

PREParing PEERS FOR SUCCESS: DAY 1

PEER CORE COMPETENCY TRAINING

A curriculum for engaging out-of-care
or newly diagnosed people living with
HIV in care and treatment



PEER ROLE

**PEER
COMMUNICATION
SKILLS**

HIV BASICS

DAY 1: Peer Role, Peer Communication Skills (pt.1), HIV Basics

An Overview of Today's Sessions and Topics

Topic	Duration	Slides	Page
Peer Competency Training Introduction	15 min.	1-5	25-26
M&M Icebreaker*	30 min.	6	27-28
Session I: Peer Role	1 hr. 55 min. (total)	7-12	29-44
Topic: What is a Peer?	35 min.	8	29-30
Topic: Peer Roles	20 min.	9	31-33
Topic: Peer Role Readings	15 min.	10	34-36
Topic: What Makes Peers Unique?	15 min.	11	37-38
Topic: What Does it Take to be a Peer?	30 min.	12	39-44
Energizer*	15 min.		
Session II: Peer Communication Skills, Part 1	1 hr. (total)	13-17	45-49
Topic: Elements of Communication	5 min	14	45
Topic: Asking Questions	5 min	15	46
Topic: Converting Questions Exercise	15 min	16	47-48
Topic: Name That Celebrity	35 min	17	49
Session III: HIV Basics	1 hr. (total)	18-23	50-59
Topic: Defining HIV and AIDS	10 min	19	50
Topic: HIV Transmission	10 min	20	51-52
Topic: Routes of Transmission	15 min	21	53-54
Topic: The Stages of HIV Infection	15 min	22	55-57
Topic: The HIV Train	10 min	23	58-59
Review, wrap-up, and evaluation*	30 min.		60

* See pages 7-8 for an explanation of these climate-setting activities

Throughout this curriculum, *italicized words* are intended to be spoken directly to the class.

This publication is part of the online curriculum *PREParIng Peers for Success: Peer Core Competency Training*. For the complete curriculum, accompanying PowerPoint slides, and other curricula in the series, visit <http://www.hdwg.org/prep/curricula>

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PEER COMPETENCY TRAINING

INTRODUCTION

▶ ABOUT THIS ACTIVITY

 **Time:** 15 minutes

 **Slides:** #1-5

 **Objectives:**

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

- Introduce the training and the program

 **Training Methods:** Presentation

 **In this activity you will:**

- Welcome participants
- Introduce the training
- Discuss logistics and agreements

 **Materials:**

- None

 **Preparation:**

- None

Instructions

1. Welcome participants
2. Introduce facilitators
3. Review slide 2:

PREP Project Overview

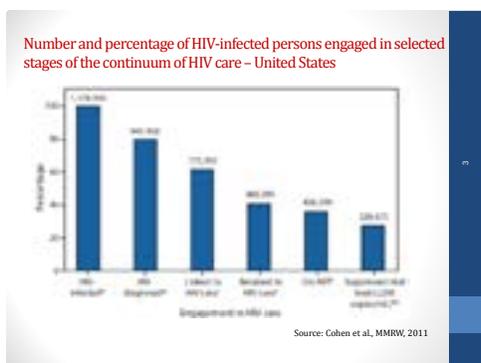
- Training program was developed for a peer intervention at 3 sites
- Implemented and evaluated in Miami FL, Brooklyn NY and San Juan Puerto Rico
- Peers met with participants for 8 educational sessions
- Maintained a relationship through regular check-ins, assistance and support

- *This training program was designed to train peers to implement a peer intervention to re-engage HIV positive out-of-care minority patients in HIV primary care, or to connect newly diagnosed or new patients into care if they present with a need for mental health services, substance abuse treatment, or housing services.*
- *It was funded by the Health Resources & Services Administration (HRSA)/Bureau of HIV/AIDS, and implemented at three HIV primary care clinics in San Juan, Puerto Rico, Brooklyn, New York and Miami, Florida. These clinics worked with the Health and Disability Working Group (HDWG) at Boston University School of Public Health in Boston, Massachusetts to implement and evaluate the intervention.*
- *Peers were trained to conduct eight educational sessions with patients, addressing a range of topics. They maintained a relationship with patients over the course of the intervention through regular check-ins, assistance, and support.*

PEER COMPETENCY TRAINING INTRODUCTION

- *The program was evaluated to find out if this intervention was successful in keeping HIV-positive patients in care, increasing HIV knowledge and awareness, empowering people to manage their HIV care and treatment, and improving clinical outcomes such as viral load suppression.*

4. Review slide 3:



- *To reap the full benefits offered by modern HIV medicine, it is essential that infected patients be diagnosed, link to HIV care, retained over time, adhere to potent ART, and achieve viral suppression. Unless we close these gaps, some of which cause us to lose 23% – 33% of patients at each step, even treatment as prevention will fail to achieve its potential in curbing the epidemic and improving quality outcomes.*

5. Review slide 4: Logistics

LOGISTICS

- Breakfast and lunch
- Breaks
- Rest rooms
- Parking
- Room temperature
- Electronics

6. Review slide 5: Agreements

AGREEMENTS

- Silence cell phones
- Arrive on time
- Return from breaks on time
- Be respectful
- Maintain confidentiality
- Avoid side conversations
- Engage fully
- Others?

PARTICIPANT INTRODUCTIONS: M&M ICEBREAKER

▶ ABOUT THIS ACTIVITY

 **Time:** 30 minutes

 **Slides:** #6

 **Objectives:**

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

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

 **Training Methods:** Individual activity

 **In this activity you will:**

- Ask participants to pass a bowl of M&Ms and to take one
- Explain the exercise
- Participate in the exercise

 **Materials:**

- M&Ms/Skittles
- Bowl
- M&Ms activity sheet
- Pens or pencils

 **Preparation:**

- Put candy in bowl
- Make copies of M&M Activity sheet

Instructions

1. Pass around a bag of M&Ms and ask each person to pick their favorite color.
2. Pass around the activity sheets and ask each person to take one.
3. Instruct participants to find the color of the M&M on the activity sheet and write the answer to the corresponding question. For example, the question for red is: “If you were a piece of candy, what would you be and why?” Let people know they have 5 minutes to answer their question.
4. At the end of 5 minutes, ask for a volunteer to start by sharing their response to the question.
5. Ask participants to introduce themselves first and then state their response to the question.
6. Go around the room until everyone has had a chance to share their responses.

