



ALAMEDA COUNTY BHCS
ROUND THREE
INNOVATION GRANT PROGRAM



**PACIFIC
CENTER**
FOR HUMAN GROWTH

Pacific Center for Human Growth (Pacific Center)

**LEADING TOGETHER:
LGBTQI2S Peer Supports Training**



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LEADING TOGETHER: LGBTQI2S Peer Supports Training

OUR STORY

Founded in response to a gay-bashing incident in Oakland, Pacific Center is the oldest LGBTQ Community Center in Northern California and the third oldest in the nation. Our first peer groups started in 1974. In the decades since, we have learned to adapt peer supports to the ever-emerging needs of LGBTQI2S people in Alameda County. The objective of this project was two-fold: To share and to learn.

For more information, please contact:

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PACIFIC CENTER

FOR HUMAN GROWTH

Innovations Grant # 273

PROJECT OUTCOME NARRATIVE

Date Submitted: 10 October 2015

PROJECT NAME: Decreasing social isolation of LGBTQI2S individuals in all age groups through culturally appropriate peer support groups, led by trained facilitators.

Title of Program Created is LEADING TOGETHER: LGBTQI2S PEER LEADER TRAINING

LGBTQI2S LEARNING QUESTION #5

How would an effective age-based program of culturally responsive strategies, (i.e., peer and family supports, community connections, or other evidence-based, best practice or community-defined strategies decrease social isolation among LGBTQI2S Children, Transition Age Youth, Adult, and Older Adult persons with serious emotional disturbance or serious mental illness?

Grantee Organization: Pacific Center for Human Growth

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Personnel Who Contributed To INN Grant #273 Peer Group Training

Pacific Center's Executive Director, **Leslie Ewing, M.A.**, is a recognized leader in the LGBTQ civil rights movement. Her previous experience includes being the volunteer coordinator for the *NAMES Project* AIDS Quilt displays in Washington DC and serving on the national organizing committee for the 1993 *March on Washington*. After two terms as President of the Board of Directors at the AIDS Emergency Fund in the darkest days of the HIV epidemic, she and her late partner founded the *Breast Cancer Emergency Fund* in San Francisco. Immediately prior to joining *Pacific Center*, Leslie was the Associate Executive Director at *Lyon-Martin Women's Health Services* in San Francisco. She may be contacted at lewing@pacificcenter.org.

Louise Monsour, M.A., LMFT, is a licensed clinician and the Director of Clinical Training at the Pacific Center for Human Growth. She is responsible for the recruitment and training of the pre-licensed individuals who see clients at the Pacific Center, their individual and group supervisors, and all those who teach a weekly didactic throughout the training year. She herself is an experienced trainer and educator who believes that education is a primary tool for changing discrimination or injustice of any kind. She has a private practice in Berkeley, and may be contacted at lmonsour@pacificcenter.org.

Eb (Ebony) Brown, MSW, began C.A.R.E Strategies with the vision of supporting social good. Organizations and social service agencies increase their impact through four core principles: competence, accountability, resilience and engagement. With over a decade of experience in education, social services and social justice work, Eb brings skills as a teacher, direct service staff, manager and director to create training content relevant to all. Eb's training style is engaging, interactive and supports participants to walk away with practical tools. Eb's training specialties include Diversity and Equity, Family Engagement, Staff Wellness, Team Building, Child Sexual Abuse Intervention and Prevention, and Mandated Reporting. Eb currently works as a contract trainer for Bay Area Academy and is the Director of Programs for C.A.R.E. Strategies. Eb may be contacted at 510.388.0292 or carestrategicvision@gmail.com.

Jeanne Courtney, MFT, is a Bay Area psychotherapist specializing in: LGBT issues, body image, codependency, depression, and anxiety. She also offers CEU courses and career development groups for therapists. She has worked in hospital, residential, and outpatient settings with dual diagnosis, HIV, and severe mental illness. At the Pacific Center for Human Growth, she has led professional development groups and provided supervision and training for interns. She may be contacted at JeanneCourtneyMFT@gmail.com.

Elizabeth (Liz) Cleves M.A., earned her certification in Substance Abuse Counseling from UC Berkeley and her Masters in Clinical Psychology at the American School of Professional Psychology. She is currently completing her doctoral degree in clinical psychology and provides life coaching in her private practice in Benicia, CA. Liz has extensive experience working with children and youth, and facilitates groups for adolescents dealing with divorce. She also works with adult children dealing with narcissistic parents. She may be contacted at lizcleves@yahoo.com.

Personnel Who Contributed To INN Grant #273 Peer Group Training

Anne Mitchell, MSW, LCSW, has a long relationship with the Pacific Center, first coming to an “Under 21 Rap Group” in the late 70’s while in high school. She earned a BA in English at Smith College and an MSW at University of Kansas where she obtained her clinical license in 2003. She was licensed in California in 2012. Anne is currently serving as Peer Group and Elder Services Coordinator, keeping the peer groups running smoothly and developing a Friendly Visitor program for isolated LGBTQI2S Older Adults in the greater Bay Area.

Introduction

Founded in 1973, Pacific Center for Human Growth (Pacific Center) is the oldest LGBTQI2S community center in the Bay Area and the third oldest in the nation. Today, Pacific Center is a respected, grass-roots non-profit organization that provides LGBTQI2S culturally competent mental health services and a wide range of support services for young people and adults of all ages. While we are located in Berkeley, we help people throughout the entire Bay Area. We have provided mental health services and supports for LGBTQ people since 1978.

Today, Pacific Center is the only direct services agency in Alameda County providing mental health support services specifically for the LGBTQ community. We serve about 2500 people each year: individuals, couples and families in low-cost therapy; HIV+ men in our HIV counseling and support program; young people in our after school program; an elders program; and participants in our many different on-site peer support groups. We respond to hundreds of calls annually for referrals to other agencies and services. Above all, Pacific Center strives to empower individuals in the community to take action toward building and sustaining health, wholeness and well-being.

Through competency trainings, mental health services and peer support groups the Pacific Center works to improve support for all LGBTQI2S people, both within families and in the larger community. Because of our unique role in Alameda County, we want to reach more people who are isolated and may be unaware of our services. Our programs are effective in not only preventing the escalation of mental illness, but also as a gateway to other mental health services.

The training guide is just one of the tools that may be employed to help providers achieve a higher level of comfort and better outcomes when working with any person from the LGBTQI2S population. Note that this guide and the accompanying Power Point presentation are meant to be dynamic tools, not something that is created once and used without change for years to come. Changes occur regularly in laws, and in the LGBTQI2S community itself. The rapid emergence of the transgender population and the improvement in civil rights for all LGBTQI2S individuals have meant many improvements in the lives of some while creating conflict and confusion for those serving the mental health needs of the population. That said, anyone using these materials must frequently update relevant statistics and links to videos or websites mentioned in the presentation. It is our strong recommendation that the training will be conducted by members of the LGBTQI2S community, and where possible, by someone with extensive knowledge of the history of the LGBTQI2S community, expertise in mental health, and prior experience teaching or training.

RESPONSE TO LEARNING QUESTION

Consumers participating in the project named three core ways peer led groups reduced isolation for LGBTQI2S consumers: emotional support, social connections, and shared stories. Emotional support was defined as the opportunity to talk about feelings or “hard things” in their life. For youth, in particular, emotional support often naturally occurred among peers rather than with the adults in their lives. Most consumers saw peer led groups as less stigmatizing sources of getting emotional support than seeing a therapist, or attending a therapy group . Peer led spaces allowed for natural social connections to be made with individuals with a common interest, identity, or experience. Most often consumers discussed how important it was for peer led spaces to be specified according to age, identity (.e. lesbian, queer, trans, etc.) or ethnicity. This affinity group experience helped mirror their natural support environments and supported them in making more long-term relationships outside of the formal group setting. For LGBTQI2S consumers the “shared story” was also a mechanism for reducing social isolation. For many consumers being in an LGBTQI2S specific peer group meant being in a place where other people could have an understanding for the uniqueness of LGBTQI2S communities, and challenges with heterosexism and binarism. As LGBTQI2S communities are diverse in their strengths and challenges, through this funding we isolated the following sub-populations that would especially benefit from peer led groups within Alameda County: older adults; Trans*/ Gender Non-Conforming Children and Transitional Youth; Racial/ Ethnic affinity groups.

Through the project we established the need for peer leader training. This is based on consumers identifying a need to feel more supported and “qualified” to hold the position as a peer leader for LGBTQI2S peer led groups. Consumers felt it was important the training mimicked the peer led group setting by providing opportunities for emotional support, social connections and shared stories among participants. Other ways training reduced isolation was through empowering leaders to feel qualified to run peer led groups, increasing awareness of local resources for LGBTQI2S consumers, and reducing the stigma of mental health symptoms.

PROGRAM DESIGN:

Leading Together creates an opportunity for organizations seeking to develop or strengthen peer support programs for LGBTQI2S children, transitional aged youth (TAY), adults or seniors. The goals of *Leading Together* are twofold: to adequately train staff and peer leaders to develop a model of peer support that fits their agency needs; and to reinforce the use of peer support as a mental health intervention to improve outcomes for LGBTQI2S children, youth, adults and seniors with severe emotional disturbance and mental illness.

Leading Together is a training program designed for consumers and staff to create peer support groups for LGBTQI2S consumers at agencies, schools, community centers, and other community institutions (churches, recreation facilities, etc.). *Leading Together* was executed through the use of culture and age-based outreach to consumers, developing partnerships with hot sites, and execution of the training.

Leading Together is designed as a series of age-based trainings and includes focus group protocols, training curriculum (PowerPoint) and a Trainer's Manual.

Impact on Children and Youth Participants

Youth participants showed high social connectedness (86% of youth engaged with the program from beginning to end). Leaders reported their participations helped strengthen peer led LGBTQI2S groups at three organizations (Gender Spectrum, Girl's Inc., and Youth Uprising); and at least one youth was inspired to start a peer led group at their school. In addition *Leading Together* increased the knowledge of children and youth participants (Pre-Test Average 64% compared to Post- Test Average of 83%).

Impact on Adults and Older Adult participants

With far fewer adult and older participants the greatest impact of participation occurred with members of Older Lesbians Organizing for Change (OLOC). *Leading Together* provided an opportunity for participants to voice hidden needs, and increased the group's commitment to revitalizing membership.

PROGRAM STRATEGIES

Building Partnerships

Because there are relatively few peer led groups for LGBTQI2S consumers in Alameda County, Pacific Center sought out partnerships with organizations currently serving an ethnically diverse population of LGBTQI2. In efforts to develop an aged-based curriculum Pacific Center identified five organizations serving adults and older adults:

- Bay Area American Indian Two Spirits (BAAITS)
- Asian Community Mental Health (ACMH)
- Older Lesbians Organizing for Change (OLOC)
- Somos Familia
- Ann Martin Center

and four organizations serving children and transitional aged youth:

- Destiny Arts Center
- Girl's Inc.
- Gender Spectrum
- Youth Uprising.

To increase the potential for mental health consumers 3 out of 9 organizations had integrated public mental health services; 4 out of 9 organizations served economically diverse population. Pacific Center established partnerships to collaborate with 5 out of 9 organizations targeted (final agreements executed within 60 days of initial contact with partner). Collaborations were maintained through monthly in-person meetings, phone calls and email exchanges. The success of collaborations was based on consistent and timely feedback with partners, identification of an LGBTQI2S liaison within the

organization and engaging partners as primary recruiters for consumers. Unsuccessful partnerships were the results of cultural barriers to any mental health services, language barriers, and partner capacity to manage programs.

Outreach to Consumers

To be mindful to the sensitivity of working with LGBTQI2S consumers within non-LGBTQI2S specific organizations, Pacific Center relied on partners to lead recruitment efforts within organizations. This strategy was particularly successful with children and transitional aged youth participants as they already had relationships with trusted adults within their organizations and were more open to attending focus groups and trainings as a part of their normal programming. Outreach yielded:

- Focus Group Participants: 28 youth and transitional aged youth (39% African American, 15% Latino, 14% Asian, 14% Mixed Race, 11% Caucasian, and 7% Other Racial Group) and 6 (Race/Ethnicity not recorded) older adult participants.
- Pilot Training: 31 Youth and transitional aged youth and 7 adults and older adults.

Focus Groups

The focus groups provided a basis for curriculum development for *Leading Together*. The full focus group protocol is provided in the Focus Group Report attached to this project. Focus group results were analyzed using Dedoose.com mixed method software.

Curriculum Development

Curriculum development was guided by focus group responses from consumers, research and practice experience from Pacific Center staff who train peer group leaders for the nearly twenty peer led groups at the Pacific Center. To ensure expertise in transgender/gender non-conforming, youth and LGBTQI2S communities of color, and older adults, Pacific Center also employed two consultants to lead focus groups and develop curriculum. The curriculum development process took roughly 3 months to complete after focus groups were completed. Full curriculum is provided in the form of two PowerPoint presentations accompanying this report.

Training Implementation

Trainings were implemented in 3 locations (QTY Treehouse, Gender Spectrum, and Pacific Center). Trainings were delivered by seasoned trainers with expertise in the area of LGBTQI2S consumers according to age. A full training implementation guide is provided as a part of the Trainer's Manual accompanying this report.

Assessment of Training

The primary assessment of training content was provided through the use of the pre/posttest developed by Pacific Center. The pre/post-test contained questions assessing knowledge and comfort of

participants. Training participants also were led through a process of providing verbal or written feedback of the training through the use of a Delta/ Plus table. Feedback from pilot training is reflected in the final curriculum. Assessment of the pilot training was conducted in the last 10- 15 minutes of the training.

PROJECT SUBPOPULATION

Since the majority of participants in the project were LGBTQI2S children and transitional aged youth 13 – 24 from primarily African American, Latino, Asian, and Mixed-Race backgrounds, *Leading Together* is most strongly indicated as training for these populations.

To be culturally responsive to the subgroup of children and youth from communities of color *Leading Together* has ensured content for the children and youth training – photos, experiences, perspectives- represent the ethnic diversity mirrored in the focus group. *Leading Together* also employs youth development strategies for engagement in the curriculum: highly interactive activities, ice breakers, youth directed content development, artistic expression, videos from children and youth, and formatting to accommodate youth needs (2-day versus 1-day training). In addition, we ensured the training was delivered by someone from the most represented ethnic group to increase the use of culturally responsive strategies during the training.

Although the number of adults and older adults was far less (N=13) we incorporated all available feedback to help develop curriculum based on their unique needs. In addition, we worked with other Innovations projects sponsored by Pacific Center to gather different perspectives on training needs and formats that would be responsive to the population. Specifically, the needs of older adults and training were taken into account when developing the Adult and Older Adult Peer Training. To cater to this subpopulation we ensured the PowerPoint content – photos, videos, and experiences - expressed the diversity of adulthood and older adulthood. When possible the training was delivered by someone of middle age or an older adult to increase participants’ ability to relate to the trainer. The final version of the training curriculum includes a number of opportunities for adults and older adults to bring their experiences into the room to respond directly to the need to feel valued and heard.

PROGRAM COLLABORATORS:

To achieve the goals of the Innovations grant Pacific Center collaborated with 9 Non- Profit agencies based in Alameda County for recruitment of focus group and pilot training participants:

- Youth Uprising
- Destiny Arts Center
- Gender Spectrum
- Girl’s Inc.

- Somos Familia
- Asian Mental Health Services
- Bay Area Two Spirits
- Old Lesbians Organizing for Change
- Ann Martin Center

These agencies represented the ethnic and cultural diversity of Alameda County and served the target population of LGBTQI2S children, TAY, adults and older adults. Youth Uprising, Girl's Inc., and Asian Mental Health all provide on-site county mental health services. Since the program model focused on peer support as a mental health strategy Pacific Center also focused on organizations without embedded mental health services but open to the use of peer support programs for LGBTQI2S consumers.

The project focused on the process for consumers to become peer leaders and the use of peer led programs to support LGBTQI2S consumers. All outreach was targeted at consumers, or potential LGBTQI2S consumers. It proved difficult to penetrate Asian (Asian Mental Health), Native American (Bay Area Two Spirits), and Latino (Somos Familia) populations to discuss mental health, LGBTQI2S identities and cultural competency. Those agencies did not participate in recruitment of participants for focus groups and pilot trainings. The named barriers to participation for Asian, Latino and Native American focused agencies were:

- cultural norms that discourage discussing mental health issues in a group setting
- language compatibility
- lack of an available culturally matched representative from Pacific Center.

