

CASE STUDIES AND SCENARIOS

This section includes the case studies, scenarios, and role plays that are used in the training modules of this toolkit. They have been separated out from the modules in order to make it easier for the trainer to search through them and mix and match them depending on the needs of the participants. A topic coverage chart is also provided so that trainers can easily identify which skill(s) each case study, scenario, and role play is intended to highlight. Trainers will find that most of the case studies, scenarios, and role plays include a list of questions and potential answers that can be used in training.

CASE STUDIES AND SCENARIOS: TOPIC COVERAGE CHART*

	HIV 101	Adherence	Talk w/MD	Harm/risk reduction	Communication	Culture	Resources	Disclosure	Confidentiality	Boundaries
Joe		x								
Carmen		x								
Michael		x								
Edie		x								
Ivy		x								
Linda		x		x						
Maria		x	x		x					
Tommy		x						x		
Jesse		x	x	x						
Lisette		x								
Fred		x		x						
Pedro & Maria				x	x	x				
Jodi		x	x							
Murphy		x	x							
Jim	x									
Mary				x						
Dwight										x
Sally										x
India										x
Sarah										x
Daryl (Joe)									x	
Frances										x
Justin									x	x
Mrs. Smith									x	
Jose					x					x
Isabel					x					
Kendra					x					
Andrea					x					

CASE STUDIES AND SCENARIOS: TOPIC COVERAGE CHART

	HIV 101	Adherence	Talk w/MD	Harm/risk reduction	Communication	Culture	Resources	Disclosure	Confidentiality	Boundaries
Henry	x				x		x			x
Jenny		x	x				x			
Bryson								x		
Juanita					x					
Tara 1		x			x					
Tara 2		x			x					
Leon					x	x	x			
Paul					x		x			x
Darlene		x		x	x		x			
Sylvia	x									
Thelma		x		x	x					
Ursula					x			x		
Victoria		x			x					
Yolanda				x	x					x
Melissa	x				x				x	
Marlon	x				x					
Rosanna	x		x		x					
Barbara			x		x		x		x	

HIV 101: MEDICATIONS, ADHERENCE, AND RISK REDUCTION

Joe¹

Joe is a 32 year old who started medications 3 weeks ago. The Peer Educator gives Joe a call to see how he has adjusted to his medications. Joe tells the Peer Educator that he was prescribed Sustiva and Truvada. He reports that he is taking his medications faithfully. The peer educator asks Joe if he has been experiencing any side effects since starting the medications. Joe reports that he had mild dizziness and vivid dreams.

Discussion Questions:

- What is your typical bed time routine?
- What have you discussed with your doctor?
- How do you relax before going to bed?

Sample Answers:

- Journal bed times and dates of vivid dreams to determine pattern to share with doctor.
- Encourage relaxation before bed.
- Make list of concerns for client to share with doctor, provide information about side effects of medicine)

Carmen¹

Carmen is a 36 year old who has been prescribed Viramune, Zerit and Epivir. Carmen states that she had only missed 1 dose of medications since starting them 6 weeks ago. Carmen reports that she had been experiencing some tingling in her feet and her boyfriend thinks that her face is thinning. She is not sure what she should do.

Discussion Questions:

- How often do you experience the tingling in your feet?
- When did your boyfriend first notice the lipoatrophy or facial thinning?
- Have you shared this concern with your doctor?

Sample Answers:

- Journal frequency and degree of tingling in feet.
- Educate patient about potential side effects of medicine.

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Michael¹

Michael is a 25 year old male who has been prescribed Kaletra and Combivir. Michael is having mild diarrhea. During the conversation Michael tells the peer educator that he has been smoking marijuana about once a week and that he has the habit under control-“it’s to help me chill out after I get home from work.”

Discussion Questions:

- When did the diarrhea begin and how frequent?
- How long have you had the diarrhea?
- Have you tracked side effects in a diary?
- What is your daily food intake, checking for foods that might cause diarrhea?

Sample Answers:

- Document frequency of diarrhea..
- Educate client about common side effects to medications and average time they end.
- Suggest increased fiber diet.

Fred¹

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.

Discussion Questions:

- What tool does Fred use as a reminder to take his medications?
- Does Fred understand the impact of taking HIV medications and street drugs?
- What is Fred’s understanding of the relationship between adherence and developing resistance to medications?

Sample Answers:

- Offer different tools to help with adherence-calendar, cadex watch, pill boxes
- Educate client about. drug resistance (cause and ways to prevent it).
- Share personal experience if applicable.. Encourage seeking help for substance abuse. Referral to case manager to make SA referral.

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Pedro and Maria¹

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.

