all, she said with a grin, “If I go to a doctor and they have more street knowledge than I do, I might feel a little shaky about that doctor.”

http://www.nytimes.com/2006/04/02/nyregion/02montefiore.html?_r=1&oref=slogin


WORKING AS A MULTIDISCIPLINARY TEAM*

► ABOUT THIS ACTIVITY

 **Time:** 60 minutes

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

- Discuss behaviors that help or hinder team work
- State the 3 key components of a well-functioning multidisciplinary team
- State 3 ways in which client is impacted by teamwork.

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

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

- Divide participants into teams. and provide instructions for group activity (10 minutes)
- Give groups time to work on the squares (30 minutes)
- Lead a debriefing/discussion about the exercise (20 minutes)

 **Materials:**

- 5 envelopes
- 15 shapes (Broken Squares)
- Observer handout - Broken Squares
- Answer key handout - Broken Squares
- Flip chart and easel
- Markers
- Eraser

(continued next page)

Instructions

1. Introduce session, and explain that an effective team can accomplish more than its individual members can alone. But, to do this, the team must be able to solve problems well.
2. Break into small groups of at least 6 people each.
3. Tell participants to clear their tables.
4. Ask participants to volunteer 1 or more observers and 5 participants. If anyone has done this exercise before, instruct them to be an observer.
5. Explain to participants that they will be working to assemble 5 squares of equal size. Assure them that the shapes do make 5 equal squares.
6. Explain that the rules are that:
 - a. No one may communicate by talking or pointing.
 - b. Participants can give pieces away but no one may ask for a piece.
 - c. Participants may not put pieces in the middle for others to take.
 - d. Anyone can give away any number of pieces, any number of times
 - e. Ask the observer to think about the questions on the Observer Instruction Sheet during the exercise and to enforce the rules.
7. Distribute the envelopes but ask participants not to open envelopes until told to do so. Give observers a minute to read their instructions. Instruct participants to open envelopes.
8. After 15 minutes tell the groups that their time is up. If they have not completed the squares, allow them 5 more minutes with the Observer as a consultant. Explain that the consultant can answer questions but cannot solve the puzzle themselves.

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

WORKING AS A MULTIDISCIPLINARY TEAM

ABOUT THIS ACTIVITY (CONT.)



Preparation:

- Prepare Broken Squares packets by cutting out the shapes in each square, mixing up the shapes, and placing 3 shapes in each envelope.
- Prepare flip chart for Observer questions
- Prepare handouts

9. Discuss the exercise with the questions from the Observers handout (using the newsprint).

10. Continue processing the exercise with the following questions:

- a. What behaviors helped accomplish the task?
- b. What behaviors got in the way of completing the task?
- c. If anyone has done the exercise before or figured it out quickly ask What was it like to know what needed to be done, but not be able to express it?

11. Ask participants the following questions:

What are the most important components of a well-functioning team?

- Each person needs to understand what the overall problem/goal is
- Each person should understand how s/he contributes to the solution
- Each person should be aware of the potential contributions of the others
- Each person should recognize the difficulties (strengths/weaknesses) of others to help them contribute most effectively
- Groups that pay attention to their own problem-solving process are more likely to be effective than groups that do not
- Bottom Line – role definition, communication, clearly defined/ common goal

What is the impact on the client of a team that is not working well together?

- Some information not received by client
- Receive conflicting information
- Client may end up trusting certain team members more than others
- Client may leave team/facility
- Mistakes in client care
- These all ultimately have health consequences

WORKING AS A MULTIDISCIPLINARY TEAM

Summary

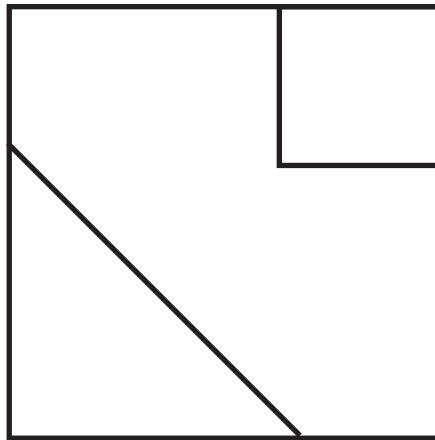
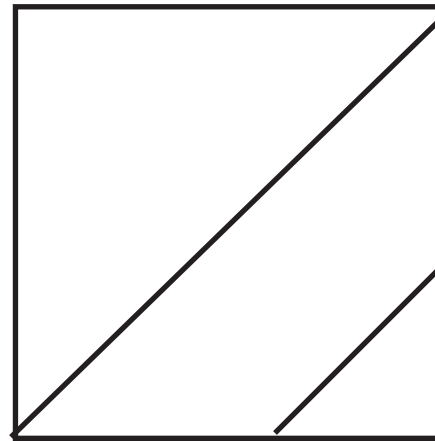
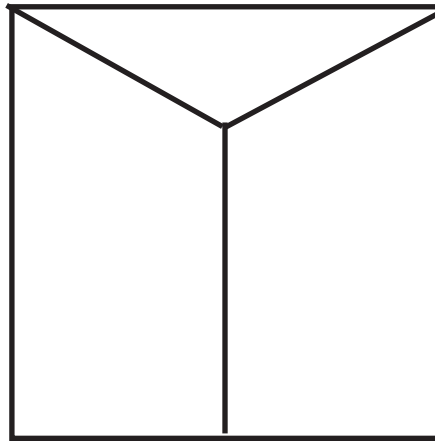
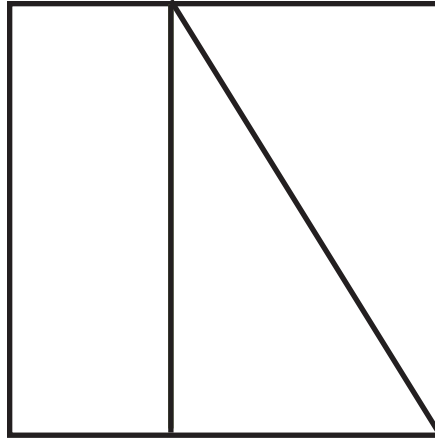
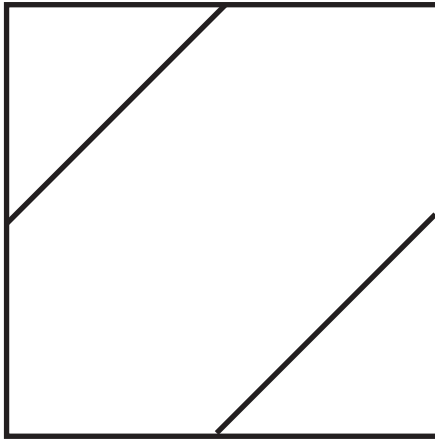
Wrap up session by reminding participants that client health is ultimately affected by how well a team works together. If there is a problem with the team, there will probably be a problem with the client too. If someone is not being heard on the team, it is probably happening with the client too. These issues are even more important for a multidisciplinary team as they are each bringing different perspectives to the table.

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

WORKING AS A MULTIDISCIPLINARY TEAM

SESSION HANDOUT #1 of 2

BROKEN SQUARES



WORKING AS A MULTIDISCIPLINARY TEAM

SESSION HANDOUT #2 of 2

BROKEN SQUARES: OBSERVER DIRECTIONS

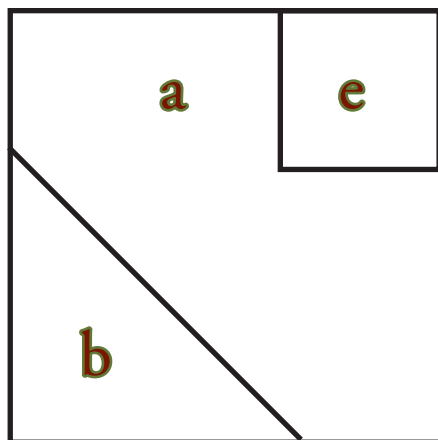
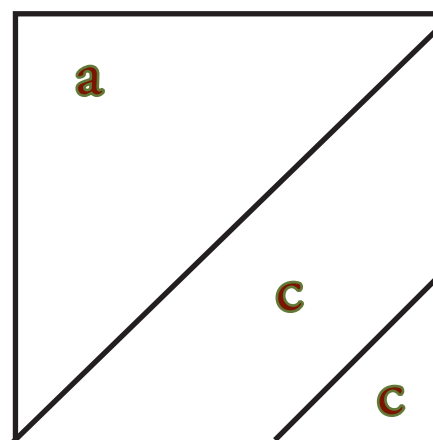
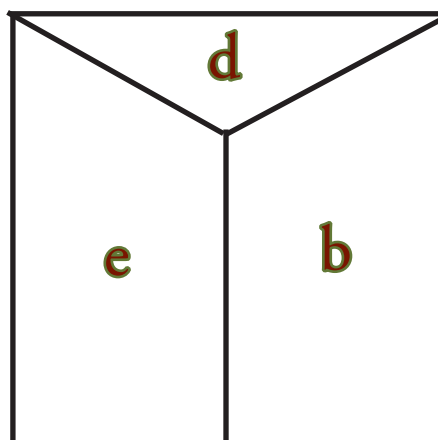
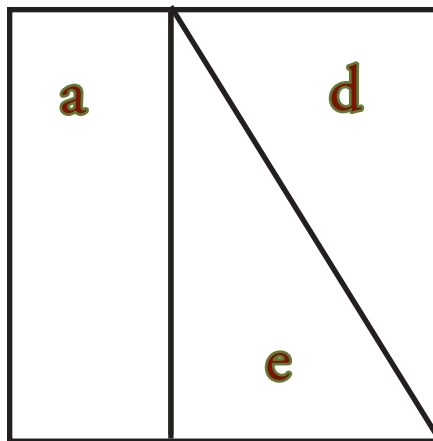
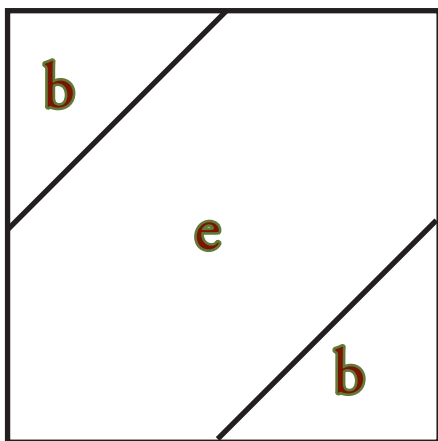
Your job is to enforce the rules and also to observe what happens. If someone violates a rule, simply point out to them that what they have done is against the rules. As an observer, you might want to look for things like:

1. Who took a leadership role? What did they do?
2. How did the group deal with any frustration?
3. Was there a turning point, or points? What happened?
4. Who was the first to give away pieces?
5. If the group didn't finish, how did it get stuck?

WORKING AS A MULTIDISCIPLINARY TEAM

SESSION ANSWER KEY

BROKEN SQUARES: PUZZLE KEY




CORE COMPETENCIES: PEER ROLE PART 2

NAVIGATING THE SYSTEM


NAVIGATING THE SYSTEM*

► ABOUT THIS ACTIVITY

 **Time:** 30 minutes

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

- Identify community resources.

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

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

- Divide participants into groups to complete an activity (15 minutes).
- Lead a group discussion about community resources (10 minutes).
- Lead a group discussion to summarize (5 minutes).