Further details about the consumer population can be found in the FOCUS GROUP REPORT attached to this document.

EFFECTIVENESS OF STRATEGIES

The training curriculum developed focuses on supporting children, transitional aged youth, adults and LGBTQI2S consumers in becoming peer leaders and running peer support programs for LGBTQI2S groups. The effectiveness of the training is measured based on the following criteria:

- alignment with recommendations for consumers regarding the function of peer support programs as a mental health intervention
- consumers' perceptions of needs of LGBTQI2S people within their age and cultural background
- topics that should be covered in peer leader training to support the development of peer support programs

- feedback from participants in pilot trainings about how effective the training was in reducing isolation and preparing consumers to be peer leaders

Participant feedback about the *Leading Together* Curriculum was captured in a number of ways during and after the training. Overall feedback from all pilots supported participants in feeling more prepared to act as peer leaders, and participants reported that attending the training itself helped to reduce social isolation and increase strategies for managing mental health symptoms such as depression and anxiety.

Specifically, older adults expressed being invited to participate in the training combatted a sense of “uselessness” and helped them feel valued as leaders in their community. Although interactive feedback methods (open ended questions to the large group and small group discussions) were used, training participants also had the opportunity to provide anonymous feedback via a Delta- Plus T- Chart.

AGE GROUP	DELTA (CHANGE)	PLUS (KEEP)
CHILDREN AND TAY TOTAL NUMBER = 31	Shorten time for module More time for talking about helping with mental health better with queer kids only Can part be outside More getting information from youth versus talking at them Ask questions about participants views of their weakness and strengths to be a peer leader Name specifically and clearly information about transgender suicidality	I met knew people I liked coming up with my own group Many kinds of people I wouldn't change anything Lunch! Sexual health good
ADULTS AND OLDER ADULTS (LISTENING MODULE ONLY) TOTAL NUMBER = 7	Add more exercises like dyad work and group exercises Add more content to PowerPoint slides Add information about body langue and different cultures Put more emphasis on “I” statements and personal authenticity of peer leader	NONE

Limiting factors to show effectiveness of *Leading Together* training included:

- a) low number of adult and older adult participants in focus groups and pilot trainings
- b) the lack of ethnic diversity among adult participants
- c) the lack of children under 13 years old able to participate
- d) the specific absence of Native American/Indigenous participants in any aspect of the program.

As a result further testing would need to be done to show effectiveness within these and other communities.

Evaluation criteria a, b, and c, are detailed in the report titled FOCUS GROUP REPORT. The final curriculum developed based on these guidelines is detailed in the *LEADING TOGETHER: TRAINING MANUAL*

REPLICATION OF PROGRAM

Through the process of developing *Leading Together* as an aged-based and culturally competent curriculum to train LGBTQI2S children, youth, adults, and older adults as peer leaders to run peer support programs we found the following process would support the development of a highly impactful program:

- *Focus Group*: have a focus group, community discussion, or one-on-one interviews with LGBTQI2S individuals already engaged in services to see their opinions and needs for peer support programs. This group should ask open ended questions and when possible should be conducted by a person OUTSIDE of the agency with no agency staff present. The facilitator/interviewer should be Master's Level or above with research experience and the ability to write a detailed report of findings. It is especially helpful if the leader has some previous group experience.
- *Identify Peer Leaders*: One staff member within the agency should be identified as a liaison to the peer support program. These individuals should identify with at least one LGBTQI2S community, be willing to be "out" in the community and when possible they should match the racial group of the majority of clients. This staff person should also have experience participating or Leading peer groups, and be connected to consumers directly. These individuals will support the identification and recruitment of peer leaders within the agency. A good peer leader will openly identify as a member of an LGBTQI2S community, have a desire to develop a peer program at the agency, have the emotional and structural support they need to support others, and be willing to recruit other consumers to attend.

Peer leaders will need to dedicate roughly 10 hours of time per month to the peer group. That time will be spent doing recruitment/marketing, planning and executing the peer support program, and checking in with the staff liaison about group needs and progress. Each peer program will need at least 2 peer leaders. If an appropriate staff liaison does not exist within your agency contact the Pacific Center for support in identifying an individual that can support your agency in developing a peer program.

- *Leading Together Training:* *Leading Together* training can be provided to your peer leaders in three ways:
 - Peer Leaders and Staff Liaisons can attend a training at Pacific Center for their age group,
 - Your agency can contract with Pacific Center to have a training on-site, or
 - You may have 1-2 staff people trained as a *Leading Together* trainer by Pacific Center.

If you choose option the third option the identified trainer must have:

- mental health, social work and/or education background
- experience training to age-level of the target populations,
- have at least 2 years of experience doing small group trainings
- identify as a member of at least one LGBTQI2S community
- mirror the majority ethnic background of the target population

Before Leading the training, the trainer should attend at least one *Leading Together* training provided by the Pacific Center for their target population, i.e. children and TAY or adult and older adult and practice delivering at least two training modules.

- *Group Planning:* After peer leaders have been trained through *Leading Together* they will have the skeleton of the type of group they will develop at your agency. It is important the staff liaison and peer leaders are aware of the feasibility of the program given agency resources, mission and services provided. Some questions that might be helpful are:
 - If you are doing a peer group for TAY and children will an adult have to be present?
 - If you are doing a peer group for adults with severe mental illness will a therapist or psychiatrist have to be present?
 - Can the agency provide transportation to and from the group for older adults?
 - How can the agency support a group for Latino gay males if there are only Caucasian females on staff?
 - What is the feasibility for the agency to provide food and snacks for groups?
 - What will be the agency's liability if the group wants to take a field trip during group hours or be off-site?
 - What is the emergency protocol for the agency and how will the peer support group fit into that process?
- *Group Implementation:* Groups should be implemented at least twice a month for 18 months. This will give peer leaders an opportunity to practice applying the skills learned in *Leading Together* and increase awareness in the community about the peer support group. Peer support groups function best when there are at least 5 participants on a regular basis and should be capped at 20 participants for any individual meeting. Potential types of peer

leadership programs are outlined in the *LEADING TOGETHER TRAINING MANUAL* each one requiring their own level of resource and engagement with the community. At the end of 12 months an assessment of the peer group can be done using the Delta-Plus T-Table or anonymous feedback forms. This assessment can be shared with agency management, and can support group leaders to be creative with topics, activities, and outreach efforts.

BUDGET RECOMMENDATIONS

Start-up costs will depend upon whether an agency is able to provide paid staff to manage a peer support program or if it will be run by volunteers. It is optimal to have a paid staff person as coordinator since volunteers may leave at any time and a fledgling program without someone at the helm has little chance of success over the long term. Group facilitators must be trained and they must also be supported. A monthly support meeting for the facilitators is held at the Pacific Center and the facilitators repeatedly inform staff that they find it helpful, and even necessary, for them to continually improve their skills and not suffer “burnout” from handling difficult situations that sometimes occur.

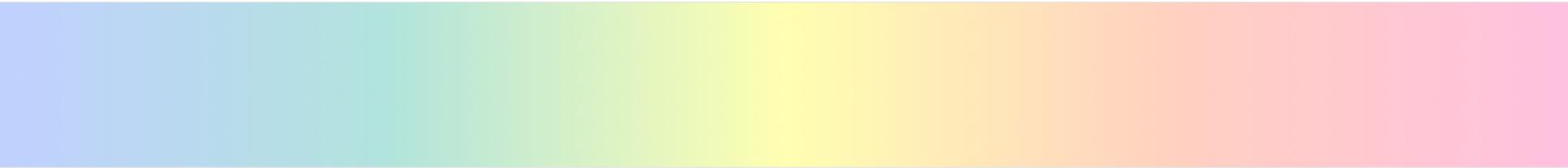
These are the basic budget categories to consider:

- Meeting space (room rent, cost of utilities, insurance, etc.)
- Cost of staff liaison
- Cost of monthly meeting to support facilitators
- Additional items you might want to provide such as coffee, tea, water, snacks, etc.
- Field trip expenses (often something helpful in youth groups)

Though it is possible to start a peer support program with all volunteers, readers should be cautioned that starting any group takes perseverance, patience, and a real willingness to keep it going when there are only a handful of participants. Many peer support groups gain members through word-of-mouth recommendations from friends, teachers, and mental health providers. A new group needs time to spread the word that they are up and running.

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LEADING TOGETHER:
PEER SUPPORT GROUP LEADER TRAINING
FOR LGBTQI2S ADULTS AND OLDER ADULTS

MODULE 1: INTRODUCTION TO PEER SUPPORT GROUPS

Learning Objectives

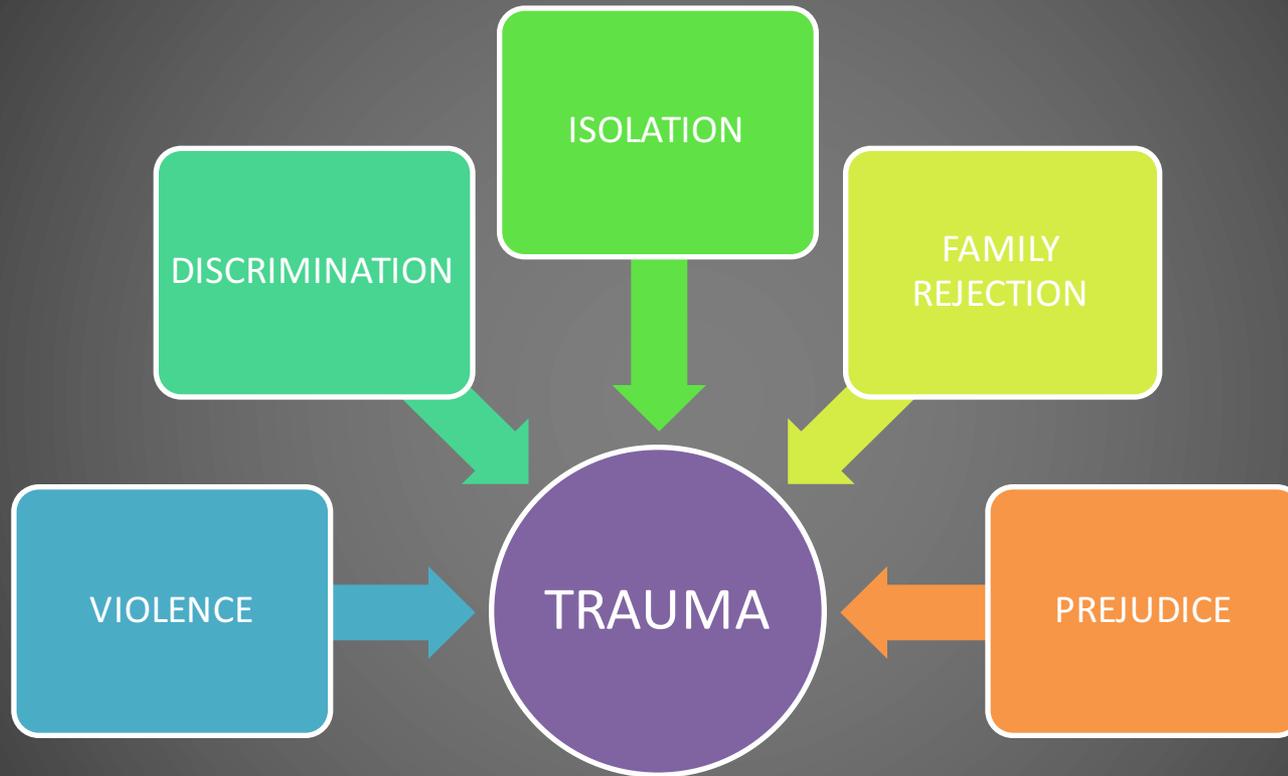
Goal: To support participants in understanding the purpose of peer support programs for LGBTQI2S consumers

Participants will be able to:

- Discuss how peer support groups support the mental health of LGBTQI2S consumers.



LGBTQI2S and Trauma



LGBTQI2S and Mental Health

“Gay men are significantly more likely to have used marijuana, stimulants, sedatives, cocaine, and party drugs than men in the general population.”

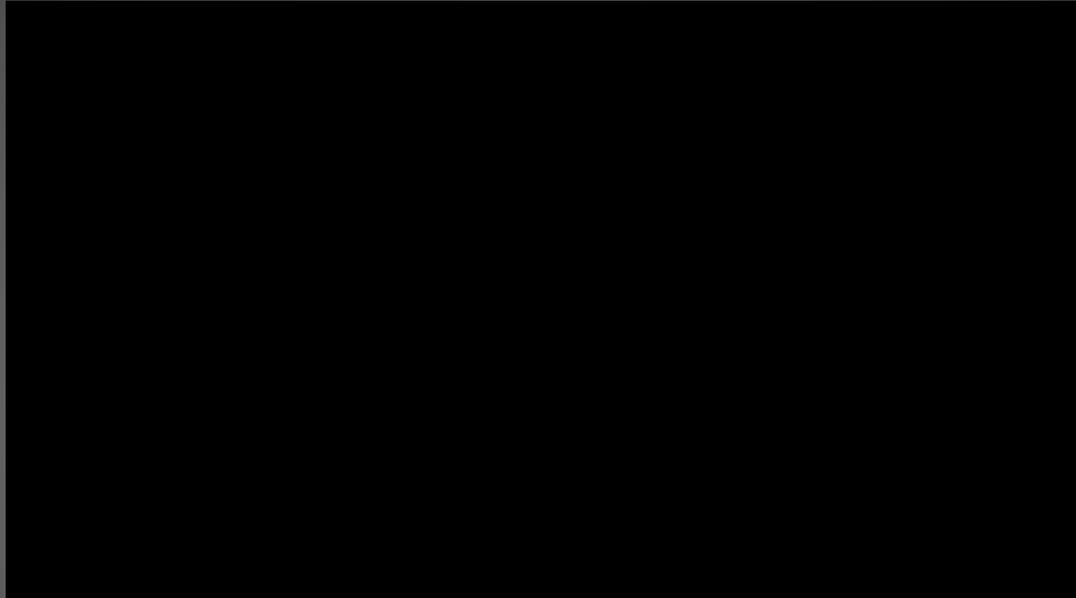


LGBTQI2S people have higher rates of:

- Suicidality
- Depression
- Substance abuse



LGBTQI2S and Social Isolation



WHAT ARE THE REASONS LGBTQI2S INDIVIDUALS
MAY EXPERIENCE SOCIAL ISOLATION?

LGBTQI2S OLDER ADULTS*

Older LGBTQI2S adults are:

- Twice as likely to live alone
- Half as likely to have help from relatives
- 1/8 as likely to have adult children

Half of LGBTQI2S seniors have no partner

*Fredriksen-Goldsen, K.I., Kim, H.-J., et al (2011). *The Aging and Health Report: Disparities and Resilience among Lesbian, Gay, Bisexual and Transgender Older Adults*. Seattle: Institute for Multigenerational Health.



LGBTQI2S and PEER SUPPORT

PEER Support helps:

- Decrease Isolation
- Build coping mechanisms
- Validation
- Positive regard
- Information about community resources

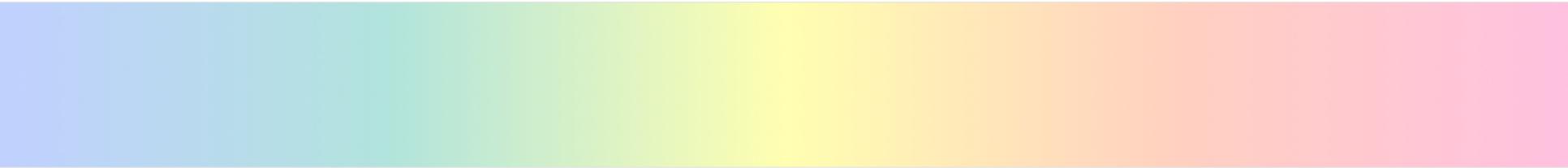


PEER SUPPORT and OLDER ADULTS

Recommendations for supporting older adults :

- Provide transportation
- Space: Wheelchair, and other mobility devices accessible
- Physical Needs
 - Having food and water available
 - Allowing time for breaks
 - Hearing devices
 - Large printed materials





LEADING TOGETHER:
PEER SUPPORT GROUP LEADER TRAINING
FOR LGBTQI2S ADULTS AND OLDER ADULTS

MODULE 2: MEMBERSHIP

Created by Pacific Center September 2015

Learning Objectives

- Whom will your peer group serve?
- How will you promote your group?