Summarize

- *This activity gave us an opportunity to share something about ourselves before we embark on this training for the next few days. Knowing something about each other makes it easier to work together.*
- *Note that what was shared was just a little part of ourselves and not everything about us.*
- *Ask: “How would it feel if you had to share everything about yourself with strangers on day one?” Expected answers: uncomfortable, unsafe, too much information, etc.*
- *It is very important to remember this when you embark on your work as peers. Peer work involves meeting new people who come to the clinic for services. You will be introducing yourself to these people for the first time and it will be important for you to share something about yourself to “break the ice” and start forming a relationship with the patient. However, sharing too much on day one may be overwhelming and not helpful. By the same token, asking the patient to share too much about themselves on day one can have the same effect.*

M&M ICEBREAKER

Red

If you were a piece of candy, what would you be and why?

Blue

If you could meet any three people, dead or alive, who would they be and why?

Yellow

If you were reincarnated, what would you come back as if you could not be a human being and why?

Green

If you could visit any place in the world, where would you go and why?

Orange

If you could be only two of the following three which would you choose and why:
HEALTHY, WEALTHY, WISE?

Brown

If you were banished to a deserted island and could choose three things to take with you, what would they be and why?

SESSION I: PEER ROLE

Topic: What is a Peer?

TOTAL TIME FOR SESSION I: 1 hour, 55 minutes

SLIDES: #8-12

▶ ABOUT THIS ACTIVITY

 **Time:** 35 minutes

 **Slides:** #8

 **Objectives:**

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

- Define emotional readiness to be a peer

 **Training Methods:**

- Lecture
- Group discussion
- Dyads

 **In this activity you will:**

- Define the word peer
- Facilitate a discussion about peers
- Conduct an exercise to help people think about their emotional readiness to be a peer

 **Materials:**

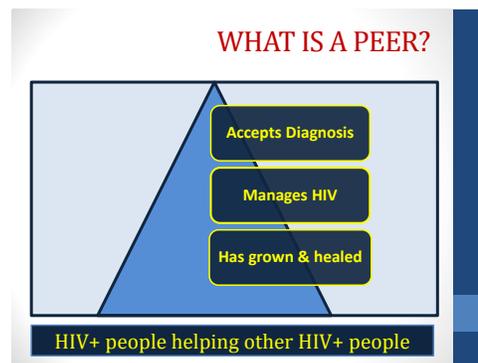
- None

 **Preparation:**

- None

Instructions

1. Open the session by defining the word “peer.” The dictionary definition of a peer is: “a person who is equal to another in abilities, qualifications, age, background, or social status.”
2. Review slide 8 with participants and facilitate discussion.



- Tell participants that just having HIV isn't enough to be a peer.
 - *If a person is in denial about having HIV, how can s/he support another person with HIV?*
 - *Generally, it can take a year or many years to grow and heal enough from the experience of learning your HIV status. If a person is still in crisis, has not dealt with the reality of living with HIV, or has not engaged in medical care, s/he is not emotionally ready to be a peer.*
3. Ask participants if they have received or provided peer support.
 - *Are there experiences in the room of giving or receiving peer support?* Allow responses and facilitate discussion.
 4. Dyad exercise instructions
 - Tell participants: *We are going to do an exercise to help us think about our own emotional readiness to be a peer.*

SESSION I: PEER ROLE

Topic: What is a Peer?

- Ask them to pair up with someone sitting next to them.
- Ask them to discuss with each other the following questions (write these on newsprint for everyone to see):
 - a. *What helped you accept your status?*
 - b. *How are things different today from when you were first diagnosed?*
 - c. *Where are you in your healing process?*
- Dyads should be brief in telling their stories, no need to say everything, just the highlights.
- Allow 10 minutes; go around and make sure that everyone understands the instructions.

Summarize

- Ask for volunteers to report out what their partners shared; allow a few to report out and move on.
- *Peers are people who have risen above the grief, fear, and hopelessness of learning their HIV status, people who have come to believe that good health and longevity can be achieved despite HIV.*

SESSION I: PEER ROLE

Topic: Peer Roles

▶ ABOUT THIS ACTIVITY

 **Time:** 20 minutes

 **Slides:** #9

 **Objectives:**

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

- Identify 4 broad categories of peer support
- Describe the role of emotional support in facilitating the other 3 categories

 **Training Methods:**

- Lecture
- Discussion

 **In this activity you will:**

- Identify different peer roles
- Review the “Peer Roles” handout
- Show the peer-patient video and debrief

 **Materials:**

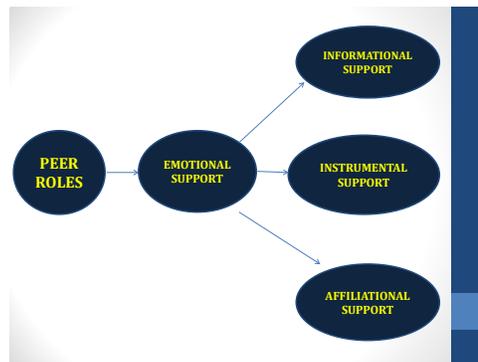
- “Peer Roles” handout
- Peer/patient video (digital story)

 **Preparation:**

- Make copies of the “Peer Roles” handout
- Set up the peer patient video, located at:
http://peer.hdwg.org/peer_stories/video-peer-program-makes-big-difference
- Set up the computer, projector, and screen

Instructions

1. Review slide 9 with participants and tell them that these are broad categories of what peers do. Within each category there are a number of activities.



2. Explain emotional support as the essence of peer support: *Providing emotional support creates a connection/bonding between peer and patient, one that helps develop a relationship of trust. This trust makes it easier to provide the other service categories.*
3. Define Informative, Instrumental, and Affiliational
 - *Informative means providing information, mentoring, enlightening, role modeling.*
 - *Instrumental means serving as a means or influence, help, assist.*
 - *Affiliational means the state of being associated with others, communal, belonging to the people of a community.*
4. Draw participants’ attention to the “Peer Roles” handout and review together:
 - *Emphasize role modeling: People see you as their leader, as an example that they can follow; not leading by example would make the peer leader seem hypocritical and perceived as having a double standard.*

SESSION I: PEER ROLE

Topic: Peer Roles

- Ask participants and facilitate discussion: *How would you feel going to a dentist who has rotten teeth? How would you feel about a peer leader who advocates disclosure but never discloses?*
5. Show peer-patient video and debrief
- Link Role of Peers handout with peer-patient video. *Can you give an example from the video of how the peer demonstrated emotional, informational, instrumental, or affiliational support?*

Summarize:

- *Peers are hired because they have overcome many obstacles, have learned to manage the challenges of HIV, and can be a good example to others. This doesn't mean that peers have to be perfect or have no challenges of their own.*
- *Peers are part of a broader goal to end the epidemic by helping people with HIV engage in care, stay engaged, and adhere to treatment.*

Segue

- Tell participants that peers can have many different roles, however, the role of peers is unique from that of other service providers.

