June 2 - Intro to Training and *Role of Peer Worker*
Stages of Change and *HIV Review - 1*

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

- Describe 4 ways peers support client health and well-being
- List the 5 stages of change in the Stages of Change or Transtheoretical Model of Change
- Describe 3 challenges participants have experienced in defining and fulfilling their role
- Discuss 3 successes participants have experienced in carrying out their role
- Answer at least 5 review questions about basic HIV/AIDS information

Time	***Content***	***Method***	***Evaluation***
45	Introduction and Overview of PACT Core Training	Presentation	
15	Expectations – establishing group rules	Group exercise	Observation
15	Pre-Assessment and Intro to Cross-site	Presentation	
	Break (10:45 – 11:00)		
20	Intro to Pre-Post Quiz/Evaluations/Wrap Ups - give PreQuiz	Presentation	
40	Icebreaker: M&Ms	Group exercise	Observation
30	Role of peer workers in promoting health and well-being	Small group exercise	Observation Eval/Posttest
	Lunch (12:30 – 1:30)		
60	Peer Worker Challenges and Successes	Group exercise	Observation Eval/Posttest
30	Role of the Peer: Stages of Change -- *stretch…*	Exercise and group discussion	Observation
60	Review of HIV/AIDS (Jeopardy Game)	Group exercise	Observation Eval/Posttest
15	Wrap up	Round robin	Observe participation
15	Posttest and Evaluation		

Introduction to Trainers/Training/Curriculum

Objectives

By the end of the session, participants will:

- Discuss the background and goals of the PACT Core Training
- Describe their roles and responsibilities in the training
- Begin to get to know other participants

Time

45 minutes

Materials

Training binders

Trainer preparation

Prepare training binders

Process

1. Welcome participants to PACT Core Training. Remind participants that they are a select group of Peer Workers.
2. Introduce PACT training staff.
3. Ask participants to go around and state only name and agency and length of time as a peer. Let participants know that there will be an exercise later to get to know each other better. *Remind participants that if they know someone from another setting as a client or even co-worker, any kind of disclosure is up to the other participant.*
4. Thank participants and comment on the amount of experience in the room and the different roles that peers play within workplaces.
5. Introduce Paul Colson, Project Director. Paul presents the history of the PACT project.
6. Present the PACT Core Training 3-week training program and review schedule.
7. Present three main "tracks" for training topics (binders): HIV/AIDS Related Knowledge, Advanced Communication Skills, Role of the Peer Worker; highlight some of the sessions, explain binders.
8. Present "housekeeping" and structure of training sessions.
9. Present attendance requirements for Certificate.
10. Ask participants for any questions
11. *Brief presentation by Jervis on the history of peers.*
12. Welcome participants once again.

Expectations – establishing group rules

Objectives

By the end of the session, participants will:

- Describe what is expected of PACT participants by the training program
- Discuss what trainees can expect from each other
- List conditions for a safe learning environment and establish ground rules

Time

15 minutes

Materials

Newsprint – special "post-it" type
Markers

Trainer preparation

None

Process

1. Present to participants that we are going to spend a lot of time together in the next 3 weeks and we would like to make it the best learning experience possible
2. Ask participants to brainstorm important ground rules that participants should observe. (Offer suggestions as needed such as not interrupting).
3. Add the following if they are not brought up by participants: not interrupting, cell phones, arriving on time, trainers letting participants out on time, attendance to get certificate, confidentiality, spelling never matters for quizzes etc.

Introduction to Pre/Post and Evals

Objectives

By the end of the session, participants will:

- Discuss the background and goals of the PACT Core Training
- Describe their roles and responsibilities in the training
- Begin to get to know other participants

Time

15 minutes

Materials

None

Trainer preparation

None

Process

1. Explain daily evaluations to participants.
2. Explain to participants that each day will include a Pre/Post Quiz to enable trainers to see what participants learned. Emphasize that these are anonymous and are only used to improve sessions. Remind participants that *spelling/pronunciation* are not important. Explain system.
3. Explain "Wrap-Up" exercise that concludes each day of training.
4. Ask participants for any questions.

M & Ms

(icebreaker/get to know ex)

Objectives

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

- Be energized to participate in the training
- Get to know each other in more depth

Time

40 minutes

Materials

M & Ms/Skittles
Bowl

Trainer preparation

Put candy in bowl

Process

1. Have participants form a circle. Ask participants to pass the bowl and take some M&Ms but not eat them yet.
2. Once the bowl has gone around to everyone, introduce the exercise. Explain that each person will introduce themselves by telling one fact about themselves for each M&M that they have. Ask participants to keep the fact very short.
3. Model exercise with trainers sharing information about themselves.
4. Go around the circle with each participant sharing.
5. Thank the participants for sharing. Explain that during this training they will learn as much from each other as from the trainers and we look forward to getting to know each other very well.

Role of Peer Workers in Promoting Health and Well-being

Objectives

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

- List 4 ways peer workers promote health and well-being

Time

30 minutes

Materials

Peer Roles newsprints for each group - 5
Peer Role answer key handouts
Flip chart and easel
Markers

Trainer preparation

Prepare newsprints
Handouts

Process

1. Introduce session.
2. Brainstorm "who is a peer/what do they do." Emphasize commonalities and differences in roles.
3. Pass out newsprint and a different color marker to each table group.
4. Instruct participants to think about what roles a peer plays in promoting health and well-being.
5. Instruct participants to brainstorm in their groups and write their answers on the newsprint. Watch time and instruct when 15 minutes has passed.
6. Ask participants to return to their seats.
7. Ask groups to present lists one by one (posting the lists on the wall in front).
8. Discuss the roles and as each group presents look for commonalities and differences.
9. Hand out answer key. Discuss *personal qualities, knowledge* and *skills of a peer* and ask for examples from the list. Discuss whether these are something that a peer can be trained on or if peer already has.
10. Discuss how peers are often valued more for their personal qualities but that they can also teach skills and have a measurable impact on health and well-being.
11. Explain the concept of a multidisciplinary team is. Briefly discuss the idea of multidisciplinary teams and the specialized role of the peer.
12. Summarize by reminding peers that they are much more than cultural guides: peers have a crucial role to play in a multidisciplinary team and can have an impact on a client's health. Tell participants that the positive impact of social networks and social support has been proven by studies to improve prevention efforts, slow disease progression, improve adherence, improve coping and quality of life.

Trainer Note:
Keep these flipcharts to be used in Multidisciplinary Team exercise later in training.

Role of peer workers in promoting health and well-being

(handout)

Actively listen
Advocate
Answer questions
Assist with paper work
Assist with service plan
Bridging the gap between patient and doctor
Bring street experience
Buddy
Build confidence
Communicate in layman's terms
Community Outreach
Compassion
Concerned
Condom demonstrations
Counselor
Credible source of information
Demonstrate in marches
Dependable
Educate
Educate youth
Empathetic
Empower clients and themselves
Enhance self esteem
Escort
Experience with disclosure
Facilitator
Family support
Feedback to healthcare providers
Flexibility
Follow-up
Foster self-efficacy
Friendship (to an extent)
Give information
Harm reduction
Have more time than medical staff
Help clients with substance use
Help communication between provider and patient
Help incorporate treatment into daily life
Help navigate health care system
Help with confidence/self esteem
Help with disclosure
Help with risk factors
Honest
Housing
Identify with client
Identify client needs
Identify resources
Inspire hope
Lobby
Non-judgmental
Open and Honest
Outreach
Positive role model
Presentations
Prevention with Positives
Reach people where they are
Referrals
Run support groups
Support
Treatment Education
Understanding

Peer Worker Challenges and Successes

Objectives

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

- Describe 3 challenges they have experienced in defining and fulfilling their role as peer workers
- Discuss 3 successes that they have experienced in carrying out their role as peer workers
- Identify 3 types of support that would enhance their effectiveness as peer workers

Time

60 minutes

Materials

Discussion questions on newsprint/board in the front of the class

Trainer Preparation

Trainer writes questions on newsprint/board at front

Process

1. Introduce session.
2. Instruct participants to discuss questions on the newsprint with their table groups and to share their personal experiences within their groups. Have each group appoint a recorder, who will be sharing the small group responses with the larger group. Allow up to 30 minutes for small group discussions.
3. Remind participants to move on the next question at 10 and 20 minutes.
4. Ask recorders to share their responses with the larger group.
5. Write the successes on new newsprint.
6. Post the *success* newsprint on the wall – telling participants that we want to be reminded of the successes they have experienced throughout the training.
7. Wrap up exercise by pointing out upcoming sessions that will further address issues brought up by peers during this session.

List of Discussion Questions

(Trainer - write on board)

1. What are some of the challenges that you've experienced in defining and fulfilling your role as peer workers?

2. What are some of the successes you've experienced as peer workers?

3. What tools, trainings, or other types of support would help you improve your work as a peer?

Stages of Change Overview

Objectives

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

- Describe the Stages of Change model
- Discuss the importance of identifying which stage a client is in
- Discuss the importance of relapse
- Describe factors that help move clients through stages

Time

30 minutes

Materials

Stages of Change Q & A Lecturette
Stages of Change cheat sheet and handout
Stages of Change spiral handout
Stages of Change flip charts: 5 flip charts headlined with a different stage of change
Staging Examples handout
Staging Examples answer key handout questions
Markers

Trainer preparation

Prepare *Stages of Change* flip charts

Process

1. Conduct *Stages of Change Q & A* Lecturette, Part 1
2. Ask each table group to rotate between the *Stages of Change* flip charts and to list all the elements they can think of for each stage of change.
3. Review flip chart lists with participants and add any elements that they may have missed.
    a. Remind participants that progress through the changes is cyclical; people can change stages even in a conversation
    b. Briefly discuss "Termination" as an additional stage which is defined as zero temptation and total self-efficacy (self efficacy is an individual's estimate or personal judgment of his or her own ability to succeed in reaching a specific goal, e.g., quitting smoking or losing weight or a more general goal, e.g., continuing to remain at a prescribed weight level.)
    c. It's important to note that at any given time, generally 40% of a population is in the stage of PreContemplation, 40% in Contemplation, and 20% in Preparation.
4. Conduct Lecturette, Part 2
5. Pass out *Staging Examples* handout. Have participants read examples aloud and work together as a class to assign it to the appropriate stage of change. After all examples are done, pass out *Staging Examples* answer sheet.
6. Conduct Lecturette, Part 3.

7. Wrap up session reminding participants that they have not learned enough today to “stage” clients but it will help them work with clients to know more about stages and what motivates people to change during various stages. Remind them that relapse is expected and normal.
8. Announce that a session on Counseling and Motivational Interviewing will talk about some applications of this information since Motivational Interviewing can help move clients through stages.

Stages of Change Q & A Lecturette

Part 1

Q: How many of you have heard of the Stages of Change or Transtheoretical Model of Behavior Change? What is it?

A:

- A theory that measures readiness to change or motivation
- This model was developed to look at where clients are along a continuum and how they can be helped along toward readiness.
- SoC is a way to assess an individual's intention to change and it has been shown that the stages are a good predictor of the amount of progress people will make in treatment.
- SoC discusses fluid stages which can be influenced by interventions and which emphasize the importance of matching interventions to appropriate stages.
- Progress through the stages is cyclical.
- SoC also suggests considerations for moving clients between stages

Q: Nowadays Stages of Change is used a lot in the field of HIV prevention but what field was it originally developed for?

A:

- Created to change behavior for smoking cessation
- Used a lot for to address drug use and also other areas
- For HIV has been used for prevention: condom use, readiness to use stress management services for HIV+ women, medication adherence, etc.

Q: How can Stages of Change be a useful theory in helping clients with HIV prevention issues?

A:

- Too many behavior change programs based on other theories were designed for people who were ready to change but were finding that there was a lot of people dropping out since many people are not ready to change
- Commitment to change has been shown to be important to predict success and SoC
- Important since it expects and accepts relapse as part of the process
- Sees change as a process not an event
- Highlights that a person has to decide if change is in their best interest
- Helps see what can help at what stage and which ones better influenced by interventions
- Highlights the importance of matching interventions to appropriate stages
- SoC is important since research has shown that client progress during an intervention depends on their stage of change before the intervention and in each stage, people are 2/3 more successful than the stage before so even a change of one stage can have big results on behavior change. This means that interventions should be designed to move clients from one stage to the next.
- Also – it is better the faster a client moves through the stages. Programs that help people change stages in one month can double the changes of participants taking action on their own in the near future (usually within 6 months).

Part 2

I. How can peers use this model

A. Understand stage client is in
B. Expect relapse
C. Understand that different motivations (pros/cons) are important at different points
D. Understand that different processes assist with moving from one stage to the other
E. Review handout

Part 3

II. Summary

A. If you are working with someone who is a PreContemplator, Contemplator, or maybe some in the Preparation stage, the goal is drop-out prevention??, not action
B. PreContemplation - look at the interest in assessing if a problem exists for the client
C. Contemplation - use information-seeking and evaluation of one's behavior with client
D. Action/Maintenance - use changing the environment to build supports for new behaviors and to minimize both risk-associated triggers and developing new responses to these triggers
E. Motivational Interviewing can help move client through stages – we will discuss this briefly this later.

Stages of Change

(cheat sheet and handout)

Pre-Contemplation

Person does not see behavior as a problem.

Person is not interested in discussing behavior with others that do see the behavior as a problem.

Person has no intention of changing behavior.

Person is unaware of the risks or easily rationalizes them away.

Person may have made previous attempts to change and feels hopeless about change.

Contemplation

Person has some awareness of the need to change behavior.

Person begins to realize the risks of the behavior.

Person is actively weighing the Pros and Cons of the behavior.

Person expresses awareness of *need* for change, but may waver in *willingness* to change.

Preparation

Person believes that the behavior can be changed and that she/he can manage the change.

Person has made some successful attempts to change in the past.

Person expresses intent to change.

Person clearly sees the benefits of changing the behavior.

Action

Person has begun to make the behavior change (1st day to 6 months)

Person is emotionally, intellectually, and behaviorally prepared to make the change consistently

Person has expressed commitment to change.

Person has developed plans to maintain change.

Maintenance

New behavior is practiced consistently for over six months.

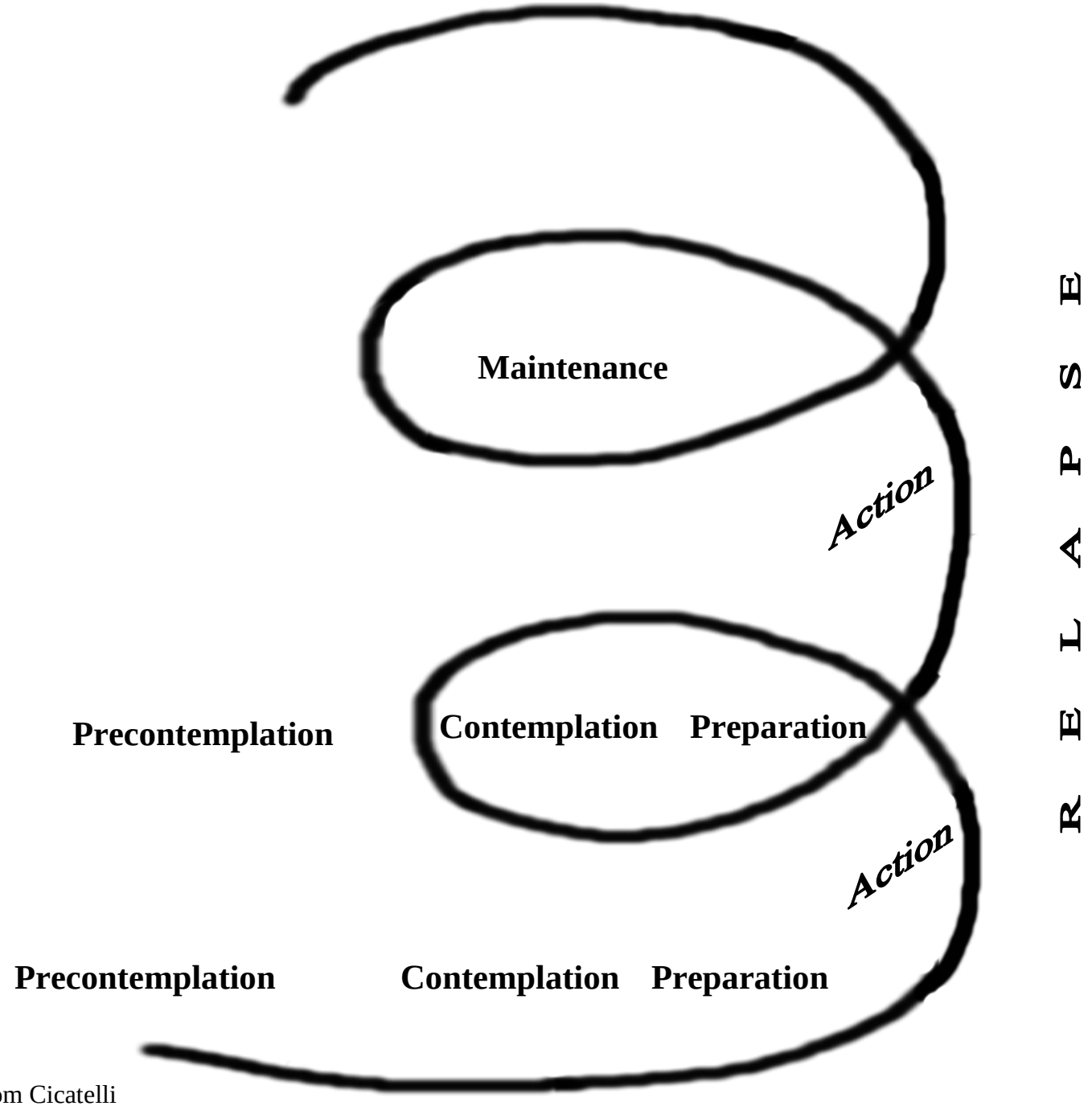
New behavior is becoming habitual.

Person expresses confidence in ability to continue change.

Quick Reference

Stage of Change*	**Determined by**
PreContemplation	Client does not intend to change behavior within the next 6 months. Client has not attempted to change behavior within last 6 months Client may not see behavior as a problem
Contemplation	Client wants to change behavior within the next six months
Preparation	Client has a plan to change behavior within the next month
Action	Client is working to change behavior
Maintenance	Client has changed behavior for over 6 months

The stages of change



Adapted from Cicatelli

Staging Examples

(handout)

Lisa has been going to the gym three times a week for almost nine months. She feels very motivated and can't imagine not exercising.

Rogerio feels like his drinking is getting in the way of his job but he enjoys going out with his friends and getting drunk.

Juanita plans to start dieting just after the holidays. She has already joined a gym and bought workout clothing. She has even lined up a babysitter three days a week.

Robert smokes and thinks that information on lung cancer etc. is overrated. His grandfather smoked all his life and lived to be 90.

Elaine has tried to quit smoking many times and knows that she can do it. Her relapses happened during stressful family events like her mother's death. She is planning to quit soon and has thought through strategies so that she won't relapse when family stress intervenes. She knows that she feels better when she is not smoking.

Gail knows that she needs to be more consistent with her meds but she keeps forgetting to take them when her life gets busy.

Lynn gets angry whenever her friend tells her she should start taking medications. She has seen friends die or get serious side effects and doesn't want to deal with medications.

Saundra has been back on her meds for two months and her viral load is falling. She has developed a buddy system with a friend from the clinic where they call each other every day and check in.

Veronica has been taking her meds for almost a year, her viral load is undetectable and she is feeling better than ever. Veronica feels that her life is so much better, she has started looking for a job again and vows never to let her health go again.