Discussion Questions:

- Ask client whether they prefer to have an interpreter available or understand English well enough for the session?
- What is HIV and what prevention methods are available to reduce transmission to partner?

Sample Answers:

- The peer teaches the client and partner about HIV (transmission, prevention tools and provides tools-male/female condoms, lube and dental dams)
- The peer answers questions that come up in the session to address needs.

Jodi¹

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.

Discussion Questions:

- Ask client what adherence means to her?
- What is the connection between adherence and medication resistance?

Sample Answers:

- The peer teaches the client the importance of adherence
- The peer educates about causes and prevention of resistance
- The peer offers to attend the next medical appointment with the client.

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Murphy¹

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.

Discussion Questions:

- What have been your CD4 and VL lab results the last 2 years?
- What are your fears about starting medications?
- What research or questions do you have about medications?

Sample Answers:

- The peer will share their personal fears with taking medications
- Review POZ magazines and other research about starting medications
- Make a list of questions or concerns to address with doctor about medications
- Offer to go to medical appointment with client

¹ 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. These case studies and scenarios come from the Missouri People to People Training Manual, 2008.

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Edie²

Edie's CD4+ cells have been dropping and her viral load has been increasing. Her doctor let her know that she would have to start HIV medications. Edie was feeling apprehensive and nervous about the side effects, but she was willing to get started. Her doctor prescribed Atripla that she would take once a day at bedtime. After a week of being on medication, Edie had side effects like strange dreams, feeling dizzy, depressed, and emotional.

She shared her medication experience at support group. She was upset and was crying, saying she would not keep taking these meds with these side effects. Participants talked with her, telling her that the side effects would last possibly one to two weeks more, but to hang in there. Her CD4+ cells are now in the 450's and her viral load is less than 95. She was elated to share her results with the support group after her visit with her doctor.

Discussion Questions:

- What medications are in ATRIPLA?
- What were her CD4 and viral loads before her medications?
- Are there food restrictions?

Sample Answers:

- Keep taking the medications at the same time everyday
- If any side effects come up to talk with her Doctor
- Keep her doctor appointments

Ivy²

Ivy, a 39 year-old Caucasian woman who recently returned from Africa is 3 ½ months pregnant. She also has an 8-year-old son. She was diagnosed with HIV in February 2006. Ivy has no income, is living with friends, and has debt from when she left the United States. Ivy says she practiced safe sex and tested regularly; however, she had one incident where the condom broke. Ivy's CD4+ is 1130 and she has an undetectable viral load. She feels there is no need for her to take medicine because her doctor cannot tell her if there will be any long lasting side effects to her unborn child. Ultimately, Ivy decides not to take meds during her pregnancy or AZT at the time of delivery. Ivy's baby tested negative at birth. However, Ivy hasn't contacted you (her peer advocate) for seven months, so you don't know how or where Ivy is.

Discussion Questions:

- What steps can you (the peer advocate) take to find Ivy?
- What can you tell Ivy about HIV medications and pregnancy?
- What kinds of concerns may come up for you as the peer advocate? How can you deal with them?

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Sample Answers:

- Send letter to last known address
- Contact social worker, doctor, therapist
- Taking meds can reduce the transmission rate to less than 1%.
- Tell her that she understands that she is scared, but it's really important that she take care of herself and her baby.
- Peer advocate might be scared that the baby will be born positive and how hard the guilt will be on the mom. This may bring up her own issues—especially if she found out her own diagnosis when she was pregnant. She should talk with her supervisor and get support from other peers.

Linda²

Linda has a triple diagnosis: HIV+, paranoid schizophrenia, and alcoholism. Linda was referred to you by her social worker. Linda has given you permission to accompany her to doctor visits and visits to her payee at a mental health clinic. Linda is not taking any medications for either HIV or her mental diagnosis. She refused to take them. Her social worker, doctor, and you have all notice her psychosis as she speaks and rambles. She lives in a group home, and has a male friend who lives there also. She drinks a couple of half-pints of hard liquor every day. If he does not have sex with her she will accuse him of raping her. You go to visit Linda at her home one day. When you get there, she shows you her lab results. Her CD4+ count is 130 and her viral load is 500,000.

Discussion Questions:

- What are three things you can say to Linda when she shows you her lab results?
- How can you support Linda?
- What kind of support or resources can you get for yourself?

Sample Answers:

- Ask Linda, How concerned is she with her labs?
- Ask Linda, what is making it difficult to take her medications.
- Ask her, what has her doctor told her?
- Don't criticize or judge her
- Listen to her
- Share your story
- Talk with your supervisor, other peers and a therapist if you have one.
- Self-care

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Maria²

Maria is a 49-year-old Puerto Rican woman who was diagnosed HIV+ in 1999. She was later diagnosed with Hodgkin's Lymphoma, and is currently in remission. Over the past six to eight months she has been suffering from vomiting, intense and sometimes debilitating headaches, and diarrhea that keeps her home-bound from time to time. Maria's doctor has looked at everything that could be causing these symptoms, from environmental and physical to psychosocial. She is currently taking Sustiva and Combivir daily. Her T-cells continue to be between 700 and 800 and her viral load is undetectable.