Shared Experience

Peer group members usually share

- A common experience,
and/or
- Important demographic characteristics

Facilitators Are Members

Peer groups work best when the facilitator

- Is a group member
- Who fits the demographic
- Or shared experience

Helping Peers

VIDEO

GLBT National Help Line



Defining Your Group

WRITING EXERCISE

- Who will attend your group?
- Why do they need a support group?
- What location(s) would work for them?
- What schedule would work for them?
- What physical accommodations will they need?

Promotional Strategies

- Flyers, postcards
- Websites, social media
- Presence at LGBTQI2S events
- Word of mouth
- Newspaper calendars
 - especially LGBTQI2S or progressive papers

Promoting YOUR Group

SMALL GROUP DISCUSSION

Where and how will members hear about your group?

Keep in mind:

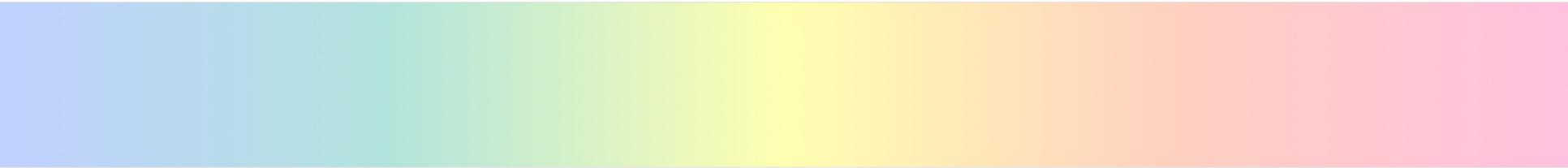
- Age
- Level of involvement in LGBTQI2S community and politics
- Ethnicity
- Economic class



QUESTIONS??

MODULE 2: MEMBERSHIP

Created by Pacific Center September 2015



LEADING TOGETHER:
PEER SUPPORT GROUP LEADER TRAINING
FOR LGBTQI2S ADULTS AND OLDER ADULTS

MODULE 3: SCOPE OF SERVICE

Created by Pacific Center September 2015

Learning Objectives

- What scope of services can peer groups offer?
- How are peer groups different from therapy groups?
- What topics are better suited for professional therapy?
- How does a Trainer refer someone to professional therapy?



Peer Facilitators Can

- Provide emotional, social, and practical support
- Help group members help each other
- Plan social activities
- Give referrals for professional services

Peer Facilitators Should NOT

- Provide group therapy
- Lecture or speak as an expert
- Offer professional advice
- Engage in or encourage advice giving

Peer Groups Are Not Therapy Groups

When “heavy” topics come up

- Don't censor
- But don't encourage details
- Refer group members to professional therapists for additional help, when needed

“Heavy” Topics

These topics are better suited for therapy:

- Substance abuse
- Suicidality
- Eating disorders
- Self-injury
- Domestic violence
- Severe depression or anxiety
- Trauma and abuse
- Compulsive behaviors (stealing, gambling, sex)

When to Go to Therapy

VIDEO



TALKING ABOUT
THERAPY

Mental Health Resources

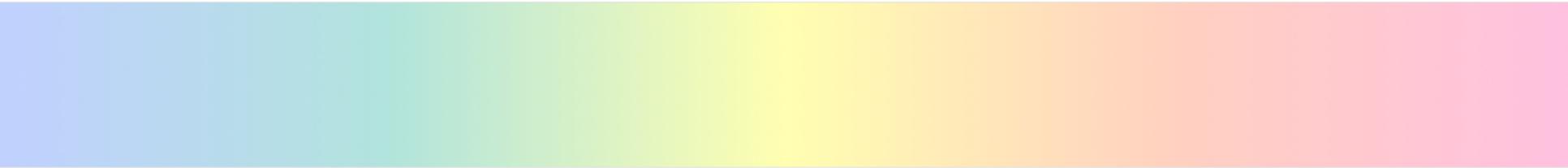
GROUP BRAINSTORM

Where would you refer a group member
who needs professional help?

Making a Referral

ROLE PLAY

What feelings
did this role play bring up for you?



QUESTIONS??

MODULE 3: SCOPE OF SERVICE

Created by Pacific Center September 2015



LEADING TOGETHER:
PEER SUPPORT GROUP LEADER TRAINING
FOR LGBTQI2S ADULTS AND OLDER ADULTS

MODULE 4: GUIDELINES

Created by Pacific Center September 2015

Learning Objectives

- What basic values sustain successful peer groups?
- What does a list of group guidelines look like?
- What are typical stages of a group session?



Group Values

- Honoring Diversity
- Respect
- Responsibility
- Honesty
- Step Up - Step Back
- Confidentiality



Confidentiality

VIDEO



UNDERSTANDING

CONFIDENTIALITY

Group Guidelines

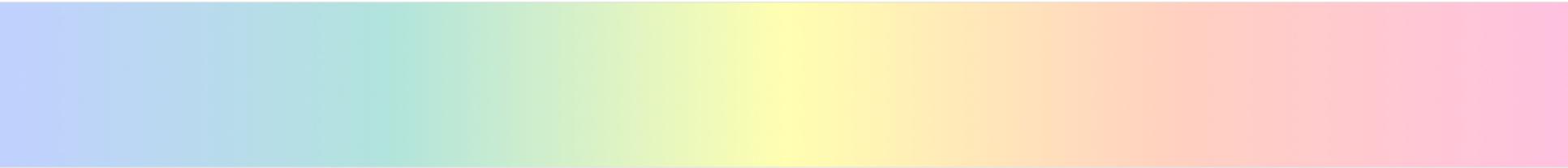
GROUP DISCUSSION

Using these sample guidelines for YOUR group, would you-

- Change the wording?
- Add any others?
- How would you keep new and old group members aware of the guidelines?

Typical Group Session

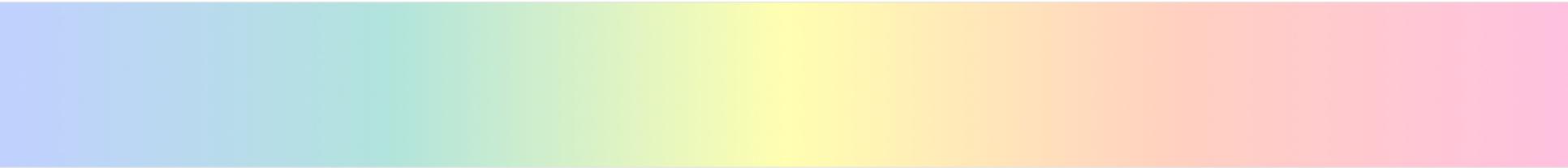
1. Settle in
2. Read guidelines
3. Check in
4. Determine topic or activity
5. Group session
6. Check out
7. Group business
8. After group



QUESTIONS??

MODULE 4: GUIDELINES

Created by Pacific Center September 2015



LEADING TOGETHER:
PEER SUPPORT GROUP LEADER TRAINING
FOR LGBTQI2S ADULTS AND OLDER ADULTS

MODULE 5: Trainer RESPONSIBILITIES

Created by Pacific Center September 2015

Learning Objectives

- What are a facilitator's responsibilities and tasks?
- Why are boundaries important?
- What are dual relationships?
- What are your personal skills and challenges as a facilitator?



Trainer Responsibilities

- Create safety
- Be sensitive to differences
- Set the tone
- Promote bonding
- Follow guidelines
- Remember you are there for the group



Trainer Tasks

- Welcome new members
- Encourage interaction
- Keep the focus
- Manage conflict
- Provide referrals



New Members



A CREATIVE WELCOME

MODULE 5: Trainer RESPONSIBILITIES

Created by Pacific Center September 2015

SAFETY

AVOID

LATENESS

COUNSELING

SOCIAL
MEDIA

DUAL
RELATIONSHIPS

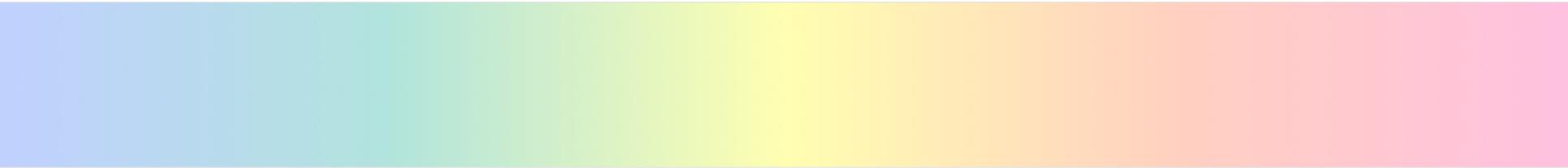
SAFETY: Dual Relationships

GROUP DISCUSSION

What might happen if a Trainer and group member:

- Shared an apartment
- Lent each other money
- Shared a business or workplace
- Had a sexual relationship
- Became good friends

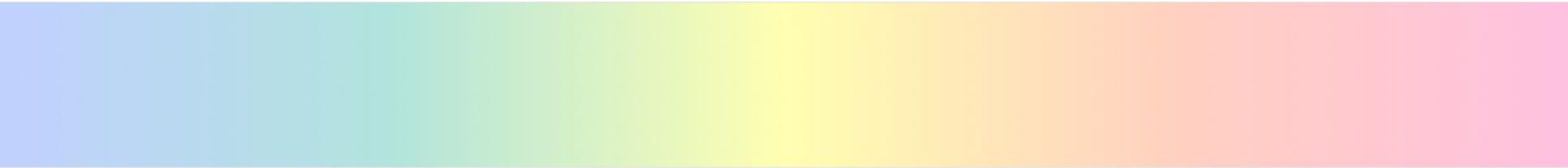




QUESTIONS??

MODULE 5: Trainer RESPONSIBILTIES

Created by Pacific Center September 2015



LEADING TOGETHER:
PEER SUPPORT GROUP LEADER TRAINING
FOR LGBTQI2S ADULTS AND OLDER ADULTS

MODULE 6: LISTENING SKILLS

Created by Pacific Center September 2015

Learning Objectives

- What do active listening skills look like?
- What are some barriers to good listening?
- How can a Trainer “listen” to a whole group?
- What are your personal strengths and challenges as a listener?



Active Listening Skills



Body Language

DO's

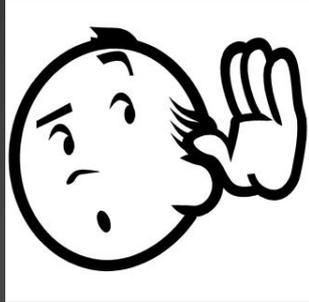
- Nod
- Lean in
- Make eye contact

DON'T

- Cross your arms
- Roll your eyes
- Grimace

REMEMBER: Body language is culturally specific!!

Empathy



- Listen closely
- Don't think about what you're going to say next

CORE SKILLS

- Paraphrase - “It sounds like you’re saying ...”
- Validate - “It’s understandable you’d feel that way.”

Empathy

VIDEO

Empathy

VS

Sympathy

KNOW WHEN TO USE THEM

~ they are similar in meaning, but they are not the same ~

empathy
to empathize

LITERALLY 'FEELING INTO'
You understand and feel another's feelings because you have experienced it yourself or can put yourself in their shoes.



I have empathy for your problem. I've been there.
I can empathize with you. I've been there.

sympathy
to sympathize

LITERALLY 'FEELING WITH'
You have compassion for a person or you understand someone but you do not necessarily feel his feelings or share them.



You have my sympathy. I know how hard you trained.
I sympathize with the writer's total lack of knowledge.

Paraphrasing

DYAD EXERCISE

During this exercise, just paraphrase what you heard

Do NOT

- Agree or disagree
- Add anything
- Share your reaction
- Offer any opinions



Non-Judgmental Attitude

CORE SKILLS:

- Instead of
“I can’t imagine why you’d do that.”
- Try saying
“What led you to that decision?”



Open-Ended Questions

Closed questions

- Tend to stop the conversation
- YES-OR-NO questions: “Were you angry?”
- WHY questions: “Why did you get mad?”

Open questions

- Invite the speaker to say more
- HOW questions: “How were you feeling?”
- WHAT questions: “What was that like for you?”

Exploring Emotions

Ask “How does that feel?” and let the person talk.

Use “I feel” statements yourself

- (“I feel she was wrong.” is an opinion, not a feeling.)

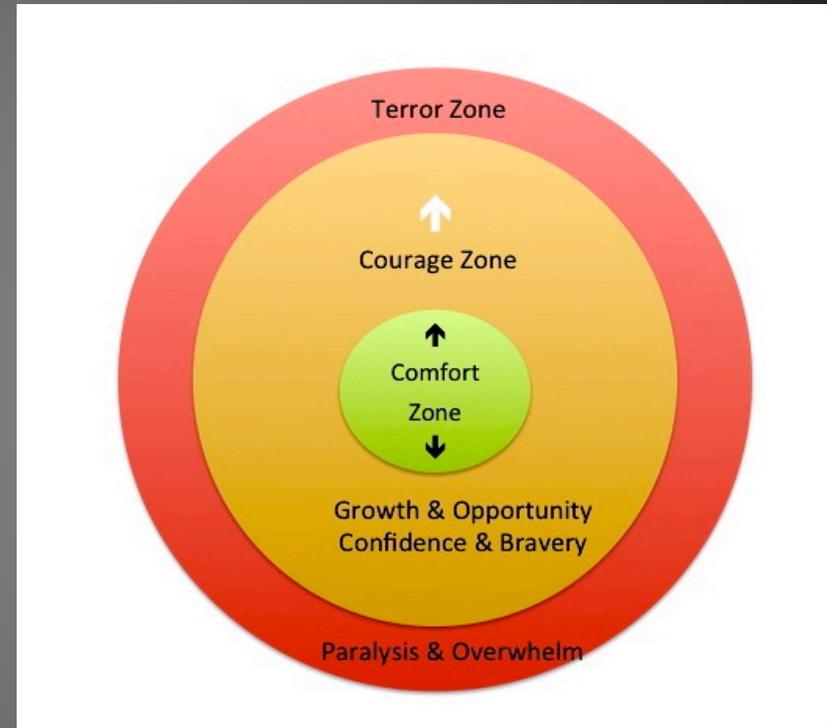
Feeling statements describe some form of

- Anger
- Sadness
- Fear
- Joy

Uncomfortable Emotions

WRITING EXERCISE

- Which emotions are you uncomfortable:
 - Talking about?
 - Hearing about?
- What steps can you take to overcome your discomfort?



Observing

Notice the speaker's non-verbal communication

- Does it match the words?
- Fidgeting
- Eye contact
- Fast or slow speech
- Tone of voice
- Facial expressions

Observing Out Loud

Voicing observations

- Is not always necessary
- May put the speaker on the spot

When you do observe out loud

- Describe behaviors
 - “You’ve been quiet tonight.”
- DON’T interpret them
 - “You seem sad.”

6 Barriers to Good Listening

- Moralizing
- Downplaying
- Advising
- Lecturing
- Partiality
- Inappropriate Humor

(From The Support Group Sourcebook by Linda L. Klein)

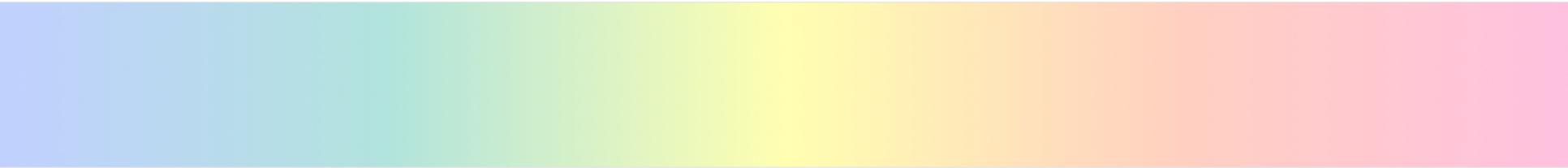
“Listening” to Group Dynamics

- How does it feel to be in the room with this group?
- Who speaks first? Most? Least?
- Who do members direct their comments to?
- Do the members seem to
 - Like each other?
 - Feel committed to the group?
 - Know what’s expected of them?
 - Have a lot in common?