Robert has stopped eating McDonald's every day. He has increased the amount of fresh fruits and vegetables that he eats and he cooks many meals at home.

Staging Examples

(answer key and handout)

Pre-Contemplation

Robert smokes and thinks that information on lung cancer etc. is overrated. His grandfather smoked all his life and lived to be 90.

Lynn gets angry whenever her friend tells her she should get on ART. She has seen friends die or get serious side effects and doesn't want to deal with medications.

Contemplation

Rogerio feels like his drinking is getting in the way of his job but he enjoys going out with his friends and getting drunk.

Gail knows that she needs to be more consistent with her ART meds but she keeps forgetting to take them when her life gets busy.

Preparation

Elaine has tried to quit smoking many times and knows that she can do it. Her relapses happened during stressful family events like her mother's death. She is planning to quit soon and has thought through strategies so that she won't relapse when family stress intervenes. She knows that she feels better when she is not smoking.

Juanita plans to start dieting just after the holidays. She has already joined a gym and bought workout clothing. She has even lined up a babysitter three days a week.

Action

Robert has stopped eating McDonald's every day. He has increased the amount of fresh fruits and vegetables that he eats and he cooks many meals at home.

Saundra has been back on her meds for 2 months and her viral load is falling. She has developed a buddy system with a friend from the clinic where they call each other every day and check in.

Maintenance

Lisa has been going to the gym three times a week for almost nine months. She feels very motivated and can't imagine not exercising.

Veronica has been taking her meds for almost a year, her viral load is undetectable and she is feeling better than ever. Veronica feels that her life is so much better, she has started looking for a job again and vows never to let her health go again.

Advanced HIV 101 review: Jeopardy game

Objectives

By the end of the session, participants will:

- Review their knowledge of HIV/AIDS information

Time

1 hour

Materials

Cicatelli Jeopardy software
Instructions and *1 page answer key* for staff (3 copies)
Answer key handout for participants
Prizes for all participants
Computer for PowerPoint
Projector for PowerPoint

Trainer preparation

Set up PowerPoint

Process

1. The following staff is needed: a facilitator, a judge, a computer person, a point person.
2. Introduce session.
3. Explain rules of Jeopardy (see attached)
4. Play game.

Source: Cicatelli Associates (used with permission)

AIDS Jeopardy Question and Answer Key

Category: HIV 101

Question $100:
Which of the following has transmitted HIV?

- Tattooing
- Acupuncture
- Body Piercing
- Barbers/Hairdressers

Answer: Acupuncture

Question $200:
Which of these methods transmit HIV?

- Coughing
- Singing
- Hugging
- Kissing
- Mosquitoes
- Toilet Seats
- Handshaking

Answer: None of these

Question $300:
How do these methods transmit HIV?

- Tattoos
- Body Piercing
- Haircuts
- Manicures
- Pedicures

Answer: Blood

Question $400:
Which of the following appears to develop more slowly and less infectious early on:

- HIV-1
- HIV-2

Answer: HIV-2

Question $500:
Babies born to an HIV+ mother will have what percent chance of transmission without any treatment for the mother?

- 5% - 10%
- 10% - 30%
- 15% - 25%
- 25% - 50%

Answer: 15%-25%

Category: Movies/TV

Question $100:
This movie is about a lawyer who files a discrimination lawsuit against his firm because he is HIV+

Answer: Philadelphia

Question $200:
This movie depicts the history of HIV in America and starred Matthew Modine as Dr. Don Francis

Answer: And the Band Played On

Question $300
This movie starred Angelina Jolie about a super model who dies from AIDS

Answer: Gia

Question $400:
This TV show concerns four women, who in one episode, discover that one of the bridesmaids has AIDS.

Answer: Girlfriends

Question $500:
This TV show featured a character who was living with HIV and was played by *Gloria Reuben*

Answer: ER

Category: More 101

Question $100:
Which of the following are "*true*" about HIV-2

1. Same transmission routes as HIV-1
2. Immunodeficiency appears to occur more slowly
3. Differs from HIV-1 geographically
4. Was first discovered in 1986

Answer: All of these

Question $200:
The earliest known case of HIV-1 in a human was from a blood sample collected from a man in Kinshasa, Democratic Republic of Congo in what year?

- 1935
- 1949
- 1959
- 1981

Answer: 1959

Question $300:
Is HIV present in the following:
Urine
Feces
Tears
Saliva

Answer: YES! In Urine, Saliva & Tears in small amounts.
In feces ONLY if blood is present

Question $400:
The origin of HIV has been highly debated; however, in 1999 it was discovered that HIV-1 most likely originated from which of the following:

- Green Monkeys
- Germ Warfare
- Chimpanzees
- Unknown

Answer: Chimpanzees

Question $500:
If the father is HIV+ and the mother is NOT, can the baby be born HIV+?

Answer: NO! Only if the mother is HIV+

Category: People

Question $100:
This person was a famous pianist who died from AIDS and was known as the *"King of Glitter"*

Answer: Liberace

Question $200
This well known actor died from AIDS and starred in *"McMillan & Wife"*

Answer: Rock Hudson

Question $300:
A stadium in New York was named after this famous champion who died of AIDS.

Answer: Arthur Ashe

Question $400:
Famous Rock star who sings lead in the band that wrote *"We Will Rock You"*

Answer: Freddy Mercury

Question $500:
This famous performer who died from AIDS was from Compton and was a member of N.W.A

Answer: Easy "E"

Category: Even More 101

Question $100:
An initiative that involves the following strategies:

1. Make HIV testing a routine part of medical care
2. Use new models of diagnosing HIV
3. Prevent new infections by working with people diagnosed with HIV and their partners
4. Continue to decrease mother-to-child transmission

Answer: Prevention for Positives

Question $200:
A group of people of different specialties who work together to reach a common goal for a client is called what?

Answer: Multidisciplinary Team

Question $300:
Once outside the human body, how long does HIV remain infectious or able to infect another person?

Answer: VARIES-Until the fluid it is in dries completely.

Question $400:
The probability of a test to provide a negative result if the disease is truly absent is called?

Answer: Specificity

Question $500:

- Using condoms every time
- Reducing number of sexual partners
- Having unprotected sex less often
- Stopping drug use altogether
- Using drugs less often
- Using only clean injection equipment
- Testing & treatment of STDs

Answer: Risk Reduction Behaviors

Category: What's Left?

Question $100: (2 parts)
This type of testing determines whether the structure of HIV contains mutations that make it resistant to a drug.

Answer: Genotype Testing

This type of testing determines whether an organism is susceptible to a specific drug in a test tube.

Answer: Phenotype Testing

Question $200:

- This test is used to confirm a positive Elisa or rapid test

Answer: Western Blot

Question $300: **(2 parts)**
The infection of an already HIV-infected person with another strain of HIV.

Answer: Reinfection/Superinfection

The infection of an already HIV-infected person with another illness such as Hep C.

Answer: Coinfection

Question $400:
The probability of a test to give a positive result if infection is truly present is called…

Answer: Sensitivity

Question $500:
An enzyme capable of copying RNA into DNA during the HIV multiplication cycle is called. . .

Answer: Reverse Transcriptase

Category: Final Jeopardy

Question:
In the early days of AIDS, transmission was thought to come from *FOUR* groups that all began with the letter *"H"*. Name these groups?

Answer:
- Haitians
- Hemophiliacs
- Homosexuals
- Heroin Users

Wrap up (closing)

Objectives

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

- Explain 1 thing they have learned during the training and how they will use it on their job to be a better peer

Time

15 minutes

Materials

None

Trainer preparation

None

Process

1. Introduce session.
2. Ask participants to go around in a circle and to state one idea or skill that they have learned in this training and how it will help them to be a better peer.
3. After every participant has had a turn, thank participants for sharing with the group.

June 4 – Advanced HIV 101
& *Clinical Trials & Listening - 2*

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

- List 2 general steps of HIV life cycle
- List 3 markers used to assess HIV infection
- Describe the concept of informed consent
- Identify 3 forms of non-verbal communication
- List 3 barriers to effective communication
- List 3 effective communication strategies

Time	***Content***	***Method***	***Evaluation***
15	Welcome and Pretest	Distribute and explain	
15	Icebreaker: Line Up		
75	HIV/AIDS: HIV life cycle and disease progression	Lecture	Observation Eval/Posttest
	break (11:15 – 11:30)		
30	HIV life cycle debriefing		
30	Community Involvement: Clinical Trials	Interactive Lectures	Observation Eval/Posttest
	lunch (12:30 –1:30)		
70	Introduction to Communication Skills *stretch…*	Simulation, Brainstorm, Group discussion, Small group exercises	Observation Eval/Posttest
55	Listening to Others	Exercises in triads Group discussion	Observation Eval/Posttest
15	Wrap up	Round robin	Observe participation
15	Posttest and Evaluation		

Icebreaker: Line Up

Objectives

By the end of the session, participants will:

- Be energized to participate in the training
- Have practiced working as a team

Time

10 minutes

Materials

Line Up Activity Sheet for Facilitator

Trainer preparation

None

Process

1. Organize participants into groups of 8 to 12 people. Tell participants that in the Line Up, they will have a chance to learn things about one another they may never think to ask.
2. Tell them that this is a group competition and that you will give the instruction for groups to line up in a particular way. Your group should get in a line as quickly as possible. When your group is lined up appropriately, all group members should clap to indicate they have completed the task.
3. Conduct a practice round. Tell them to line up by height and to clap when they're finished.
4. Begin the activity. After each lineup, determine which group clapped first and then announce them as the winner of the round.

Line Up Activity Sheet for the Facilitator

1. Line up in order by shoe size.
2. Line up in order by length of arm's reach.
3. Line up in order alphabetically by favorite color.
4. Line up in order by number of brothers and sisters you have.
5. Line up in order by hair color, lightest to darkest.
6. Line up in order by age, youngest to oldest.
7. Line up in order by length of time with current employer.
8. Line up in order alphabetically by first name.
9. Line up in order alphabetically by last name.
10. Line up in order by number of pets owned.
11. Line up in order by hair length, longest to shortest.
12. Line up in order by the number of bones you've ever broken.

HIV Life Cycle and Disease Progression review

Objectives

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

- Describe the life cycle of HIV and disease progression

Time

2 hours: 75 minute presentation, 15 minute break, 30 minute exercise

Materials

PowerPoint handouts including *lifecycle* as a full page in color
Computer for PowerPoint
Projector
Screen
Markers
Flip chart paper

Trainer Preparation

None

Process

A.

1. Introduce the session and facilitator.
2. Presentation on *HIV life cycle and disease progression* including Q and A
3. Summarize and end session.

B.

1. Explain that we will reviewing the previous information in small groups.
2. Instruct each table group to write HIV LIFE CYCLE down the left side of a page of flip chart paper.
3. Explain that each group should think of words or concepts from the presentation that fit each initial. For example, H could be *Hispanics (a group that has a larger number of HIV infected than their proportion of the population*) and there are at least 2 other H words/phrases besides HIV.
Trainer note (Human genetic material (RNA/DNA) or host cell).
4. Give the groups 10 minutes to fill up their page. If they have extra time, the groups can do the same for DISEASE PROGRESSION.
5. Ask the first group to present their list.
6. Ask the next groups to present only words/concepts that have not been mentioned before.
7. Wrap up by reminding participants that these are complex ideas and our goal has been to introduce them so that they understand more about HIV and will be able to better understand treatment issues.

Clinical Trials

Objectives

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

- Describe the rights of participants in clinical trials
- Define informed consent

Time

20 minutes

Materials

Computer for PowerPoint presentation
Projector
Screen
Flip chart
Markers

Trainer Preparation

Set up for PowerPoint Presentation

Process

4. Introduce the session and facilitator.
5. Presentation on *Clinical Trials* including Q and A
6. Summarize and end session.

Introduction to Communication Skills

Objectives

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

- Define verbal, nonverbal, and paraverbal communication
- List three barriers to effective communication
- List three ways to enhance communication
- Define active listening
- Identify 3 active listening techniques

Time

70 minutes

Materials

Tape
Markers
Role Plays #1 and *#2* (2 copies for trainers)
Handouts: *Types of comm'n, Definition of Active Listening, Barriers to Effective Communication, Effective Communication Strategies, Active Listening Strategies, Open and Closed-Ended Questions, Focused, Paraphrasing, Non-verbal comm'n, "Listen" poem*
Flip chart paper for exercise, 1 each entitled *Barriers to Effective Communication, Strategies for Improving Communication, Active Listening Strategies*

Trainer preparation

Prepare flip charts
Copy hand-outs

Process

A.

1. Introduce session and ask participants for a definition of communication. The definition should include the idea that communication is a two-way exchange of information which takes the following forms: verbal, nonverbal, and paraverbal.
2. Discuss each form of communication with the class.

    - **Verbal** – communication through language

    - **Nonverbal** – Communication other than through spoken language. More powerful messages are usually conveyed through nonverbal cues than through words themselves. 70-90% of our communication is nonverbal.
      Examples of nonverbal communication include:
        - Body language (e.g., folded arms)
        - Eye contact

- Muscle tension (are neck or jaw muscles taut, fists clenched?)
- Posture
- Mannerisms (e.g., fiddling with hair, biting nails)
- Proxemics (how close we stand when talking. In the US, we stand between 18 inches to 2 ft. from each other; we get uncomfortable if that boundary is violated. Proxemics vary from culture to culture.)

- **Paraverbal** – communicating not by *what* you say, but *how* you say it. Examples of paraverbal communication include:
  - Voice qualities/voice tone (is voice flat or monotone?)
  - Rate of speech (how fast or slow one talks)
  - Cadence/rhythm of voice
  - Volume
  - Inflection

B.

3. To illustrate how powerfully messages are conveyed both nonverbally and paraverbally, the facilitators will act out two short role plays in front of the class. The facilitators start by acting out Role Play #1: Nonverbal Communication.
4. Ask the class to analyze what was going on in the role play. Participants should note that in spite of Isabel's statements that she was listening to Jackie, her nonverbal cues were saying more convincingly that she did not have the time or the desire to listen.
5. Ask the class to observe Role Play #2 and to note the differences in the attitudes portrayed. After the facilitators act out the role play, ask participants what messages they feel were being conveyed in both versions of the role play. The class should note that in the second interaction, the tone and volume of the voice (and perhaps some of the body language) conveyed an entirely different message than came through in the first interaction.

C.

6. *Lecturette*: At the beginning of the session, we talked about how communication is a 2-way process. One part of that communication process is how we send messages out, either verbally, nonverbally or paraverbally. The other part of the communication process is how we understand the message that is being sent to us, in other words, how we listen. Have you ever heard the term active listening? How would you define active listening?
7. After acknowledging the participant responses, read and distribute the following definition of active listening:

   Active listening is a way of listening that focuses entirely on what the other person is saying and confirms understanding of both the content of the message and the emotions and feelings underlying the message to ensure that understanding is accurate.

8. Acknowledge that participants are already good communicators and good listeners by the very nature of the positions to which they've been appointed and that they have a lot of expertise which we can all learn from.

D.

9. Divide the class into 3 groups. Direct Group #1 to the flip chart, *Barriers to Effective Communication*, and ask them to list all the barriers they can think of that might hinder communication. Direct Group #2 to the flip chart, *Strategies for Improving Communication* and ask them to list all the ways they can think of to improve communication. Direct Group #3 to the flip chart, *Active Listening Strategies* and

have them list all the ways that they can think of to engage in active listening. ***Give an example of each.*** Give the groups 10 minutes to compile their lists.

10. Ask each group to share their list with the class, making sure that the "Active Listening" group goes last, since this topic will segue way into the next exercise. (See *Communication Brainstorm cheat sheet* for possible answers). The groups' lists may overlap and that is okay. For the *Active Listening* group, make sure to define, discuss, and give examples of the following:
    a. open- and closed-ended questions
    b. focused questions
    c. paraphrasing

E.

11. Tell the class that we are now going to practice some of the active listening techniques discussed in the brainstorming exercise. Hand out the worksheets on *closed-ended versus open-ended questions, focused questions, and paraphrasing*. Review the characteristics of closed-ended and open-ended questions and ask participants to read one of the closed-ended questions. Ask for a volunteer to re-phrase it as an open-ended question. ***(Do the first example together as a class.)***
12. Next, do the same for *focused questions.*
13. Do the same for paraphrasing.
14. Ask participants how it felt to use these active listening techniques. Ask participants what differences there will be in both the information they get from their client and the rapport they will be able to establish.
15. Summarize these verbal techniques as ways to get more information from clients. Each technique has the potential to provide richer information about what the client has experienced, is feeling, or is thinking.

Role Play #1: Nonverbal Communication

Both facilitators are standing in front of the class. Facilitator A approaches Facilitator B.

Facilitator A: Hi, Isabel. Look, do you have a few minutes? There's something I really want to talk to you about.

Facilitator B: Oh sure, Donna. Of course I have time for you. What is it you wanted to talk to me about?

Facilitator A: Well, I'm having a problem with this client I'm working with. I just can't seem to get a handle on it. I feel I'm getting mixed messages from Lisa. She tells me that she needs to find new housing since she can't keep staying on her sister's couch but then every time I see her – she hasn't made any of her appointments with housing. I feel like she is at risk of ending up on the street.

Facilitator B: (*Acts distracted and annoyed that Donna is taking up her time. She taps her foot, looks at her watch, twirls her hair, looks away, picks her nails, etc*). Oh really? Well, I just want you to know that I'm here for you, Donna.

Role Play #2: Paraverbal Communication

Facilitator A: Donna, I put that report on your desk this morning.

Facilitator B: (*in a loud voice, dripping with sarcasm)* Oh thanks, Isabel, I really appreciate that.

(*The faciliators remind the class to note how the previous interaction differs from the following one.)*

Facilitator A: Donna, I put that report on your desk this morning.

Facilitator B: (*in a sincere tone of voice*) Oh thanks, Isabel, I really appreciate that.

Types of Communication

(handout)

- **Verbal** – communication through language

- **Nonverbal** – Communication other than through spoken language. More powerful messages are usually conveyed through nonverbal cues than through words themselves. 70-90% of our communication is nonverbal.
    - Examples of nonverbal communication include:
    - Body language (e.g., folded arms)
    - Eye contact
    - Muscle tension (are neck or jaw muscles taut, fists clenched?)
    - Posture
    - Mannerisms (e.g., fiddling with hair, biting nails)
    - Proxemics (how close we stand when talking. In the US, we stand between 18 inches to 2 ft. from each other; we get uncomfortable if that boundary is violated. Proxemics vary from culture to culture.)

- **Paraverbal** – communicating not by *what* you say, but *how* you say it. Examples of paraverbal communication include:
    - Voice qualities/voice tone (is voice flat or monotone?)
    - Rate of speech (how fast or slow one talks)
    - Cadence/rhythm of voice
    - Volume
    - Inflection

Definition of Active Listening

(handout)

Active listening is a way of listening that focuses entirely on what the other person is saying and confirms understanding of both the content of the message and the emotions and feelings underlying the message to ensure that understanding is accurate.