SESSION I: PEER ROLE

Topic: Peer Roles

SESSION HANDOUT

PEER ROLES

Emotional	Informational	Instrumental	Affiliational
<ul style="list-style-type: none"> • Share personal story • Show empathy and positive regard • Listen attentively • Elicit patient stories • Reassure patients they are not alone • Reassure patients that they can live a “normal” and productive life • Reassure patients they don’t have to get sick and die • Commit to being available, give patient full attention • Let patients know that there is hope • Actively remove stigma from interactions with patients • Be friendly and genuine • Be non-judgmental 	<ul style="list-style-type: none"> • Communicate health information • Teach patients to understand blood tests • Mentor patients on how to disclose • Role model healthy behaviors and management of HIV • Share information about opportunistic infections • Show patients how to take medications correctly and the importance of adherence • Share information on managing side effects • Teach healthy eating habits • Guide patients on what questions to ask providers/prepare for medical appointments • Teach about safer sex and risk reduction • Share basic information about HIV and the HIV life cycle 	<ul style="list-style-type: none"> • Assist patient in navigating the system of services • Interpret medical information/jargon • Make appointment reminders • Make and reschedule appointments • Work collaboratively with case managers • Participate in care team meetings • Follow up with patients that do not show up at appointments • Complete paperwork or track down documents that will allow patients to see medical staff • Teach patients how and when to refill medications • Visit patient at the hospital 	<ul style="list-style-type: none"> • Connect patients to support groups • Find ways to connect patients to other people living with HIV through activities like outings, conference attendance, game nights, movie nights • Encourage patients to seek support from family and friends • Increase social networks

SESSION I: PEER ROLE

Topic: Peer Role Readings

▶ ABOUT THIS ACTIVITY

 **Time:** 15 minutes

 **Slides:** #10

 **Objectives:**

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

- Explain the value of peer support from others' perspectives

 **Training Methods:**

- Individual activity
- Group discussion

 **In this activity you will:**

- Ask volunteers to read quotes out loud

 **Materials:**

- Quotations from people involved in peer support

 **Preparation:**

- Prepare card sets with quotations

Instructions

1. Turn to slide 10.



2. Ask participants to find the set of cards with quotes in their packets.

3. Ask for volunteers to read the quotes out loud.

Summarize:

- *Peer support does not only benefit the people who receive it but those who give it, the care team and the organization.*

SESSION I: PEER ROLE

Topic: Peer Role Readings

SESSION HANDOUT

Quote from Patient:

“ ...My peer gives me tips on how to take [my meds]...I take my medicine better than the way I was taking it...”

Quote from Patient:

“ ...I found out all the details [about HIV].... I knew HIV was something people had but I didn't know how they cared for themselves or how they could get it, how it's transferred... I didn't know any of that until I sat down with [my peer]...”

Quote from Patient:

“ ...I know if I work long enough with [my peer] she can show me the tricks to reach out to other women like me...how to go out and get people to come and not be ashamed of their status, I would like to help somebody...”

Quote from a peer in Boston:

“ It is much easier for people to tell their doctor that a specific goal is impossible to reach than tell a peer who has already accomplished that goal. A little peer pressure can go a long way in motivating people to attempt things once thought to be impossible.”

SESSION I: PEER ROLE

Topic: Peer Role Readings

SESSION HANDOUT (Cont.)

Quote from Ralph Waldo Emerson:

“ It is one of the most beautiful compensations of life that no man can sincerely try to help another without helping himself. ”

Jackie Howell, HATS peer, Harlem Hospital:

“ I like seeing the patients come in and reach a different level when they leave. The patients looked at the peers and saw how they lived—that they stopped using drugs, they were working, they were taking their medication. They saw how much better the peers were getting, and they would say ‘I want to be like that. ”

Rebecca Denison, Founder of WORLD:

“ When I was diagnosed I felt like nobody could possibly understand what I was going through. I would have given anything to have another HIV+ woman to talk to right away. When I finally did meet another HIV+ woman, she gave me hope. She had information. She gave me courage. ”

Dr. Kathleen Clanon, Physician, Alameda County Medical Center, Oakland, CA:

“ I think the most important things my patients get from working with a peer is hope for the future. No matter how much I talk to them about the potential for them to live long and healthy lives, seeing someone living that promise is more powerful. ”

SESSION I: PEER ROLE

Topic: What Makes Peers Unique?

▶ ABOUT THIS ACTIVITY

 **Time:** 15 minutes

 **Slides:** #11

 **Objectives:**

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

- Define the role of the peer in the care team.

 **Training Methods:**

- Lecture
- Discussion

 **In this activity you will:**

- Facilitate discussion about the specific role peers have as part of the health care team

 **Materials:**

- None

 **Preparation:**

- None

Instructions

1. Turn to slide 11.



2. Review the slide with participants; elaborate on each point, and facilitate discussion:

- *It may take a non-peer provider longer to develop a relationship with patients and earn their trust.*
- *Being able to talk with someone who is experiencing some of the same things as you gives you a valuable resource or “model” from whom to learn.*
- *Sometimes doctors speak in medical jargon and peers can help patients understand what the professionals want them to know and do.*
- *Non-peer providers do not generally share their personal experiences with their patients; in some cases it might be considered inappropriate to do so.*
- *While medical professionals focus on sickness, peers focus on empowerment and wellness; peers promote a wellness model which considers patients to be normal (as opposed to a medical model which considers patients to be ill).*
- *Peers help patients resolve ambivalence (indecision) through their own example and through the knowledge, skills, and qualities they have acquired; decisions like whether to go on meds or not, whether to disclose or use condoms.*

SESSION I: PEER ROLE

Topic: What Makes Peers Unique?



I have learned that people who have problems with using controlled substances, people who have mental health problems, need someone to give them a hand, someone who has gone through the same thing.

A Peer at PR CONCRA

Summarize:

- *The concept of peer support asserts that individuals who are living with HIV can better understand and relate to other individuals dealing with the same disease.*
- *In general, people are often more likely to hear and accept information that is presented and modeled by someone who has been there.*

SESSION I: PEER ROLE

Topic: What Does It Take to Be a Peer?

