



The Lotus Project

Women's HIV/AIDS
Peer Education Training

A Collaboration Between:



WORLD
Women Organized to Respond
to Life-threatening Diseases

Funded by Health Services and Resources Administration

Day 1: What Does It Mean To Be a Peer Educator / Advocate?

Purpose:

This module sets a climate of openness and trust for the rest of the training experience and introduces the overall theme of the training of the lotus.

Learning Objectives:

- Understand the goals and objectives of the Lotus Project.
- Begin to develop a comfort level and trust with one another and the trainers.
- Discuss the concept of the lotus as a theme for this training and their role as peer advocates.
- Define their roles and responsibilities as a peer educator/advocate
- Discuss the theoretical basis of peer education.
- Discuss and identify ethical principles and practices as they relate to their role as a peer educator/advocate.
- Discuss the advantages of peer education.

Overall Time Needed

- 6 hours

Day 1 Overview

Activity	Handouts	Materials Needed
#1: Registration, Evaluation/Pre test	<ul style="list-style-type: none"> • <i>PETS Evaluation Questionnaire</i> • <i>Consent Form</i> • <i>Peer Education Training Assessment form (pre-test)</i> 	<ul style="list-style-type: none"> • Registration forms/sign-in sheet • Name tags • Handout packets • Lotus bags • Envelopes • Evaluation packets • Pens • Flipchart and markers
#2 Welcome – Introduce Lotus Staff, Format of the Training		
#3: Ice Breaker Activity – Participant Introduction Collages		<ul style="list-style-type: none"> • Flipchart and markers • Magazines • Polaroid camera • Stapler, tape, construction paper, arts and crafts supplies
#4: Group Agreements and Parking Lot		<ul style="list-style-type: none"> • Flipchart and markers
#5: The Lotus – A Symbol of Peer Advocacy/ Sharing our Stories	<ul style="list-style-type: none"> • <i>Peer Education/ Advocacy (p 2)</i> • <i>Key Definitions in Peer Advocacy (back of participant manual)</i> 	<ul style="list-style-type: none"> • Flipchart and markers
#6: Stages of Change	<ul style="list-style-type: none"> • <i>Stages of Change Model of Peer Advocacy (p 3)</i> • <i>Meeting Your Client Where They Are At (p 4)</i> 	<ul style="list-style-type: none"> • Flipchart and markers • Laminated Stages of Change • Tape
#7: Peer Educator Code of Ethics	<ul style="list-style-type: none"> • <i>Peer Educator Code of Ethics (p 5)</i> 	<ul style="list-style-type: none"> • Flipchart and markers • Ethics case scenarios
#8: HIV/STD 101 Jeopardy Game	<ul style="list-style-type: none"> • <i>HIV 101 handouts (p35-40)</i> 	<ul style="list-style-type: none"> • PowerPoint Jeopardy Game
#9: Homework, Closing- Making the Most of our Strengths	<ul style="list-style-type: none"> • <i>My Plan Worksheet (p 6)</i> • <i>Poem: And Still I Rise (p 7)</i> 	

Activity #1: Registration/ Evaluation

1. Have participants sign in and pick up materials for Day 1 as they arrive, including evaluation packet.
2. Explain purpose of the consent and evaluation to the group. *The information we collect is to help us in understanding who our target audience is, how we can improve our services to help women, and to be able to receive further funding to help other women like them. Explain to them that evaluations are an important part of sustaining funding. Evaluations help us to determine what is working and what is not.*
3. Read consent form out loud to the group. Have them sign and collect.
4. Participants should keep one copy of the consent form.
5. Distribute questionnaire and let them know it is confidential. No names will be collected on the questionnaire but each individual is assigned a number.
6. Questionnaires will be kept in a locked cabinet at our office.
7. Let the group know that facilitators are available to help them in completing the questionnaire if needed.
8. Collect questionnaires and look over to see if they are completed.
9. Thank the group for providing this information.
10. Remind participants that we will be following up with them again in 6 months from today and 1 year from today to do the further evaluation for which they will be compensated.

Activity #2: Welcome

Time needed

- 10 minutes

Materials

- Registration/Sign-sheet (should be completed each day of training)
- Name tags
- Participant Manuals

Instructions

1. Welcome everyone to the 5-day peer education training. Thank everyone for coming and being on time.
2. The project is a 5 year project funded by the Health Services and Resources Administration (HRSA).
3. Explain that the Lotus Project represents a partnership of agencies, each of whom contributes unique expertise and perspective. The agencies are the Center for Health Training, a private, non-profit training firm; WORLD, an information and support network by, for and about women with HIV/AIDS and describe the local partnering agency. Thank local partnering agency for making this training happen and for all their work.
4. Tell them why you're here, which organization you work for/with, the training you went through to teach this topic. Feel free to share your status and personal journey, keeping your introduction to 2-3 minutes.
5. Say to the group: *Everyone here has been through their own journey. I don't know where you have been and you don't know where I've been...but what is the one thing we all have in common? That we are all women and that's why we are here...to talk about being strong, powerful, and positive women in our community. Remember that as we go through this training.*
6. We really hope that in the next five days we can learn from one another and realize our strengths and take this power into our communities to help other women like ourselves to control the HIV/AIDS epidemic in this country.
7. Ask the other staff and facilitators to introduce themselves to the group. Each person should: Say why you're here, which organization you work for/with, the training you went through to teach this topic. Ask them to feel free to share their status and personal journey, but ask them to keep their introduction to 2-3 minutes each.

8. The goal of the Lotus Project is to expand the number and enhance the effectiveness of HIV peer educators, in order to assist HIV infected women to enter and stay in care, adhere to treatment protocols and improve the quality of their health status.
9. Give overview of the training, the process and plan for the next five days.
10. Give information about the stipends, evaluation, and 6month, 12 month follow-up
11. Let the group know the restrooms location, break/lunch schedule, other housekeeping details.
12. Tell the group about the box for questions which will be sitting in the back of the room for any personal or anonymous questions the participants may have throughout the training.

Activity #3: Participant Introductions

Time needed

- 60 minutes

Materials:

- Flipchart and markers
- Magazines
- Polaroid Camera
- Stapler
- Tape
- Glue
- Any other arts and crafts materials

Preparation:

- Write on flipchart:
 1. Collage: Name, Why I am here today, my strengths (2-3), year diagnosed, my favorite things (2-3), anything else you want us to know about you.
 2. Strengths of our group

Instructions

1. Tell the group: We are now going to take a little bit of time getting to know each other.
2. Hand out a large piece of construction paper to each individual.
3. Take a Polaroid picture of each person and attach to their paper.
4. On their piece of paper have them write, draw, or creatively make a collage of their name, where they are from, years positive, why they are here today (expectation from the training), favorite things, and strengths they bring with them and anything else they want us to know about them. Give 20 minutes.
5. Ask participants to introduce themselves to the larger group using their collage.
6. Post the collages around the training room throughout the week.
7. Encourage all the participants to visit them during the breaks and to write encouraging and positive words for each other throughout the week.
8. Point out the diversity of the group and the variety of the strengths. Add more strengths throughout the training as more strengths are revealed.

Activity # 4: Parking Lot and Group Agreements

Time needed:

- 10 minutes

Materials:

- Flipchart and markers

Preparation:

- Write on flipchart:
 1. Group Agreements
 2. Parking Lot

Instructions:

1. Point out the sheet of flipchart you prepared earlier labeled *Parking Lot*. Tell them that during the classes, sometimes there may not be enough time to talk in depth about everything, so the parking lot is a place to “park” questions, concerns, issues that participants or the trainers would like to follow up on.
2. Also, if participants have some questions they don’t want to ask aloud, they can write them on that sheet of flipchart, or write them on a scrap of paper and put it at the front of the room. The trainers may also use this if questions come up that you cannot answer at the time. Tell them you’ll try to find the answers for them at a later time.
3. Tell participants that this training will include small group work and discussions, and participants will be encouraged to express their opinions, and to learn from each other.
4. Group agreements: In order to ensure a safe, respectful, and productive learning environment, you want them to come up with a set of rules or agreements that will help them feel more comfortable during the classes. *Ask: what kinds of behavior would you like from other people and will you commit to yourself?*
5. Point out the sheet of flipchart with *Group Agreement* at the top, and write one example such as “listen to one another,” or “one person speaks at a time.” If they don’t mention the following, add them to the list: “confidentiality,” “right to pass,” “all questions are important,” and “respect others’ opinions”, “be on time everyday”, “turn off cell phones, pagers”.
6. Ask the participants if they can commit to these during your time together. Post this list and keep it in sight throughout the training to remind participants.

Activity #5: The Lotus- A Symbol of Peer Advocacy

Time Needed

- 40minutes

Materials Needed

- Large picture of a lotus that is laminated
- Tape or push pins
- 2 different colors of post its
- Flipchart & Markers
- **Handouts:** *Peer Education/ Advocacy* (pg 2)

Key Definition in Peer Advocacy (back of participant manual)

Preparation

- Write on a sheet of flipchart:
 1. What is the role of the peer advocate? ---color of post-it
 2. What are advantages of peer advocacy? ---color of post-it

Instructions:

1. Post the lotus somewhere visible in the room, where all participants can see it.
2. Tell the group: We want to start today's training by doing a visualization to help you understand why we have chose the name "The Lotus Project" for this training.
3. Ask: *How many of you have done visualizations before?*
4. Explain: visualization is creating an image or a vision in your mind. We are going to visualize how the lotus grows from the beginning to the end.
5. Read the following history and description of the lotus flower:
The Lotus flower is used as a symbol in many traditions such as Egyptian, Hinduism, and Buddhism. In some traditions it symbolizes, femininity and rebirth. The lotus flower is the only plant to fruit and flower simultaneously. The flower emerges from the depths of the muddy swamp. Growing from the mud at the bottom of ponds and streams, the exquisite Lotus flower rises above the water and is usually white or pink with 15 or more oval, spreading petals, and a flat seedcase at its center.

The lotus was chosen to represent this women-centered peer educator project because it reminds us of womanhood, healing, and giving.

The swamp can be seen as representing the confusion and pain that arises when a woman has been diagnosed with HIV or AIDS. With inner strength and the support of others, a woman can rise out of the swamp, just like the lotus flower.

The blossom of the lotus flower reminds us that if we allow ourselves to heal, we can open our selves and share with other women how we have risen from the swamp. We can be role models and helpers in other women's process of healing.

6. Following is a meditation that might assist us in getting in touch with the spirit of the lotus flower in ourselves:

The Journey of the Lotus Meditation/Visualization:

Find a comfortable position in your chair. You may close your eyes if you like, or keep them open.

Imagine that you and the other women in this training are sitting on a grassy meadow, under a bright blue, sunny sky. Feel the ground beneath you—and breathe in and out, feeling how your breath gives you life? Let the sun dissolve your thoughts from your mind. It is okay if thoughts continue to rise—just let them come and go. Notice if you feel tension anywhere in your body. You may want to take a deep breath and send fresh air to those tense places. Take a moment to breathe and relax.

Imagine that you are still sitting under the sunny blue sky, and in front of you is a magnificent swamp that resembles the surface of a small lake. Out of the swamp arise many lotus flowers—as many flowers as there are women in this training. Choose one of the flowers in the swamp, and focus your attention on that flower, zooming in on it as if your eyes are a telescope. The flower is pearly white, and it has dozens of long wide silky petals that extend outward as if embracing the sky. Tucked inside the flower is a case full of seeds. The flower is so shiny that it brightens the air around it—as if it is glowing.

Gaze at the lotus, and allow yourself to connect with the flower from the center of your heart.

Now, with compassion for yourself, if you feel able, recall some of the confusion and pain that you felt when you were diagnosed with HIV. You do not need to remember everything, just some of the feelings. If the feelings become too strong, you can always allow the glow of the lotus flower to soothe your heart.

Imagine that all of your feelings are a part of the muddiness of the swamp from which the lotus flower grows. You have survived a very difficult experience. You have risen from the swamp like the lotus flower.

Now bring your attention to your heart. Imagine there is a lotus flower blooming in the very center of your heart. Allow the glow of the lotus to fill your body.

Now imagine the glow is extending from your heart to all of the women in this room. As you send out your glow, see if you can also receive the glow from others.

Now imagine that the glow of the lotus is extending to all women who are suffering from an HIV diagnosis.

The glow brings comfort, wisdom and hope to you and all women. This is the glow of peer advocacy.

Now become aware of your breathing, and posture. You may want to wiggle your fingers and toes as we finish the meditation. I will count backwards from 5, and at one we will conclude the meditation.

(Note to facilitator: It is often helpful to allow for some reflection after the close of the meditation.)

7. *Ask group: How they felt in doing this activity?*
8. *We did this visualization to help us realize that we are like lotus flowers as well. Remember to keep coming back to this exercise. As peers we have to visualize our efforts as a lotus flower. Something beautiful can come out of something so difficult. You all are on your way to becoming peer advocates, to help other people using your personal struggles to guide others to deal with their struggles. And through doing that, you'll continue to blossom and grow in your own skills and abilities to deal with your own struggles and challenges.*
9. Peer facilitator should share her story at this time about her journey to becoming a peer educator.
 - In a few words, tell us your story of finding out that you were HIV positive and what that was like for you.
 - How did you deal with HIV disclosure in different relationships?
 - How did you become a peer advocate?
 - What are your strengths??
 - What are some things you do to take care of yourself (self-care)?
 - What are some challenges and successes peer advocacy for you?