Active listening is not:

- **Quickly agreeing with client before they finish speaking**
- **Passing judgment**
- **Asking follow-up questions that are for your own information**
- **Reassuring the client that the situation is "not that bad"**
- **Giving advice either from your personal experience or from professionals**

Barriers to Effective Communication

(handout)

- Hearing only part of the message
- Failure to listen
- Listening with a particular mind-set/prejudice
- Reacting emotionally
- Making assumptions
- Accents
- Physical barriers
- Cultural barriers
- Religious barriers
- Time pressures
- Distractions/interruptions
- Failure to wait for feedback/response
- Lack of sensitivity to emotions
- Poor volume, tone, emphasis
- Finishing person's sentence for him/her
- Not acknowledging person's experience, emotions, feelings, desires
- Jumping from topic to topic
- Acting phony

Effective Communication Strategies

(handout)

- Making eye contact (like many nonverbal cues, this is culturally specific; in some cultures, direct eye contact is a sign of disrespect)
- Use attentive body language: sit slightly forward with a relaxed, easy posture
- Be aware of your gestures
- Stay on the topic
- Don’t be phony, be yourself
- Be cultural sensitive
- Focus on the other person
- Determine what the other person already knows, then fill in the gaps
- Smile or nod
- Don’t monopolize the conversation
- Establish rapport
- Arrange for privacy
- Create an atmosphere free of distractions and interruptions
- Be warm and enthusiastic
- Show interest
- Look bright and alert
- Ask open-ended questions
- Use active listening

Active Listening Strategies

(handout)

- Focus on the other person
- Use attentive body language: sit slightly forward with a relaxed, easy posture.
- Use verbal cues such as "um-hmmm," "sure," "ah," and "yes."
- Ask open-ended questions.
- Use focused questions to get a more definitive answer than you would with an open-ended question.

  Example Counselor: "Where do you spend most of your day?"
  Client: "I don't know – it's hard to say."
  Focused question: "Okay, let's take yesterday. Was that a regular day for you? What did you do in the morning?"
- Use laundry list questions to obtain specific information about something by providing a series of choices and to get information you haven't been able to get at with open-ended or focused questions.

  Example Counselor: What side effects have you experienced from the HIV meds you got?
  Client: "I'm not sure what's the disease and what's the drugs."
  Laundry List question: It's good to distinguish between side effects and disease symptoms, so let me list what side effects can be caused by…(name of medicine). Have you had ..(list side effects of medicines the patient is taking)?"
- Probe for more information, using open-ended questions or statements to obtain additional information.

  Example "Tell me what you know about HIV."
- Ask clarifying questions to help interpret what other person is saying.

  Example Client: "Oh, you know I don't have a fixed address. I am living here and there."
  Clarifying statement: Tell me a little bit more about what you mean by here and there."
- Paraphrase what the other person has said

  Example Client: "I have so much to do – medical appointments, working, taking care of the kids. I don't know how I'm going to keep it all together."
  Paraphrase: "You're feeling overwhelmed by all of things going on in your life right now."
- Mirror or reflect what the other person has said

  Example Why should I tell any of my partners that I'm HIV positive? Let them find out the way I found out – by getting sick.
  Mirroring statement: "It sounds like you're angry because no one informed you that you were exposed to HIV.

Closed vs. Open-ended Questions

(handout)

Closed-ended questions invite a yes or no answer. They begin with Do, Does, Did, Is, Are, Was, Has, Have, Could, Would, and Will.
Open-ended questions cannot be answered by yes or no. They begin with: Who, What, When, Where, Why, and How.

The purpose of open-ended questions is to facilitate engagement with the client so that the client will open-up to the worker. This can help to improve the client-worker relationship as well to help gather more information.

1. Closed: Do you live with somebody?

   Open: Tell me about your living arrangements and anyone you live with?

2. Closed: Have you ever been real sick before?

   Open: _____

3. Closed: Do you work?

   Open: _____

4. Closed: Did you have any side effects from the medicines you had to take?

   Open: _____

Focused Questions

(handout)

1. Worker: Where do you spend most of your time?
   Client: I don't know, it's hard to say.

   Focused Question: _____

2. Worker: Who do you have contact with on a regular basis?
   Client: Oh, I guess with some people over at the shelter, and then some other people I meet for a drink now and then.

   Focused Question: _____

3. Worker: How have you been feeling recently?
   Client: Pretty lousy.

   Focused Question: _____

4. Worker: What kind of work do you do?
   Client: A little of this, a little of that. I hustle. Whatever it takes.

   Focused Question: _____

Paraphrasing

(handout)

How to Paraphrase:

-Repeat the meaning of what the client says, but use different words

- The paraphrase should begin with "You" to reflect what the client is expressing

1. Client: I don't know how I got emphysema. I only smoke one cigarette after each meal.

   Paraphrase: _____

2. Client: I feel worse when I exercise, I'd rather just sit around.

   Paraphrase: _____

3. Client: I have always taken care of myself. I should not have had a stroke. I blame my doctor for his incompetence.

   Paraphrase: _____

4. Client: My boss just fired me even though it was only the second time I was late this week.

   Paraphrase: _____

Listening to Others

Objectives

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

- Identify 3 purposes of communication
- Identify 3 ways that good communication with clients is valuable

Time

55 minutes

Materials

Interview Checklists handout

Trainer preparation

Prepare handout

Process

1. Have participants return to their triads. Tell them that they will now practice interviewing each other integrating many of the techniques that we discussed in the previous exercises. Remind participants that these are difficult skills so here is a chance to practice them a little.
2. Hand out the Interview Checklist to all participants; explain that each person will have a chance to be the interviewer, the interviewee, and the observer. Groups need to decide for the first go-round who will be the interviewer, the interviewee, and the observer.
3. Explain the following:
    a. Only the observer needs to use the handout.
    b. The role of the interviewer is to discover information about the interviewee's life. The interviewer may want to interview that person about his or her history, passions, inspirations, challenges that he or she has overcome, etc. The interviewer should try to use the active listening techniques that we have been discussing and can look to the interview checklist for a review. (Acknowledge that they may use all or only some of the techniques we have discussed today)
    c. The role of the interviewer is to respond to the interviewee's questions; whenever the interviewer asks a close-ended question, the interviewee should respond with a "yes" or "no" answer.
    d. The role of the observer is to watch the interview and note on the Interview Checklist whether or not the interviewer is using active listening techniques and to list examples of the use of such techniques.
    e. Remind participants that this is difficult information to actually use but that this is an opportunity to practice some of the new techniques.

    Interviewers will spend 3 minutes conducting the interview. Afterward both the observer and the interviewee will have 1 minute to give further feedback to the

interviewer. Participants should rotate roles until everyone has had the opportunity to be interviewee, interviewer, and observer.

4. Bring participants back to the larger group and get feedback on how the exercise went.
    a. For the interviewers: How difficult was it to use those active listening techniques?
    b. For the interviewees: How well did they feel that they were being heard by their interviewers?
    c. For the observers: What were some of the ways the interviewer was successful in making the interviewee feel comfortable and encouraging him or her to talk?
    d. For all: What active listening strategies do they feel comfortable using with their clients? Which ones do they feel they still need to work on?

Source: "Interview Exercise" from San Francisco Disease Contact Investigator's Manual

Interview Checklist

(handout)

Did Interviewer use:

Open-ended questions? Yes_____ No_____

Comments_____

_____

Appropriate non-verbal communication? Yes_____ No_____

Comments_____

_____

Paraphrasing? Yes_____ No_____

Comments_____

_____

Focused questions? Yes_____ No_____

Comments_____

_____

Wrap up

Objectives

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

- Explain 1 thing they have learned during the training and how they will use it on their job to be a better peer

Time

15 minutes

Materials

None

Trainer preparation

None

Process

1. Introduce session.
2. Ask participants to go around in a circle and to state one idea or skill that they have learned in this training and how it will help them to be a better peer.
3. After every participant has had a turn, thank participants for sharing with the group.

June 5 – Comm'g Health Info & Cult Comp & Expressing - 3

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

- Describe ways to improve patient understanding
- Translate medical jargon into everyday language
- Describe the essential elements of cultural competency
- Identify 2 benefits of cross-cultural values/norms that are difficult
- Demonstrate how to alter statements/questions by varying forms of expressive communication

Time	***Content***	***Method***	***Evaluation***
15	Welcome and Pretest	Distribute and explain	
15	Icebreaker: Scavenger Hunt		
90	Communicating Health Information	Small and large group exercises	Observation Eval/Posttest
	break (11:30 – 11:45)		
30	Delivering Culturally Competent Health Care	Lecture	Observation Eval/Posttest
75	Cross-cultural Norm and Values	Small group exercise	Observation Eval/Posttest
	Lunch (1:30 – 2:30)		
20	One and Two Way Communication	Small group exercise	Observation Eval/Posttest
75	Communication Techniques – Expressing Yourself	Interactive Lecture & Role Play Exercises in dyads	Observation Eval/Posttest
15	Wrap up	Round robin	Observe participation
15	Posttest and Evaluation		

Human Scavenger Hunt (icebreaker)

Objectives

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

- Get to know other participants in more depth
- Be energized to participate in the training

Time

15 minutes

Materials

Scavenger Hunt handouts
1 big prize
Candy for rest of participants

Trainer Preparation

Photocopy Scavenger Hunt Sheets

Process

1. Tell the participants that they are going to do a scavenger hunt, but one that involves finding out different things about the other participants.
2. Hand out Scavenger Hunt sheets and tell them that their task is to find one participant who identifies with each statement on the sheet; the participants they find should sign their name on the line next to the descriptive statement and there should be no duplicates, i.e., they should find a different participant for each descriptive statement. The first participant to get all the statements on his or her sheet is the winner.
3. Call "go" and watch as participants run around the room trying to be the first to get their sheets signed.
4. Congratulate the first person to get all statements signed and award a small prize.

Human Scavenger Hunt

(handout)

Find someone who…

Likes to dance meringue _____

Enjoys sushi _____

Has lived outside the US _____

Plays a musical instrument _____

Exercises every day _____

Likes hip-hop music _____

Loves to read _____

Likes to cook _____

Speaks two foreign languages _____

Has taken an adult education course _____

Has been camping _____

Communicating Health Information

Objectives

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

- Define health literacy
- Describe ways to improve patient understanding
- Translate medical jargon into simple, everyday language
- Describe the "teach-back" or "show me" approach to patient education

Time

90 minutes

Materials

Bad and *Good* role plays for facilitators (2)
Key Points for Processing – Bad and Good Role Plays answer sheets (2)
Patient-Provider Communication Challenges handout
Health Literacy handout
Jargon-Busting Worksheet handout
Role play handouts for participants
Markers
Flip chart paper

Trainer Preparation

Prepare flipcharts and handouts
Partially cut participant role plays so they can separate them once handed out

Process

A.

1. Introduce the session on Communicating Health Information. Tell participants that the facilitators will be conducting a role play in front of the class and ask them to take note of how effectively the "peer" provided health education to the "client."
2. Conduct "Bad Role Play" in front of participants – do it standing. When it is over, ask for feedback on things the "peer" did well and areas for improvement (use *Key Points*). If participants do not bring up the issue of health literacy, the facilitator(s) should do so, referring to the *Health Literacy* handout.
3. Ask participants to read *Health Literacy* paragraph by paragraph asking for volunteers.
4. After processing the first role play, introduce 2nd role play and ask participants to note ways that the "peer" tries to more effectively educate client; acknowledge that there may still be room for improvement and let participants know that you welcome their suggestions.
5. Conduct *Good Role Play* in front of participants – do it sitting side by side. When it is over, ask for feedback on things the "peer" did well and areas for improvement (use *Key Points*). Remind participants that communication is 7% verbal, 38% tone, 55% visual.
6. Wrap up processing by asking participants if they have any suggestions from their own experience in improving patient/client education.

B.

1. Using table groups, tell participants that even though we are all aware of the need to speak to our clients in simple language, we sometimes accidentally slip medical jargon into our speech. Pass out a *Jargon-Busting Worksheet* to all participants and ask them to work with their groups to translate the medical terms on the sheet into simple, everyday language.
2. Assign ½ of the sheet to ½ of the tables. They should use *very few syllables* and each item should be decribed in 10 words or less - *remind participants to use as few syllables as possible*. Give the groups 10 minutes to work on their sheets.
3. When groups are finished with their sheets, ask them for the translations they came up with. Do all 3 definitions at once for a particular word. Ask participants to keep these simpler terms in mind the next time they meet with clients.

C.

1. Break participants into dyads; tell them that they will take turns being "peer" and "client" and hand out the first set of role plays to each dyad. Tell participants that these are descriptions of the person – they should make up the conversation.
2. Tell participants that they will be giving feedback after this exercise and that they should try to find something to compliment as well as offering some advice or suggestions, if appropriate.
3. Tell participants to keep in mind the following effective communication techniques:

    - KISS (Keep it short and simple)
    - Slow down
    - Avoid medical jargon
    - Think about using pictures to explain concepts
    - Confirm understanding with the "teach-back" or "show me" technique
    - Ask open-ended questions
    - Encourage client to ask questions

    Make sure to give very clear instructions. Give participants10 minutes for the first role play.

4. At the end of 10 minutes, ask "clients" to take a few minutes to give feedback to their "peers" on how well they communicated health information. Then go around the room and ask for feedback from the various dyads.

    - For clients: What techniques did the peer use that helped you to understand the information?
    - For peers: What techniques helped you to assure that the client understood the information? What were the challenges in communicating health information to this client?

5. Hand out the second set of role plays and have dyad members switch their roles.
6. Process the role plays as before.
7. Hand out *Patient-Provider Communication Challenges* and review with participants.
8. Wrap up session by asking participants what they learned about the way they communicate with clients and which techniques, if any, they plan on applying in the future.

Communicating Health Information

Bad Role Play

(*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 pharmokinetics. 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.

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

Client: (*Looking confused*) No.

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

Key Points for Processing – Bad Role Play

- Uses too much jargon
- Should KISS: Keep it Simple and Short
- Talks 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 (refer to "Low Health Literacy" overhead/flip chart)
- Relies only on written and verbal communication; doesn't use any visual aids to help client understand
    - People learn in different ways. Is the client a verbal or visual learner or a combination of the two?
- Talks "at" the client; communication would be improved if he were to assess what client already knows and then fill in gaps
- Needs to explain "Why" not just "What"
- Asks close-ended questions: "Do you understand?"
- Should use the "teach back" approach to confirm understanding
    - Asking patient to repeat information or instructions in his own words
    - Provider can begin by saying, "I want to make sure I explained this clearly."
    - Gives provider a chance to correct any misunderstandings by saying, "You start and I'll fill in any missing details."

Good Role Play

(*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.

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?

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…

<u>Key Points for Processing –Good Role Play</u>

- Uses open-ended questions
- Addresses barriers to adherence and ways to overcome them
- Picks up on possibility of client's low health literacy
- Uses visual "sticker chart" to teach client; de-stigmatizes low health literacy issue by saying that chart has been "pretty effective with other clients…"
- Doesn't talk "at" client; asks what client knows, then fills in the blanks
- Uses teach-back method to confirm client understanding
- When client gets something wrong, peer says "I didn't explain clearly enough;" this technique reduces blame and puts the responsibility for comprehension on the provider
- Speaks in simple language, without jargon

Sticker Chart for Adherence

(use for role play - not a handout)

O	O	O	O	O	O	O

Patient-Provider Communication Challenges

(handout)

- 40-80% of medical information is immediately forgotten
- Almost half is remembered incorrectly
- The more information given the more forgotten
- Speaking information – 17% is retained
- Speaking and pictogram – 84% is retained
- Four month people remember more if speaking

  and pictogram were used

From “Cultural Competency, HIV, & Stimulants, HIV, Mental Health, the Brain & Stimulants”, Davis and King, January 31, 2006, Pacific AIDS Education and Training Center

Health Literacy

(handout)

What is health literacy?

- The ability to read, understand, and act on health information

How does low health literacy affects a patient's ability to participate in the health care system?

In the U.S.:

- 33% are unable to read basic health care materials
- 42% cannot understand directions for taking medication on an empty stomach
- 26% are not able to understand information on an appointment slip
- 43% do not understand the rights and responsibilities section of a Medicaid application
- 60% do not understand a standard informed consent

Patients with low health literacy are often ashamed to admit they have difficulty understanding information and instructions. To hide the problem, they may:

- Always bring someone with them to their appointments
- Say they forgot their glasses when asked to complete a form
- Watch and copy others' actions

In a recent study of health literacy among HIV positive patients[1], those with lower health literacy:

- Had lower CD4 cell counts
- Had higher viral loads
- Were less likely to be taking HIV medications
- Reported a greater number of hospitalizations
- Reported poorer health.

What can you do to improve patient understanding?

- Limit the amount of information provided at each visit
- Slow down
- Avoid medical or technical jargon
- Explain necessary terms
- Use pictures or models to explain important concepts
- Assure understanding with the "teach-back" or "show-me" technique
- Encourage patients to ask questions
- Read aloud to patient

[1]Functional Health Literacy Is Associated With Health Status and Health-Related Knowledge in People Living With HIV-AIDS. JAIDS Journal of Acquired Immune Deficiency Syndromes. 25(4):337-344, December 1, 2000.*Kalichman, Seth C.; Rompa, David*

Source: Advancing Clear Health Communication to Positively Impact Health Outcomes. Partnership for Clear Health Communication

Jargon-Busting Worksheet

(handout)

Jargon	**Everyday Language**
Resistance	
ART	
CD4	
Viral Load	
Undetectable	
Regimen	
Adverse Reaction	
Immune System	
Antibodies	
Window Period	

Role Play #1

(handout)

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.

Role Play #1

(handout)

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.

Role Play #2

(handout)

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.

Role Play #2

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.

Delivering Culturally Competent Health Care

Objectives

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

- Describe the essential elements of cultural competency
- Assess personal cultural beliefs about health and health care
- Identify resources for information about ethnic and cultural background of patient population

Time

30 minutes

Materials

PowerPoint handouts
Self Assessment handout
Computer for PowerPoint presentation
Projector
Screen
Flip chart and easel
Markers
Eraser

Trainer preparation

Set up for PowerPoint
Prepare handouts

Process

1. Introduce session and speaker.
2. Speaker presentation on *Delivering Culturally Competent Health Care* including Q and A.
3. Wrap up session.

Self-Assessment Checklist

(handout)

This self-assessment checklist is a tool for self-reflection. It is not intended to be a measure of cultural competence.

This checklist does not have an answer key with correct responses, but it can aid you in identifying specific areas where you may be able to improve your cultural sensitivity.

Directions: Please select A, B, or C for each item listed below.

- **A** = Things I do frequently
- **B** = Things I do occasionally
- **C** = Things I do rarely or never

Physical Environment, Materials & Resources

_____ I ensure that magazines, brochures, and other printed materials in reception areas are of interest to and reflect the different cultures of individuals and families served by my program or agency.

_____ I ensure that printed information disseminated by my agency or program takes into account the average literacy levels of individuals and families receiving services.

Communication Styles

_____ For clients who speak languages or dialects other than English, I try to learn and use words In their language so that I can communicate with them better.

_____ I try to learn any slang expressions or colloquialisms that my clients use in our conversations.

Values & Attitudes

_____ I try not to expect people to hold the same values that I, my family, and or my culture hold.

_____ I accept that individuals from different cultural backgrounds may not want to adopt (*assimilate to*) the dominant culture as much as others.

_____ I understand and accept that different cultures define family differently (for example, 'family' may include extended family members, fictive kin, godparents).

_____ I take my clients' age and their family roles into account in my interactions with them (for example, a client may seek the opinions and decisions of the oldest male or female member of the household, or may expect young adult children to continue to live with parents).

_____ Even though my professional or moral viewpoints may be different than my clients' viewpoints, I accept that *they* are the ultimate decision makers for services and supports that impact on their lives.

_____ I recognize that the meaning or value of medical treatment and health education changes from one culture to another.

