

Facilitator Manual and Toolkit 2.0



Table of Contents

Introduction: Read this First!	1
Session One: Let's Be Real	6
Session Two: Be Fierce	26
Session Three: Get It?	37
Session Four: Keeping it Together	46
Session Five: Work It!	58
Session Six: Healthy Diva!	69
Group Workshop: It's all about Us!	81

Read this First!

Welcome! We're glad you're here! We believe every time Healthy Divas is offered, a trans woman has a chance to learn and practice skills that will help her stay healthy and empowered. We applaud your wish to support women on this path. It's your personal strengths and stories, and your connection with clients, that bring the sessions in this manual to life. Thank you for the work you do.

This Healthy Divas manual contains:

- Instructions for conducting **six individual sessions**
- Instructions for facilitating the **group workshop**
- All **assessments, worksheets, and feedback forms**

We strongly recommend that **Peer Counselors have the manual in front of them during each session and use the manual to guide session delivery** (especially where there is content that needs to be tailored, see below) to help ensure each topic is explored with each client. The manual has been designed so Peer Counselors can **follow the manual during each session**, instead of trying to memorize every topic included in all the sessions.

Each Healthy Divas session's chapter provides:

- A **session overview**, including the learning objectives and a summary of activities
- A **step-by-step guide** to facilitating the session
- Messages just for Peer Counselors; labeled with **[[Note to Peer Counselor]]**
- **Sample scripts** in italics, which are suggested ways to communicate an idea to the client



Of course, the scripts don't have to be read word-for-word—Peer Counselors should deliver the content of Healthy Divas in a way that feels comfortable and authentic for them, while staying true to the underlying ideas and information.

*A special
note for peer
counselors*



We're excited to point out some aspects of the Healthy Divas program.

First, **Healthy Divas is for all trans women, regardless of their HIV status.** That means that Peer Counselors will need to tailor the content, depending on whether the client is living with HIV or not. We've color coded the manual to make this tailoring easier:

- Sections that pertain to everyone (that's most of the material) are **black**.
- Sections that **ONLY** pertain to women living with HIV are  **orange**.
- Sections that **ONLY** pertain to women who have never tested positive are  **blue**.

Second, **Healthy Divas can be offered remotely as well as in-person.**

Peer Counselors found that remote sessions help them reach certain clients they couldn't before—such as women who have transportation barriers or don't feel safe in public spaces.

But we also learned that online services don't work for everyone. For instance, some clients (and Peer Counselors!) may not have a device that allows them to video chat; even if they do, they may not have access to a place where they can talk freely about sensitive topics. Other people just feel a greater sense of personal connection when they are in the same physical location. In short, there may be trade-offs between remote and in-person delivery of Healthy Divas, so it's important to consider the local context and clients and decide what options work best in each case.



Photo: Marcos Castillo



Tips for successful remote delivery of Healthy Divas

- **If participants cannot make it to their sessions then video chat should be the first choice. But, offering a session by voice call is also possible.**

Video chat allows more non-verbal communication than a voice call alone. Facial expressions, maintaining or breaking eye contact, silent tears, etc. are clues about how a client is feeling and can help Peer Counselors stay client-centered. That said, some people can't video chat and others may prefer not to be visible on video, so voice calls should remain an option.

- **Make sure both the client and the Peer Counselor have an internet connection that is adequate for video chat.**

The recommended minimum broadband bandwidth for a group video call depends on the platform (Zoom, Facebook Messenger, etc.). This information is often available online; for examples (as of June 2021), see the "Preparing" section of the Healthy Divas website.

- **Choose a platform and be ready to teach clients how to use it ahead of time, if necessary.**

Zoom offers attractive features (like the ability to record the session, make sure only clients with a password can enter the video call, etc.), especially for groups. Clients may be more comfortable with Facetime, Facebook Messenger, WhatsApp, or other messaging apps. Any of these can work fine for individual sessions. If you decide to use Zoom, be sure to set up a link and email/text it to clients ahead of time. For all remote delivery platforms, reminding a client about an upcoming session can be useful, just like you would do for in-person appointments.

- **Choose a quiet and distraction-free space from which to facilitate, and encourage your clients to seek out similar conditions, if at all possible.**

As noted above, it's essential to have an environment that encourages reflection and ensures privacy. If a participant/client can't disclose personal issues, much of the value of the sessions is lost. This is something to consider when deciding between remote and in-person delivery.

- **Dedicate your full attention to the session.**

If leading a session from a computer or smart phone, Peer Counselors may receive notifications about new emails, texts, or social media posts while working with a client. Consider turning these off during the session and asking the client to do so as well. Clients and Peer Counselors each deserve the other's full attention when discussing sensitive emotional and health-related topics; this also allows deeper exploration of issues during the session.



Remind clients that just existing as a woman of trans experience in this world is a revolutionary act.

Tips for conducting Session One (Let's Be Real!)

We can't overstate the importance of Session One ("Let's Be Real!") because much of the material covered provides a foundation for the work that follows. It's therefore key to the eventual impact Healthy Divas can have on clients. Many client needs and experiences will surface, for example, as the Healthcare History and Life Context Form (Activity 2) is completed. But we have to recognize that this activity asks clients to think about and disclose experiences, thoughts, and feelings they may never have shared with anyone. For some clients, topics such as experiencing stigma and discrimination, fears or negative experiences with HIV testing, and the absence of social support are potentially traumatic and should be handled with care. Two of our experienced Peer Counselors offer these tips for Peer Counselors:

- **Schedule Session One for a time when you won't be rushed.** It can be challenging to predict how much clients will feel comfortable sharing and how this will impact them emotionally. Give yourself at least an hour to get through all the material.
- **Mentally prepare.** Take just a few moments before greeting the client to disconnect from multi-tasking during your work day. Several deep breaths can help you prepare to receive whatever the client shares. This goes for all sessions, not just Session One!
- Before diving into the Healthcare History and Life Context Form, it's helpful to **have an introductory chat with the client** to help the client feel more comfortable. A prompt for this is included in the Session plan. What brought the client to enroll in Healthy Divas? What is her/their relationship with you or the agency?
- **Be ready to provide support and help clients "put themselves back together" after Session One.** For clients who become emotional when recounting the challenges they've confronted in the past, acknowledging and validating their emotions is a must. Remind them that *just existing as a woman of trans experience in this world is a revolutionary act*—the fact that they are still here at all is a huge victory. Don't underestimate the power of the Gender Affirmation Exercise to help clients center and celebrate themselves. Clients may walk out of Session One a bit shaken, especially if they fully engage in the process. But our goal is that they also leave each session feeling empowered and supported.
- Before the rest of the sessions, it's a good idea to **think back to, or read through, the client's responses to the Healthcare History and Life Context Form** (Session One, Activity 2) to refresh your memory about information that might be relevant to the day's activities.

A Few Final Notes

- Throughout the manual, we use the language of trans women and the pronouns she and her. This is according to the preference of many of the individuals eligible to participate in the program and is not meant to exclude anyone. We know that Healthy Divas clients identify in a number of ways and use various pronouns. Feel free to use the language that appeals most to your clients.
- This manual refers to stipends for clients and reminds Peer Counselors to complete the documentation that agencies often require when giving out such incentives. If your agency has decided to offer Healthy Divas without stipends, feel free to disregard these prompts.
- This manual also refers to a “resource list.” By this we mean the specific list we encourage all agencies to create before offering Healthy Divas. See the “Prepare” section of the Healthy Divas website. The list should include support and resources in the local community, targeted or available to trans women. Peer Counselors should have this accessible during every session.
- Experienced Peer Counselors encourage thinking ahead about how to deal with questions or misperceptions about medical issues that surface during Healthy Divas sessions. Commonly raised topics include: whether it’s OK to take hormones while also taking anti-retroviral treatment (ART) or pre-exposure prophylaxis (PrEP) for HIV; whether it’s OK to take ART or PrEP if drinking alcohol or taking other substances, whether living with HIV means a woman can’t receive certain kinds of gender care (for example, surgeries). Peer Counselors are not typically health care providers (HCP) and are not expected to know all the latest developments in medical science. In general, we recommend adding client questions and issues to the list that will be answered by the HCP at the group workshop, and suggesting the client ask her/their own HCP, if available. Each Peer Counselor and agency should consider, however, how to handle instances where the need for accurate medical information is urgent and should not be postponed until the workshop. Recourses are available on the Divas IT Website.

And finally, without further introduction: **Healthy Divas!**

Session One: Let's Be

Real!



**Introduction, Knowledge and Resource
Assessment Overview**

Session Objectives

Clients will:

Understand the structure and goals of the program

Identify beliefs related to health, HIV prevention or treatment, and gender goals

Learn about setting attainable goals

Identify a short-term health related goal

Receive workshop preview

Complete gender affirming exercise

Target Length



Session Summary

Check-In:

- Welcome client and thank her for participating in Healthy Divas
- Discuss structure and expectations of program
- Preview sessions and workshop

Assessment:

- Discuss client's health care history and assess HIV status
- Identify ways gender identity and stigma have impacted client's experiences accessing health care
- Discuss beliefs around HIV prevention strategies or treatment medications.
- Identify client's current support network, including transition-related support. If client is living with HIV, include HIV-related resources
- Identify client's health-related stressors
- Identify client's coping strategies
- Identify client's current substance use and impact on health and HIV prevention or treatment

Skills:

- Client will learn about setting attainable goals

Wrap-Up:

- Set one health-related goal with client
- Engage client in gender affirmation exercise
- Review Session One
- Preview Session Two
- Preview group workshop



Activity 1: CHECK-IN

Rapport Building/Introduction:

- Thank client for coming to the session
- Discuss confidentiality
- Everything said in session will be regarded as private information.
- Limits of confidentiality: identified intent to harm self/others, suspected child/dependent adult or elder abuse and sending, receiving, and viewing of child pornography

[[Note to Peer Counselor: Feel free to add your agency's guidance on confidentiality]]

Overview of Healthy Divas program:

- Discuss structure of sessions.
 - **Session length** – 60 minutes each
 - **Frequency** – once a week
- Preview content of each session.
 - **Session One:** Introduction/life context and attainable goals
 - **Session Two:** Strength and resiliency
 - **Session Three:** Communication
 - **Session Four:** Support and health
 - **Session Five:** Working through challenges
 - **Session Six:** Envisioning the future
- Discuss Workshop- attend one within the next 90 days
- Discuss stipend (if relevant):
 - Paid at end of each session

Policies/Expectations of Client:

- **POLICY:** Discuss absences/cancellations/punctuality.
- **POLICY:** Discuss substance use policy: come in a state where you will be able to fully participate
- **INTRODUCTION:** Identify client's reasons for enrolling in the program.
 - What does client hope to get out of sessions?



Activity 2: ASSESSMENT

*[[**Note to Peer Counselor:** Completing the Healthcare History and Life Context Form can be triggering for some clients; be aware of client's emotional state/stability and proceed with care. Have your Healthy Divas Resource List available.]]*

- Fill out **Worksheet 1A Healthcare History and Life Context (on the following page)** for 30 minutes
- Discuss current substance use and impact on health and HIV treatment



Photo: Aaron Amat



Worksheet 1A: Healthcare History and Life Context

[[**Note to Peer Counselor:** This worksheet is meant for you to fill out as you ask these questions. The boxes are included for you to check in case something comes up that you might want to mark as important for developing health care related goals and/or the workshop questions to be developed with the client.]]



Sample Script: "We know that trans women face unique challenges in terms of HIV and PrEP. We are really interested in learning about some of these challenges trans women face and finding ways to support them. We'll work through a list of questions on these topics to make sure I understand your particular situation."

HEALTH CARE HISTORY

1. In general, how would you describe your experiences interacting with the health care system?

2. Do you currently have a health care provider? *Please circle:* Yes / No

If no: When was the last time you met with a health care provider? _____

If yes: How did you find your provider(s)? _____

3. Do you have one provider or several providers for different needs? _____



4. Is your provider currently providing you with HIV specific care? *Please circle:* Yes / No



5. Is your provider currently providing you with HIV prevention information or tools, such as pre-exposure prophylaxis (PrEP)? *Please circle:* Yes / No

6. How long have you been seeing your current provider(s)? _____

7. How would you describe your relationship with your provider? _____

8. Are there things you like about them? Things you wish were better?

9. How often do you schedule appointments with them? _____

10. How often do you make it to your appointments? _____

11. When was your last visit? _____

12. Have you experienced barriers in getting your health/medical needs met? If yes, what are some examples?

13. Have stigma and/or discrimination impacted your health care? If so, in what ways?

 **HIV HISTORY**

1. Tell me about when you tested positive for HIV: What were the circumstances of your being tested? Were you surprised at the results?

2. What were the days like immediately after testing positive?

3. What impact (if any) did becoming positive have on your gender goals/treatment?

4. How would you describe your health right now?

5. Tell me what you know about your CD4 count and viral load numbers? If you keep up with your results, what were they? What do you know about what these numbers mean?

HIV treatment medications

6. Regarding HIV medications: Are you currently taking HIV medications?
Please circle: Yes / No

7. Have you ever taken HIV medications? *Please circle: Yes / No*
[If Yes, skip to question 13 on the following page. If No, answer questions below]

8. Was it an active decision to not take medications? _____

9. Who was involved in your decision not to take medications?

10. What does your doctor recommend?

11. What is your understanding of who should be on HIV medications and when?

12. Do you have any thoughts or concerns about starting medications?

13. When did you start taking HIV medications? _____

14. How did you decide to start taking meds?

15. Who was involved in that decision?

16. How easy or difficult was it?

17. What are the medications you are currently taking for HIV?

18. Are you experiencing any side effects?

19. How often do you miss taking your HIV medications on schedule?

20. How often do you take breaks from taking your HIV medications (meaning, going for 3-4 days without taking meds)?

 **HIV PREVENTION HISTORY**

1. Tell me about your experiences with HIV testing and HIV prevention.

2. When was the last time you were tested for HIV? _____

3. Do you worry about testing positive for HIV? If so, are there things you do to prevent it? What are your preferred HIV prevention strategies?