10. Since we are all here to become “Peer Educators”, let’s talk about what it means to be a peer educator or peer advocate. You will hear us using both the terms educator and advocate which is basically the same thing.
11. Show the flipchart you prepared earlier, and ask participants.
 - a) What is the role of the peer advocate?
 - b) What are the advantages of peer advocacy?
12. Refer them to the *Defining Peer Advocacy* handout to fill in responses. Tell participants that it is just as important to remember what a peer advocate does and what they don’t do, so that they can get help from the appropriate people if necessary. An example could be a peer advocate is not a HIV treatment educator so you don’t have to know everything about HIV treatment.
13. *Wrap up:* Ask if there are any comments or questions. Throughout the training we will be adding to our understanding of being peers. We hope by the end of the training you are able to walk out of here feeling very confident in calling yourself “Peer Advocates”.
14. Tell the group that now that we have a shared understanding of the role of peer advocates, we’re going to explore the goal of Peer Advocacy and what we ultimately hope comes out of it.

Note: Point out the peer advocacy glossary in the back of the participant manual.

Peer Education/Advocacy (Handout)

A **peer** is a person who belongs to the same social group as another person or group. The social group can be based on age, sex, sexual orientation, occupation, health status, or other factors.

Education/Advocacy refers to the development of a person's knowledge, attitudes, beliefs or behaviors as a result of the learning process.

What are the **advantages** of Peer Education? _____

What does Peer Education/Advocacy mean to you? _____

What are the various roles of Peer Educators?

A Peer Advocate is NOT a _____

Activity #6: Stages of Change

Time needed

- 40 minutes

Materials

- Flipchart and markers
- **Handouts:**
 - Stages of Change Model of Peer Advocacy* (pg 3)
 - Meeting Your Client Where They Are At* (pg 4)

Preparation

- Prepare six signs, one with each stage of change (Pre-contemplation, Contemplation, Preparation, Action, Maintenance, Relapse), and post them around the room

Instructions

1. Icebreaker activity
 - a. Have participants clasp their hand together with right thumb on top of left thumb.
 - b. Then have them re-clasp their hands again but this time with left thumb on top of right thumb.
2. Ask the group how it felt to do that?
3. Point out that change is weird as we saw in this activity. Ask: *So what do we need to make changes?*
4. In your own words tell the group the following:

The ultimate goal of peer advocacy is to be this tool box for individuals who are struggling to deal with difficult situations, diseases, stressors so they change behaviors which will help them in improving their quality of life.
5. Draw a “tool box” on flipchart and write in responses of what we need to make changes. Responses should include: information on options, motivation, support, feedback.
6. Researchers have come up with a model known as the stages of change model to help us understand how people make changes in their lives.
7. This model suggests that individuals or groups pass through six stages when changing behavior: pre-contemplation, contemplation, preparation, action, maintenance, and relapse.

8. Ask participants to turn to their handout, Stages of Change Model of Peer Advocacy.
9. Break participants into 6 groups and assign one stage to each group. Ask them to go to an assigned area where their stage of change is posted, and talk about being in that stage.
 - a. The scenario that they will be working with is a client who is HIV positive and sexually active with multiple partners to whom she does not always disclose her HIV status. You are her peer advocate and want to encourage her to eventually get to a place where she is not only reducing the number of sexual partners but she is comfortable disclosing or using protection.
10. Show the flipchart with these questions:
 - How does it feel to be in this stage?
 - What can peers say that would be supportive to this client at this stage?
11. Ask them to plan to report back briefly.
12. After all have gone, ask: Is there anything that all stages have in common? Ask: What are some of the differences between stages?
13. Point out that some stages are ready for more encouragement than others. Some stages, especially pre-contemplation, contemplation, and relapse really need gentle treatment and support, because people in those stages are likely to be hard on themselves and/or not really ready to make changes. The important thing in those stages is to keep the door open so the person will come back to us when they're ready for advice or suggestions.
14. End by saying that making change is difficult but each step that someone makes towards that change is SUCCESS!

Stages of Change Model of Peer Advocacy (Handout)...

One model we can use to understand better how we deal with change is the Stages of Change model. This theory proposes that we typically progress through six stages as we incorporate a new behavior, attitude, or skill into our lives. We can learn to identify at what stage a client, family member or friends is in, and offer support to help them move forward.

STAGE	BEHAVIOR	WHAT YOU CAN SAY/ DO TO HELP
Precontemplation	<ul style="list-style-type: none"> • Doesn't intend to change, feels no need to change. • May feel hopeless, defensive, ashamed or angry. 	<ul style="list-style-type: none"> • Support feelings: You seem sad/scared/nervous. • Ask non-threatening questions: What do you think about . . .? How would you handle this? • Listen. • Provide limited information, increase awareness of risks.
Contemplation	<ul style="list-style-type: none"> • Growing awareness of need to change. • More open to feedback. • Thinking about change, not taking action. • Indecisive, not ready to commit to change. 	<ul style="list-style-type: none"> • Support feelings: This seems scary to you. • Ask open questions: What would happen if...? How would it be to...? • Weigh pros/cons of change: On the one hand..., but on the other...
Preparation	<ul style="list-style-type: none"> • Intent to take action in near future. • May have already begun taking some steps toward change. • 0-3 months 	<ul style="list-style-type: none"> • Show understanding and support: Other women feel the way you do. This is a really tough decision. You're making a great start. • I like what you've already done. • Examine alternatives: Some women have tried...
Action	<ul style="list-style-type: none"> • In process of changing. • Practices new behavior consistently. • 3-6 months 	<ul style="list-style-type: none"> • Ask supportive questions: Who can help you stick with this? • Support small steps: I'm so impressed you've tried this.
Maintenance	<ul style="list-style-type: none"> • Feels confident and comfortable with new behavior. • 6 months or more 	<ul style="list-style-type: none"> • Show support: What an accomplishment! Look how far we've come. • Identify strategies: What's one thing that will keep you going?
Relapse	<ul style="list-style-type: none"> • Falls back to any former stage. 	<ul style="list-style-type: none"> • Support feelings: You seem frustrated/sad. • Ask non-threatening questions: What helped you...? What do you think about...? • Provide reassurance: Most people go through this.

Meeting Your Client Where They Are At (handout)



This model suggests that individuals or groups pass through six stages when changing behavior:

For example, when people change their behavior by using condoms to protect themselves from infection, the stages they pass through could be described as:

- 1. Pre-contemplation:** Have not considered that they are at risk and need to use condoms
- 2. Contemplation:** Become aware of their risk and subsequent need to use condoms
- 3. Preparation:** Begin to think about using condoms in the next months
- 4. Action:** Use condoms consistently for fewer than six months
- 5. Maintenance:** Use condoms consistently for six months or more
- 6. Relapse:** May begin to use condoms less consistently or discontinue use

People tend to move back and forth between stages, and relapse to a prior stage is always possible. In fact, people can relapse to any stage, but a return to pre-contemplation is least likely.

It is important to remember that changing behaviors, especially intimate and private behaviors, is a complex process.

Activity # 7: Peer Educator Code of Ethics

Time needed

- 30 minutes

Materials

- Flipchart & Markers
- **Handout:** *Peer Educator Code of Ethics* (pg 5)

Preparation

- Write on flipchart:
 1. Peer Educator Code of Ethics
 2. Ethics - *“A set of morals or principles or what a person defines as right and wrong.”*

Instructions

1. Introduce the activity by saying: We are going to be talking about ethics, a very important part of being a good peer educator.
2. *Ask: What do you think about when I say “ethics”?* (Allow 1-2 minutes for responses. You can write them up on the flipchart)
3. Tell the group *that ethics is “A set of morals or principles or what a person defines as right and wrong.”*
4. Each profession has its own code of ethics, and that goes for peer advocates, too. Ex. doctors have a code which says “First do no harm”.
5. Think about *what kinds of “rules or morals” a peer educator should follow when she is working with her clients.* List on flipchart.

Responses might include:

- Respect individual differences, including choices people make that may not be our own
 - Maintain confidentiality
 - Be committed to ongoing learning
 - Act as a role model, making healthy choices and being true to myself
 - Honor diversity in all its forms
6. Refer participants to the handout *“Peer Educator Code of Ethics”* after they have given their list. This is a list that we have come up with for the Lotus Project peers.

7. Facilitators do two short role plays, one depicting an ethical code of conduct and one depicting an unethical.

Examples of ethical code of conduct- Peer advocate talking with her client who is pregnant, very religious and not taking her HIV medications because she believes God will protect her baby from getting infected. Peer advocate shows consideration and support for the client's beliefs but provides her with some information and refers her to speak with her doctor about the risk and statistics.

Example of unethical code of conduct- 2 co-workers who work at Xorganization are talking about a client that one of them has. This client is related to one of the peer advocates who works at this same organization.

8. Lead a brief discussion after each role play and ask participants if what they saw was ethical or unethical? Ask, what went well?

9. Ask what could have been done differently by the peer advocate in that situation?

10. Wrap up by allowing comments or questions on the topic of ethics.

Peer Educator Code of Ethics (handout)

I value my role as a peer educator and in order to best fulfill that role, I will:

1. **Respect** individual differences, including choices people make that may not be my own.
2. Act as a **role model**, making healthy choices and being true to myself.
3. **Honor diversity** in all its forms.
4. Maintain **confidentiality**.
5. **Learn** as much as possible about the issues that affect my peers.
6. Only **offer information** that I am qualified to offer and with the greatest accuracy possible.
7. **Follow through** on my word and promises.
8. **Meet clients where they are at** in their journey towards healing and positive change.
9. **Accept supervision and support** from others.
10. Not allow my peer educator duties to put my emotional or physical well-being at risk.

I value and know who I am...

I am an individual, a caring helper, an educator, a role model.

I am a Peer Educator.

Activity #8: HIV Jeopardy

Time needed

- 60 minutes

Materials needed

- HIV Jeopardy game slides
- LCD Projector
- Prizes
- **Handouts**
HIV 101 handouts (p35-40)

Instructions

1. Using the HIV Jeopardy Game PowerPoint slides, play the game.
2. Break participants into 2 teams.
3. Each team needs to pick a name for their team and 1 spokesperson who is the only one who can give answers to the questions.
4. Give 30 seconds for the team to answer the question. If they answer correctly, they get the points and it is the 2nd team's turn to pick a category.
5. If they do not have an answer or the wrong answer, they lose points and the next team gets the question and has 10seconds to answer the question. 2nd team has the option to pass on the question and they do not win or lose points.
6. If second team answers right, then they get the points. If they answer wrong they lose points.
7. True & false or questions with 1 right or wrong option can only be answered by 1 team.
8. In multiple choice question there the answer can be all of the above or none of the above.
9. After all the questions have been answered both teams get to decide how much of their point they want to wager for "final jeopardy" on a piece of paper without letting the other team know the amount.
10. Both teams get 60 seconds to answer the question and they must write the answer on a piece of paper.
11. Points are added or removed based on answer.

12. Team with the most points at the end after final jeopardy, wins. But the winning team must have at least 1 point to win.
13. Distribute prizes to winning team and small prize to other team for effort.

Activity #9: Homework and Closing— Making the Most of My Strengths

Time needed

- 10 minutes

Materials Needed

- **Handouts:**
My Plan Worksheet (pg 6)
And Still I Rise by Maya Angelou poem (pg 7)

Instructions:

1. Introduce the homework activity. *We are now going to think about our own personal strengths that make us women warriors and how we can use them in our work*
2. Ask participants to complete the My Plan worksheet for homework.
3. Encourage them to make sure the “pluses” list is long! They should give themselves credit for even tiny things they do, since even one tiny thing can make a huge difference.
4. Also encourage them to just choose a few things they’d like to change, so that it’s do-able and they won’t feel overwhelmed.
5. **Closing:**
End by having a volunteer read a poem (or read all together) “And Still I Rise” by Maya Angelou. Explain that Maya Angelou is another women warrior who works to empower women. The poem we have chosen depicts very well the Lotus Flower which rises from the muddy swamps. The poem’s name also says it all...and still I rise!

Day 2: The A-B-C's of Peer Advocacy

Purpose:

This module discusses both the challenges of peer advocacy and concepts to address the challenges.