_____ Before I visit a client in the home setting, I try to get information on acceptable behaviors, customs, and expectations that are common in that client's culture.

_____ I look for development and training to increase my knowledge and skills about providing services to culturally, ethnically, racially and linguistically diverse groups.

The items to which you responded "C" indicate areas where there may be room to improve your cultural sensitivity.

Adapted and excerpted from a checklist developed by:

Tawara D. Goode, - Georgetown University Center for Child and Human Development - Adapted from Promoting Cultural and Linguistic Competence and Cultural Diversity in Early Intervention and Early Childhood Settings and Promoting Cultural Competence and Cultural Diversity for Personnel Providing Services and Supports to Children with Special Health Care Needs and their Families - (June,1989; revised 1993, 1996, 1997, 1999, 2000, and 2002).

Cross-Cultural Norms and Values

Objectives

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

- Describe 3 cross-cultural norms and values that they like or enjoy.
- Describe 3 cross-cultural norms and values they find difficult.
- Identify 2 benefits of cross-cultural values or norms they find difficult.
- Discuss ways to deal effectively with cross-cultural differences.

Time

1 hour 15 minutes

Materials

Markers
Different Norms/Values newsprints for each table group
The Eight Questions handout

Trainer Preparation

Prepare handout
Prepare newsprints for tables
Prepare flip chart with *Different Norms/Values that we like/enjoy* on day of training

Process

1. Introduce the session as one in which participants will be discussing cross-cultural norms and values.
2. Explains the idea of *norms* and *values* as part of *culture*.
   Norms: standards, patterns, or behaviors regarded as typical for a group.
   Values: principles, standards, or qualities considered worthwhile or desirable; ideals that an individual or group hold as important.
3. Ask the groups to think about value/norms that they have observed that are different from those found in their culture of birth. Of these different norms/values, ask participants to identify which they like and enjoy; the facilitator can give examples such as greater emphasis on family life, or more intergenerational mixing. Have participants brainstorm these different cultural values, norms, or practices while the facilitator notes the responses on newsprint entitled *Different Norms/Values that we like/enjoy*.
4. Discuss items that have been brought up.
5. Ask participants to now think about other values or norms they currently see **at work** that are difficult for them; ask participants to list these on the *Different Norms/Values that are Difficult for Me.* Ask participants to reflect on those norms and values they listed as difficult and ask them to identify and list any possible benefits of those "difficult" norms and values.

6. To make the concepts more concrete, give an example from your own experience. One such example might be:

   Different Norm/Value that are Difficult for Me: Lack of time consciousness/more fluid notion of time

   Benefits of "Difficult" Norm/Value: Living more in the moment; less stressful lifestyle

7. Give groups 30 minutes to discuss and form their lists.
8. At the end of the allotted time, go around the room and have the groups share their lists. Ask each group to share **one** item from each of their lists before going on to the next group; continue this way until all items have been shared. The facilitator should actively solicit the expertise of group members who have found a way to deal with different cultural values successfully. End with concrete suggestions for how to handle the ones that may get in the way.
9. Present *The Eight Questions*. Read quote from the handout "If you can't see that your own culture has its own set of interests, emotions and biases, how can you expect to deal successfully with someone else's culture?"

Different Norms/Values

(flipcharts)

Different Norms/Values that are Difficult for Me	Benefits of "Difficult" Norms/Values

One- and Two-Way Communication

Objectives

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

- Describe 2 problems in understanding that can arise from one-way communication
- Describe 2 benefits of two-way communication

Time

20 minutes

Materials

Flipchart
Pens

Trainer preparation

Prepare flipcharts with 2 different diagrams of shapes

Process

1. Ask for a participant volunteer to assist with this exercise. Explain to the other participants that the volunteer is going to describe *some shapes* to them and their task is to simply follow instructions in sketching out the illustration.
2. Provide the volunteer with the diagram. Have the volunteer turn his or her back to the class so no eye contact is possible. The volunteer can use only verbal communication, i.e., no gestures, hand signals, etc. Further, no questions are allowed on the part of the audience. In brief, only one-way communication is allowed. When the exercise is completed, show the correct figure on the flipchart and ask participants to judge whether their drawings are at all similar to it.
3. Repeat the exercise a second time allowing participants to ask questions.
4. Process exercise by asking participants:

    - How many of us got confused and just "quit" listening? Why?
    - Why was the one-way communication so difficult to follow?
    - Even two-way communication cannot ensure complete understanding. How can we make our communication efforts more effective?
    - How would the exercise have been if participants were sitting together looking at the materials?

Communication Techniques – Expressing Yourself

Objectives

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

- demonstrate principles of sharing information without giving advice
- differentiate between feelings statements and opinions/judgments

Time

75 minutes

Materials

PLISSIT Model handout
Giving Advice flip chart and handout
Steps to Sharing Information flip chart and handout
Why Is It Important to Express Yourself? flip chart and handout
Feelings vs. Opinions and Judgments flip chart
Feelings vs. Opinions and Judgments handout
Expressing Feelings samples handout
Expressive Humor handout
Tape
Flip chart and easel
Markers
Eraser

Trainer preparation

Prepare lists on flip chart paper
Prepare handouts

Process

A.

1. Introduce session.
2. Conduct *Expressing Yourself* role play in front of class.
3. After the role play is finished, ask participants for feedback:
    a. How effective was the counselor at addressing the client's concerns?
        i. *Counselor directed session, rather than following client's lead. Counselor discussed what was concerning her/him, not what was most pressing for the client.*
        ii. *Client said she felt guilty, but counselor shut her down by saying she shouldn't feel that emotion.*
    b. What attitude was the counselor expressing during the session?
        i. *That the counselor knew best how to deal with the client's issues.*
    c. What words used by the counselor conveyed that attitude?

i. *You <u>shouldn't</u> feel guilty; you <u>can't</u> let things get out of control; you <u>need to</u> let her know who's boss; you <u>have to</u> establish authority.*

d. How could the counselor have been more effective in addressing the client's concerns?
   i. *Let the client's concerns lead the discussion.*
   ii. *Listen to and explore client's feelings and options, rather than give advice.*
   iii. *Give client permission to experience her feelings.*
   iv. *Listen more than talk; the session should be about the client's experiences and feelings, not the counselor's.*
   v. *Don't minimize client's predicament by telling her that things are going to be alright*

e. In general, what do people want to hear when they talk to someone about something that is bothering them?

4. Introduce the PLISSIT Model, integrating participant feedback about the role play into the presentation.
5. Summarize by emphasizing the importance of listening over speaking.

B.

6. Ask participants what advice sounds like -- what words are used when a person is giving advice?
7. Write comments on flip chart.
8. Compare participants' list with the *Giving Advice* list on flip chart.
9. Present *Steps to Sharing Information* using flip chart.
10. Remind participants that clients make their own decisions and we should present information to help them rather than suggestions/advice.

C.

11. Introduce the idea of examining one's feelings as a necessary part of communicating clearly.
12. Ask participants why they think it is important to learn to express yourself. Write their responses on flip chart.
13. Summarize participant's responses using *Why Is It Important to Learn to Express Yourself?* on flip chart.
14. Ask participants how they know when they are expressing their feelings.
15. Demonstrate how using the word "feel" does not always represent a person's feelings. Show how "feel" is often used to express opinions and judgments using *Feelings vs. Opinions and Judgments* on flip chart.
16. Explain that if "I think" can be substituted for "I feel" then it is not a feeling. Tell them to look for blame in the statement.
17. Ask participants if they have ever been told something that was expressed as an opinion but was actually a judgment.
18. Give examples of sneaky judgments that express an opinion.
19. Give *Expressing Feelings exam* to participants. Ask for a volunteer to read the first example and ask the group whether it is a sentence that expresses feelings or is a sneaky judgment. Discuss as a group. ***If the sentence does not reflect a feeling then ask participants to rephrase.*** Repeat for each example.
20. Summarize.

D.

21. Hand out *Expressive Humor* handout for a lighthearted look at expressing yourself.

Source: Community Health Worker Network of NYC, "Communication Skills"
La Leche League, "Leader's Handbook, Mother-to-Mother Help"

Expressing Yourself Role Play

(The client, Tina, has just entered her counselor's office for her weekly session.)

Counselor: Hi, Tina, how are you doing today?

Tina: OK, I guess.

Counselor: Listen, I think we should spend this session discussing your relationship with your daughter. I've noticed that it's a topic you've avoided in the past and I think it's time we dealt with it. How are things going between the two of you?

Tina: Well, things haven't been so great. I feel like she's angry with me for getting sick and I feel guilty because this is something I brought on myself, you know, because of shooting up. So now she goes out all the time with her friends 'til all hours of the morning and I don't feel like I can control her anymore.

Counselor: First of all, you shouldn't feel guilty – guilt is a wasted emotion. And you can't continue to let things get out of control with your daughter – you need to let her know who's boss. You know, when my son was a teenager, he started hanging out with the wrong crowd. I never knew where he was at night and then I found out he was ditching school. I knew I had to put my foot down fast or I might lose him to the streets. So I gave him a curfew, told him he had to get an after-school job, and said he had to get a B average at school this year – if he failed to meet any of those conditions, I told him I'd pack him off to his grandparents who don't tolerate any nonsense. I'm not going to say it was an easy road, but eventually I was able to get him back on the right path. If it worked for me, I'm sure it can work for you and your daughter.

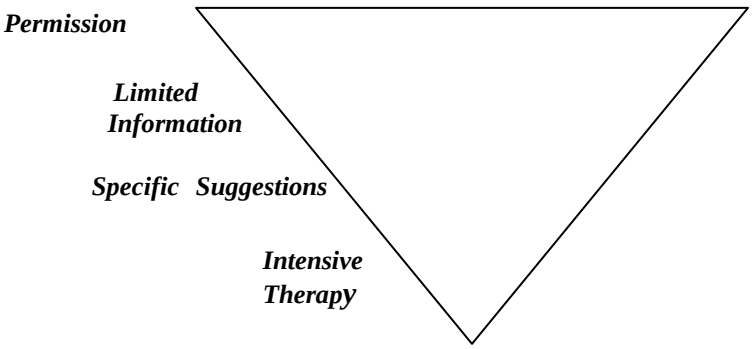
Tina: I just don't know if it will work the same way with us -- I feel like I've lost all authority over her.

Counselor: You have to commit yourself to establishing authority or the situation will only get worse. If you do what I'm telling you, things will turn out alright.

The PLISSIT Model

(handout)

The PLISSIT Model is one which may be used by counselors to typify the needs of the client.



Permission

Most people want one thing, and one thing only: Permission. Permision to feel their feelings and to express them without being judged. They do not want:

To be given advice or to be told what to do
To hear how the counselor handled a similar problem
To have the counselor read them a passage from a medical textbook
To be told not to worry
To be told that they shouldn't or should feel angry, confused, scared…

In fact, they don't want to hear much from the counselor at all: counseling is primarily about listening, not talking.

Limited Information

Fewer people ask for information. Limited information means that the conversation is directed by the client and his or her need for information, rather than being governed by the counselor's and proceed to other, often-difficult questions.

Specific Suggestions

Still fewer people need specific suggestions. Suggestions are not the same as advice: although suggestions may come out of the counselor's personal and professional experience, the suggestions themselves are tailored to the individual client's needs rather than the needs of the counselor. Suggestions are almost always questions ("Could you..? " "Would it work if you..?") and specific suggestions break down in proposed action into workable parts (to visit a doctor a person may need to ask for the afternoon off from the boss, negotiate the absence with co-workers, figure out which subway to ride, etc.)

Intensive Therapy

Some people need intensive therapy, which is beyond the scope of this work. When the client's concerns cannot be effectively addressed in a brief conversation, counselors may ask the client what his or her feelings are about therapy and may refer the client to a qualified therapist.

Source: GMHC handout

Giving Advice

(handout and flipchart)

“You should…”

“You ought to…”

“Why don’t you….”

“You should have…”

“Why didn’t you….”

“You shouldn’t have…”

Steps to Sharing Information

(handout and flipchart)

Offering Information

Deciding How Much Information to Offer

Making Suggestions

Discussing Options

Feelings vs. Opinions and Judgments

(handout)

Expressing a feeling:

"I feel…"

Expressing an opinion or judgment:

"I feel that…"

"I feel like…"

"I feel I/you/he/she/it…"

If you can replace "I feel" with "I think" then it is an opinion!

Examples:

I feel stressed when I come home and I find dirty dishes in the sink from the morning.

I feel pressured when I don't have time to think about my schedule before you make plans for our weekend.

Expressing Feelings samples

(handout)

1. I was really hurt that you didn't come to Jan's baby shower.

2. I feel you gave me a bad evaluation without spending time looking at my work

3. I am really ticked off that you are cross-talking with your friends during the group.

4. (To your teenager) I'm feeling really exhausted and cranky after a long day, and I wonder if we could talk about raising your allowance after dinner.

5. I feel taken advantage of when I end up paying for our lunches because you don't bring cash.

6. (To your co-worker) I'm frustrated and angry that you left the supply cabinet unlocked again and the VCR is missing.

Expressive Humor

(handout)

These are actual quotes from insurance company accident reports:

“An invisible car came out of nowhere, struck my vehicle, and vanished.”

“I was on the way to the doctor with rear-end trouble when my universal joint gave way, causing me to have an accident.”

“The pedestrian had no idea which direction to go, so I ran over him.”

“I collided with a stationary (sic) truck coming the other way.”

“I pulled away from the side of the road, glanced at my mother-in-law, and headed over the embankment.”

“I had been driving my car for 40 years when I fell asleep at the wheel and had an accident.”

“I thought my window was down, but I found out it was up when I put my hand through it.”

“My car was legally parked as it backed into the other vehicle.”

“In my attempt to kill a fly, I drove into a telephone pole.”

Wrap up (closing)

Objectives

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

- Explain 1 thing they have learned during the training and how they will use it on their job to be a better peer

Time

15 minutes

Materials

None

Trainer preparation

None

Process

1. Introduce session.
2. Ask participants to go around in a circle and to state one idea or skill that they have learned in this training and how it will help them to be a better peer.
3. After every participant has had a turn, thank participants for sharing with the group.

June 9 –Treatment & Mental Health & Counseling - 4

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

- Explain indications for beginning antiretroviral therapy
- Identify 3 different HIV medication categories
- List 3 main side effects of ART medications
- List three common mental health issues
- Identify when to refer patients to mental health services
- List three counseling skills

Time	***Content***	***Method***	***Evaluation***
15	Welcome and Pretest	Distribute and explain	
15	Icebreaker: HIV Drug Competition	Small group exercise	
1 hour 45 min	HIV/AIDS: Presentation on Care and Treatment	Interactive lecture	Observation Eval/Posttest
	break (during presentation)		
30	Stump the Peer	Large group exercise	Observation Eval/Posttest
	lunch (12:15 – 1:15)		
75	Presentation: Mental Health and HIV *5 min stretch*	Interactive lecture	Observation Eval/Posttest
90	Presentation: Counseling	Interactive lecture and Exercise	Observation Eval/Posttest
15	Wrap up	Round robin	Observe participation
15	Posttest and Evaluation		

HIV Drug Competition

Objectives

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

- Be energized to participate in today's session
- List at least 10 drugs used in the treatment of HIV

Time

15

Materials

Flip chart paper
Markers
Prizes for all participants (½ for winners and candy for other participants)

Trainer preparation

Post 2 flip charts around room

Process

1. Break group up into 2 teams. Have each group stand at a "flip chart station" and ask them to choose a recorder. Tell teams that they are going to compete to see which team can list the greatest number of HIV medications in 1 minute.
2. Time the competition for 1 minute. At the end of a minute, have teams tally their scores; the team with the greatest number of HIV meds wins.
3. Hand out prizes to the winning team and candy to the runners-up.

Care and Treatment presentation

Objectives

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

- Explain indications for beginning antiretroviral therapy
- Identify 3 different HIV medication categories
- List at least 3 main side effects of HIV ART medications

Time

1 hour 30 minutes

Materials

Computer for PowerPoint presentation
Projector
Screen
Flip chart and easel
Markers
Eraser

Trainer preparation

Set up for PowerPoint
Prepare handout

Process

1. Introduce session and speaker.
2. Speaker presentation on *Care and Treatment* including *ART, side effects and resistance*.
3. Provide further resources.
4. Wrap up session.

Stump the Peer

Objectives

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

- Formulate 3 review questions relating to care and treatment, HAART, side effects
- Answer at least 3 review questions relating to care and treatment, HAART, side effects

Time

30 minutes

Materials

Note paper
Pens/pencils
Prizes for both teams (15 nice and 15 smaller prizes)

Trainer preparation

None

Process

1. Divide participants into two teams.
2. Instruct the teams to take 10 minutes to prepare 5 questions about the *HIV Care and Treatment* lecture.
3. Once questions are prepared, have the teams take turns posing a question to the other team. If the team answers the question correctly, that team receives one point. If the team does not answer the question correctly, the team asking the question gets one point. After 20 minutes of play, the team with the most points is the winner. The session facilitators serve as referees and fact-checkers.

- List three common mental health issues
- Identify when to refer patients to mental health services
- List three counseling skills

Mental Health and HIV

Objectives

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

- Describe three common mental health problems
- List the signs and symptoms of these disorders
- Outline techniques for handling these issues in the clinic or field setting
- Identify when to refer patients to mental health services

Time

1 hour 15 minutes

Materials

Computer for PowerPoint presentation
Projector
Screen
Flip chart and easel
Markers
Eraser

Trainer preparation

Set up for PowerPoint

Process

5. Introduce session and speaker.
6. Speaker presentation on *Mental Health and HIV* including Q&A.
7. Provide further resources.
8. Wrap up session.

Counseling

Objectives

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

- Explain the basis for effective counseling
- Name at least 3 techniques used in effective counseling

Time

45 minutes

Materials

Computer for PowerPoint presentation
Projector
Screen
Flip chart and easel
Markers
Eraser

Trainer preparation

Set up for PowerPoint

Process

9. Introduce session and speaker.
10. Speaker presentation on *Counseling* including Q&A.
11. Provide further resources.
12. Wrap up session.

Counseling Exercise

Objectives

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

- List three counseling skills
- Discuss the importance of confidentiality
- Discuss two ways that clients may react upon termination of the counseling relationship

Time

45 minutes

Materials

Newsprint
Markers
10 magazines
10 pairs of scissors
10 glue sticks

Trainer preparation

None

Process

1. Assign each work group one of the following counseling topics:
   - Elements of Counseling
   - Individual Counseling Skills
   - De-escalation
   - Termination
   - Boundaries (if need a 5^{th} topic)

2. Tell participants that they are going to review the material just covered by describing the essential elements of their counseling topic to the rest of the class; participants can refer to their notes and the PowerPoint hand-out for the session. However, instead of just listing the essential elements and describing them back to the class, they will be looking through magazines to find and cut out images and/or words that represent these elements. They will then glue the magazine clippings to newsprint and use that sheet to review for the class the essential elements of their topic.
3. Pass out magazines, newsprint, glue sticks, and scissors and give participants 15 minutes to come up with their review presentations.
4. After all groups have finished creating their presentations, have each group review their topic for the rest of the class. Help the groups to elaborate on any elements they may not have adequately addressed.
5. Congratulate the groups for their thoughtfulness and creativity.

Wrap up (closing)

Objectives

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

- Explain 1 thing they have learned during the training and how they will use it on their job to be a better peer

Time

15 minutes

Materials

None

Trainer preparation

None

Process

1. Introduce session.
2. Ask participants to go around in a circle and to state one idea or skill that they have learned in this training and how it will help them to be a better peer.
3. After every participant has had a turn, thank participants for sharing with the group.