HIV pre-exposure prophylaxis (PrEP)

4. Have you ever heard of HIV pre-exposure prophylaxis, or PrEP? *Please circle:* Yes / No
[If Yes, continue to #2 below.]
If No: Would you like to learn more about it? _____

5. Are you currently taking PrEP? *Please circle:* Yes / No
[If No, continue to table below. If Yes, skip to question xx on page xx]

For clients NOT CURRENTLY taking PrEP:

Have you ever taken PrEP?	Yes / No
If YES:	
When did you first start taking PrEP?	
How did you decide to start taking it?	
Who was involved in that decision?	
Did you have thoughts or concerns about starting PrEP?	
How easy or difficult was it ?	Very easy / Easy / Difficult / Very difficult
Did you experience any side effects ?	Yes / No
How often did you miss taking your PrEP on schedule?	Often / Sometimes / Occasionally / Never
How often did you take breaks from taking PrEP? (Go three or four days without taking it)	Multiple days a week / Once a week / Once a month / Never
Why did you stop taking PrEP the first time you stopped?	
How many times have you started and stopped PrEP?	

For clients NOT CURRENTLY taking PrEP:

What does your doctor/ health care provider recommend?	
What is your understanding about who should be on PrEP and when?	
If NO:	
Was it an active decision to not take PrEP?	Yes / No
What were your thoughts or concerns about starting PrEP?	
Who was involved in your decision not to take PrEP?	
What does your doctor/ health care provider recommend?	
What is your understanding about who should be on PrEP and when?	

For clients CURRENTLY taking PrEP:

When did you first start taking PrEP?	
How did you decide to start taking it?	
Who was involved in that decision?	
How easy or difficult was it ?	Very easy / Easy / Difficult / Very difficult
Are you experiencing any side effects ?	Yes / No
How do you feel about being on PrEP now?	
How often do you miss taking your PrEP on schedule?	Often / Sometimes / Occasionally / Never
How often do you take breaks from taking PrEP? (Go three or four days without taking it)	Multiple days a week / Once a week / Once a month / Never

GENDER AFFIRMING CARE AND HORMONES

1. What has been your experience with your provider(s) around meeting your gender goals?

2. Have you had to educate your provider about transgender health care? If so, how did you feel about needing to do that?

3. Do you feel your provider is supportive of your transition? *Please circle:* Yes / No

4. What medications are you currently taking (prescribed by a health care provider or not)?

5. What's your history with hormones or other gender-related health care?

6. Have you experienced any complications from any of these treatments?

7. For clients who have experienced complications: How has this impacted your opinion about treatment?

8. Do you always take your hormones on schedule? *Please circle:* Yes / No

9. What helps you remember to take your hormones?

SUBSTANCE USE

- 1.** How much do you currently drink? _____
- 2.** What other recreational or street drugs do you use? _____
- 3.** How often? _____
- 4.** Past use? _____
- 5.** What impact do you feel it has on your health?

BELIEFS & SUPPORT

- 1.** What's your current housing situation? _____
- 2.** Who's helpful in your life? _____
- 3.** Who knows about your HIV status? _____
- 4.** What communities do you feel connected to? _____
- 5.** Do you feel you can bring all aspects of yourself to that/those communities? _____
- 6.** Describe your spiritual beliefs and personal philosophies:

- 7.** Describe ways in which you cope when feeling stressed or overwhelmed
 (i.e. meditation, music, substance use, shopping, etc.):

- 8.** What would it look like to be as engaged in your health care as you could be?

- 9.** What would have to be different?



Activity 3: ENVISIONING A HEALTHY DIVA

- Fill out **Worksheet 1B Personal Health Vision**
- Peer Counselor reads script included on worksheet to client
- Client identifies vision of healthy future self and steps to reaching vision
- Peer Counselor records client's thoughts on worksheet
- Make sure to include ✖ **HIV care and ART adherence** or ✖ **HIV prevention (assess need for HIV testing and interest in PrEP)**



Photo: Wavebreakmedia

DATE: _____



Worksheet 1B: My Personal Health Vision

1. Close your eyes and picture yourself a year from now, healthier and happier than you have ever been. Where are you? What do you do with your days? Is anyone with you?

2. Now imagine that your future self thinks back over the preceding year. What steps did you need to take to get to the healthy place you envision? What helped you on the journey? What obstacles did you have to overcome?



Activity 4: GOAL SETTING

1. Discuss goal setting with the client

- Characteristics of appropriate goals:
 - attainable?
 - specific?
 - right-sized?

[[Note to Peer Counselor: Make sure the goal is the client's goal for herself, not the Peer Counselor's goal for the client]]



Sample script: "Part of the Healthy Divas program involves setting goals for yourself in every session. We've found that certain kinds of goals help clients the most—those that are attainable, specific, and right-sized. Attainable goals deal with things over which you have control. Specific goals make it easy to tell if you've achieved your goal or not. Finally, "right-sized" means goals that are small enough to do before the next session. Let's break this down with an example. You might want to get housing. This is a great life goal, but it's not the best Healthy Divas goal. Try breaking this down into things that are up to you and that you can do before the next session. Thinking about all that, what's a goal you would like to accomplish before the next time we meet?"

2. Record goal on **Worksheet 1C Goal Tracking Sheet**



Worksheet 1C: Goal Tracking Sheet

SESSION ONE

SESSION TWO

SESSION THREE

SESSION FOUR

SESSION FIVE

SESSION SIX



Activity 5: WORKSHOP PREVIEW

What's the Purpose of the Workshop?



Sample script: “At the workshop, Healthy Divas participants will gather with a health care provider (or multiple providers) who has expertise in gender affirming care for trans women and HIV prevention and treatment. It will be a judgment-free zone where you have the chance to ask the provider anything you want. The goal is to arm you with medically accurate knowledge, and hopefully build a sense of community with other participants (we’re not alone in our fight, even if it sometimes feels like it).”

Discuss expectations of all participants

- Show up on time. Anyone more than 20 minutes late will not be allowed to join workshop
- Do not show up intoxicated
- Be able to listen to and adhere to requests of Peer Counselors
- Respect differences of opinion. Do not threaten other group members
- Be able to stay awake
- Stay until the workshop is over

[[Note to Peer Counselors: Ask for best way to remind client of workshop date and time]]

[[Note to Peer Counselors: Engage client in problem solving around any potential barriers to successfully attending and participating in workshop.]]

- Engage client in discussion around specifics of barrier to participation (who, what, where, why).
- Engage client in discussion of possible solutions and evaluate solutions with client.
- Help client identify what she considers the “best/most appropriate” solution.
- Explore why this is the best solution.
- Develop action plan.



Activity 6: GENDER AFFIRMATION EXERCISE

Introduce Worksheet 1D “Gender Affirmation Exercise:”



Sample Script: “We’ve touched on some potentially sensitive issues during our time together today, so we want to make sure that, as you get ready to head back out into the world, you are feeling strong and affirmed. The last activity we’ll do this session is a gender affirmation exercise, and it’s all about centering yourself in positive emotions and memories. Some clients say it can feel awkward in the beginning, but with practice you’ll find it’s a great way to access the calm strength you have inside. Let’s try it.”

Do Worksheet 1D Gender Affirmation Exercise

- Peer Counselor reads script included on worksheet to client while client relaxes and thinks about her affirming experience.
- After exercise is complete, check in with client about how it went: What feelings came up for her; ask if she would like to share.
- Explore how the event can be a motivator to stay healthy.



Photo: Ramon Ivan Moreno Prieto



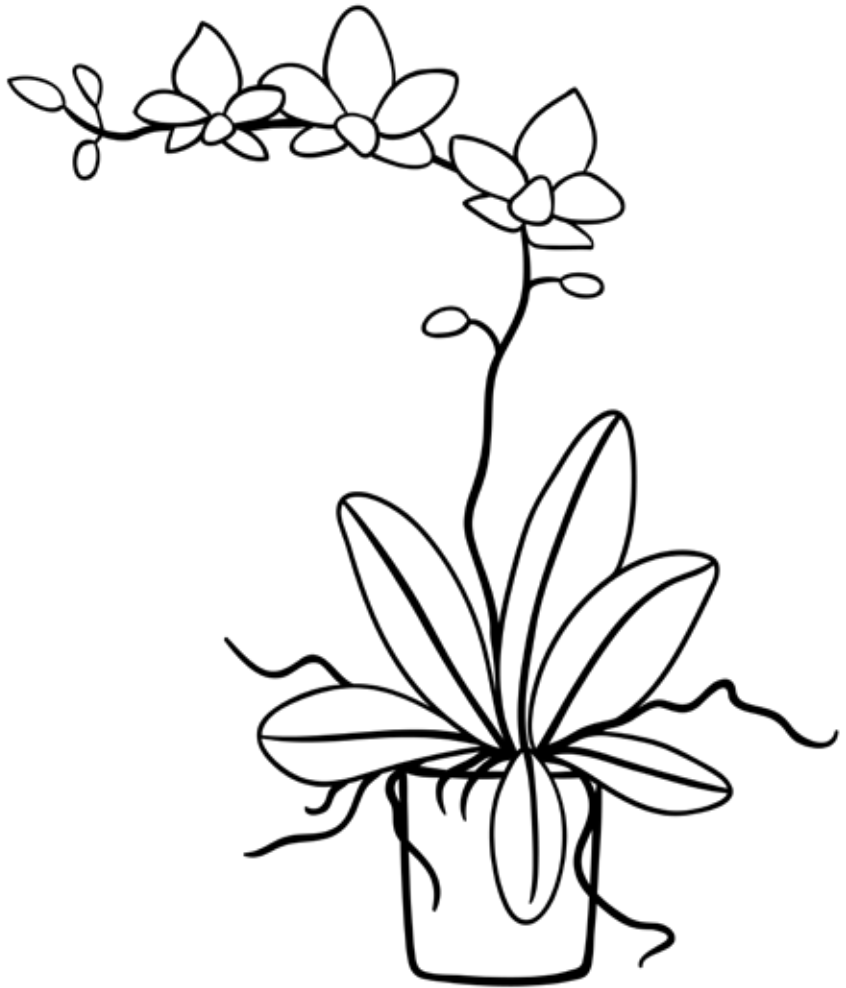
Worksheet 1D: Gender Affirmation Exercise

Think back to an event or memory of something that you have experienced related to **feeling positive about yourself as a trans woman/woman** (in your gender). It may be reaching a milestone towards your gender goals, it can be something someone said or did where you felt validated or accurately reflected, or maybe even something you did for yourself that made you feel good about yourself.

As you think about this event or experience, notice your body. Be aware of any changes in your body, the way you feel emotionally, and/or any changes in your level of stress.

As you continue to think about this event or experience, ask yourself: Where were you? Who else was with you? What were you doing at the time?

Take a few moments just to enjoy the feelings that come up for you. Take a few deep breaths and allow your body to relax.





Activity 7: WRAP UP



xx min

Review Session One



Sample script: “You’ve made it to the end of Session One—congratulations! We covered a lot, so let’s review and give you a chance to ask any questions before we wrap up today.

[[Note to Peer Counselor: You can check in with the participant about questions after each bullet point or after the reviewing the whole list—whichever feels right to you. We’ve included a prompt at the end for convenience.]]

We:

- Discussed confidentiality,
- Went over the structure of the program and the expectations of you as a participant,
- Completed an assessment of your life context and past experiences and beliefs about healthcare,
- Created a personal healthcare vision,
- Learned about the kinds of goals we’ll set in the Healthy Divas program and you set your first one,
- Talked about what the workshop will be like, what’s expected of you as a participant, and what we hope you will get out of it,
- And we ended with a gender affirmation exercise.

Do you have any questions about anything we talked about today?”

[[Note to Peer Counselor: allow participant enough time to discuss any issues before moving on.]]

Preview and Schedule Session Two



Sample script: “Next time we meet, we’ll catch up on what’s been going on in your life and see if you were able to meet your goal. We’ll also identify some of your personal strengths and healthcare-related stressors, then talk about how your specific strengths can help you meet your healthcare goals. We’ll set a new goal, and end with another gender affirmation exercise.”

Pay client and have her sign receipt

Session Two:

Be Fierce!



Personal Strengths and Resiliency

Session Objectives

Clients will:

Discuss progress towards goals

Identify personal strengths

Understand what role personal strengths can play in achieving health and HIV prevention or treatment goals

Identify a short -term health related goal

Complete gender affirmation exercise

*Note that you will need worksheet 1B from Session One for this session.

Target Length



Session Summary

Check-In:

- Discuss events in client's life
- Discuss progress towards goal
- Review Session One content (specifically Worksheet 1B Personal Health Vision)

Assessment:

- Identify client's personal strengths
- Identify client's health-related stressors

Skills:

- Client links strengths to health-related goals

Wrap-Up:

- Set at least one health-related goal with client
- Engage client in Gender Affirmation Exercise
- Review Session Two
- Preview Session Three



Activity 1: CHECK-IN

Discuss significant events since last session:

- Thank client for coming and find out what's happened in her life since last session.
- Keep in mind that issues that come up can be incorporated into problem-solving section of session.
- Ask how the client has been feeling.
- Ask if she has any thoughts about last session.

Discuss progress towards goal:



Sample Script: "Ok, last time you set a goal you were going to work on—do you remember what that was? *[[Note to Peer Counselors: Wait for response; remind client if necessary]]* And how did you do with that?"

If goal was met/progress was made:

- How does the client feel about meeting goal?
- What helped the client follow through with goal?

