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| PEER LEADER TRAINING | Page 1 of 2  Session 1:  Program Overview |
| Agenda  10:00 – 10:20: Welcome, settle in, re-introduce/icebreaker  10:20 – 10:30: Overview of program  10:30 – 10:45: Peer leader roles & responsibilities, training plan  10:45 – 11:00: Break  11:00 – 11:30: Introduction to self-management  11:30 – 12:00: Chronic conditions overview  12:00 – 12:15: Group session topics: overview  12:15 – 12:45: Lunch  Topics  Peer Leader Roles & Responsibilities  *Why did we reach out to you?*    Peer support is voluntary, mutual and reciprocal, equally shared power, strengths-focused, transparent, and person-driven  Peer Leaders:   * are open-minded, empathetic, respectful, honest, direct * facilitate change * provide a natural place for social and support   Confidentiality: Will talk more about this in a later session, but all peer specialists must adhere to strict confidentiality in their work. While the relationship between a peer specialist and client is open, honest, and transparent, it also falls under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This law says that the peer relationship is private and information cannot be shared with individuals outside of the organization without a signed release of information form.  Introduction to Self-Management  *What do we mean by self-management?*  *Exercise:*   * *Get a flip chart/write these down as the group names them* * When you hear the phrase, “self-management of health” what words come to mind?   Listen for these words:  MEDS MANAGEMENT SMOKING CESSATION  DIET SOCIAL SUPPORT Exercise/Physical ActivityP A T I E N T & F A M I L Y E D U C A T I O N HEALTH CARE VISITS H O M E E N V I R O N M E N TGOAL SETTING Follow-up Support CULTURALLY RELEVANT  \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*  The phrase “self-management” of health includes a lot of different things. When we talk about self-management, we mean the things that people do (or need to do) on a regular basis to manage their illness and/or promote their health. Successful self-management involves several skills, including: problem-solving, decision-making, resource utilization, forming consumer/provider partnerships, taking action, and self-tailoring. A primary function of peer specialists involves modeling and fostering self- management skills amongst their peers.   * 1. Why is self-management important?  1. Principles are evidence-based 2. Interventions can be practical and cost-effective 3. Strategies can be learned by any member of health care team 4. Eating, exercise, weighing oneself, medication taking, etc. are all things under a participants power to change.    1. How does self-management differ from traditional patient education? 5. Goal is to change behavior vs. to increase knowledge 6. Requires active involvement of patient vs. passive compliance 7. Acknowledges that patient is in charge of their health vs. “Doctors Orders” 8. Ongoing, active and integrated process vs. one-shot, reactive event (like a health education class) 9. Requires continuous tailored feedback, reinforcement and support vs. one-size fits all information 10. Promotes gradual and sustained change vs. immediate but short-lived change, such as a strict diet or exercise class.     1. The self-management model   *Assessment of Problem Area*  *Action Planning*  *Skills Training*  *Self-monitoring*  *Problem Solving*  *Follow-up support*    *SMART Goal Setting*  KEY POINTS:  Self-management is what you do, strategies are how you do it well.  Providing follow-up support is often what’s missing in self-management approach but is the most important component of behavior change.  Tailored goal setting[[1]](#footnote-0)   1. recognize need for change 2. establish goal 3. monitor goal-related activity 4. self-reward for goal attainment   Guidelines for goal setting: If person is committed, has the ability, and doesn’t have conflicting goals, more difficult goals lead to more success  Specific (not abstract)  Can be self-set, assigned by others, or jointly set  Self-monitoring[[2]](#footnote-1)  “Self-management of a chronic condition often requires periodic assessment of symptoms and treatments related to the condition, that is, self-monitoring activities”    Awareness of factors related to chronic disease  ↕  Measurements, recording, or observations  Often associated with successful intervention outcomes  Skills training  Necessary complement to above activities  Identify barriers – Identify strategies to address barriers   * 1. Maintaining Behavior Change/Relapse Prevention   WHAT IS the difference between a “slip” and a “relapse”?  A slip is a one-time mistake. For example, you’re in a rush and you skip breakfast one day. Or you forget to take your blood pressure medicine. Everyone slips once in a while.  A relapse is when a person resumes their old habits. A relapse is harder to come back from then a slip, so it’s best to recognize the reasons a slip happens so you can avoid it in the future.  How to help participants avoid a SLIP/RELAPSE?  