▶ ABOUT THIS ACTIVITY

 **Time:** 30 minutes

 **Slides:** #12

 **Objectives:**

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

- Identify positive peer characteristics

 **Training Methods:**

- Individual activity
- Group activity
- Discussion

 **In this activity you will:**

- Facilitate an activity to match peer concepts to one of three key peer characteristics

 **Materials:**

- Newsprint (3 sheets)
- Laminated cards with knowledge, skills, and qualities concepts/phrases. One concept/phrase should be listed on each card. Knowledge, Skills, and Qualities concepts/phrases are included in Handout 1
- Masking tape
- Sample Peer Job Description

 **Preparation:**

- Tape 3 newsprints to the wall with headings “Knowledge,” “Skills, and “Qualities.”
- Write the definition below each word:
knowledge=information acquired through experience or education;
skills=action, the ability to do something well;
qualities=personality traits
- Pieces of masking tape that participants can use to attach the concepts/phrases to the 3 categories

Instructions

1. Turn to slide 12.



2. Tell participants that peers need certain knowledge, skills and qualities that allow them to be emotionally supportive, informative, instrumental and affiliational.
3. Distribute 2-4 cards to each participant from the “Knowledge, Skills and Qualities” laminated cards until all are distributed.
4. Ask them to tape each phrase/concept to one of the 3 categories on the newsprints.
5. *You can work individually on this activity or problem-solve with each other if you're not sure where the card belongs.*
6. Allow a few minutes to tape concepts/phrases onto categories.

Debrief

Review each heading and matching concept/phrase with participants. Correct any misplaced cards.

- Ask group if there are additional concepts/phrases that they would associate with the headings and add them as well and document them on newsprint.
- Draw participants' attention to the handout list of “Knowledge, Skills and Qualities” in their training packets and quickly go over them.

SESSION I: PEER ROLE

Topic: What Does it Take to Be a Peer?

- Note that some of the concepts/phrases overlap among the three categories of peer roles.
- Refer and review with group the sample of a Peer Job Description. Connect examples of the knowledge, skills and qualities identified in the exercise with the job description.

When I tested positive at eighteen, I was labeled mentally and physically handicapped because of my HIV condition, and I thought I would not be able to do anything with my life. When I got this opportunity, I showed myself that I can have a good future doing something that I like, working with other patients.

A peer about her role

Summarize

- *As part of your preparation to be a peer, it is very important that you assess which knowledge, skills and qualities you already have and which ones you don't. This will help you focus your continuing education on areas that need further development.*
- *While this training will help increase your knowledge, skills and qualities, your development doesn't end here. Peers need to continue developing their capacity to progressively improve their abilities and skills to support patients.*
- *At the end of this training you will have an opportunity to identify areas of development and receive suggestions on how to continue your peer education.*

SESSION I: PEER ROLE

Topic: What Does it Take to Be a Peer?

SESSION HANDOUT #1

PEER LEADER KNOWLEDGE, SKILLS, AND QUALITIES

KNOWLEDGE LIST

Body fluids that can transmit HIV

The difference between HIV and AIDS

How HIV is transmitted

Harm reduction

Services for people with HIV

How HIV medications work

Medication adherence and resistance

Side effects

T-cells and viral load

Role of Peer Leaders

Disclosure

Stigma

Documentation

SKILLS LIST

Ability to read and write

Ability to develop a trusting relationship with patients

Listening skills

Speaking clearly

Asking good questions

Demonstrating proper condom use

Ability to advocate for self and others

Ability to find services

Adhering to own medications

Ability to disclose to others

Managing own side effects

Managing own medical appointments

Preparing for medical appointments

SESSION I: PEER ROLE

Topic: What Does it Take to Be a Peer?

SESSION HANDOUT #1 (cont.)**PEER LEADER KNOWLEDGE, SKILLS, AND QUALITIES (CONT.)****QUALITIES LIST**

Open-minded	Engaging
Non-judgmental	Assertive
Flexible	Genuine
Patient	Empathetic
Compassionate	Accepting
Truthful	Optimistic
Supportive	
Positive Emotion/Attitude	
Encouraging	
Focused	
Sincere	
Respectful	
Warm	

CARE Resource PEER SUPPORT JOB DESCRIPTION

Job Title: Peer Support	Status: Part Time
Department: Information & Quality Services	Revised: March 20XX
Reports To: Intervention and Evaluation Coordinator	

JOB SUMMARY: The Peer Support is responsible for providing emotional and educational support for clients who are HIV positive and have mental health, substance abuse and homelessness issues. S/he is responsible to engage, inform, support and empower those who are eligible for services and would like to receive services from Care Resource. He/She also is responsible for assisting in the intake process by gathering documentation and by providing administrative support in order to expedite service delivery.

ESSENTIAL JOB RESPONSIBILITIES:

Outreach and Social Networking

- Assists in identifying male patients (age of 18 or older and men of color) who have been lost to care for four months or more, or newly diagnosed with HIV and have a mental health, substance abuse treatment or a housing need for program participation.
- Welcomes clients into the agency and provides orientation/education regarding the agency and its services.
- Accompanies clients to medical, mental health, substance abuse treatment or social service appointments in order to improve attendance.
- Helps clients to schedule medical appointments and follows up with providers to ensure clients attend appointments.
- Contacts clients to verify and/or remind them of appointments with other departments or other agencies.
- Communicates with clients one to three days before a foreseen hurricane/natural disaster according to emergency plan procedure.

Health Education and Promotion

- Provide emotional support to patients around topics such as disclosure options and dealing with stigma.
- Provide emotional and educational support to patients who have mental health, substance abuse and homelessness issues.
- Serves as mentor regarding interaction with medical providers, helping patients prepare for visits and then debriefing what happened, depending on patient need.
- Provides educational support to clients to enhance their knowledge and understanding of medication protocols, side effects and adherence.
- Walks clients through initial appointments for medical care or other social services in order to ensure that clients have a clear understanding of initial steps that need to be taken to obtain appropriate services.
- Monitors clients adherence as required.
- Educates new clients on the process and what to expect from the HIV service delivery system.

SESSION I: PEER ROLE

Topic: What Does it Take to Be a Peer?

SESSION HANDOUT #2 (cont.)

CARE Resource PEER SUPPORT JOB DESCRIPTION (CONT.)

- Participates in staff training sessions and other meetings as required by the agency and/or the funding sources.

Documentation, Compliance and Quality Assurance

- Maintains timely, accurate, legible and clear chart documentation according to agency requirements.
- Maintains record keeping requirements and assists with chart reviews for Q/A purposes as requested.

Other

- Participates in agency developmental activities as requested.
- Other duties as assigned.

Safety

- Ensures proper hand washing according to Centers for Disease Control and Prevention guidelines.
- Understands and appropriately acts upon assigned role in Emergency Code System.
- Understands and performs assigned role in agency's Continuity of Operations Plan (COOP).

JOB SPECIFICATIONS

Education: High school diploma required.

Training and Experience: One year of related experience working in programs with at risk populations and performing outreach is required. Knowledge and trainings in HIV/AIDS are required.

Licenses and/or certifications: N/A

Job Knowledge: Bilingual (English-Spanish/English Creole) highly preferred. Computer knowledge should include Microsoft Word and Excel. Good communication, problem solving, team work and organizational skills are required in order to engage participants. Ability to work with multicultural and diverse population is required. Must be self-motivated, detail oriented, able to travel locally and work flexible hours.