Good Listener Role Models

SMALL GROUP EXERCISE

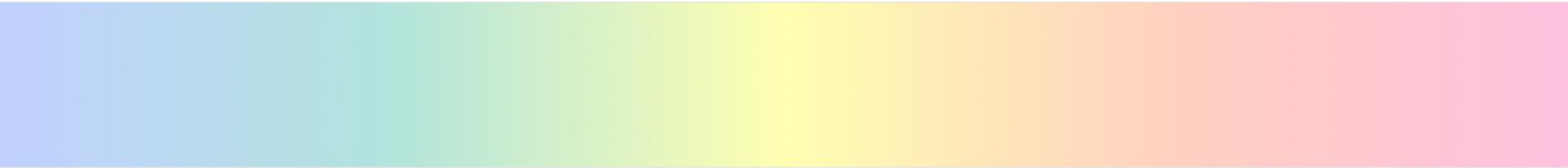
Describe someone in your life
who made you feel like they were
really
listening.



QUESTIONS??

MODULE 6: LISTENING SKILLS

Created by Pacific Center September 2015



LEADING TOGETHER:
PEER SUPPORT GROUP LEADER TRAINING
FOR LGBTQI2S ADULTS AND OLDER ADULTS

MODULE 7: FACILITATION SKILLS

Created by Pacific Center September 2015

Learning Objectives

- How can facilitators respond to sensitive topics?
- How can facilitators manage difficult behaviors?



Sensitive Topics - Examples

- Substance abuse
- Suicidality
- Eating disorders
- Self-injury
- Domestic violence
- Severe depression or anxiety
- Trauma and abuse
- Compulsive behaviors (stealing, gambling, sex)

RESPONDING TO SENSITIVE TOPICS



Ask if other members of the group want to share

Asking for details



Connect the topic to more common issue

Assessing the severity of the problem



Refer members to therapy when needed

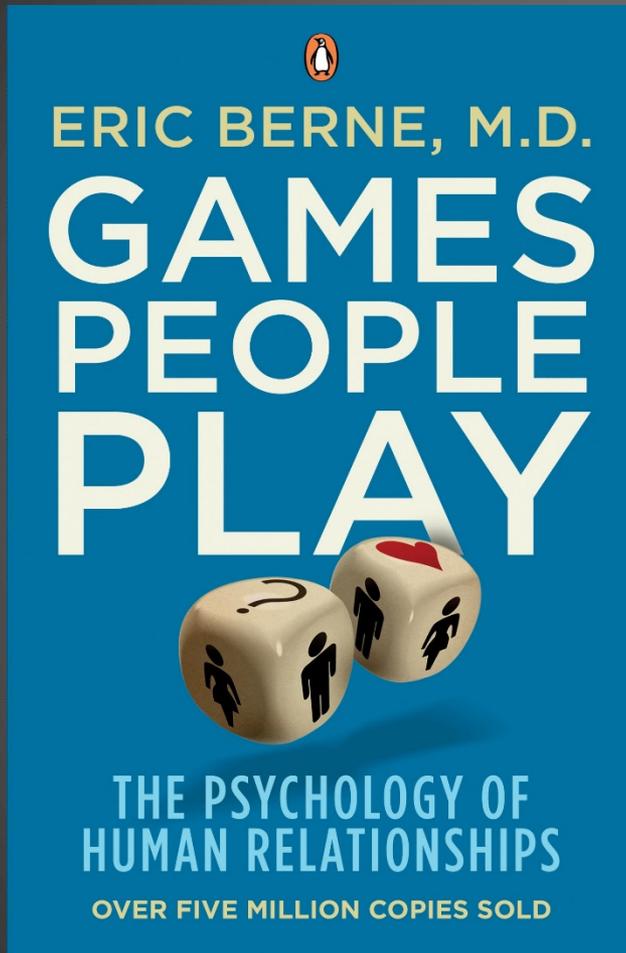
Interpreting psychological issues



Check in about how the group is feeling

Giving advice or solutions

“Yes But”



Games People Play

Difficult Behaviors - Examples

- Silent Group Member
- Monopolizing Group Member
- Side Conversation
- Lecturing Group Member
- Offensive comment
- Melodramatic Group Member
- Group Member in Crisis
- Disruptive, Abusive, or Threatening Group Member

Offensive Comment

- Stop the group
- Remind the group of guidelines
- Give the person a chance to clarify or apologize
- State your own feelings
- Ask other members to share their feelings
- Bring the discussion back to the topic
- Remind the group – and yourself
 - We can learn from this experience

Disruptive, Abusive, or Threatening Group Member - Examples

VERBAL ABUSE

GRAPHIC LANGUAGE

BEING DRUNK OR HIGH

AGRESSIVE BEHAVIOR

THREATS

Disruptive, Abusive, or Threatening Group Member – What to Do

- Remind the person of group guidelines
- If they continue to be disruptive:
 - Calmly but firmly tell them to leave
 - Call 911 if there is a physical threat or danger
 - Get help
- Know the policies of your group venue
 - Incident reports
 - Protocol for banning someone from premises

Group Member in Crisis

- Give professional / crisis line referrals
 - During break or after group
 - Or step outside with the person during group
- Call 911 if anyone is in immediate danger
- Get help



QUESTIONS??

MODULE 7: FACILITATION SKILLS

Created by Pacific Center September 2015



LEADING TOGETHER:
PEER SUPPORT GROUP LEADER TRAINING
FOR LGBTQI2S ADULTS AND OLDER ADULTS

MODULE 8: TEAM FACILITATION

Created by Pacific Center September 2015

Learning Objectives

- How can Trainer Team members help each other?
- What problems should teams watch for?



Team Facilitation

WHY IS TEAM
FACILITATION A GOOD
THING?

TEAM FACILITATION: DIVIDE TASKS

For example:

- Facilitating discussion
- Handling difficult behaviors
- Planning group social activities
- Conducting group business
 - donations, announcements, scheduling



TEAM FACILITATION: MEETINGS

Team Check-In:

- 15 – 30 Minutes (before and after group)
- Feelings
- Problem solving;
 - referrals
 - group dynamics

Planning Meeting:

- 1-2 Hours per month
- Future topics
- Ongoing Problems
- Member recruitment
- Facilitation Schedule



TEAM FACILITATION: SUPPORT

- 1 or 2 facilitators per session
- Know when to STEP BACK:
 - The topic strikes a nerve
 - You are having a bad day
 - You just need a break
- Do “DANGER ZONE” activity as team
- Practice “Ice Breakers” as a team



TEAM FACILITATION: FORMAT

This is one way to co-facilitate a group session.

- One Trainer handles **content**
 - Asking open-ended questions
 - Paraphrasing
 - Validating
- The other handles **process**
 - Making sure everyone gets to speak
 - Noticing if there is tension in the room
 - Checking in with members who seem upset

TEAM FACILITATION: FEEDBACK

I think...

I feel...

I believe...

I want...

USING "I" STATEMENTS

TEAM FACILITATION: FEEDBACK

- Start with appreciation and positive feedback
- Talk about specific behaviors, not personalities
- Use “I” statements
- Focus on solutions

TEAM FACILITATION: FEEDBACK

SMALL GROUP ROLE PLAY

Imagine your co-Trainer just did one of the following:

- Came to group late
- Took sides during a heated group discussion
- Failed to keep the group on topic
- Got into lecturing or giving a member advice

TEAM FACILITATION: CONFLICT

HOW DO YOU
HANDLE
CONFLICT?

**HOW TO RESOLVE
CONFLICT**

COMMUNICATION

- Listen without interrupting.
- Show understanding of the problem.
- Present your point of view.
- Explain how you feel.

NEGOTIATION

- Brainstorm possible solutions.
- Accept the need for compromise.
- Choose the fairest solution.
- Implement your plan.

CONSOLIDATION

- Evaluate your plan.
- Communicate your feelings.

TEAM FACILITATION: EXCLUSION

Co-facilitators with a POSITIVE relationship must avoid:

- Setting themselves apart from the group with
 - Inside jokes
 - Physical affection
- Excluding others from the conversation by
 - Playing off each other's comments
 - Leading the topic toward their own interests

TEAM FACILITATION: RELATIONSHIPS

Avoid co-facilitating if there is tension or conflict

Be mindful of your relationship's impact on group

Be open to stepping down as facilitator

Avoid dual relationships with group members



QUESTIONS??

MODULE 8: TEAM FACILITATION

Created by Pacific Center September 2015



LEADING TOGETHER:

LGBTQI2S PEER LEADER TRAINING

Pacific Center for Human Growth and Development

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LEADING TOGETHER:

LGBTQI2S PEER LEADER TRAINING

1 PURPOSE/ GOALS

The peer leader training is an opportunity for organizations seeking to develop or strengthen a peer support programs for LGBTQI2S children, youth, adults and seniors.

The goals of the training are to:

1. Adequately train staff and peer group leaders to develop a model of peer support that fits their agency needs.
2. Demonstrate the use of peer support as a mental health intervention to improve outcomes for LGBTQI2S children, youth, adults and seniors.

2 TRAINING FORMAT

To accommodate the developmental needs of leaders the training has been divided into two distinct trainings: one for adults and older adults and one for Children and TAY.

ADULT AND OLDER ADULT TRAINING: The training is provided as a full-day training and geared to the development of a peer support group model. The training should be offered periodically for new and existing peer leaders and paired with a monthly consultation group for peer group leaders to bring in concerns or challenges.

FULL DAY TRAINING
6.25 Hours

- **Module 1** - 35 minutes - Introduction:
- **Module 2** - 45 minutes - Membership
- **Module 3** - 35 minutes - Scope of Service
- **Module 4** - 30 minutes - Guidelines
- **Module 5** - 35 minutes - Responsibilities
- **Module 6** - 70 minutes - Listening Skills
- **Module 7** - 75 minutes - Facilitation Skills
- **Module 8** - 50 minutes - Team Facilitation

ADAPTING THIS CURRICULUM:

Guide for removing modules:

- Modules 3, 4, 5, 6, and 7 include important ethical guidelines and skills for running peer support groups and should be included in all versions of the training.

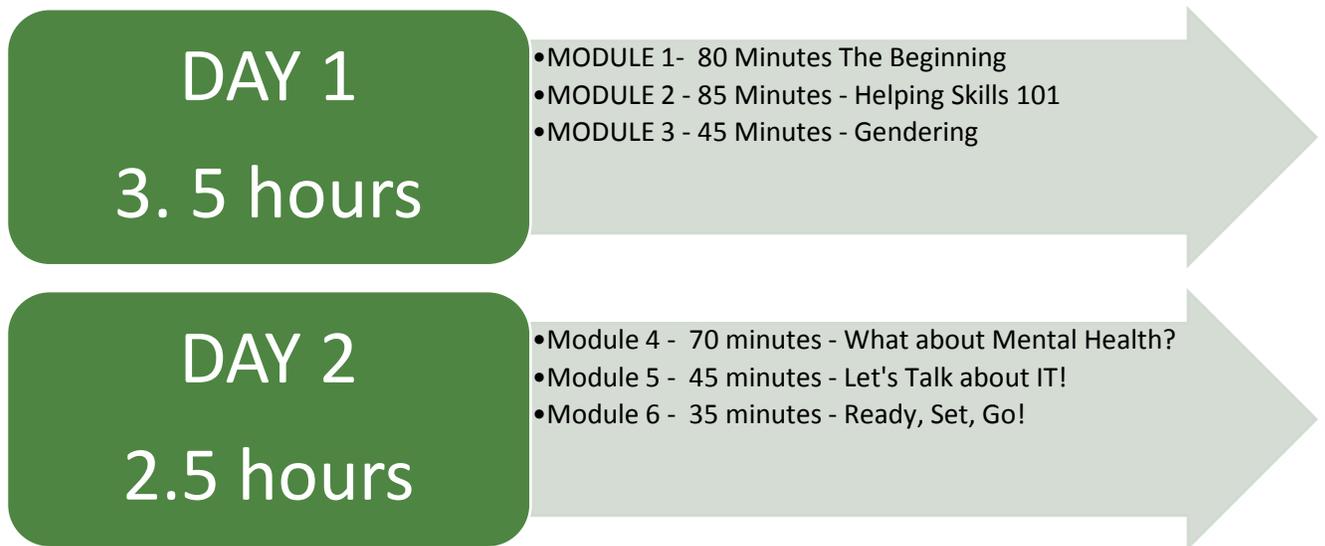
- Module 2 is important for participants who want to learn about starting a group or increasing membership.
- Module 8 is for participants who plan to work with co-Trainer's.

Guide for adding modules:

Organizations and agencies that host or provide peer groups may want to include their own module about, e.g.:

- a. their specific policies
- b. their history
- c. their organizational chart
- d. physical plant issues
- e. protocols for handling emergencies
- f. local resources and services they trust or partner with

CHILDREN AND TAY TRAINING: The curriculum is designed for a 2- day delivery, and modules could be presented individually if needed. The curriculum will prepare children and TAY to be peer youth leaders for support groups, advocacy groups or activity groups. Curriculum is best delivered to a group of 5- 15 youth in a youth friendly space (youth center, activity room, etc.). When possible ensure 75% or more of youth identify with experiences of LGBTQI2S communities, or are “out”.



ADAPTING CURRICULUM

Guide for removing modules:

- Modules 4 and 5- would need to be further adapted for youth less than 13 years old.
- Modules 1, 2, 3, and 6 are used to help to prepare youth to start or increase participation in peer support groups.

Guide for adding modules:

- Agencies may decide to add information specific to:

- Agency
- Specific population served (i.e. Transgender African American Women, etc.)

Specific information about the community (i.e. violence, lack of transportation, etc.)

NOTES

- **PRE/POST TEST:** The training has a pre/post-test attached you can give out at the beginning and end of training. This should be completed by each participant before and after the training and will serve as a measure of learning. It may also help people identify what they might NOT know before the training starts
- **Handouts and Resources** are often interchangeable. Trainer's should acquaint themselves with the variety of materials embedded in the manual as well as those in the appendices before starting training. All may be duplicated for use as Handouts.

SUGGESTIONS FOR TRAINING REVIEW

1. **DELTA/PLUS:** put up one large Post-It Sheet that says DELTA (CHANGE) and PLUS (GOOD THINGS):

Lead group by asking what would be changes they would have made to the training and what was good about the training.

2. **SUMMARIES:** Groups break into groups with 2 -3 training topics each. Ask each group to present 3-5 bullet points for the topic.

3 ADULT AND OLDER ADULT: MODULE 1

TOTAL TIME FOR MODULE: 35 Minutes

Learning Objectives: Participants will be able to discuss how peer support groups support the mental health of LGBTQI2S consumers.

SLIDE 1

ACTIVITY: INTRODUCTION –THIS SLIDE IS AT THE BEGINNING OF EVERY MODULE

ICE-BREAKER ACTIVITY-These are light get to know you activities that help participants feel comfortable. Ice Breakers should take no more than 10 minutes and are appropriate for all age groups. Ice-breakers should be completed before each module. A list of and descriptions of ice-breaker activities are provided in the Trainer’s Manual page 48.

GROUP AGREEMENTS- These are specific behaviors the group agrees to adhere to during the training. Group Agreements should be developed at the beginning of every training session and reviewed at the beginning of every training module. Group agreements can be developed by:

- A. Having the group identify things they need to feel “safe” during the training or
- B. Providing a list of agreements everyone can commit to doing

A list of Group Agreements is found in the Trainer’s Manual page 50.

SLIDES 2 -4

ACTIVITY: LECTURE For lecture slides avoid reading verbatim from slide, instead paraphrase the slide and then ask if there are questions and comments from participants.

SLIDE 5

ACTIVITY: VIDEO AND DISCUSSION –

- VIDEO LINK: <https://www.youtube.com/watch?v=Q2k73aXowil>
- BRAINSTORM QUESTION: “What are the reasons LGBTQI2S individuals may experience social isolation?” When leading BRAINSTORM help people by making connections to different reasons for isolation.

SLIDES 6 – 8

ACTIVITY: PEER SUPPORT AND OLDER ADULTS

- This section highlights the specific needs of older adults when it comes to peer support programs.
- Each slide is accompanied by a discussion question. This is an opportunity for participants to draw from their own experience.

Statistics from: Fredriksen-Goldsen, K.I., Kim, H.-J, et al (2011). *The Aging and Health Report: Disparities and Resilience among Lesbian, Gay, Bisexual and Transgender Older Adults*. Seattle: Institute for Multigenerational Health.

