



# FOUR C'S OF PEER EDUCATION\*

## ▶ ABOUT THIS ACTIVITY

 **Time:** 45-65 minutes

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

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

 **Training Method:** Case Study

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

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

 **Materials:**

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

 **Preparation:**

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

## Instructions

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

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

# FOUR C'S OF PEER EDUCATION



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

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



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

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

## Summary

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

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

# FOUR C'S OF PEER EDUCATION

## SESSION HANDOUT # 1 of 2

### CONCEPTS OF PEER EDUCATION TO ADDRESS CHALLENGES

- Communication
- Confidentiality
- Counter transference
- Creating Boundaries

# FOUR C'S OF PEER EDUCATION

## SESSION HANDOUT # 2 of 2

### BARBARA'S CASE STUDY

Barbara is a peer advocate living with HIV.

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

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

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

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

# FOUR C'S OF PEER EDUCATION

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

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

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

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

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