Learning Objectives:

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

Overall Time Needed

- 6 hours

Day 2 Overview

Activity	Handouts	Materials Needed
#1: 4 C's of Peer Education	<ul style="list-style-type: none"> • <i>4 C's of Peer Education (p 9)</i> • <i>Barbara's Case Study (p 10)</i> 	<ul style="list-style-type: none"> • Flipchart and markers • Laptop/LCD • PowerPoint slides
#2: Communication Skills	<ul style="list-style-type: none"> • <i>Cash Register worksheet (p12)</i> • <i>Communication skills worksheet (p 13)</i> • <i>Barbara's Case Study(p 10)</i> 	<ul style="list-style-type: none"> • Flipchart and markers • Laptop/LCD • PowerPoint slides
#3: Confidentiality	<ul style="list-style-type: none"> • <i>Confidentiality worksheet (p 14)</i> • <i>When is it Okay to Break Confidentiality? (p 15)</i> • <i>Sample confidentiality agreement (p 16)</i> • <i>Barbara's Case Study (p 10)</i> 	<ul style="list-style-type: none"> • Flipchart and markers • Laptop/LCD • PowerPoint slides
#4: Countertransference	<ul style="list-style-type: none"> • <i>Barbara's Case Study(p 10)</i> • <i>Countertransference: How Can you Recognize it? (p 17)</i> • <i>What can you do to address your countertransference? (p 18)</i> 	<ul style="list-style-type: none"> • Flipchart and markers • Laptop/LCD • PowerPoint slides
#5: Creating Boundaries	<ul style="list-style-type: none"> • <i>Creating boundaries (p19)</i> • <i>Values (p 21)</i> • <i>My Personal Story Worksheet (p 20)</i> • <i>Barbara's Case Study (p 10)</i> 	<ul style="list-style-type: none"> • Flipchart and markers • Laptop/LCD • PowerPoint slides
#6: Working with Grief	<ul style="list-style-type: none"> • <i>Working with Grief (p 22)</i> • <i>Grief vs. Depression (p 23)</i> • <i>Working with Grief Case Scenarios (p 24, 25)</i> 	<ul style="list-style-type: none"> • Flipchart and markers • Laptop/LCD • PowerPoint slides
#7: Self-Care <i>(no longer in formal schedule)</i>	<ul style="list-style-type: none"> • <i>101 Ways to Take Care of Yourself and Reduce Stress (p 26-28)</i> • <i>Self-Talk (p 29)</i> • <i>Changing Negative Thinking into Positive (p 30)</i> • <i>Practicing Self-Care (p 31)</i> • <i>Ten Things You Can Do to Enhance Your Emotional Well-Being (p 32)</i> • <i>Self Care Contract (p 33)</i> 	<ul style="list-style-type: none"> • Flipchart and markers • Laptop/LCD • PowerPoint slides
#8: Closing Candle Activity		<ul style="list-style-type: none"> • 2 candles and matches

Activity #1: 4 C's of Peer Education

Time Needed

- 60 minutes

Materials

- Flipchart
- Markers
- **Handouts:**
 - 4 C's of Peer Education* (pg 9)
 - Barbara's Case Study* (pg 10-11)

Preparation

- On flipchart write:
 1. **C**hallenges of peer advocacy/education.

Instructions

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

- *What could the Barbara have done differently or should do in the future to address some of her challenges?*
6. Peer Advocates wear many hats in their work. Ask: *What are the multiple hats that Barbara wears in this situation?*
 7. Now that we know that peers can face many challenges, how do we go about dealing with these challenges? There are 4 key Concepts that all peer advocates need to be familiar with in order to address the challenges and to also do their jobs well.
 8. 4 C's of Peer Education to address challenges of peer advocacy:
 - C Communication skills
 - C Countertransference – understanding Countertransference
 - C Confidentiality – abiding with confidentiality
 - C Creating Boundaries – ties in with self-care, professional vs. personal values, seeking support, dealing with our own grief.
 9. We are going to look at each of these concepts in detail the rest of the day.

Activity #2: Communication Skills

Time Needed

- 60 minutes

Materials needed

- Flipchart
- Markers
- **Handouts:**
Cash Register Worksheet (pg 12)
Communication Skills Worksheet (pg 13)

Preparation

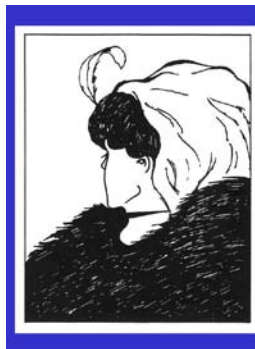
1. Write the following skills and their definitions on flipchart paper. Power point can also be used.

Communication Skills:

- Affirming
- Open ended questions
- Active Listening
- Nonverbal Messages
- Express Thoughts and Feelings
- Communicate Without Making Other Feel “Wrong”

Ice breaker activities

- Show PowerPoint slide and ask participants what they see. Responses might vary from young girl looking sideways to old woman with big nose. The point of this activity is that everyone does not see the same thing, so communication is utterly important.
- Second activity: distribute the



to

participants “The Cash Register Story” handout. Give them 4 minutes to complete in pairs. After everyone has completed it tell them that the answers are: #3 false & #6 is true and rest of the answers are “don’t know”. Discuss with the group why they don’t know the rest. Point out that we make many assumptions if we have answered these questions. As humans, we have the tendency to want to fill in the blanks instead of *asking questions* to get the real deal and to get the correct information. This again shows that communication is an important skill to have as peers so we don’t make assumptions and get information wrong about our clients!

Instructions

1. The first concept or skill we need to know about is **Communication**.
2. What’s even more important than the information that we will be teaching our clients is *how* we communicate the information to them. Communication is sharing information by listening and giving feedback.
3. For good communication you need not only good information but you also need to use your:
 - Eyes – see other’s facial expressions, make eye contact
 - Ears – be attentive by concentrate on what is being said; Be impartial and don't form an opinion, just listen.
 - Mouth – reflect back, acknowledge the reaction that they are having and summarize what has been said.
 - Mind- to soak it all in.
4. Refer to handout Communication Skills Worksheet. Tell the group we’re going to look at 6 specific communication skills that we can use in any situation, with anyone.
5. As we go along, encourage the participants to complete their worksheet.
6. The first communication skill is **Affirming**.
7. *Ask: what does “affirming” mean?* Allow 1-2 responses.
8. Affirming is a positive confirmation. When you affirm something that someone has done or said, you are providing them with support and encouragement. This is unbelievably simple, yet most of us forget to do it!
9. *Ask: What are some examples of affirming statements?* Allow 3-4 responses and write on flipchart.
 - “That’s good.”
 - “I’m glad you asked that.”

- “You’ve come to the right place.”
 - “That’s a great question.”
 - “You’re on the right track.”
 - “You really seem to have given this a lot of thought.”
10. The second skill is **Open-ended questions**. Ask: What’s an open-ended question?
 11. *Open-ended questions are questions that can’t be answered by “yes” or “no.” Why are they useful?* We get much more information from people; participants “own” the information they’re learning; powerful teaching tool.
 12. *Ask: What are some examples of open questions that you would use when getting to know someone and where they come from?* As participants come up with questions, if they ask a closed question, simply answer “yes” or “no” and move on.
 13. When they come up with open questions, write the *first word* on flipchart, until you have the following list:
 - When
 - Where
 - How
 - Who
 - Why
 - Tell me more ... also counts even though it’s not really a question, it still gets more information.
 14. Tell participants that these are all words that open-ended questions usually begin with.
 15. What are some terms we should stay away from because they will give us yes or no responses and very little information?
 - Could you
 - Would you
 - Should I
 - Can you
 - Do you
 - Are you
 16. The next skill is **Active Listening**.
 17. *What do you think it means to listen actively?* Using your eyes, ears, mouth, and body language to listen. This is especially important if someone is showing some strong feelings including feeling of sadness, shock, anger, relief, frustration, grief, etc.

18. *Ask: if a client is having one (ore more) of these feelings, how much do you think she can learn?* Not much at all. So what can we do to help her let go of these feelings, so that she can be more open?
19. *Tell the group: One thing that's really simple and really effective is to just name the feeling, by saying something like, "you seem _____ (upset/frustrated/sad)" etc.* By simply naming the feeling, it does help that person to let go and move on.
20. *Ask: Why does this work?* We let the person know its okay to have feelings; we give permission to express them and often to let them go, so she can hear the information she came to get.
21. *Ask: So why is it hard to actively listen?* We tend to want to "fix" it if someone is having uncomfortable feelings.
22. Next skill is **Nonverbal Messages**. *Ask: what are nonverbal messages?*
- Posture - let your body show that you are interested by sitting up and leaning toward the speaker.
 - Equal positioning - if the speaker is standing, you stand. If the speaker is sitting, you sit as well.
 - Facial expression - remember that feelings are reflected in facial expressions.
 - Gestures - your body language reveals a lot about how you interpret a message, so be aware of when you send signals that might cause the speaker to believe that you are angry, in a hurry, bored, etc.
31. It is also important to remember that different cultures have different styles of body language. For example in many cultures it is rude to give eye contact to someone who is older than you.
32. Next skill is **Express Thoughts and Feelings**. *Ask: How do we do that?*
- Be open and honest – this will help build trust.
 - Speak clearly - don't mumble and don't talk too quietly. If you don't know the word for something, describe what you mean so that you and the client can have a shared understanding of your concern or question.
 - Make the distinction between facts, beliefs, and feelings. For example, which of the following statements are which?
 "The best medical regimen for all clients is ..." (belief)
 "I'm so pleased you've been taking your meds." (feeling)
 "Most PLWH experience ..." (fact)
33. Last skill is to **communicate without making other feel "Wrong"**. *How do we do this?*
- Express concerns non-judgmentally - talk about your questions or concerns without blaming other people. For example, you might be angry

that your client stood you up three times in a row. Rather than talk about her being irresponsible, you can ask her what stopped her from showing up.

- Use "I" statements. Rather than say, "You didn't explain that very well," say, "I didn't understand what you just said. Please explain it again."

34. Now we are going to practice some of these skills.
35. Break up group into pairs. Using Barbara's case study as a skit, ask each pair to practice each of the following communication skills with your partner. One person is Barbara and one person is Sonya.
36. Barbara will talk to Sonya to get more information about her situation and how she might go about helping her. Give pairs 20 minutes. Ask them to switch roles at some point during the exercise.
 - Ask open ended questions.
 - Respond with affirming statements.
 - Active Listening- Reflect back what the person said.
 - Nonverbal Messages
 - Express Thoughts and Feelings
 - Communicate without making the other feel wrong.
37. Sonya should give feedback to Barbara about her use of the communication skills. 5 minutes
38. Have the pairs report back on how easy or difficult it was to use the communication skills.

Activity #3: Confidentiality

Time Needed

- 45 minutes

Materials Needed

- Flipchart
- Markers
- **Handouts:**
 - Confidentiality Worksheet* (pg 14)
 - When is it OK to Break Confidentiality?* (pg 15)
 - Sample Confidentiality Agreement* (pg 16)

Preparation

- On flipchart write:
 1. What is confidentiality?
 2. Why is confidentiality important between peer advocate and client?
 3. What are things that a client might want to keep confidential?

Instructions

1. Hand out Confidentiality Worksheet
2. Ask the participants *what is confidentiality?* Write responses on flipchart. Allow 3-5 responses.
3. If necessary, you can add that the definition of confidentiality is shared information that is kept private between two or more people.
4. Ask participants *why is confidentiality important between a peer advocate and her client?* Write responses on flipchart. Allow 3-5 responses.
5. Ask participants *what types of things may a client want to keep confidential?* Write responses on flipchart. Allow 3-5 responses.
6. *Ask: What were concerns for Sonya around confidentiality and how did Barbara address them? What could she have done differently?*
7. Summarize the discussion by briefly reviewing key points and then telling participants that usually each organization has a document that is signed by the client and the peer advocate. This form is an agreement between the client and the peer that their discussion will be confidential. This helps to build trust and make confidentiality formal.
8. Hand out Sample Confidentiality Agreement. Point out that many organizations will have clients sign an agreement at their first meeting when they explain the roles of a peer advocate.

9. This step should be done in the first meeting with client. If you cannot get something signed the first time you meet with your client, you should get a verbal agreement.
10. Every organization that works with clients has a confidentiality policy or agreement that their employees should follow. It is a good idea to review the policies with your supervisor before beginning your work as a peer advocate.
11. Ask participants *when is it ok to break confidentiality? What are steps to follow?*
12. Briefly review the 3 times when confidentiality can be broken and the steps to follow. It is a good idea to review these policies with your supervisor before beginning your work as a peer advocate.
 - a. If the client is suicidal
 - There is a technique called QPR – question, persuade, refer.
 - If you are comfortable question the client about:
 - Are you suicidal or have you thought about hurting yourself?*
 - Do you have a plan on how you would do it?*
 - How would you do it?*
 - Immediately seek assistance from supervisor at the agency you are working with.
 - Call 911 if client needs immediate assistance even if you have a doubt.
 - Call 1-800-245-TALK and make sure client has this phone number to call if they need to talk.
 - b. If the client threatens homicide or plans to seriously hurt someone.
 - Immediately seek assistance from supervisor at the agency you are working with.
 - c. If a client shares that they are physically abusing a child or dependant adult
 - Immediately seek assistance from supervisor at the agency you are working with.
13. Summarize the discussion by saying:
 - a. Confidentiality is an important part of a peer-client relationship
 - b. There are many reasons why a peer advocate must do all she can to maintain a client's confidentiality including building trust, to provide support, etc.
 - c. A client may have several things she wants kept confidential (for example her status, domestic violence, where she lives, sexual history, etc) and peer should be mindful about them.
 - d. There are times when a client's confidentiality may have to be broken for her own safety or the safety of others for example when client is seriously threatening suicide, homicide or abuse.

14. Assure the group: We will discuss confidentiality in more detail later in the day in other activities. Ask if anyone has questions or comments?
15. Point out that there are additional informational handouts in the back of their book to help them understand difficult situation like DV, suicide, depression, HIV disclosure.