 **Materials:**

- Newsprint (one copy for each small group)
- Markers
- Masking Tape
- Handout –What resources are in your community?
- Community Resource Books

(continued next page)

Instructions

1. Introduce the activity by explaining that participants will be assigned to small groups to brainstorm answers to key questions that will define what a peer is and some roles and responsibilities.
2. Pass out worksheet- What resources are in your community?
3. Assign participants to 4 groups by counting off 1-4 until all participants are assigned to a group.
4. Assign a space in the room for each group.
5. Ask participants to go to their assigned group in the respective space.
6. Give each small group a piece of prepared newsprint that has a question written on it.
7. Ask each group to appoint a reporter and a recorder.
8. Instruct group to use the newsprint to brainstorm answers to the question.
9. Tell the group they will have about 10 minutes to do this activity.
10. Bring the entire group back together and ask each reporter to go over his or her group's work.
11. Ask open-ended questions to draw out their thoughts on how a peer might be able to support a client in navigating the system both at the agency and community levels.

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

NAVIGATING THE SYSTEM

ABOUT THIS ACTIVITY (CONT).



Preparation:

- Print handout
- Prepare newsprints – put a question that each group will discuss on each one
- Obtain copies of Community Resource Books or Guides from the host organization if you do not have them for this community.

Summary

- Ask participants if they now understand the importance of supporting clients in navigating their agency and community resources.
- Explain to participants that agency and community resources will change based on funding opportunities and restrictions and that it is key to keep up to date on these resources.

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

NAVIGATING THE SYSTEM

SESSION HANDOUT

WHAT RESOURCES ARE IN YOUR COMMUNITY?

Please identify the names of agencies/resources in your community. The space provided can be used to write down answers.

Case Management Sites

- 1.
- 2.
- 3.
- 4.
- 5.

Food Pantries

- 1.
- 2.
- 3.
- 4.
- 5.

HIV Counseling and Testing Sites

- 1.
- 2.
- 3.
- 4.
- 5.

Housing Agencies

- 1.
- 2.
- 3.
- 4.
- 5.

NAVIGATING THE SYSTEM

SESSION HANDOUT (cont.)

WHAT RESOURCES ARE IN YOUR COMMUNITY? (CONT.)

Infectious Disease Doctors

- 1.
- 2.
- 3.
- 4.
- 5.

Pharmacies

- 1.
- 2.
- 3.
- 4.
- 5.

STD Testing Sites

- 1.
- 2.
- 3.
- 4.
- 5.

Support Groups in the Community

- 1.
- 2.
- 3.
- 4.
- 5.


Utility Assistance Agencies

- 1.
- 2.
- 3.
- 4.
- 5.


PANEL OF LOCAL HIV PROVIDERS*

► ABOUT THIS ACTIVITY

 **Time:** Up to 90 minutes (depending on the number of panel members)

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

- Describe the services provided by some agencies in their community and how a peer advocate can refer their own clients to these agencies;
- Identify agencies in their community that utilize peers advocates.

 **Training Methods:** Guest Speakers, Large Group Discussion

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

- Introduce guest speakers (5 minutes)
- Act as timekeeper for guest speakers (each gets 10-15 minutes)
- Facilitate question and answer session (15 minutes)

 **Materials:**

- Note cards for participants to write questions
- Flipchart

(continued next page)

Instructions

1. Introduce the providers and the agency they represent to the trainees.
2. Write their names and titles on flipchart.
3. Allow 10-15 minutes for each provider to talk about:
 - a. Name of agency, location, hours, services they offer.
 - b. Who do they serve at their agency.
 - c. How to access these services and qualifications to receiving these services, charges, insurance or payment options.
 - d. Step by step process on how a peer advocate can get their client into services at their agency.
 - e. Intake process at the organization.
 - f. Types of providers they have at their agency.
 - g. Do they utilize peer advocates – are they looking to hire peer advocates?
4. Have participants ask providers questions or facilitator should distribute note cards so participants can write their questions on them and the facilitator can ask them.
5. Facilitate further discussion between the providers on what each agency is doing to combat the HIV epidemic in their community. (if time permits)
6. Distribute any informational materials from the providers.
7. End by thanking the providers and applause.

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

PANEL OF LOCAL HIV PROVIDERS

ABOUT THIS ACTIVITY (CONT).



Preparation:

- Invite 3-4 health care and social service providers working within the local community to talk to the trainees about their services. (Possible providers: Social Workers, Case Managers, Lawyers, Substance Abuse Counselors, Domestic Violence Providers, Youth Program, GLBT Providers, Doctors)
- Provide a basic summary of the Peer Education Training goals and objectives to the providers, as well as the list in step 3 below, in advance. Tell them their time parameters.
- Have participants write down 2 possible questions they can ask the providers.

Summary

Wrap up session by reminding participants that staying on top of current local resources is essential and one way to do this is to share information with each other, e.g., when you come across a great new resource, be sure to tell other peers.







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

CORE COMPETENCIES: PEER ROLE PART 2

SELF-CARE

SELF-CARE*

► ABOUT THIS ACTIVITY

-  **Time:** 15 minutes
-  **Objectives:** By the end of this session, participants will be able to:
 - Discuss the importance of self care and social support;
 - Create a self care contract for themselves.
-  **Training Methods:** Brainstorm, Large Group Activity
-  **In This Activity You Will...**
 - Discuss stress and ways to manage stress (5 minutes)
 - Lead the group in one self-care activity (10 minutes)
-  **Materials:**
 - Handout - 101 Ways To Take Care of Yourself and Reduce Stress
 - Handout - Self-Talk
 - Handout - Changing Negative Thinking into Positive
 - Handout - Practicing Self-Care
 - Handout - 10 Things You Can Do to Enhance Your Emotional Well-Being
 - Handout - Self-Care Contract
-  **Preparation:**
 - Review the handouts and choose one activity from them to facilitate with the full group.

Instructions

1. In this next section we want to talk about stress. Stress not only impacts our health and well-being but it can impact the work we do and how well we do what we do. As peers we need to think about these issues especially since we are dealing with a very serious health issue (HIV) that is impacting our clients and even some of us. Stress can make any health condition worse so it is imperative that we find ways to manage stress.
2. Ask: What is stress? Webster defines stress as “a physical, chemical, or emotional factor that causes bodily or mental tension and may be a factor in disease causation.”
3. Ask: What are some problems that stress can cause? (heart disease, high blood pressure, irritable bowel syndrome, etc.)
4. Ask: What are some benefits of stress? (learn coping strategies, deal with emergencies, motivate us, etc.)
5. Ask: What are ways you manage stress? Take a few answers, and then point out the handout, 101 Ways to Take Care of Yourself and Reduce Stress. Give the group a few minutes to look over.
6. Lead the group through the one self-care activity that you chose previously.
7. Give the group a few minutes to fill out the “self-care contract”.
8. Have participants share what they have written in their contracts with their neighbor.

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

SELF-CARE



[The training] helped me to learn how to keep myself healthy 'cause you can't really help other people if you're not healthy inside in your thoughts and your emotions.

Graduate from the Lotus training program



Summary

Wrap up session by making the following points:

- It's not about removing stress from our lives, it's about managing it!
- Remember we can turn to one another as resources when feeling stressed.
- If we don't take care of ourselves, we'll have nothing left to offer others that we want to support.
- Use your new knowledge of lab tests and lab values to be a partner with your doctor.
- Live smarter, healthier, and happier by being in control.

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

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

101 WAYS TO TAKE CARE OF YOURSELF AND TO REDUCE STRESS

1. Get up 15 minutes earlier
2. Prepare for the morning the night before
3. Avoid tight fitting clothes
4. Avoid relying on chemical aids
5. Set appointments ahead
6. Don't rely on your memory...write it down
7. Practice preventative maintenance
8. Make duplicate keys
9. Say no more often
10. Set priorities in your life
11. Avoid negative people
12. Use time wisely
13. Simplify meal times
14. Always make copies of important papers
15. Anticipate your needs
16. Repair anything that doesn't work properly
17. Ask for help with the jobs you dislike
18. Break large tasks into bite size portions
19. Look at problems as challenges
20. Look at challenges differently
21. Unclutter your life
22. Smile
23. Be prepared for rain
24. Tickle a baby
25. Pet a friendly dog or cat
26. Don't know all the answers
27. Look for the silver lining
28. Say something nice to someone
29. Teach a kid to fly a kite
30. Walk in the rain
31. Schedule play time into every day
32. Take a bubble bath
33. Be aware of the decisions you make
34. Believe in yourself
35. Stop saying negative things to yourself
36. Visualize yourself winning
37. Develop your sense of humor
38. Stop thinking tomorrow will be a better today
39. Have goals for yourself
40. Dance a jig

101 WAYS TO TAKE CARE OF YOURSELF AND TO REDUCE STRESS (CONT.)

41. Say hello to a stranger
42. Ask a friend for a hug
43. Look up at the stars
44. Practice breathing slowly
45. Learn to whistle a tune
46. Read a poem
47. Listen to a symphony
48. Watch a ballet
49. Read a story curled up in bed
50. Do a brand new thing
51. Stop a bad habit
52. Buy yourself a flower
53. Take time to smell the flower
54. Find support from others
55. Ask someone to be your “vent partner”
56. Do it today
57. Work at being cheerful and optimistic
58. Put safety first
59. Do everything in moderation
60. Pay attention to your appearance
61. Strive for excellence NOT perfection
62. Stretch your limits a little each day
63. Look at a work of art
64. Hum a jingle
65. Maintain your weight
66. Plant a tree
67. Feed the birds
68. Practice grace under pressure
69. Stand up and stretch
70. Always have a plan “B”
71. Learn a new doodle
72. Memorize a joke
73. Be responsible for your feelings
74. Learn to meet your own needs
75. Become a better listener
76. Know your limitations and let others know them too
77. Tell someone to have a good day in pig Latin
78. Throw a paper airplane
79. Exercise every day

101 WAYS TO TAKE CARE OF YOURSELF AND TO REDUCE STRESS (CONT.)

80. Learn the words to a new song
81. Get to work early
82. Clean out one closet
83. Play patty cake with a toddler
84. Go on a picnic
85. Take a different route to work
86. Leave work early (with permission)
87. Put air freshener in your car
88. Watch a movie and eat popcorn
89. Write a note to a far away friend
90. Go to a ball game and scream
91. Cook a meal and eat it by candlelight
92. Recognize the importance of unconditional love
93. Remember that stress is an attitude
94. Keep a journal
95. Practice a monster smile
96. Remember you always have options
97. Have a support network of people, places and things
98. Quit trying to “fix” other people
99. Get enough sleep
100. Talk less and listen more
101. Freely praise other people

P.S. Relax, take each day one at a time...
You have the rest of your life to live.

Examples of Rational Self-Talk

I'll just relax and do the best that I can.

I've had to deal with this before and I managed pretty well.

This is really a pain in the neck and I sure don't like it, but I won't panic.

I'll just take one thing at a time, stay calm, and see it through.

I know it won't help to get upset. I can't control what someone else does.

Examples of Coping Self-Talk

I'll take one step at a time.

I'll just think calmly about what I can do.

I'm in control; I can handle this.

Relax. Take a deep, slow breath.

It's okay to be a little anxious; it doesn't mean I can't handle it.

These feelings will pass.

Examples of Reinforcing Self-Talk

I did it, and it worked.

That wasn't so bad.

I'm really getting better at dealing with this stress.

I've learned more about myself and these feelings.

I like how I handled this.

Next time, I'll know what works for me.

Don't worry about things that you have no control over, because you have no control over them.

Don't worry about things that you have control over, because you have control over them.

— Mickey Rivers

CHANGING NEGATIVE THINKING INTO POSITIVE

Rewrite the negative messages below, using more powerful and positive words. Look for messages that are realistic, that you have control over, and that are helpful.

1. I know I'm going to be so nervous I'll blow it.

Even though I'll be nervous, I'll try my hardest.