Participant Tips to Avoid Slips/Relapse   * Get help from family and friends! * Plan for future obstacles (e.g., foreseeable stress, holiday or life events that have caused them to slip into old unhealthy habits in the past). * Stay focused on your goals. Everyone makes a mistake, the key is to get right back on track. * Make doing the right thing as easy and convenient as possible:   + Keep the RIGHT FOODS on hand at home, at work, in your car, wherever you are.   + Keep a reusable grocery check list with all the healthy foods you should keep on hand (keep on the fridge and take to the store with you)   + Keep healthy snacks on hand (fruits and vegetables, fat-free cheese sticks, yogurts, low fat cottage cheese, high fiber crackers—look for whole grains)   + Make individual portion sizes in advance (measure and portion these out in advance in baggies)   + Eat something healthy every 2 hours-- ESPECIALLY when you are going to be eating lunch or dinner away from home. That way you won’t be starving and over-eat.   + Do activities that are incompatible with eating. Walk your dog, ride a bike, brush your teeth, call a friend, knit a sweater, paint a picture, write a letter, do housework   + Keep MOVING. Work PA into your commute, stairs, TV time.   + Keep your MEDICINE handy. Order refills through the phone so you don’t run out. Keep your pills in sight, on the kitchen counter, near the TV. * Make tracking what you do a lifelong habit. Even if you have a slip or relapse, tracking what you are doing (or not doing) will help keep you focused on your goals. * Set up home & work environments for success. For example:   + Make your home a “healthy food” haven.   + Limit access to unhealthy foods. Keep fried, salty, sugary foods out of the house (or at least out of sight) and keep healthy foods in full view.   + Then move below to specific tips. * Get to know your food!   + Prepare food at home as much as possible, so you know what you’re eating.   + When eating packaged foods like crackers or peanut butter, read the labels and choose the foods with the fewest number of ingredients. Same goes for eating out.   + Avoid fried foods or foods with lots of sauces, cheese, sugar.   + Fill half your plate with vegetables (raw or steamed is best).   + Order dressings, sauces on the side and use sparingly. * Set up your home or workplace to increase your movement.   + Find stairs you can climb. And use them.   + Find places to walk to near home or work?   + Use an exercise DVD/video at home.   + Put Therabands near the TV that you can use while you watch * Get help from family and friends. * Make a commitment to keeping your body healthy, tell people about it, and don’t let anyone or anything overrule your commitment   Disease-Specific Information  *What are chronic conditions?*  Diabetes:  General Diabetes information  What is it?  Diabetes is a disease where the body cannot produce or use insulin properly. Insulin is a hormone that converts sugar, starches and other food into energy needed for daily life. There are three main types of diabetes: type 1, type 2, gestational diabetes.  Approximately 90% of people with diabetes have type 2 diabetes.  Why is it important?  Type 2 diabetes requires regular and ongoing management and care. If poorly managed, it can put people at risk for eye disease, foot amputation, kidney failure, and heart and blood vessel disease.  How to treat diabetes?  The AADE 7 Self-Care Behaviors are a series of seven skills determined by the American Association of Diabetes Educators to be essential to effective diabetes self-management. The skills include: Healthy Eating, Being Active, Blood-Sugar Monitoring, Taking Medication, Problem Solving, Reducing Risks, and Healthy Coping.  Why is it important?  When a person with diabetes practices the 7 Self-Management Skills regularly, they reduce their own risk of diabetes complications and increase their overall quality of life.  Code of Conduct  I will act ethically, according to the values and principles of peer support  I will treat all people with respect and dignity  I will respect human diversity and will foster non-discriminatory activities  I will honour the rights, beliefs and personal values of individuals  I will behave with honesty and integrity in providing support to peers  I will respect the privacy of individuals and maintain confidentiality within the limitations of program policies and the law e.g. potential harm to self or others  I will not knowingly expose a peer to harm  I will not take advantage of the peer relation- ship for personal benefit, material or financial gain  I will respect the boundaries of peer support work and will not engage in romantic or sexual relationships with the peers that I support  I will not provide peer support in a manner that negatively affects the public’s confidence in peer support.  Source: PSACC National Certification Handbook |

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| PEER LEADER TRAINING | Page 1 of 2  Session 2 |