Contact Responsibility: the responsibility for external contacts is frequent and important.

Other: Own transportation is required.

PHYSICAL REQUIREMENTS

This work requires the following physical activities: constant talking in person, talking on the phone, hearing/ the visual acuity. Frequent driving, walking, sitting and bending. Occasional standing and climbing are required. Work is performed in an office or community settings.

STATEMENT OF ACCEPTANCE OF RESPONSIBILITIES

I, _____ verify that I meet the qualifications specified above for the position of Peer Support. I have read my job description and accept my stated responsibilities.

Signature: _____ Date: _____

SESSION II: PEER COMMUNICATION SKILLS, PART 1

Topic: Elements of Communication

TOTAL TIME FOR SESSION II: 1 hour
SLIDES: #13-17

▶ ABOUT THIS ACTIVITY

🕒 **Time:** 5 minutes

📄 **Slides:** #14

➔ **Objectives:**

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

- Identify and describe 4 major categories of interpersonal communication

★ **Training Methods:**

- Lecture

✓ **In this activity you will:**

- Discuss how different elements of communication help to engage patients

✂️ **Materials:**

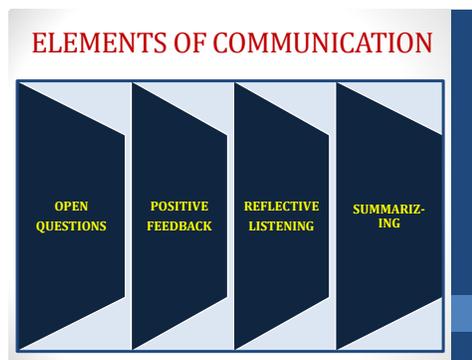
- None

🔪 **Preparation:**

- None

Instructions

1. Tell participants: *As peers, you will be spending a lot of time communicating with patients and what they communicate is sometimes as important as how they communicate. Peers need to make sure they understand the information patients are sharing with them and make sure patients understand what peers are saying.*
2. *There are 4 methods that are useful when engaging patients in conversation (review slide 14).*



3. *Although these four methods appear simple, they are not always easy to use. They require considerable practice. Peers must think about how to incorporate them into their meetings with patients.*
4. *The reward is patients moving in the direction of positive change.*

Summarize

The four elements of communication that are key for peers to learn are: open questions, positive feedback, reflective listening and summarizing. By utilizing each element, peers can develop better rapport and trusting relationships with patients.

Segue

Coming up, there are various exercises that will help us learn skills associated with these methods. We'll start with asking open questions.

SESSION II: PEER COMMUNICATION SKILLS, PART 1

Topic: Asking Questions

▶ ABOUT THIS ACTIVITY

 **Time:** 5 minutes

 **Slides:** #15

 **Objectives:**

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

- Describe the difference between open-ended and closed-ended questions

 **Training Methods:**

- Group discussion

 **In this activity you will:**

- Discuss how wording of questions can help facilitate discussions with patients.

 **Materials:**

- None

 **Preparation:**

- None

Instructions

1. Tell participants: *In order for peers to support patients, they have to engage them. To engage them, they have to ask questions.*
2. *As peers you will be spending a significant amount of time asking questions. How you ask those questions is extremely important. Why?* Allow responses.
3. *One reason is that people don't like to be asked too many questions; it makes them feel defensive and resistant.*
4. *How do you feel when someone asks you a lot of questions?* Allow responses. Responses: feels like you're being interrogated, makes one defensive, etc.
5. *This is why peers have to learn how to gather information about patients with as few questions as possible.*
6. Review slide 15 with participants and facilitate discussion.

ASKING QUESTIONS

- Open questions invite dialogue and conversation
- Closed questions invite only a "yes" or "no" answer

Examples

- Closed: "Is it going to rain today?"
- Open: "What will the weather be like today?"
- Closed: "Are you feeling well?"
- Open: "How are you feeling?"

Summarize

Asking open questions can help peers support their patients in more meaningful ways because they can better determine their patients' needs. However, it is also important not to ask too many questions because it may make the patient feel uncomfortable or like the peer is being pushy.

Segue

In the next exercise you will have an opportunity to practice using open questions.

SESSION II: PEER COMMUNICATION SKILLS, PART 1

Topic: Converting Questions Exercise

▶ ABOUT THIS ACTIVITY

 **Time:** 15 minutes

 **Slides:** #16

 **Objectives:**

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

- Feel comfortable asking open-ended questions

 **Training Methods:**

- Individual activity
- Group discussion

 **In this activity you will:**

- Set up an individual exercise to convert closed-ended questions to open-ended questions
- Facilitate a debriefing session

 **Materials:**

- “Asking Open-Ended Questions” handout

 **Preparation:**

- None

Instructions

1. Turn to slide 16.



2. Ask participants to find the “Asking Open-Ended Questions” handout.
3. Tell them: *We are going to do a quick exercise, this time individually. You will have 7 minutes to convert the closed questions in the worksheet to open questions.*
 - Clue: *Open questions usually start with How, What, When, Where and Why. Be careful when using “Why” questions—it may make people defensive, especially when loaded with sarcasm.*

Summarize

At the end of 7 minutes, ask everyone to stop. Ask for volunteers to share how they changed the questions from closed to open. Allow some report back and move on—there may not be enough time for everyone to debrief.

This does not mean that you can never use closed questions—they have their place in conversation, but if you’re asking questions to get more information, open questions will elicit more information.

Segue

The next exercise will demonstrate how much more information you can get with open questions.

SESSION II: PEER COMMUNICATION SKILLS, PART 1

Topic: Converting Questions Exercise

SESSION HANDOUT

ASKING OPEN-ENDED QUESTIONS

Convert the following closed-ended questions into open-ended questions:

1. Is it going to rain today?

2. Are you feeling OK?

3. Did your doctor explain how to take your medications?

4. Do you use protection when you have sex?

5. Did you tell anyone that you are HIV-positive?

6. Do you take you meds with food?

7. Did you ask your doctor any questions?

SESSION II: PEER COMMUNICATION SKILLS, PART 1

Topic: Name that Celebrity

▶ ABOUT THIS ACTIVITY

 **Time:** 35 minutes

 **Slides:** #17

 **Objectives:**

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

- Explain the advantage of open-ended questions and practice formulating them

 **Training Methods:**

- Game

 **In this activity you will:**

- Play 2 question games, one with closed-ended questions and one with open-ended questions
- Debrief the exercises

 **Materials:**

- Papers with the names of celebrities on them
- Tape

 **Preparation:**

- Write the names of celebrities on individual pieces of paper, twice as many names as participants in the training

Instructions

1. Turn to slide 17.



2. Tell participants: *We are going to play a game.*
3. Trainers tape a “celebrity name” sheet on the back of each participant.
4. *There’s a famous person’s name on each name sheet. The goal of this exercise is to figure out the name of the celebrity by asking only closed questions, such as “Am I a woman?” “Am I famous?” etc.*
5. Instruct participants to circulate the room and ask different people who the celebrity might be. If someone asks an open question, do not answer.