June 11 – Trans & CABsOut & Hep C & Women & Adol - 5

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

- Discuss 2 current issues among transgendered people with HIV/AIDS and their implications for access to care and treatment
- List the main symptoms, preventive measures and treatment options for Hepatitis C
- Discuss 2 issues among Women with HIV/AIDS and the implications for access to care and treatment
- Discuss 2 issues among Adolescents with HIV/AIDS and the implications for access to care and treatment

Time	***Content***	***Method***	***Evaluation***
15	Welcome and Pretest	Distribute and explain	
15	Icebreaker: Five Things in Common		
90	Presentation: Transgender people and HIV	Interactive Lecture	Observation Eval/Posttest
	break (11:30 – 11:45)		
40	Community Involvement: Community Advisory Boards and Outreach	Interactive Lectures	Observation Eval/Posttest
	lunch (12:25 – 1:25)		
60	Presentation: Hepatitis C *5 stretch*	Lecture	Observation Eval/Posttest
45	Presentation: Women and HIV	Interactive Lecture	Observation Eval/Posttest
45	Presentation: Adolescents and HIV	Interactive Lecture	Observation Eval/Posttest
15	Wrap up	Round robin	Observe participation
15	Posttest and Evaluation		

Five Things in Common (Icebreaker)

Objectives

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

- Get to know each other in more depth
- Describe things they have in common with other participants to help create a sense of community

Time

15 minutes

Materials

None

Trainer Preparation

None

Process

1. Tell the table groups that their assignment is to find at least 5 things they have in common with every other person in the group, that have nothing to do with work. [Instruct groups not to include body parts (we all have legs and arms) or clothing (we all wear pants and shoes). This helps the group explore shared interests more broadly].
2. Tell the groups that one person should record the commonalities and be ready to read their list to the whole group upon completion of the assignment.
3. Check in with groups after 5 minutes, then give them 2 minutes more
4. Ask for a volunteer to read their group's list first. Then ask the other groups to share their lists with the class.
5. Ask participants what they have in common with the group as a whole.
6. Ask participants if there were any surprises here: did they discover that they had more in common with others in the room than they would have originally thought?

Transgendered people and HIV/AIDS

Objectives

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

- Discuss 2 current issues among transgendered people with HIV/AIDS and the implications for access to care and treatment

Time

90 minutes

Materials

Computer for PowerPoint presentation
Projector
Screen
Flip chart and easel
Markers
Eraser

Trainer preparation

Set up for PowerPoint

Process

1. Introduce session and speaker.
2. Speaker presentation on Transgendered people and HIV/AIDS including Questions and Answers.
3. Wrap up session.

Community Advisory Boards (CABS)

Objectives

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

- Describe the mission of CABs
- List the qualities of a CAB member
- List the roles and responsibilities of a CAB member

Time

20 minutes

Materials

Qualities of a CAB Member on two flip charts
Responsibilities of a CAB Member on two flip charts
CAB hand out
CAB answer sheet
Flip chart paper
Markers

Trainer Preparation

Prepare handouts
Prepare flip charts

Process

1. Break participants into 4 groups.
2. Assign two groups to each of the following categories: *Qualities of a CAB Member* and *Responsibilities of a CAB Member*.
3. Give each group 5-8 minutes to brainstorm about the topic and note their responses on the flip charts.
4. Have each group report back on what they came up with.
5. Wrap up by letting participants know where they can get more information about becoming a CAB member.

Source: CPCRA Community Handbook

Community Advisory Boards

(handout)

History of CABs

Historically, decisions about how medical research is designed and conducted were limited to the researchers themselves and the institutes that funded them However, with the advent of HIV/AIDS and the development of AIDS research, primary care providers, patients, and activists expressed the feeling that their needs were not being met by the current research and demanded a role in the direction of future research.

Recognizing that traditional approaches to research were not reaching those communities most affected by HIV - communities of color, low income communities, and people who use drugs – in 1989, the National Institute of Allergy and Infectious Diseases (NIAID) launched a pilot program to establish community-based AIDS research -- the Community Program for Clinical Research on AIDS (CPCRA).

Part of this new community-based research included the development of community advisory boards or CABs to foster a partnership between researchers and persons infected or affected by HIV/AIDS. CABs exist to ensure that the needs of the community are considered in all matters regarding research-related clinical care, program management, and the development of research questions which are relevant to the community. The board members represent the HIV-impacted community as a whole, with particular emphasis on people of color, women, and injecting drug users.

CABs have expanded from this base to become part of AIDS service organizations, social service agencies and hospital-based services.

Since many of you are already familiar with CABs, I would like your feedback on what you see as the qualifications and possible responsibilities of CAB members.

CAB Members

(handout)

What are the qualifications of CAB members?

CAB members should be:

- Consumers
- Culturally sensitive to the barriers encountered by populations traditionally underrepresented in decision-making – women, people of color, injecting drug users
- Knowledgeable about the medical and social aspects of HIV illness and willing to expand their knowledge
- Self-motivated and committed to independently pursuing knowledge and information on HIV treatment trends
- Familiar with or eager to learn about program and agency goals

What are the responsibilities of CAB members?

- Demonstrating interest and commitment to the goals of the project or agency
- Provide real-life experience and act as a resource to the program or agency
- Represent the needs of the clients and communities served by the program and agency.
- Help achieve recruitment, outreach, and retention goals through consultation on the recruitment and outreach plan
- Assisting in the recruitment of new CAB members.

All of the above depend on your agency and your CAB's bylaws.

Peer Outreach

Objectives

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

- Describe different types of outreach conducted by HIV peer workers
- List safety precautions for field outreach
- Discuss ways to ensure client confidentiality when doing outreach by phone, mail, and in the field

Time

20 minutes

Materials

Flip chart paper for each table
Ways to Protect Client Confidentiality and *Ways to Ensure Safety in the Field* handouts
Markers

Trainer Preparation

Prepare flip charts
Prepare handouts

Process

1. Introduce this session on outreach.
2. Paraphrase *Peer Outreach Lecturette*
3. Ask table groups to choose a topic to discuss (2 tables for 1 topic and 3 for the other) -- *Ways to Protect Client Confidentiality in Phone, Mail, and Field Outreach* or *Ways to Ensure Safety in the Field.* Give each group 5-8 minutes to brainstorm about the topic and note their responses on the flip charts.
4. Have each group report back on what they discussed.
5. Thank participants for sharing their experience and insight and remind them to refer to their agencies' guidelines on the specifics of confidentiality and safety in the field.

Peer Outreach Lecturette

Many, though not all, peer workers engage in outreach work as part of their jobs. The types of outreach that HIV peer workers do takes different forms depending on the goals of the particular intervention. What types of outreach work have you engaged in or do you know about? (*Refer to "Types of Outreach Work Cheat Sheet" and write down participant responses on flip chart*.)

Regardless of the type of outreach being done, issues of client confidentiality and personal safety in the field are of the utmost importance; each agency should have its own guidelines regarding these topics and staff engaging in this type of work must be trained in these guidelines.

Since we have a wealth of experience in this room, we have an opportunity to learn from each other about the different ways that you protect your clients' confidentiality and ensure your personal safety in the field.

Types of Outreach Work

(handout)

- Street Outreach
- HIV Prevention and Education
    - Distributing literature
    - Delivering prevention messages
    - Making referrals for HIV counseling and testing
    - Needle exchange
    - Working with opinion leaders in community settings (e.g. barber/beauty shops; health chats/parties in private homes)
- Health fairs, health forums
- Linking HIV positive people to care
- Returning HIV positive people to care
- Returning HIV positive people to studies/clinical trials
- Identifying client needs and resources
- Matching client needs to resources

Ways to Protect Client Confidentiality during Phone, Mail or Field Outreach

(handout)

By Phone

- If you need to leave a message for your client, leave your name and phone number – do not mention the name of your organization or the purpose of your call
- If you reach someone other than the client and that person insists on knowing more about the nature of your call , simply state that you would like to speak to the client him or herself
- If you do reach the client by phone, do not give specific information about your organization or the nature of your call (you can't be sure it is the client on the phone or that someone else isn't listening in)
    - To convey the importance of your call, some agencies may allow something like, "I'm calling about an important health matter."
- Be aware about how your agency's phone number may appear on the client's caller ID; some agency names come up on caller ID. Use a phone which does not divulge the origin of the call.

By Mail

- Do not use agency letterhead in any mail sent to the client
- Discuss with your agency the use of a return address
- Limit information in the letter to a minimum; give your name and phone number and ask the client to contact you. To convey the importance of your letter, some agencies may allow something like "I'm trying to contact you about an important health matter."

In the Field

- If someone other than client answers the door, do not reveal information about your agency or the purpose of your visit
- If the client answers the door with another person, do not give any specific information unless you are able to get the client alone and in a confidential setting
- Do not wear anything that would identify your agency (e.g., work badge). If you must wear a work badge, conceal it until you are able to show it to the client in a confidential setting.
- Some agencies may allow asking for the whereabouts of the client on the street; if so, be discreet and do not reveal the reason you are looking for him or her.

Ways to Ensure Safety in the Field

(handout)

- Go out in pairs
- If alone and you feel the situation could be dangerous, go back and consult your supervisor about the best way to proceed; never go into a situation alone if you feel afraid
- Know your route
- Let your supervisor or co-workers know where you are going and when you'll be back
- Call your supervisor or co-workers after the visit to let them know how things went
- If you don't have a cell phone, keep a couple of quarters on you for phone calls
- If driving, park your car in the direction in which you want to leave
- If entering a strange building, locate the exits
- If entering an elevator, check to make sure it is not heading to the basement; if it is, get out
- Dress appropriately for the neighborhood so you don't stand out
- Don't wear expensive jewelry
- Wear comfortable shoes (no high heels) in case you have to run
- Don't shoulder your way into an unexpected crowd

Hepatitis C

Objectives

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

- List the main symptoms, preventive measures, and treatment options for Hep C

Time

60 minutes

Materials

Markers
Flip chart paper

Trainer Preparation

None

Process

1. Introduce the session and facilitator.
2. Presentation on *Hepatitis C* including Q and A
3. Summarize and end session.

Women and HIV/AIDS

Objectives

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

- Discuss 2 current issues among women with HIV/AIDS and the implications for access to care and treatment

Time

45 minutes

Materials

Computer for PowerPoint presentation
Projector
Screen
Flip chart and easel
Markers
Eraser

Trainer preparation

Set up for PowerPoint

Process

1. Introduce session and speaker.
2. Speaker presentation on Women and HIV/AIDS including Questions and Answers.
3. Wrap up session.

Adolescents and HIV/AIDS

Objectives

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

- Discuss 2 current issues among adolescents with HIV/AIDS and the implications for access to care and treatment

Time

45 minutes

Materials

Computer for PowerPoint presentation
Projector
Screen
Flip chart and easel
Markers
Eraser

Trainer preparation

Set up for PowerPoint

Process

1. Introduce session and speaker.
2. Speaker presentation on Adolescents and HIV/AIDS including Questions and Answers.
3. Wrap up session.

Wrap up (closing)

Objectives

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

- Explain 1 thing they have learned during the training and how they will use it on their job to be a better peer

Time

15 minutes

Materials

None

Trainer preparation

None

Process

1. Introduce session.
2. Ask participants to go around in a circle and to state one idea or skill that they have learned in this training and how it will help them to be a better peer.
3. After every participant has had a turn, thank participants for sharing with the group.

June 12 - Adherence and *Coping with HIV- 6*

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

- Discuss the significance of adherence
- Identify the risks of nonadherence
- Identify 3 common barriers to adherence
- Plan solutions to counteract barriers to adherence
- Identify some of the mental health stressors that peer workers experience in their work
- Discuss ways of coping effectively with stressors and feelings of burnout on the job
- Discuss disclosure at different times

Time	***Content***	***Method***	***Evaluation***
15	Welcome and Pretest	Distribute and explain	
15	Icebreaker: My Mother Says		
80	Presentation on Adherence	Interactive lecture	Observation Eval/Posttest
	Break (11:10 – 11:25)		
30	Discussion of Adherence Tools	Group discussion	Observation Eval/Posttest
45	Adherence Case Studies	Group exercise	Observation Eval/Posttest
	lunch (12:40 – 1:40)		
10	Icebreaker: Relaxation Exercise	Large group	Observe participation
60	Mental Health Stressors	Small and large group exercise	Observation Eval/Posttest
45	Disclosure	Small group exercise	Observation Eval/Posttest
20	Pat on the Back	Group exercise	Observe participation
15	Wrap up	Round robin	Observe participation
15	Posttest and Evaluation		

My Mother Says (icebreaker)

Objectives

By the end of the session, participants will:

- Get to know other participants in more depth
- Be energized to participate in the training

Time

10 minutes

Materials

None

Trainer preparation

None

Process

1. Introduce session.
2. Tell participants that throughout our lives we receive all kinds of folk wisdom about how to stay healthy or what to do when we are sick. Ask participants to try to think about some health messages that they heard as a child from their parents, grandparents, aunts, uncles, teachers, etc.
3. Ask participants to stand up and to turn to a person nearby. Ask participants to shake hands and introduce themselves and share a piece of wisdom from one of their childhood "experts" on health (e.g. my aunt always said that if I didn't wash my ears, potatoes would grow in them, if you swallow gum, it takes 7 years to digest, etc.)
4. Once they have exchanged names and words of wisdom with one partner, move on until they have completed three introductions using a different health message each time if possible.
5. After three introductions, participants can return to their seats.
6. Process the exercise with the group
    a. What are some of the most interesting pieces of advice you heard?
    b. Did women get messages that seemed very different than men?
7. Ask the group how they felt about this exercise.

Source: Lana Ka'opua
Hawaii AIDS Education and Training Center, Mililani, HI
(via "The HeART of Training Manual")

Adherence presentation

Objectives

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

- Discuss the significance of adherence and its impact on patient outcomes
- Identify factors often associated with poor adherence

Time

80 minutes (with a 5 minute “stand up and stretch” in the middle)

Materials

Computer for PowerPoint
Projector
Screen
Flip chart and easel
Markers
Eraser

Trainer preparation

Set up for PowerPoint

Process

1. Introduce session and speaker.
2. Speaker presentation on *Adherence issues* including adherence, and barriers.
3. Wrap up session.

Adherence Case Studies

Objectives

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

- Discuss the importance of adherence to HIV treatment regimens and the risks of nonadherence
- Identify 3 common barriers to treatment adherence
- Plan solutions to counteract barriers to adherence

Time

45 minutes

Materials

Adherence Case Studies

Trainer preparation

None

Process

1. Break participants into four small groups.
2. Give out Adherence Case Studies to all participants and assign each case study to 2 or 3 groups.
    a. Give groups 10 minutes to analyze and discuss their case studies. Remind participants to consider the question "what is your role as the peer?"
3. Instruct groups to think of ways to:
    a. acknowledge how difficult adherence can be;
    b. encourage the client for the steps he or she has made toward adherence, and;
    c. strategize with the client on how to improve adherence to treatment.
4. When time is up, read case study aloud so both groups hear it.
5. In large group, discuss each case study. Give both groups a chance to explain their responses to the case study.
6. Repeat for second case study.

Source: AIDS Education and Training Center, Coping with Hope:
HIV Treatment Decisions/Adherence,
A Multi-Disciplinary Mental Health Services Curriculum, 2000

Case Studies

(handout)

Case Study #1 – Tammy

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.

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

Case Study #2 – Jesse

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.

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

Key Points for Processing Case Studies

Key Points for Case Study #1 (Tammy)

- Acknowledge Tammy for managing to seek out support and information, particularly given the stresses in her life
- Assess Tammy's beliefs about HIV, treatment, and the impact that missing doses may have on her health.
- Let Tammy know that "forgetfulness" is one of the most frequently reported reasons for missed doses.
- 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.
- Assess what stops Tammy from revealing her "secret" -- her HIV status – to her family and friends.
- 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 (e.g., her sister) and how that disclosure might ease her many burdens, as well as help her with adherence (a reminder call from her sister in the morning, for example).
- Help Tammy to develop strategies that she thinks will improve 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. Let her brainstorm and see what other solutions might work for her.
- If appropriate, share information about difficulties you may have had with adherence, and how you overcame or are overcoming them.
- Be sure not to judge or you may sound like Dante

Key Points for Case Study #2 (Jesse)

- Jesse may feel "burnt" on adherence, but he is knowledgeable and seeks out information. His history with adherence, his high level of knowledge, and his interest in accurate information should be acknowledged as a strength.
- Let Jesse know that not only is it OK for him to discuss missing doses and his drug use it is encouraged. Tell him that you won't judge him for missed doses and that honesty is important.
- 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, a serious side effect. 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).
- Suggest Jesse make a list of concerns/questions that he wants to address with his doctor; review these with him.
- 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 when missed doses are occurring, or find out if the pharmacy is providing "extra" pills in the prescription. Offer adherence tools to improve adherence. Demonstrate how to use tools effectively for optimum benefits.
- If appropriate, share information about difficulties you may have had with adherence, and how you overcame or are overcoming them.]
- 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.

Adherence Tools

Objectives

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

- List 4 common adherence tools and how they are used

Time

30 minutes

Materials

Flip chart and easel
Markers
Eraser
Samples of adherence tools

Trainer preparation

None

Process

1. Introduce session.
2. Ask participants to brainstorm adherence tools that they and their clients have used.
3. Discuss the usefulness of each.
4. Wrap up session.

Relaxation Exercise(Opener)

Objectives

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

- Practice a relaxation technique to help reduce stress and burnout

Time

10 minutes

Materials

Guided Relaxation script

Trainer preparation

None

Process

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

Guided Relaxation Script

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

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

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

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

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

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

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

Mental Health Stressors

Objectives

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

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

Time

60 minutes

Materials

Discussion Questions newsprint
List of Stressors sheet for trainers and participants
Newsprint
Markers
Writing paper
Pens/pencils for recorders

Trainer Preparation

Prepare newsprint
Prepare cheat sheet

Process

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

Discussion questions

(newsprint)

1. What are some of the mental health stressors you experience as an HIV peer worker?

2. How do these stressors affect your own health and well-being?

3. What resources or social support systems do you use to help you cope with these stressors?

List of Stressors

(for trainer and then handout)

- Grief at losing a client
- Over-identification with patients
- Stigma
    - Stigma is thought by some to be the single most important factor in producing and reinforcing the negative psychological and social impact of HIV/AIDS
- A feeling of powerlessness at being unable to "fix" the client's situation.
- Frustration or anger when the client does not meet the peer's expectations (refer to Stages of Change" theory).
- Anger at clients who do not disclose their status and/or knowingly expose others to HIV
- Hopelessness at their inability to effect behavior change in their client (refer to "Stages of Change" theory)
- Frustration at insufficient resources and unlimited needs of clients
- Feeling overwhelmed by high case loads and inadequate staffing
- Burnout created by excessive emotional demands of job
    - Burnout is not uncommon among HIV service providers and should be addressed as soon as possible to avoid more serious manifestations of stress, which can include:
        - physical symptoms, such as:
            - exhaustion
            - headaches
            - back pain
            - sleeplessness
            - malaise
            - gastrointestinal problems
        - behavioral symptoms, such as:
            - becoming easily irritated and angry
            - increased alcohol/drug use - relapse
            - marital/relationship problems
            - inflexibility in problem-solving
            - impulsivity and acting out
            - withdrawal from non-colleagues
        - cognitive and emotional symptoms, such as:
            - emotional numbness or hypersensitivity
            - over-identification with clients
            - grief and sadness
            - pessimism and hopelessness
            - cynicism
            - indecision and inattention
            - depression

Disclosure

Objectives

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

- Discuss the best time for disclosing to a client
- Identify the benefits of, and barriers to, disclosure

Time

45 minutes

Materials

4 newsprints with the following titles:
Before Meeting the Client newsprint
During First Meeting with the Client newsprint
After Building a Level of Trust/Rapport with the Client newsprint
When a Critical Incident Occurs newsprint

Trainer Preparation

Prepare newsprints

Process

1. Introduce session.
2. Ask participants what they see as the purpose(s) of disclosure of one's HIV status to clients. Acknowledge that organizations may have their own protocols for when and perhaps how peers are to disclose to clients. In addition, individual peers have developed a sense of the most appropriate and fruitful times to disclose to a client. Explain that you will be giving participants a chance to discuss what they feel are the best times to disclose their status to clients and what the benefits and drawbacks may be to disclosing at various points in their relationship with the client.
3. Break participants into groups. Assign each group one of the 4 flipchart "topics" and ask them to appoint a recorder. Have groups divide flip charts into 2 categories: benefits and drawbacks. Instruct groups to list both the benefits, as well as the drawbacks, of disclosing to clients at that particular time. Give participants 15 minutes to develop their lists.
4. Ask each group to present their lists and discuss the benefits and drawbacks listed – do this in order of the topic. Elicit feedback from other groups regarding their thoughts on disclosing at the various times; something seen as a benefit by one group may be viewed as a drawback by another. Explore these differences in experience and opinion. Ask participants if there may be instances in which they never would disclose their status to a client.
5. When all groups have shared their lists, wrap up the session by reinforcing the idea that there is no "right" time to disclose to clients and that, except in cases in which their organization dictates disclosure, each peer must decide on when he or she feels disclosure is most appropriate and most beneficial for the client.