2. There's no way I can get this done! No way!

3. I can't stand her; she makes me sick.

4. I can't believe I screwed that up so badly! I'm so stupid!

5. He just has it in for me; there's nothing I can do.

6. It's not even worth trying. Everyone else is so much better than I am.

7. I've tried this a million times. It's just not worth it. I can't do it and I know it.

8. No one cares if I'm there or not! Why should I go?

9. I'm always late. I just can't help it!

10. I'm so ugly (or fat, or???). I can't stand the way I look!

PRACTICING SELF-CARE

Physical Self-Care

- Eat regularly (e.g. breakfast, lunch, dinner)
- Eat healthily
- Exercise
- Get regular medical care for prevention
- Take time off when sick
- Get massages
- Dance, swim, walk, run, play sports, sing, or do some other physical activity that is fun
- Take time to be sexual—with yourself, with a partner
- Get enough sleep
- Wear clothes you like
- Take vacations
- Take day trips or mini-vacations
- Make time away from telephones

Psychological Self-Care

- Make time for self-reflection
- Have your own personal psychotherapy
- Write in a journal
- Read literature that is unrelated to work
- Do something at which you are not expert or in charge
- Decrease stress in your life
- Notice your inner experiences• Let others know different aspects of you
- Engage your intelligence in a new area, e.g., go to an art museum, history exhibit, sports event, auction, theater performance
- Practice receiving from others
- Say no to extra responsibilities sometimes

PRACTICING SELF-CARE (CONT.)

Emotional Self-Care

- Spend time with others whose company you enjoy
- Stay in contact with important people in your life
- Give yourself affirmations, praise yourself
- Find ways to increase your sense of self-esteem
- Reread favorite books, re-view favorite movies
- Identify comforting activities, people, relationships, places, and seek them out
- Allow yourself to cry
- Find things to make you laugh
- Express your outrage in social action, letters, donations, marches, protests
- Play with children

Spiritual Self-Care

- Make time for reflection
- Spend time with nature
- Find a spiritual connection or community
- Be open to inspiration
- Cherish your optimism and hope
- Be aware of nonmaterial aspects of life
- Try at times not to be in charge or the expert
- Be open to not knowing
- Meditate, Pray
- Sing
- Spend time with children
- Have experiences of awe
- Contribute to causes in which you believe

Excerpted from: Saakvitne, K. W., & Pearlman, L. A. (Eds.). 1996. Transforming the pain: A workbook on vicarious traumatization. New York: Norton

TEN THINGS YOU CAN DO TO ENHANCE YOUR EMOTIONAL WELL-BEING IF YOU ARE HIV +

By J. Buzz von Ornsteiner, Ph.D.

1. **Build a strong, supportive, trusting relationship with an HIV/AIDS doctor.** You should be able to freely discuss everything and anything and, if needed, to challenge your doctor's advice.
2. **Develop consistent contact with a health care case manager** who can help to make the rocky road to benefits and services easier for you. One mold does not fit all, so try to find a case manager that you trust, even if you have to switch to a new one.
3. **Join an HIV/AIDS support group.** Find out if they use an ongoing, drop-in format or if they are time-limited and require pre-enrollment. Also find out about the training and qualifications of the group leaders.
4. **Get a therapist,** preferably a good licensed psychologist or certified social worker. Remember anyone can state they are a "therapist"; request more information about their background and experience. Keep looking until your instincts tell you that you have found a good match.
5. **Attend workshops or other HIV/AIDS events** so that you can find out as much as you can about HIV/AIDS. You must be the expert on this disease and be on top of any new developments and programs.
6. **Stay informed about your HIV/AIDS medications** by seeking out information from any and all sources, including people, Web sites, and periodicals. The more you know about the medication you are taking and its potential side effects, the more you know what to expect about your emotions and mental well-being.
7. **Address any substance use issues you may have** by looking into substance use programs and groups. Consider working towards being clean and sober.
8. **Exercise regularly and maintain good nutrition** because the mind and the body are closely linked, and physical health enhances mental health.
9. **Work if you can for income** but also work for the structure and well being that employment can provide. Everyone can benefit from structure, and we all need to feel we are productive members of this world.
10. **Seek a sense of belonging outside of HIV/AIDS** such as by starting a hobby, traveling and exploring, getting a pet, starting or finishing school, or volunteering. The bottom line is to keep your stress low; keeping your stress low will help you to keep your immune system high.

SELF-CARE

SESSION HANDOUT # 6 of 6

MY SELF-CARE CONTRACT

I, _____, do hereby agree to begin to focus on
my health and to take better care of myself as of _____,
and to continue it for a period of _____.

What I plan to do is: _____
_____.

The barriers/challenges I think I may have in meeting my goals are: _____
_____.

The people who support me and what I want of them are: _____
_____.

My short-term (daily) rewards will be: _____.







My long-term reward(s) will be: _____.

Signature

Witness

SELF-ASSESSMENT TOOL: SELF-CARE*

► ABOUT THIS ACTIVITY

-  **Time:** 15 minutes
-  **Objectives:** By the end of this session, participants will be able to:
 - Use a self-assessment tool to rate their physical, psychological, emotional, spiritual, and workplace self-care
-  **Training Methods:** Individual Activity, Large Group Discussion
-  **In This Activity You Will...**
 - Facilitate participant completion of a self-care assessment tool (7 minutes)
 - Lead a group discussion on self-care strategies or activities (8 minutes)
-  **Materials:**
 - Handout- Self-Assessment Tool: Self-Care
-  **Preparation:**
 - Complete the self-assessment tool yourself and think about your responses to the follow-up questions listed below.
 - Make enough copies of the self-assessment tool for each participant.

Instructions

1. Distribute a copy of the self-assessment tool to each participant and request that everyone takes about five to seven minutes to complete it. Emphasize that this is a representative list of self-care activities, not an all-inclusive list. In addition, inform participants that no person is expected to be doing all of the things mentioned on the list. This tool simply provides a snapshot of a person's current attention to personal wellness.
2. Once participants have completed the self-assessment, ask them to discuss the ideas and issues it raised. You can ask participants to discuss this in pairs, in small groups, or in the entire group. If you wish, you may prompt the participants with questions such as the following:
 - Were there any surprises? Did the assessment present any new ideas that you hadn't thought of before?
 - Which activity ideas seem like they would be more of a burden than a benefit to you?
 - What are you already doing to practice self-care in the physical, psychological, emotional, spiritual, and workplace realms?
 - Of the activities you are not doing now, which particularly sparks your interest? How might you incorporate them into your life sometime in the future?
 - What is one activity or practice you would like to "try on for size" starting now or as soon as possible?

Summary

Wrap up session.

* This module is part of the online toolkit Building Blocks to Peer Success. For more information, visit http://www.hdwg.org/peer_center/training_toolkit. This module comes from A Kaleidoscope of Care: Responding to the Challenges of HIV and Substance Use, 2004, <http://www.hdwg.org/kaleidoscope>.

SELF-ASSESSMENT TOOL: SELF-CARE

SESSION HANDOUT

SELF-ASSESSMENT TOOL: SELF-CARE

Rate yourself, using the numerical scale below, to fill in the empty boxes:

5 = Frequently, 4 = Occasionally, 3 = Sometimes, 2 = Never, 1 = It never even occurred to me

How often do you do the following activities?

Physical Self-Care

- ☐ Eat regularly (that is, breakfast, lunch, and dinner)
- ☐ Eat healthfully
- ☐ Exercise or go to the gym
- ☐ Lift weights
- ☐ Practice martial arts
- ☐ Get regular medical care for prevention
- ☐ Get medical care when needed
- ☐ Take time off when you're sick
- ☐ Get massages or other body work
- ☐ Do physical activity that is fun for you
- ☐ Take time to be sexual
- ☐ Get enough sleep
- ☐ Wear clothes you like
- ☐ Take vacations
- ☐ Take day trips or mini-vacations
- ☐ Get away from stressful technology such as pagers, faxes, telephones, and e mail
- ☐ Other: _____

Psychological Self-Care

- ☐ Make time for self-reflection
- ☐ Go to see a psychotherapist or counselor
- ☐ Write in a journal
- ☐ Read literature unrelated to work
- ☐ Do something at which you are a beginner
- ☐ Take a step to decrease stress in your life
- ☐ Notice your inner experience – your dreams, thoughts, imagery, and feelings
- ☐ Let others know different aspects of you
- ☐ Engage your intelligence in a new area – go to an art museum, performance, sports event, exhibit, or other cultural event
- ☐ Practice receiving from others
- ☐ Be curious
- ☐ Say no to extra responsibilities sometimes
- ☐ Spend time outdoors
- ☐ Other: _____

SELF-ASSESSMENT TOOL: SELF-CARE

SESSION HANDOUT (cont.)

SELF-ASSESSMENT TOOL: SELF-CARE (CONT.)

Emotional Self-Care

- ☐ Spend time with others whose company you enjoy
- ☐ Stay in contact with important people in your life
- ☐ Treat yourself kindly (for example, by using supportive inner dialogue or self talk)
- ☐ Feel proud of yourself
- ☐ Reread favorite books and see favorite movies again
- ☐ Identify comforting activities, objects, people, relationships, and places, and seek them out
- ☐ Allow yourself to cry
- ☐ Find things that make you laugh
- ☐ Express your outrage in a constructive way
- ☐ Play with children
- ☐ Other: _____

Spiritual Self-Care

- ☐ Make time for prayer, meditation, and reflection
- ☐ Spend time in nature
- ☐ Participate in a spiritual gathering, community, or group
- ☐ Be open to inspiration
- ☐ Cherish your optimism and hope
- ☐ Be aware of intangible (nonmaterial) aspects of life
- ☐ Be open to mystery and not-knowing
- ☐ Identify what is meaningful to you and notice its place in your life
- ☐ Sing
- ☐ Express gratitude
- ☐ Celebrate milestones with rituals that are meaningful to you
- ☐ Remember and memorialize loved ones who are dead
- ☐ Nurture others
- ☐ Have awe ful experiences
- ☐ Contribute to or participate in the causes you believe in
- ☐ Read inspirational literature
- ☐ Listen to inspiring music
- ☐ Other: _____

SELF-ASSESSMENT TOOL: SELF-CARE

SESSION HANDOUT (cont.)

SELF-ASSESSMENT TOOL: SELF-CARE (CONT.)







Workplace/Professional Self-Care

- ☐ Take time to eat lunch with co-workers
- ☐ Take time to chat with coworkers
- ☐ Make time to complete tasks
- ☐ Identify projects or tasks that are exciting, growth promoting, and rewarding for you
- ☐ Set limits with clients and colleagues
- ☐ Balance your caseload so that no particular day is 'too much!'
- ☐ Arrange your workspace to make it comfortable and comforting
- ☐ Get regular supervision or consultation
- ☐ Negotiate for your needs, such as benefits and pay raises
- ☐ Have a peer support group
- ☐ Other: _____

This handout was adapted from Transforming the Pain: A Workbook on Vicarious Traumatization by Karen Saakvitne and Laurie Anne Pearlman, published in 1996 by TSI Staff.

RELAXATION EXERCISE*

► ABOUT THIS ACTIVITY

-  **Time:** 10 minutes
-  **Objectives:** By the end of this session, participants will be able to:
 - Practice a relaxation technique to help reduce stress and burnout.
-  **Training Method:** Large Group Activity
-  **In This Activity You Will...**
 - Ask participants to sit in their chairs and to follow the guided relaxation. (10 minutes)
-  **Materials:**
 - Guided Relaxation script
-  **Preparation:** None

Instructions

1. Introduce the opener to this topic as different from the types of openers we usually use in the training. As opposed to being an energizer, this opener is actually a relaxation exercise, an appropriate way to start out today's session, which focuses on the different types of stressors that you may encounter in your work.
2. Read the guided relaxation exercise aloud to the participants.
3. At the end of the exercise, have participants open their eyes. Ask them how they feel. Remind participants that this is an exercise they can do anytime, anywhere to help them relieve some of the symptoms of stress.

Summary

Wrap up session.