Summarize

After 10 minutes, bring group back together and process with the following questions: *How difficult was it to guess who your celebrity was? What made it difficult?* Facilitate discussion.

Instructions (Part 2)

Using the additional names of famous people, put new celebrity names on participants’ backs again and have them repeat the exercise only this time they can only ask open questions. If someone asks a closed question, do not answer.

Summarize (Part 2)

At the end of 10 minutes, bring group back together and debrief: *How was this time different from the last time? What made it easier?*

SESSION III: HIV BASICS

Topic: Defining HIV and AIDS

TOTAL TIME FOR SESSION III: 1 hour, 15 minutes

SLIDES: #18-23

▶ ABOUT THIS ACTIVITY

 **Time:** 10 minutes

 **Slides:** #19

 **Objectives:**

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

- Define HIV and AIDS

 **Training Methods:**

- Lecture
- Discussion

 **In this activity you will:**

- Review HIV and AIDS definitions

 **Materials:**

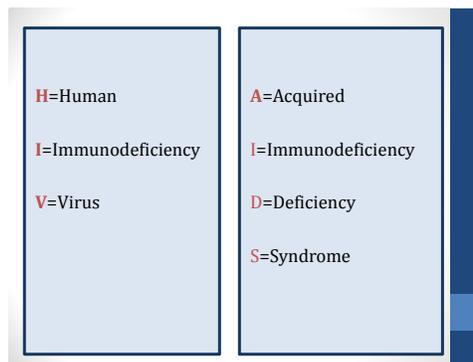
- None

 **Preparation:**

- None

Instructions

1. Turn to slide 19.



2. Elaborate on “What is HIV?” with participants:

- *H – Human (HIV is transmitted from human to human);*
- *I – Immunodeficiency (attacks the immune system);*
- *V – Virus (survives only by attacking cells in the human body)*

- *HIV uses the genetic machinery of a cell to reproduce. Ask: What is genetic? Let participants respond and make sure the definition is clear before moving on.*

- *The progression of the weakening of the immune system leads to a stage called AIDS.*

3. Elaborate on “What is AIDS?” with participants:

- *A – Acquired (something specific has to happen to get it; you just don’t “catch it” like a cold*

I – Immune (major damage to the immune system)

D – Deficiency (the body’s ability to defend itself against diseases is completely compromised)

S – Syndrome (collection of illnesses or symptoms, infections, the presence of illnesses or symptoms)

- *AIDS is a late stage of the disease resulting from several years of living with HIV infection; in other words, AIDS is advanced HIV.*

- *When a person has AIDS, it means his/her immune system has been so worn down by HIV that it can no longer protect the body from infections and there’s a higher risk of acquiring life-threatening opportunistic infections and cancers.*

SESSION III: HIV BASICS

Topic: HIV Transmission

▶ ABOUT THIS ACTIVITY

 **Time:** 10 minutes

 **Slides:** #20

 **Objectives:**

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

- Identify body fluids that can and cannot transmit HIV

 **Training Methods:**

- Lecture
- Group discussion

 **In this activity you will:**

- Review HIV transmission process

 **Materials:**

- None

 **Preparation:**

- None

Instructions

1. Review slide 20 with participants and make the point that the body fluids that can transmit HIV have been listed hierarchically (*Blood has the most virus, followed by semen and so forth*).

HIV Transmission	
Transmit HIV	Don't Transmit HIV
<ul style="list-style-type: none"> • Blood • Semen • Vaginal secretions • Pre-cum • Breast milk 	<ul style="list-style-type: none"> • Saliva • Urine • Tears • Perspiration • Vomit

- *This is why blood is the most infectious body fluid (easiest way to give and get HIV) and it's why needle sharing carries the highest transmission risk (blood on or in the needle makes direct contact with the blood of the person being injected).*
- Explain that semen is also highly infectious because it has a lot of the virus, second only to blood; this is why ejaculation inside the rectum or vagina carries high transmission risk (more on this later).
- *Vaginal secretions have fewer copies of the virus than semen; this is one of the reasons that women are less infectious than men.*
- *Breast milk has the lowest amount of virus; what makes breast feeding risky is not only the fact that breast milk contains HIV but the high quantity consumed by a baby.*
- *Quantity of fluid also plays a role in HIV transmission; the more fluid the more virus. How much fluid was the person exposed to? Was it a drop of blood or a pint of blood? Was it a drop of semen or a full ejaculate?*

SESSION III: HIV BASICS

Topic: HIV Transmission

- *The other body fluids don't transmit HIV; this explains why people don't get HIV from kissing, giving a shoulder to cry on, sweating bodies touching each other, or even "golden showers."*

Summarize

Both **type** and **quantity** of body fluid play a role in transmission.

- *Avoiding contact with body fluids that transmit HIV is the best defense against transmission.*

Segue

There's yet a third factor that plays a role in transmission: the route of transmission (move to next slide).

SESSION III: HIV BASICS

Topic: Routes of Transmission

▶ ABOUT THIS ACTIVITY

 **Time:** 15 minutes

 **Slides:** #21

 **Objectives:**

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

- Explain the HIV transmission pathways

 **Training Methods:**

- Lecture
- Brainstorm
- Group discussion

 **In this activity you will:**

- Lead a brainstorm activity to discuss routes of transmission

 **Materials:**

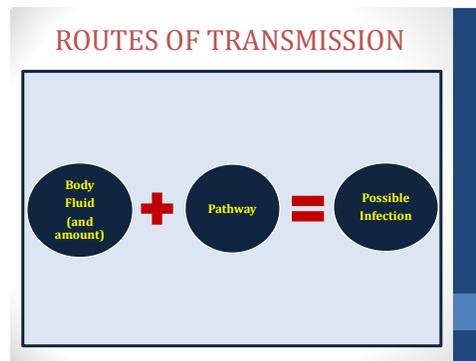
- “Routes of Transmission” handout
- Newsprint
- Tape

 **Preparation:**

- None

Instructions

1. Review slide 21 with participants.



2. Lead a brainstorm about the kinds of pathways that allow HIV entry into the body. Expected answers: open sores, needle prick, mouth, vagina, anus, veins. Record responses on newsprint and post on the wall.
3. Explain to the group that you need a fluid **and** a pathway for HIV transmission to occur (doesn't necessarily mean that you will get infected – not every exposure results in infection).
4. Ask: *If body fluids that transmit HIV make contact with your skin, is that considered a pathway?* Allow responses.
5. *There are human behaviors that produce the fluid and pathway to HIV transmission.*
6. Ask participants to find the “Routes of Transmission” handout and review together. (This activity sets the stage for the harm reduction module later in the training).