4 ADULT AND OLDER ADULT: MODULE 2

TOTAL TIME FOR MODULE: 45 Minutes

Learning Objectives: Participants will be able to determine who their peer group will serve and how it will be promoted.

SLIDE 9

ACTIVITY: INTRODUCTION –GROUP AGREEMENTS AND ICEBREAKER

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SLIDES 10 & 11

TIME: As lecture only, 2 minutes. For group activity, allow 10 minutes.

ACTIVITY: LECTURE. Option to use these slides as an opportunity for small group activity. Can break out into groups of 3-4, brainstorm with each other, and then rejoin larger group. Suggest that participants allow themselves to “sit with” the information from brainstorming as training proceeds.

SLIDES 12

ACTIVITY: LECTURE. For lecture slides avoid reading verbatim from slide, instead paraphrase the slide and then ask if there are questions and comments from participants

SLIDE 13

ACTIVITY: VIDEO AND DISCUSSION

- VIDEO LINK: GLBT National Help Center <https://www.youtube.com/watch?v=-LdJ2dfepiY>

SLIDE 14

ACTIVITY: DEFINING AND PLANNING A GROUP

WRITING ACTIVITY: Participants will write their responses individually to the following questions:

- Who will attend your group?
- Why do they need a support group?
- What location(s) would work for them?

- What schedule would work for them?
- What physical accommodations will they need?

Participants will share their responses with larger group.

SLIDES 15-17

ACTIVITY: LECTURE- For lecture slides avoid reading verbatim from slide, instead paraphrase the slide and then ask if there are questions and comments from participants.

5 ADULT AND OLDER ADULT: MODULE 3

TOTAL TIME FOR MODULE: 35 Minutes

Learning Objective: Participants will understand scope of services and the difference between peer groups and therapy groups. They will also know how to refer someone for therapy and what topics are best suited for peer groups.

SLIDE 18

ACTIVITY 1

ICE-BREAKER ACTIVITY-These are light get to know you activities that help participants feel comfortable. Ice Breakers should take no more than 10 minutes and are appropriate for all age groups. Ice-breakers should be completed before each module. A list of and descriptions of ice-breaker activities are provided in the Trainer’s Manual page 48.

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SLIDES 19 – 23

ACTIVITY: LECTURE For lecture slides avoid reading verbatim from slide, instead paraphrase the slide and then ask if there are questions and comments from participants.

SLIDE 24

ACTIVITY: VIDEO: TRAINER clicks on link to play video. Ask for comments at the end.

- VIDEO LINK: Psychotherapy: Friends Helping Friends Episode 3
<https://www.youtube.com/watch?v=jLIBuSwiMc>

SLIDE 25

ACTIVITY: WHOLE GROUP:

- TRAINER asks group to name local, internet, or phone resources they know about, where they might refer a client in need of professional therapy or substance abuse services.
- TRAINER lists these on easel paper while participants speak.
- TRAINER then asks the group to think about or comment on which of these services would be sensitive to:

- 1) LGBTQI2S clients 2) older adults 3) cultural or ethnic group(s) their peer group would be serving.

SLIDE 26- 27

ACTIVITY: ROLE PLAY

- VERSION 1: TRAINER asks for two volunteers from the participants, and explains that one will play the role of a peer group TRAINER, and the other will play the role of a peer group member, that the scene takes place after a group session ends, and that in that session the group member has been bringing up a heavy topic beyond the scope of peer support alone.
- VERSION 2: TRAINER plays the role of the group member, and makes this exercise more challenging by acting embarrassed, resistant, offended, angry, or upset about being “censored.”

6 ADULT AND OLDER ADULT: MODULE 4

TOTAL TIME FOR MODULE: 30 Minutes

Learning Objective: Participants will understand what basic values sustain a peer group, how to implement group guidelines, and the typical stages of a group session.

SLIDE 28

ACTIVITY 1

ICE-BREAKER ACTIVITY-These are light get to know you activities that help participants feel comfortable. Ice Breakers should take no more than 10 minutes and are appropriate for all age groups. Ice-breakers should be completed before each module. A list of and descriptions of ice-breaker activities are provided in the Trainer’s Manual page 48.

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- B. Providing a list of agreements everyone can commit to doing

A list of Group Agreements is found in the Trainer’s Manual page 50.

SLIDES 29 – 30

ACTIVITY: LECTURE. For lecture slides avoid reading verbatim from slide, instead paraphrase the slide and then ask is there are questions and comments from participants.

SLIDE 31

ACTIVITY: VIDEO:TRAINER plays video by clicking on the link. Ask for comments.

- VIDEO LINK: Confidentiality Matters <https://www.youtube.com/watch?v=oKGtJE84wIQ>

SLIDE 32

ACTIVITY: GROUP DISCUSSION

Materials: Copies of Module 4 Handout: Sample Group Guidelines (page 13 in Trainer’s Manual), Large Post-It paper and marker

- TRAINER hands out copies of Sample Group Guidelines, and asks participants to think about these two questions, keeping in mind the demographic of their particular peer support group. TRAINER or assistant writes participants’ key ideas on easel paper.
- Ways to keep the group aware might include: posting in the group room, handing out to new members, or reading aloud at each meeting. Some groups get out the guidelines at the start of

each meeting and ask members if they'd like to speak briefly about what any one guideline means to them.

- Peer groups may add specific rules as issues come up – e.g. no cell phones, no latecomers

SLIDE 33- 34

ACTIVITY: LECTURE. TRAINER paraphrases what is written on slide, adds the following details, and asks if anyone has questions.

1. **SETTLE-IN:** Start on time. TRAINER s should always arrive on time, preferably a little early. Some groups do breathing exercises, a moment of silence/grounding or announcements before starting the group. Welcome new members.
2. **READ GUIDELINES:** It's a good idea to state the group norms before every meeting, even if all group members have attended and heard them before. Some Trainer's ask the group members to read the group norms, or choose one and discuss it briefly.
3. **CHECK-IN:** Each group member has a chance to say their name, PGP (preferred gender pronoun), and how they are feeling at the moment. Having everyone say their preferred gender pronoun affirms that the group welcomes gender diversity, and can help keep transgender and gender-non-conforming members from feeling singled out. People always have the right to pass.
4. **DETERMINE TOPIC OR ACTIVITY:** Topics can be generated from: group member ideas, a general theme from check-in, issues raised in the previous session, or TRAINER's choice.
5. **GROUP SESSION:** The types of group sessions vary greatly between different peer groups. Peer group sessions are NOT lectures or cognitive discussions. Telling our stories is an important component, and works best with "I" statements, no cross talk, and members accepting each story as it is.
6. **CHECK-OUT:** Members can say briefly how they are feeling at the end. Quiet members so the facilitator may have the floor for any last comments. Facilitator may summarize the session, including minority views and disagreements. NOT a time for continued discussion.
7. **GROUP BUSINESS:** Donations for expenses, announcements about group schedule, and collect demographic or contact info.
8. **AFTER GROUP:** Groups should end on time. No one should be pressured to socialize or stay beyond the group time frame, including the TRAINER. After the session, some group members might go out together or hang around to socialize. TRAINER s should make it clear they are dropping their TRAINER role when group ends and social time starts.

SAMPLE GROUP GUIDELINES

SAFE SPACE: Everyone is welcome. Do NOT attack, judge or give advice. Put downs are NOT allowed. We are here to support each other and help each person feel safe.

RESPECT: Respect different opinions, thought, beliefs and feelings. Each person is entitled to their own opinion and we are free to disagree respectfully. Honor the uniqueness of each individual.

USE "I" STATEMENTS: Speak from your personal experiences. Do NOT make generalizations or speak for others. Tell your own story.

CONFIDENTIALITY: What is said in group stays in group. Be conscious of confidentiality when greeting other group members in public spaces.

ACTIVE LISTENING: Respect when people are talking. LISTEN. Do NOT interrupt and avoid side comments.

RESPECT PERSONAL SPACE: Be aware of others' physical and emotional space. NO means NO.

RIGHT TO STEP UP OR STEP BACK AND PASS: Risk taking is valued. Your story might help someone else. And everyone has the right to step back and pass.

WE ARE ALL RESPONSIBLE FOR OUR GROUP: Every member is responsible to uphold group norms and clean up after each group session.

7 ADULT AND OLDER ADULT: MODULE 5

TOTAL TIME FOR MODULE: 35 Minutes

Learning Objectives: Participants will understand facilitator responsibilities, boundaries, and dual relationships. They will also begin to explore their own skills and challenges as a facilitator.

Slide 35

ACTIVITY 1

ICE-BREAKER ACTIVITY-These are light get to know you activities that help participants feel comfortable. Ice Breakers should take no more than 10 minutes and are appropriate for all age groups. Ice-breakers should be completed before each module. A list of and descriptions of ice-breaker activities are provided in the Trainer's Manual page 48.

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SLIDES 36-38

ACTIVITY: LECTURE. For lecture slides avoid reading verbatim from slide, instead paraphrase the slide and then ask if there are questions and comments from participants.

SLIDE 39

ACTIVITY: VIDEO. TRAINER plays video by clicking on the link.

VIDEO LINK: DBS Alliance Support Group TRAINER Tips 6

<https://www.youtube.com/watch?v=De0wR9a7dbQ&list=PL683CED8F12DE456E&index=4>

- Stop the video at 1:13. Ask for comments.

SLIDES 40 - 42

ACTIVITY: GROUP DISCUSSION.

- SLIDE 41 - TRAINER asks the audience for comments on these scenarios.
- Generally, friendships between peer group members, including trainers, are a good thing, as long as they don't interfere with the TRAINER's role. The other relationships listed here nearly always lead to trouble.
- If any relationship causes conflict or favoritism, or makes you less effective as a TRAINER, it is best to step down from the TRAINER role.

8 ADULT AND OLDER ADULT: MODULE 6

TOTAL TIME FOR MODULE: 70 Minutes

Learning Objectives: Participants will learn basic listening skills and barriers to good listening. They will also learn how to listen to a group (vs an individual), and begin to assess their own strengths and challenges as a listener.

SLIDE 43

ACTIVITY 1: INTRODUCTION.

ICE-BREAKER ACTIVITY-These are light get to know you activities that help participants feel comfortable. Ice Breakers should take no more than 10 minutes and are appropriate for all age groups. Ice-breakers should be completed before each module. A list of and descriptions of ice-breaker activities are provided in the Trainer's Manual page 48.

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SLIDES 44- 47

ACTIVITY: LECTURE. For lecture slides avoid reading verbatim from slide, instead paraphrase the slide and then ask is there are questions and comments from participants.

SLIDE 48

ACTIVITY: VIDEO. Presenter plays video by clicking on the link. Ask for comments.

Link: <https://www.youtube.com/watch?v=1Evwgu369Jw>

SLIDE 49

ACTIVITY: DYAD EXERCISE.

- Participants pair off and choose which of them will speak first while the other listens.
- Speaker one is allowed to talk for 90 seconds, without interruption, about something they experienced within the past 24 hours. It can be pleasant, unpleasant, or neutral, but the speaker's job is to say what happened and focus on how it made them feel.
- The presenter uses a timer and tells the group when the 90 seconds are up.
- Two then briefly reflects to Speaker One, what they heard Speaker One saying.
- Then the two participants switch roles and do the exercise again.

- When the whole group reassembles, presenter asks if any participants would like to share what it felt like to paraphrase without commenting or judging.

SLIDES 50- 52

ACTIVITY: LECTURE. For lecture slides avoid reading verbatim from slide, instead paraphrase the slide and then ask if there are questions and comments from participants.

SLIDE 53

ACTIVITY: WRITING EXERCISE. Make it clear ahead of time that this is a private reflection and they will NOT be asked to share with the group. Presenter asks participants to take 5 minutes to write about the following questions:

- Which emotions are you uncomfortable:
 - Talking about?
 - Hearing about?
- What steps can you take to overcome your discomfort?

SLIDES 54- 57

ACTIVITY: LECTURE. For lecture slides avoid reading verbatim from slide, instead paraphrase the slide and then ask if there are questions and comments from participants.

NOTE FOR SLIDE 56: Add the following details, and asks if anyone has questions:

- Moralizing – “You should,” “You shouldn’t,” “You must.”
- Downplaying – “Don’t worry about it, everything will be fine.” These comments are well-intentioned, but they tell the speaker their feelings are not important to you.
- Advising –
 - The person speaking may already know what to do.
 - They may need to talk to understand their own situation better before making a decision.
 - Most people don’t take advice even when they ask for it.
- Lecturing – talks down to the person, insinuates they matter less and know less than you.
- Partiality – We all have biases. Just be aware of them, and don’t let them interfere with acceptance of group members.
- Inappropriate Humor – Appropriate humor can lighten the group, but ill-timed or misused humor can feel abusive.

SLIDES 58 - 59

ACTIVITY: SMALL GROUP EXERCISE.

Participants get into groups of 3 or 4 and take a couple of minutes each to reflect on a personal experience with someone they’ve known who possessed good listening skills.

9 ADULT AND OLDER ADULT: MODULE 7

TOTAL TIME FOR MODULE: 75 Minutes

Learning Objectives: Participants will discuss how to deal with sensitive topics and difficult behaviors.

SLIDE 60

ACTIVITY 1

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SLIDES 61- 62

ACTIVITY: LECTURE. For lecture slides avoid reading verbatim from slide, instead paraphrase the slide and then ask is there are questions and comments from participants.

SLIDE 63

ACTIVITY: LECTURE. TRAINER reads or paraphrases what is written on slide, asks if anyone has questions. Materials Needed: Large POST-IT with "COMFORT ZONE", WARNING ZONE, and DANGER ZONE written

ACTIVITY: WHOLE GROUP. DANGER ZONE WORKSHEET:

- Define each of the zones by saying:
 - Comfort Zone – are things you feel comfortable with managing in a group
 - Warning Zone – are things you feel slightly uncomfortable or fearful managing in the group
 - Danger Zone – are things you feel like would require additional support to manage- you would try to get help for the group, or need to stop the group.
- TRAINER will write in the topics into each zone as participants are talking

SLIDE 64

ACTIVITY: VIDEO

- VIDEO LINK: Transactional Analysis 2: Games
<https://www.youtube.com/watch?v=YOqJ4sc9TAc>
- Presenter plays video by clicking on the link and then playing only the section of the video from 2:19 to 3:38.
- Before playing the video, the Presenter explains: Eric Berne wrote the book, Games People Play, to explain a theory of psychology and communication known as Transactional Analysis. In the Why Don't You Yes But game, a person appears to be simply asking for advice, but there is more going on under the surface.
- Materials Needed: Cards with DIFFICULT BEHAVIORS WRITTEN (page 19 in Trainer's Manual)

SLIDE 65

ACTIVITY: LECTURE. TRAINER lets audience read the slide and says: These are some examples of problems that come up in groups.

ACTIVITY: SMALL GROUP/ DYAD. TRAINER: Each group will be given 2-3 "Difficult Behaviors". For each behavior please come up with 3 strategies you would use in the group to address that difficult behavior. We will share back and discuss the strategies as a larger group". **GROUP DEBRIEF:** Allow each group to present their difficult behavior and strategies, and one by one discuss the strategies. Use the points in the Trainer's manual to help guide strategies.

ACTIVITY: WHOLE GROUP. ROLE PLAY

- Asks for 2 volunteers to act as the TRAINERS.
- Have those volunteers step out of the room.
- Assign a difficult behavior to 3 group members from the list. Invite the volunteers back into the room.
- Set the scenario by saying, "You will be leading the group through the check-in process for the group. By asking people to – 1) identify themselves with their name and pronoun and 2) asking about how their week was from the last group). Once the check-in is complete, you will take the group through a process of picking a topic of discussion for the day. "
- Stop the scenario after about 7 minutes.
- Debrief the group scenario with the TRAINERS and group members.

SLIDES 66 – 70

ACTIVITY: LECTURE. For lecture slides avoid reading verbatim from slide, instead paraphrase the slide and then ask if there are questions and comments from participants.

Allow participants to look at the list of disruptive behaviors on slide 67 for a few moments, then move on to slides 68 & 69 for ways to handle these situations.