If goal was not met:

- Check in with the client about any progress she made towards goal or related to goal. This is worth fully exploring because often the client has taken step towards goal without even realizing it!
- What were some of the barriers to meeting the goal?
 - Is something getting in the way of the goal?
 - Is there something that needs to happen first?
 - Was the goal unrealistic?

[[Note to Peer Counselors: Remember that a goal that's not completed is an opportunity to learn something about the goal and/or the client's circumstances. It's never a total loss!]]

Review Session One

- Remind client of the Personal Health Vision created last session, and review the steps charted towards reaching that vision. Assess any progress made on any front, then focus on HIV prevention/treatment:



For clients who are HIV-negative and not on PrEP:

- Did client have opportunity/need for HIV prevention since last session?
- What strategies does/did client use, if any? How is that going?
- For clients whose intentions and practice of HIV prevention did not match up, what were the circumstances around being able or unable to use preferred prevention strategies?

For clients on PrEP: Assess HIV prevention strategies and PrEP adherence.

- Is client using any HIV prevention strategies other than PrEP? How is that going?
- For clients with variable PrEP adherence, what were the circumstances around missed doses?
- Were there periods where client was more successful in adherence?
- Has the client already taken any steps to improve adherence?



For clients living with HIV : Assess appointment attendance (if appointments were scheduled between Sessions 1 & 2) and medication adherence (for those on ART).

- For clients who had appointments scheduled but did not attend, what were the circumstances of missing or canceling those visits?
- For clients with variable ART adherence, what were the circumstances around missed doses?
 - » Were there periods where client was more successful in adherence?
 - » Has the client already taken any steps to improve adherence?
- Congratulate client for any progress made toward the Personal Health Vision and engage her in problem solving around conditions or situations that she identifies as impeding progress. Remind client that her Personal Health Vision is a long-term goal and she can continue to take steps toward achieving her healthiest, happiest self.



Activity 2: STRENGTHS IDENTIFICATION



xx min

Introduce Worksheet 2A, “Strengths and Motivators Worksheet”



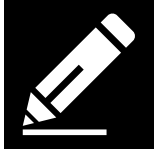
Sample script: “Today we are going to be talking about personal strengths. Being a trans woman and making your way through all the challenges of the world requires a unique set of strengths, talents, skills, and positive qualities. Recognizing these strengths and instances in which you have used or exercised these strengths can be really helpful.

It isn’t always easy to identify your own strengths, particularly if you are living under very stressful and challenging situations.

- For example, you may have a great sense of humor, but haven’t felt very funny lately; you may be very creative but haven’t had the time or opportunity to express that creativity.
- Even if you haven’t made use of a given strength recently, you still have that strength and you can call upon that strength to cope with whatever is going on with you. Our strengths don’t disappear, but we sometimes need reminding that those strengths are there.
- Simply reminding yourself of your strengths can help you accomplish things that you want to do.”

Fill out Worksheet 2A Personal Strengths and Motivators

- Peer Counselor reads script included on worksheet to client while client reflects on questions asked in the script.
- Ask client to list personal strengths, including how she has overcome challenges related to potential social stigma about being trans (prompt if necessary).
- Once client seems to run out of answers, ask her what skills she has that help her stay healthy, and offer **Worksheet 2B: Strengths List**, to help her identify additional skills/strengths.
- Help client identify personal motivators. What keeps her going in difficult times?



Worksheet 2A: Personal Strengths and Motivators

It takes a lot of strength and conviction to be a trans woman. What are some of the skills and qualities you have that have helped you along the way?

What are things about you or things you do that you are proud of, as well as people or things that bring meaning to your life or give you reason to want to be the best you can be?





Worksheet 2B: Strengths List

Dignified	Realistic	Moderate	Cheerful
Inventive	Trusting	Responsible	Clear-thinking
Prudent	Independent	Honest	Competitive
Tenacious	Pleasant	Painstaking	Competent
Intelligent	Intelligent	Spunky	Clever
Progressive	Versatile	Sociable	Introspective
Alert	Forceful	Analytical	Modest
Daring	Forgiving	Discreet	Zany
Emotional	Quiet	Loving	Kind
Loyal	Helpful	Supportive	Purposeful
Reflective	Outgoing	Consistent	Thorough
Trustworthy	Sincere	Assertive	Intellectual
Imaginative	Formal	Imaginative	Precise
Persevering	Natural	Individualistic	Tactful
Stable	Robust	Cooperative	Witty
Verbal	Healthy	Confident	Dominant
Ambitious	Original	Poised	Leisurely
Curious	Sharp-witted	Bold	Quick
Artistic	Frank	Strong	Thoughtful
Courageous	Obliging	Broadminded	Informal
Energetic	Self-confident	Warm	Practical
Mature	Friendly	Cool	Strong-minded
Relaxed	Open-minded	Accurate	Wise
Unaffected	Self-controlled	Considerate	Academic
Humorous	Generous	Aggressive	Adventurous
Patient	Opportunistic	Flexible	Adaptable
Spontaneous	Sensible	Deliberate	Determined
Uninhibited	Gentle	Efficient	Eager
Fair-minded	Good-natured	Logical	Light-hearted
Methodical	Optimistic	Tolerant	Quiet
Reliable	Organized	Wholesome	Unassuming
Sensitive	Industrious	Understanding	Serious
Polite	Visionary	Capable	Reserved
Meticulous	Conservative	Likable	Calm
Businesslike	Active	Unexcitable	Easygoing
Affectionate	Firm	Charming	Resourceful
Mild	Careful	Tough	Cautious
Conscientious	Rational	Attractive	



Activity 3: STRENGTHS AND GOALS



Sample script: “When considering possible goals to set for yourself, it is helpful to think about your personal strengths and how these strengths could help in attaining the goal. For example, your goal may be to make an appointment with your healthcare provider. Your personal strengths include, for example, patience and a sense of humor. The patience may help you tolerate being put on hold and your sense of humor can help you turn the experience into a funny story to tell your friends later on.

Now let’s look at the role your strengths have played in your recent accomplishments. Think back over the past week or so—did you accomplish something you set out to do or attain any goals?

Did your personal strengths help you do that? How so?”

[[Note to Peer Counselors: If client cannot come up with accomplishments or connect personal strengths to what she has been able to achieve, draw on information previously shared (e.g., in Session One Life Context Assessment or Session Two’s discussion of progress toward goal or Personal Health Vision) to provide examples.]]



Activity 4: GOAL SETTING

Set a new goal with client:

- Check in about whether goal is:
 - Attainable (something over which she has control)?
 - Specific (easy to tell if she met the goal)?
 - Right-sized (something she can accomplish before next session)?

[[Note to Peer Counselors: Make sure the goal is the client’s goal for herself, not the Peer Counselor’s goal for the client!]]

- Record goal on **Worksheet 1C Goal Tracking Sheet**



Activity 5: GENDER AFFIRMATION EXERCISE

Practice “Gender Affirmation Exercise” (Worksheet 2C)

*[[**Note to Peer Counselors:** Prior to session, remind yourself how this went for this client last time and be prepared to tailor delivery and discussion.]]*



Sample script: “Alright, just like last session, we’re going to close today by doing our gender affirmation exercise. Again, I’ll read the prompts to you—all you have to do is relax, think, and check in with your body. Try to choose a different event or memory than the one you thought about last time; you can think of this as starting to build a “library” of affirmation for yourself that you can call on any time you need it.”

Do Worksheet 2C Gender Affirmation Exercise

- Peer Counselor reads script included on worksheet to client while client relaxes and thinks about their affirming experience.
- After exercise is complete, check in with client about how it went: What feelings came up for her; ask if she would like to share.
- Explore how the event can be a motivator to stay healthy.



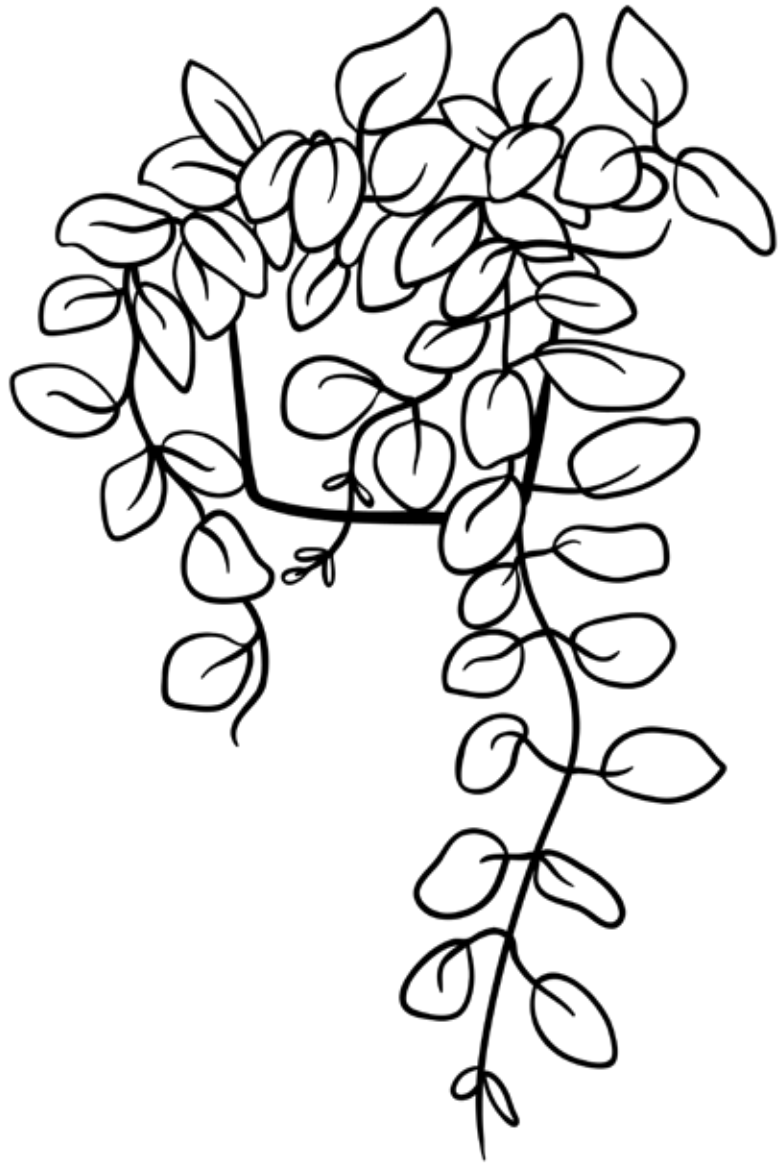
Worksheet 2C: Gender Affirmation Exercise

Think back to an event or memory of something that you have experienced related to **feeling positive about yourself as a trans woman/woman** (in your gender). It may be reaching a milestone towards your gender goals, it can be something someone said or did where you felt validated or accurately reflected, or maybe even something you did for yourself that made you feel good about yourself.

As you think about this event or experience, notice your body. Be aware of any changes in your body, the way you feel emotionally, and/or any changes in your level of stress.

As you continue to think about this event or experience, ask yourself: Where were you? Who else was with you? What were you doing at the time?

Take a few moments just to enjoy the feelings that come up for you. Take a few deep breaths and allow your body to relax.





Activity 7: WRAP UP

Review Session Two



Sample script: “Ok, that’s it for Session Two. Again, we dug into a lot of things today, so let’s review and give you a chance to ask any questions before we wrap up.

[[Note to Peer Counselor: You can check in with the participant about questions after each bullet point or after the reviewing the whole list—whichever feels right to you. We’ve included a prompt at the end for convenience.]]

We:

- Talked about your goal from last session,
- Reviewed your Personal Health Vision and the work you did or barriers you faced on that,
- Identified some of your personal strengths and motivators to be healthy, and discussed how those can help you reach your goals,
- Set a new goal for next session,
- And we ended with a gender affirmation exercise.

Do you have any questions about anything we talked about today?”

[[Note to Peer Counselor: allow participant enough time to discuss any issues before moving on.]]

Preview and Schedule Session Three



Sample script: “Next time we meet, we’ll catch up on what’s been going on in your life and see how much progress you were able to make toward your goal. We’ll also talk about your past experiences of communicating with health care providers, including challenges to communication. We’re going to dig into the ways stigma, transphobia and related trauma might influence communication style, and then practice communication and listening strategies that can help you get your needs met. Then we’ll spend some time problem solving around your health care vision and stressors related to health.”

Pay client and have her sign receipt

Session Three:

Get it?

Assertive Communication

Session Objectives

Clients will:

Discuss experience of workshop, if attended, process information presented, and identify remaining concerns

Discuss progress towards goals

Revise Personal Health Vision*

Learn and practice communication skills

Apply communication skills to increase health care engagement

Identify a short -term health related goal,

Complete gender affirmation exercise

*Note that you will need worksheet 1B from Session One for this session.

Target Length



Session Summary

Check-In:

- Discuss events in client's life
- Discuss progress towards goal
- Review Session Two content

Assessment:

- Discuss client's experiences around communication with providers
- Identify challenges to communication and getting needs met
- Identify impact of stigma, transphobia, and related trauma on communication style

Skills:

- Build communication and listening skills through practice/role play

Problem Solving:

- Revise Personal Health Vision, as needed
- Engage client problem-solving health-related communication challenge(s)

Wrap-Up:

- Set a health-related goal with client
- Engage client in Gender Affirmation Exercise
- Review Session Three
- Preview Session Four



Activity 1: CHECK-IN

Discuss significant events since last session:

- Thank client for coming and find out what's happened in her life since last session.
- Keep in mind that issues that come up can be incorporated into problem-solving section of session.
- Ask how the client has been feeling.
- Ask about any thoughts regarding last session or the workshop (if attended).

Discuss Worksheet 1C and progress towards this week's goal:



Sample Script: "Ok, last time you set a goal you were going to work on—do you remember what that was? *[[Note to Peer Counselors: Wait for response; remind client if necessary]]* And how did you do with that?"