Summarize

There are two components for HIV transmission to occur: a fluid (breast milk, semen, vaginal fluid, or blood) and a pathway into the body (a cut/sore/break in the skin, intravenously). With good health practices (always using a condom, being on treatment to suppress viral load), the risk of transmitting HIV is greatly reduced.

Segue

Next we will discuss the stages of HIV from the moment of infection to its progression over time.

SESSION III: HIV BASICS

Topic: Route of Transmission

SESSION HANDOUT**ROUTES OF TRANSMISSION RISK**

Infectious Fluids and Transmission Routes	
Infectious fluids of an infected person that spread HIV	Transmission Routes with an HIV+ person
<ul style="list-style-type: none"> • Semen • Blood • Vaginal fluid • Breast milk • Any other body fluids containing blood 	<ul style="list-style-type: none"> • Unprotected vaginal and anal sex • Sharing needles or syringes through IV drug use or tattoos • Breastfeeding from an HIV+ mother to her baby

You may wish to share this handout with the patient during Peer-Patient Educational Session #2, HIV Transmission and Life Cycle (see guide on page 16)

SESSION III: HIV BASICS

Topic: The Stages of HIV Infection

▶ ABOUT THIS ACTIVITY

 **Time:** 15 minutes

 **Slides:** #22

 **Objectives:**

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

- Explain the progression of HIV from infection to AIDS

 **Training Methods:**

- Lecture
- Group discussion

 **In this activity you will:**

- Review “The Stages of HIV Infection” handout
- Facilitate a group discussion

 **Materials:**

- “The Stages of HIV Infection” handout

 **Preparation:**

- None

Instructions

1. Turn to slide 22.



2. Tell participants: *We will be discussing how HIV infection affects the human body.*
3. Distribute “The Stages of HIV Infection” handout to each participant and review together.
4. Point to the circle “Person becomes infected with HIV” and explain that for an infection to occur, a “germ” (disease agent) must enter into the body in a particular way (“route”) and in the sufficient amount (“dose”). Explain what is meant by each term: *the germ is HIV, and HIV is a particular kind of germ called a “virus.”*
5. *Viruses are different from other kinds of germs, such as bacteria or fungi, because viruses cannot reproduce and survive on their own. Viruses have to have a host cell in order to survive and reproduce. In the case of HIV, the host cell is the T-helper cell or CD4+ cell, a white blood cell essential to the body’s immune system.*
6. *HIV can get into cells because a part of HIV and the host cell fit together like pieces of a jigsaw puzzle. The primary host cell used to reproduce more HIV is the T-helper cell.*
7. *On average, it takes about eight to ten years from infection with HIV to development of an AIDS diagnosis in most people who have not received treatment. This number is just an average—HIV infection progresses at different rates in different people.*

SESSION III: HIV BASICS

Topic: The Stages of HIV Infection

8. *A small number of people progress very quickly (a few years) from initial infection to an AIDS diagnosis; some progress very slowly or remain healthy without treatment for more than 10 years after becoming infected.*
9. Review each of the stages and terms with participants and facilitate discussion. *The stages of HIV infection begin when an exposure becomes an infection. The first stage is the **Acute** stage—read out loud the signs that characterize this stage, then do the same for **Asymptomatic**, **Symptomatic**, and **AIDS**.*
10. Ask participants if they remember the acute stage in their own infection and allow responses.

Summarize

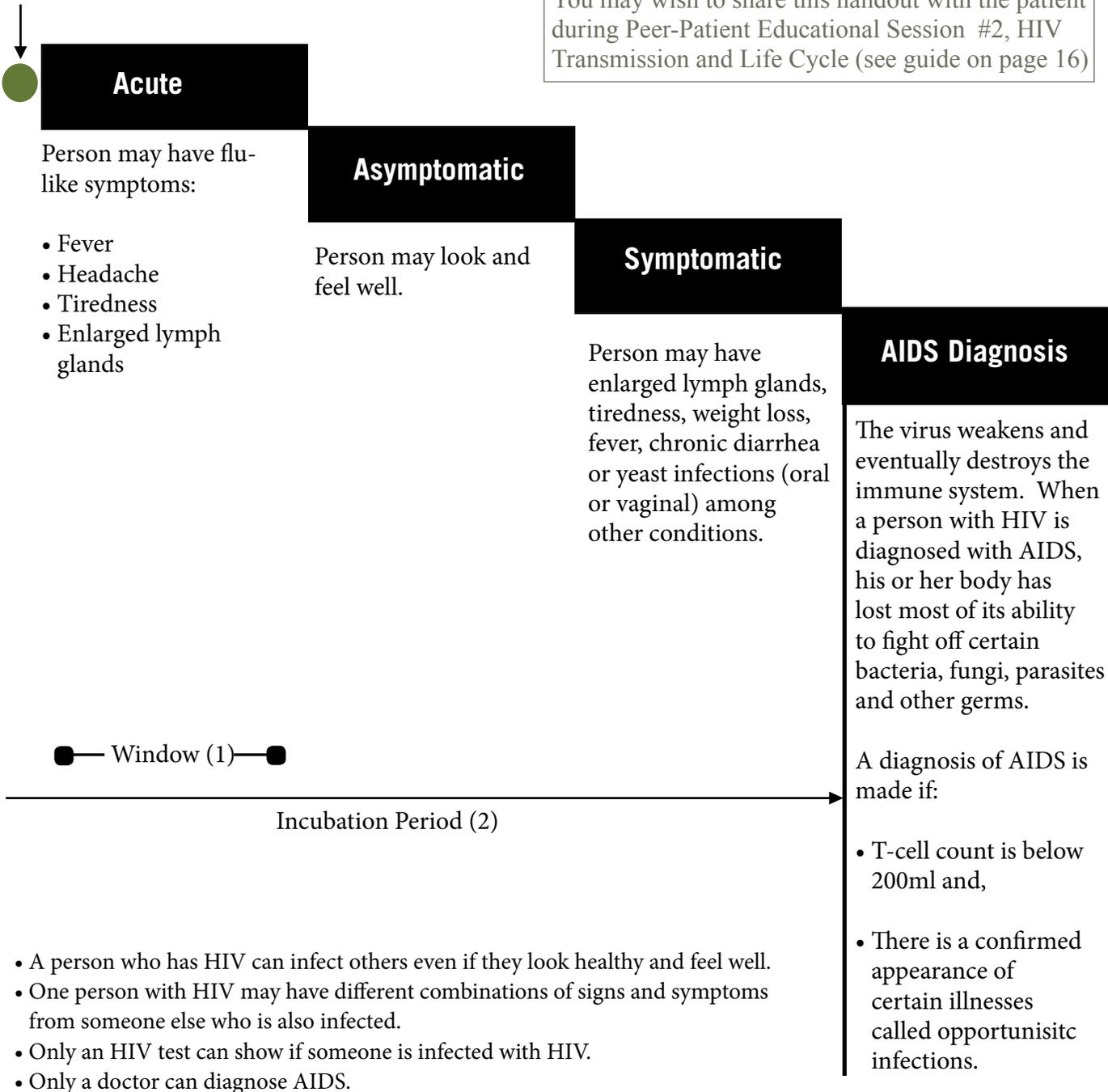
When a person becomes infected with HIV, they may not have many symptoms. The window period in which HIV can be detected in the body is commonly within three months of infection. An infected person could even go many years without any physical signs or symptoms; however, the virus is spreading daily within the person's body, creating a higher viral load. When a person has a high viral load, it is much easier for them to spread HIV. A person is diagnosed with AIDS when they have a T-cell count below 200 ml, there is a confirmed appearance of a certain illness called opportunistic infections (i.e., tuberculosis, hepatitis, cancer), or the CD4% is less than 14%. The time from infection to the development of an AIDS diagnosis is called the incubation period.