Disclosure before meeting the client

(newsprint)

Benefits	Drawbacks

Disclosure during first meeting

(newsprint)

Benefits	Drawbacks

Disclosure after building trust/rapport with client

(newsprint)

Benefits	Drawbacks

Disclosure when a critical incident occurs

(newsprint)

Benefits	Drawbacks

Pat on the Back

Objectives

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

- Discuss at least 3 ways they feel appreciated by their co-participants

Time

20 minutes

Materials

Colored paper with each participant's name printed at the top
Water-based markers (so there is no bleed-through)
Masking tape

Trainer preparation

Pre cut pieces of tape

Process

1. The facilitator explains that this is an exercise to honor one other. Using the water-based markers, all are to mill around the room, writing positive, **supportive** statements on the backs of as many people as possible in 15 minutes. ***WARN about light colored shirts.***
2. Participants are asked to conserve space by writing small (but legibly).
3. Make sure that sheets are also signed for absent participants.
4. After 15 minutes, participants should read their sheets.
5. Ask if anyone would like to share what was written on their sheets. Give several participants the opportunity to volunteer.
6. Ask participants their feelings about it doing this exercise.

Wrap up (closing)

Objectives

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

- Explain 1 thing they have learned during the training and how they will use it on their job to be a better peer

Time

15 minutes

Materials

None

Trainer preparation

None

Process

1. Introduce session.
2. Ask participants to go around in a circle and to state one idea or skill that they have learned in this training and how it will help them to be a better peer.
3. After every participant has had a turn, thank participants for sharing with the group.
4. **Tell participants about the *Benefits* session next week. Ask them for questions in advance i.e. at Monday's session.**

June 16 – Subs Use & OI & STI & Over 50 & Professional Standards/Challenges - 7

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

- Discuss the concepts of addiction and relapse
- List 5 opportunistic infections and their primary symptoms
- List 5 STIs and their primary symptoms
- Discuss 2 current issues among people over 50 with HIV/AIDS and the implications for access to care and treatment
- List 3 challenges in returning to work
- Explain how to resolve a challenging situation
- List 3 professional standards of being on the job

Time	***Content***	***Method***	***Evaluation***
15	Welcome and Pretest	Distribute and explain	
15	Icebreaker: Trading Places		
60	Presentation: Substance Use & HIV	Interactive lecture	Observation Eval/Posttest
15	*break (11:00 – 11:15)*		
30	HIV/AIDS: Opportunistic Infections	Interactive lecture	Observation Eval/Posttest
20	HIV/AIDS: Sexually Transmitted Infections	Small group exercise	Observation Eval/Posttest
40	Presentation: HIV/AIDS and People over 50	Interactive Lecture	Observation Eval/Posttest
	lunch (12:45 – 1:45)		
40	Professional Standards	Small group activity	Observation Eval/Posttest
60	Workplace Challenges for Peers/Thinking on our Feet	Group discussion Small group case study exercise	Observation Eval/Posttest
15	Wrap up	Round robin	Observe participation
15	Posttest and Evaluation		

Trading Places (icebreaker)

Objectives

By the end of the session, participants will:

- Get to know each other in more depth
- Exchange values, viewpoints, or ideas with other participants

Time

15 minutes

Materials

Post-it notes

Trainer Preparation

Trainer may want to prepare a question based on the upcoming session

Process

1. Give each participant one Post-it note.
2. Ask the participants to write on their note one of the following (pick one depending on the mix of participants or mood that day):
   - *a value they hold*
   - *a vacation they really enjoyed or would like to take*
3. Ask the participants to stick the note on their clothing and to circulate around the room reading one another's notes.
4. Next, have participants mingle once again and negotiate trades for other notes. The trades should be based on a desire to possess that value, experience, idea, question, opinion, or fact for a short period of time. Require that all trades be two-way. Encourage participants to make as many trades as they would like.
5. Reconvene the full group and ask participants to share what trades they made and why. For example, "I traded for a note that Sally had, stating that she has traveled to Africa. I would really like to travel there because my ancestors are from Ghana.

Source: 101 Ways to Make Training Active. Mel Silberman. 1995.

Substance Use and Harm Reduction

Objectives

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

1. Discuss the concepts of addiction and relapse
2. Describe the interaction of alchohol/substance use and HIV
3. Explain the basic principles of Harm Reduction

Time

60 minutes

Materials

Computer for PowerPoint presentation
Projector
Screen
Flip chart and easel
Markers
Eraser

Trainer preparation

Set up for PowerPoint

Process

1. Introduce session and speaker.
2. Speaker training on *Substance Use and Harm Reduction* including Q&A.
3. Wrap up session.

Opportunistic Infection exercise

Objectives

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

4. List 5 opportunistic infections and their primary symptoms

Time

30 minutes

Materials

Opportunistic Infection newsprints – for each table group
Opportunistic Infection handout from AIDSMeds
Flip chart and easel
Markers
Eraser

Trainer preparation

Prepare 3 newsprints and post on wall in 3 separate areas
Prepare handout

Process

1. Introduce session.
2. Ask participants the definition of an opportunistic infection.
3. Specify that not all lists agree on what is included as an OI
4. Distribute newsprints and instruct each group to write down all the OIs that they can think of. Next they should list the symptoms.
5. Give each group 10 minutes.
6. Ask a group to present its list.
7. Ask a second group to read its list noting only *information that was not already mentioned*.
8. Repeat for third group.
9. Hand out *OI* information packet. Remind participants that this was just a brief overview/review and that more information is included in the AIDSMeds information packet. Remind participants that this is session was not intended for them to be able to diagnosis – but to merely be familiar with OIs.
10. Wrap up session.

Opportunistic Infections

(newsprint)

Opportunistic Infection	Symptoms

Opportunistic Infections

Opportunistic Infection	Symptoms
BACTERIAL INFECTIONS	
Bacterial Diarrhea- (Salmonellosis, Campylobacteriosis, Shigellosis)	severe diarrhea (including bloody diarrhea), fever, chills, abdominal pain, and occasionally vomiting
Bacterial Pneumonia	chills, shivering, chest pain, fever, rapid breathing, rapid heart rate, and wheezing
Mycobacterium Avium Complex (MAC)	fever, night sweats, chills, weight loss, muscle wasting, abdominal pain, fatigue, diarrhea, enlargement of the liver and spleen, as well as the lymph nodes
Mycobacterium Kansasii	breathing problems, fever, night sweats, chills, weight loss, muscle wasting, abdominal pain, fatigue, diarrhea, enlargement of the liver and spleen, as well as the lymph nodes
Syphilis & Neurosyphilis	primary syphilis: painless sore (called a "chancre") that develops on the penis, vulva, or vagina. It can also develop on the cervix, tongue, lips, and other parts of the body. secondary syphilis: outbreak of small, pox-like lesions. they can appear anywhere on the body, but a rash and lesions on the palms and soles of the feet are classic symptoms of secondary syphilis
Tuberculosis (TB)	coughing, night sweats, chills, weight loss, fever, and fatigue

MALIGNANCIES (CANCERS)	
Human Papilloma Virus-(Genital Warts, Cervical Dysplasia & Cancer, Anal Dysplasia & Cancer)	may not cause any signs or symptoms; warts in or near the genital area can often be felt with a finger and are visible to the naked eye
Kaposi's Sarcoma (KS)	tumors or lesions; lesions in the gut, particularly in the large intestine and the colon, can cause diarrhea, cramping, and bleeding ; KS of the lungs (pulmonary KS) can cause severe breathing problems and discomfort
Lymphomas	enlarged spleen, liver obstruction, rectal pain, irregular heartbeat, digestive problems, internal bleeding, fever, unexplained weight loss, night sweats; lymphoma of the brain may cause problems focusing, paralysis affecting one side of the body, loss of ability to speak or understand language, confusion, sudden memory loss, and mania
VIRAL INFECTIONS	
Cytomegalovirus (CMV)	eye: floating spots before the eyes, hazy vision, blurred or missing areas of vision gut: diarrhea, loss of appetite, fever, blood in the stool, stomach cramps ,weight loss, painful swallowing , pain in center of the chest
Hepatitis C	fatigue, pains of the upper-right portion of the gut, nausea, decreased appetite, and muscle and joint pains.

Herpes Simplex Virus (oral & genital herpes)	oral: sores around the mouth and nostrils genital: sores on the penis in males or near or in the vagina in women; can also cause sores near the anus; sometimes can cause pain when urinating or defecation.
Herpes Zoster Virus (shingles)	burning, sharp pain, tingling; some people experience severe itching or aching rather than pain; many people also feel tired and ill with fever, chills, headache, and upset stomach. After several days of these symptoms, a belt-like rash that extends from the midline of the body outward will develop. Within three days after the rash appears, the fluid-filled blisters will turn yellow, dry up, and crust over
Molluscum Contagiosum	itching or tenderness
Oral Hairy Leukoplakia (OHL)	usually does not cause serious symptoms
Progressive Multifocal Leukoencephalopathy (PML)	mental deterioration, vision loss, speech disturbances, ataxia (inability to coordinate movements), paralysis, and coma. In rare cases, seizures may occur.
FUNGAL INFECTIONS	
Aspergillosis	pain in the sinuses, nose, or ear canal; facial swelling; cough and difficulty breathing; chest pain, fever and night sweats.
Candidiasis (thrush, yeast infection)	oral candidiasis: burning pain in the mouth or throat, altered taste and difficulty swallowing vaginal candidiasis: thick white discharge resembling cottage cheese, itching and burning, rashes and tenderness esophageal candidiasis: chest pain, as well as pain and

	difficulty when swallowing.
Coccidioidomycosis	most people do not experience any symptoms of disease; when they do occur, they usually include fever, a productive cough, chills, headache, muscle aches, and sore throat.
Cryptococcal Meningitis	fever, fatigue, stiff neck, body aches, headaches (often severe), nausea/vomiting, and skin lesions, other important symptoms include confusion, muddled thinking and vision
Histoplasmosis	includes fever, weight loss, skin lesions, breathing difficulties, chest pain, nonproductive (dry) cough, anemia, enlargement of the liver, spleen, and lymph nodes problems, and possibly seizures
PROTOZOAL INFECTIONS	
Cryptosporidiosis	watery diarrhea, abdominal pain, nausea, vomiting, weight loss, loss of appetite, dehydration, and passing gas
Isosporiasis	watery diarrhea, abdominal pain, weight loss, loss of appetite, dehydration, and passing gas
Microsporidiosis	watery diarrhea , abdominal pain, weight loss, loss of appetite, dehydration, and passing gas
Pneumocystis Pneumonia (PCP)	fever, dry cough that doesn't produce any phlegm (sputum); chest tightness and difficulty breathing; fatigue and night sweats
Toxoplasmosis	headache, fever, confusion, seizures, abnormal behavior, and coma

NEUROLOGICAL CONDITIONS	
AIDS Dementia Complex (ADC)	trouble learning new things, difficulty remembering things that happened in the past, changes in behavior, confusion, depression; if dementia progresses, it can cause speech problems, balance problems, vision problems, problems walking, loss of bladder control, mania or psychosis
Peripheral Neuropathy	usually occur in the feet and/or hands; numbness, insensitivity to pain or temperature, extreme sensitivity to touch , tingling, prickling, or burning sensation, sharp pain or cramping, loss of balance or coordination, loss of reflexes, muscle weakness, noticeable changes in the way you walk
OTHER CONDITIONS AND COMPLICATIONS	
Aphthous Ulcers (Canker Sores)	begins as a burning or tingling sensation, a red spot or bump usually forms, which develops into an open ulcer
Thrombocytopenia (low platelets)	many people do not have any symptoms; more advanced forms of thrombocytopenia can cause a number of bleeding problems
Wasting Syndrome	weight loss, especially muscle mass

Source: www.aidsmeds.com

Sexually Transmitted Infections exercise

Objectives

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

5. List 5 STIs and their primary symptoms

Time

20 minutes

Materials

5 STIs newsprints – enough for table groups
STIs answer handout
STI definition handout
Syphillis handout
Flip chart and easel
Markers
Eraser

Trainer preparation

Prepare newsprints and post on wall in separate areas
Prepare handout

Process

11. Introduce session.
12. Ask participants if they know the difference between STD and STI. Review the difference. "The concept of "disease," as in STD, implies a clear medical problem, usually some obvious signs or symptoms. But in truth several of the most common STDs have no signs or symptoms in the majority of persons infected. Or they have mild signs and symptoms that can be easily overlooked. So the sexually transmitted virus or bacteria can be described as creating "infection," which may or may not result in "disease." (From American Social Health Association website)
13. Ask participants to count off and break into 3 groups.
14. Instruct each group to go up to a newsprint and to write down all the STIs that they can think of. Next they should list the symptoms for the STI whether or not it is curable. They will get extra points if they can list any nicknames for the STI.
15. Give each group 10 minutes.
16. Ask a group to present its list.
17. Ask a second group to discuss its list, mentioning only items that do not appear on the first group's list.
18. Repeat for third group.
19. Hand out *STIs* information packet. Remind participants that this was just a brief overview/review and that more information is included in the information packet.
20. Wrap up session.

Sexually Transmitted Infections

(newsprint only)

STI	Symptoms	Curable?

STI Exercise Answer Sheet

(handout)

STI	Other Names	Symptoms	Curable?
Chanchroid		Ulcers, sores	Yes
Chlamydia		Generally asymptomatic	Yes
Crabs	Pubic lice	Itching	Yes
Gonorrhea	The clap, drip	Men: discharge; burning when peeing Women: often no symptoms; if symptoms, abnormal yellow discharge; burning when peeing (can lead to PID – see symptoms for PID)	Yes
Hepatitis B		Flu-like symptoms; Many people asymptomatic	No
Herpes		Mouth or genital sores	No
Human papillomavirus (HPV)	Genital warts	Generally asymptomatic	No
Lymphoma granuloma (LGV) (A strain of chlamydia)		Pimple on penis or vagina – can spread to groin area; swollen lymph glands	Yes
Molluscum contagiosum (MCV)		Lesions on thighs, buttocks, groin, lower abdomen, sometimes genital or anal region	Yes
Non-Gonococcal urethritis (NGU)		Men: discharge; burning when peeing; itching; underwear stain Women: discharge; burning when peeing; abdominal pain; abnormal vaginal bleeding	Yes
Pelvic Inflammatory Disease (PID)		Dull pain in lower abdomen; burning when peeing; nausea/ vomiting; abnormal vaginal bleeding; fevers/chills	Yes
Syphilis		Primary stage (10-90 days): chancre sore at site of infection Secondary stage (17 days to 6.5 months): rash on palms of	Yes

		hands and soles of feet Latent stage (2-30 years): no symptoms Tertiary/Late stage (2-30 years): small bumps, tumors on skin or other organs; blindness; insanity; paralysis	
Vaginitis/ Trichomoniasis 1. bacterial vaginitis 2. yeast infection (not an STI) 3. trichomoniasis		1. Strong, fishy smell; discharge 2. thick cottage cheese-like discharge; pain; itching; burning 3. discharge; bad smell; itching; pain when peeing	Yes

STI	Curable?
Clamydia	Yes
Gonorrhea	Yes
Syphillis	Yes
Trichomoniasis	Yes
Vaginal infections	Yes
Genital Herpes	Treatment but no cure
Genital Warts (HPV)	Treatment but no cure
Hepatitis B	Treatment but no cure
HIV/AIDS	Treatment but no cure

STI definition

(handout)

“The concept of “disease,” as in STD, implies a clear medical problem, usually some obvious signs or symptoms. But in truth several of the most common STDs have no signs or symptoms in the majority of persons infected. Or they have mild signs and symptoms that can be easily overlooked. So the sexually transmitted virus or bacteria can be described as creating “infection,” which may or may not result in “disease.”

from the American Social Health Association website

HIV/AIDS and People over 50

Objectives

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

- Discuss 2 current issues among people over 50 with HIV/AIDS and the implications for access to care and treatment

Time

30 minutes

Materials

Fortune cookies with statements inside
Flip chart and easel
Markers
Eraser

Trainer preparation

Prep fortune cookies

Process

1. Introduce session. Ask the group – do people over 50 have sex? Who is included in the group of people over 50? (this group includes those infected after 50 as well as those infected and living with HIV for many years who are now over 50).
2. Explain that we are going to have a group discussion about HIV in people over 50.
3. Explain that each table has fortune cookies with information on HIV and People over 50.
4. The facilitator will ask for a volunteer who will pick a fortune cookie and read what is inside.
5. The participant will comment on the statement and then facilitator will respond.
6. Ask participants for feedback on the session and wrap up.