MANAGING DIFFICULT BEHAVIORS

Silent Group Member

- Ask if anyone who hasn't spoken would like to
- Never pressure anyone to speak
- Ask the silent person how they're doing
 - Do this only if it feels right
 - Be gentle but direct
- Check in individually at break or after group

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Monopolizing Group Member

- Politely interrupt
 - To ask if others have thoughts on the topic
- Remind the group of the "Step Back" guideline
- Agree on a time limit for speaking
 - Ahead of time
 - To apply to everyone
- Talk with the person in private

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Side Conversations

- Politely interrupt the speaker who has the floor
- Ask the side conversation speakers if they are okay
 - Only if something seems urgent or upsetting
- Ask them to let the main speaker finish
- Ask the main speaker how they felt about a side conversation going on
- Remind the group of guidelines

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Lecturing Group Member

- Observe that they are sharing facts
 - Ask if the facts have personal meaning
- Ask how they FEEL about the topic
 - "I feel you're wrong" is an opinion, not a feeling
- Politely interrupt
 - Thank them for their contribution
 - Ask others to respond

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Difficult Behaviors

FISHBOWL EXERCISE

- Silent Group Member
- Monopolizing Group Member
- Side Conversation
- Lecturing Group Member
- Melodramatic Group Member

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Melodramatic Group Member

- Stay calm, yourself
- Observe the group; do others look upset? Bored?
- Help the person focus on one issue at a time
- Break the problem down into manageable parts
- Validate and empathize, then move on
- Ask other members to share

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"Yes But" Group Member

- Avoid advice giving
- Ask open-ended questions
- Remind group members to do the same

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10 ADULT AND OLDER ADULT: MODULE 8

TOTAL TIME FOR MODULE: 50 MINUTES

Learning Objectives: Participants will learn ways of working with a co-facilitator, and potential problems that can occur in support groups.

SLIDE 71

ACTIVITY 1

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SLIDES 72 – 77

ACTIVITY: LECTURE. For lecture slides avoid reading verbatim from slide, instead paraphrase the slide and then ask is there are questions and comments from participants.

SLIDE 78

ACTIVITY: VIDEO. Trainer plays video by clicking on the link. Ask for comments.

- VIDEO LINK: You vs I Statements <https://www.youtube.com/watch?v=Kj4ZZ3-6GCQ>

SLIDE 79

ACTIVITY: LECTURE. For lecture slides avoid reading verbatim from slide, instead paraphrase the slide and then ask is there are questions and comments from participants.

SLIDE 80

ACTIVITY: SMALL GROUP ROLE PLAY

- Participants get into groups of 3.

- One person plays the person who is having a problem with their co-TRAINER, and is bringing it up for the first time. Choose from the list on the power point.
- The second plays the co-Trainer who did the problem behavior.
- The third person is not part of the role play, but silently observes.
- After a couple of minutes, the observer stops the role play and all three share how it felt.

DEBRIEF: Have the whole group share how it felt to be a part of the role play process and issues that were raised.

SLIDE 81

ACTIVITY: INDIVIDUAL CONFLICT STYLE ASSESSMENT

Materials Needed: CONFLICT STYLE ASSESSMENTS (page 60 in Trainer's Manual)

- The Trainer introduces the conflict style assessment by saying, "We are all going to take a brief quiz to assess our styles of conflict. Please answer the quiz as honestly as possible. There is no right or wrong conflict style, but by knowing your style of conflict it will help you better communicate with others as a TRAINER. To complete the assessment you will mark each statement with 1- for rarely; 2- for sometimes; 3- for often; or 4- for always"
- Give participants 5 minutes to complete the questions
- Pass out the scoring sheet and say, "We will now score our sheets together. To score for collaborating add up the numbers for questions 1, 5, 7. (pause) Next, we will score for competing by adding up the numbers on questions 4, 9, 12 (pause). Next, we will record the score for avoiding by adding up the numbers on 6, 10, and 15. Last, we will added up for accommodating by adding the numbers on 3, 11, 14 (pause) then compromising we will add up the numbers on 2, 8, 13. Now everyone take a few minutes to see which you have the highest scores in. Some people will have the highest score in one conflict style while others will have similar scores across conflict styles."
- **DEBRIEF:** What did you learn about yourself and how you respond to conflict? What are ways you might have to adapt your conflict style as a part of a facilitation team?

ACTIVITY: LECTURE: Read the graphic on Conflict Resolution Strategies and include:

- Address conflicts outside of group session
 - Be direct and respectful
 - Use the same listening skills you use in group
- If possible, avoid facilitating sessions together
 - Group members can sense conflict and tension
- Get help from the rest of your team

SLIDES 82 – 85

ACTIVITY: LECTURE. For lecture slides avoid reading verbatim from slide, instead paraphrase the slide and then ask if there are questions and comments from participants.

Sources for ADULT Training Materials

1. *Peer Group Facilitator Training Manual and Policy Guide*, Berkeley: Pacific Center for Human Growth, 2015.
2. *The Support Group Source Book*, by Linda L. Klein. New York: Wiley, 2000.
3. Age-Based Curriculum for adults and older adults created by Chantal Rohlfing, LCSW, for the Pacific Center for Human Growth, 2015.
4. *Games People Play*, by Eric Berne. New York: Dell, 1967. (Referenced in video Transactional Analysis 2.)
5. YouTube videos
 - a. National LGBT Health Summit 2012
<https://www.youtube.com/watch?v=Q2k73aXowil>
 - b. GLBT National Help Center
<https://www.youtube.com/watch?v=-LdJ2dfepiY>
 - c. Psychotherapy: Friends Helping Friends Episode 3
<https://www.youtube.com/watch?v=jLIBuSwiMc>
 - d. Confidentiality Matters
<https://www.youtube.com/watch?v=oKGtJE84wIQ>
 - e. DBS Alliance Support Group Facilitator Tips 6
<https://www.youtube.com/watch?v=De0wR9a7dbQ&list=PL683CED8F12DE456E&index=4>
 - f. Brene Brown on Empathy
<https://www.youtube.com/watch?v=1Ewngu369Jw>
 - g. Transactional Analysis 2: Games
<https://www.youtube.com/watch?v=YOqJ4sc9TAc>
 - h. You vs I Statements
<https://www.youtube.com/watch?v=Kj4ZZ3-6GCQ>

11 CHILDREN & TAY: TRAINING MODULE 1- THE BEGINNING

TOTAL TIME FOR MODULE: 80 MINUTES

MATERIALS: Projector, laptop, internet connection

SLIDE 1

INTRODUCTION: This slide is at the beginning of each module.

ICE-BREAKER ACTIVITY-10 minutes: These are light get-to-know-you activities that help participants feel comfortable. Ice Breakers should take no more than 10 minutes and are appropriate for all age groups. Ice-breakers should be completed before each module. A list of activities is provided in the Trainer's Manual page 48.

GROUP AGREEMENTS- 10 minutes: These are group norms set with the groups. Group Agreements should be provided and agreed upon by the group at the beginning of every training session and reviewed at the beginning of every training module. A list of Group Agreements is found in the Trainer's Manual page 50. Group agreements can be developed by:

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SLIDE 2

INTRODUCTION:

MATERIALS: Large Post-It paper, marker.

1. TRAINER LED: Read the following:

Goal: To help participants articulate why they would like to start a peer support for LGBTQI2S children, youth, adults or seniors.

2. TRAINER LED: Read the following:

Objectives: Participants will be able to:

- Create vision statement for peer support program
- Identify target population for peer support program
- Develop format of peer support program
- Create a mock flyer for your peer support group

3. TRAINER Lead: Ask participants what their goals and objectives are for being in the training. Record responses on Large Post-It Paper

4. Background: The need for specified LGBTQI2S (lesbian, gay, bisexual, trans*, queer, intersex, two spirit) services often arises in agencies, groups or projects as a means of ensuring this community feels a sense of safety in accessing services, resources or events. Leading these initiatives with the

support of members of the LGBTQI2S community is crucial to ensure messaging penetrates the target population. When possible, having these leaders reflect the age and racial/ethnic make-up of served the LGBTQI2S population served will significantly ease the process.

SLIDE 3

RISKS FOR LGBTQI2- S PEOPLE:

1. **PLAY VIDEO:** Link “LGBTQ Mental Illnesses”: 2:55 <https://youtube/2rOtKuRdIRE>
2. **TRAINER LED: Review Statistics¹**
 - LGBTQ youth 10 – 24 are 4 times as likely to attempt suicide and those questioning are 3 times as likely to attempt suicide
 - It is estimated 38% - 65% of transgender individuals experience suicidal ideation
 - Approximately 20% - 30% of LGBTQ people abuse substances compared to 9% of the heterosexual population and 25% abuse alcohol
 - LGBTQI2S people can experience oppression in the form of prejudice, discrimination and violence which contributes to mental health symptoms and substance use.
3. **WHOLE GROUP DISCUSSION:** What are examples in your life how mental health and substance use issues impact LGBTQI2S communities?

SLIDE 4

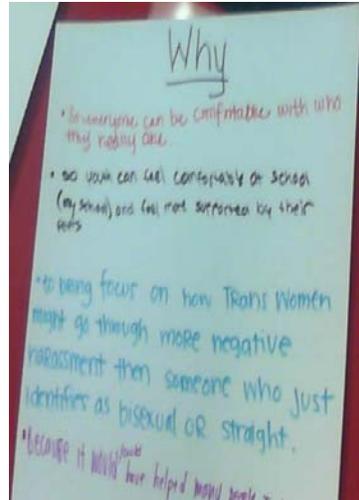
ACTIVITY: Who, What, When, Where, Why

MATERIALS: Materials: 5 large Post-It Papers- one with each word written on it “WHO”, “WHAT”, “WHEN”, “WHERE”, “WHY”, MODULE 1 RESOURCE, (page 27 in Trainer’s Manual), Markers

1. **TRAINER Lead:** Introduce group to the different types of peer support programs that can be created. (MODULE 1 RESOURCE). Encourage the groups to think of other peer support program models.
2. **Whole Group Activity:** Provide each participant with a marker and give them the following instructions: “Please fill out each panel as it applies to your group, agency, or project and the LGBTQI2S community. Be as specific as possible, for example for “Who” you might say something like ‘LGBTQI2S youth, ages 15 and under, from low income backgrounds living in West Oakland.’”

Examples:

¹ National Association of Mental Illness (NAMI), 2015 “LGBTQ”, <https://www.nami.org/Find-Support/LGBTQ>



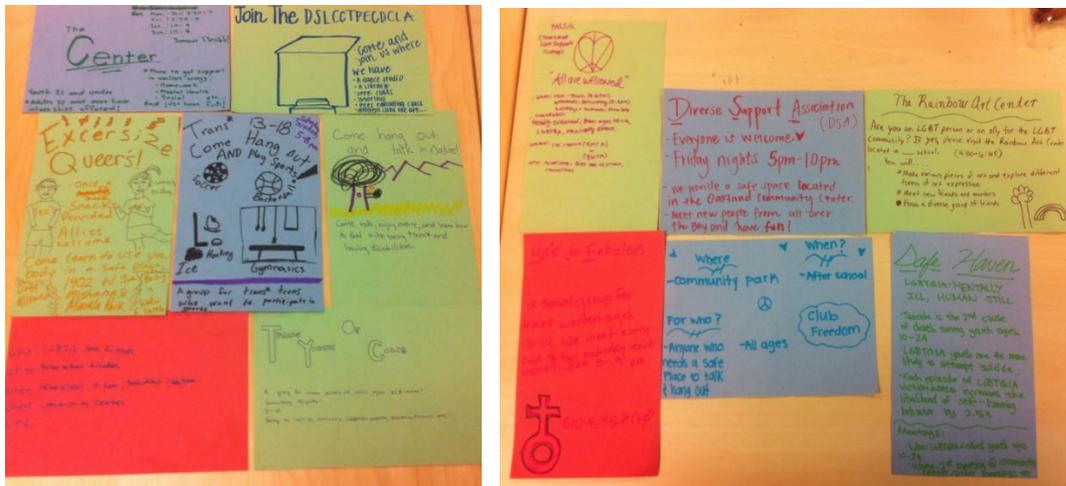
- 3. TRAINER Lead:** Once each person has added their information the TRAINER will ask questions to ensure the responses are as specific as possible for each group. Good questions are:
- How do you know this is a need?
 - Do you already have a way in to the community?
 - What kind of peer program would work within your agency, group, or project?
 - Has anything happened within your agency, group or project that would stop LGBTQI2S identified people from feeling welcomed?

SLIDE 5

ACTIVITY: CREATING A GROUP

- 1. Individual Activity:** Each person will create a mock flyer which would include: name of group, date, time, meeting schedule, and tagline to grab people’s attention.
- 2. Small Group Activity-** in small groups individuals will discuss the peer support program they created and show their flyer by answering the following questions:
 - Who is your target population?
 - Why do they need a peer support program?
 - What kind of peer support program would you design?
 - How are would you get people to attend your peer support program?
 - Where would you hold the peer support program?
 - When would you hold the peer support program?

Example:



- 3. Whole Group Activity:** Ask one person from each group to present their group idea to the whole group. Encourage participants to ask questions, and engage with presentation. Ensure each presenter gets a positive encouragement after presentation – snaps, applause, and positive comment feedback.

CLOSING:

- Conclude this module by saying, “These peer support programs are what we will keep in mind for the remainder of the training. At the end of the training you will have some time to come up with action steps for these peer support programs.”

MODULE 1 RESOURCE:

A. MODELS OF PEER PROGRAMS:

- **Peer Support Groups** provide a safe environment for the development of valued relationships of honesty, openness, caring and hope from peers who are struggling and succeeding with similar challenges. Peer support groups are a primary tool for individuals to receive help overcoming their own internalized homophobia in addition to helping others. These groups help LGBTQ individuals develop full identities no longer crippled by shame by diminishing the toxic effects of internalized homophobia and heterosexism and recovering their health. They also join others in a social network of support. The groups cover a wide range of topics and are tailored to the needs of specific groups. For example, there is a Transgender Support Group, a Bi Women's Group, a Partners of Trans and Gender Variant Folk Group, a Married/Once Married Men's Group, and Senior Support Groups. All TRAINER'S are trained volunteers and are peers to the other members of their group.
- **Peer Leader/ Champion** programs help support natural or selected ambassadors within the community to provide peer support to participants. The role of the ambassador could include developing events targeted at LGBTQI2S community, advising the agency, program or project leadership on how to engage with the LGBTQI2S community, providing 1-to-1 peer counseling to members of the community.
- **Peer Advisory Board/ Task Force** programs help support the overall agency, program or project to include the needs of LGBTQI2S community at every level. These groups are often convened regularly and can have decision making power, access to leadership within the agency, program or project, and be a part of the overall governance.

B. REASONS FOR PEER SUPPORT²

- Emotional Support
 - To feel less alone and isolated
 - To feel validated by others who have similar situations and perspectives
 - Form linkages and friendships with others
 - Being the recipient of positive regard of others
 - To provide help and positive regard for others.
- Sharing of information
 - Community resources, coping mechanism
 - Golden Rule: *Group members need our support and affirmation not our advice, problem solving, or direction.*

² Adapted with permission from the Pacific Center for Human Growth Peer Support Group Leader Manual

12 TRAINING MODULE 2 – HELPING SKILLS 101

TOTAL TIME FOR MODULE: 75 Minutes

SLIDE 7

INTRODUCTION

ICE-BREAKER ACTIVITY-10 minutes: These are light get-to-know-you activities that help participants feel comfortable. Ice Breakers should take no more than 10 minutes and are appropriate for all age groups. Ice-breakers should be completed before each module. A list of activities is provided in the Trainer’s Manual page 48.

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- B. Providing a list of agreements everyone can commit to doing.

SLIDE 8

INTRODUCTION

1. **LEADER FACILITATED:** Read the following:

Goal: To help participants develop basic “helping” skills.

2. **LEADER FACILITATED:** Read the following:

Objectives: Participants will be able to:

- Practice active listening and giving empathetic responses.
- Receive feedback from their peers regarding active listening and empathetic responses skills.

3. **LEADER FACILITATED:** Ask group members what other goals and objectives they might have about being a good peer leader. Record responses on Post-it paper.

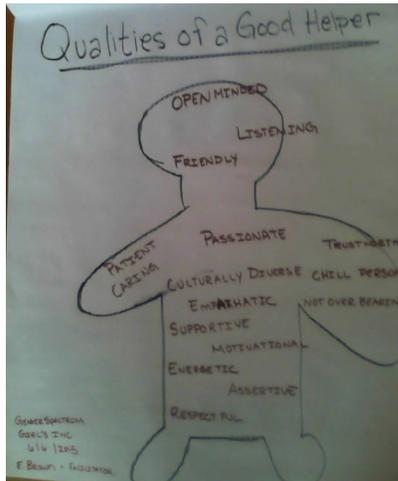
SLIDE 9

ACTIVITY

MATERIALS: construction paper, markers, MODULE 2 Resource (Trainer’s Manual, page 31)

1. **SMALL GROUP ACTIVITY:** Split the group in half and give each group a piece of paper.