If goal was met/progress was made:

- How does the client feel about meeting goal?
- What helped the client follow through with goal?

If goal was not met:

- Check in with the client about any progress she made towards goal or related to goal. This is worth fully exploring because often the client has taken step towards goal without even realizing it!
- What were some of the barriers to meeting the goal?
 - » Is something getting in the way of the goal?
 - » Is there something that needs to happen first?
 - » Was goal unrealistic?

[[Note to Peer Counselors: Remember that a goal that's not completed is an opportunity to learn something about the goal and/or the client's circumstances. It's never a total loss!]]

Review Session Two:





Sample script: "Last time we met, we covered a number of important topics, from goals and your personal health vision, to identifying your personal strengths and motivators, to the ways those can help you achieve goals you set for yourself. Then we set a new goal and ended with a gender affirmation exercise. Since the last session, did anything come up for you around what we discussed that you wanted to talk about?"



Activity 2: ASSESSMENT

Discuss client's experiences asking for what she needs. Areas to explore:

- What are some of the challenges for asking for what you need?
- What are some of your strengths in asking for what you need?
- How has being a trans woman made it easier or harder to ask for what you need?
- What are your experiences with asking for what you need from your health care providers?
 - Around gender care?
 - Around  HIV care or  HIV prevention?
- What do you do when you start to feel anxious or uncomfortable when meeting with a provider?
- What have your experiences been like trying to access hormones or other gender affirming treatments?
- Are there times or situations that make seeing a provider more challenging?



Activity 3: COMMUNICATION PRACTICE

Complete **Worksheet 3A: Communication Strategies** with client

- Peer Counselor reads script and tips included on worksheet to client, then asks if client has questions.
- After addressing any client questions, Peer Counselor reads the follow-up questions and records client responses.
- Feel free to acknowledge that clients may already have strong communication skills. These strategies may not be new or may simply build on what clients already do and know.



Worksheet 3A: Communication Strategies

Communication is key to getting our needs met, but it's not always easy! Most of us can communicate better by using two basic strategies: active listening and adopting an assertive communication style. Active listening means really tuning in to what the other person is saying and making sure you understand before responding. Assertive communication is about calmly and confidently stating what you want in a clear way that helps the other person understand you and avoid becoming defensive. Here's a quick overview:

Active Listening Tips

- Give your full attention to your conversation partner. Avoid interrupting and try not to immediately judge what the speaker is saying.
- Make sense of what you heard. When they've finished, try to restate the speaker's main points back to them in your own words.
- Confirm your understanding. Ask the speaker if you got it right. If you didn't, ask them to explain where you got off track.

Assertive Communication Tips

- Most people convey their thoughts more clearly when their emotions are under control, so try to remain calm throughout the discussion. If you notice you're having trouble doing so, try the breathe-drop-relax technique. First, breathe: take a few slow deep breaths in, totally filling your lungs, and let each breath out slowly. Second, drop your shoulders. To do this, focus on bringing your shoulder blades together, then down. This should create a feeling of spaciousness or openness. Third, relax: tune in to your body and notice where your body is holding tension. On the next inhale, think about sending air to those places, then try to relax those muscles as you exhale.
- Use "I statements," which focus on the speaker's feelings and beliefs rather than what the speaker believes the listener thinks, feels, or does. An example is saying, "I feel hurt and angry when you cancel our plans," rather than, "You always cancel our plans at the last minute —I'm not important to you at all!"
- Respectfully ask for what you want. For most people, a request that's made clearly, without guilt trips or coercion, is easier to grant.
- Explain why this is important to you. Letting the listener know why you want what you want can help them come up with alternative solutions if they can't grant your request.

1. How do the tips for Active Listening and Assertive Communication compare to the way you normally communicate? Are there parts of either strategy you already use? Anything that's new and seems helpful?

2. Think back to a time you tried to communicate with your healthcare provider that didn't go as well as you wanted. Where did communication break down? Can you imagine using any of these tips? How might that have gone?



Activity 4: ROLE PLAY AND PROBLEM SOLVING

Introduce activity



Sample script: “We’ve had a chance to talk generally about these communication strategies, but talking about them and actually using them are two different things! It can sometimes feel awkward when these new ways of communicating come out of our mouths, so let’s do a role-play to get some practice. We’ll focus on a medical context because it can sometimes be intimidating to make requests of busy healthcare providers, but our health is so important. To set the scene, you’ve made an appointment to speak with your doctor about something related to your gender care or ✨HIV care ✨HIV prevention. I’ll play the provider, coming in to meet with you. Take a minute to think about what you want to ask for, and how you could use the communication tips we discussed before to help you.”

[[Note to Peer Counselors: Give client a couple of minutes to think; assist if necessary.]]

“Many people feel anxious communicating with their healthcare providers and say that staying calm feels challenging. Let’s practice using the breathe-drop-relax technique right now before diving into the role play.”

[[Note to Peer Counselors: Breathe-Drop-Relax instructions: “Take a few slow deep breaths in, totally filling your lungs, and let each breath out slowly. Then drop your shoulders. To do this, focus on bringing your shoulder blades together, then down. Finally, relax: tune in to your body and notice where your body is holding tension. On the next inhale, think about sending air to those places, then try to relax those muscles as you exhale.”]]

Practice/role-play client asking her doctor or other provider for something.

- Afterwards, provide feedback about any active listening or assertive communication strategies the client used.

[[Note to Peer Counselor: Remind client that if she feels anxious in real life interactions with her health care provider, she can always use the breathe-drop-relax technique or the Gender Affirming Exercise clients have been practicing in Healthy Divas sessions.]]

- **Identify a barrier to effective communication with healthcare providers (either in client’s lived experience or in role-play) and engage client in problem solving to address it.**
Engage client in discussion around specifics of challenge (who, what, where, why).
- Engage client in discussion of possible solutions and evaluate solutions with client.
- Help client identify what he/she considers the “best/most appropriate” solution.
- Explore why this is the best solution.
- Develop action plan.



Activity 5: GOAL SETTING

Set a new goal with client:

- Check in about whether goal is:
 - Attainable (something over which she has control)?
 - Specific (easy to tell if she met the goal)?
 - Right-sized (something she can accomplish before next session)?

[[Note to Peer Counselors: Make sure the goal is the client's goal for herself, not the Peer Counselor's goal for the client!]]

- Record goal on **Worksheet 1C Goal Tracking Sheet**



Activity 6: GENDER AFFIRMATION EXERCISE

Practice "Gender Affirmation Exercise" (Worksheet 3B)

[[Note to Peer Counselors: Prior to session, remind yourself how this went for this client last time and be prepared to tailor delivery and discussion.]]



Sample script: "Alright, just like last session, we're going to close today by doing our gender affirmation exercise. Again, I'll read the prompts to you—all you have to do is relax, think, and check in with your body. Try to choose a different event or memory than the one you thought about last time; you can think of this as starting to build a "library" of affirmation for yourself that you can call on any time you need it."

Do Worksheet 3B Gender Affirmation Exercise

- Peer Counselor reads script included on worksheet to client while client relaxes and thinks about their affirming experience.
- After exercise is complete, check in with client about how it went: What feelings came up for her; ask if she would like to share.
- Explore how the event can be a motivator to stay healthy.



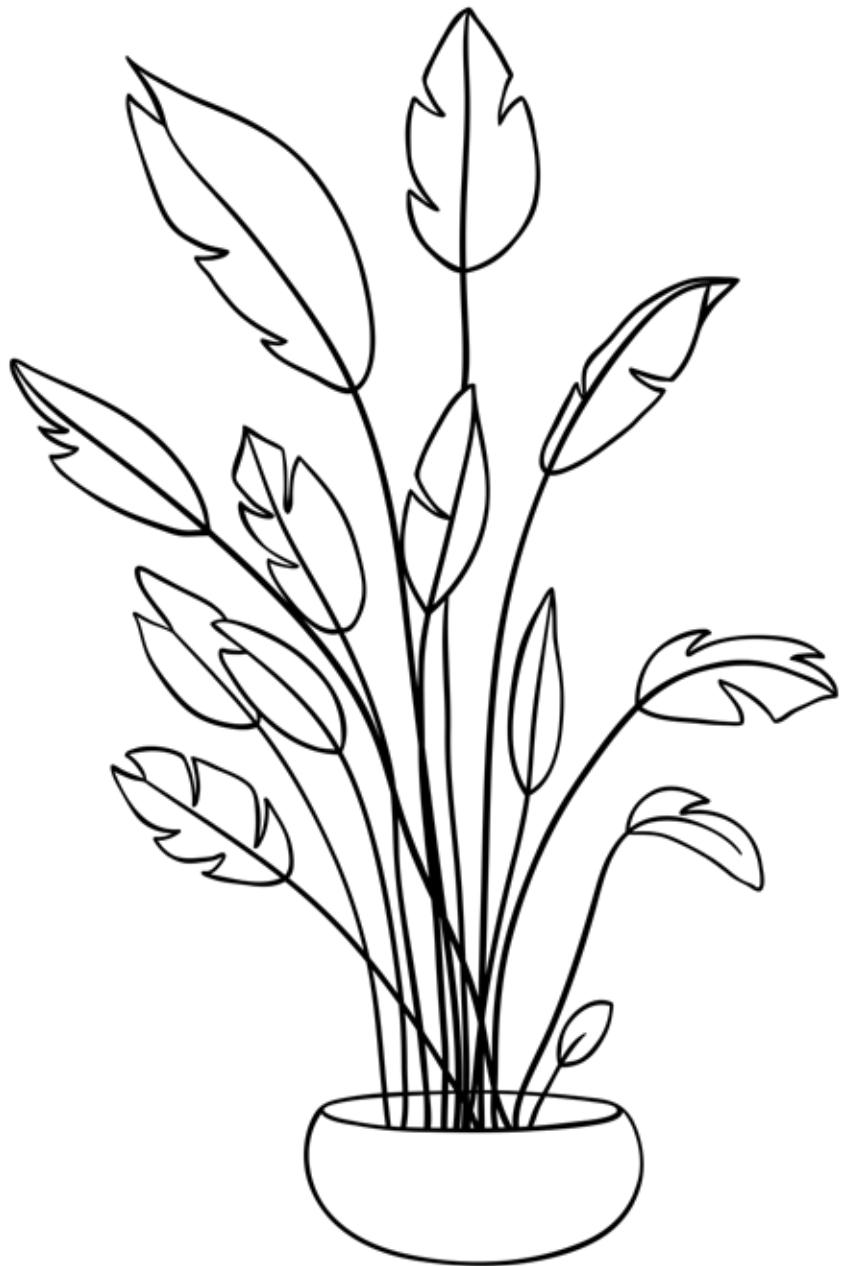
Worksheet 3B: Gender Affirmation Exercise

Think back to an event or memory of something that you have experienced related to **feeling positive about yourself as a trans woman/woman** (in your gender). It may be reaching a milestone towards your gender goals, it can be something someone said or did where you felt validated or accurately reflected, or maybe even something you did for yourself that made you feel good about yourself.

As you think about this event or experience, notice your body. Be aware of any changes in your body, the way you feel emotionally, and/or any changes in your level of stress.

As you continue to think about this event or experience, ask yourself: Where were you? Who else was with you? What were you doing at the time?

Take a few moments just to enjoy the feelings that come up for you. Take a few deep breaths and allow your body to relax.





Activity 7: WRAP UP

Review Session Three



Sample script: “Alright, Session Three is in the books! Let’s recap what we talked about today and give you a chance to ask any questions before we wrap up.

[[Note to Peer Counselor: You can check in with the participant about questions after each bullet point or after the reviewing the whole list—whichever feels right to you. We’ve included a prompt at the end for convenience.]]

We:

- Talked about your goal from last session,
- Reflected on experiences you’ve had asking for what you need, including from healthcare providers,
- Learned about active listening and assertive communication, and practiced them through a role-play exercise
- Problem-solved around a communication challenge with a healthcare provider,
- Set a new goal for next session,
- And we ended with a gender affirmation exercise.

Do you have any questions about anything we talked about today?”

[[Note to Peer Counselor: allow client enough time to discuss any issues before moving on.]]

Preview and Schedule Session Four



Sample script: “Next time we meet, we’ll catch up on what’s been going on in your life, and talk about progress toward your goals. We’ll also learn about resources and strategies for improving health, and dig into the concept of social support—including how stigma, transphobia, trauma, and substance use impact the support we ask for and receive. Then we’ll set a new health related goal, and do our gender affirmation.”

Pay client and have her sign receipt

Session Four: Keeping it

Together!

**Utilizing
Support**

Session Objectives

Clients will:

Discuss progress towards weekly goal and Personal Health Vision*

Learn about types of social support, and consider impact of stigma, transphobia, trauma, and substance use on social support asked for and received

Identify sources for social support in client's own network**

Match types and sources of available social support to goals in client's Personal Health Vision

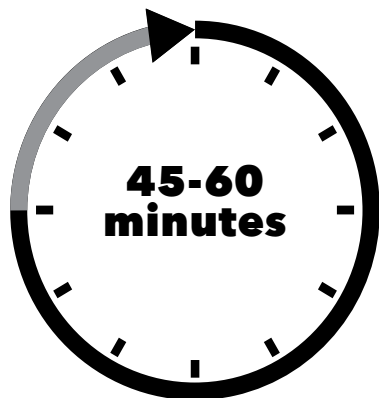
Set a new health-related goal

Complete gender affirmation exercise

*Note that you will need worksheet 1B from Session One for this session.

**You may want to review client's answers to the Beliefs and Support section of Worksheet 1A to prepare for Activity 3 (Worksheet 4A). Also, have your agency's list of local resources/ support for trans women easily accessible.