Maria is concerned that her doctor cannot figure out why she is getting the headaches and diarrhea. She has recently become a part of the Consumer Group, but her headaches sometimes stop her from attending the meetings and being involved in her community as much as she wants to. Maria is very frustrated and has expressed interest in switching doctors. She is afraid that she might be dying. Maria has lost 1 brother and 2 sisters from HIV.

Discussion Questions:

- What are the 3 suggestions that you can give Maria to deal with her symptoms?
- What are 3 things you can do to support Maria with her concern about her doctor? (List three options)

Sample Answers:

- Speak with her doctor about the symptoms and what might be causing them.
- Change the time she takes the meds
- Eat small meals more frequently
- Find out what her exact concerns are
- Ask her open-ended questions
- Go with her to the next doctor's appointment
- Let her know that she can think about switching doctors if she is not happy with this one
- Tell her that you understand the way that she feels, but that is she is not her brother or sister who passed away from HIV and that everyone's virus is different.

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Lisette²

Lisette started HIV medications 2 months ago. She has been having very bad nausea and diarrhea. She wants to stop taking her meds and calls you crying one day.

Discussion Questions:

- What are two affirming statements that you could give Lisette to encourage her to continue taking the medications?
- What information or resource can you give to your client in this situation?

Sample Answers:

- Crying is okay, it cleanses the soul
- I know taking the medications is hard, but you are doing a great job
- Side effects are temporary
- Try eating some crackers or dry toast; ask her if her meds have meal restrictions, follow the directions on the prescription.

² 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. These case studies and scenarios come from the Lotus Women's Peer Education Training Manual, Center for Health Training and Women Organized to Respond to Life Threatening Diseases (WORLD), 2008.

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Tammy³

You are the peer worker assigned to help this client with adherence issues. Tammy is a 42-year-old woman living in a large urban city. Eight months ago Tammy discovered that her husband Dante tested positive for HIV; soon after, Tammy also tested positive. Diagnosed HIV positive and on a HAART regimen has been challenging when caring for herself, Dante and her children. Her four children are from a previous marriage. Dante has to visit the emergency room frequently due to opportunistic infections. Tammy has experienced many side effects associated with her HAART regimen. The side effects she finds most difficult to tolerate are the itching and nausea. Because of all the added stress, Tammy had to quit her job. Although Tammy doesn't live far from the clinic where she receives care, her compliance with clinic appointments has been suffering because of Dante's jealous fits. Dante accuses Tammy of cheating on him; often making it difficult for her to leave the house to attend her clinic appointments. Because of all the chaos at home, Tammy sometimes forgets to take her HIV medications. Her most frequent missed dose of medication is usually in the morning when preparing the kids for school and caring for her husband. The pressure of keeping her HIV status a secret from her mother, sister, and children is becoming a heavy burden. There are times when she feels alone in this world; she has no one to turn to for support. She no longer attends support groups because of Dante's jealousy; however, she prays often and attends church services as a form of support in dealing with her illness.

Discussion Questions:

- How would you address Tammy's concerns and work with her on adherence issues?

Sample Answers:

- Assess Tammy's beliefs about HIV, treatment, and the impact that missing doses may have on her health.
- Congratulate Tammy for her many strengths and for how well she is handling her situation, including taking care of Dante, her four children, and herself.
- Acknowledge and validate the ways in which she gets support – through the National AIDS Hotline and prayer, for example.
- Talk with Tammy about referrals that might be helpful to her, such as a support group for women living with HIV or an HIV ministry.
- Help her assess the relative benefits of disclosure against the costs of disclosure. If the benefits appear to outweigh the costs, explore to whom she might first disclose and how that disclosure might ease her many burdens, as well as help her with adherence.
- Help Tammy to think about ways she can incorporate taking her medicines into her daily routine. For example, getting up 15 minutes earlier to take some time for herself and to take her medication; putting the medication and water and/or food on her bedside table every night after the kids are in bed so that it is the first thing she sees in the morning.
- If appropriate, share information about difficulties you may have had with adherence, and how you overcame or are overcoming them.

