**This document includes some questions and challenges that were raised during a Healthy Divas refresher training that took place in 2021. Points raised by Cal-PEP staff are in red below, and our answers follow each question. We think that this document might be useful to anyone implementing Healthy Divas.**

**General Challenges/Questions**

● It’s hard to get clients to come every week. Any tips?

*Suggestion*: Ask clients what barriers might keep them from coming back the following week and create a plan to address those challenges. Multiple counselors have shared that the program does build momentum when the sessions are done on schedule and participants seem to benefit from coming in weekly more than from coming in on a less frequent or regular schedule. See If they are friends with someone in the program, ask if they could come together to create a buddy system. Team up to assume responsibility for one another.

● Substance use or co-occurring disorders (e.g., mental health and substance use) sometimes make it difficult for clients to make or keep appointments. And sometimes they aren’t coherent enough to do their sessions, even if they show up for them. Further, contact with clients who use substances can feel transactional counselors only hear from them when they need whatever incentive they will receive for doing a session. How can we handle this?

*Suggestion*: The truth is, not every client will make it through Healthy Divas, or be ready to engage with the content. And that’s OK. “Readiness” is result of a lot of factors. What you *can* do is celebrate even the small successes (they made it to the appointment!), while reminding them of the commitment they made (e.g., to complete the sessions, to attend in a coherent state, etc.) and helping them honor it.

● It can be so upsetting when clients don’t engage with the intervention, despite our best efforts--especially because we’ve seen what a difference it’s made for other women in similar situations. How can we deal with this as counselors?

*Suggestion*: A desire to help people improve their lives is probably why you got into this line of work, and the disappointment when you can’t reach them is real. But as one of our seasoned counselors reminds us, “You can’t want it more than they do.” Try to remember that even messages that don’t appear to land with clients can stay with them and be of help to them later—some clients even return to the intervention when their circumstances are different.

● A lot of my clients think that, if they are living with HIV, they can’t have any kind of gender-affirming surgery (e.g., SRS, facial feminization). We know that’s not true, and I think it would be really motivating for them to know that as well, but I don’t see that topic addressed early in the sessions—why is that?

*Suggestion*: We’ve also found many program participants had misconceptions about living with HIV. But we try to stay away from “doctor stuff” (i.e., talking about clinical/medical issues) because we can’t be sure of how any individual client’s clinical state (including any health conditions other than HIV) might impact what’s medically possible for them. Instead of telling a client something about her situation that might not turn out to be true (or information that can potentially damage the client-counselor relationship), we try to stay as neutral as possible. We do, however, encourage clients to talk to their own providers about these topics, and/or ask such questions during the workshop with the medical provider.

● Many of my clients are dealing with housing instability or are unhoused. Is it OK to set housing-related goals as part of Healthy Divas?

*Suggestion*: Yes, but we recommend being very strategic when doing so. In many places, obtaining housing is a long, and sometimes difficult, process. So be sure to help clients frame goals appropriately; a goal they can achieve within a week, something they can commit too. For example, make calls to be placed on different housing lists is a much better goal even very busy clients are able to carve out time to make phone calls. You can work with clients to create several short-term goals that lead to a larger, more impactful Long-term goal!

● I’ve been surprised sometimes by clients’ reactions to questions or language that seem harmless to me. Self-reflection, for example, asking what they’re “proud of” about themselves. It seems to make some of our community uncomfortable and even disengage. What can I do about that?

*Suggestion*: One way to try to avoid this situation before it happens is to, tailor our delivery of the study program content to (what we perceive to be) each client’s personality and needs. This doesn’t mean changing the content, but merely recognizing that some clients need more support, or a softer touch, than others; being aware of this issue as you move through the sessions can help you meet clients where they are to make communication easier. Still, clients’ reactions can sometimes take us by surprise. Some clients are dealing with layers of trauma in addition to the effects of multiple forms of stigma and discrimination. Engaging with Healthy Divas content can be triggering for some. If a client has trouble identifying accomplishments or strengths to be proud of, start with the most fundamental: you made it to this appointment today. This is an accomplishment, something to be celebrated, and worth of being proud of! Now, if a client withdraws or seems disengages, we suggest Take a deep breath, ask her, walk me through your day. Highlight every step it took to make it to this appointment, those are strengths. Getting out of bed, combing your hair, makeup, clothes, leaving the house, handling day to day business are strengths for a lot of our community, worthy to be celebrated.

● When are we supposed to do the meditation part of the sessions? Is it necessary to repeat it after each session? Once we get through a few sessions, my clients are a little resistant to doing it every time. Plus, during remote/virtual sessions, I don’t have control over what’s going on around my client; it can be hard to create a peaceful environment.

*Suggestion*: The gender affirming meditation is to be done at **the end of every session**, to help ground clients in something positive and calming before heading back out into her day--especially if the session has triggered some intense feelings or memories. It is important to **repeat it every session**, partly because repetition allows clients to become familiar with the technique. Past clients have reported using parts of the experience on their own, to help them during stressful situations! It’s true that when we connect with clients remotely, we don’t have control over their surroundings but helping clients practice brief meditation in their “real world” setting can be very helpful. If a client can use headphones to listen to at least this portion of the session, that may help screen out some distractions. You may not be able to achieve the calming moment you want, but just do the best you can (as we know you do!).