Target Length



Session Summary

Check-In:

- Discuss events in client's life
- Discuss progress towards goal
- Review Session Three content

Assessment:

- Review progress on Personal Health Vision (Worksheet 1B) and identify barriers
- Identify sources of social support in client's own network

Skills:

- Understand concept of Social Support and analyze impact of stigma, transphobia, trauma, and substance use on social support asked for and received
- Discuss way to increase utilization of support network related to health care engagement

Problem Solving:

- Match available sources of support to the support needed to successfully complete Personal Health Vision

Wrap-Up:

- Set goal with client
- Engage client in Gender Affirmation Exercise related to support
- Review Session Four
- Preview Session Five



Activity 1: CHECK-IN

Discuss significant events since last session:

- Thank client for coming and find out what's happened in her life since last session.
- Keep in mind that issues that come up can be incorporated into problem-solving section of session.
- Ask how the client has been feeling.
- Ask about any thoughts regarding last session (and the workshop, if recently attended).

Discuss Worksheet 1C and progress towards this week's goal:



Sample Script: "Ok, last time you set a goal you were going to work on—do you remember what that was? *[[Note to Peer Counselors: Wait for response; remind client if necessary]]* And how did you do with that?"

If goal was met:

- How does client feel about meeting goal?
- What helped client follow through with goal?

If goal was not met:

- Check in with the client about any progress she made towards goal or related to goal. This is worth fully exploring because often client has taken step towards goal without even realizing it!
- What were some of the barriers to meeting the goal?
 - Is something getting in the way of the goal?
 - Is there something that needs to happen first?
 - Was goal unrealistic?

[[Note to Peer Counselors: Remember that a goal that's not completed is an opportunity to learn something about the goal and/or the client's circumstances. It's never a total loss!]]

Review Session Three:



Sample script: "Last time we met, we focused on your experiences communicating with others, including healthcare providers, and learned some strategies to help you engage in active listening and an assertive communication style. We role-played and problem-solved around a specific communication challenge, set a new health-related goal and ended with a gender affirmation exercise. Since we last met, did anything communication-related come up that you wanted to talk about?"



Activity 2: ASSESSMENT

Review Personal Health Vision (Worksheet 1B)



For clients who are HIV-negative and not on PrEP:

- Did client have opportunity/need for HIV prevention since last session?
- What strategies does/did client use, if any? How is that going?
- For clients whose intentions and practice of HIV prevention did not match up, what were the circumstances around being able or unable to use preferred prevention strategies?

For clients on PrEP: Assess HIV prevention strategies and PrEP adherence.

- Is client using any HIV prevention strategies other than PrEP? How is that going?
- For clients with variable PrEP adherence, what were the circumstances around missed doses? Any changes from the last time discussed?
- Were there periods where client was more successful in adherence?
- Has the client already taken any steps to improve adherence?



For clients living with HIV : Assess appointment attendance

(if appointments were scheduled between Sessions 1 & 2) **and medication adherence** (for those on ART).

- For clients who had appointments scheduled but did not attend, what were the circumstances of missing or canceling those visits? Any changes from the last time discussed?
- For clients with variable ART adherence, what were the circumstances around missed doses? Any changes from the last time discussed?
 - » Were there periods where client was more successful in adherence?
 - » Has the client already taken any steps to improve adherence?

Congratulate client for any steps taken toward the Personal Health Vision and engage her in a discussion of challenges and obstacles to further progress. These can then be used to populate the “challenges” column on **Worksheet 4B**.



Activity 3: IDENTIFYING SOURCES OF SOCIAL SUPPORT

Complete Worksheet 4A: Social Support—Who's In Your Circles?

[[Note to Peer Counselors: We suggest reviewing client's answers to the Beliefs and Support section of Worksheet 1A before doing this activity with client]]

- The Peer Counselor might want to begin this exercise by asking whether the client has heard of social support, how she defines it, and what role social support plays in her life.
- Peer Counselor reads to client the definition and three types of social support that appear on the worksheet, then asks if client has questions. Examples of each type of support might be:
 - » **Emotional:** People who cheer you up, make you laugh, listen when you vent, or help you stay motivated.
 - » **Informational:** friends, healthcare providers or case workers who can answer questions you have.
 - » **Tangible:** someone who can offer a place to stay, lend money, give a ride.
- After addressing any client questions, Peer Counselor and client work to fill out the diagram with people and organizations in client's network that can provide social support, and what type of support they could provide. Also, discuss the "Food for Thought" questions.
- Note that relationships can be the source of many of the stressors we experience, and much of the support we receive in our lives. Explore with client which relationships are barriers to her health and her ability to reach her goals, as well as ways social support may contribute to her stress level.
- During your discussion, be sure to explore how experiences with transphobia, stigma, and related trauma have influenced client beliefs around self-reliance and allowing others to support her.
- If there is any current substance use or history of substance use, explore the impact on support and relationships. Also consider the impact of people in the client's life who use substances.



Photo: Jan Sochor



Worksheet 4A: Social Support—Who's In Your Circles?

Social support is providing assistance or comfort to someone, typically to help them cope with some kind of stress. There are three main types of social support: emotional, informational, and tangible. In Healthy Divas, we focus on social support as it relates to trans women's health, so:

- **Emotional support** means having people in your life you can relate to, or to whom you can express your feelings, thoughts, and concerns, especially regarding your gender care and HIV prevention//HIV treatment.
- **Informational support** means being aware of, or in contact with, people or organizations that can provide useful, accurate information about gender care and HIV prevention//HIV treatment.
- **Tangible support** means people and places that can give you things you need to stay healthy.

Research has found that it's incredibly important for our wellbeing that we feel we have such support available to us. This worksheet is designed to help you figure out which people, groups, and organizations you can seek out for support when you need it.

In the box for the **inner circle**, add the names of those closest to you—maybe family, partners, best friends, organizations where you feel safe, etc. In the box for the **middle circle**, add names of people and places that are a bit more distant. The box for the **outer circle** could include people and organizations you have a good feeling about but may not have interacted with much, like co-workers, agencies you've never visited but have heard good things about, etc. **For each person or organization you list, also note what kind of support you believe they could offer you: emotional, informational, or tangible.**

		OUTER CIRCLE
MIDDLE CIRCLE		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
INNER CIRCLE		

*See the back of this page for food for thought around getting the support you need.

Food for Thought:

- Where can you get support around:

» Improving your overall health? _____

» Your gender, or issues that come up regarding transphobia? _____

 » **Accessing HIV care and treatment?** _____

 » **Who in your life knows what it's like to life with HIV?** _____

 » **Engaging in HIV prevention? Getting tested for HIV?** _____

» Up to date information on HIV treatment or prevention? _____

» Finances/housing /day to day living concerns? _____

- How “balanced” is your support network? Are certain types of support lacking? What would you like more of?

- What type of support do you need to take care of your health that you don't have?

- Can you think of resources you have utilized in the past that aren't listed?

- Are there ways to add to your support system? What makes it difficult to do so?

- Which types of support are easier/harder to ask for? Why do you think that is?

Complete Worksheet 4B: “Getting the Support You Need”

- Draw from this session’s review of the client’s Personal Health Vision to identify challenges that can be transferred to the first column on **Worksheet 4B**.
- Have client identify people and resources that could be helpful around each challenge listed.
- Ask client to think about whether there are new sources of support the client could utilize around some components of the plan.
- Are there organizations on the resource list that might be helpful?



Photo: Julia Galdo



Worksheet 4B: Getting the Support You Need

Complete Worksheet 4B: "Getting the Support You Need"

This worksheet will help you bring together pieces of several of today's discussions and make a personalized plan for getting the support you need. Earlier in the session, you identified challenges you've faced as you work toward your Personal Health Vision. Write those in the first column below. You also discussed types of support, and people and organizations where you might ask for that support. Write that information in the next two columns. This will help you match the kinds of support you need to the specific challenges you're facing.



Challenge

(What's stopping you from reaching your Personal Health Vision?)



Type of support wanted

(Emotional, Informational, or Tangible + specifics, if known)



Person/Organization

(Who can best give that support?)



Activity 5: GOAL SETTING

Set a new goal with client:

- Check in about whether goal is:
 - Attainable (something over which she has control)?
 - Specific (easy to tell if she met the goal)?
 - Right-sized (something she can accomplish before next session)?

*[[**Note to Peer Counselors:** Make sure the goal is the client's goal for herself, not the Peer Counselor's goal for the client!]]*

- Record goal on **Worksheet 1C Goal Tracking Sheet**



Activity 6: GENDER AFFIRMATION EXERCISE

Practice "Gender Affirmation Exercise" (Worksheet 4C)

*[[**Note to Peer Counselors:** Prior to session, remind yourself how this went for this client last time and be prepared to tailor delivery and discussion.]]*



Sample script: "Alright, as usual, we're going to close today by doing our gender affirmation exercise. Again, I'll read the prompts to you—all you have to do is relax, think, and check in with your body. This session, try to choose an event or memory that deals with receiving support around your gender."

Do Worksheet 4C Gender Affirmation Exercise

- Peer Counselor reads script included on worksheet to client while client relaxes and thinks about their affirming experience.
- After exercise is complete, check in with client about how it went: What feelings came up for her; ask if she would like to share.
- Explore how the event can be a motivator to stay healthy.



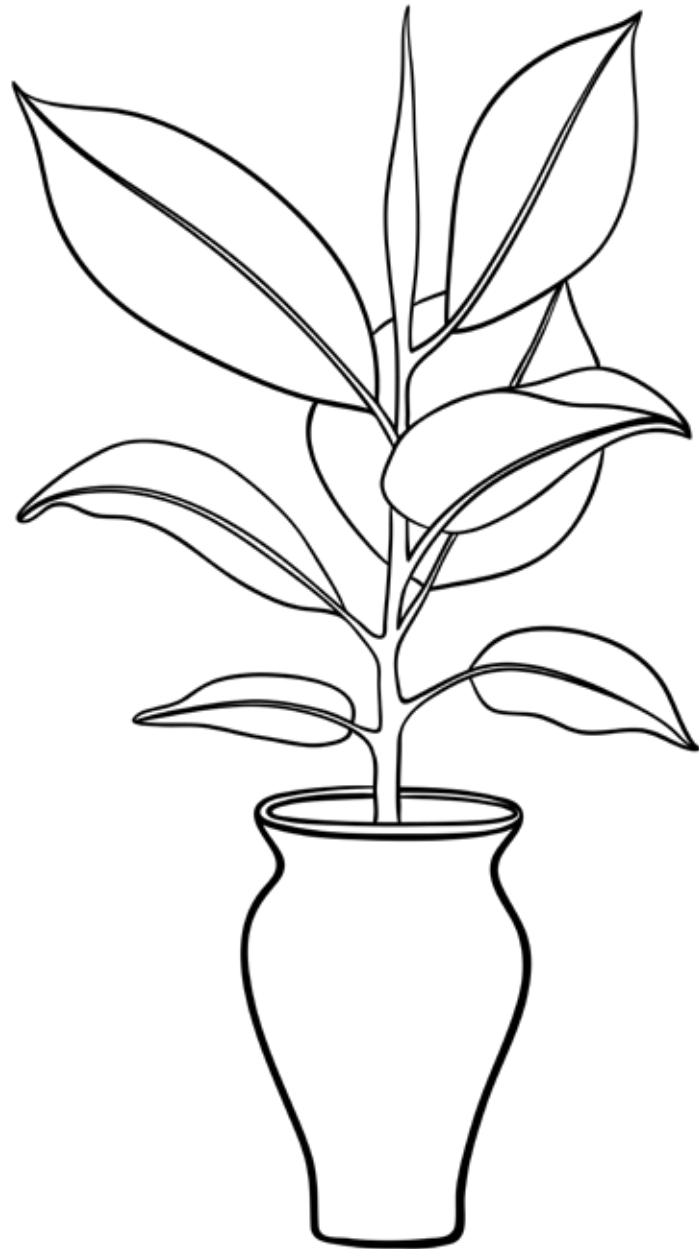
Worksheet 4C: Gender Affirmation Exercise

Think back to an event or memory of something that you have experienced related to **feeling positive about yourself as a trans woman/woman** (in your gender). It may be reaching a milestone towards your gender goals, it can be something someone said or did where you felt validated or accurately reflected, or maybe even something you did for yourself that made you feel good about yourself.

As you think about this event or experience, notice your body. Be aware of any changes in your body, the way you feel emotionally, and/or any changes in your level of stress.

As you continue to think about this event or experience, ask yourself: Where were you? Who else was with you? What were you doing at the time?

Take a few moments just to enjoy the feelings that come up for you. Take a few deep breaths and allow your body to relax.





Activity 7: WRAP UP

Review Session Four



Sample script: “Ok, that’s it for Session Four. We did a lot of work today on social support.”

[[Note to Peer Counselor: You can check in with the participant about questions after each bullet point or after the reviewing the whole list—whichever feels right to you. We’ve included a prompt at the end for convenience.]]

Specifically, we:

- Learned about types of social support and thought about how stigma, transphobia, trauma, and substance use can impact the social support you ask for and receive,
- Identified sources for social support in your personal network,
- Matched types and sources of available social support to the goals in your Personal Health Vision,
- Set a new goal for next session,
- And we ended with a gender affirmation exercise.

Do you have any questions about anything we talked about today?”

[[Note to Peer Counselor: allow participant enough time to discuss any issues before moving on.]]

Preview and Schedule Session Five



Sample script: “Next time, we’ll keep talking about your goals and try to learn from the things you done to pursue them—whether they’ve worked or not. We’ll work together on some problem-solving for a barrier you feel is holding you back, and then, as usual, we’ll set a new health related goal, and do our gender affirmation.”

Pay client and have her sign receipt

Session Five:

Work It!

**Celebrating
Successes
and Working
Through
Challenges**

Session Objectives

Clients will:

Discuss and reinforce progress towards goals*

Identify recent successes and amplify them

Identify challenges to reaching health and HIV treatment- or prevention-related goals

Set a new health-related goal

Complete gender affirmation exercise

*Note that you will need worksheet 1B from Session One for this session.