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Jesse³

Jesse is a 22 year-old man who tested positive for HIV two years ago. His suspicions are that he's been HIV positive since his adolescence. You are the peer worker assigned to help Jesse with adherence issues. You have been seeing him for the past nine months. During the sessions, he has shared his concerns about his increase with alcohol/drug use and depression. Over the past month, Jesse has frequently mentioned his fear of failing his HAART regimen. The thought of having to switch medications because of failing his current regimen has caused Jesse to feel depressed; he has been on the current regimen for one year. The combination of fear of failing his HIV treatment in addition to disappointing his doctor has caused Jesse's depression to worsen.

Over the past nine months, Jesse has also been concerned with his body image. Although he works out in the gym regularly with weights, he's never satisfied with his physique. He has noticed changes in body fat buildup throughout his body, loss of fat in the face area, and his limbs have thinned. Jesse has also expressed concern about the effects of long-term treatment. Jesse recently read an article in a HIV/AIDS magazine that heart disease is another side effect of long-term treatment.

Besides his cousin, Jesse does not have anyone else he can talk to about his HIV status. But he rarely shares with cousin his sex life involving men he meets at parks or in clubs. He admits to his peer worker that he often finds extra pills in his bottles at the end of the month. Jesse feels healthy, but his doctor has told him that his CD4 count (T-cells) are dropping and his viral load is increasing.

Discussion Questions:

- How would you address Jesse's concerns and work with him on adherence issues?

Sample Answers:

- Affirm that his life is busy and changing and consequently, that forgetting a dose is easy to understand and, in fact, very common.
- Affirm that being concerned with side effects that impact one's looks is not trivial but, rather, an important concern. It is an issue that affects Jesse's quality of life and adherence to treatment.
- Assess how Jesse is currently coping with his treatment plan and ask what his biggest concerns are (drug use, treatment plan, depression) and goals. Review treatment plan and discuss goals. Discuss barriers to treatment.
 - If drug use is a concern of his, offer referrals for substance abuse treatment programs
 - Offer Jesse referrals for mental health services for his depression
- Assess how Jesse might develop more support for himself (he has a supportive cousin he lives with, but others do not know about his HIV status).
- Help Jesse identify the barriers to a frank discussion with his doctor (e.g., wanting to be the "perfect patient") and help him develop the skills and strategies to be more open with his doctor.
- Help Jesse strategize about ways to account for missed doses, like using a pill box, which will help identify

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when missed doses are occurring, or find out if the pharmacy is providing “extra” pills in the prescription. Demonstrate how to use adherence tools.

- Think about what exactly your role as a peer is: giving information, rather than offering advice, helps Jesse make choice he can “own” and is more likely to follow through on.

Jim³

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

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

Mary³

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

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

³ 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. These case studies and scenarios come from the Comprehensive Peer Worker Training, Peer Advanced Competency Training (PACT) Project Harlem Hospital Center, Division of Infectious Diseases, 2008.

COMMUNICATION SKILLS

Juanita¹

Juanita has just been told by her doctor that she will have to start taking HIV medications. She is very nervous and scared. She has heard lots of stories from other women in her support group and most of them are not good.

Discussion Questions:

- What are 2 open ended questions that you can ask Juanita to get more information from her?
- What information or resources can you provide for her?

Sample Answers:

- What is making you scared to take the HIV medications?
- What support would you like from me?
- Tell me about why you are scared and nervous?
- What have you heard about medications in the support group?
- Refer to therapy with her consent.
- Go with her to the doctor's exam with her permission.
- Try to explain to her not to go on the Internet with info on certain medications.
- Suggest if she has any side effects that she needs to contact her doctor for meds to help calm side effects.
- Suggest asking her doctor or pharmacists for additional information or resources on medications.

¹ 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. These case studies and scenarios come from the Lotus Women's Peer Education Training Manual, Center for Health Training and Women Organized to Respond to Life Threatening Diseases (WORLD), 2008.

COMMUNICATION SKILLS

Tara 1 [Bad Role Play]²

(Client enters peer's office)

Peer: Hi Tara, how are you doing?

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

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

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

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

Client: Yeah.

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

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

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

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

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

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

Client: (Nods head yes.)

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

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

Client: (Looking confused) No.

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

Discussion Points:

- How well did the peer communicate with the client?

Sample Answers:

- Used too much jargon
- Talked too fast
- Does not pick up on the possibility that client may have low health literacy when he claims not to be able to read the bottle instructions because he forgot his glasses
- Talks “at” the client; communication would be improved if he were to assess what client already knows and then fill in gaps
- Asks close-ended questions: “Do you understand?”

Tara 2 [Good Role Play]²

(Client enters peer's office)

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

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

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

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

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

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Client: Yeah, I have them right here.

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

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

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

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

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

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

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

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

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

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

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

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Client: Yeah.

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

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

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

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

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

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

Discussion Question:

- How well did the peer communicate with the client?