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

RELAXATION EXERCISE

SESSION SCRIPT

GUIDED RELAXATION SCRIPT

To begin, sit in a chair with your back straight. Place your feet flat on the floor. Place your hands in your lap.

Take a deep breath. And, as you slowly let it out, let your eyes close and feel yourself begin to relax. As you continue to breathe normally, think and feel the word “calm” with each exhalation of your breath. “Calm.” Let your eyes remain closed to eliminate distractions and help you learn to relax more rapidly.

Gently shift your attention to your hands lying in your lap. Clench your fists. While holding them clenched, pull your forearms up against your upper arms as far as you can. Pull your forearms up tight enough so you can feel the large muscle in your upper arms tighten. Hold it. Relax; just let your arms flop down into your lap, and notice the difference between tension and relaxation.

Gently shift your attention to your head and raise your eyebrows. At the same time, imagine moving your scalp down to meet your eyebrows. Don't worry if you can't feel your scalp; many people can't. Release that tension all at once, now. Just allow your forehead to smooth out.

Once again, raise your eyebrows and feel the muscles that are tense. Now try to let about half of the tension go from your forehead while keeping the remaining tension at a constant, even level. Now let half of that tension go and hold the remaining tension steady. And release half of that, so that you are maintaining just a tiny level of tension. And let all of that tension go. Learning to relax the forehead can be a key to relaxing much of the rest of your body even though you may not feel that the forehead muscle is tense.


Now tense all the muscles in your body, but do them in this sequence. Raise the tips of your toes as if to touch your shins and hold that while tensing your thighs, and then your buttocks. Take a deep breath and hold it. Clench your fists and tighten your upper arms. Grit your teeth and close your eyes tight. Hold it so you are tense all over. Now let go all at once. Don't ease off, but just let go and feel the tension leaving your body.

Take a deep breath. Hold it for a count of 4 and then let it out. As you let it out, think “Calm.” Once again, take a deep breath; hold it. As you let it out, think and feel “Calm.” Now slowly open your eyes.


MENTAL HEALTH STRESSORS*

► ABOUT THIS ACTIVITY

 **Time:** 40 minutes

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

- Identify some of the mental health stressors that they experience in their work.
- Discuss ways of coping effectively with mental health stressors and feelings of burnout on the job.
- Identify and describe appropriate resources for peers' own care and support.

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

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

- Ask small groups to reflect on stressors in their role as a peer and coping skills for these stressors. (30 minutes)
- Lead a group discussion about what each group has listed for these questions. (10 minutes)

 **Materials:**

- Newsprint - Discussion Questions
- Handout – List of Stressors
- Newsprint
- Markers
- Writing paper
- Pens/pencils for recorders

 **Preparation:**

- Prepare newsprint
- Prepare handout

Instructions

1. Introduce the session by acknowledging that HIV peer workers are in a unique position among health care workers in terms of the psychological and social impact their work may have on them. In general, HIV/AIDS health care providers have to cope with a variety of mental health stressors in their work with HIV-infected clients and patients. These stressors are many and may include feelings of grief and loss at the death of a client, frustration at not being able to “fix” a client’s situation, or frustration with a client who is not meeting the provider’s expectations. However, these stressors may be magnified for an HIV peer worker, who is dealing not only with the client’s medical, psychological, and social needs, but must also cope with the way HIV impacts his or her own life.
2. Introduce the exercise as one which will give peers an opportunity to discuss some of the stressors they experience on the job and to identify ways they have found to cope with them.
3. Break the group into smaller groups.
4. Instruct each group to refer to the list of discussion questions on the newsprint. Ask them to discuss each question in their small groups and have someone record the responses on newsprint. Assign someone to report back responses to the group. Give the groups 20 minutes to complete the exercise.
5. Have groups share their responses to each of the questions in turn. (Refer to the “List of Stressors” cheat sheet to expand discussion on certain topics.)

Summary

To wrap up the exercise, ask for any other suggestions participants may have for their peers in meeting their own needs for care and support and hand out Stressors sheet. Remind participants that it is important to address stress as soon as possible and to work to fit in time for themselves.

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

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

MENTAL HEALTH STRESSORS

SESSION NEWSPRINT

DISCUSSION QUESTIONS

1. What are some of the mental health stressors you experience as an HIV peer worker?
2. How do these stressors affect your own health and well-being?
3. What resources or social support systems do you use to help you cope with these stressors?

MENTAL HEALTH STRESSORS

SESSION HANDOUT

LIST OF STRESSORS

- Grief at losing a client
- Over-identification with patients
- Stigma
Stigma is thought by some to be the single most important factor in producing and reinforcing the negative psychological and social impact of HIV/AIDS
- A feeling of powerlessness at being unable to “fix” the client’s situation.
- Frustration or anger when the client does not meet the peer’s expectations (refer to Stages of Change” theory).
- Anger at clients who do not disclose their status and/or knowingly expose others to HIV
- Hopelessness at their inability to affect behavior change in their client (refer to “Stages of Change” theory)
- Frustration at insufficient resources and unlimited needs of clients
- Feeling overwhelmed by high case loads and inadequate staffing
- Burnout created by excessive emotional demands of job

Burnout is not uncommon among HIV service providers and should be addressed as soon as possible to avoid more serious manifestations of stress, which can include:
physical symptoms, such as:

- exhaustion
- headaches
- back pain
- sleeplessness
- malaise
- gastrointestinal problems

MENTAL HEALTH STRESSORS

SESSION HANDOUT (cont.)

LIST OF STRESSORS (CONT.)

behavioral symptoms, such as:

- becoming easily irritated and angry
- increased alcohol/drug use - relapse
- marital/relationship problems
- inflexibility in problem-solving
- impulsivity and acting out
- withdrawal from non-colleagues

cognitive and emotional symptoms, such as:

- emotional numbness or hypersensitivity
- over-identification with clients
- grief and sadness
- pessimism and hopelessness
- cynicism
- indecision and inattention
- depression

STRESS REDUCTION*

► ABOUT THIS ACTIVITY

🕒 **Time:** 20 minutes

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

- Recognize physical and emotional symptoms of stress and burnout;
- Distinguish between effective and ineffective strategies for coping with stress.

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

✓ **In This Activity You Will...**

- Facilitate a group discussion on symptoms of stress, coping mechanisms and the impact on health (12 minutes).
- Explain the difference between the “stress response” (fight or flight response) and the “relaxation response” (2 minutes).
- Conduct a full belly breathing exercise and debrief (6 minutes).

✂ **Materials:**

- Flip Chart
- Markers
- Handout – Effective Ways of Coping with Stress and Burnout
- Handout – Signs and Symptoms of Stress and Burnout
- Handout – Techniques for Eliciting and Relaxation Response

✍ **Preparation:**

- Print handouts
- Prepare flipchart with “What is Stress?” written on it

Instructions

1. Begin group discussion by asking participants to define stress. Record group responses on prepared flip chart.

Ask participants:

What happens when you are stressed? How do you feel? [Review definition: Stress is anything—real or imagined-- that is perceived to be a threat to your wellbeing.] Having a diagnosis of HIV infection can certainly be perceived as a threat, and is indeed referred to by many as a life-threatening condition.

Ask participants:

What causes you to be stressed? [Answers may include: bills, supervisor, worrying about children or grandchildren, loneliness, bad news, health problems, spouses, fighting, lack of money, etc.]

2. Ask participants, “Does stress affect your viral load and T cell count?”

Answer: When people with HIV infection experience prolonged high levels of stress the T cell count can drop and the viral load can increase.

3. Ask the group to identify **physical and emotional symptoms of stress and burnout**, and record responses on flip chart. Some responses may include fatigue, difficulty breathing, nervousness, poor appetite, headaches, inability to sleep, sexual dysfunction, depression, anger...

4. Ask the group to identify **ineffective ways of coping with stress**; behaviors that may alleviate symptoms temporarily, but are not helpful in the long run. Record responses on flip chart.

Ask participants:

What are some unhealthy things you do to deal with stress? [Answers may include: worry, argue, drink, overeat, don't eat, don't take medications or follow your diet, have suicidal thoughts, do too much, etc.]

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

STRESS REDUCTION



Even when you're down and out and feeling depressed, you can always counteract a negative thought with a positive one, and even if you don't believe it, if you keep saying it, it actually becomes a reality over time. It's just training yourself to focus on the positive.

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

5. Ask the group to identify effective ways of coping with stress; behaviors that help to reduce symptoms and improve quality of life. Record responses on flip chart.

What are some things that could help reduce stress? [Answers may include: exercise, hot baths, aromatherapy, sex, meditation, yoga, prayer etc.]

6. Summarize by pointing out that the group has come up with many signs and symptoms of stress and burnout, as well as many ways that people cope with stress. Emphasize the importance of learning to distinguish between effective and ineffective coping.
7. Distinguish for the group the difference between the “stress response” (fight or flight response) and the “relaxation response.”

The stress response is what happens to the body when you experience stress. The heart rate goes up; respiratory rate goes up; blood sugar goes up; digestion shuts down; muscles tense; attention turns outward looking for danger; and immune function decreases. Most people recognize this as an “adrenaline rush.”

When the source of stress is acute, such as when you are suddenly surprised and frightened, these effects last only long enough for you to fight or run (take flight), and then the body automatically brings about the “relaxation response.” When the relaxation response occurs the body relaxes, attention turns inward, immune function goes back to normal, respiration and heart rate slow down, etc.

However, when the source of stress is chronic and prolonged, the body does not automatically bring about the relaxation response, and you experience all of the negative effects of stress and burnout. It then becomes important to engage in effective ways of coping with stress that bring about the relaxation response and restore the body to health.

STRESS REDUCTION

There are many ways you can bring about the relaxation response. Most of us intuitively know how to relax, and we all have our own techniques. One simple technique for relaxing that can be easily learned and easily taught to others is deep “full belly” breathing. {You have handouts in your manuals with instructions so you can review them at home, and you can use the handouts to teach clients some techniques when you work as a peer educator.}

8. Ask everyone to move their chairs away from the table. Inform the group that we will demonstrate some “full belly” breathing for a few minutes.

Sit up in your chair with your back straight, your feet flat on the floor, and your hands in your lap. (If you are at home you may choose to lie flat on the floor on a blanket with a small pillow to support your head, or lie on a bed or sofa.) Make sure you are not too hot or too cold. Loosen any tight clothing, especially around the waist.

Close your eyes and begin to allow your body to relax.

Begin to breathe slowly and evenly, extending each inhalation and exhalation, gradually deepening and slowing down your breath.

When you inhale, allow your lower belly to completely

relax and fill up like a balloon.

When you exhale, allow your lower belly to relax back down to normal. Exhale slowly and completely. Gently tighten your lower belly at the very end of the exhalation.

Continue to breath deeply, slowly, and evenly, expanding the belly as you breath in, and gently contracting the belly at the end of your exhalation.

9. Call people’s attention back and accept responses on how the belly breathing felt and how they can incorporate a simple relaxation technique at home.

Okay, everyone bring your attention back to the group. How did that feel? How can you use this technique in your daily lives? This is a simple example of how to do self-care. It doesn’t take a long time, just taking a few minutes to relax and breathe deeply can change how you feel, how you respond to people and how you maintain your sanity and health.

Summary

Wrap up session with key point:

- Learning to recognize the negative effects of stress and practicing effective coping strategies can help keep you healthy and prevent burnout

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

STRESS REDUCTION

SESSION HANDOUT # 1 of 3

TECHNIQUES FOR ELICITING THE RELAXATION RESPONSE FULL BELLY BREATHING AND SIMPLE MEDITATION TECHNIQUE

Les Harmon, NP

1. Full Belly Breathing

Sit in a chair with your back straight, your feet flat on the floor, and your hands in your lap. Or you may choose to lie flat on the floor on a blanket with a small pillow to support your head, or lie on a bed or sofa. Make sure you are not too hot or too cold. Loosen any tight clothing, especially around the waist.