Activity #4: Countertransference

Time needed

- 45 minutes

Materials needed

- Flipchart
- Markers
- **Handouts:**
 - Countertransference: How can you recognize it?* (pg 17)
 - What Can You Do to Address Your Countertransference?* (pg 18)

Preparation

Write the following on flipchart:

- Countertransference = any thought, feeling, wish, hope or fear that might come up for a peer advocate, *that is directed towards the client.*
- Trainer should to be prepared to provide a real life example of a time when she felt challenged by a client and used the concept of Countertransference to manage her feelings and maintain her professional stance towards her client.
 1. Describe a situation in which there were triggers and what that triggered for her
 2. Explain how she dealt with the feelings that came up
 3. Tell how she recognized the situation and what was going on
 4. Self-care strategies she used, either during or after the situation.

Instructions

1. In your own words, explain the following: We are going to discuss a concept to help us manage difficult feelings that might come up while helping our clients. Therapists and other providers use this technique when working with their clients. Peer advocates can also benefit from knowing about this technique called Countertransference.
2. Sometimes the thoughts and feelings that arise for the peer relate to her past experiences.
3. For example, in Barbara's Case Study. *What was Barbara's concern?*
 - a. She was worried about Sonya since she was also dealing with domestic violence.
 - b. She has to be aware that she can't get overly afraid for her client.

- c. She can't fear that client might get hurt in the same way, or to the same degree that she did.
4. Ask the peer trainer to share her story (see Preparation.)
5. Sometimes when we have these reactions, it gets in the way of our being empathetic and meeting the client where she is at in her journey or readiness to deal with that situation. Instead, we might get too directive, judgmental, too focused on giving advice, and getting too protective of the client.
6. Ask participants:
 - a. *What might cause a reaction in you?* If participants have trouble coming up with this, ask them to think of someone in their life that triggers them and have them identify the trigger/issue.
 - b. *Have you ever felt this? How?*
 - c. *What are some self-care strategies we can use when this happens? What did Barbara decide she was going to do?*
7. Explain that learning about what triggers us ("pushes our buttons") can help us plan how to respond when difficult feelings arise with clients (especially clients who remind us of ourselves, or remind us of things we have had to deal with in our lives).
8. Understanding the concept of "countertransference" can help us in working with our clients.
9. It can also help us recognize that are different than we are and ultimately make the decision.
10. Point out that there is a handout in their packet "Countertransference: How do you know if it is there?" Read a few of points from the handout.
11. Wrap up by telling the group that learning to recognize this in ourselves can be quite challenging, but absolutely gets better with practice. Self awareness is a key component of peer advocacy. We don't need to be perfect, only willing to observe ourselves and learn.

Activity #5: Creating Boundaries

Time Needed:

- 60 minutes

Materials

- Flipchart, markers
- **Handouts:**
 - Creating Boundaries* (pg 19)
 - My Personal Story Worksheet* (pg 20)
 - Values* (pg 21)

Instructions

1. Have the participants form 2 lines 10 feet apart and face each other. One line will be A's and one line will be B's. Pairs will be created with the person directly in front of them.
2. Tell the A's that they are going to walk slowly towards the B's. The B's will stand still and when they start to feel uncomfortable with how close the A's are coming towards them, put their hands up with their palms facing A's.
3. Emphasize that there is no "right" or "wrong" distance, it's a matter of personal comfort. There will be some giggling, but encourage the group to do this silently and to really pay attention to their feelings.
4. Repeat the activity so the B's get to walk towards a different person in the A line.
5. After the pairs have done this, ask everyone to return to their seats and process by asking such questions as:
 - *How did it feel to be B and to have the power to stop the other person?*
 - *How did it feel to be A and not have the power?*
 - *What does this have to do with being a peer advocate/educator?*
 - *Who has the power in that relationship to set boundaries?*
 - *How might you feel if a client sets boundaries that are farther away than you'd like?*
 - *How might you feel if her boundaries are closer than yours?*
 - *We've been looking at physical boundaries, but what other kinds of boundaries are important for us to set?*
 - *What are some safe ways to let others know our boundaries?*
6. Through our discussion today we have seen that peer advocates face many challenges and to avoid burnout we need to create boundaries and limitations for ourselves.

7. *Ask: How might someone go about creating boundaries?*

8. Some responses can include:

- Open communication with clients – let them know what they can expect from you and what you expect from them from the beginning and be straightforward.
- Follow through with your promises in a timely manner.
- Address your limitations – let clients know what you are able to do and what you can't do. Share your roles of peer educator with them at first meeting. Tell them your hours and how they can reach you.
- Seek support from your supervisor – If you don't know what to do or what is appropriate make sure to contact other co-workers and peers. Always have supervisor's number on hand for emergencies.
- Refer, refer, refer – you can't do everything so make sure you have a good, updated list of referrals. Make sure you are personally familiar with the referrals before sending clients to them. Take the time out to visit organizations and find contacts at those referrals. Follow through with the referrals.
- It is ok to not know- remember it is a learning process.
- Putting your personal values aside and being professional – refer to personal story worksheet.
- Don't feel pressured to share your own story each and every time – see personal stories worksheet.

9. Let's discuss values.

10. Ask the following questions, and taking several responses to each:

- *What's a value?*
- *Where do values come from?*

11. Generally, we feel pretty strongly about our values; after all, they came from our families, our religious beliefs or other influences that we hold dear. When our values come in conflict with someone else's values, that's often pretty difficult to handle and brings up some strong feelings.

12. Some of our values may be challenged in our work as peer advocates, and it's important to continue to check-in with ourselves to see how our values mesh with the work that we are doing. If we find ourselves feeling very stressed, that may be a sign that our values are in conflict with our work.

13. Break participants into 4 groups. Have them go over the list of values and discussion questions.

14. Discuss the values statements and discussion questions with in larger group.

15. Remind the participants that the responsibility of peer advocates is *not* to convince people to change behaviors that they believe is wrong, even if it's risky. Our responsibility is to make sure that people have the information they need, have the chance to develop the skills they need, and have the support to explore their own beliefs and values so that they can make healthy decisions.
16. The more we let our personal values into our work, the more likely it is that we will close the door with someone. Clients are more likely to trust us and to learn from us if they see us as non-judgmental.
17. Wrap up by acknowledging that this is a tough challenge and will continue to be so. We're here because we care about our clients' health, and it's really hard to watch someone do things that aren't healthy. But by providing support and keeping the door open, we have a much better chance of really helping her than if we try to change her.
18. Take a few minutes to point out and go over the *personal stories worksheet*. We have created this so you can tailor your story depending on the audience you are working with so you don't have to feel pressured to always give your story in detail.

Activity #6: Working with Grief

Time Needed:

- 30 minutes

Materials:

- Flipchart
- Markers
- Tape
- **Handouts:**
 - Working with Grief (pg 22)*
 - Grief vs. Depression (pg. 23)*
 - Working with Grief, Case Scenarios (pg 24-26)*

Preparation:

- Write on flipchart :
 1. Do you hope that you will be able to heal from the loss?
 2. Do you feel a sense of purpose even though you have suffered a loss?

Instructions:

1. Point out that we have completed a lot of work today and one thing that we haven't talked about that has to do with creating boundaries and Countertransference is Grief.
2. Provide the following information in your own words: By the time most people are adults they have experienced grief in relation to a life event. Grief happens when we have suffered a loss that is somehow permanent.
3. By loss we mean not only death, but that it also includes other losses such as the loss of one's health status (e.g. an HIV diagnosis), freedom, a love we broke up with, a friend who moved away, a pet, a child who got married and moved away, a place in our life we had to leave behind.
4. We also want to give you all some tools to evaluate whether or not you should refer someone to a mental health professional.
5. Ask:
 - *What are things people grieve over?*
 - *How would you describe grief?*
6. Point out that sometimes a person may have difficulty with the process of grieving. Ask: *why might this occur?*
 - Sometimes we hold beliefs about grief that actually inhibit our ability to grieve.

- Or we think we have to take care of others by not showing our feelings.
7. Tell the group: *There are several models used in the mental health field to describe the process of moving through grief. As peer advocates we help people move through the various stages of initial crisis to the later stages of understanding – growth and positive change. Let's consider the path our clients (and we) walk through the feelings of grief.*
 8. Ask: *What are some of the phases or stages someone passes through as they experience grief?* List on flipchart. Answers might include: Shock/Denial/Unreality
 - Fear
 - Bargaining
 - Loneliness
 - Anger
 - Shame
 - Sadness
 - Acceptance
 - Sense of meaning/purpose
 - Wholeness
 9. Ask: *What happens as we grieve over time? For most people they will move into the stage of:*
 - Acceptance
 - Sense of meaning/purpose
 - Wholeness
 10. Sometimes for some it is much more difficult to work through the grieving process – or a person may be or may become depressed. Prolonged depression or anxiety can prevent us from grieving.
 11. It is important to know the difference between a client who is grieving or experiencing acute (short-term depression) and a client who is experiencing chronic (long-term depression).
 12. Discuss the following points and write on flipchart:
 - Someone who is grieving will experience a range of emotions at any given time. Someone who is depressed may not experience a range of emotions; rather she may feel only deep sadness, despair or numbness.
 - Someone who is grieving will probably indicate that they know that life will go on despite the loss. People who are depressed often feel a sense of hopelessness.
 - People who are grieving usually feel a sense of purpose; as a matter of fact, the loss may cause them to strengthen or re-assess what is important.

Someone who is depressed may feel a lack of purpose, or unenthusiastic about her life's purpose.

13. Break participants into groups and handout scenarios and have them answer the following questions for their scenario:

For each scenario: Analysis

- In your opinion – what is happening in the scenario?
- What state of grief process do you think she is experiencing?
- List the information that supports your conclusion.

Questions

- List at least three questions might you ask her to figure out if she is depressed or grieving?
- What thoughts, concerns, or feelings might come up for her? For you?
- What support and/or information could you offer her?
- What action steps might your client, you or both of you consider taking?

Scenario 1:

You have a client who found out that she has HIV about 2 months ago from her OB/GYN who decided to test her after she had several severe yeast infections and was complaining of feeling tired. Her CD4+T cell count came back at 125, so she started medication. Her partner of 5 years broke up with her when he found out about her status. She found your agency through a referral from her doctor and has been coming to see you for about a month. She has seemed very sad about her situation and today when you see her and ask her how she is doing, she says fine but as she is checking in with you she begins to cry.

Scenario 2:

You have a client who has known about her HIV status for several years. She has been taking medication, but after getting the flu, she ended up in the emergency room with pneumonia. When she was in the ER getting her lungs checked, the doctor found a lump on her neck and under her arm. The biopsies determined that she has cancer and she has started treatment for that. When you call to check-in on how she is doing, she sounds angry that her regular doctor did not find the lumps and can't seem to talk about anything else.

14. Discuss both scenarios and responses to each.

15. Remind participants to refer clients to mental health professionals if they suspect someone is depressed.

16. Say to the group: *We covered a lot of information and topics today. I would like to commend everyone for their participation and sharing. As we close*

this particular activity, if you would like to share with the group an “Ah Hah” – something that you learned that was new for you – or an “Uh Huh” – something that you already knew that was somehow reinforced or strengthened.

Activity #7: Self-Care

Time needed

- 15 minutes

Materials

- **Handouts:**

101 Ways To Take Care of Yourself and Reduce Stress (pg 26-28)

Self-Talk (pg 29)

Changing Negative Thinking into Positive (pg 30)

Practicing Self-Care (pg 31)

10 Things You Can Do to Enhance Your Emotional Well-Being (pg 32)

Self-Care Contract (pg 33)

Instructions

1. In this next section we want to talk about stress. Stress not only impacts our health and well-being but it can impact the work we do and how well we do what we do. As peers we need to think about these issues especially since we are dealing with a very serious health issue (HIV) that is impacting our clients and even some of us. Stress can make any health condition worse so it is imperative that we find ways to manage stress.
2. Ask: *What is stress?* Webster defines stress as “a physical, chemical, or emotional factor that causes bodily or mental tension and may be a factor in disease causation.”
3. Ask: *What are some problems stress can cause?* (heart disease, high blood pressure, irritable bowel syndrome, etc.)
4. Ask: *What are some benefits of stress?* (learn coping strategies, deal with emergencies, motivate us, etc.)
5. Ask: *What are ways you manage stress?* Take a few answers, and then point out the handout, *101 Ways to Manage Stress*. Give the group a few minutes to look over.
6. Do one self care activity together.
7. Give the group a few minutes to fill out the “*self care contract*”.
8. Have participants share what they have written in their contracts with their neighbor.