Sample answers:

- Uses open-ended questions
- Addressed barriers to adherence and ways to overcome them
- Picked up on possibility of client's low health literacy
- Used teach-back method to confirm client understanding
- When client got something wrong, peer said "I didn't explain clearly enough;" this technique reduces blame and puts the responsibility for comprehension on the provider
- Spoke in simple language, without jargon

² 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. These case studies and scenarios come from the Comprehensive Peer Worker Training, Peer Advanced Competency Training (PACT) Project Harlem Hospital Center, Division of Infectious Diseases, 2008.

COMMUNICATION SKILLS

Leon³

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.

Discussion Questions:

- How might the Peer Educator address cultural barriers?
- How might the Peer Educator address disclosure issues?
- What services might the Peer Educator suggest?

Sample Answers:

- Empathize and find commonalities to connect with client
- Communicate in a nonjudgmental and culturally sensitive way
- Share information about disclosure
- Provide information on support and educational groups

Paul³

Paul 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, Paul 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 Paul to rate his level of comfort during their visits on a scale from one to ten, one being very comfortable and ten, most uncomfortable. Paul 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 Paul's behavior, but he remains seated and considers what to do next.

COMMUNICATION SKILLS

Discussion Questions:

- How might the Peer Educator address the client's anger?
- What tools or resources would the Peer Educator use?

Sample Answers:

- Empathize with the client to de-escalate the situation
- Peer may also have an emergency exit plan
- Peer may suggest to client to keep commitment of a respectful working relationship
- Call supervisor or other staff for support
- Peer may ask client to leave
- Tools and resources: review policies and procedures for participation in the peer support program

³ 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. These case studies and scenarios come from the Missouri People to People Training Manual, 2008.

PEER ROLE

Dwight¹

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

Discussion Questions:

- How do you respond to your client?
- What if the gift was a \$25 gift certificate payable to you for a pedicure?
- Is this a confidentiality or boundary issue?
- What are the implications if misused?

Sample Answers:

- Acknowledge appreciation
- Affirm client's success trumps all other tokens.
- Accept plant on behalf of the clinic
- Boundary Issue
- Client could misinterpret exchange of gift for services.

Sarah¹

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

Discussion Questions

- How would you respond to your client?
- What is the agency policy about loaning money to clients?
- What community resources are available?
- Is this a confidentiality or boundary issue?
- What are the implications if misused? (Client may continue to ask for money) What are your fears about starting medications?

PEER ROLE

Sample Answers:

- Peer is breaking an agency policy about loaning money
- Client may ask for money another time
- Client may respect peer not loaning the money and grateful for the resources.
- Boundary Issue
- Response to client will determine how the relationship continues. Client maybe respectful or frustrated with response.

Daryll (formerly Joe)¹

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

Discussion Questions:

- How do you respond to your client?
- Is this a confidentiality or boundary issue?
- What are the implications if misused?

Sample Answers:

- Acknowledge person without revealing too much information
- Client may not trust the clinic if information about him is revealed
- Confidentiality Issue
- You would have made a good impression and the client would trust the clinic.

Frances¹

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

Discussion Questions:

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

PEER ROLE

Sample Answers:

- Respect personal privacy of the Peer Educator
- Peer to discuss with client program standards
- Peer to talk with supervisor about transferring client to another peer

Justin¹

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

Discussion Questions:

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

Sample Answers:

- Suggest that they wait, then get a supervisor to respond
- Disclose nothing
- Consult company policy
- Confidentiality issue

Henry¹

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.

Discussion Questions:

- What information might the Peer Educator provide?
- What tools or resources would the Peer Educator use?
- What services might the Peer Educator suggest?

PEER ROLE

Sample Answers:

- Teach HIV 101 information
- Tools and resources: handouts, videos, demonstration models, pictures
- Share information about disclosure
- Provide information on support and educational groups

Jenny¹

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.

Discussion Questions:

- What community resources might the Peer Educator suggest?
- What information might the Peer Educator provide?
- What tools or resources would the Peer Educator use?

Sample Answers:

- Share information about managing medication side effects
- Encourage client to talk with healthcare provider
- Tools and resources: handouts, videos, drug charts, pictures
- Encourage client to talk with case manager
- Provide information on community resources

Bryson¹

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.

PEER ROLE

Discussion Questions:

- How might the Peer Educator address stigma?
- How might the Peer Educator address disclosure issues?
- What tools or resources would the Peer Educator use?

Sample Answers:

- Empathize with the client and share relevant experiences
- Provide information on support and educational groups
- Offer reading materials on addressing stigma and disclosure

¹ 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. These case studies and scenarios come from the Missouri People to People Training Manual, 2008.