Target Length



Session Summary

Check-In:

- Discuss events in client's life
- Discuss progress towards goal
- Review Session Four content

Assessment:

- Review progress on Personal Health Vision (Worksheet 1B) and identify barriers

Skills:

- Learn how to recognize and amplify progress and successes
- Understand challenges and review attempts to work through them

Problem Solving:

- Problem solve barrier to successfully completing Personal Health Vision

Wrap-Up:

- Set goal with client
- Engage client in Gender Affirmation Amplification/Positive Event recall
- Review Session Five
- Preview Session Six



Activity 1: CHECK-IN

Discuss significant events since last session:

- Thank client for coming and find out what's happened in her life since last session.
- Keep in mind that issues that come up can be incorporated into problem-solving section of session.
- Ask how the client has been feeling.
- Ask about any thoughts regarding last session (and the workshop, if recently attended).

Discuss Worksheet 1C and progress towards this week's goal:



Sample Script: "Ok, last time you set a goal you were going to work on—do you remember what that was? *[[Note to Peer Counselors: Wait for response; remind client if necessary]]* And how did you do with that?"

If goal was met:

- How does client feel about meeting goal?
- What helped client follow through with goal?

If goal was not met:

- Check in with the client about any progress she made towards goal or related to goal. This is worth fully exploring because often client has taken step towards goal without even realizing it!
- What were some of the barriers to meeting the goal?
 - Is something getting in the way of the goal?
 - Is there something that needs to happen first?
 - Was goal unrealistic?

[[Note to Peer Counselors: Remember that a goal that's not completed is an opportunity to learn something about the goal and/or the client's circumstances. It's never a total loss!]]

Review Session Four:



Sample script: "Last time, we learned about types of social support, and how stigma, transphobia, trauma, and substance use can impact social support. We also identified sources for social support in your personal network, and matched those to the goals in your Personal Health Vision. Then we set a new health-related goal and ended with a gender affirmation exercise. Since we last met, did anything related to social support come up that you wanted to talk about?"



Activity 2: ASSESSMENT

Review Personal Health Vision (Worksheet 1B)

- Discuss client's overall successes and challenges thus far.



For clients who are HIV-negative and not on PrEP:

- Did client have opportunity/need for HIV prevention since last time Personal Health Vision was discussed?
- What strategies does/did client use, if any? Any changes from the last time discussed?
- For clients whose intentions and practice of HIV prevention did not match up, what were the circumstances around being able or unable to use preferred prevention strategies?

For clients on PrEP: Assess HIV prevention strategies and PrEP adherence.

- Is client using any HIV prevention strategies other than PrEP? Any changes from the last time discussed?
- For clients with variable PrEP adherence, what were the circumstances around missed doses? Any changes from the last time discussed?
- Were there periods where client was more successful in adherence?
- Has the client already taken any steps to improve adherence?



For clients living with HIV and on ART: Assess appointment attendance (if appointments were scheduled since last discussion of Personal Health Vision) and medication adherence.

- For clients with variable adherence, what were the circumstances around missed doses? Any changes from the last time discussed?
 - Were there periods where client was more successful in adherence?
 - Has the client already taken any steps to improve adherence?
- Be sure to congratulate client for progress toward the Personal Health Vision. Keep the successes and challenges that surfaced in this activity in mind as client works through Activities 3 and 4.



Activity 3: CELEBRATING SUCCESSES

- **Ask client to reflect on the discussion you just had** (i.e., about steps taken toward her Personal Health Vision), as well as her life in general since she started the Healthy Divas program. Some questions that might help guide this reflection are:
 - » What does client feel has improved in her life?
 - » What has changed about the way she engages with her health care (including around gender care, and preventing HIV//having HIV)?
 - » What goals have been met?
- **Help client identify successes and write them down on Worksheet 5A.**

[[Note to Peer Counselors: Was client aware of what she accomplished in the sessions so far? Be sure to point out that participating is an accomplishment in itself.]]

- **Next, introduce the concept and reason for “amplification.”**



Sample script: “Let’s talk a little more about your successes. We understand now that people in the midst of extremely stressful lives/situations can still experience positive emotions and that these positive feelings help them cope with the stress in their lives and feel more motivated to work on their goals. That’s why it is so important to keep track of and notice of our successes and progress towards our goals.

However, it may not be enough simply to note a success. You might need to do something to amplify it, which means make it stand out in your mind, or mark its importance. You could do this by telling someone about it, taking a moment to stop and savor it, writing about it, or revisiting it in your mind later.”

- **Have client choose at least one success and help her amplify it by writing about it on Worksheet 5A.**
- **Finish Worksheet 5A by identifying a plan to continue to notice and celebrate successes.**

DATE: _____



Worksheet 5A: Celebrating Successes

Identify recent successes:

1. _____
2. _____
3. _____
4. _____
5. _____

Now choose one of these successes to **AMPLIFY** by writing about the steps it took to get there, any notable obstacles you overcame, how you felt once you achieved it, etc.

Plan for the Future: Now that you know why amplification is important, and you've practiced it, how will you make sure you start or continue to do so? Identify **at least 3 things** you can do to make sure you don't forget **to notice and celebrate** your successes.



1. _____

2. _____

3. _____



Activity 4: WORKING THROUGH CHALLENGES

- **Now return to the discussion you had about steps client has taken toward her Personal Health Vision, and her thoughts about life in general since she started the Healthy Divas program. Focus on the challenges or barriers she has encountered.** Some questions that might help guide this reflection are:
 - » What does client feel has *not* improved in her life?
 - » What has been difficult?
 - » What goals have *not* been met?
 - » Are there ways she approaches her health care (including around gender care, and  preventing HIV  having HIV) that don't help her reach her goals?
- **Help client identify challenges and write them down on Worksheet 5B.**
- **Engage client in problem solving around continued barriers/challenges to improving health.**
 - » Engage client in discussion around specifics of each challenge (who, what, where, why).
 - » Engage client in discussion of possible solutions and evaluate solutions with client.
 - » Help client identify what he/she considers the “best/most appropriate” solution.
 - » Explore why this is the best solution.
 - » Record the outcome of your discussion on **Worksheet 5B**.

DATE: _____



Worksheet 5B: Problem Solving Barriers and Challenges

Identify recent challenges and any efforts you made to overcome them. Also note if there were factors that made it difficult to try to address certain challenges.

1. _____

2. _____

3. _____

4. _____

5. _____

Problem-solving: now choose (at least) one of these challenges and identify possible solutions, or ideas about how to handle it.

1. _____

2. _____

3. _____



Activity 5: GOAL SETTING

Set a new goal with client:

- Check in about whether goal is:
 - Attainable (something over which she has control)?
 - Specific (easy to tell if she met the goal)?
 - Right-sized (something she can accomplish before next session)?

[[Note to Peer Counselors: Make sure the goal is the client's goal for herself, not the Peer Counselor's goal for the client!]]

- Record goal on **Worksheet 1C Goal Tracking Sheet**



Activity 6: GENDER AFFIRMATION EXERCISE

Practice "Gender Affirmation Exercise" (Worksheet 5C)

[[Note to Peer Counselors: Prior to session, remind yourself how this went for this client last time and be prepared to tailor delivery and discussion.]]



Sample script: "Alright, as usual, we're going to close today by doing our gender affirmation exercise. Again, I'll read the prompts to you—all you have to do is relax, think, and check in with your body. This session, try to choose an event or memory that deals with achieving a goal you set for yourself."

Do Worksheet 5C Gender Affirmation Exercise

- Peer Counselor reads script included on worksheet to client while client relaxes and thinks about their affirming experience.
- After exercise is complete, check in with client about how it went: What feelings came up for her; ask if she would like to share.
- Explore how the event can be a motivator to stay healthy.



Worksheet 5C: Gender Affirmation Exercise

Think back to an event or memory of something that you have experienced related to **feeling positive about yourself as a trans woman/woman** (in your gender). It may be reaching a milestone towards your gender goals, it can be something someone said or did where you felt validated or accurately reflected, or maybe even something you did for yourself that made you feel good about yourself.

As you think about this event or experience, notice your body. Be aware of any changes in your body, the way you feel emotionally, and/or any changes in your level of stress.

As you continue to think about this event or experience, ask yourself: Where were you? Who else was with you? What were you doing at the time?

Take a few moments just to enjoy the feelings that come up for you. Take a few deep breaths and allow your body to relax.





Activity 7: WRAP UP

Review Session Five



Sample script: “That’s it—you’ve finished your FIFTH Healthy Divas session! Let’s quickly review what we talked about today.

[[Note to Peer Counselor: You can check in with the participant about questions after each bullet point or after the reviewing the whole list—whichever feels right to you. We’ve included a prompt at the end for convenience.]]

Today we:

- Reviewed your goals and the things you have done to pursue them—whether they’ve worked or not,
- Learned about amplification, and why it’s so important,
- Made a plan that will hopefully help you continue to notice and amplify your successes,
- Discussed challenges or barriers you’ve come across as you work toward your goals,
- Problem-solved around a specific challenge, focusing on how you might overcome it,
- Set a new goal for next session,
- And we ended with a gender affirmation exercise.

Is there anything we talked about today that you still have questions about, or want to clarify?”

[[Note to Peer Counselors: allow participant enough time to discuss any issues before moving on.]]

Preview and Schedule Session Six



Sample script: “Next session is your last individual Healthy Divas session, and we are going to make the most of it! We’ll keep talking about your goals and Personal Health Vision and do some more problem-solving around health care challenges. We’ll review the skills you learned during Healthy Divas, and set a goal for a way you can improve your health in the next six months. Then we’ll visualize how amazing it will be once you achieve it!”

Pay client and have her sign receipt

Session Six:

*Healthy
Diva!*

**Future
Health**



Session Objectives

Clients will:

Discuss progress towards goals

Identify continued health care challenges/barriers to care*

Problem-solve one challenge related to health care engagement

List future goals, visualize future success

*Note that you will need worksheet 1B from Session One for this session.

Target Length



Session Summary

Check-In:

- Discuss events in client's life
- Discuss progress towards goal
- Review Session Five content

Assessment:

- Review progress on Personal Health Vision
- Identify barriers

Skills:

- Review skills learned in program
- Amplify progress and successes

Problem Solving:

- Problem solve barriers to successfully completing Personal Health Vision
- Identify at least one desired, future, health-related outcome and set goals to help client achieve this

Wrap-Up:

- Review Session Six
- Say goodbye to client



Activity 1: CHECK-IN

Discuss significant events since last session:

- Thank client for coming and find out what's happened in her life since last session.
- Keep in mind that issues that come up can be incorporated into problem-solving section of session.
- Ask how the client has been feeling.
- Ask about any thoughts regarding last session (and the workshop, if recently attended).

Discuss Worksheet 1C and progress towards this week's goal:



Sample Script: "Ok, last time you set a goal you were going to work on—do you remember what that was? *[[Note to Peer Counselors: Wait for response; remind client if necessary]]* And how did you do with that?"

If goal was met:

- How does client feel about meeting goal?
- What helped client follow through with goal?

If goal was not met:

- Check in with the client about any progress she made towards goal or related to goal. This is worth fully exploring because often client has taken step towards her goal without even realizing it!
- What were some of the barriers to meeting the goal?
 - » Is something getting in the way of the goal?
 - » Is there something that needs to happen first?
 - » Was goal unrealistic?

[[Note to Peer Counselors: Remember that a goal that's not completed is an opportunity to learn something about the goal and/or the client's circumstances. It's never a total loss!]]

Review Session Five:



Sample script: "One more time, let's review what we talked about last session and make some space for anything you might have been wondering about or just want to share. In Session Five, we really focused on your goals and things you've done to go after them. We talked about the importance of amplification, or celebrating your successes, then we practiced it, and made a plan to help you keep doing it in the future. We discussed challenges or barriers that have come up for you and problem solved to help you address those issues. Then we set a new health-related goal and ended with a gender affirmation exercise. Is there anything we need to revisit or review?"



Activity 2: ASSESSMENT

Review Personal Health Vision with client

*[[**Note to Peer Counselors:** This review is slightly different than the previous ones, because it is more focused on discussing overall patterns of successes and challenges, rather than getting into specifics and directly problem-solving. This time, together with the client, we are trying to understand what kinds of situations or scenarios tend to present difficulties for her, and which allow her to directly apply her strengths and succeed. Knowing these kinds of things can help her in the future. For instance, if a client consistently has trouble navigating bureaucracies, but is skilled at networking and discovering helpful resources, the next time she's confronted with a bureaucratic challenge, she might use her skills to locate an agency or person who can assist her to get through the red tape.]]*

Some questions that might be helpful in guiding the conversation:

- What were some of client's successes? Do they have anything in common? What skills or personal qualities did the client apply to create success?
- What have been some of the challenges? Do they have anything in common? What skills or personal qualities did the client try to apply? What were the "blockers"?
 - » Were there periods where client was more successful in HIV prevention/adherence to PrEP adherence to HIV medication and engagement in care? Do they have anything in common? What skills or personal qualities did the client apply to create success?
 - » For clients on PrEP or HIV treatment: What were the circumstances around missed doses? Do they have anything in common?
- Has the client already taken any steps to improve HIV prevention/adherence to PrEP adherence to HIV medication and engagement in care? Do they have anything in common? What skills or personal qualities did the client apply to create success?

If any skills or personal qualities stood out as frequently used and successful, the client may want to think of them as her "go to" personal resources for overcoming challenges!



Activity 3: HEALTHY DIVAS IN REVIEW

- Review skills learned and topics covered in program
- Help client identify how she has utilized skills
- Make notes for client on Worksheet 6A

[[**Note to Peer Counselors:** It's OK if you don't use the sample script below! Just be sure to use the text in bold (topics and discussion questions) to structure your review. It's there so you don't have to try to remember everything you covered during the program!]]