Segue to next slide

To better understand this progression, next we will take a stop on the HIV train.

THE STAGES OF HIV INFECTION

Person becomes infected with HIV



You may wish to share this handout with the patient during Peer-Patient Educational Session #2, HIV Transmission and Life Cycle (see guide on page 16)

(1) Window Period: Time it takes for antibodies to become detectable in the body; usually within three months.
 (2) Incubation Period: Time from point of infection to development of an AIDS diagnosis

SESSION III: HIV BASICS

Topic: The HIV Train

▶ ABOUT THIS ACTIVITY

 **Time:** 10 minutes

 **Slides:** #23

 **Objectives:**

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

- Discuss how HIV progresses using the HIV train metaphor

 **Training Methods:**

- Lecture
- Group discussion

 **In this activity you will:**

- Lead a discussion around the progression of HIV infection

 **Materials:**

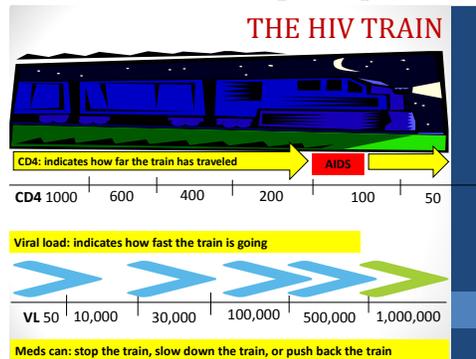
- Newsprint
- Markers

 **Preparation:**

- None

Instructions

1. Review slide 23 with participants and facilitate discussion.



2. Ask: *How do people with HIV track their health status and what stage they might be in?* Allow responses.
3. Focus on the 3 most common ways to track HIV disease progression: 1) CD4 count, 2) viral load, and 3) health status (how people feel); write them on newsprint in bold or color for emphasis.
4. CD4: Ask the group what they know about CD4 cells. *What is a CD4 cell?* Allow responses.
5. *CD4 cells are particular cells in the immune system that are responsible for coordinating immune responses. That is, CD4 cells tell the immune system what to do to fight infections, as generals in an army. The number of CD4 cells is called the CD4 count.*
6. Explain: *A normal CD4 cell count for an uninfected person varies in range between 500 and 1500 cells per milliliter of blood. A milliliter is equal to roughly ¼ teaspoon. Emphasize that everyone has a different normal range for their CD4 cell count.*
7. Explain how HIV gradually reduces the CD4 count and immune function over the eight- to ten-year timeframe. Point to the graph in the slide to show the initial gradual CD4 decline. *CD4 is a marker of how far the disease has progressed (how far the train has traveled).*

SESSION III: HIV BASICS

Topic: The HIV Train

8. Viral Load: Ask: *What is viral load? How low or high can the viral load be? Allow responses. Viral load is a measure of how many copies of HIV can be found in one milliliter of blood and is associated with how fast the disease is progressing (how fast the train is going). As HIV progresses, the T-cells drop.*
9. *An uninterrupted train speed means HIV is traveling non-stop toward an AIDS diagnosis and beyond.*
10. *Later in this training we will be covering how HIV meds work to stop the train or slow it down or push it back.*
11. *This image also illustrates the difference between HIV and AIDS; it's the same disease but AIDS is more advanced.*

Summarize

There are three main ways to track HIV disease progression: 1) CD4 count, 2) viral load, and 3) health status. HIV disease progression can take different lengths of time for everyone; however, remaining untreated, HIV is traveling on a non-stop train towards an AIDS diagnosis and beyond.

Segue

Tomorrow we will take a more in-depth look at the immune system and its composition.

DAY 1: REVIEW

Review and remind participants how they will use their knowledge in working with patients. Refer to the Peer-Patient Educational Session Conversation Guide handout (pages 14-21) as you review.

Let's look at the Peer-Patient Educational Session Conversation Guide handout for a moment. Some of the things you learned in Day 1 are things you will need to keep in mind throughout all these sessions with patients, while other things come in to play in specific educational sessions.

Session I Review

*For example, we talked about the **role of the peer**, that's something that will be constant throughout all your interactions with patients. You will also be explaining your role to patients in the first peer/patient educational session when you introduce yourself.*

- *Who can tell me the four kinds of support peers provide? (emotional, informational, instrumental, and affiliational support)*
- *Request an example of each kind of support*
- *Which of these is the essence of peer support?*

Session II Review

*Then you learned some **communication skills**, also something that you will be using throughout all your interactions with clients.*

- *We talked about four elements of communication that are useful in talking with clients? What are they? Can you give an example? (open-ended questions, positive feedback, reflective listening, summarizing)*

Session III Review

*After that, we talked about **HIV basics**. These are things that you will be talking about in the second educational session on HIV transmission and the viral life cycle.*

- *For HIV to spread from one person to another, two things have to be present. Do you remember what they are? (body fluid and pathway)*
- *So which of these body fluids can transmit HIV: blood (yes), tears (no), saliva (no), semen (yes), breastmilk, (yes) vomit (no)*
- *For the virus to enter the body, they need a way to get in, a route of transmission. Name some routes of transmission.*

Once a person has become infected, the virus goes through different stages.

- *What are those stages? (acute, asymptomatic, symptomatic, AIDS)*
- *What is a CD4 cell? As the disease progresses, does the CD4 count go up or down?*
- *What is the T-Helper cell?*
- *How can people with HIV determine what stage they are in? (CD4 count, viral load, health status)*