Activity # 8 Closing Activity — Candle Ceremony

Time Needed:

- 15 minutes

Materials:

- 2 long Candles
- Matches

Instructions:

1. State to participants that we covered a lot of information and topics today and some were very difficult to talk about.
2. Commend everyone for their participation and sharing. Many wounds may resurface for many of you tonight as you think about everything we talked about in regards to grief and loss. So, we want to do a very special healing ceremony.
3. Ask group to get into one big circle and hold hands.
4. Explain to the group the purpose of the activity. *This activity is to help us acknowledge our grief. In this candle activity we are going to light a candle (bringing light, courage and strengthen) to our life. And we are going to be blowing out one candle symbolizing our grief (which can be our fears, sadness, pain, a particular type of loss) that we have been carrying around.*
5. Facilitator will start activity by lighting one candle. Hold one candle in one hand and the other in the other hand. Light the unlit candle and while you light it, say that you are lighting the candle for yourself and for your life. After the candle is lit, blow out the other candle. As you are blowing it out, say that you are blowing it out for your grief (either you can say the particular loss you have dealt with or state your fear). Then pass the candles (1 lit and 1 unlit) to the person next to you.
6. Go all the way around the circle until everyone has done the candle ceremony.
7. End by thanking everyone for sharing this experience with you.
8. Acknowledge that it is a very difficult activity but we hope that it helps everyone in moving forward through their grief.

Day 3: HIV/AIDS– Part 1

Purpose:

The purpose of this module is to provide participants with a basic background and understanding of HIV and other STD's, including modes of prevention and transmission; HIV and the immune system; and a basic foundation in HIV treatment.

Learning Objectives

Participants will:

- Discuss myths and facts about HIV/STDS
- Discuss the female reproductive system
- List modes of transmission of HIV and methods of prevention
- Describe the HIV life cycle
- Define an opportunistic infection
- Discuss basic concepts related to HIV treatment
- Practice providing HIV information to clients

Overall Time Needed

- 6 hours

Day 3 Overview

Activity	Handouts	Materials Needed
#1: “Let’s Talk About Sex” Icebreaker		<ul style="list-style-type: none"> • Flipchart • Markers • Sex words posted around the room on flipchart
#2: Female Reproductive System	<ul style="list-style-type: none"> • <i>Female Reproductive System (p 41-46)</i> • <i>Menstruation, Menopause, HIV (p 47-52)</i> 	<ul style="list-style-type: none"> • Women’s Reproductive Chart
#3: Immune System and the HIV Life Cycle	<ul style="list-style-type: none"> • <i>HIV Life Cycle (p 53)</i> 	<ul style="list-style-type: none"> • Flipchart, markers • The Immune system powerpoint slides • Lifecycle on laminated poster • Lifecycle steps with tape or velcro on the back
#4: HIV Medications 101	<ul style="list-style-type: none"> • <i>10 Things You Can Do to Adhere to Your Medication Schedule (p 54)</i> • <i>Updated HIV Drug Chart (to be handed out)</i> • <i>Project Inform’s “When to Use Anti-HIV Therapy” (p 55-62)</i> • <i>Project Inform’s “Dealing with Drug Side Effects” (p 63-70)</i> • <i>Meditation on Taking Medicine Within(p 71)</i> 	<ul style="list-style-type: none"> • Flipchart, markers • HIV 101 powerpoint presentation

Activity	Handouts	Materials Needed
#5: Panel of local HIV providers (if possible)		
#6: Review	<ul style="list-style-type: none"> • <i>HIV 101 handouts (p35-40)</i> 	
#7: Closing & Homework		

#1 “Let’s Talk about Sex” Icebreaker

Time Needed:

- 15-20 minutes

Materials:

- Easel
- Marker
- Cd + Player + song: Lets Talk About Sex

Preparation:

1. Write the following on newsprint and post around the room:

❖ Vagina	❖ Orgasm	❖ Gay
❖ Penis	❖ Woman	❖ Lesbian
❖ Clitoris	❖ Vaginal Sex	❖ Transgender
❖ Breasts	❖ Anal sex	❖ Bisexual
❖ Sexuality	❖ Oral Sex	❖ Partner
❖ Lips	❖ Virgin	❖ Masturbation
❖ Tongue	❖ Abstinence	

Instructions:

1. Introduce activity.
2. Ask everyone to pair up with one other person.
3. Give each pair a marker.
4. Ask each pair to walk around the room and write other words that they have heard or used for each word written on the poster board paper.
5. Tell the group that these can be positive or negative words.
6. Encourage them to be as open and creative as they like.
7. There is no right or wrong answers.
8. After 10 minutes lead a brief discussion:
 - *How did that feel?*
 - *What did you notice as you were doing this exercise?*
 - *Why do you think we asked you to do this exercise?*

Points to cover in discussion:

This exercise was to get you to start thinking about our bodies, sex and relationships and to create awareness and respect.

There are many different words and phrases used within the community when we talk about sex.

Some of them are positive and can be uplifting and empowering. Others can be very negative and have a disempowering effect on us.

Remember that there are many different factors that can impact a woman's view of herself, her sexuality and her body.

As a peer advocate, we must have an open mind. Keep this in mind as you work with clients. No one deserves disrespect.

Seek support if you need it.

Activity #2: Female Reproductive System

Time needed:

- 30 minutes

Materials:

- **Handouts:** *Female Reproductive System* (pg 41-46)
Menstruation, Menopause, HIV (pg 47-52)

Instructions:

1. Start off by asking participants: *how many holes do we have down there (by down there, we mean female reproductive system)?*

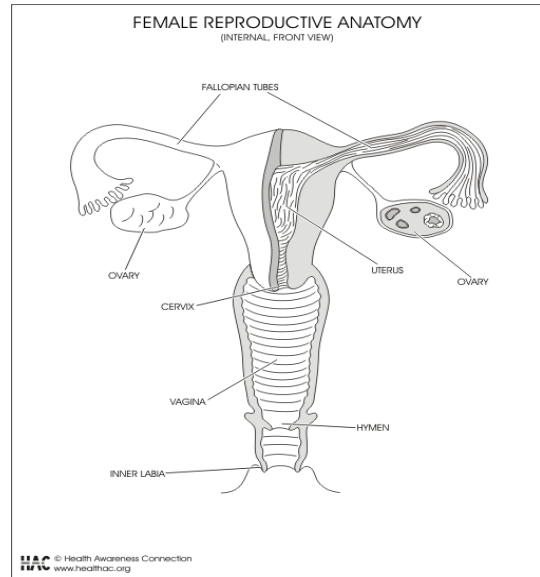
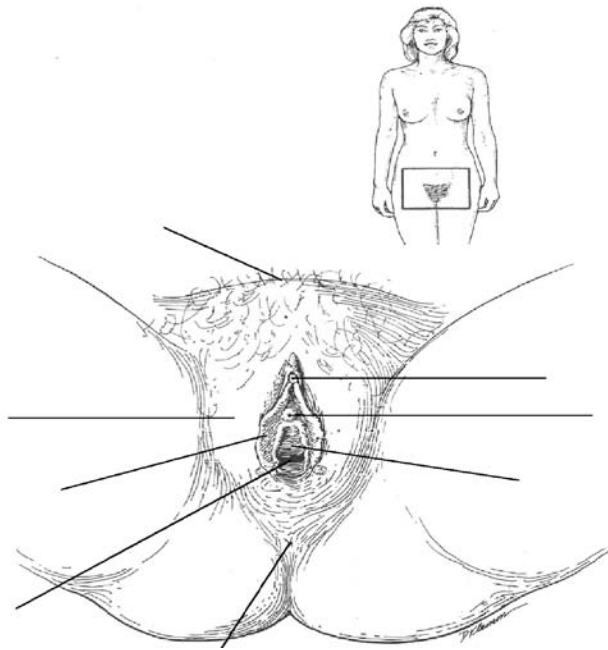
2. Talk about how many holes we have down there...vagina, urethra, and anus.

Explain that the clitoris is not a hole. Nothing can go into it and nothing can come out of it. It is an area that is connected to lots of nerves which, when aroused, create sensation.

3. Explain to the group that the female body goes through 4 essential stages. Ask them what these changes are and what happens at each.

- a. **Puberty**- age 8-13; develop breasts, hormones, pubic hair; menstruation begins
- b. **Reproduction** – Puberty till age 45; pregnancy can happen
- c. **Perimenopause** – age 40-60 (last 2 years or so); time right before menopause where body is getting low on hormone production, irregular periods, hot flashes, night sweats, mood swings, dry vagina and other side effects can occur.
- d. **Menopause** – average age 45 or when full hysterectomy is performed; menstruation ends; pregnancy cannot occur; body stops producing estrogen;

4. Ask the group to take a few minutes to complete the blank diagrams of the female reproductive system pg 41, 42. Work in pairs.



5. Review with the group the picture and process of the female reproductive system.
6. Most women have two ovaries; one on each side of the uterus and are connected by fallopian tubes.
7. Our ovaries contain a set number of eggs. Ovaries at birth contain **300,000-400,000 follicles**, which are balls of cells with an immature egg in the center. This is the maximum number of follicles a female will ever have. However, only approximately **400 of these eggs will actually mature and ovulate** while the rest degenerate.
8. One by one, the eggs in a woman's ovaries get used up. When there are no more eggs, she does not have a period. This is called **menopause**. Once they run out, we cannot make anymore. Men (most) on the other hand can produce sperm until they are very old. Women can also damage or lose our eggs over our lifetime by drinking, smoking, substance abuse, medications such as HIV medications, stress, cancer treatments and other health issues.
9. For women on a normal cycle, each month ONE egg is released by one of the ovaries. As soon as the egg is released, a lining of tissue and blood is also formed in the uterus.

10. The purpose of the lining is so that the woman can hold the baby in her womb if she were to get pregnant.
11. Ovarian Hormones are also released when the eggs is released.
 - **Estrogen** – Prepares the body for pregnancy. Secreted by the follicle and causes the following changes:
 - Uterine lining thickens (endometrial cells *multiply* and “proliferate”)
 - Cervical secretions become slippery and nourish the sperm
 - Cervix softens, lifts and opens
 - Resting body temperature is low
 - **Progesterone** – Sustains pregnancy. Secreted by the corpus luteum and causes the following changes:
 - Uterine lining thickens (endometrial cells grow and store nutrients to offer an appropriate condition for implantation of fertilized egg)
 - Cervical secretions thicken to keep bacteria and other sperm out
 - Cervix firms, lowers and closes
 - Resting body temperature is higher
12. The egg travels through the fallopian tube. The egg takes approximately 2 weeks to travel from the ovary to the uterus. This period is called **ovulation**.
13. In a woman (with a fairly regular menstrual cycle), ovulation occurs in approximately 14-15 days before her next menstrual period is due. Some women do not have a regular cycle due to various changes in their lives, including emotional stress, drug use, HIV, etc. If you have an irregular cycle, ovulation will also be irregular and unpredictable.
14. Ovulation is the time that a woman is most likely to get pregnant. You can get pregnant if you have sex during or near the time of ovulation.
15. During sex, sperm are released into the vagina. They travel up through the cervix, through the uterus, and out up to the tubes.
16. Around the time of ovulation, there is thin mucus in the cervix that helps the sperm move.
17. If a sperm meets an egg in the tube, fertilization (the joining of egg and sperm) can occur. The fertilized egg then moves through the tube into the uterus and becomes attached there to grow into a fetus.
18. If the egg and the sperm do not meet during the ovulation period, the egg is absorbed into the body and the lining in the uterus break apart and come out of the vaginal

canal. This is called **menstruation**. Cramps, changes in mood, breast tenderness, etc may also result during this period due to menstruation.

19. In her period a woman may notice clumps as well as blood. The clumps are not blood clots. They are pieces of the tissue that was in the uterus lining. It is very normal to see these clumps.
20. If a woman has her “tubes tied”, the sperm and egg cannot join to form a fetus but she will continue to have her periods.
21. If a man has a **vasectomy**, he cannot impregnate (get a woman pregnant) BUT he can still transmit STDS and HIV through the semen. Vasectomy is a simple procedure. It makes men sterile by keeping sperm (the reproductive cells in men) out of semen — the fluid that spurts from the penis during sex.

Sperm are made in the testes. They pass through two tubes called the vasa deferentia to other glands and mix with seminal fluids to form semen. Vasectomy blocks each vas deferens and keeps sperm out of the seminal fluid. The sperm are absorbed by the body instead of being ejaculated. Without sperm, your "cum" (ejaculate) cannot cause pregnancy.

Vasectomy does not affect masculinity. And it will not affect your ability to get hard and stay hard. It also will not affect your sex organs, sexuality, and sexual pleasure. No glands or organs are removed or altered. Your hormones and sperm continue being produced. Your ejaculate will look just like it always did. And there will be about as much of it as before.

22. Remember that pre-ejaculation or pre-cum can get a woman pregnant as well as transmit STDS and HIV.
23. A woman cannot get pregnant if the semen/sperm enters the woman’s body through the mouth during oral sex BUT she can get certain STDs in her mouth as we will talk about in the next section.
24. Some women because of complications, cancer, diseases or even naturally have less eggs or no eggs at all in their ovaries. They women reach menopause at a much earlier age than what the age an average woman does at 40-60 years of age.
25. Some women for health and personal reasons may have a surgical procedure called a hysterectomy. There are several types of hysterectomies.
26. A complete hysterectomy is the removal of the uterus, cervix, fallopian tubes and ovaries leads to menopause.
27. A partial hysterectomy is the removal of the uterus and the cervix. A woman will continue to ovulate but will have no menstrual periods.

