

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.

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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:

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- 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>.