PEER ROLE

Sally²

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

Discussion Questions:

- How would you handle this scenario?
- What issues are involved in this scenario?

Sample Answers:

- If the agency has a policy then it is easiest to follow that policy.
- The client is less likely to feel rejected if agency policy is the reason and the issue is handled immediately and directly.
- It is important to look at the impact accepting a gift could have. In some cases a worker is later accused of favoritism toward that client.

India²

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

Discussion Questions:

- How would you handle this scenario?
- What issues are involved in this scenario?

Sample Answers:

- If the agency has a policy then it is easiest to follow that policy.
- It is important to look at the impact lending money could have. Perhaps the client will feel uncomfortable if she can’t repay you and may avoid the agency.
- It is more empowering to the client as well as more appropriate in maintaining boundaries to refer the client to a food pantry or similar program.

PEER ROLE

Mrs. Smith²

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

Discussion Questions:

- How would you handle this scenario?
- What issues are involved in this scenario?

Sample Answers:

- Confidentiality is a matter of respect and also a legal issue.
- Confidentiality should be strictly maintained.

Jose²

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

Discussion Questions:

- How would you handle this scenario?
- What issues are involved in this scenario?

Sample Answers:

- This is a similar issue to disclosure. Disclosure should be for the benefit of the client.
- The peer is acting inappropriately.
- Try to steer the situation away from the co-leader and later speak with him about what happened.

² 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. These case studies and scenarios come from the Comprehensive Peer Worker Training, Peer Advanced Competency Training (PACT) Project Harlem Hospital Center, Division of Infectious Diseases, 2008.

PEER ROLE

Andrea and Jennifer³

Instructions:

Peer Role: You are a peer advocate, Andrea. Jennifer, 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 Jennifer 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 Andrea, what she called a “peer advocate.” You are unsure what a peer advocate is, but you are open to anything.

Discussion Questions:

- What came up for you as the client/ as the peer?
- What was challenging?
- What did the peer say or do that made it easier for you as the client?

³ 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. These case studies and scenarios come from the Lotus Women’s Peer Education Training Manual, Center for Health Training and Women Organized to Respond to Life Threatening Diseases (WORLD), 2008.

PUTTING IT ALL TOGETHER

Darlene¹

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.

Discussion Questions:

- What information might the Peer Educator provide?
- What tools or resources would the Peer Educator use?
- What services might the Peer Educator suggest?

Sample Answers:

- Teach HIV 101 information
- Teach prevention skills (proper use of latex barriers)
- Tools and resources: instructional handouts, condoms, demonstration models, lubricant, handouts about disclosure and state laws regarding disclosure
- Share information about disclosure and legal issues
- Provide information on support and educational groups and community resources to acquire condoms and lubricant free of charge

Sylvia¹

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.

Discussion Questions:

- What information might the Peer Educator provide?
- What tools or resources would the Peer Educator use?

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Sample Answers:

- Teach HIV 101 information
- Tools and resources: handouts, videos, demonstration models, pictures

¹ 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. These case studies and scenarios come from the Missouri People to People Training Manual, 2008.

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Thelma²

Thelma is 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:

- What are some pressing concerns for Thelma?
- List at least three open-ended questions you might ask Thelma to gather information about her situation.
- What support and/or information could you offer her?

Sample Answers:

- She may be suffering from depression and needs counseling or therapy.
- She is not remembering to take her medications.
- What can I do to support you at this time?
- What keeps you from forgetting your meds?
- What can we do together to help you get out of the house?
- What is your support system like?
- Meet with her outside the home.
- Call her once a week.
- Suggest coming to a support group.
- Suggest ways to remember taking her medication.

Ursula²

Ursula went back to work after several years out of the workforce due to HIV/AIDS related illnesses. She 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. Ursula 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.

PUTTING IT ALL TOGETHER

Discussion Questions:

- What are some pressing concerns for Ursula?
- What support and/or information could you offer her?

Sample Answers:

- Potential loss of income and medical benefits if her status is found out.
- Anxiety/Panic Attacks and loss of sleep
- Suggest going to support group
- Referral to lawyer or legal resource to explain her rights as an employee.
- Call her once a week
- Encourage her to talk with her doctor about the panic attacks and loss of sleep
- Suggest to learn about meditation.

Victoria²

Victoria 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:

- What are some pressing concerns for Victoria?
- List at least three open-ended questions you might ask Victoria to gather information about her situation.
- What support and/or information could you offer her?

Sample Answers:

- Missing HIV medications
- Not sleeping
- Depressions and isolation
- She may be feeling guilty for surviving the accident, a burden to her sister, alone and sad.

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- What do you think about therapy?
- Tell me more about what you are not able to get out of the house.
- What can I do to support you?