28. An oophorectomy is the removal of the ovaries and is usually done in connection with a hysterectomy.

Definitions (to go over with participants):

Vagina: The canal in the female is used for 3 purposes. It is used for sex, birthing (baby comes out of this canal) and menstrual period is released from the body through this canal.

Clitoris: The center of sexual arousal for women. The area is made of many nerves and it is sensitive to stimulation for the women. The clitoris is not a hole or an opening but an area with nerves.

Uterus: The pear-shaped female organ, which houses the fertilized egg and the developing fetus (baby). The uterus is also known as the “womb”.

Cervix: The cervix is the base of the uterus. It is located at the end of the vagina. In the cervix thin mucus forms that help sperm travel through for the fertilization of the egg. The cervix is very sensitive to infection. This is also the area which the doctor checks (for infections) when doing a pap smear. The younger we are, the more sensitive the cervix is to developing infections.

Ovaries: The primary organ of the reproductive system. We have two ovaries which are sexual glands that hold our eggs. The ovaries also produce the female hormones estrogen and progesterone. Hormones provide essential signals and functions for the body to operate properly.

Egg: The female reproductive cell released by the ovaries, which after fertilization (meeting with the sperm) develops into the beginning of human life (a baby).

Fallopian tube: Tubes or branches connected to the uterus. After the egg is released by the ovaries it moves through the fallopian tube and then goes to the uterus.

Urethra: A canal that transfers urine from the bladder to the outside.

The G-Spot (Grafenberg spot): An area that has brought much controversy. The G-spot is located on the front wall of the vagina. It is described as being about the size of a small bean during its unaroused state and growing to the size of a dime during arousal. Stimulation may lead to orgasm and sometimes resulting in the ejaculation of a clear fluid from the urethra.

Anus: The opening of the large intestine that carries waste to the outside.

Activity #3 The Immune System and HIV Life Cycle

Time needed

- 30 minutes

Materials

- The Immune system powerpoint slides
- LCD Projector
- Lifecycle on laminated poster
- Lifecycle steps with tape or velcro on the back
- **Handout:** *HIV Lifecycle (pg 53)*

Preparation:

1. Make large poster size replica of a CD4+ Cell. A sample picture is attached at the end, so you know what it looks like. You can blow this picture up or create one of your own. It may be a good idea to laminate it so that it can be reused.
2. Using smaller pieces of paper or cardboard, write the step (see below) on one side of the paper and the description on the other. Place either tape or Velcro on the side of the card with the description. If you use Velcro, put pieces on the large poster where the steps will occur.

Instructions:

1. Using the Immune system slides, conduct a presentation.
2. Explain to participants that you are going to go through the HIV lifecycle.
3. This is the process that HIV takes when it has infected a cell.
4. There are five main steps that you will be focusing on. Anti-HIV medications interfere with the HIV lifecycle.
5. Understanding the HIV lifecycle will help us when we learn about anti-HIV medications.
6. Read the HIV Life Cycle Steps while using the diagram:

Step 1: Attachment and Fusion

Description: HIV attaches to the surface of the CD4+ cell and fuses with the cell so it is inside of the cell.

Step 2: Reverse Transcription

Description: HIV genes are carried in two strands of RNA. Human genetic materials are found in DNA. HIV RNA is made into DNA using the enzyme reverse transcriptase.

Step 3: Integration

Description: The new DNA is carried into the cell's nucleus (where the cell's DNA is kept). The HIV DNA inserts its genetic material into the DNA of the infected cell using the enzyme integrase.

Step 4: Transcription

HIV DNA now directs this cell to produce new HIV.

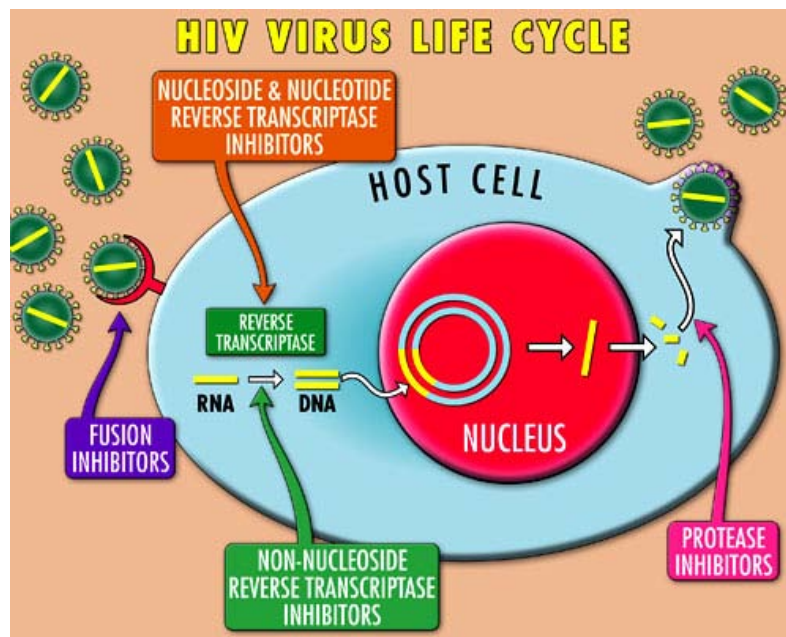
Step 5: Maturation and Budding

Description: Long strings of proteins (building blocks used to make living things) are cut up into smaller pieces using the enzyme protease. They are then assembled and bud off the cell to create new viruses.

7. Walk through the lifecycle with the group 3-4 times
8. The final time, remove all the steps and ask the group to help you go through the process.

Ask participants to yell out the step and you can post it on the poster or you can ask participants to take turns to post them on the poster.

HIV Life cycle



Activity #4: HIV Medications 101—Side Effects, Adherence, & Goals of Medication

Time needed

- 60 minutes

Materials needed

- Flipchart Paper
- Markets
- Medication 101 powerpoint slides
- **Handouts:**
 - 10 Things You Can Do to Adhere to Your Medication Schedule* (pg 54)
 - Updated HIV Drug Chart (to be handed out)*
 - Project Inform’s “When to Use Anti-HIV Therapy”* (pg 55-62)
 - Project Inform’s “Dealing with Drug Side Effects”* (pg 63-70)
 - Medication Meditation* (pg 71)

Instructions:

1. Conduct Medication 101 powerpoint presentation

2. Review Handouts

- *10 Things You Can Do to Adhere to Your Medication Schedule* (pg 54)
- *Updated HIV Drug Chart (to be handed out)*
- *Project Inform’s “When to Use Anti-HIV Therapy”* (pg 55-62)
- *Project Inform’s “Dealing with Drug Side Effects”* (pg 63-70)
- *Medication Meditation* (pg 71)

3. Break participants up into groups of 4-5. Ask each group to come up with the following for each scenario on the slides.

- Two open ended questions to ask a client that is considering starting HIV medications.
- Two affirming statements you could tell a client who has been taking HIV medications.
- Finish by reading the medication meditation.

Activity #5: Panel of Local HIV Providers

Time needed

- 90 minutes

Materials needed

- **note cards to distribute to participants for them to write questions**

Preparation and Instructions

1. Invite 3-4 health care providers working with in the local community to talk to the trainees about their services. (Possible Providers: Social Workers, Case Managers, Lawyers, Substance Abuse Counselors, Domestic Violence Providers, Youth Program, GLBT Providers, Doctors)
2. Provide a basic summary of the Lotus Peer Education Training goals and objectives to the providers in advance.
3. Have participants write down 2 possible questions they can ask the providers.

Instructions

1. Introduce the providers and the agency they represent to the trainees.
2. Write their names and titles on flipchart.
3. Allow 10-15 minutes for each provider to talk about:
 - a. Name of agency, location, hours, services they offer
 - b. Who do they serve at their agency
 - c. How to access these services and qualifications to receiving these services, charges, insurance or payment options
 - d. Step by step process on how a peer advocate can get their client into services at their agency.
 - e. Intake process at the organization,
 - f. Types of providers they have at their agency
 - g. Do you utilize peer advocates – are they looking to hire peer advocates?
4. Have participants ask providers questions or facilitator should distribute note cards so participants can write their questions on them and the facilitator can ask them.
5. Facilitate further discussion between the providers on what each agency is doing to combat the HIV epidemic in their community. (if time permits)
6. Distribute any informational materials from the providers.
7. End by thanking the providers and applause.

Day 4: HIV/AIDS– Part 2

Purpose:

This module discusses safer sex, disclosure, reading lab reports, as well as provides participants with an opportunity to practice providing HIV information.

Learning Objectives

Participants will:

- Discuss safer sex methods
- Discuss HIV disclosure basics
- Discuss how to read labs
- Practice providing HIV information to clients

Overall Time Needed

- 4 hours

Day 4 Overview

Activity	Handouts	Materials Needed
#1: Safer Sex and Harm Reduction	<ul style="list-style-type: none"> • <i>Risk Meter (p 37)</i> • <i>How to Use a Condom (p 73)</i> • <i>How to Use a Female Condom (p 74)</i> • <i>How to Use Dental Dams and Other Latex Barriers (p 75)</i> • <i>10 Things You Can Do to Practice Harm Reduction If You Use Drugs (p 76)</i> • <i>Project Inform's "Sex and Prevention Concerns for Positive People" (p 77-84)</i> 	<ul style="list-style-type: none"> • Safer Sex Kits for demo • Cucumber or Condom demo model • Safer Sex Kits for Distribution (if possible) • Box of Latex gloves and bottle of lube
#2: HIV Disclosure (2 different activities to choose from)	<ul style="list-style-type: none"> • <i>Telling (p 85)</i> • <i>HIV and Disclosure (p 86)</i> • <i>Who Needs To Know You Are HIV+ (p 87)</i> • <i>Disclosing to Loved Ones (p 88)</i> 	<ul style="list-style-type: none"> ▪ Candles (2) ▪ Beautiful by Christina Aguilera CD and player
#3: Reading & Understanding Our Labs	<ul style="list-style-type: none"> • <i>3-5 Sample Lab Reports, with questions at the top.</i> • <i>ACRIA Handbook: Reading our Labs (p 89-108)</i> • <i>Project Inform's: "Blood Work: A Useful Tool For Monitoring HIV" (p109-120)</i> 	
#4: HIV Case Studies	<ul style="list-style-type: none"> • <i>HIV case studies (p. 121-124)</i> 	
#5: Lotus Jeopardy Game		<ul style="list-style-type: none"> • prizes

Activity	Handouts	Materials Needed
#6: Closing, Homework		

Activity #1: Safer Sex & Harm Reduction

Time required

60 minutes

Materials

- Newsprint, markers
- Safer Sex Kits for demo
- Cucumber or Condom demo model
- Safer Sex Kits for Distribution (if possible)
- Box of Latex gloves and bottle of lube
- **Handouts:**
 - Risk Meter (pg 37)*
 - How to Use a Condom (pg 73)*
 - How to Use a Female Condom (pg 74)*
 - How to Use Dental Dams and Other Latex Barriers (pg 75)*
 - 10 Things You Can Do to Practice Harm Reduction If You Use Drugs (pg 76)*
 - Project Inform's Safer Sex Handouts (pgs 77-84)*

Instructions

1. Ask "What is safer sex?" Safer sex means having sex in ways that make it less likely that the STDs and HIV can be passed between sex partners.
2. Ask "What is harm reduction?" Harm reduction is a set of practical strategies that reduce negative consequences of drug use, incorporating a spectrum of strategies from safer use, to managed use to abstinence. Harm reduction strategies meet drug users "where they're at," addressing conditions of use along with the use itself.
3. What is on the market now that can help with reduction of risk of spreading HIV and STDS?
4. What are the safest behaviors (acknowledge that it is not always realistic):
 - abstinence
 - not sharing injection drug needles or "the works".
 - not using drugs.
5. The behaviors that have no risk of HIV:
 - Hugging
 - Massaging
 - Mutual masturbation
 - Clothed sex where no body fluids are shared
6. Some risk reducing behaviors IF you are engaging in high risk behaviors:
 - Using latex condoms from start to finish, EVERY time, and using them

- correctly. If not all the time, then as much as possible.
- Using water-based lubrication
- Using dental dams and other materials from your safe sex kit
- Not sharing your “works”, needles, paraphernalia (like straws, cookers, cotton), etc with ANYONE ELSE. If this is not possible then cleaning your “works” or needles with bleach and water (three times).
- Negotiating safer sex BEFORE you start to become sexually aroused
- Having oral sex which can be safer than vaginal or anal sex.

7. Condom Race:

Ask 4 people to come up to the front of the room. 2 people will be blind-folded while the other 2 will hold the dildo or penis models or cucumbers. The blind-folded persons will be handed a condom after they have been spun around 3-4 times and will be asked to put the condom on their partner’s model. The 2 teams will race against each other. Facilitator will determine who has put it on correctly and explain the steps below.