| Agenda   * How Adults Learn * Teaching Self-Management Skills * Leading Small Groups * Motivational Interviewing Part 1   Topics  Adult Learning  A study by Knowles shows that *adults remember*:  20% of what they hear,  40% of what they hear and see,  80% of what they do  Given this knowledge that adults learn best by *doing*, you will be most effective when applying some of the Adult Learning principles. Rather than teaching by *talking at* your participants, you will apply a style that *engages* the participant with the new information. We do this by talking about the new information, using it, making sense of it, and putting it somewhere handy for future use.  This learning style goes hand in hand with the Self Management Model covered earlier, since it’s focus is on *active involvement* of the participant over time to achieve behavior change.  Being an Effective Peer Leader  To help adults learn, the instruction must be: (post these or have handouts)  RISE:  RESPECTFUL  Learners feel important and valued. Adults need to feel respected for who they are, where they’ve been, and what they know how to do.  IMMEDIATELY MEANINGFUL  Something that learners feel is helpful in their own lives right now, that they can take back and use right away.  SAFE  Learners feel comfortable, confident and willing to ask questions and share fears and feelings.  ENGAGING  Learners are involved, and participate in their learning. We look for the smiles, conversation, laughter, questions, and movement that let us know our learners are engaged.  We will now incorporate this style into this training when we practice the support group sessions. We will then talk about what you observed and learned.  Activity: Model conversation between a peer leader and participant  Reflect upon what you have observed. As a peer leader, you will be listening and teaching; listening to your participants, talking about their experiences, and teaching your participants new health habits.   * Was the Peer Leader a good listener? Why yes/no? * Was the Peer Leader a good teacher, according to the Adult Learning Principles? Why yes/no?  1. To further Explore how adults learn, describe this learning experience.   “What did you like about this teaching?“  “How did you feel through out the learning experience? “     1. Analyze and name at least two things that made the learning good. Write down the things that made it a good experience on post-its (one per note). 2. Post notes on the wall and group similar factors together. Then, we’ll share with the group. Give them time to write and then read back what they wrote in the notes to share with trainer and other participants. 3. Stand by the post-it, and discuss the importance of each thing. 4. Trainer asks: “How do the things that you mentioned compare with these four principles?” 5. Discuss the principle of respect. Share experiences of feeling respected and disrespected in a learning experience. "How did it affect your learning when you were respected? Disrespected?" 6. What would make you feel respected when someone talks to you about your health habits?  **Cultural Competence**  What is Cultural Competence? (5 minutes)  Cultural Competence is also sometimes called cultural sensitivity or cultural awareness. It refers to the skills, attitudes, and knowledge that allow persons, organizations, and systems to work effectively with diverse racial, ethnic, and social groups.  Why is it important here? Being a Culturally Competent staff member for PeerSupport Wellness Program is important to the success of the study because we’ll be working with a wide variety of men and women who come from many different racial, ethnic, and social groups. Lack of awareness about cultural differences can make it hard for both the Peer Leader and the participant to achieve the most from this program. While we all have things in common, there are fundamental differences that often arise from nationality, ethnicity, and culture, as well as from family background and individual experiences.   * These differences have a powerful effect on one’s health beliefs, practices, and behavior on the part of both the participant and Peer Leader. * It can also affect the expectations that participants and Peer Leader have of one another.   LEARN Model of Cross Cultural Guidelines for Health Practitioners  The LEARN Model helps guide us in our work with the following principles (post these on flipchart or have handout…for a one-on-one session, maybe a handout they can put in their Peer Leader manual)   * Listen with sympathy and understanding to the participant’s view of the problemTR * Explain your view of the problemTR * Acknowledge and discuss the differences and similaritiesTR * Recommend behavior changesTR * Negotiate and discuss an agreement   Now, since we know that adults learn best by *doing,* let’s discuss some realistic situations where cultural competence would be important.  Scenario:  You are speaking with Mrs. Jones (a 60 year-old African American mother and grandmother) to follow up on her goals. She tells you….  “I’ve had the most stressful couple of months. I’ve got to be honest with you…I’m just doing a terrible job on all my goals…I probably shouldn’t even be in this program anymore. I haven’t been exercising. I’m not eating right…there are just too many things going on right now with my family. My daughter lost her job and she’s now living with me so I’m trying to help her out by watching my two grandbabies while she’s out looking for a new job. My daughter gives those kids whatever they want to eat and all they will drink is soda pop, so of course I’m drinking it too. Not all the time, but if it’s there, you know…. And now I’m out of my pills and can’t get to the drug store since my daughter’s using my car to look for a job. So I’ve pretty much been stuck here at home. I did ask my daughter to pick up my pills but she forgot.”  