Close your eyes and begin to allow your body to relax.

Begin to breathe slowly and evenly, extending each inhalation and exhalation, gradually deepening and slowing down your breath.

When you inhale, allow your lower belly to completely relax and fill up like a balloon.

When you exhale, allow your lower belly to relax back down to normal. Exhale slowly and completely. Gently tighten your lower belly at the very end of the exhalation.

Continue to breath deeply, slowly, and evenly, expanding the belly as you breath in, and gently contracting the belly at the end of your exhalation.

2. Simple Meditation Technique

Find a quiet place that is not too hot or too cold. Turn off radio, TV, cell phone, etc.

Sit in a chair with your spine straight, your feet resting on the floor, and your hands resting in your lap. Or you may choose to sit on the floor on a cushion, or lie on the floor or the bed. Loosen any tight clothing.

Close your eyes and take a few minutes to relax. Allow your body to become very still, and let your breathing become even and quiet. Then begin to focus your attention on an object of meditation. Some suggestions for an object of meditation include a word or phrase, a prayer, or a visual image. The breath is often used as an object of meditation. Simply count your exhalations up to ten, go back to zero and count to ten again, and so on. Or you may choose to inwardly say the word “one” with each exhalation.

Focus all of your attention on the object of meditation. The mind is always active, so it is normal to constantly experience thoughts and feelings. When your find that your focus has shifted to thoughts or feelings simply return your attention to the object of meditation.

Meditate for a few minutes every day at the beginning, gradually increasing your meditation time to 15 minutes or longer.

STRESS REDUCTION

SESSION HANDOUT # 2 of 3

SIGNS AND SYMPTOMS OF STRESS AND BURNOUT

Physical symptoms

- Fatigue
- Poor appetite
- Headache
- Muscle tension
- Sleep disturbances
- Shallow breathing
- Heart palpitations
- Susceptibility to illness

Emotional symptoms

- Fear
- Anger
- Mistrust
- Depression
- Sadness
- Indifference
- Forgetfulness
- Emotional “numbness”

Behavioral symptoms

(Ineffective ways of coping)

- Acting out
- Not taking medications
- Isolating and withdrawing
- Blaming others
- Crying jags
- Impatience
- Denial and avoidance
- Substance abuse (recreational drugs, prescription drugs, alcohol, food)
- Inappropriate sexual behavior
- Excessive worrying

STRESS REDUCTION

SESSION HANDOUT # 3 of 3


EFFECTIVE WAYS OF COPING WITH STRESS AND BURNOUT

Ask for help
Talk with family and/or friends
Take time off from work
Engage in spiritually nourishing activities
Meditate
Exercise—get up and get moving
Avoid junk food
Avoid overuse of caffeine, alcohol, tobacco
Get plenty of rest
Drink plenty of water
Take your medications and keep your doctor appointments
Engage in creative activities
Think positively
Don't worry about what you can't control
Spend time outdoors
Listen to music
Reserve a little quiet time for yourself each day
Practice deep breathing and stretching
Do the things you enjoy the most
Build a good support system
Avoid negative people and situations
Lighten up—keep your sense of humor
Look for the positive lessons in the bad things that happen to you
Trust your own ability to heal yourself
RELAX


COUNTER-TRANSFERENCE*

► ABOUT THIS ACTIVITY

 **Time:** 45 minutes

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

- Understand the concept of counter-transference.
- Describe ways one can recognize and address counter-transference.

 **Training Methods:** Case Study, Large Group Discussion

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

- Discuss the concept of counter-transference and have the peer trainer illustrate with a story (15 minutes)
- Lead a discussion about recognizing and dealing with counter-transference (30 minutes)

 **Materials:**

- Flipchart
- Markers
- Handout - Barbara's Case Study (optional)
- Handout – Counter transference: How can you recognize it?
- Handout - What Can You Do to Address Your Counter-transference?

(continued next page)

Instructions

Note: It is recommended that this exercise be used with modules on Barbara's Case Study and the Four C's of Counter-transference.

1. In your own words, explain the following: We are going to discuss a concept to help us manage difficult feelings that might come up while helping our clients. Therapists and other providers use this technique when working with their clients. Peer advocates can also benefit from knowing about this technique called Counter-transference.
2. Sometimes the thoughts and feelings that arise for the peer relate to her/his past experiences.
3. Ask the peer trainer to share her story (see Preparation.)
4. Sometimes when we have these reactions, it gets in the way of our being empathetic and meeting the client where she is at in her journey or readiness to deal with that situation. Instead, we might get too directive, judgmental, too focused on giving advice, and getting too protective of the client.
5. Ask participants:
 - a. What might cause a reaction in you? If participants have trouble coming up with this, ask them to think of someone in their life that triggers them and have them identify the trigger/issue.
 - b. Have you ever felt this? How?
 - c. What are some self-care strategies we can use when this happens? What did Barbara decide she was going to do?
6. Explain that learning about what triggers us ("pushes our buttons") can help us plan how to respond when difficult feelings

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

COUNTER-TRANSFERENCE

ABOUT THIS ACTIVITY (CONT).



Preparation:

- Write the following on flipchart:
Counter-transference = any thought, feeling, wish, hope or fear that might come up for a peer advocate, that is directed towards the client.
 - Ask the peer trainer to be prepared to provide a real life example of a time when (s)he felt challenged by a client and used the concept of Counter- transference to manage his/her feelings and maintain her professional stance towards her client:
1. Describe a situation in which there were triggers and what that triggered for him/her.
 2. Explain how (s)he dealt with the feelings that came up.
 3. Tell how (s)he recognized the situation and what was going on
 4. Self-care strategies (s)he used, either during or after the situation.

arise with clients (especially clients who remind us of ourselves, or remind us of things we have had to deal with in our lives).

7. Understanding the concept of “counter transference” can help us in working with our clients.
8. It can also help us recognize that clients are different than we are, and ultimately clients make the decision.
9. Point out that there is a handout in their packet “Counter-transference: How do you know if it is there?” Read a few of points from the handout.

Summary

Wrap up by telling the group that learning to recognize this in ourselves can be quite challenging, but absolutely gets better with practice. Self awareness is a key component of peer advocacy. We don't need to be perfect, only willing to observe ourselves and learn.

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

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.

COUNTER-TRANSFERENCE

SESSION HANDOUT # 1 of 3 (cont.)

BARBARA'S CASE STUDY (CONT.)

At that point Cindy could find a transitional housing situation for Sonya and her baby. Barbara, suddenly wondering about the father of the baby, asked Cindy about the father. Cindy replied that Sonya told her the father was “out of the picture.” Barbara is now feeling very overwhelmed about her client and everything she has to do to help the client.

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

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

COUNTER-TRANSFERENCE

SESSION HANDOUT # 2 of 3

COUNTER-TRANSFERENCE: HOW CAN YOU RECOGNIZE IT?

You could be experiencing counter-transference if one or more of the following is true:

1. You think you know exactly what a client needs to do.
2. You are making assumptions about a client without checking them out with her.
3. You are going out of your way for a client, even though she is not working very hard for herself.
4. You are avoiding a client(s).
5. You feel you are being manipulated.
6. You begin to ignore or forget your boundaries, or the boundaries of your organization.
7. You are spending too much time with one client for an extended period of time.
8. You worry about a client(s) excessively.
9. You begin to use your client for your own stress relief.
10. You are feeling confused about your role with a client(s).
11. You feel angry, sad or judgmental about a client(s) a lot of the time.
12. You find yourself being late consistently with a client.
13. While meeting with a client, an intense feeling suddenly arises—could be anger, sadness, or any other feeling, even a “positive” one. The feeling distracts you from your normal ability to listen well.

COUNTER-TRANSFERENCE

SESSION HANDOUT # 3 of 3

WHAT CAN YOU DO TO ADDRESS YOUR COUNTER-TRANSFERENCE?

1. Take some time to consider your feelings about the client(s) who are triggering you.
2. Check to see if you are over-identifying with your client (perhaps she/he and you have some similarities that trigger feelings for you). Remember that sometimes these similarities are hard to acknowledge.
3. Talk to a trusted colleague, supervisor, counselor, or other supportive person.
4. Engage in a stress reduction technique of any sort.
5. Re-assess your boundaries with a client(s). Do you need to spend more or less energy on this person(s)?
6. Question your assumptions.
7. Remember your limits.
8. Remember that you do not have to be perfect.
9. Remember that your job is not to fix people—people are ultimately responsible for themselves.
10. Remember to get help if you need it.
11. Get feedback from someone who will remind you of your strengths.
12. Remember that one of your most important jobs is to role model self-care.

CORE COMPETENCIES: PEER ROLE PART 2

ARE YOU READY TO BE A PEER?

AM I READY TO BE A PEER?*

► ABOUT THIS ACTIVITY

- 🕒 **Time:** 55-60 minutes
- ➔ **Objectives:** By the end of this session, participants will be able to:
 - Develop an action plan for first steps as a peer.
- ★ **Training Methods:** Individual Activity, Small Group Activity, Report Back
- ✓ **In This Activity You Will...**
 - Ask participants to complete an action plan worksheet (10-15 minutes)
 - Break participants into small groups to share and give feedback (45 minutes)
- ✂ **Materials:**
 - Handout - My Action Plan Worksheet (2 pages)
 - Handout - 15 Steps to Starting a Support Group
 - Handout - Tips for Writing an Effective Resume
 - Handout - Sample Cover Letter
 - Handout - Sample Resume
- ✍ **Preparation:**
 - Write on flipchart:
 1. What do you see as the strengths of this plan?
 2. What concerns do you have about this plan?
 3. What suggestions can you make to strengthen this plan?

Instructions

1. Hand out *My Action Plan Worksheet* to each participant and explain that as we wrap up our time together, we have a great opportunity to be thoughtful about planning what we take away from all this great training.
2. Ask participants to complete the first page of the worksheet and encourage them to take their time and think about each answer. The point of this is to identify where they feel really confident as well as some areas they want to work further on. If all of these truly seem like they're no problem, ask them to add their own category/ies that they do see as challenging.
3. After they've completed the first page, ask them to choose one or at most two areas to which they answered "Not at all," or "Slightly" and to complete the second page of the handout with those in mind.
4. After everyone has finished completing their worksheets, break them into small groups of 3-4 people. Tell the groups they will get about 45 minutes to share their plans with the others, i.e., each person gets 10-15 minutes. This is a chance to get some feedback on their plan and to make it even stronger and more do-able. (Suggestion: have a facilitator sit at each end of the table, if possible.)
5. Point out the questions you wrote earlier on flipchart:
 - What do you see as the strengths of this plan?
 - What concerns do you have about this plan?
 - What suggestions can you make to strengthen this plan?
6. Tell the group: *As each of you takes your turn presenting your plan, the others should give you feedback based on these questions. You should also ask each other questions (open-ended if possible!) to clarify anything you don't understand.*
7. As the groups work, periodically remind them of the time so that everyone has a chance to present their plan and get

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

AM I READY TO BE A PEER?



....The main thing I like about [being a peer] is feeling like I'm making a difference. Even sometimes just a smile and a welcome word or two to someone can make a difference in their day.

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

feedback on it.

8. When the groups have finished providing feedback to one another, ask them to take another five minutes and go around and have each woman tell the others one thing she feels “very confident” about. Ask them to congratulate one another and also to note if someone feels very confident about something that she does not, that she’s a potential resource!
9. After the groups are done, give everyone about 5-10 minutes to go back to her original plan and to fine-tune it based on the feedback she’s received.

Summary

- Point out the additional handouts as well as other resources.
- Wrap up session by reminding participants that they can continue to be resources for one another and can continue to share their ongoing plans, successes, and challenges with one another.