2. Ask the group to draw a simple outline of a person. Example:  Tell each group, “Please write the **“Qualities of a Good Helper”** inside the person’s body.”
3. **LEADER FACILITATED:** Have each group share their qualities with the whole group. Record their responses on large Post-It paper. Be sure to make sure you add in any qualities missing from the “8 Skills of a Peer Leader Resource”
4. **Example:**



OPTIONAL VIDEOS:

ADULT: 5:05, William Way Center, 2013, “LGBTQ Peer counseling” <https://youtu.be/VUwUml6mo2U>

YOUTH: 2:59 GLBT National Help Center, 2014 “GLBT National Help Center: HELPING”
<https://youtu.be/-LdJ2dfepiY>

SLIDE 10

ACTIVITY

MATERIALS: Scenario Cards (APPENDIX A, page 52)

1. **DIAD ACTIVITY:** Put participants into pairs. Give each pair a Scenario Card to act out. Give the groups 5 minutes of prep time to practice the scenarios. Encourage the group to have fun and stick to the key issues! Each group will present the scenario to whole group. After each scene is acted out ask the whole group one or more of the following questions:
 - a. What were the main issues present in the scenario?
 - b. How did you see people in the scene displaying skills of a good helper?
2. **DIAD ACTIVITY:** Keep the group in same pairs. Each person in the pair will have 3 minutes to tell a story for the week. As the talker is sharing their story the listener is only allowed to provide non-verbal cues. Once the talker is complete the listener will identify 3 key aspects of their story and ask 1 open-ended question. Then they will switch.

SLIDE 11

ACTIVITY

- **WHOLE GROUP ACTIVITY:** Debrief the activity with the whole group by asking the following questions
 - What did you learn about your partner?
 - How did it feel to be a listener?
 - How did it feel to be the talker?
 - What was hard about sharing?
 - What was hard about listening?
 - What did your partner do to help you feel like they were listening?

SLIDE 12

ACTIVITY:

MATERIALS: Index Cards (10 per person)

- **WHOLE GROUP ACTIVITY:** Pass out 10 index cards to each person. Tell the group, “You will be creating an ‘Empathy Deck’ the group will generate a list of potential empathetic responses you may give as a peer leader. The responses can be words, body language, gestures or anything else you think would make you a good helper. If you are having trouble coming up with ten cards, you will have an opportunity to hear other’s responses and add the ones you like to your deck. To get started, think about things people could do for you to help you when you are having a hard time.”
- **NOTE:** The idea of “giving advice” frequently comes up as an empathetic response. It is here we talk about the difference between “advice” and “thoughtful feedback”. Advice usually involves you telling something you would do according to YOUR experience, while thoughtful feedback supports your peer in coming up with SOLUTIONS from THEIR experience:
Example:
 - **ADVICE:** You should stop talking to that friend because he doesn’t care about you.
 - **THOUGHTFUL FEEDBACK:** What could you do to have more positive relationship with your friend? I think you deserve to always be treated with respect.
- **WHOLE GROUP ACTIVITY:** Have the whole group form a circle with their “empathy deck”. Going clockwise the person will look at the next person and complete the sentence, “I will show you empathy by...” (Using one of the actions from their empathy deck). Then the next person will go until the circle is complete. Then the circle will go counterclockwise and each person will complete the circle by completing the sentence, “You can show me empathy by...”

SLIDE 13

CLOSING:

End the group by encouraging participants to use their Empathy Deck and growing it over time. Pass out the “8 Skills of Peer Leader” resource sheet from page 31 in the Trainer’s Manual.

MODULE 2: RESOURCE

8 SKILLS OF A PEER LEADER³

1. Being non-judgmental. Keep your opinions and judgments of others private. We all have them, but it is necessary to restrain them as a TRAINER so you can help to create a safe environment for the group. Recognize judgmental statements. Stay aware of your body language including facial expressions. Don't cross your arms, roll your eyes, grimace, etc. Instead, lean in towards the person speaking, nod your head, etc.
2. Verbalizing empathy. Empathy is the ability to understand another person's experiences from their perspective. Paraphrase what the person just said. Validate feelings.
3. Listening with empathy: Really hearing and paying close attention to what the person is saying so that you can better understand what she or he is feeling and thinking. Use open body language. Lean in a bit. Don't cross your arms and don't fidget. Make your body look interested.
4. Making eye contact. Don't stare the person down, but maintain a steady, comfortable level of eye contact. Understand that there may be cultural differences with regard to eye contact.
5. Making behavioral observations, not interpretations: Stick to things that are directly observable. Don't analyze or provide interpretation.
6. Asking open-ended questions. Open-ended questions lead to conversation and discussion, while closed ones provide you with specific bits of information. Limit closed-ended questions to a minimum. They usually are questions that can be answered with yes/no. Ask questions that begin with WHAT and HOW.
7. Exploring emotions. It's important to encourage group members to explore their feelings. While we don't want to pressure someone into doing this by constantly asking "feelings" questions, it's important to get to the emotions behind the thoughts and situations because this is when words can really help.
8. Avoid giving advice. Advice is usually not taken by people even when they ask for it. It is far more effective and empowering to help the person realize his or her own solution. 99% of the time, they already know what they need to do. They just simply need to talk about the situation and their feelings. When you're asked for advice, turn the question back to the group or the person.

³ Adapted with permission from Pacific Center for Human Development, (2014) "Peer Group Leader Training Manual".

13 TRAINING MODULE 3 – GENDERING

TOTAL TIME FOR MODULE: 45 minutes

SLIDE 14

INTRODUCTION

ICE-BREAKER ACTIVITY-10 minutes: These are light get-to-know-you activities that help participants feel comfortable. Ice Breakers should take no more than 10 minutes and are appropriate for all age groups. Ice-breakers should be completed before each module. A list of activities is provided in the Trainer’s Manual, page 48.

GROUP AGREEMENTS- 10 minutes: These are group norms set with the groups. Group Agreements should be provided and agreed upon by the group at the beginning of every training session and reviewed at the beginning of every training module. A list of Group Agreements is found in the Trainer’s Manual page 50. Group agreements can be developed by:

- A. Having the group identify things they need to feel “safe” during the training or
- B. Providing a list of agreements everyone can commit to doing.

SLIDE 15

INTRODUCTION

LEADER FACILITATED: Read the following:

Goal: To expand participants understanding of gender beyond the binary of male and female.

LEADER FACILITATED: Read the following:

Objectives: Participants will be able to:

- Explore their gender identity, roles, expression and the impact of other’s perceptions of those identities, roles and expressions.
- Identify specific needs of Trans* individuals and how to support Trans* as peer leader.

LEADER FACILITATED: Ask group members what other goals and objectives they might have about being a good peer leader. Record responses on Post-it paper.

SLIDE 16

ACTIVITY: Gender Collage⁴

MATERIALS: Old magazines, glue, tape, markers, scissors, construction paper

⁴ Adapted with permission from Brown, E. “Gender Collage”

1. **INDIVIDUAL ACTIVITY:** Each person will be asked to make a gender collage using the materials provided. Encourage individuals to use a collage with more pictures than words. The collage will be a response to the following questions:
 - a. What would you name your gender?
 - b. What do you like about your gender?
 - c. What is hard about being your gender?
 - d. How is your gender impacted by race/ethnicity, class, language, etc.?

2. **DYAD ACTIVITY:** Break the room into pairs. In pairs each person will share 1 or 2 things about their collage. Each pair will then be matched with another pair and each person will share 1 additional thing from their collage.

SLIDE 17 ACTIVITY

MATERIALS: Large Post-it paper, markers

WHOLE GROUP ACTIVITY: As a group you will develop a list of “gender terms”. As the list is being developed any terms people don’t know will be provided with a definition.

OPTIONAL VIDEOS:

Yahoo! News, *The new face of transgender youth*. <https://screen.yahoo.com/face-transgender-youth-092618953.html>

Janet Mock, 2014, Janet Mock on ‘passing’ and redefining realness. <https://youtu.be/kmqi3LaTef4>

Two Spirits, 2009, *two spirits, sexuality, gender, and the murder of Fred Martinez*. <http://www.imdb.com/video/imdb/vi1540620825>

Tiffany Gibson, 2011. *Transmen documentary part 1*. <https://youtu.be/vgH404pesxw>

CHJTNyc 2014. *5 things you should know about being genderqueer*. <https://youtu.be/4hU5Ebu29CQ>

SLIDE 18 CLOSING 1

MATERIALS: MODULE 3 RESOURCE (page 35 in Trainer’s Manual), GENDER UNICORN (APPENDIX F, page 59)

1. Pass out MODULE 3 RESOURCE “UNDERSTANDING GENDER” and GENDER UNICORN.
2. Ask the group the following questions:
 - How would define gender identity?
 - How would you define gender expression
 - How do gender identity and expression impact perceptions of people of gender?

- How can you create a peer support program that supports gender diversity?
- Why is it important to discuss gender identity separate from sexual orientation?

SLIDE 19

CLOSING 2

- **Leader Facilitated:** Leader will ask if there are any final questions about gender identity or expression.

MODULE 3 – RESOURCES

UNDERSTANDING GENDER⁵

For many people, the terms “gender” and “sex” are used interchangeably and thus incorrectly. This idea has become so common, particularly in western societies, that it is rarely questioned. We are born, assigned a sex, and sent out into the world. For many people, this is cause for little, if any dissonance. Yet biological sex and gender are different; gender is not inherently nor solely connected to one’s physical anatomy.

Biological Gender (sex) includes physical attributes such as external genitalia, sex chromosomes, gonads, sex hormones, and internal reproductive structures. At birth, it is used to assign sex, that is, to identify individuals as male or female. *Gender* on the other hand is far more complicated. It is the complex interrelationship between an individual’s sex (gender biology), one’s internal sense of self as male, female, both or neither (gender identity) as well as one’s outward presentations and behaviors (gender expression) related to that perception, including their gender role. Together, the intersection of these three dimensions produces one’s authentic sense of gender, both in how people experience their own gender as well as how others perceive it.

The Gender Spectrum

Western culture has come to view gender as a binary concept, with two rigidly fixed options: male or female, both grounded in a person’s physical anatomy. When a child is born, a quick glance between the legs determines the gender label that the child will carry for life. But even if gender is to be restricted to basic biology, a binary concept still fails to capture the rich variation that exists. Rather than just two distinct boxes, biological gender occurs across a continuum of possibilities. This spectrum of anatomical variations by itself should be enough to disregard the simplistic notions of a binary gender system.

But beyond anatomy, there are multiple domains defining gender. In turn, these domains can be independently characterized across a range of possibilities. Instead of the static, binary model produced through a solely physical understanding of gender, a far richer tapestry of biology, gender expression, and gender identity intersect in a multidimensional array of possibilities. Quite simply, the gender spectrum represents a more nuanced, and ultimately truly authentic model of human gender.

Falling Into Line

Gender is all around us. Like water surrounding creatures in the sea, we are often unaware of its ever-present nature. Gender is actually taught to us from the moment we are born. Gender expectations and messages bombard us constantly. Upbringing, culture, peers, schools, community, media, and religion

⁵ Gender Spectrum, 205. *Understanding gender*. <https://www.genderspectrum.org/quick-links/understanding-gender/>

are some of the many influences that shape our understanding of this core aspect of self. How you learned and interacted with gender as a young child directly influences how you view the world today. Gendered interactions between parent and child begin as soon as the sex of the baby is known. In short, many aspects of gender are socially constructed, particularly with regard to gender expression.

Like other social constructs, gender is closely monitored and reinforced by society. Practically everything in society is assigned a gender—toys, colors, clothes and behaviors are just some of the more obvious examples. Through a combination of social conditioning and personal preference, by age three most children prefer activities and exhibit behaviors typically associated with their sex. Accepted social gender roles and expectations are so entrenched in our culture that most people cannot imagine any other way. As a result, individuals fitting neatly into these expectations rarely if ever question what gender really means. They have never had to, because the system has worked for them.

About Gender-expansiveness

“Gender-expansive” is an umbrella term used for individuals that broaden commonly held definitions of gender, including its expression, associated identities, and/or other perceived gender norms, in one or more aspects of their life. These individuals expand the definition of gender through their own identity and/or expression. Some individuals do not identify with being either male or female; others identify as a blend of both, while still others identify with a gender, but express their gender in ways that differ from stereotypical presentations. A gender-expansive person’s preferences and self-expression may fall outside commonly understood gender norms within their own culture; or they may be aligned with them even as one’s internal gender identity doesn’t align with the sex assigned at birth.

This diversity of gender is a normal part of the human experience, across cultures and throughout history. Non- binary gender diversity exists all over the world, documented by countless historians and anthropologists. Examples of individuals living comfortably outside of typical male/female expectations and/or identities are found in every region of the globe. The calabai, and calalai of Indonesia, two-spirit Native Americans, and the hijra of India all represent more complex understandings of gender than allowed for by a simplistic binary model.

Further, what might be considered gender-expansive in one period of history may become gender normative in another. One need only examine trends related to men wearing earrings or women sporting tattoos to quickly see the malleability of social expectations about gender. Even the seemingly intractable “pink is for girls, blue is for boys” notions are relatively new. While there is some debate about the reasons why they reversed, what is well documented is that not until the mid-twentieth century were notions of pink for girls or blue for boys so firmly ensconced. You can make the case that “pink is the new blue!”

Gender and Privilege

When someone is “typically gendered,” they benefit from gender privilege. For individuals whose biological sex, gender expression, and gender identity neatly align, often referred to as “cisgender,” there is a level of congruence as they encounter the world around them. Like many forms of social privilege, this is frequently an unexamined aspect of their lives. Forms they fill out, the clothing stores in which they shop, or identification papers they carry bring few if any second thoughts. Yet for a transgender or otherwise gender-expansive person, each of these, and many more examples, is a constant reminder that they move about in a culture that really does not account for their own experience. Social privilege comes from an assumption that one’s own perspective is universal; whether related to race, or language, or gender, privilege comes from being part of the “norm.” Or, as Dorothy Soelle aptly described it: Privilege is being able to choose what you will not see.

To understand this more intuitively, think about the last time you were in a public setting and needed to use a restroom. For cisgender individuals, this rarely presents a problem or question (issues of cleanliness notwithstanding!). Yet for an individual who does not fit into narrowly defined expectations of gender presentation or identity, restroom use can present a whole host of challenges, sometimes even becoming a matter of life and death. The daily need to make judgments about what one does, or wears, or says based on other people’s perceptions of their gender is a burden that many people never encounter. These everyday reminders of being different are also constant reinforcement of being “other”.

Gender Terminology

Given the complexity of gender, it is not surprising that an increasing number of terms and phrases are developing to describe it. Below are some of the key terms you might encounter:

Biological/Anatomical Sex. The physical structure of one’s reproductive organs that is used to assign sex at birth. Biological sex is determined by chromosomes (XX for females; XY for males); hormones (estrogen/progesterone for females, testosterone for males); and internal and external genitalia (vulva, clitoris, vagina for assigned females, penis and testicles for assigned males). Given the potential variation in all of these, biological sex must be seen as a spectrum or range of possibilities rather than a binary set of two options.

Gender Identity. One’s innermost concept of self as male or female or both or neither—how individuals perceive themselves and what they call themselves. One’s gender identity can be the same or different than the sex assigned at birth. Individuals are conscious of this between the ages 18 months and 3 years. Most people develop a gender identity that matches their biological sex. For some, however, their gender identity is different from their biological or assigned sex. Some of these individuals choose to socially, hormonally and/or surgically change their sex to more fully match their gender identity.

Gender Expression. Refers to the ways in which people externally communicate their gender identity to others through behavior, clothing, haircut, voice, and other forms of presentation. Gender expression also works the other way as people assign gender to others based on their appearance, mannerisms, and other gendered characteristics. Sometimes, transgender people seek to match their physical expression with their gender identity, rather than their birth-assigned sex. Gender expression should not be viewed as an indication of sexual orientation.