- Refer her to counseling or therapy
- Accompany her to the doctor's exam
- Home visit
- Get her a bus voucher—go with her on the bus.
- Doing weekly calls to check in with her.

Yolanda²

Yolanda 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:

- What are some pressing concerns for Yolanda and/or the peer?
- List at least three open-ended questions you might ask Yolanda to gather information about her situation.
- What support and/or information could you offer her?

Sample Answers:

- She is not taking her psychotropic medications
- She is using drugs and drinking again
- The peer may not trust her to lend her money and she is continuing to call

- What has happened since you left the hospital?
- How do you feel when you miss your medications?

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- Asking her if it would be okay to provide her with therapy resources
- Ask her if it is okay to check in with her once a week/
- After gaining her trust talk to her about drug counseling.

Trainer Tip: This case study might require additional support from a clinical supervisor or someone with clinical experience to support the peer.

Barbara²

Instructions:

This case study is best used over the course of a training to address multiple aspects of peer work and to practice multiple skills. It can be presented in a number of ways: people can read it; it can be read to people, people can take turns reading it, it can be put up on a screen. It may take several readings before people get it because it is long and complex. It can be overwhelming and may trigger countertransference. This comes directly from a real-life situation for a peer who serves in multiple capacities and has a client caseload. It may not be relevant for peers with a narrower scope of work. It requires a skilled facilitator who can manage the questions and potential countertransference that may be elicited.

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

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week. Sonya agreed. Barbara filled out an intake and consent form with Sonya. Sonya agreed in writing that Barbara could speak with Cindy and Sonya's physician in order to better coordinate care for her. They set a follow up meeting for a week later. The two of them decided that Sonya would come by Barbara's office before an OB/GYN appointment to talk. Then, Barbara would accompany Sonya to her OB/GYN appointment for moral support and help with asking questions of the doctor.

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

Discussion Questions:

- What is challenging about Barbara's situation?
- How do you think Barbara handled the situation?
- What could the Barbara have done differently or should do in the future to address some of her challenges?

Sample Answers:

- Barbara is wearing multiple hats
- Dual relationship (Cindy is both her social worker and colleague)

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- Barbara knows information about the client that the client doesn't know she knows
- She has a client with many needs, so needs to provide a lot of different types of support
- Barbara is also a domestic violence survivor-countertransference.
- When she first met Sonya explain the confidential aspect of her job when Sonya signed off on the consent form
- Be aware of what triggers her, so she know that when she feels overwhelmed or thinks back to her past life she is aware of what may have caused that. With practice the peer becomes more aware of when these feelings come up and there is comfort in recognizing what may help her.

Communication Skills Practice²

Break up group into pairs. Using Barbara's case study as a skit, ask each pair to practice each of the following communication skills with your partner. One person is Barbara and one person is Sonya. Barbara will talk to Sonya to get more information about her situation and how she might go about helping her. Give pairs 20 minutes. Ask them to switch roles at some point during the exercise. Communication skills to practice include:

- Asking open ended questions.
- Responding with affirming statements.
- Active Listening- Reflect back what the person said.
- Nonverbal Messages
- Expressing Thoughts and Feelings
- Communicating without making the other feel wrong.

Sonya should give feedback to Barbara about her use of the communication skills (5 minutes). Have the pairs report back on how easy or difficult it was to use the communication skills.

Confidentiality

What were concerns for Sonya around confidentiality and how did Barbara address them? What could she have done differently?

Possible Response:

She didn't know that Barbara and Cindy were talking—so she felt uncomfortable with that. She may have asked Barbara what she talks to Cindy about when she first met her—or asked her to explain what is going on.

Countertransference

What was Barbara's concern?

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Possible Responses:

- She was worried about Sonya since she was also dealing with domestic violence.
- She has to be aware that she can't get overly afraid for her client.
- She can't fear that client might get hurt in the same way, or to the same degree that she did.
- Ask the peer trainer to share her story.
- 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.
- Ask participants:
 - 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.
 - Have you ever felt this? How?
 - What are some self-care strategies we can use when this happens? What did Barbara decide she was going to do?
- Explain that learning about what triggers us ("pushes our buttons") can help us plan how to respond when difficult feelings arise with clients (especially clients who remind us of ourselves, or remind us of things we have had to deal with in our lives).
- Understanding the concept of "countertransference" can help us in working with our clients.
- It can also help us recognize that are different than we are and ultimately make the decision.

² 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. These case studies and scenarios come from the Lotus Women's Peer Education Training Manual, Center for Health Training and Women Organized to Respond to Life Threatening Diseases (WORLD), 2008.