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

AM I READY TO BE A PEER?

SESSION HANDOUT #1 of 5

MY ACTION PLAN WORKSHEET

How confident do you feel about each of these?	Not at all confident	Slightly confident	Pretty confident	Very confident
Help a client decide the reduce their drug use				
Discuss how to have safer sex with a client				
Help a client understand how HIV medications can improve their health				
Help a client talk openly with his or her doctor				
Go with a client to health care or social service appointment				
Provide emotional support to a client				
Talk with a client about a behavior change that impacts their health				
Help a client find or choose HIV services				
Help a client find or choose social or support services				
Help a client make choices about disclosing HIV status				
Help a client to take HIV medications correctly				
Set clear boundaries with clients				
Help a client understand what confidentiality means				
Others:				

AM I READY TO BE A PEER?

SESSION HANDOUT #1 of 5 (cont.)

AM I READY TO BE A PEER ADVOCATE?

In the next 6 months, I plan to do the following 3 things (steps) to either improve on my work as a peer educator or to start working as a peer educator:

1. _____
2. _____
3. _____

To be a stronger peer, I want to work on ...

I want to work on these issues because ...

Some challenges I may face in working on this is...

I'll get support from or find resources to address these challenges from ...

I'll reward myself by ...

My 3 biggest strengths are...

1. _____
2. _____
3. _____

AM I READY TO BE A PEER?

SESSION HANDOUT #2 of 5

15 STEPS TO STARTING A SUPPORT GROUP

1. Keep your meeting at the same place and at the same time during the beginning weeks. Have your meeting even if no outside guests show up. Sometimes it will take a few weeks for you to start getting participants on a regular basis.
2. Create flyer about your group and post at clinics, other agencies, churches, supermarket, etc.
3. Make phone calls to interested participants.
4. Search for volunteers to lead your support group.
5. Make a welcome kit for new participants: include a confidentiality agreement, contact sheet, fact sheet about HIV, and an outline of the general format of group meetings.
6. Make a sign-in sheet, and have participants sign it at every meeting.
7. Create group agreements on the first day of group and post the agreements at every session.
8. Have different topics available for each group meeting.
9. Provide incentives if possible.
10. Conduct a needs assessment every six months.
11. Providing food is very important; if you don't have money for food, then do a pot-luck style, or see if there are near-by restaurants willing to donate.
12. Choose a point person for the support group - someone who doesn't mind sharing their contact information or screening new participants.
13. Create a crisis plan in case your participants have serious issues going on in their lives.
14. Make a list of possible outside speakers for group meetings.
15. Give everyone a contact sheet with names and phone numbers of participants who do not mind sharing their information with group.

► TIPS

- Observe time limits. Start on time and end on time so that members feel you are reliable. If they should have babysitters, they will be able to work with them easier.
- Be up front. If no child care is available, let members know ahead of time if children are welcome and if not, don't make exceptions.
- Be prepared to have you or your co-leaders do most of the speaking at the first few meetings until your members begin to feel comfortable with each other.
- Free space can sometimes be found at the local school, churches, non-profit and social agencies or at member's homes.
- Place chairs in a circle and close enough that all members can hear.

AM I READY TO BE A PEER?

SESSION HANDOUT #3 of 5

TIPS FOR WRITING AN EFFECTIVE RESUME

It isn't important to follow the sample resume exactly. What is more important is that you **represent your strengths** effectively. Follow these quick tips to make sure that your potential employer understands why you are a great candidate for the job!

1. **List your most important experiences closest to the top of the resume.** For example, if you haven't had a job or any education recently, put the "skills" section first. If you just took a continuing education or vocational class, list your education first.
2. **Don't hold back!** Make sure you list any experience that you have had that will make you better at the job you hope to get. Your resume is NOT limited to past jobs or formal college degrees! Include volunteer positions, certifications, language abilities, and any other important skills, training, or work experience.
3. When listing your experiences, **use action words** to describe your responsibilities at jobs and volunteer positions. Think about the specifics of important tasks you performed. Don't just describe your achievements by saying, "helped HIV positive women." Instead, say "coordinated weekly support group of 15 women aimed at building a local support network of positive women" or "motivated 4 HIV positive clients, through weekly meetings, to seek support services and medical treatment."

The best way to write an experience section is to brainstorm a list of accomplishments—in detail—that you had in each job, and then select one or two that best illustrate your skill set to include on your resume.

4. **Tailor your resume to each job that you are applying to.** When you sit down to write a resume, include every experience that you think might help you get ANY job. But when you actually apply, **look carefully at the job description** and include experiences and skills that fit the position. For example, if you are applying for a job as a peer advocate, your skill section should include skills like: "good listener, ability to work on a team, knowledge of local HIV support services, training experience, etc." If you are applying to an office job, your skill set will be different, including instead, "computer skills, organizational skills, writing and editing ability, etc."

Think carefully about what skills you bring to the table, and list them thoroughly.

5. **Proofread your resume!** And then have someone else proofread it! Your resume is an example of your writing ability and your work ethic; if it looks messy, has misspellings or grammatical errors, employers get a bad first impression.

If you are interested in a full step-by-step guide for writing resumes and cover letters, get in touch with us at the Center for Health Training (510.835.3700 x115 or x119) and we will send one to you!

AM I READY TO BE A PEER?

SESSION HANDOUT #4 of 5

SAMPLE COVER LETTER

Your Name Here
Address: 555 Main Street, Apt. 3
San Francisco, CA 94100
Phone: 415.555.8000
Email: firstname_lastname@yahoo.com

Today's Date

Name of Contact

Title

Name of Organization

Address

City, State, Zip

Dear Mr./Ms. [Last name of Contact]:

I am responding to your posting for a peer advocate (or job title you are applying for) in this Sunday's *Chronicle* with excitement, as I recently completed a peer advocacy training program and, as an HIV-positive woman, am eager to help build a supportive community for HIV-positive women in the area. I have included my resume for your consideration.

I think that you will find that my skills and interests match well with [name of organization here]. At W.O.R.L.D. (Women Organized to Respond to Life Threatening Disease), I have been using my status as a positive woman to mentor other recently diagnosed women. I have provided emotional support and education for women whose experience I understand personally, and have also gained experience and knowledge of local support services available for women with HIV. I am dedicated to helping women learn more about and accept their HIV-positive status, and I look forward to having the opportunity to continue this work with your organization.

I am excited by the possibility of working with [name of organization here]! Please feel free to contact me at 415-555-8000 at your earliest convenience. Thank you so much for your consideration.

Sincerely,

Your Name Here

AM I READY TO BE A PEER?

SESSION HANDOUT #5 of 5

SAMPLE RESUME

Your Name
Address
City, State ZIP Code
Phone Number
Email address

OBJECTIVE OR INTERESTS:

One to two lines about what are your interests in the field and what type of jobs you are looking for.

PAST EMPLOYMENT:

Title or Position

Year Started-Present or date ended, City, State

Description of Position: tasks you performed or job description

EDUCATION:

College or Classes you have attended

Training related to HIV and peer education (Lotus training)

SKILLS:

For example, computer skills, group facilitation, public speaking, etc.

VOLUNTEER ACTIVITIES:

Here you can list where you have volunteered: Planning Councils, advocacy, outreach, public speaking gigs, and board membership.

SETTING UP YOUR FIRST MEETING*

► ABOUT THIS ACTIVITY

🕒 **Time:** 60 minutes

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

- Understand the process involved with setting up initial contact with a client;
- Feel more comfortable setting up first meeting with client.

★ **Training Methods:** Dyad Activity, Skills Practice

✓ **In This Activity You Will...**

- Provide and go over some tools (handouts) as resources (10 minutes)
- Facilitate role play activity in pairs (30 minutes)
- Set up a role play demo and debrief (20 minutes)

✂ **Materials:**

- Flipchart and Markers
- Handout - Meeting With A Client
- Handout - Sample Peer Contact Form
- Handout - Sample Confidentiality Agreement
- Handout - Peer/Client Role Play (optional)

🔪 **Preparation:**

Print handouts

Instructions

1. Introduce the activity by describing the objectives.
2. Break the group up into pairs. Ask each pair to pull out the following handouts and use them as they do the role play. Take a few minutes to walk through each form, briefly explaining what each one is:
 - a. Meeting With A Client
 - b. Sample Confidentiality Agreement
 - c. Sample Peer Contact Form
3. Ask one person in pair to be client and the other person to be the peer. We are going to practice meeting with your client for the first time. Use the various concepts – especially the communication skills we learned such as open-ended questions, affirming, and paraphrasing- we have learned earlier in the week to gather information.
4. Emphasize:
 - When playing the role of a peer they should explain confidentiality to their client and get them to sign the confidentiality form. Steps on what can be done are listed on the Meeting with a Client handout.
 - At the end of the role play, the peer should remember to also set up a follow-up meeting.
5. Read out loud to the group:
 - a. **Peer role:** You are a peer advocate. A woman/man who has been diagnosed with HIV for several years is referred to you by a social worker. The social worker told you that the client is doing okay, but she/he is new to the area and feeling isolated.
 - b. **Client role:** You are a woman/man who has been living with HIV for many years. Your health is okay and you are stable on medication. You just moved to the area and you told your new social worker that you are lonely. She referred you to what she called a “peer advocate.” You are unsure what a peer advocate is, but you are open to anything.

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

SETTING UP YOUR FIRST MEETING



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

Jackie Howell
Peer Educator
New York

6. Remind them to use the forms provided in their packets, but to focus on the client, not the paper.
 7. Tell the groups they'll have about 15 minutes and then you'll ask them to switch roles.
 8. Ask them to switch roles in about 15 minutes. Tell them that it is okay if they do not finish; they should start from the beginning.
 9. Process the activity by asking participants:
 - a. How did that activity go for you?
 - b. How did it feel to play the peer advocate?
 - c. Who did most of the talking?
 - d. Did the peers ask open-ended questions?
 - e. Were you comfortable in explaining confidentiality to the client?
- Point out that we want the client to do most of the talking, so she/he begins to feel empowered and develops her/his own "voice" with you. If you did most of the talking this time, that's natural, but something to pay attention to and work on. Use more open-ended questions!
10. Ask for a volunteer pair to role play in front of larger group. Give them about 5 minutes, then stop them, thank them, and ask the others:
 - a. What new ideas did you get from watching this?
 - b. What did the advocate do that you liked?
 - c. What did you learn about the client?
 - d. What were some open-ended questions you heard? Any missed opportunities?

Summary

Congratulate everyone for jumping in and trying on their new role. Remind them that the most important part is to establish a connection so the client feels comfortable and confident with them and will return.

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

SETTING UP YOUR FIRST MEETING

SESSION HANDOUT #1 of 4

MEETING WITH A CLIENT

First Visit with a New Client

1. Introduce yourself and the agency you work with.
2. Explain peer education and who you are.
3. Explain confidentiality.
4. Get verbal/written consent from client to begin helping her as a peer.
5. Ask open-ended questions about the client's needs and listen.
 - Seek information from client regarding her situation.
 - Seek information on client's health behaviors (ex. Is she taking medications, has a doctor, safer sex, drug use, etc)
 - What are barriers present in client's life?
 - What are resources available in client's life?
 - What are client's immediate needs? What can peer do for the client?
6. Provide emotional support and find a way to connect.
7. Fill out necessary paperwork.
8. Set priorities or goals for next meeting.
9. Set up next meeting time (crucial!).

Tasks for Peer Before Next Visit with Your Client:

1. Search for appropriate referrals for client's needs.
2. Communicate with referral source and coordinate services if necessary.
3. Follow-up with the client regarding referral.

At the Next Meeting with Your Client:

1. Check-in with client regarding referrals and last meeting.
2. Follow through with support and addressing needs.

REMEMBER

- Recognize your own need for support from supervisors, co-workers and others.
- Recognize your need for self-care and personal reflection.
- You may not follow these steps in this order but make sure to cover ALL the steps.