Condoms:

- a. Use a condom each and every time you have a sexual interaction.
- b. Handle the condom carefully, making sure not damage it with your teeth, fingernail, or other sharp object.
- c. Place the condom on a "hard" penis before it touches you anywhere near your vulva/vaginal area/down there. If the man is uncircumcised, roll down the foreskin before you put the condom on.
- d. If you use extra water-based lubrication, place some on the inside of the tip of the condom before placing the condom on the penis. Additional lubrication may be used on the outside of the condom and on the vaginal area; this helps if there is a break in the condom. Note that spermicides, Vaseline, oils, lotions, etc are not recommended. They can irritate the skin and create cuts in the skin and break latex condoms allowing infections to spread.
- e. Do not pull the condom tightly against the tip of the penis.
- f. For a condom without a reservoir tip, leave a small empty space-about a half-inch-at the end of the condom to hold semen. Some condoms come equipped with a reservoir (nipple) tip that will hold semen.
- g. Unroll the condom all the way to the bottom of the penis.
- h. If the condom breaks during intercourse, withdraw the penis immediately and put on a new condom and use more lubrication.

- i. After the guy ejaculates/comes, carefully withdraw the penis while it is still hard.
 - j. Hold on to the rim of the condom as the penis is withdrawn from the vagina to prevent the condom from slipping off.
 - k. Remove the condom carefully from the penis, making sure that semen doesn't leak out.
 - l. Wrap the used condom in a tissue and discard it in the garbage. Do not flush it down the toilet, as condoms may cause problems in the sewers.
 - m. Women are encouraged to wash their vaginas with warm water instead of douching or using other chemical materials.
 - n. Wash your hands thoroughly with soap and water.
6. Demonstration of other safer sex productions such as dental dams, gloves, finger cots, female condoms lubrications.

Latex Glyde/Dental Dams:

Latex Glyde/Dental dams are squares of latex used by dentists to isolate a particular tooth during dental procedures. They can usually be obtained at family planning clinics, women's clinics, or AIDS organizations. During sex, dams can be used over the vagina or anus while it is being orally or manually stimulated. The following suggestions may help you with your latex dam:

- a. Before you try using a dam with a partner, experiment with it yourself. Try stretching it, tasting it, and rubbing it against your skin.
- b. You may want to wash the dam before using it to improve its flavor. Use a mild soap, and rinse it well.
- c. For increased sensitivity, consider using a water-based lubricant on the genital side of the dam.
- d. Because the dam may slip during use, keep track of which side is which. Consider keeping several dams nearby in case one slips off and you lose track of which side is which. Partners can take turns using it.
- e. Although you can wash dams thoroughly and reuse them once or twice, it is safer to discard them and use a fresh one each time.

Other Options Other Than Dams:

- a. Saran wrap or other plastic wrap of good quality can be used. Efficacy of this has not been tested, but it may provide similar protection to that of the dental dam. Do not expose it to heat or hot water. Do not reuse it. DO NOT USE the kind that says MICROWAVABLE or that is the stores' generic brand since it is usually made up of material that does not protect.
- b. A condom or latex gloves may be cut in half and used like a dam.
- c. In addition, finger cots (condoms for fingers) and latex gloves can be used if someone has open sores or cuts on their fingers.
- d. Other Safer Sex Items Demonstration

Other activities to do if have time:

1. Group stands in circle with gloves on both hands and hold hands. Ask how does that feel? Then put lube on everyone's hands and everyone holds hands again. Ask how does that feel? ---Activity shows that lube can really make it fun and it feels better.
2. Condom relay race. Put on condom on dildo with mouth using no hands. Create 2-3 teams and race.

Activity #2a: Supporting our Clients Through Disclosure

Time required

- 45 minutes

Materials

- Newsprint, markers
- **Handouts:**
 - Telling* (pg 85)
 - HIV and Disclosure* (pg 86)
 - Who Needs To Know You Are HIV+* (pg 87)
 - Disclosing to Loved Ones* (pg 88)

Preparation:

Write on flipchart:

- Who
- What
- When
- Where
- How
- **Role of peer advocate:**
 - Listen, Support, Encourage, Suggest, Provide, Share your own experience.
- **Unsafe Disclosure:**
 - Pressured by a friend or loved one
 - Under the influence of drugs or alcohol
 - Wasn't honest with self about the situation
 - Needed something
 - Impulse
 - Didn't think of consequences
- **Safe Disclosure:**
 - You make the choice- the place, the time....
 - You are sober, calm,
 - You have information/phone number to give if there are any questions and you are ready to answer and/or discuss HIV,
 - You have someone to talk with who can support you
 - Thought it through for a long time
 - Take your time
 - Have a trusting relationship with the other person
 - Know why you wanted/needed disclose your status to this person

Instructions

1. Lead a brief discussion on the importance of thoughtful disclosure.

“Disclosure” means telling someone about one’s HIV status. As peer educators conversations about HIV disclosure will come up quite often and you have to be prepared and mindful on how you can help your clients with this process. Who to tell about their HIV status and how to tell can be a very complex and personal decision, which your client will need help with. There is one best way to tell someone, just as there is no sure way to know what their reaction to the news will be. You cannot tell your clients what to say or who to say it to but you can provide them with support and resources that may help them in their process. You can provide your client with some questions they should ask themselves before:

2. Review the question words that you have written on the flipchart.

3. Review the roles of the peer advocate

4. Have discussion of safe/unsafe disclosure using the pre-written flipchart papers.

Note: If anyone starts to share their story, point out that this is a good time to practice *not* sharing something, not disclosing!

5. Hand out the *Telling* handout. Ask them to write their answers to the *first two* questions only on the worksheet. Pair people up and ask one person to tell their partner about a safe disclosure experience and the other person to tell their partner about an unsafe disclosure experience.

Tell them that each person has about 2 minutes to share. While one person talks, the other person should practice *listening* without interruptions. Remind them of the class agreements and that each person will share only what they are comfortable sharing.

Tell them to get started! After 5 minutes, tell them the time is half up. After another 5 minutes, ask them to stop.

6. Reconvene the group and lead a discussion by asking the following questions:

- How easy or difficult was it to share the good experience you had? Why?
- How easy or difficult was it to share the not-so-good experience you had? Why?

Points to remember:

- Emphasize that what you’re looking for here is not what happened, but how it happened: I.e., You’re not asking them to share their stories with the group, but to think about what they did that helped make this a good experience.
- Emphasize that safe disclosure requires more time and work from a person

- than unsafe disclosure.
- Acknowledge that we have all made good choice and bad choices about disclosing different things at some point in our lives. This applies to other personal information, not just HIV.

7. Ask them to get out their “Telling” Handouts, and to write their answers to the last two questions on the worksheet.

8. End the session by asking the group reviewing the roles of a peer advocate when supporting their client through disclosure?

Responses can include:

- Listening to their concerns, fears, etc
- Reaffirm that is ok not to disclose.
- Help a client process why they should disclose, what they want to come out of it.
- Offer non-directive suggestions instead of telling them what to do and how to do it.
- Staying away from legal issues and scare tactics to convincing them to disclose.
- Encouraging clients to practice harm reduction practices

Activity #2b: Disclosure and Stigma Fishbowl Activity

Time required

- 120 minutes

Materials

- Newsprint, markers
- Chairs
- Flipchart
- Lollipops
- Timer
- Kleenex
- **Handouts:**
 - Telling* (pg 85)
 - HIV and Disclosure* (pg 86)
 - Who Needs To Know You Are HIV+* (pg 87)
 - Disclosing to Loved Ones* (pg 88)

Learning Objectives: By the end of this discussion participants will gain a better understanding of the following:

- The complex journey of disclosure
- Their personal journey with disclosure
- The role of disclosure as a peer advocate/educator

Preparation:

Write the following on flipchart:

- Disclosure Meter: How comfortable are you with disclosing your HIV status?
 - 1- Not At ALL COMFORTABLE - I will not tell anybody.
 - 2- A LITTLE COMFORTABLE - I will tell a couple of people.
 - 3- GETTING MORE COMFORTABLE- I will tell my family and friends.
 - 4- VERY COMFORTABLE- I disclose to everyone, my family/friends, and I am on TV, newspapers, posters, etc.
- Arrange chairs in a large circle. Ask everyone to take a seat. Put some chairs inside the large circle facing out

Instructions:

1. Introduce activity

2. We are going to have a discussion about disclosure and how it can impact the work that peers do in the community. We are going to do a fishbowl. Has anyone ever done a fishbowl before? In a fishbowl discussion, we have two groups. One group will come inside the circle and sit facing the rest of circle and answer three questions. Then we will switch groups and ask the same questions. The group that is on the outside of the circle must only listen, let's practice our listening skills, no question, no comments. We've got some lollipops for you, in case you feel the urge to say something!
3. We want to remember our ground rules we established this morning. Let's all acknowledge that this can be an emotional topic and we all have many stories to tell. We want to encourage you to tell the piece of your story related to disclosure, not to you're whole story. Tears are fine, we've got Kleenex. We want to hear from everyone that would like to speak, so please keep that in mind as you answer questions. When you are talking, you will have a timer. The timer will be set for 2 minutes and when it goes off your turn is up and the next person will give her response to the question. Let's do our best to be respectful and compassionate to each other, recognizing that we all come from a different place with different experiences.
4. Disclosure Meter/Role Model- Go over the disclosure meter with the group. Ask everyone to think about where they feel most comfortable on the meter. As they are thinking about this, tell a story of disclosure for yourself.
5. Fishbowl Activity

First group

- Ask those who are 1-2's to come inside the circle with their chairs and face outwards towards the outer circle.
- Ask the following questions to the group.
 - What do you want people in the other group to know about you?
 - Why are you a 1,2,3 or 4?
 - How do you feel about being a 1, 2, 3, or 4?
 - What is one thing hard about being a 1,2,3, or 4?
 - What is one thing easy about being a 1, 2,3 or 4?

Second group

- Ask those who are 3-4's to come inside the circle.
- Ask the following questions to the group.
 - What do you want people in the other group to know about you?
 - Why are you a 1,2,3 or 4?
 - How do you feel about being a 1, 2, 3, or 4?
 - What is one thing hard about being a 1,2,3, or 4?
 - What is one thing easy about being a 1, 2,3 or 4?

6. Group Discussion

Lead the group in a discussion using the following questions:

- What did you learn about yourself?
- What did you learn from the other group?
- What was it like to just listen?
- What was it like to talk and to just be listened to?
- What role do women living with HIV play in fighting stigma?
- How does this role relate to your own comfort level with disclosure

7. Closing

Ask group for any closing comments or question. Thank group for being open and compassionate with others.

Have the group stand together in a circle. Play the song “Beautiful” by Christina Aguilera while having women lighting candles.

Facilitator will start by lighting one candle (symbolizing she is lighting a candle for her life) and using that candle to light another candle. Then she can blow out one of the candles (symbolizing that she is blowing it out for stigma).

Pass the candles to the next person (one lit candle and one unlit candle). Participant will follow the steps as above.

Pass the candles around the whole circle.

Tips for successfully implementing Fishbowl

- Repeat the question when asking each participant-to keep them on track.
- Rephrase what they say to the group-this helps move the discussion along and also have them reflect on what they are saying. It also helps other participants that are listening
- Try to be as emotional removed as possible-it might seem cold, but your role is really to facilitate and move the discussion forward.
- Sit with the inside group when asking questions or you can stand outside the outer circle.
- Keep Kleenex in the middle
- Have popsicles or something for the outer circle participants to suck on while they are listening. This helps them to resist the urge to talk.
- Be compassionately firm with time, having each person who speaks hold some kind of timer or use soft chimes.

Activity #3: Reading our Labs

Time needed:

- 60 minutes

Materials needed:

- **“About the Numbers” powerpoint presentation**
- **Handouts:**
 - 3-5 Sample Lab Reports, with questions at the top (to be handed out)*
 - ACRIA Handbook: “Understanding Your Lab Results” (p 89-108)*
 - Project Inform’s: “Blood Work: A Useful Tool For Monitoring HIV” (p109-120)*

Preparation:

Ask participants to bring in a copy of their own labs if they would like.

Instructions

1. Conduct the “About the Numbers” powerpoint presentation
2. Review *Sample Lab Reports*
3. Review the handouts
 - *ACRIA Handbook: “Understanding Your Lab Results” (p 89-108)*
 - *Project Inform’s: “Blood Work A Useful Tool For Monitoring HIV” (p109-120)*

Points to Remember:

Trends are important. Look at your lab reports over a period of time, rather than one at a time.

Humans can make mistakes, so always make sure the lab report your are reading belongs to you.

Remember that each laboratory uses a different machine, so what may be out of range for one lab may not be for another.

Be sure to check the name of the laboratory your blood sample is sent to. Your doctor may not tell you that they have changed labs.

Activity #4: HIV Case Studies

Time needed:

- 1 hour

Materials

- **Handouts** : HIV Case studies (p. 121-124)

Instructions:

1. Divide the participants into 4 groups.
2. Assign each group a case study and have them together answer the questions at attached with each case study. Give the groups 20minutes to work on this.
3. Have the groups pick one person who will read the case study to the larger group
4. Have the group pick one person who will write their responses on flipchart paper.
5. Have one person read their case study out loud to the group and report back the answers to their case study questions.

Case Study: Edie

Edie's CD4+ cells have been dropping and her viral load has been increasing. Her doctor let her know that she would have to start HIV medications. Edie was feeling apprehensive and nervous about the side effects, but she was willing to get started. Her doctor prescribed Atripla that she would take once a day at bedtime. After a week of being on medication, Edie had side effects like strange dreams, feeling dizzy, depressed, and emotional.