Sample script: " In Healthy Divas, we've covered many topics and you've learned and practiced skills to support your journey to a healthier, happier you. Since today is our last individual session, let's review and talk about how you've used what you learned.

1

Setting attainable, specific, and right-sized goals

Attainable goals deal with things over which you have control. Specific goals make it easy to tell when you've achieved your goal. Now that you won't be setting goals as part of Healthy Divas anymore, you can think of "right-sized" goals as being those small enough to meet in a relatively short time period.

- How have you used the skill of goal setting?

[[**Note to Peer Counselors:** Make sure client understands she practiced setting these kinds of goals every session!]]

2

Strength and Resiliency

You identified your personal strengths and motivators and worked to understand how those can help you meet health-related goals.

- What were some of your personal strengths?
- Have you used them? How?

3

Communication

You learned about and practiced active listening and using an assertive communication style, and you thought through how those skills might help you communicate with providers.

- What were some aspects of these skills that seemed useful?
- Have you used them? How?

4

Social Support

You learned about several kinds of social support, including emotional, informational, and tangible support. You identified sources of support within your personal network and matched those sources to goals you had set about your health.

- What are some important sources of social support you have?
- Have you relied on them recently? How?

5

Successes and Challenges

You thought your goals during the program and learned how to use “amplification” to celebrate successes and maintain motivation. You also practiced problem-solving around specific challenges that kept you from meeting goals.

- Have you used amplification or problem-solving outside of the program?
- If yes, how? If not, how might you?

6

Workshop

You received information about your health, had the chance to get answers from health care providers about any questions you had, and learned about creating a care team that works for you.

- What was the most interesting or helpful thing you learned at the workshop?

8

Affirmations

You learned and had multiple chances to practice a way of centering and affirming yourself that can help you feel calm and positive, no matter what circumstances you’re facing.

- Have you used this technique outside of our sessions?
- If so, what were the circumstances? If not, could you imagine doing so?

7

Stigma

Throughout the program, you engaged with the way stigma and trauma may have shaped your personal experiences of receiving health care, asking for and receiving social support, and even your communication style.

- Has this helped you recognize or respond to stigma in healthy ways outside of the program? How?



Worksheet 6A: Healthy Diva Skills in Action

These are the skills and topics we've covered in the Healthy Divas program. Note how you've used them or might use them in the future.

Setting goals: _____

Strength and resiliency: _____

Communication: _____

Successes and challenges: _____

Workshop: _____

Stigma: _____

Affirmation: _____



Activity 4: POSITIVE FUTURE HEALTH VISION

- Help client identify (at least) one positive, future health-related outcome she would like to realize in the next 6 months, and record that in Section A of Worksheet 6B
- Explore outcome with client: Why is this important to her? What would accomplishing it mean?
- Set (at least one) goal that will help her achieve this outcome, and record goal in Section B of Worksheet 6B
- Make sure goal is:
 - » Attainable (something over which she has control)?
 - » Specific (easy to tell if she met the goal)?
 - » Right-sized (something she can accomplish in 6 months)?

[[Note to Peer Counselors: Prior to session, remind yourself how this went for this client last time and be prepared to tailor delivery and discussion.]]

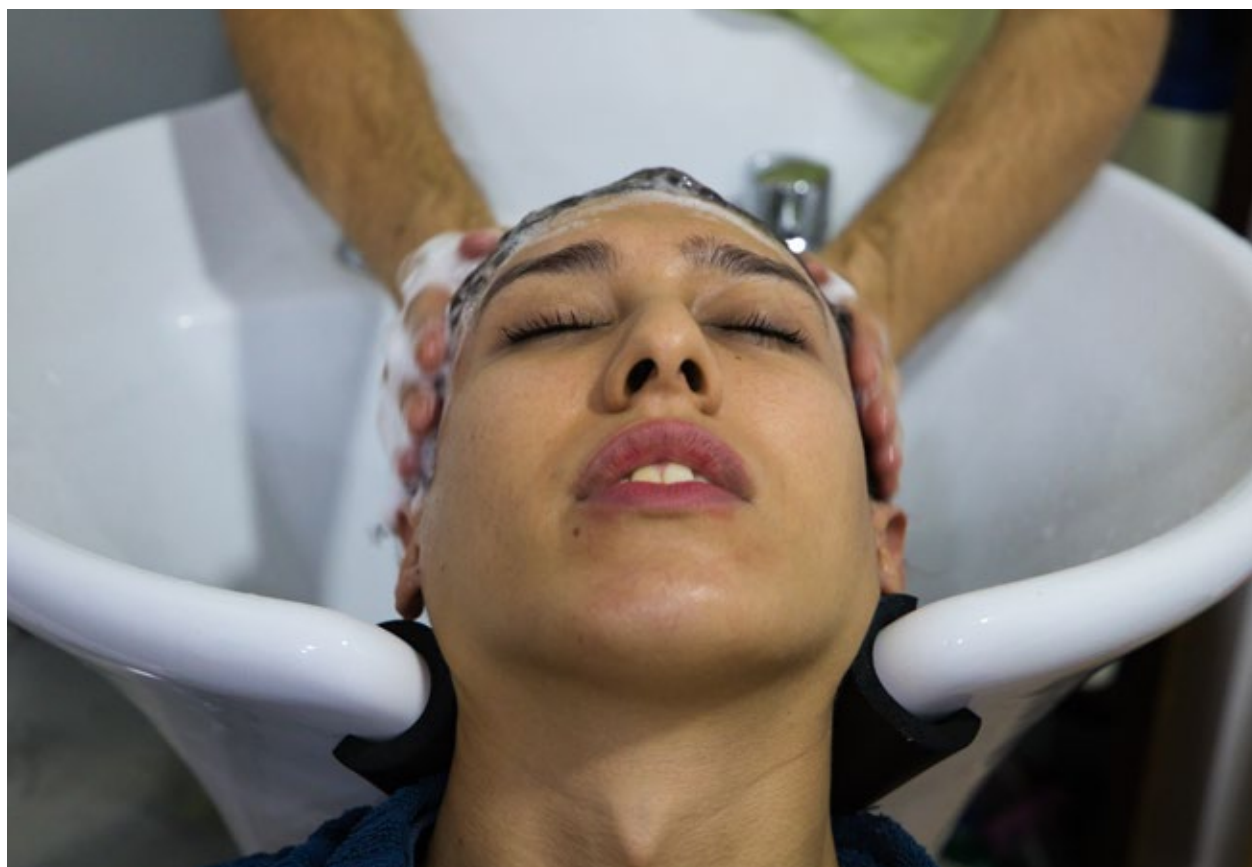


Photo: Jose Manuel Escudero Linero



Worksheet 6B: Positive Future Health Vision

Section A. Everything you've learned in Healthy Divas is designed to help you be as healthy as you can and realize your tremendous potential, even without the support of the program. To keep striving for your healthiest self, list some positive, future health-related outcomes you would like to see for yourself:

Section B. You know by now that setting specific, attainable goals is a way to help you achieve better outcomes. What are some of the ways you can stay engaged in your health over the next six months?

1. _____

2. _____

3. _____



Activity 6: GENDER AFFIRMATION EXERCISE

Practice “Gender Affirmation Exercise” (Worksheet 6C)

*[[**Note to Peer Counselors:** Prior to session, remind yourself how this went for this client last time and be prepared to tailor delivery and discussion.]]*



Sample script: “Alright, as usual, we’re going to close today by doing our gender affirmation exercise. Again, I’ll read the prompts to you—all you have to do is relax, think, and check in with your body. This session, try to choose an event or memory that deals with achieving a goal you set for yourself.”

Do Worksheet 6C Gender Affirmation Exercise

- Peer Counselor reads script included on worksheet to client while client relaxes and thinks about their affirming experience.
- After exercise is complete, check in with client about how it went: What feelings came up for her; ask if she would like to share.
- Explore how the event can be a motivator to stay healthy.



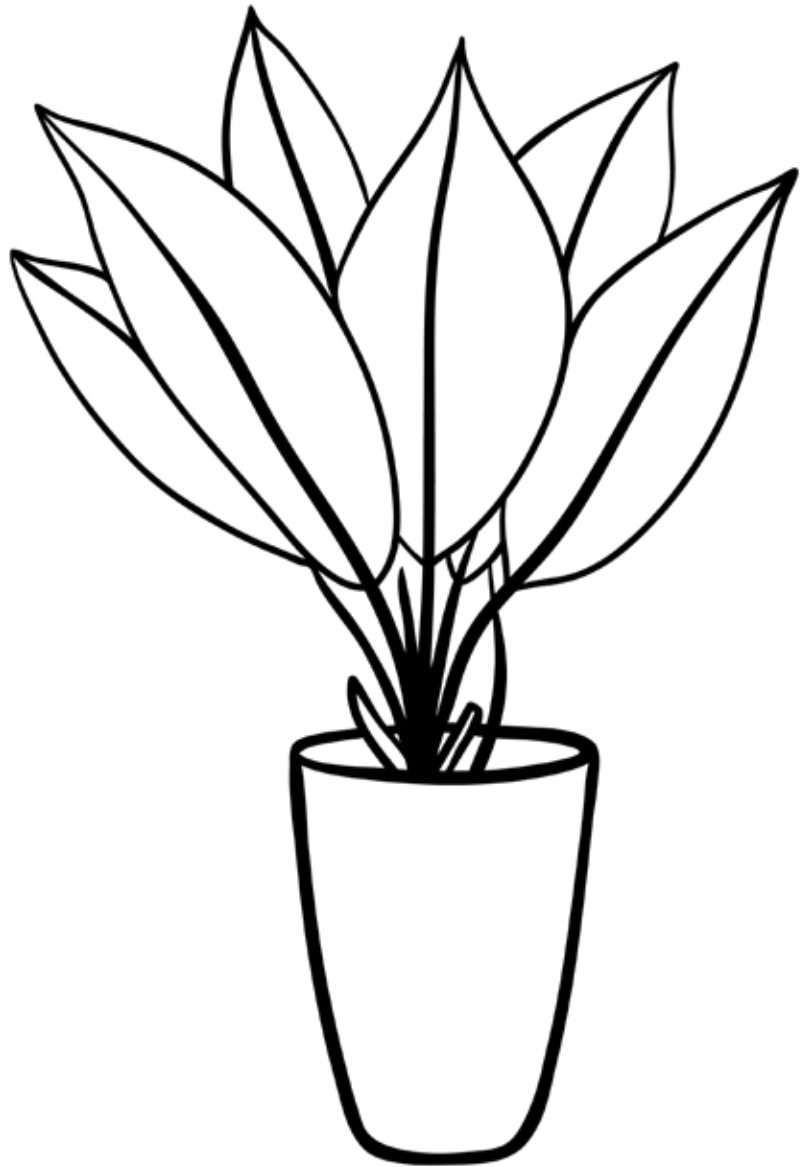
Worksheet 6C: Gender Affirmation Exercise

Think back to an event or memory of something that you have experienced related to **feeling positive about yourself as a trans woman/woman** (in your gender). It may be reaching a milestone towards your gender goals, it can be something someone said or did where you felt validated or accurately reflected, or maybe even something you did for yourself that made you feel good about yourself.

As you think about this event or experience, notice your body. Be aware of any changes in your body, the way you feel emotionally, and/or any changes in your level of stress.

As you continue to think about this event or experience, ask yourself: Where were you? Who else was with you? What were you doing at the time?

Take a few moments just to enjoy the feelings that come up for you. Take a few deep breaths and allow your body to relax.





Activity 7: WRAP UP

Review Session Six



Sample script: "Congratulations—you've completed the Healthy Divas individual sessions! Let's review what we talked about today and give you a chance to ask any last questions."

*[[**Note to Peer Counselors:** You can check in with the participant about questions after each bullet point or after the reviewing the whole list—whichever feels right to you. We've included a prompt at the end for convenience.]]*

Today we:

- Checked in on your goals,
- Learned about amplification, and why it's so important,
- Reviewed your Personal Health Vision and identified any patterns in your successes and challenges that might be helpful to you in the future,
- Reviewed the topics and skills covered in the Healthy Divas program,
- Envisioned your future health and set a goal to work toward in support of that vision,
- And ended with a gender affirmation exercise.

Is there anything you want to talk about before we wrap up?"

*[[**Note to Peer Counselors:** allow participant enough time to discuss any issues before moving on.]]*

Goodbyes and Thank You

- Thank client for her participation and willingness to advocate for herself and her health
- Offer client a copy of the resource guide consulted in previous sessions
- If client has not attended workshop yet, remind her/them about scheduling/attending

Pay client and have her sign receipt

Group Workshop: It's all about

Us!



*[[**Note to Facilitator:** Before the workshop, make sure to send the providers a copy of the workshop section of the manual. Schedule the date and time with them and let them know they will come in 30 minutes after Peer Counselor has gone over the objectives and rules of this session]]*

Workshop Objectives

Clients will:

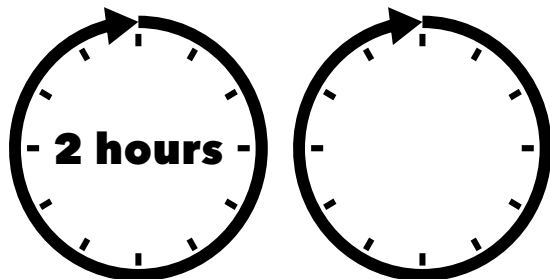
Increase knowledge of HIV and PrEP medication and HIV prevention strategies.

Increase knowledge of Gender Affirming Care.

Learn and practice strategies for communicating effectively with health care providers.

Practice Gender Affirmation Exercise.