SETTING UP YOUR FIRST MEETING

SESSION HANDOUT #2 of 4

SAMPLE PEER CONTACT FORM

Client Code: _____

Peer Code: _____

Date of Contact: __/__/__

Description of the contact *Please check the appropriate*

Who initiated contact?

- ☐ Client
- ☐ Peer
- ☐ Other individual

Life Stressors Addressed:

- ☐ None
- ☐ Health
- ☐ Anxious/depressed/lonely
- ☐ Benefits/Insurance
- ☐ Problems with partners/kids
- ☐ Money
- ☐ Housing
- ☐ Family's Health
- ☐ Death of family/friend
- ☐ Legal problems
- ☐ Any accident
- ☐ Isolation
- ☐ Immigration issues
- ☐ Other (Explain)

Incentives Provided:

- ☐ Yes
- ☐ No

Do you talk about adherence?

- ☐ Yes
- ☐ No

Did the client say she/he is adherent?

- ☐ Yes
- ☐ No

Did you discuss T-cells or viral load?

- ☐ Yes
- ☐ No

Did the client mention missed days or med holiday?

- ☐ Yes
- ☐ No

Where?

- ☐ Unsuccessful contact
- ☐ Phone contact
- ☐ ID clinic
- ☐ Street
- ☐ Hospital wards
- ☐ Drug program
- ☐ Client's home
- ☐ Other location

Type of Contact:

- ☐ Face to face
- ☐ Phone
- ☐ Mail
- ☐ Left message only
- ☐ Phone, but no answer
- ☐ Other

If the client has missed meds, about how many days?

_____ days

Notes and Next steps:

Who was contacted?

- ☐ Client
- ☐ Family/friends
- ☐ Case Workers
- ☐ Medical
- ☐ Other
- ☐ Not applicable

Referrals made:

- ☐ None
- ☐ Case Manager
- ☐ Health Educator
- ☐ Medical Provider
- ☐ Support Group
- ☐ Mental Health
- ☐ Supplies (food, baby, etc.)
- ☐ Other _____

Next Visit: ____/____/____

SETTING UP YOUR FIRST MEETING

SESSION HANDOUT #3 of 4

SAMPLE CONFIDENTIALITY AGREEMENT

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

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

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

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

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

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

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

Client:

Print Name _____

Signature _____ Date _____

Peer Advocate:

Print Name _____

Signature _____ Date _____

SETTING UP YOUR FIRST MEETING

SESSION HANDOUT #4 of 4

PEER ROLE

You are a peer advocate. A woman who has been diagnosed with HIV for several years is referred to you by a social worker. The social worker told you that the client is doing okay, but she is new to the area and feeling isolated.


CLIENT ROLE

You are stable on medication. You just moved to the area and you told your new social worker that you are lonely. She referred you to what she called a “peer advocate.” You are unsure what a peer advocate is, but you are open to anything.

PEER SKILLS ROLE PLAY*

► ABOUT THIS ACTIVITY

 **Time:** 180 minutes

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

- Put into practice skills learned in the core competencies on HIV/AIDS and Communication
- Use information learned in this module and feedback from group and facilitators to reinforce skills needed to be an effective peer

 **Training Methods:** Brainstorm, Dyad Activity, Role Play

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

- Review skills and new information (20 minutes)
- Demonstrate incorporating skills or tools taught in a role play scenario (10 minutes)
- Assign participants in pairs and pass out role play scenarios (10 minutes)
- Facilitate activity by allowing participants to role play scenarios, asking questions and identifying strengths/challenges of role play (130 minutes)
- Lead a full group discussion to summarize (10 minutes)

 **Materials:**

- Dry erase /chalk board or newsprint
- Markers and tape
- Handout – Role-play Scenarios
- Sign which says “In Role”

(continued next page)

Instructions

1. Allow participants to briefly review the skills covered in the HIV/AIDS and Communication sessions, this can be done as a brainstorm. Use list on newsprint/board.
2. Divide group into pairs. Let participants blindly choose which role-play they will perform. Allow them to work with their partners for 10-15 minutes to prepare for their role-play. If a participant is uneasy with a role-play scenario, allow him or her to choose a different one.
3. Remind role-play participants not to lose the focus of the situation they are acting out (i.e. getting caught up in a values-based debate. If participants slip out of their roles, they lose the protection role-playing affords, and the situation may become sensitive. It is up to the facilitator to make the environment safe for those participating in the role-play.
4. Set ground rules.
 - All need to feel that they will not be attacked or teased about their role-playing;
 - Call time-out if needed.
 - Stay in role during the role-play
 - Don't get personal.
5. Performing the role-play:

Always begin the role-play with a clear signal, such as announcing, “You are now in role.” Some instructors put up a sign with “In Role” written on it.

An important skill for instructors is “letting go,” which simply means that, once participants are put “in role,” the instructor allows them to perform the role-play without interruption. If a role-play

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

PEER SKILLS ROLE PLAY

ABOUT THIS ACTIVITY (CONT.)



Preparation:

- Print handouts
- Cut role-play scenarios into individual strips of paper.
- Write on the board or prepare a piece of newsprint with the following skills learned in previous training. The list should look like this:

Viral Life Cycle
Stigma
Disclosure
Special Populations
Medications
 Side Effects (long & short term)
 Lab Values
 Adherence Issues (tools)
 Cultural Issues
Motivation
Association
Repetition
Use of Senses
Styles of Communication
 Passive
 Passive Aggressive
 Aggressive
 Assertive
 Non-Verbal
 Facial expression
 Body language
 Attentive Listening (Nodding,
 Yes, uh huh, Asking questions)

Rephrasing

MESSAGE
SENDER ⇌ RECEIVER
UNDERSTANDING

seems to struggle, the instructor can steady it by giving minimal feedback or directions.

Watch for any signs that participants may be troubled about personal issues connected to the role-plays. This is important if any participant too closely identifies with their role. If emotions get out of hand, step in and remind them of the time-out option or refocus the role-play to be less emotional. If needed, end the role-play.

Summary

Wrap up session.

Role-play instructions taken from the American Red Cross' African American HIV/AIDS Instructor Trainer Manual.

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

PEER SKILLS ROLE PLAY

SESSION HANDOUT

ROLE-PLAY SCENARIOS

1.

Henry, a 70 year old widow, recently moved into a retirement community where he leads a very active life. He is an avid tennis player and loves to travel to exotic countries. Lately, Henry complains of feeling uncharacteristically tired, so he scheduled an appointment with his doctor for an evaluation. That is when he was diagnosed with HIV. Shocked and nervous, Henry expressed his fears about dying and of his friends finding out to his doctor. His doctor suggested that he meet with the peer educator before leaving the office so that could learn about support groups and how a peer could help him manage his diagnosis.

(Please address HIV 101, disclosure, support group information, educational groups)

2.

Jenny, a HIV positive single mother of 3 just found out that she will lose her housing assistance in 30 days. She doesn't know what to do because she cannot afford the rent with out assistance. Moving in with her family is not an option either since all of her family lives out of state. To add to her dilemma, Jenny has been experiencing night sweats and painful tingling sensations in her feet when walking. Jenny's peer educator has been a tremendous support to her lately, so she scheduled an appointment to meet to develop a plan of action.

(Please address community resources, medication side effects, talking with healthcare provider)

3.

Bryson is HIV positive, a successful attorney and lives a lavish life with his partner of 5 years. Six months ago Bryson and his partner purchased a new home in an exclusive neighborhood in their city. In the beginning things were great. They entertained their neighbors for dinner as often as once a week. It wasn't long when Bryson noticed that his neighbors were less and less available to visit. Then a light bulb went off in his head! Bryson remembered the day that his HIV medications were accidentally delivered next door. They were packaged in a plain wrapper, but he can't seem to shake the feeling that his neighbor knows his status. Bryson shares his concerns with his peer educator as he considers how to handle this situation.

(Please address Stigma and disclosure issues)

PEER SKILLS ROLE PLAY

SESSION HANDOUT (cont.)

4.

Fred is a charismatic, high energy, newly diagnosed HIV positive man who has enrolled in the peer program at his local clinic. Every time Fred meets with his peer educator he seems to be so hyper that it causes alarm with his peer educator. The source of Fred's excited mood is methamphetamines. During the session, the peer educator learns that Fred forgets to take his medications. The peer would like to discuss the effects of mixing street drugs with his ARV's and how forgetting to take his medications could lead to drug resistance.

(Please talk about the importance of adherence, explain drug resistance and community resources for drug treatment)

5.

Pedro and Maria have been together for a year and have decided to take their relationship to the next level to include sex. Maria was diagnosed with HIV before her relationship started with Pedro who is HIV negative. Their relationship has been very open and built on trust. Maria and Pedro decide to meet with a peer educator to discuss prevention methods. When Maria and Pedro arrive to the meeting it becomes very clear to the peer educator that language is a barrier because Maria and Pedro do not speak English well. The peer educator also notices that when he asks Maria questions about her sexual history, Pedro responds. The peer educator is not sure how to help them as he doesn't speak Spanish.

(Please problem solve language and cultural barriers, HIV 101, condom usage skills)

6.

Jodi is HIV positive and very adherent to her health routines. She takes her ARV's as prescribed by her doctor the right way every time except for one medicine. To her surprise her doctor recommends that she begin a new drug regimen. It seems that she has developed resistance to her current treatment. Jodi visits her peer educator to understand more about resistance.

(Discuss resistance and how to talk with her physician)

PEER SKILLS ROLE PLAY

SESSION HANDOUT (cont.)

7.

Murphy is an HIV positive health and fitness coach who has been medication free for 7 years because his viral load was low and his CD4 count has remained above 350, until recently. Due to changes in his lab results, Murphy's doctor suggests starting ARV's to manage his HIV disease progression. Murphy believes in herbal treatment methods and does not want to use traditional HIV medications. He schedules a meeting with his peer educator to discuss his concerns.

(Discuss treatment options and how to talk with his physician)

8.

Leon is an African American community activist in one of this country's largest city. His role has made him very visible and the public watches his every move. When Leon was diagnosed with HIV three months ago he became overwhelmed with thoughts of people in the community finding out and discriminating against him publicly, so he moved to a small rural farming community where his mother lives. Leon felt very depressed and isolated from his life in the big city, so his mother suggested that he visit a peer educator at their local hospital. Reluctantly, Leon agreed and scheduled an appointment. When Leon arrived to his session he was greeted by his peer educator, a short, bald, overweight, older white male. Leon gasped as he followed the peer educator to the private meeting room.

(Discuss mental health referrals and address cultural barriers and changes to life in a rural community.)

9.

Michael is a newly diagnosed HIV positive man who agreed to participate in the peer program at his doctor's suggestion. During his first two visits with his peer educator, Michael was very talkative but his tone of voice seemed hostile. The peer educator noticed the tension in their relationship, so during their third visit he asked Michael to rate his level of comfort during their visits on a scale from one to ten, one being very comfortable and ten, most uncomfortable. Michael quickly took offence and rose to his feet assuming a defensive posture. Then he blurted, "Don't you go trying to get in my head! I hate it when people try to get in my head! If you ever do that again... well... I'm not sure what I'll do." The peer educator is stunned by the Michael's behavior, but he remains seated and considers what to do next.

(Address boundaries and effective communication)

PEER SKILLS ROLE PLAY

SESSION HANDOUT (cont.)

10.