HIV/AIDS and People over 50

(fortune cookie statements)

15% of AIDS cases occur in people over 50

The number of cases is expected to increase, as people of all ages survive longer due to combination therapy

Older people with HIV/AIDS are often invisible, isolated and ignored

Despite myths and stereotypes, many seniors are sexually active and some are drug users, therefore their behaviors can put them at risk for HIV infection

Healthcare and service providers and older adults themselves do not realize seniors are at the same risk as other populations. This may lead to misdiagnosis

AIDS has been increasing twice as rapidly for people over 50 as for people under 50

Professionals are often reluctant to discuss or question matters of sexuality with aging clients

Rates of HIV infection are especially difficult to determine because older people are not routinely tested

Most older persons are diagnosed with HIV at a late stage and often become ill with AIDS related complications and die sooner than their younger counterparts: these deaths can be attributed to original misdiagnoses and immune systems that naturally weaken with age

HIV/AIDS educational programs are not targeted to older individuals

Seniors are unlikely to consistently use condoms during sex because of a generational mind set and unfamiliarity with AIDS and STD prevention matters

Older people with HIV/AIDS face a double stigma: ageism and HIV/AIDS

While men who have sex with men form the largest group of AIDS cases in the over 50 population, the number of cases in women infected heterosexually have been rising a higher rate and compromise, a greater percentage increases into the 60's and older population

Because of the stigma, it can be difficult for seniors - women in particular, to disclose their HIV status to family, friends and their community

For older women, there are special considerations: after menopause, condom use for birth control becomes unimportant and normal aging changes such as decrease in vaginal lubrication and the thinning of the walls in the vagina can put them at higher risk during sexual intercourse

Due to the general lack of awareness of HIV/AIDS in older adults, this segment of the population for the most part has been omitted from research, clinical trials. education programs and intervention efforts

Specific programs must be implemented for older adults who need to be informed about transmission and prevention of HIV
Outreach should include workshops and training's devoted to HIV/AIDS information "safer sex" negotiation skills- all in relationship to aging

The over 50 population often does not identify with the average younger peer and may not be open to advice the younger population

With the availability of Viagra, sex among seniors has increased

Some people over 50 are at risk due to sharing needles used for insulin when they are diabetic

Professional Standards

Objectives

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

1. List 3 professional standards that relate to being in the workplace
2. Define at least 2 professional standards

Time

40 minutes

Materials

Professional Standards cheat sheet for trainer
Flip chart and easel
Markers
Eraser

Trainer preparation

None

Process

1. Introduce session.
2. Ask participants if they can come up with a definition for *professional standards* (behavior/ how conduct oneself on the job).
3. Ask participants to brainstorm a list of *professional standards.*
4. Lead a discussion about "professional standards" as they relate to being a peer. Does being paid or volunteering as a peer change how you view *standards*?
5. Discuss whom you represent as a peer -- the agency, your community, your peer group? Does this vary depending on where you are or who you are talking to?
6. Ask the table groups to each take one set of standards (divide them up among the groups) and to define them and give a basic standard that should be followed/achieved.
7. Give groups 15 minutes.
8. Ask the groups to report on what they have written.
9. Discussion questions:
    a. How did it feel to do this exercise?
    b. How many of you have done this on your job?
    c. How would it influence your role as a peer if this was done?
10. Wrap up session.

Professional Standards

(cheat sheet for trainer)

Absences

Accountability

Chain of command/whom to see about what

Clothing/dress code

Confidentiality

Dating/relationships

Getting along with co-workers

Hygiene

Knowing role and limit of job/job description

Knowing your rights

Money to clients/boundaries

Physical space

Relationships with clients

Sexual harassment

Staff interaction/respect

Timeliness

Workplace Challenges/Thinking on our Feet

Objectives

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

3. List 4 general workplace challenges
4. Identify the challenges that are most relevant for themselves
5. Discuss how to make decisions about workplace issues

Time

1 hour

Materials

Challenges list handout
Scenario handout
Scenario trainer guides
Decision-making list on flip chart
Decision-making handout
Tape
Flip chart and easel
Markers
Eraser

Trainer preparation

Prepare flipcharts
Prepare handouts

Process

1. Introduce session.
2. Explain that participants will first brainstorm to identify workplace challenges. Clarify that experience within the group varies widely but that challenges can crop up even for the most experienced peer, and while there will be fewer over time some may be ongoing challenges while new ones can also crop up.
3. Ask participants what are the most challenging aspects of returning to work, changing jobs and working as a peer in general. Give examples as needed to start conversation.
4. Write comments on flip chart.
5. When there are no more new ideas, ask participants to help group comments and summarize what the core issues are.
6. Once the list has been generated bring out *challenges* list and review if there is anything not discussed already.
7. Explain to participants that these are complex issues and we will have time to only look at a few of them today.

8. Instruct participants that they are going to discuss real life situations in their table groups and then will report back to the whole group on how they would handle the situation and what issues are involved.
9. Present the scenario and allow participants 10 minutes to discuss in their table groups.
10. After 10 minutes lead a discussion with each group reporting.
11. Repeat for remaining scenarios until10 minutes left in session.
12. Ask what the common elements were in each scenario.
13. Discuss how relying on workplace policy and referrals can be the easiest way to handle challenging situations.
14. Ask participants who they represent; the agency, peer group, themselves? Discuss if there is time.
15. Summarize by talking about how some situations are clear cut and others have many shades of grey. Discuss how the degree of the situation can sometimes influence the decision of how to handle it although that can also obscure the real issue. Use "decision-making list" to discuss issues involved in decision-making.

Trainer's Notes

This exercise can be done with varying number of scenarios – pick the ones most relevant to your training group. Three is usually the minimum unless time is very short.
This exercise can be expanded using more scenarios.

Source: Inspiration and some scenarios from
"Thinking on our Feet" exercise from
The Community Health Worker Network of NYC

Workplace Challenges
(handout)

Accepted by professional staff as part of team

Benefits

Boundaries (financial/attraction/information)

Confidentiality

Communication styles (street versus office)

Contact info (cell/home numbers)

Disclosure

Health limitations

Over-identification with client/counter-transference

Personal relationships between peers

Professional Attire

Professionalism

Staying open-minded

Supervisory issues

Working as a team player

Working in structured environment

Work hours/flexibility

Case Studies/Scenarios

(handout)

Scenario A

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."

How would you handle this scenario?

What issues are involved in this scenario?

Scenario B

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.

How would you handle this scenario?

What issues are involved in this scenario?

Scenario C

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

How would you handle this scenario?

What issues are involved in this scenario?

Scenario D

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.

How would you handle this scenario?

What issues are involved in this scenario?

Decision-making
(flipchart and handout)

What are the issues involved?

Is there a workplace policy about this issue? Can your supervisor help you with this issue?

How might your decision affect your relationship with the client?

How might your decision affect your work with the client?

How might your decision affect the care this patient receives?

How might your decision affect your relationship with other clients?

How might your decision affect your position within the program?

Case Studies/Scenarios

(trainer guides)

Scenario A

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."

How would you handle this scenario?

What issues are involved in this scenario?

Trainer notes:

Does the dollar amount make a difference?

Does it matter how long you have known the client?

Does it matter if the money appears to be for food for the children or for something else?

How could giving money affect the care this client receives?

How could giving money affect your relationship with the client?

What makes lending money a good or bad gesture?

Is this an act of caring for your client? Why or why not?

Would lending money empower or enable a client?

Has this every happened to you?

What did you do?

What was the outcome?

Scenario B

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.

How would you handle this scenario?

What issues are involved in this scenario?

Trainer notes:

Does the dollar value of the gift make a difference?

What if you knew the client before you started working as a peer?

Would you accept a gift from certain clients but not others?

How could accepting gifts affect the care this client receives?

How could accepting gifts affect your relationship with the client?

Does your workplace have a policy about gifts? What is that policy?

Do you know your organization's general workplace policies?

Has this every happened to you?

What did you do?

What was the outcome?

Scenario C

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?"

How would you handle this scenario?

What issues are involved in this scenario?

Trainer notes:

Is this a breach of confidentiality?

Has this ever happened to you?

What did you do?

What was the outcome?

Scenario D

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.

How would you handle this scenario?

What issues are involved in this scenario?

Trainer notes:

How might sharing your experience affect the group?

How might sharing your experience influence participants' view of you as the leader?

Is there a place to share your experiences while you are running a group?

How do you decide when it is appropriate to share your experience?

In what way do you share your experiences?

How would you discuss this with your co-leader? When would you discuss this?

Would you take this issue to your supervisor?

Has this every happened to you?

What did you do?

What was the outcome?

Wrap up (closing)

Objectives

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

6. Explain 1 thing they have learned during the training and how they will use it on their job to be a better peer

Time

15 minutes

Materials

None

Trainer preparation

None

Process

1. Introduce session.
2. Ask participants to go around in a circle and to state one idea or skill that they have learned in this training and how it will help them to be a better peer.
3. After every participant has had a turn, thank participants for sharing with the group.

June 18 - Benefits & Advocacy & Prev with Pos & HIPAA& MD Teams - 8

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

- Explain the impact of income from peer activities on benefits
- Describe ways that peers and their clients can better communicate/advocate with health care providers
- List 3 ways that HIV+ positive can take care of themselves
- Discuss what information is HIPAA protected
- List 3 tasks that are unique to peer workers and 3 tasks that peers share with other team members
- State 3 key components of a well-functioning multidisciplinary team

Time	***Content***	***Method***	***Evaluation***
15	Welcome and Pretest	Distribute and explain	
15	Icebreaker: Sing a Song		
90	Presentation: Benefits	Interactive Lecture	Observation Eval/Posttest
	break (11:30 – 11:45)		
30	Advocating/Communicating with Providers	Large group exercise	Observation Eval/Posttest
30	Presentation: Prevention with Positives	Interactive Lecture	Observation Eval/Posttest
	lunch (12:45 – 1:45)		
30	Presentation: HIPAA/Confidentiality *(15 extra to play with – break or go over or used up by SaSong)*	Lecture	Observation Eval/Posttest
30	Role of Multidisciplinary Team Members	Small group exercise	Observation Eval/Posttest
60	Working as a Multidisciplinary Team	Small group exercise	Observation Eval/Posttest
15	Wrap up	Round robin	Observe participation
15	Posttest and Evaluation		

Sing a Song (icebreaker)

Objectives

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

- Be energized to participate in today's session

Time

15 minutes

Materials

Ball
1 big prize
Smaller prizes for all other participants

Trainer preparation

None

Process

1. Ask participants to sit or stand in one big circle.
2. Explain the rules of the game.
   - The facilitator will throw the ball to someone.
   - That person must sing one short line of **any** song they choose (other languages are okay).
   - Then the ball is thrown to someone else who must sing a line to a different song
   - If the person cannot think of a song within 5 seconds or repeats an earlier song they must leave the circle
   - The game is over once there is only one person remaining
   - Remember that any song is allowable but no songs can be repeated
3. Hand out a nice prize to the winner and candy to everyone else.

Benefits presentation by Legal Aid

Objectives

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

- Explain the impact of income from peer activities on SSI/SSD
- Explain the impact of income from peer activities on other benefits (Medicaid, PA, housing)
- List 2 resources for more information about benefits and eligibility

Time

1 hour and 30 minutes

Materials

Computer for PowerPoint presentation
Projector
Screen
Flip chart and easel
Markers
Eraser

Trainer preparation

Set up for PowerPoint

Process

1. Introduce session.
2. Introduce speaker. Explain that speaker will speak for 30 minutes and then take questions for 45 minutes. *Explain that very detailed personal situations should be saved for later and that speaker will distribute speaker's business card for more detailed conversations*.
3. Speaker presentation on benefits and resources for more information. (30 minutes)
4. Start question and answer portion. (45 minutes)
5. Monitor questions, making them more general if needed.
6. After 45 minutes, distribute business cards.
7. Wrap up session by assuring participants that speaker is available by phone for more detailed questions. Specify the best times to reach the speaker.

Trainer's Notes

Allow sufficient time for Q and A.
Monitor questions so that they are more general and can be applied to more than one person.

Advocating with Providers

Objectives

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

- Describe problems clients have with their healthcare providers.
- Describe ways peers can help their clients advocate for themselves with their health care providers.

Time

30 minutes

Materials

Flip chart
Markers
Health Care Providers Don't Receive Any More Training handout
Working with Healthcare Providers handout
Problems cheat sheet
Solutions handout

Trainer Preparation

Prepare handouts

Process

1. Introduce this session on patient advocacy. Ask participants what advocacy means to them. Acknowledge that advocacy can take several forms, but that it is basically about speaking up in order to make positive change happen. In today's session, we'll be focusing on helping our clients to advocate for themselves with their doctors and other health care providers. Remind participants that these skills are also useful for them
2. Brainstorm: **What problems do you or your clients have with your doctors or other health care professionals?** On flip chart paper, record participants' responses. Refer to *Working with Health Care Providers* if needed.
3. Next, ask participants to *brainstorm possible solutions* to each problem they came up with. Designate a fresh flip chart page for each "problem" and record participant responses. (Some "problems" that came up during the brainstorm may be similar and can be grouped together on the "solutions" sheets.)
4. Distribute handout and review any items that have not been discussed.
5. Ask if participants can see how they would use any of the suggestions, and if so, which ones.
6. Hand out a list of suggestions developed by AIDS Community Research Initiative of America's (ACRIA) on how HIV infected patients can advocate for themselves with their health care providers. Acknowledge that most, if not all, of these have already come up in today's discussion.

7. Link the concept of advocating with providers to other areas where peers need the same skills such as in their own life, assisting clients that they work with and when working on a multidisciplinary team.

Sources: The Chronic Disease Self-Management Workshop: Leaders Manual, Stanford University, 1999 and AIDS Community Research Initiative of America (ACRIA) Update, Winter 2004/05

Working with Health Care Providers

(handout)

So – What's the First Step?

- Get involved with your care!

Educate Yourself

- Through treatment newsletters.
- Through the internet
  - Learn how to use the internet and find places where you can go online – your AIDS service organization, the library, etc.
- Get subscriptions to treatment magazines and newsletters – most are free!
- Go to your local AIDS service organization and talk to the treatment specialist or enroll in a treatment education program.
- Talk to other HIV-positive people who are going through some of the same things that you are.

What to Think About when Choosing a Doctor or Other Health Care Provider

Qualifications:

- Does the provider have at least two years of HIV experience?
- Do they keep up to date? Do they read journals, attend conferences and seminars, and receive other HIV-related medical education?
- Is the provider sensitive to your particular issues – drug use, gender, sexual orientation, religious or spirituals beliefs?

It's Your First Visit – Bring Your Medical History

- If you can get your records from your previous provider, it makes things easier.
- You have a legal right to copies of all your medical records.
- Keep a copy of all your records.

Take Some Time Before Seeing the Provider

- Make a list of everything you'd like to ask about. This way, you won't forget the important things or the little things that have been bugging you.
- You probably won't get the chance to ask everything, but think of it as a wish list.
- Check off five things that you really want to ask about, so that you're sure to get to them. Things like:
  - New symptoms or recent sicknesses you may have had.
  - Medicines, natural or over-the-counter remedies, or vitamins you are taking
  - Any life changes, like changes in your diet, where you are living, your job, or how busy or active you have been.
  - Let your provider know about any emergency room visits.
  - Questions you have about your medicines or new medicines you have heard about.

Stop Your Provider the Moment You Don't Understand Something

- Lots of times, things snowball – the provider starts saying something and you are not really sure what it's about. But you're a nice person, so you nod, and the provider keeps talking, and suddenly you realize that you really don't know what they're talking about at all.

Take Notes

- If you find it hard to listen or hear what your provider says (and who doesn't?), bring paper and pen to write things down.
- Keep notes of the important points of your visit.
- You can bring a friend or family member to help you remember what the healthcare provider said. You can even bring a tape recorder (although the tape recorder might make the provider nervous).
- Ask your provider to write treatments or instructions down on paper.

Ask About Your Medicines

- What is the name and purpose of the medicine?
- Will there be any interactions with any other medicines you are taking?
- What is the dosage of the drug and how often should it be taken?
- Are there any foods you have to take with the medicines?
- What are the possible side effects? And how can you deal with them if you get them?
- Is there written material about the drug that you can take home with you?

Communication Skills/Conflict Resolution

- **Open Up:** Don't feel embarrassed about bringing up sensitive health issues. If your provider makes you feel uncomfortable when you discuss your lifestyle or a particular issue, you may need to find another provider.
- **Be Honest:** Don't be tempted to tell your providers what they want to hear – for example, that you are taking your medications regularly and in the correct way when you're really not.

What to Do When Your Provider Isn't Available

- If your doctor isn't in when you call, you can often get help from the nurse, physician's assistant (PA), or someone else who works there. That's one reason why it's good to know the names of everyone on the medical team.
- If it's a serious problem and you must speak with your doctor, be clear that you will be waiting for a return call – and be sure to be available at the number that you leave.

Source: AIDS Community Research Initiative of America (ACRIA) Update, Winter 2004/05 – Vol. 14, No. 1

Health Care Providers Don't Receive Any More Training than the Rest of Us in How to be Human Beings

(handout)

- Some are kind, some aren't so smart, some are malicious, and some are really great people
- They may be nervous and hate that they sometimes don't really know what to do
- They hate that they don't have a cure to offer you.
- They rarely try to cause harm.
- They're often overwhelmed, but rarely admit it. They carry their arrogance mostly to protect themselves, not to hurt you.
- As in any other relationship, calling them on their stuff can sometimes help communication.
- If it's not working, move on if you can!
- Never forget that the healthcare provider works for you. It's your body, your health, your blood tests, your HIV. You are paying the provider's rent for her every time you walk in the door.

Problems Clients May Have with Physicians or Health Care Providers

(trainer cheat sheet)

Speaking to doctors about side effects and damages

Doctors may not pay attention to the role of a peer worker

Uncomfortable speaking about sexual issues

Not enough time

Compatibility with patient they are working with

Dealing with over-worked physicians

Different language/jargon/technical terms

Not getting respect

Solutions to Dealing with Physicians or Health Care Providers

(handout)

Ask questions especially for jargon/ technical terms

Be comfortable

Don’t be embarrassed

Follow-up

Resources – 101 and websites

There are no stupid questions

Non- medical solutions to side effects

Need to respect peer knowledge/pay attention to peer

Use other resources/references

Document and keep copies

Tell them to use accessible language

Don’t talk down

Ask provider to give more information instead of just a prescription

Explain the benefits versus risks of medications and procedures

Communicate with other providers

Provide more information about toxic medications

View peers as individuals

Make self heard and ask why

Listen

Realize consequences

Go to same-sex physician if you prefer

Be truthful/blunt and to the point

Prevention with Positives

Objectives

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

- List 3 principle prevention strategies for Prevention with Positives

Time

30 minutes

Materials

Prevention tools

Trainer preparation

None

Process

1. Introduce session and speaker.
2. Speaker presentation on *Prevention with Positives* including Questions and Answers.
3. Wrap up session.

HIPAA Overview

Objectives

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

- Discuss what information is HIPAA protected

Time

30 minutes

Materials

Computer for PowerPoint presentation
Projector
Screen
Flip chart and easel
Markers
Eraser

Trainer preparation

Set up for PowerPoint

Process

4. Introduce session and speaker.
5. Speaker presentation on *HIPAA* including Questions and Answers.
6. Wrap up session.

Role of Multidisciplinary Team Members

Objectives

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

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

Time

30 minutes

Materials

Team Roles lists on newsprint - one per table
Team Roles answer key handout
NYT article on Peers handout
Tape
Flip chart and easel
Markers
Eraser

Trainer preparation

Prepare newsprints
Prepare handouts

Process

1. Introduce session and define the term ***multidisciplinary team***.
2. Remind participants of the exercise we did the first day. We were looking at what makes Peers unique. Now we are looking at what Peers share with other team members.
3. Instruct participants that they are going to do an exercise on defining the role of multidisciplinary team members. Explain to participants that understanding the role of co-workers is essential for a multidisciplinary team to work well together.
4. Give each table group a *team roles* newsprint.
5. Explain that each group should ask one person to be secretary and that each group should make a list of tasks for each multidisciplinary team member. Remind participants that some tasks will be shared and some will be unique to that team member.
6. *Remind participants that we have already spent time on the peer's role so they should do that quickly and then spend most of their time on the other team member's roles.*
7. After 20 minutes ask the small groups to stop.
8. Ask the groups to present their lists. Put a star next to common tasks.
9. Discuss different assignment of tasks between the groups.
10. Ask participants to comment on tasks that are shared by different team members ("listen to patient concerns") as well as tasks that are unique to peers or medical personnel. Mark shared tasks among all job titles with asterisks using colored markers. Then emphasize unique tasks for peers.
11. Hand out answer key.