Target Length



Workshop Summary

PART ONE:

- **Activity 1: Welcome and Introduction**
- **Activity 2: Creating Client Concerns and Questions List**
- **Activity 3: Gender Treatment Overview**

Be sure to cover: the latest in gender affirming care, surgeries, and surgeons/providers

- **Activity 4: HIV and Treatment overview**

Be sure to cover: the latest in HIV treatments (new drugs, combinations, etc.) and prevention strategies (including PrEP in its various formulations)

BREAK

PART TWO:

- **Activity 5: Maximizing a successful collaboration with providers**
- **Activity 6 Gender Affirmation Exercise**
- **Activity 7: Wrap Up**

[[Note to Peer Counselors: The Healthy Divas workshop, like the rest of the modules, can be offered in-person or virtually/remotely (e.g., via Zoom). As with the individual sessions, there are advantages and disadvantages with whichever format you choose. For example, the remote format may help clients with mobility or transportation challenges, or women who don't feel safe in public spaces, attend the workshop. Some people do feel that gathering online, however, presents certain challenges. For instance, if clients don't have a private space from which to participate (like if they are unstably housed or share a room), they may not be able to contribute as fully as they would like. It's important to consider your context and clients and decide what's best for your agency. Also note: it's possible to have a hybrid approach, where (some) participants gather in person and the provider attends remotely. This can be helpful for those who have difficulty identifying providers in their own geographical area who specialize in gender affirming care and HIV medicine who could attend in person.]]



If you do choose to offer the workshop remotely, here are some tips from Peer Counselors who have done it before:

- **Choose a platform and be ready to teach clients how to use it ahead of time, if necessary.** Some people have a lot of experience using Zoom during the COVID-19 pandemic, and Zoom does offer attractive features (like the ability to record the session, and make sure only invited participants can enter the video call), but there can be a bit of a learning curve. If you decide to go with Zoom, be sure to set up a link for the workshop, email/text it to participants ahead of time (maybe multiple times!).
- **Whichever platform you use, choose a quiet and distraction-free space from which to facilitate, and encourage your clients to seek out similar conditions,** if at all possible. It will be hard for you and the workshop participants to concentrate if your adorable kitten keeps jumping into the camera view, or your roommate's music is blaring in the background. We know housing conditions can make this challenging, but even just positioning yourself so that no one walks behind you on camera can help!
- **Make sure your internet connection is adequate for a multi-party video chat.** The recommended minimum broadband bandwidth for a group video call depends on the platform (Zoom, Facebook Messenger, etc.). If not, 5G can work just as well. This information is often available online; for examples (as of June 2021), see the "Preparing" section of the Healthy Divas website.
- **Dedicate your full attention to the workshop.** Everyone has a lot of work to do these days, and it may be tempting, when working from a computer or smart phone, to try to multi-task (like checking email or social media accounts) while facilitating the workshop. We strongly advise against this. Attending to what participants say throughout the workshop can make your facilitation much smoother because you can refer back to comments they made in the early portions or raise questions on your own that you know will be relevant to them. Plus, their comments may be something you want to follow up on in future individual Healthy Divas sessions.
- **Adhere to breaks and attendance schedules just as you would with an in-person group.** It can be easy to forget that the faces you see on a video call are attached to real human bodies that have needs (like stretching, nourishment, bathroom breaks), but make sure you not only plan to take at least one break during the workshop, but also tell participants when that will happen, so they are aware.



Activity 1: WELCOME AND INTRODUCTION

Peer Counselors:

- Welcome clients
- Discuss objectives of workshop



Sample script: “We want to start by thanking all of you for your participation in the Healthy Divas Workshop. Today we are going to spend a lot of time talking about taking care of your health, particularly around gender care, HIV, PrEP, and other prevention strategies. We know that decisions about health and medical treatment, including decisions involving one’s body, are very personal. We want to do our best to respect differences. We also want to make sure that everyone here gets a chance to receive the most accurate and up to date information we have about gender affirming care, HIV care and HIV prevention for transgender women. Transgender women are still experiencing disparities in health outcomes. We are committed to changing that. We feel fortunate to have all of you, with your combined knowledge and life experience, to help us build upon what we are doing. We will be asking for your feedback and consider any comments we get as we continue to improve Healthy Divas. Before we get to any of that, though, we have some housekeeping issues to talk about that will help us make the most of our time together.”

Introductory To-do’s for Peer Counselors

*[[**Note to Peer Counselors:** Most of these bullet points are applicable to both in-person and remote/virtual groups, but be sure to review ahead of time and include only the elements you feel are appropriate]]*

- Explain client workshop packet
- Review agenda/timeline, including breaks
- Discuss logistics (e.g. turn off cell phones, bathrooms, use, getting in and out of building, review weapons and drug and alcohol policy, etc.)
- Ground rules for discussion:
 - » Need for safety and respecting difference
 - » Right to Pass
 - » Confidentiality and limits to confidentiality.
 - » What to do if feeling overwhelmed/triggered
- Payment procedures if participation in Healthy Divas is incentivized
- Explain reference materials
- Answer participant questions about anything covered thus far

Introductions

- Clients and provider(s) introduce themselves using their name and pronouns
- Ice Breaker: Example: Name one way you “burn off steam.”
 - » Peer Counselors may want to go first to model desired type of response
 - » Peer Counselor writes participant responses down for later
 - » Peer Counselor may want to note the diversity in answers mentioned by group



Activity 2: CREATING CLIENT CONCERNS AND QUESTIONS LIST

Peer Counselors:

- Call provider into the room
- Help clients generate a list of questions and concerns for provider
- Peer Counselor (or Peer Counselor's assistant) records participant responses anonymously to keep from creating stigma.



Sample script: "I'm just wondering, for those who feel comfortable sharing, could I get a show of hands: How many of you have ever taken HIV, PrEp or hormones before? (you don't have to mention which of the medications) It looks like we have a range of experiences around these issues in this room. I am wondering, again, for those who feel comfortable sharing, if you have never taken any of these meds, what are some of the reasons that you aren't taking them? (take answers) And for those of you who are taking meds, what are some of the ongoing concerns or challenges you experience with taking different medications? And whether you're taking meds or not, you may have questions or know of questions others may have about these medications?"

*[[**Note to Peer Counselors:** Some possible areas to explore: Side effects, Concerns about interactions with other meds/hormones, Interactions with street drugs, Stigma/disclosure, getting meds paid for, hard to remember to take daily, why take something if I don't feel like I need them?]]*

Medical provider: Has opportunity to take notes and may want to ask some clarifying questions. Explore how the event can be a motivator to stay healthy.



Worksheet A: Workshop Questions and Concerns List

This is to help you think about what questions you have for the doctor. These include challenges, concerns, hassles, and struggles that impact your ability to stay healthy and influence your decisions around HIV prevention or care and active engagement with your providers.

Staying healthy means mentally, physically, spiritually. For example, does your medication interact with your hormones, drugs, psych meds?

This is a judgment free zone, feel free to ask the doctor whatever you want.



Staying Healthy



Prevention/Medications



Activity 3: GENDER TREATMENT OVERVIEW

Medical provider: Will give brief presentation around the concept of Gender Affirming Care, current treatment options (including hormone therapy, Surgeries and Surgeons). Also address the questions concerns generated by clients.

Peer Counselors: Will manage the time and balance client involvement in Q and A discussion.



Activity 4: HIV TREATMENT AND HIV PREVENTION STRATEGIES OVERVIEW (including PrEP)

Medical provider: Will give brief presentation around current HIV treatment and prevention options (including PrEP) and address the questions concerns generated by clients.

Peer Counselors: Will manage the time and balance client involvement in Q&A discussion.

BREAK: 5 minutes



Activity 5: MAXIMIZING A SUCCESSFUL COLLABORATION WITH PROVIDERS

Peer Counselors:

- Will manage the time and balance client involvement in discussions.
- Peer Counselor will also ask clarifying questions to fill in gaps and write notes about pertinent resources, ideally in a location visible to all participants (whiteboard or in a document that can be circulated to everyone).

Medical Provider:

- Will discuss experiences around collaborating and communicating with patients and provide tips and strategies for clients.

Topics for discussing:

- Preparing for a visit with your provider
- Making a list of questions
- What to do if you don't understand something the provider says or the reason for a particular recommendation or course of treatment.
- What to do if you disagree with the provider
- How to remember and act on a provider's recommendations



Activity 6: GENDER AFFIRMATION EXERCISE



Sample script: “Thank you, everyone, for your attention and thoughtful contributions to our discussion. We’re going to close our time together by doing the gender affirmation exercise as a group. As usual, I’ll read the prompts to you—all you have to do is relax, think, and check in with your body.”

- Peer Counselor reads script included on worksheet to clients while they relax and think about their affirming experience.
- After exercise is complete, check in with group about how it went: what feelings came up for them; ask if they would like to share.



“Think back to an event or memory of something that you have experienced related to **feeling positive about yourself as a trans woman/woman** (in your gender). It may be reaching a milestone towards your gender goals, it can be something someone said or did where you felt validated or accurately reflected, or maybe even something you did for yourself that made you feel good about yourself.

As you think about this event or experience, notice your body. Be aware of any changes in your body, the way you feel emotionally, and/or any changes in your level of stress.

As you continue to think about this event or experience, ask yourself: Where were you? Who else was with you? What were you doing at the time?

Take a few moments just to enjoy the feelings that come up for you. Take a few deep breaths and allow your body to relax.”



Workshop Feedback Form

Date attended workshop: _____ Peer Counselor: _____

Providers: _____

Overall Evaluation:

1. Overall experience of the workshop
2. Was content relevant/useful?
3. Was packet relevant/useful?
4. Food
5. Likes/dislikes, areas of improvement (including anything missing):

Activities:

1. Provider relations
2. Relaxation exercise
3. Other activities you would have like to see included:

Provider Panelist:

1. Overall impression
2. Presentation style
3. How accessible/responsive was panelist
4. Ability to balance meds vs. no meds
5. Provider's take home message
7. What was helpful? What info was missing? Any areas for improvement?

8. Remaining questions (see back of page for additional writing space and questions)

Peer Counselors:

- 1. How was the pace
- 2. Did content get covered adequately
- 3. Ability to direct and facilitate discussions
- 4. Keeping the time
- 5. Allowing equal opportunities for all to participate
- 6. Managing clients' needs and accommodations
- 7. Utilizing provider panelist
- 8. Utilizing peer panelist
- 9. Areas/info that was missing or left out:

Additional comments:



Activity 7: WRAP UP

Peer Counselors: Review content of workshop.



Sample script: “Congratulations—you’ve completed the Healthy Divas workshop! Today we heard about gender affirming care, and HIV treatment and prevention options for trans women, and some recommendations for building a positive relationship with your medical providers. You also got a chance to ask any questions you have about these topics. Let’s thank *[[insert provider’s/providers’ names]]* for making time to share his/her/their knowledge with us *[[Note to Peer Counselor: allow group to clap, whoop, or provide some signal of appreciation, if desired]]*. We also want to give you a chance to ask any last questions. Is there anything you want to talk about before we wrap up?”

[[Note to Peer Counselors: allow participant enough time to discuss any issues before moving on.]]

Pay clients if program is incentivized

Note to the facilitator: After client has completed the workshop go over the post workshop supplement with them in their next session.

Post Workshop Session Supplement

Obtain client's feedback form from the workshop packet.

Discuss information presented at workshop

- Review information about HIV, PrEP medications and engagement in care.
- Identify barriers to care, medications and health related goals.
- Identify client's current communication style
- Identify impact of stigma and related trauma on communication and getting needs met
- Discuss trauma and fight or flight response
- Identify challenges to communicating effectively around health-related needs.
- Identify challenges to getting needs met.
- Identify how client prepares for a doctor's visit.
- Discuss assertive communication skills.

Help client revise Personal Health Vision

- Utilizing **Questions and Concerns List** and workshop materials
- Has anything changed about what would it look like to be as engaged in your healthcare as you could be?
- What would have to be different?
- Has anything changed about what your overall health looks like in regard to your gender goals?
- Help client make a list of short-term objectives and long-term goals connected to her health

ACKNOWLEDGMENTS

Healthy Divas Efficacy Study

FUNDING: National Institute of Mental Health, award number R01MH106373

TEAMS:

University of California, San Francisco – Center of Excellence for Transgender Health

Principal Investigator: Jae Sevelius, PhD

Project Directors: Danielle Castro, MA, MFT, Sophia Zamudio-Haas, PhD

Peer Counselor: Breonna McCree

Research Assistants: Akira Jackson, Vanessa Warri, Carla Clynes, Azze Ngo

Co-Investigators: Mallory Johnson, PhD, Tor Neilands, PhD

Data Manager: Samantha Dilworth, MA

Friends Community Center, Los Angeles, CA

Site Principal Investigator: Cathy Reback, PhD

Project Coordinator: Ray Mata

Peer Counselors: Prudence Mendiola, Angel Santana

Research Assistant: Larissa Harrison

Healthy Divas Implementation Study

FUNDING: Centers for Disease Control and Prevention, award number U48DP006374

TEAMS:

University of California, San Francisco – Prevention Research Center

Principal Investigators: Jae Sevelius, PhD, Greg Rebchook, PhD

Intervention Specialist: Breonna McCree

Project Coordinator: Beth Bourdeau, PhD

Qualitative Researchers: Shana Hughes, PhD, Matthew Beld, MPH

Data Manager: Samantha Dilworth, MA

Cal-PEP, Oakland, CA

Principal Investigator: Lisa Ryan, PhD

Project Director: Stephanie Cornwell

Peer Counselors: Angela Green, Michelle Cunningham, D’Nai Hall

Data Manager: Shakima Snow

The study teams would like to especially thank our participants and our Community Advisory Boards for dedicating their time and energy to these studies.

Design layout by Querido Galdo, Queridomundo Creative LLC



Photo: Diana Mrazikova

HD
Healthy Divas

**Facilitator Manual
and Toolkit 2.0**