● My clients don’t like it that I’m writing things down on the worksheets during our sessions. They say it makes them nervous. Do I really need to fill these out during the sessions? Can the clients fill them out for themselves?

*Suggestion*: The purpose of the worksheets is to ensure that all the Healthy Diva’s activities are completed, and goals are reached. Additionally, they help the facilitator keep track of each client’s progress through Healthy Divas. So, it Is important to fill them out during the sessions-you’ll be able to capture more details that way. The worksheets are to be completed by the counselor so that the client can relax and be present in the moment, rather than worrying about getting everything down on paper. You can explain that you are there to be of service to the client and are happy to share what you wrote at the end of the session. If the client still feels uncomfortable after receiving this explanation, you might want to explore why the client is worried. Establishing a solid rapport with clients helps minimize this issue, but individual clients may have specific past experiences that lead them to be wary and need to be discussed in order for the client to feel safe.

● Some of my clients seem unable to truly open to the possibility that they could achieve their health goals, especially when that requires dealing with medical providers and systems that have historically oppressed and dismissed the transgender community. Respecting authority was often a message they got a lot growing up; as a result, it’s a challenge for them to be assertive with doctors that make them feel invisible. Some of our clients have had their health goals dismissed or misunderstood by providers in the past. How can I help?

*Suggestion*: You’re right, there can be lots of layers of personal experience at play in these dynamics, and there’s no magic wand to wipe that history away. You can help clients decide whether they feel their energy would be best spent building the ability to advocate for themselves (which is part of the HD curriculum) or finding a new provider (or both!). Compile a resource guide that lists medical providers/organizations you know to be expert in serving (or at least welcoming to!) women of trans experience; it can be easier to consider making a change when there are concrete alternatives available. Having a respectful provider that offers patient-centered, gender-affirming care sets clients up for success, no matter what their health goals are.

**Workshop-related Challenges**

● Sometimes getting clients to commit to attending the workshop is a challenge, due to 1) the length of time needed and 2) requirement to participate with other clients (also, when in person, 3) transportation); sometimes they say they’ll attend but won't talk.

*Suggestion*: 1) re: length. Attempt to recruit clients who know each other and can attend the workshop together so they have a “buddy”/additional motivation to come. You can acknowledge the client’s concern by saying something like “I know, 2 hours does seem like a long time for a workshop,” but then add “But by the end of the workshop, nearly everyone says that the time flew by, and they often hang out in the space afterwards because no one wants to leave. In fact, eventually we end up having to ask people to leave because we have gone over the time for the workshop!” 2) re: participating with others. People might have a variety of reasons why they might not want to be in a group (e.g., stigma about living with HIV, being uncomfortable with others knowing their business). You can let clients with these concerns know that if the session is happening on Zoom, they can attend without having their camera on, and can login with whatever name they want (if they communicate with counselor to demonstrate attendance). They can also ask questions or post comments via chat for the facilitator to read to the group. Also, let people know that the workshops now include people of any HIV status (people living with HIV, HIV-negative people, and those who don’t know their current HIV status). Participants are free to share as much or as little with others as they want, and everyone agrees to keep private information private! If these suggestions don’t help, you may have to probe/explore more deeply to understand the root cause of not wanting to be a part of the workshop with their peers. 3) re: transportation. Assess whether transportation or timing may pose difficulty for attendance and create a plan with clients that makes attendance feasible (carpooling, ride sharing services such as Uber Health, transportation vouchers or reimbursement)

● Clients wish that the workshop could be a one-on-one conversation with the provider.

*Suggestion*: Emphasize that, in addition to providing important health information, the workshop is a place to be understood and validated by women who likely share similar experiences. It’s a place to forge sisterhood.

● How do we keep clients motivated to attend a workshop, when the next scheduled one isn’t for many weeks?

*Suggestion*: Delays in scheduling a workshop can happen for many reasons including provider availability, space restrictions, staff schedules, organizational bandwidth, etc. When delays happen, ask clients what might be some barriers that keep them from attending and create a plan to overcome those challenges. It’s important to keep in touch with clients during the period between when they signed up for the workshop and the actual workshop date to remind them and see if any new barriers have come up. Use your best motivational interviewing skills to help clients reach their goal of attending the workshop.

● The instructions for the workshop say that we need a provider to participate who is an expert both in gender-affirming care for women of trans experience and HIV prevention (including PrEP) and treatment. But we can’t find a provider who feels comfortable speaking to all those topics. What can we do?