She shared her medication experience at support group. She was upset and was crying, saying she would not keep taking these meds with these side effects. Participants talked with her, telling her that the side effects would last possibly one to two weeks more, but to hang in there.

Her CD4+ cells are now in the 450's and her viral load is less than 95. She was elated to share her results with the support group after her visit with her doctor.

Questions:

1. What medications are in Atripla?
2. Which medication in Atripla may cause some of the symptoms that Edie is experiencing?
3. What class of medications is Atripla in?
4. There is one thing that makes Atripla different from all the other HIV medications. What is that?

5. What can you say or do to encourage or affirm Edie's decision to start medications?
6. What are two suggestions that you can give to Edie to deal with the side effects?

Case Study: Ivy

Ivy, a 39 year-old Caucasian woman who recently returned from Africa is 3 ½ months pregnant. She also has an 8-year-old son. She was diagnosed with HIV in February 2006. Ivy has no income, is living with friends, and has debt from when she left the United States. Ivy says she practiced safe sex and tested regularly; however, she had one incident where the condom broke.

Ivy's CD4+ is 1130 and she has an undetectable viral load. She feels there is no need for her to take medicine because her doctor cannot tell her if there will be any long lasting side effects to her unborn child. Ultimately, Ivy decides not to take meds during her pregnancy or AZT at the time of delivery.

Ivy's baby tested negative at birth. However, Ivy hasn't contacted you (her peer advocate) for seven months, so you don't know how or where Ivy is.

Questions

1. What steps can you (the peer advocate) take to find Ivy?
2. What can you tell Ivy about HIV medications and pregnancy?
3. Which HIV medication(s) should Ivy avoid?
4. At what age can doctors confirm a baby's HIV status?
5. What kinds of concerns may come up for you as the peer advocate? How can you deal with them?

Case Study: Linda

Linda has a triple diagnosis: HIV+, paranoid schizophrenia, and alcoholism. Linda was referred to you by her social worker. Linda has given you permission to accompany her to doctor visits and visits to her payee at a mental health clinic. Linda is not taking any medications for either HIV or her mental diagnosis. She refused to take them. Her social worker, doctor, and you have all notice her psychosis as she speaks and rambles.

She lives in a group home, and has become friends with John, who lives there also. She drinks a couple of half-pints of hard liquor every day.

She has started threatening John that if he doesn't have sex with her, she will accuse him of raping her.

You go to visit Linda one day. When you get there, she shows you her lab results. Her CD4+ count is 130 and her viral load is 500,000.

Questions

1. How can you support Linda?
2. What kind of support or resources can you get for yourself?
3. What HIV meds should Linda avoid and why?

Case Study: Maria

Maria is a 49-year-old Puerto Rican woman who was diagnosed HIV+ in 1999. She was later diagnosed with Hodgkin's Lymphoma, and is currently in remission. Over the past six to eight months she has been suffering from vomiting, intense and sometimes debilitating headaches, and diarrhea that keeps her home-bound from time to time. Maria's doctor has looked at everything that could be causing these symptoms, from environmental and physical to psychosocial. She is currently taking Sustiva and Combivir daily. Her T-cells continue to be between 700 and 800 and her viral load is undetectable.

Maria is concerned that her doctor cannot figure out why she is getting the headaches and diarrhea. She has recently become a part of the Consumer Group, but her headaches sometimes stop her from attending the meetings and being involved in her community as much as she wants to. Maria is very frustrated and has expressed interest in switching doctors. She is afraid that she might be dying. Maria has lost 1 brother and 2 sisters from HIV.

Questions

1. What are 3 things you can do to support Maria with her concern about her doctor? (List three options.)
2. What can you tell Maria about her fears of death?
3. What class of medications are Sustiva and Combivir?

Activity #5: Lotus Jeopardy- Bringing All the Knowledge Together

Time needed

1. 60 minutes

Materials needed

- Lotus Jeopardy game powerpoint slides
- LCD Projector
- Prizes

Instructions

1. Using the Lotus Jeopardy Game PowerPoint slides, play the game
2. Break participants into 2 teams.
3. Each team needs to pick a name for their team and 1 spokesperson who is the only one who can give answers to the questions.
4. Give 30 seconds for the team to answer the question. If they answer correctly, they get the points and it is the 2nd team's turn to pick a category.
5. If they do not have an answer or the wrong answer, they lose points and the next team gets the question and has 10 seconds to answer the question. 2nd team has the option to pass on the question and they do not win or lose points.
6. If second team answers right, then they get the points. If they answer wrong they lose points.
7. True & false or questions with 1 right or wrong option can only be answered by 1 team.
8. In multiple choice question there the answer can be all of the above or none of the above.
9. After all the questions have been answered both teams get to decide how much of their point they want to wager for "final jeopardy" on a piece of paper without letting the other team know the amount.
10. Both teams get 60 seconds to answer the question and they must write the answer on a piece of paper.
11. Points are added or removed based on answer.

12. Team with the most points at the end after final jeopardy, wins. But the winning team must have at least 1 point to win.
13. Distribute prizes to winning team and small prize to other team for effort.

Day 5

Bringing It All Together

Purpose

This module will bring all of the information we have learned in Day 1 through 4 together and using this information we will get a chance to practice skills of peer advocacy.

Learning Objectives

Participants will:

- Review information presented throughout the training.
- Practice setting up first meeting with client
- Discuss how to address challenging situations
- Develop an action plan for first steps as a peer (i.e. “Now I’m a peer, what do I do?”) using work done in Modules 1 – 10.
- Discover how, when and where each individual experiences stress that negatively impacts work or their daily life
- Describe how to know when to seek support for yourself
- Describe plan to get needed support

Overall Time Needed

- 4.5 hours

Overview of Day 5:

Activity	Handouts	Materials Needed
1. Setting up your first client meeting	<ul style="list-style-type: none"> • <i>Meeting with a Client (p 126)</i> • <i>Sample Peer Contact Form(p 127)</i> • <i>Sample Confidentiality Agreement (p 128)</i> • <i>Peer and Client role play (p 129)</i> • <i>WORLD's Sample Client File (p 134-141)</i> 	<ul style="list-style-type: none"> •
2. Challenging Case Scenarios	<ul style="list-style-type: none"> • <i>Challenging case scenarios (p 130-133)</i> 	<ul style="list-style-type: none"> •
3. Am I Ready to be a Peer?	<ul style="list-style-type: none"> • <i>My Action Plan Worksheet(p142)</i> • <i>Am I Ready To Be A Peer (p143)</i> • <i>Sample Resume, Cover letter (p146-147)</i> • <i>Steps to Starting a Support Group (p 144)</i> 	
4. Evaluation, stipends	<ul style="list-style-type: none"> • <i>Peer Education Training post test</i> • <i>Contact Form</i> 	<ul style="list-style-type: none"> • Stipends/ signature form
5. Closing Ceremony		<ul style="list-style-type: none"> • Certificates and folders • Stones with inspirational words • Basket • Cake • Camera

Activity#1: Setting Up Your First Client Meeting

Time Needed

- 60 minutes

Materials Needed

- Flipchart and Markers
- **Handouts:**
 - Meeting With A Client* (pg 126)
 - Sample Peer Contact Form* (pg 127)
 - Sample Confidentiality Agreement* (pg 128)
 - Peer/Client Role Play* (p129)

Instructions

1. Break the group up into pairs.
2. Ask each pair to pull out the following handouts and use them as they do the role play. (Take a few minutes to walk through each form, briefly explaining what each one is):
 - a. Meeting With A Client
 - b. Confidentiality Agreement
 - c. Sample Peer Contact Form
3. Ask one person in pair to be client and the other person to be the peer. We are going to practice meeting with your client for the first time. Use the various concepts we have learned earlier in the week to gather information.
4. Read out loud to the group:
 - a. **Peer role:** *You are a peer advocate. A woman who has been diagnosed with HIV for several years is referred to you by a social worker. The social worker told you that the client is doing okay, but she is new to the area and feeling isolated.*
 - b. **Client role:** *You are a woman who has been living with HIV for many years. Your health is okay and you are stable on medication. You just moved to the area and you told your new social worker that you are lonely. She referred you to what she called a “peer advocate.” You are unsure what a peer advocate is, but you are open to anything.*
5. Remind them to use the forms provided in their packets.
6. Tell the groups they’ll have about 10 minutes and then you’ll ask them to switch roles.
7. Ask them to switch roles in about 10 minutes. Tell them it’s okay even if they didn’t finish; they should start from the beginning.

8. Ask for a volunteer pair to role play in front of larger group.
9. Close out the activity by asking participants:
 - a. *How did that activity go for you?*
 - b. *How did it feel to play the client?*
 - c. *How did it feel to play the peer advocate?*

Activity #2: Challenging Situation Case Scenarios

Time Needed

- 60 minutes

Materials

- Flipchart and Markers
- **Handouts**
4 Challenging Situation Case Scenarios (p 130-133)

Instructions

1. Tell the group that in this next activity we are going to discuss how to help a client who is in a challenging situation. We are going to use some of the skills we have learned in this training including the 4 concepts of peer advocacy.
2. Break the group into four groups. Assign each group 1 case scenario ask them to answer the questions at the bottom of the handout. Give the groups about 20 minutes.
3. Ask each group to read their scenario out loud to the group and to report back on the following questions:
 - What are some pressing concerns for your client?
 - List at least three open-ended questions you might ask the client to gather information about her situation.
 - What thoughts, concerns, or feelings might come up for your clients?
 - What thoughts, concerns, or feeling might come up for you as a peer?
 - What support and/or information could you offer her?
 - What action steps might your client, you or both of you consider taking? List 3-5.
4. What are key referrals for this client?
5. After each group reports, ask the others if they have anything to add.
6. Wrap up by emphasizing that we don't have to be experts on all of these challenging situations. We do need to be able to recognize some "red flags," and to make referrals for our clients and to get the extra help and support needed in these particularly challenging times.

Activity #3: Am I Ready To Be A Peer?

Time Needed

- 60 minutes

Materials

- **Handout:**

My Action Plan Worksheet (pg 142)

Am I Ready To Be A Peer (pg 143)

Sample Resume, Cover letter (pg 146,147)

Steps to Starting a Support Group(pg 144)

Other Resources Section of the Handouts(pg 161-167)

Preparation

- Write on flipchart:
 1. What do you see as the strengths of this plan?
 2. What concerns do you have about this plan?
 3. What suggestions can you make to strengthen this plan?

Instructions:

1. Hand out Action Plan Worksheet to each participant and explain that as we wrap up our time together, we have a great opportunity to be thoughtful about planning what we take away from all this great training.
2. Ask participants to complete the top part of the worksheet and encourage them to take their time and think about each answer. The point of this is to identify where they feel really confident as well as some areas they want to work further on. If all of these truly seem like they're no problem, ask them to add their own category/ies that they do see as challenging.
3. After they've completed the top part, ask them to choose one or at most two areas to which they answered "Not at all," or "Slightly" and to complete the bottom part of the sheet with those in mind.
4. After everyone has finished completing their worksheets, break them into small groups of 3-4 people. Tell the groups they will get about 45 minutes to share their plans with the others, i.e., each person gets 10-15 minutes. This is a chance to get some feedback on their plan and to make it even stronger and more do-able. (Suggestion: have a facilitator sit at each end of the table, if possible.)

5. Point out the questions you wrote earlier on flipchart:
 - What do you see as the strengths of this plan?
 - What concerns do you have about this plan?
 - What suggestions can you make to strengthen this plan?
6. Tell the group: *As each of you takes your turn presenting your plan, the others should give you feedback based on these questions. You should also ask each other questions (open-ended if possible!) to clarify anything you don't understand.*
7. As the groups work, periodically remind them of the time so that everyone has a chance to present their plan and get feedback on it.
8. When the groups have finished providing feedback to one another, ask them to take another five minutes and go around and have each woman tell the others one thing she feels “very confident” about. Ask them to congratulate one another and also to note if someone feels very confident about something that she does not, that she’s a potential resource!
9. After the groups are done, give everyone about 5-10 minutes to go back to her original plan and to fine-tune it based on the feedback she’s received.
10. Point out the sample resume and cover letter handouts as well as other resources in their manual.

Activity # 4 & 5: Evaluation, Closing Ceremony

Time Needed:

- 60 minutes

Materials:

- Certificates and frames
- Inspirational rocks
- Peer Education Training Assessment form (post test)
- Peer contact form
- Stipends in envelopes and signature form
- Cake

Instructions

1. Have each participant complete the Peer Education Training Assessment form (post test) and collect.
2. Have each participant fill out a contact form and remind them that we will be contacting them in 6 months and 12 months from today to do follow-up for which they will receive an additional stipend.
3. Point out Lotus Staff information in the back of the handouts packet should they have change in address or additional questions.
4. Form a circle with participants, trainers, and other staff members.
5. Pass around a basket with rocks with inspiration message and ask each participant to take one. As she takes a stone, she can say aloud (or to herself) what she will be taking with her from this training, then pass it to the next person.
6. Distribute stipends in envelopes and have participant sign form showing receipt of money.
7. Give the participant's time to network with each other and to exchange their information.
8. Read out loud names of participants and have them walk up to the front to receive their certificates. Have everyone applaud for each participant.
9. Take group photos.
10. Celebrate with cake.