12. Bring out newsprint from first day and remind peers of all that they bring to the table.
13. Summarize by reminding peers that they are unique and valuable members of a multidisciplinary team. It is important to define roles and assign responsibilities.

Multidisciplinary Team tasks

(newsprint)

Peer	*Doctor/Nurse*	*Social Worker*	*Case Manager*

Multidisciplinary Team tasks answer key

(handout)

Peer	*Supervisor*	*Physician*	*Nurse*	*Social Worker*	*Case Manager*
Counsel	Counsel	Counsel	Counsel	Counsel	Counsel
Advocate	Advocate	Advocate	Advocate	Advocate	Advocate
Listen to concerns	Listen to concerns	Listen to concerns	Listen to concerns	Listen to concerns	Listen to concerns
Motivate	Motivate	Motivate	Motivate	Motivate	Motivate
Empower	Empower	Empower	Empower	Empower	Empower
Advise	Advise	Advise	Advise	Advise	Advise
Refer	Refer	Refer	Refer	Refer	Refer
Identify Barriers	Identify Barriers	Identify Barriers	Identify Barriers	Identify Barriers	Identify Barriers
Educate	Educate	Educate	Educate	Educate	Educate
Follow-up		Follow-up		Follow-up	Follow-up
Escort			Escort	Escort	Escort
Help with emergency	Help with emergency	Help with emergency	Help with emergency	Help with emergency	Help with emergency
Show how to take meds		Show how to take meds	Show how to take meds		
Incr. client self esteem				Incr. client self esteem	Incr. client self esteem
		Discharge	Discharge	Discharge	
Identify with client		Diagnose	Diagnose		
Navigate	Manage Staff	Vital signs	Vital signs		
	Administrate	Examine	Review MD's Orders	Help with entitlements	Help with entitlements
		Prescribe			
		Order Labs			

Working as a multidisciplinary team

Objectives

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

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

Time

60 minutes

Materials

Broken Squares packets
Broken Squares observer handout
Broken Squares answer key handout
Flip chart and easel
Markers
Eraser

Trainer preparation

Prepare Broken Squares packets
Prepare flip chart for Observer questions
Prepare handouts

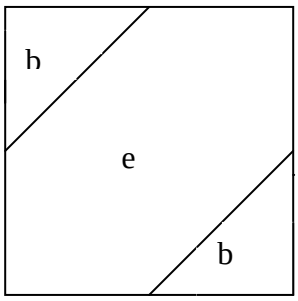
Process

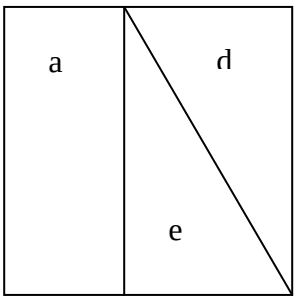
1. Introduce session.
2. Explain that an effective team can accomplish more than its individual members can alone. But, to do this, the team must be able to solve problems well.
3. Tell participants to clear their tables.
4. Make sure table groups have at least 6 participants each.
5. Ask participants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

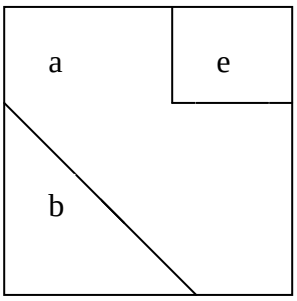
9. After 15 minutes tell the groups that their time is up. If they have not completed the squares, allow them 5 more minutes with the Observer as a consultant. Explain that the consultant can answer questions but cannot solve the puzzle themselves..
10. Discuss the exercise with the questions from the Observers handout (using the newsprint)
11. Continue processing the exercise with the following questions:
    a. What behaviors helped accomplish the task?
    b. What behaviors got in the way of completing the task?
    c. If anyone has done the exercise before or figured it out quickly ask What was it like to know what needed to be done, but not be able to express it?
12. Ask participants the following questions:
    a. What are the most important components of a well-functioning team?
        - each person needs to understand what the overall problem/goal is
        - each person should understand how s/he contributes to the solution
        - each person should be aware of the potential contributions of the others
        - each person should recognize the difficulties (strengths/weaknesses) of others to help them contribute most effectively
        - groups that pay attention to their own problem-solving process are more likely to be effective than groups that do not
        - Bottom Line – role definition, communication, clearly defined/common goal
    b. What is the impact on the client of a team that is not working well together?
        - some information not received by client
        - receive conflicting information
        - client may end up trusting certain team members more than others
        - client may leave team/facility
        - mistakes in client care
        - these all ultimately have health consequences
13. Wrap up session by reminding participants that client health is ultimately affected by how well a team works together. If there is a problem with the team, there will probably be a problem with the client too. If someone is not being heard on the team, it is probably happening with the client too. These issues are even more important for a multidisciplinary team as they are each bringing different perspectives to the table.

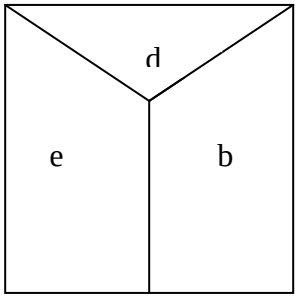
Broken Squares: Puzzle Key

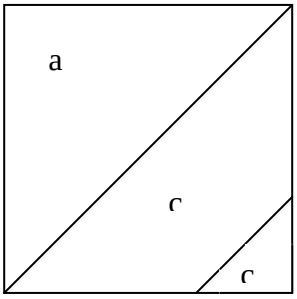
(handout)











Broken Squares: Observer Directions

(handout)

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

1. Who took a leadership role? What did they do?

2. How did the group deal with any frustration?

3. Was there a turning point, or points? What happened?

4. Who was the first to give away pieces?

5. If the group didn't finish, how did it get stuck?

Wrap up (closing)

Objectives

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

- Explain 1 thing they have learned during the training and how they will use it on their job to be a better peer

Time

15 minutes

Materials

None

Trainer preparation

None

Process

1. Introduce session.
2. Ask participants to go around in a circle and to state one idea or skill that they have learned in this training and how it will help them to be a better peer.
3. After every participant has had a turn, thank participants for sharing with the group.

June 19 – Conflict and *Closing - 9*

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

- Describe the difference between working *against* one another and working together *toward* a mutual end when resolving a dispute
- Describe the six conflict resolution styles and how different styles can lead to different results
-

Time	***Content***	***Method***	***Evaluation***
15	Welcome and Pretest	Distribute and explain	
15	Icebreaker: Which animal are you?	Group exercise	Observe participation
2 hours 30 min	Responding to Conflict	Small group exercises Large group exercise	Observation Eval/Posttest
	15 min break (during Conflict session when appropriate)		
30	Posttest and Evaluations and Final course evaluation		
45	Connections 1:15	Group activity	Observe participation
45	*lunch (2:00 – 3:00)*		
90	*Closing and Party*		

Which Animal Are You?

(Icebreaker)

Objectives

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

- Describe how they respond to conflict

Time

15 minutes

Materials

4 sheets of newsprint, each labeled with one of the following animals: fox, lion, turtle, and bird.

Trainer Preparation

Prepare and hang newsprint

Process

1. Ask participants to take a few moments to think about how they personally react to conflict. Then ask them to look at each animal label and to go to the paper whose animal most closely resembles them in the way they respond to conflict.
2. Once people have gone to their animal stations, give them 5 minutes to discuss in their groups why they chose that particular animal.
3. After 5 minutes, discuss in the larger group what people have in common at each animal station and how they may be different from the other animals.
4. Wrap up by acknowledging that there are various ways to react to conflict and that different styles of coping with conflict may yield different outcomes.

Responding to Conflict: What Do We Do

Objectives

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

- Describe the six conflict resolutions styles
- Identify their own ways of dealing with conflict
- Discuss how different conflict styles can lead to different results

Time

2 hours and 30 minutes

Materials

Conflict Styles Skits flipchart
Conflict Styles Skits handout
Conflict Styles Skits trainer guide
Recent Conflict discussion questions newsprint
Six Conflict Resolution Styles handout
Conflict Cards (6 sets)

Trainer Preparation

Prepare flipchart
Prepare handouts
Focus on "resolution" part of the conflict

Process

A.

1. Explain that the purpose of this session is to introduce different styles of dealing with conflict. Remind participants that we are discussing *conflict* situations at work not regular conversation.
2. Distribute the handout *Six Conflict Resolution Style* and review the definition of each style. Explain that one style is not necessarily better than the others. The point is to realize that there are different methods of dealing with conflict and to realize that we can choose the method that is right for the situation.
3. Distribute the handout *Conflict Styles Skits.* Ask for volunteers to do a dramatic reading of each script. After each reading, ask participants to identify the conflict style being demonstrated. Remind participants to ***focus on the language*** to determine the style.
4. When participants have finished their readings, discuss the following questions:
   - Do people talk and listen differently depending on the conflict style they are using?
   - In each style, who has the power and how does he or she use it?
   - How can different conflict styles lead to different results?
   - If you really want to resolve a problem, what are the key points that will help you get there?
5. Ask participants to brainstorm some of the advantages and disadvantages of each style. Which styles do they see most often at work? Why do they think co-workers and clients choose these styles?

B.

6. Divide the participants into groups of three each. Within each group, give participants 20 minutes to discuss the following topics from the flipchart:

    - Describe a recent conflict situation in which you were involved; the conflict can be personal or professional.
    - Briefly describe how you handled the situation. What conflict style did you use? What are examples of your behaviors that indicate this style?
    - What conflict style(s) might you employ that would help you to better resolve the conflict situation?

C.

7. Keep the class in groups of three. Distribute one set of *Conflict Cards* to each group. Ask the three students in each group to take turns picking a card and reading it out loud. For each *Conflict Card*, ask the student to decide which conflict style would be most effective in dealing with this conflict, and which style would be least effective. Ask them to share the reasons for their choices. The trainer may want to assign cards to each table to reduce the time spent choosing.
8. After each student has had a turn, ask the group to choose one more example. For each example, ask them to discuss what outcomes might result from using each of the six different conflict styles. Ask the group to agree on the most effective and the least effective conflict style to use in each case. Give students about *seven* minutes for this discussion. Each group can report and justify their choices.

D.

9. If time permits, close exercise by having a "go-round:" participants take turns responding to the statement, "The next time I have a conflict with someone, I would like to…" A participant can opt to pass when it's his or her turn to speak. After everyone has spoken, you can go back to those who passed to see if they have thought of something they want to contribute.
10. Wrap up the session.

Sources: Conflict Resolution in the High School by Carol Miller Lieber with Linda Lantieri and Tom Roderick, 1998 and The Conflict Resolution Training Program by Prudence Bowman Kestner and Larry Ray, 2002

SIX CONFLICT RESOLUTION STYLES

(flipchart)

Directing/Controlling

"My way or hit the highway."

Collaborating

"Let's sit down and work this out."

Compromising

"Let's both give a little" or "Something is better than nothing."

Accommodating

""Whatever you want is fine" or "It doesn't matter anyway."

Avoiding/Denying

"Let's skip it" or "Problem? I don't see a problem."

Appealing to a Greater Authority or a Third Party

"Help me out here."

SIX CONFLICT RESOLUTION STYLES

(handout)

Directing/Controlling

"My way or hit the highway."

We do not, cannot, or will not bargain or give in. At times we are standing up for our rights and deeply held beliefs. It can also mean pursuing what we want at the expense of another person. We may also be caught in a power struggle and not see a way to negotiate to get what we want.

Collaborating

"Let's sit down and work this out."

We work with others to find mutually satisfying ways to get all of our needs met. We are interested in finding solutions and in maintaining or even improving the relationship. Other people involved are seen as partners rather than adversaries.

Compromising

"Let's both give a little" or "Something is better than nothing."

We seek the middle ground. Each party gives up something for a solution that may satisfy our needs only partially.

Accommodating

""Whatever you want is fine" or "It doesn't matter anyway."

We yield to another's point of view, meeting the other person's needs while denying our own. We may give in to smooth the relationship, or to get our way another time.

Avoiding/Denying

"Let's skip it" or "Problem? I don't see a problem."

We do not address the conflict and withdraw from the situation or behave as though the situation were not happening. We leave it to others to deal with.

Appealing to a Greater Authority or a Third Party

"Help me out here."

We turn to others whom we perceive as having more power, influence, authority, or wisdom to solve the conflict.

Conflict Styles Skits

(trainer guide)

1 = Direct/Controlling

2 = Accomodating

3 = Appealing to a Higher Authority

4 = Compromising

5 = Avoiding/Denying

6 = Collaborating

Conflict Styles Skits

(handout)

Skit # 1

Alex and Jamie are working on a part of a grant proposal that is due tomorrow. Alex has his part ready, but Jamie has arrived at their meeting empty-handed.

Alex: I knew this would happen! You never get stuff in on time. I should have known I couldn't count on you.
Jamie: Look, there's still this afternoon. I can work late if I have to.
Alex: This afternoon? This afternoon is too late! You can't just wait until the last minute. I told you that before. You're so irresponsible.
Jamie: Alex, just listen. I have an outline in my head; I just need to put it all on paper.
Alex: You don't have any idea how to do this proposal. I'd rather do the whole thing myself!
Jamie: Oh, right – how will that make me look? You'd better think twice about edging me out.
Alex: Oh, yeah? Why would I want to work with someone who's bringing me down?
Jamie: Bringing you down? How about all the times I helped you out?
Alex: Oh, please. The kind of help you give I don't need.
Jamie: Maybe you'd better not say things you'll regret later.
Alex: Oh, forget you.

Skit #2

Members of the Holiday Party Planning Committee are meeting to plan next month's employee party.

Sondra: Look, we've just spent an hour arguing about a band. No one likes the same kind of music.
Aimee: I don't think we've looked hard enough.
Thomas: Sure we have. We've gotten at least ten suggestions.
Joanne: Well, it looks to me like we're not going to agree. Why don't we hire a DJ who will play different kinds of music?
Sondra: I guess that would work, but people really wanted a live band.
Thomas: We're running out of time and we've got other decisions to make. Let's just go with a DJ, okay?
Others: Okay, alright…

Skit #3

Carmen walks past Peter in the hallway.

Peter: Look at those legs! Hey, you all, clear the way so she can strut her stuff!
Carmen: Just because I have a skirt on doesn't give you the right to make a public announcement.
Peter: Hey, you're doing the advertising, not me.
Carmen: Look, I've asked you before to stop hassling me, and you just keep at it. I want to go to Human Resources about this.
Peter: Aw, give me a break. You make such a big deal about everything.
Carmen: I'm serious, it really bothers me. And I know for a fact I'm not the only one. I've talked to Sherrie and Kendra and…
Peter: Alright, alright. If you want to go to HR, fine. I'll be happy to tell my side of the story.

Skit #4

Lee and Dana are meeting to plan for their organization's monthly seminar on "Emerging Issues in HIV."

Dana: So what do you think this month's topic should be? I'm really interested in getting someone in to speak about crystal meth.
Lee: That feels played out to me – the topic's gotten so much attention lately. I think we should focus on something that hasn't been addressed as much, like HIV in the elderly.
Dana: Well, we don't have many elderly people coming in to our agency – I really don't see it as being as relevant for us as the crystal epidemic.
Lee: We may have only a few elderly clients now, but I believe it's the tip of the iceberg. We really need to learn more about their issues so that our agency can be inviting to them and able to deal with them effectively when they do start coming in.
Dana: Well, I guess we can do the elderly this month. But I really do want to address the crystal meth issue in one of our upcoming seminars – I have more and more clients coming in who are hooked in to the "Party 'n Play" scene.
Lee: It's a deal. So do you know anyone who's an expert in HIV in the elderly?

Skit #5

In the women's bathroom:

Selma: Did you hear what Alma said about Susan? She said that Susan only got her promotion because she was sleeping with the boss.

Sharon: What a load of crap! Susan is a good friend of mine and I know her husband and family very well. Susan got the promotion because she works hard and she does a great job. That rumor is pure fantasy on Alma's part – she's just jealous because she wasn't even considered for the position.

Selma: Well, a lot of people are starting to repeat the rumor and they seem to really believe it. Do you think you should tell Susan? I mean, since she's your good friend and all. I sure would want someone to do that for me.

Sharon: Hey, I'm not messing with this. The whole thing is just a stupid rumor. I'm staying out of it.

Skit #6

Louise has just walked into the office she shares with Dara.

Louise: Dara, it's freezing in here. It's snowing outside and you've got the air conditioner on!

Dara: If I didn't put the air on, I'd suffocate. The way the heat blasts out of this radiator, I'm being roasted alive.

Louise: Well, I don't know how you can be so hot – I have to wear my coat and gloves in here – are you going through menopause or something?

Dara: Very funny, I'm younger than you. Look skinny bones, you must be cold all the time because you don't have any body fat to generate any heat.

Louise: Look, it's obvious we're experiencing 2 different climates in here; maybe we could just turn the radiator down.

Dara: I tried that, but I can't even reach it – my desk is blocking it.

Louise: Hmm, you know we could try moving this furniture around. If we got the building staff to move your desk over by the window, you could get away from that radiator blasting heat out at you.

Dara: I thought this office furniture was nailed down. If I did move my desk, that would uncover the radiator so that we would actually be able to regulate the heat for the first time. But what about your desk? If I was over by the window, we'd be right on top of each other.

Louise: I can move my desk to the opposite corner, I don't mind.

Dara: Great, let's do it. I'll call building services right now and see how soon they can come up.

Recent Conflict discussion questions

(flipchart)

Describe a recent conflict situation in which you were involved; the conflict can be personal or professional.

Briefly describe how you handled the situation. What conflict style did you use? What are examples of your behaviors that indicate this style?

What conflict style(s) might you employ that would help you to better resolve the conflict situation?

Conflict Cards

(handout)

Someone you work with is making fun of another co-worker. You're angry because this co-worker does this stuff all the time.	Your co-worker tells you she has a family emergency and has to leave work early. She has asked you to secretly punch her time card at 5:00.
Your co-worker is always borrowing your office supplies and never returns them.	As you are talking to friends, someone passes by and stops. She thinks you just insulted her.
Your co-worker says he is stressed out and has asked you to help him with his work. This is the third time this has happened.	Your boss is always criticizing you. Your work never seems to be good enough.
You think your boss has been unfair in your yearly evaluation. Your evaluations are never as good as you think they should be.	You and two co-workers have spent 20 minutes arguing about who is responsible for covering Saturday's clinic shift. You've had enough.
The same co-worker wants to start an argument with you again! You know you will both end up yelling at each other.	Your boss is very upset. You were supposed to come in early to help her prepare for a big meeting and you forgot.

Connections

Objectives

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

- State one valuable aspect of their participation in the training program
- Express a feeling of connection to other participants

Time

45 minutes

Materials

Skein of yarn
Scissors

Trainer Preparation

None

Process

1. Use a skein of yarn to literally and symbolically connect participants.
2. Ask everyone to stand and form a circle. Start the process by stating briefly what you have experienced as a result of facilitating the training program.
3. Holding on to the end of the yarn, toss the skein to a participant on the other side of the circle. Ask that person to hold on to the yarn and toss the skein to another participant.
4. Have each participant take a turn at receiving the skein, sharing reflections and tossing the yarn on, continuing to hold on to his or her segment of the yarn. The resulting visual is a web of yarn connecting every member of the group.
5. Complete the activity by stating that the program began with a collection of individuals willing to connect and learn from one another.
6. Cut the yarn with scissors so that each person, though departing as an individual, takes a piece of the other participants with him or her. Thank participants for their interest, ideas, and effort.

Source: 101 Ways to Make Training Active