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Melissa³

Melissa is a 25-year-old woman living with HIV. She is a heroin user, has never been in a methadone maintenance program, has been incarcerated intermittently, and smokes about a pack of cigarettes each day. She works in the commercial sex industry, and lives with roommates in a small apartment. Only one of her roommates is aware of her HIV status. She uses heroin three to four times a day. Melissa receives her HIV care from a local community health center, and goes to the doctor at least every three months when she's is not in jail. Most of her visits to the doctor are prompted by symptoms consistent with either sexually transmitted diseases (STDs) or upper respiratory infections. Melissa has health insurance coverage through the state's Medicaid program.

Melissa's most recent CD4 count was 480/mm³ and her viral load was 45,000 copies/ml. Her current health problems include genital herpes and recurrent upper respiratory infections. Melissa has been on and off antibiotics for the past year during episodes of pneumonia, and she takes acyclovir to manage the herpes infection. Melissa is also on combination therapy. She comes to meet with you and states that she wants to stop taking her meds because of the side effects.

Discussion Questions:

- What questions would you ask Melissa to help her figure out what to do?
- What strategies could be used to support her?
- What are the next steps?

Sample Answers:

- What does Melissa think is causing the side effects?
- Does she know about any strategies for handling or alleviating side effects?
- Does she want your help in discussing these issues with her doctor?
- The peer's role is to be the client's advisor and cheerleader.
- The client sets the timetable for behavior change.

Marlon³

Marlon is a 21-year-old man who has unprotected sex with other men who are infected with HIV. He works at a fast-food restaurant. He attends circuit parties, likes to have anonymous sex, and uses recreational drugs at parties only. He has a steady boyfriend who is also infected with HIV and taking ART. They live together in a studio apartment. Marlon was diagnosed with HIV infection when he was 17 years old. At that time, he had a CD4 count of 180 and a viral load of 80,000.

His doctor started him on therapy almost immediately. Until recently, Marlon's HIV treatment was very

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successful. His viral load was undetectable. In fact, Marlon was doing so well that his doctor told him he could stop taking some of his medications. Unfortunately, Marlon's last few blood tests indicated that his viral load is rising. Marlon's most recent viral load was 90,000. Marlon's doctor performs a genotype test, which shows that his HIV infection is now resistant to nevirapine and lamivudine. His doctor suggests a switch in therapy to stavudine, abacavir, ritonavir, and indinavir. Marlon is devastated and feels like a failure, especially when he compares himself with his partner, who is still doing very well on his medications. Marlon doesn't understand what he's doing wrong.

Discussion Questions

- What strategies would you use to support Marlon?
- What are the next steps?

Sample Answers:

- Ask Marlon if he knows how resistance work and assure him that this is not necessarily about his behavior
- Provide Marlon with the opportunity to explore his ambivalence.
- Encourage Marlon to explore the next steps for himself.

Rosanna³

Rosanna is a 60-year-old woman living with AIDS and HCV infection. She is a heroin addict who has been in recovery for eight years. Rosanna is currently in a methadone maintenance program and is dosed every morning at 7 a.m. She had to increase her methadone dose to 120 mg last year when she started getting dope sick. Rosanna is also a grandmother and has been raising her three grandchildren on her own since her daughter died two years ago. She receives a monthly SSDI check and also has a Section 8 subsidy to help pay the rent on her spacious three-bedroom apartment.

Rosanna is very busy attending to her grandkids' school and activities, maintaining the household on her own, and volunteering at her church. She has also been taking classes at a local community college with the goal of obtaining an associate degree. Rosanna hopes to go back to work as a human service professional or a community organizer. She is very closeted about her HIV status, especially in church and around the grandchildren. However, the staff at the methadone clinic are aware of her status, and she also told some fellow classmates at school. Rosanna started taking antiretroviral drugs last year, but she has had a hard time sticking to her complex regimen. Even though Rosanna's viral load is now undetectable, she would like to change to an easier HIV regimen, but she's afraid to ask her doctor about this. Rosanna also thinks that her doctor is not paying attention to her HCV. She has heard about interferon-based combination therapy for her HCV infection, but her doctor has never brought it up. She asks for your advice.

Discussion Questions:

PUTTING IT ALL TOGETHER

- What questions would you ask Rosanna to help her figure out what to do?
- What strategies could be used to support her?
- What are the next steps?

Sample Answers:

- What concerns Rosanna about talking to her doctor?
- What would help Rosanna talk to her doctor about changes in her HIV regimen or therapy for HCV infection?
- How can the peer help her with this?
- What does Rosanna want to do next?

³ 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. These case studies and scenarios come from A Kaleidoscope of Care: Responding to the Challenges of HIV and Substance Use, 2004, <http://www.hdwg.org/kaleidoscope>.