*Suggestion*: It’s very important for clients to be able to ask *all* their questions about these topics during the workshop, but we know it can be challenging to find one person who holds all that specialized knowledge. If that’s the case, we recommend having two providers present. And if you’re having trouble finding any providers with the required expertise locally, we suggest you review the WPATH provider list (https://www.wpath.org/provider/search) to see if there’s a provider in your general vicinity that you might be able to ask to participate. If there are no local providers, perhaps one further away could participate virtually. If you need further assistance, please submit a Technical Assistance request at: <https://prevention.ucsf.edu/contact> or e-mail: [caps.web@ucsf.edu](mailto:caps.web@ucsf.edu).

● I see there is a “post-workshop session supplement” in our materials. When would I review this with clients?

*Suggestion*: You can consider this an add-on to the workshop. It’s best to have clients complete the entire workshop packet before leaving the building, since the experience is still fresh in their minds. When providing Healthy Divas sessions/workshops remotely/virtually, it can be a bit more challenging to arrange this, but with some planning find 10 minutes at the very end of their next session to fill them out.

**Session 1-specific Challenges/Questions**

● Session 1 is long and intense for some clients. One facilitator stated that she feels like “I broke them…how can we help them put the pieces back together?” Also, because Session 1 is intense, some clients seem hesitant to return for Session 2. How can I make clients feel safe and motivated to come back?

*Suggestion*: The key to this session is all about building rapport and making clients feel like human beings” worthy of being heard and understood. While it is essential to cover the content of each session, also make plain your curiosity and interest in who the client is as a person. What do they need to feel heard and supported? And to make progress toward their health goals. Also remember to “ask questions, not assumptions.” Using open-ended questions and recognizing that clients may have dramatically different experiences helps in this regard (e.g., their interactions with health care providers may well have been positive, even though many women of trans experience have faced discrimination and poor-quality care in the health system).

● Can we use a participant’s answers to initial questions in Session 1 as “leverage” or an opening to encourage uptake of PrEP[S4] (or another action seen by counselor as supporting client’s health) as opposed to having them select their own goals?

*Suggestion*: It’s tempting to do this (i.e., direct a client to a particular goal), and when clients share information, these opportunities definitely come up. However, client-centeredness is foundational to Healthy Divas, so counselors are urged to avoid making suggestions like this. We want clients to feel they are in control, that no one is pressuring them to do anything they don’t authentically want for themselves—that’s part of what makes them want to return for the rest of the intervention/program.

**Session 3-specific Challenges/Questions**

● Assertive communication is a challenge for some of my clients. When we go over this part of the session, it feels like they are getting ready to go into battle! What’s going on here?

*Suggestion*: Of course, all clients are different, but we’ve found that many trans women of color have often felt “shut down” or disregarded when trying to navigate the healthcare system (and many other bureaucracies, for that matter). So, on some level, they expect to have to fight for what they want, and they do it the only way they know how. As their Healthy Divas counselor, you can applaud the determination and persistence the commitment to assertive communication demonstrates, while also using Session 3 to help them acquire more effective tools. We explain the difference between aggressive and assertive communication, highlighting how the latter is bold, confident, and respectful, allowing the speaker to say what she wants and why, without unnecessary force or hostility. Role play to build client skills can be especially helpful.

**Session 5-specific Challenges/Questions**

● Some of my clients have a lot of trouble meeting their goals. What can I do about that? And how can we work through session 5 in a way that doesn’t discourage them?

*Suggestion*: First, in general, we need to make sure we are setting our clients up for success on the front end of the goal setting process. We do this by making sure the goals are within their control, and things they can reasonably achieve in a week. If you’re doing that and the client is still having trouble, *that’s ok*. You have options: You can repeat the goal for the next week and strategize with the client about how to get over the barriers that previously prevented her from achieving it, or you can set smaller goals like making it to their next appointment or exorcising once a day. Specifically, regarding session 5, any goals the client hasn’t met become resources for helping her think concretely about barriers in her life and how to deal with them. Walk through each goal and identify the things that got in the client’s way as she tried to accomplish it. Let the client figure this out; the counselor asks questions, listens, and writes it all down. Then strategize about how to overcome these barriers. Instead of feeling discouraged, clients who go through this process often feel empowered by having decided to prioritize their own health and wellbeing.

**Session 6-specific Challenges/Questions**

● The manual says I’m still supposed to help clients set a goal during session 6--but that’s the last session. Won’t doing so give clients mixed messages about the intervention ending? And is there an expectation that, as the counselor, I would follow-up with the client about that goal?

*Suggestion*: Yes, you’re right! Though session 6 is the last session, it does still include setting a health goal. This is to emphasize that setting and meeting goals isn’t just an exercise we did to get through Healthy Divas; it’s a practice we hope clients will continue to use to support their health and wellbeing. There is no expectation of formal follow-up from a counselor about the goal set in session 6. That said, it’s been our experience that counselors often see clients (at community events, in other agency programs, etc.) even after they’ve officially completed Healthy Divas, and this can provide an opportunity to check in if both the client and counselor are comfortable with it (one of our counselors calls these “drive-by wellness checks”). We simply encourage counselors to be mindful that not some clients may not feel comfortable discussing their Healthy Divas goals outside of the sessions, in less confidential environments.