



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”

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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.

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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.

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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)

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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)

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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)

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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)