Darlene is an HIV positive transgender woman who learned of her HIV diagnosis while preparing for the last phase of her transition - sexual reassignment surgery. Darlene is sure of her decision to transition, so she agreed to take part in the peer program to receive support in incorporating HIV treatment into her current health routines. When Darlene's peer reviews her file prior to their appointment, she notices that Darlene has had 2 STD's within the last 6 months. The peer educator decides that this should be addressed. During the session, Darlene shares that she exchanges sex for money to save money to pay for her surgery. She knows the risk of re-infection, but she doesn't see any other way of earning that amount of undocumented money. Darlene doesn't want to risk losing her benefits by making too much money legally. (Discuss prevention options, disclosure/legal issues)

11.

Sylvia is HIV positive and diagnosed with mild retardation. Sylvia lives in a residential care facility with other people who have similar mental challenges. The facility staff has requested assistance from the peer program to help educate Sylvia about HIV. Sylvia responds well to a one on one learning environment. A peer from the peer program meets with Sylvia. (Discuss HIV:101)

PEER EDUCATOR TO CLIENT ROLE PLAY*

► ABOUT THIS ACTIVITY

- 🕒 **Time:** 20 minutes
- ➡ **Objectives:** By the end of this session, participants will be able to:
 - Describe what they observe happen between a Peer Educator and newly diagnosed HIV+ individual.
- ★ **Training Methods:** Role Play, Large Group Discussion
- ✓ **In This Activity You Will...**
 - Role play with co-facilitator client/peer educator session (10 minutes).
 - Lead group discussion asking participants to identify strengths, qualities, knowledge and skills observed in the role play (10 minutes).
- ✂ **Materials:**
 - Script – Role Play
- 🔪 **Preparation:**
 - Print script

Instructions

1. Have two facilitators or volunteers go through the Role Play script.
2. Ask participants the following questions and facilitate discussion.
 - What were your feelings about the interaction between the Peer Educator and Client?
 - What do you think about the services the Peer Educator is able to provide to the Client?
 - What did you like about the Peer Educator's interaction with the client? What could have been done better?
 - What do you think encouraged the client to share with the Peer Educator?

Summary

As you were able to observe the interaction between the Peer Educator and Client you see how important it is to have the knowledge and skill set we discussed earlier. Being a Peer Educator can be challenging, however the scenario shows us that the support a Peer Educator can provide to a Client is invaluable because of the shared experiences. This scenario is just one of the many interactions between a Peer Educator and a Client.

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

PEER EDUCATOR TO CLIENT ROLE PLAY

SESSION HANDOUT

ROLE PLAY

A newly diagnosed HIV+ client comes in for their second office visit with the doctor to discuss laboratory test results. The client was diagnosed with HIV 2 weeks ago, at which time they met with the HIV Primary Care Team and completed a battery of laboratory tests. The client understandably is still distraught, scared, and ashamed and is trying to make sense of the diagnosis. The doctor discusses with the client the many options for HIV care and treatment but the client is not ready to discuss them and does not know what to do. The doctor then refers the client to the Peer Education Program, explains that a Peer Educator is available to provide support to people who are newly diagnosed.

This is an example of an interaction between Client and Peer Educator.

Script

Peer Educator

Hi, I'm Anne, how are you?

Client

Well, now I don't really know how I am.

Peer Educator

I understand.....you were recently diagnosed HIV+ a couple of weeks ago.

Client

Yes, I just don't know what I'm going to do. I have small children. How am I going to tell them that I'm going to die?

Peer Educator

You know there is no cure for HIV yet but researchers are working hard every day to find a cure, and develop more medications to help those living with HIV. HIV is life changing, it's a chronic disease but it is manageable. Don't get comfortable and focused on dying, because you have a lot of living to do. You found out two weeks ago, do you have any support, like friends or family?

Client

No, I'm not telling anyone that I have this.

PEER EDUCATOR TO CLIENT ROLE PLAY

SESSION HANDOUT (cont.)

ROLE PLAY (CONT.)

Peer Educator

Family and friends can sometimes provide a lot of support, but if you have any reservations at all about disclosure or telling them about your HIV status, then follow your gut feelings. If you are open to the Peer Counseling Program we have at the clinic we would be glad to be that support for you until you feel ready to disclose; and if you'd like we can arrange to be there with you.

Client

That sounds good. I'm just not ready to tell anyone now.

Peer Educator

I can understand you are still trying to process this yourself.

Client

Yeah.

Peer Educator

What have you heard about HIV?

Client

Just what I've seen on TV, always wear a condom to prevent HIV and I knew that. That's why I feel so stupid.

Peer Educator

Don't beat yourself up, of course we should take precautions but nobody deserves to be infected. Not you, not the person that infected you. Have you talked to them yet?

Client

Yes. He apologized but that doesn't change anything.

Peer Educator

No it doesn't, but we can start where you are and that is from this point on you can learn how to live a healthy life living HIV+. I did.

Client

What? You are HIV positive, but you don't look like it.

Peer Educator

Yes, I am positive, but the look is a myth. It's not how you look. (Peer Educator shares their story)

PEER EDUCATOR TO CLIENT ROLE PLAY

SESSION HANDOUT (cont.)

ROLE PLAY (CONT.)

Client

You got that right!

Peer Educator

The Peer Program helped me and it can help you to by providing you with more education about HIV disease, how it is transmitted, and how to understand your labs. As your advocate we can breakdown those lab values to make some sense of all those numbers your doctor is giving you, we can also talk a little about medications that are currently approved, and how nutrition and exercise can help your immune system now more than ever.

Client

What do I need to do to be a part of the program?

Peer Educator


I'll be glad to explain it to you.

END


CHALLENGING SITUATION CASE SCENARIOS*

► ABOUT THIS ACTIVITY


 **Time:** 60 minutes

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


- Practice peer advocacy skills.
- Use appropriate steps to address challenging situations that may arise with a client.

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


In This Activity You Will...

-  Break the group into 4 small groups and assign them case scenarios (25 minutes).
- Facilitate the groups' reporting back and discussion (35 minutes).

Materials:

-  Flipchart and Markers
- Handouts - 4 Challenging Situation Case Scenarios

Preparation:

-  Print handouts

Instructions

1. Tell the group that in this activity we are going to discuss how to help a client who is in a challenging situation. We are going to use some of the skills we have learned in previous trainings (including the 4 concepts of peer advocacy, if you have already conducted this training).
2. Break the group into four groups. Assign each group 1 case scenario. Ask them to answer the questions at the bottom of the handout. Give the groups about 20 minutes.
3. Ask each group to read their scenario out loud to the full group and to report back on the following questions:
 - What are some pressing concerns for your client?
 - List at least three open-ended questions you might ask the client to gather information about her situation.
 - What thoughts, concerns, or feelings might come up for your clients?
 - What thoughts, concerns, or feeling might come up for you as a peer?
 - What support and/or information could you offer her?
 - What action steps might your client, you or both of you consider taking? List 3-5 action steps.
4. What are key referrals for this client?
5. After each group reports, ask the others if they have anything to add.

Summary

Wrap up by emphasizing that we don't have to be experts on all of these challenging situations. We do need to be able to recognize some "red flags," and to make referrals for our clients and to get the extra help and support needed in these particularly challenging times.

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

CHALLENGING SITUATION CASE SCENARIOS

SESSION HANDOUT #1 of 4

SCENARIO 1

You have a long-term client who did not show up for a couple of meetings. When you went to her house at 1pm in the afternoon, she was just getting out of bed. She tells you that she lost her job and that she and her baby's father broke up about a month ago. She starts crying and confides that she is having a lot of trouble "getting through the day". She tells you she is completely exhausted, is sleeping and crying a lot, and drinking almost every day. She thought about calling you earlier to let you know what was happening, but "couldn't get it together" and then "felt like it was too late". She also tells you that she was not remembering her medication and knew that skipping was not good, so she stopped.

Discussion Questions

1. What are some pressing concerns for your client?
2. List at least three open-ended questions you might ask the client to gather information about her situation.
3. What thoughts, concerns, or feelings might come up for your clients?
4. What thoughts, concerns, or feeling might come up for you as a peer?
5. What support and/or information could you offer her?
6. What action steps might your client, you or both of you consider taking? List 3-5.

CHALLENGING SITUATION CASE SCENARIOS

SESSION HANDOUT #2 of 4

SCENARIO 2

You have a client who went back to work after several years out of the workforce due to HIV/AIDS-related illnesses. Your client was very excited to get the position. In your regular meeting with her she reports that she has been having increasing difficulties with her job. The position she has is in the hotel food service industry and one of the most important benefits of the job in her perspective is that she has medical and dental benefits for herself and her children. During one of the hotel's largest event of the year, a manager raised her voice at the staff because she was not satisfied with how fast they were working. Your client reports that she had to go to the hospital because she started having trouble breathing, became dizzy and her chest hurt. The doctor told her she had a panic attack. She has not disclosed her status at work and now has started having difficulty sleeping and concentrating because she thinks work might ask her questions about what happened and/or find out that she has HIV and "find a reason" to fire her.

Discussion Questions

1. What are some pressing concerns for your client?
2. List at least three open-ended questions you might ask the client to gather information about her situation.
3. What thoughts, concerns, or feelings might come up for your clients?
4. What thoughts, concerns, or feeling might come up for you as a peer?
5. What support and/or information could you offer her?
6. What action steps might your client, you or both of you consider taking? List 3-5.

CHALLENGING SITUATION CASE SCENARIOS

SESSION HANDOUT #3 of 4

SCENARIO 3

You have a client who has been having a difficult time for the past three months. She was in a serious car accident where one of the passengers, a niece, was killed and her sister severely injured. The first couple of weeks after the accident, she would show up to groups but not speak. A month after the accident she talked to her doctor about difficulty sleeping and feeling extremely sad. She was prescribed medication to help her sleep and anti-depressants. She stopped coming to the agency's support groups and missed a meeting with you. You called and when you spoke with her, she said that she was having difficulty coming to the agency because she couldn't get into a car without thinking about the accident and seeing it over and over in her head. She said she finished the medication the doctor gave her, but had not refilled the prescription. She had not refilled any prescription – including her HIV medications – this month. She was having trouble sleeping still as she had nightmares almost every night about the accident. She did not want to ask her family for help as her sister was having a very difficult time and she did not want to bother them.

Discussion Questions

1. What are some pressing concerns for your client?
2. List at least three open-ended questions you might ask the client to gather information about her situation.
3. What thoughts, concerns, or feelings might come up for your clients?
4. What thoughts, concerns, or feeling might come up for you as a peer?
5. What support and/or information could you offer her?
6. What action steps might your client, you or both of you consider taking?
List 3-5.

CHALLENGING SITUATION CASE SCENARIOS

SESSION HANDOUT #4 of 4

SCENARIO 4

You have a client who you know has a bipolar diagnosis and takes mood stabilizing medication. She has a history of alcohol and substance abuse. Your experience with her mood disorder up until now has been depression related. While you know that she was hospitalized after a couple of incidents, you only had contact with her after she had stabilized on medications. Over the past two weeks, you have noticed that she had been calling you with increasing frequency. She has seemed upbeat, but you noticed that on the last two calls she has begun speaking more and more quickly. She called and left you a message that she needs to speak with you immediately. When you return her call she asks you if you can loan her some money for a couple of days. She knows the upcoming winning lottery numbers for California and New York and she is willing to share the winnings with you if you can loan her some money to buy tickets. She is laughing but when you tell her you are not allowed to loan her money, her voice changes and she becomes loud and agitated sounding. She says she is not asking you for money – only a loan, she is silent for a few seconds, you hear her begin to cry and then she hangs up. Your phone rings 10 minutes later and when you answer the phone it is her again.

Discussion Questions

1. What are some pressing concerns for your client?
2. List at least three open-ended questions you might ask the client to gather information about her situation.
3. What thoughts, concerns, or feelings might come up for your clients?
4. What thoughts, concerns, or feeling might come up for you as a peer?
5. What support and/or information could you offer her?
6. What action steps might your client, you or both of you consider taking?
List 3-5.