How did you feel while listening to Mrs. Jones’ story? Write down the feelings that you experienced, including any physical reactions or tensions you felt….complete the following sentence… “When I heard Mrs. Jones’ story I felt…….”   1. How do you react when confronted with a "new" participant situation that does not fit your expectations? Can you think of an example that might be challenging for you? 2. What strategies can you use to gain understanding of a difficult situation, and to increase both your own and your participant’s understanding? 3. Using the LEARN model, talk through how you would work with Mrs. Jones on the above [have them talk through each of the LEARN STEPS as if they were speaking with Mrs. Jones.]   The Motivational Interviewing Spirit (20 minutes total) Background As a peer leader for the PeerSupport Wellness Program, your style is very important to the success of the intervention. We will now review what is called the “Motivational Interviewing (MI) Style,” which will be a useful tool in helping participants change behaviors and work toward health goals.  We would like you to know the principles of MI, or its *spirit.* The principles will help guide your relationship with the participants.  What is *Motivational Interviewing (*MI)? MIis a participant-centered counseling style for bringing about behavior change. Counselors use it to help clients explore and resolve internal conflict and ultimately make healthy changes to their lives. The basic concept behind MI is that everyone has ambivalence when they’re considering change, and sometimes that ambivalence can get them stuck. The counselors’ job is to help the individual recognize for themselves that they want to change (e.g. to resolve the ambivalence in a ‘pro-change’ way).  The Spirit of Motivational Interviewing (10 min)   1. *Change comes from within.*   No amount of cajoling by the Peer Leader can lead to successful behavior change. This must come from within, and the Peer Leader is key to helping a participant explore his/her own values and goals, and use this as the beginning of behavior change.   1. *Resolving mixed feeling also comes from within.*   It is up to the participant, not the Peer Leader, to express and resolve mixed feelings about making healthy changes. Feelings about personal issues are often very confusing. For example, "I want to lose weight and I want to stop smoking. But if I quit I will feel better about myself, but I may also gain weight, which will make me feel unhappy and unattractive.”  The Peer Leader’s role is to guide the participant to express both sides of the conflict. Over time, this approach allows the Peer Leader and participant to work together toward an acceptable way to work toward the set goals.   1. *Persuasion is not useful*   It is tempting to try to be "helpful" by persuading the participant of the importance of changing. It is fairly clear, however, that these tactics generally increase participant resistance and decrease the likelihood of change.   1. *Don’t rush. Change can take time.*   Getting ready to make a healthy change (and actually making it) can take time. It often takes a series of discussions. Resistance and "denial" by participants is common when dealing with any kind of change, but you can use the MI style to start a helpful discussion that can help people move toward a healthier life.  *5. Peer Leader is partnership.*  Remember, you work together with a participant to move forward, always respecting his/her points of view.  Motivational Interviewing Practice (10 minutes) (limit to) Importance of Open-Ended Questioning Open-ended questions are often key to being a good Peer Leader.  An open-ended question cannot be answered with a Yes/No response. For example, if we want to learn about a participant’s physical activity we ask:  *(Ask participant to give you an example)*  Can you tell me about how active you are on a typical day? (Open-Ended)  We would NOT say:  Are you very physically active on a typical day? (Closed-Ended)  The following are additional ways to begin open-ended questions, and avoid closed-ended questions:  Open Closed  To what extent… Did you…  How often… Will you…  Why… Can you…  Tell me about… Is it…  Help me understand…  What else…  \*PRACTICE\*  If we want to know about a participants’ success with their diet goal of avoiding high-fat snacks, how might you phrase the question? What question would you avoid?  If we want to know if the participant has run into any barriers to reaching their physical activity goals, how might you phrase the question? What question would you avoid?  If we want to learn about successes the participant has experienced, how might you phrase the question? What question would you avoid?  Great job! Do you see what a big difference it makes to keep questions open-ended?  Do you have any questions at this time? |

1. Cullen KW, Baranowski T, Smith SP. (2001). Using goal setting as a strategy for dietary behavior change. *Journal of the American Dietetic Association, 101*(5): 562-566. [↑](#footnote-ref-0)
2. Wilde MH & Garvin S. (2007). A Concept analysis of self-monitoring. *Journal of Advanced Nursing. 57*(3): 339-350. [↑](#footnote-ref-1)