Gender Role. This is the set of roles, activities, expectations and behaviors assigned to females and males by society. Our culture recognizes two basic gender roles: Masculine (having the qualities attributed to males) and feminine (having the qualities attributed to females). People who step out of their socially assigned gender roles are sometimes referred to as transgender. Other cultures have three or more gender roles.

Transgender. Sometimes used as an umbrella to describe anyone whose identity or behavior falls outside of stereotypical gender norms. More narrowly defined, it refers to an individual whose gender identity does not match their assigned birth gender. Being transgender does not imply any specific sexual orientation (attraction to people of a specific gender.) Therefore, transgender people may additionally identify with a variety of other sexual identities as well.

Sexual Orientation. Term that refers to being romantically or sexually attracted to people of a specific gender. Our sexual orientation and our gender identity are separate, distinct parts of our overall identity. Although a child may not yet be aware of their sexual orientation, they usually have a strong sense of their gender identity.

Gender Normative/Cisgender. Refers to people whose sex assignment at birth corresponds to their gender identity and expression.

Gender Fluidity. Gender fluidity conveys a wider, more flexible range of gender expression, with interests and behaviors that may even change from day to day. Gender fluid children do not feel confined by restrictive boundaries of stereotypical expectations of girls or boys. In other words, a child may feel they are a girl some days and a boy on others, or possibly feel that neither term describes them accurately.

Conclusion

Perhaps the most fundamental aspect of a person's identity, gender deeply influences every part of one's life. In a society where this crucial aspect of self has been so narrowly defined and rigidly enforced, individuals who exist outside its norms face innumerable challenges. Even those who vary only slightly from the norm can become targets of disapproval. Yet this does not have to be the case forever. Through a thoughtful consideration of the uniqueness and validity of every person's experiences of self, we can develop greater acceptance for all. Not only will this create greater inclusion for individuals who

challenge the norms of gender, it will actually create space for all individuals to more fully explore and celebrate who they are.

14 CHILDREN TAY: TRAINING MODULE 4- WHAT ABOUT MENTAL HEALTH?

SLIDE 20

TIME FOR THIS MODULE: 60 Minutes

INTRODUCTION 1:

ICE-BREAKER ACTIVITY-These are light get-to-know-you activities that help participants feel comfortable. Ice Breakers should take no more than 10 minutes and are appropriate for all age groups. Ice-breakers should be completed before each module. A list of and descriptions of ice-breaker activities are provided in the Trainer’s Manual page 48

GROUP AGREEMENTS- These are specific behaviors the groups agree to adhere to during the training. Group Agreements should be developed at the beginning of every training session and reviewed at the beginning of every training module. Group agreements can be developed by:

- A. Having the group identify things they need to feel “safe” during the training or
- B. Providing a list of agreements everyone can commit to doing

A list of Group Guidelines is found in the Trainer’s Manual page 50.

SLIDE 21

INTRODUCTION

LEADER FACILITATED: Read the following:

Goal: To give participants tools to help them better support youth showing mental health symptoms.

LEADER FACILITATED: Read the following:

Objectives: Participants will be able to

- Assess comfort level of dealing with common problems identified by their peers.
- Identify warning signs of a mental health crisis with their peers.
- Use skills to support peers to identify pathways to formal mental health support.
-

LEADER FACILITATED: Ask group members what other goals and objectives they might have about being a good peer leader. Record responses on Post-it paper.

SLIDE 22

ACTIVITY: DEEP WATER

1. Introduce the DEEP WATERS worksheet (Appendix B, page 53) by saying, “The DEEP WATERS worksheet is asking with which topics you feel most comfortable (COMFORT ZONE) or least

comfortable (DANGER ZONE) discussing with your peers, either one-to-one or in a group. For “DANGER ZONE” topics think about things you would consider telling an adult about. These levels are personal, and there is nothing you ‘should be’ talking about with your peers. Examples of topics include: dating, sex, issues with parents, gender identity issues, etc.”

2. Each participant will fill out the DEEP WATER worksheet on their own.
3. The group will then fill out the DEEP WATER sheet together. As the group identifies things they feel comfortable and not comfortable handling, you should ask “Why do you feel comfortable with that?” and “Is there any part of the situation you would NOT be comfortable with handling?” At this point it is okay to suggest putting things that fall into the following topics into the “DANGER ZONE”:
 - Child Abuse
 - Teen Dating Violence
 - Sexual Exploitation
 - Suicidal thoughts
 - Self-Harm

SLIDE 23

PEER MENTAL HEALTH SUPPORT

MATERIALS: MENTAL HEALTH FIRST AID ACTION PLAN (Appendix C, page 54), FIRST AID FOR EMOTIONAL TRAUMA handout (Appendix D, page 55), Scenarios for Mental Health Action Plans, (page 43 in Trainer’s Manual), pencils

1. **FACILITATOR LEAD:** Pass out the MENTAL HEALTH FIRST AID ACTION PLAN, & FIRST AID FOR EMOTIONAL TRAUMA handouts . Review each of the documents with the group check for understanding of the following terminology:
 - a. Trauma
 - b. Therapy
 - c. Mental Health
 - d. Triggers
2. **SMALL GROUP ACTIVITY:** Have the participants form groups of 3 or 4 people. Give each group 3 scenarios to discuss. Have each group come up with an action plan for each scenario. (Scenarios – Module 4 Resources).

SLIDE 24

MENTAL HEALTH RESOURCES

1. **FACILITATOR LEAD:** Have the group generate a list of Mental Health resources easily accessible by. The resource list could be individuals, places youth would go and hotlines. Youth can use their phone to look-up additional resources if needed. Write responses on post-it notes. Introduce youth to following resources:
 - Alameda County Social Services Agency. *Caring For Alameda County LGBTQ Children and Youth*
 - GLBT National Help Center <http://www.glbthotline.org/>

SLIDE 25
CLOSING

DEBRIEF: Why do you think it might be hard for LGBTQI2S youth to access mental health support?
How can peer support help reduce mental health symptoms?

MODULE 4- RESOURCES

SCENARIOS FOR MENTAL HEALTH ACTION PLANS

SCENARIO 1

Kim is a 12-year-old girl who recently moved to the area, just in time to start a new middle school. She has struggled to fit in and establish close friends, although she is generally an outgoing, happy young girl. Lately, she seems moody and you notice that she's not trying as hard to make new friendships. Even her appearance seems a little off—like she's not paying as much attention to her wardrobe or her hair. In group one day she starts talking about how she hates herself for being a lesbian, and just wants to die.

SCENARIO 2

Kami is a 14- year-old Trans* person who identifies as female. Kami doesn't have a lot of friends, often seems to struggle to find people to sit with at lunch and is picked on by Fred, a boy who likes to make a public display of his comments. In group Kami starts talking about how uncomfortable Fred makes her feel, and says he even followed her home one day.

SCENARIO 3

Jandell is a 15-year-old boy that you've known for years. He starts attending the LGBTQ peer support group and expresses he is afraid to come out to his family. Jandell attends the group for several months and one day he comes in with a bruise on his arm. In the group he says his dad got "really upset" and threatened to kick him out of the house if he is really a "faggot".

15 CHILDREN AND TAY TRAINING MODULE 5 – LET’S TALK ABOUT IT

SLIDE 26

TIME: 45 Minutes

INTRODUCTION:

ICE-BREAKER ACTIVITY-10 minutes: These are light get-to-know-you activities that help participants feel comfortable. Ice Breakers should take no more than 10 minutes and are appropriate for all age groups. Ice-breakers should be completed before each module. A list of activities is provided in the Trainer’s Manual page 48.

GROUP AGREEMENTS- 10 minutes: These are group norms set with the groups. Group Agreements should be provided and agreed upon by the group at the beginning of every training session and reviewed at the beginning of every training module. A list of Group Agreements is found in the Trainer’s Manual page 50. Group agreements can be developed by:

- A. Having the group identify things they need to feel “safe” during the training or
- B. Providing a list of agreements everyone can commit to doing.

SLIDE 27

INTRODUCTION:

- **LEADER FACILITATED:** Read the following:
Goal: To help participants develop more accurate and positive relationship and sexual health knowledge.
- **LEADER FACILITATED:** Read the following:
Objectives: Participants will be able to
 - Identify and describe elements to a healthy relationship
 - Use a process to help guide their peers in making healthy choices about engaging in sexual activity
- **LEADER FACILITATED:** Ask group members what other goals and objectives they might have about being a good peer leader. Record responses on Post-it paper.

SLIDE 28

ACTIVITY:

MATERIALS: Small post-its, pens, bucket or bag

- 1) **WHOLE GROUP ACTIVITY:** Introduce the activity by saying, “You will have the opportunity to show off your knowledge and skills in supporting with relationship and sexual health information. To start I need you all to think about questions you have, friends have had, or questions you can imagine a person having, about queer relationships and sexual health. Each person will need to write down three questions. The questions will be anonymous. I will read each question out loud. Then ask for 3

people to provide information about the question. Remember we are not giving advice, but helping people with factual information and making their own decisions.”

- (a) Each participant will be given small post-it notes. Post-its will be collected in the bucket.
- (b) When a question is pulled participants will have an opportunity to respond. Remind participants about the 8 Skills of Peer Support when responding.
- (c) The TRAINER will offer a response, making sure to correct factual information, i.e. yes girls who sleep with girls can get STI's, or harmful behavior, i.e. if someone is calling multiple times a day it make be a warning sign for controlling behavior.

2) **WHOLE GROUP ACTIVITY (TAY YOUTH ONLY): Alternative Activity- Play Trans* Sexual Health Videos.** The series of videos provides sexual health information tailored for LGBTQI2S youth. While videos are playing have participants right down questions or reactions. After each video open it up for discussion. Sample discussion questions:

- What was your experience of learning about sexual health information relevant to LGBTQI2S identities?
- Where did you learn about LGBTQI2S relationships?
- What ways would LGBTQI2S relationships may differ from heteronormative relationships?
- Where would advise someone to go to get accurate LGBTQI2S sexual health information?
- **EPISODES⁶:**
 - EPISODE 1: INTRODUCTION <https://youtu.be/CPFTniRNesk>
 - EPISODE 2: LANGUAGE <https://youtu.be/4MkWUvCqZP8>
 - EPISODE 3: BODY PARTS <https://youtu.be/8DVYF5xBnMQ>
 - EPISODE 4: STIs <https://youtu.be/uth1HbOpLkQ>
 - EPISODE 5: BARRIERS <https://youtu.be/t4R5zzWMQ4A>
 - EPISODE 6: GENDER DYSPHORIA <https://youtu.be/f7VwEwiUaHI>

SLIDE 29 CLOSING

DEBRIEF- What did you learn from this activity? How is your confidence level in being able to support LGBTQI2S peers?

⁶ CUBOULDERHEALTH (2013). *Trans* Sexual Health*.

16 CHILDREN AND TAY: TRAINING MODULE 6- READY, SET, GO!

TOTAL TIME FOR MODULE: 35 Minutes

SLIDE 30

INTRODUCTION: ICE-BREAKER ACTIVITY & GROUP AGREEMENTS

ICE-BREAKER ACTIVITY-10 minutes: These are light get-to-know-you activities that help participants feel comfortable. Ice Breakers should take no more than 10 minutes and are appropriate for all age groups. Ice-breakers should be completed before each module. A list of activities is provided in the Trainer's Manual page 48.

GROUP AGREEMENTS- 10 minutes: These are group norms set with the groups. Group Agreements should be provided and agreed upon by the group at the beginning of every training session and reviewed at the beginning of every training module. A list of Group Agreements is found in the Trainer's Manual page 50. Group agreements can be developed by:

- A. Having the group identify things they need to feel "safe" during the training or

Providing a list of agreements everyone can commit to doing.

SLIDE 31

INTRODUCTION:

LEADER FACILITATED: Read the following:

Goal: To help participants decide on strategic plan to start or continue their peer support program.

LEADER FACILITATED: Read the following:

Objectives: Participants will be able to decide on next steps to start or keep their peer support program thriving.

LEADER FACILITATED: Ask group members what other goals and objectives they might have about being a good peer leader. Record responses on Post-it paper.

SLIDE 32

MATERIALS NEEDED: START-UP PLAN Handout (Page 49 in Trainer's Manual)

ACTIVITY:

- 1) **INDIVIDUAL ACTIVITY:** Introduce the PEER SUPPORT PROGRAM START-UP SHEET to the group by saying, "We are now going to talk about strategic ways to help you start or boost your peer support program. Individually each of you is going to fill out the 'START-UP' worksheet. For those already participating in peer support programs you can follow along while thinking about how to improve one thing about your peer support program. Once you individually complete your sheets you will be put into groups according to type of peer support program. In groups you will be able to support each other with creative ideas."

2) SMALL GROUP ACTIVITY: Ask the participants to group themselves according to type of peer support program. In groups each person will a) introduce their group and b) ask for feedback from their peers about getting the group started (or increasing participation). Participants may choose from the following list:

- Advocacy/ Advisory Council
- Peer Support Group
- Peer Leadership Program
- Social/Recreational Group

3) WHOLE GROUP ACTIVITY: Have groups identify steps they would take to launch their peer support program? Write responses on large post-it paper? Some good questions are:

- Who would you talk to first?
- How would you get a space?
- How would advertise to participants?
- What might be some safety risks?

SLIDE 33

CLOSING: Debrief: How prepared do you feel to start your peer support program? What are some lingering questions or concerns? Who can support you with starting and maintaining the peer support program?

SUGGESTIONS FOR TRAINING REVIEW:

If the training is given the suggested 2- Day format add an additional 10 – 15 Minutes to review the training

1. DELTA/PLUS: put up one large Post-It Sheet that says DELTA (CHANGE) and PLUS (GOOD THINGS): Lead group by asking what would be changes they would have made to the training and what was good about the training.
2. SUMMARIES: Groups break into groups with 2 -3 training topics each. Ask each group to present 3-5 bullet points for the topic..
3. PRE/POST TEST: The training has a pre/post-test attached you can give out at the beginning and end of training.

MODULE 6 – RESOURCES

ICE BREAKERS

- **IN-COMMON** – Divide the room into groups of 3. Each group gets 5 minutes to see what the three members have in common. The group of 3 will then join another group of 3 to see what the 6 people could have in common. Finally, the whole group will see if there is something they all have in common.
- **FEARS AND ACCOMPLISHMENTS** – Hand out small pieces of paper to the groups. Have each group member write down 1 or 2 fears they have. Next have them write down 1 – 2 accomplishments. Put all the pieces of paper in a bucket. The TRAINER will read out one piece of paper at a time. Have group members raise their hand if they resonate with that “fear” or “accomplishment”.
- **POSITIVITY CIRCLE** - Have the group stand in a circle. Each person will be instructed to think of one positive thing to share with the person to their left. The positive comment can be a word of encouragement or a positive moment from their day.
- **MOVE-IT**- This ice breaker requires music. Instruct people that when the music starts they are to move around the room and when the music stops they will find a partner and share one thing from their week. The music will start again and then they will find a new partner. You can do about three rounds of this.
- **QUESTION WEB**- You need to have a spool of string or wool for this game. Ask the young people to stand in a circle. Hold on to the end of the string and throw the ball/spool to one of the young people to catch. They then choose a question from 1-20 to answer. A list of 20 sample questions is given below. Adapt for your group. Holding the string they then throw it to another member of the group. Eventually this creates a web as well as learning some interesting things about each other! At the end of the game you could comment that we all played a part in creating this unique web and if one person was gone it would look different. In the same way it's important that we all take part to make the group what it is, unique and special.
 1. If you had a time machine that would work only once, what point in the future or in history would you visit?
 2. If you could go anywhere in the world, where would you go?
 3. If your house was burning down, what three objects would you try to save?
 4. If you could talk to any one person now living, who would it be and why?
 5. If you HAD to give up one of your senses (hearing, seeing, feeling, smelling, tasting) which would it be and why?
 6. If you were an animal, what would you be and why?
 7. Do you have a pet? If not, what sort of pet would you like?
 8. Name a gift you will never forget.
 9. Name one thing you really like about yourself.
 10. What's your favorite thing to do in the summer?

START- UP PLAN

GROUP NAME?
TARGET POPULATION?
GROUP DAYS/TIME?
TYPE OF PEER SUPPORT PROGRAM?
HOW WILL YOU GET PEOPLE TO PARTICIPATE?
DO YOU NEED MONEY? WHO WOULD YOU ASK?
DO YOU NEED SPACE? WHO WOULD YOU ASK FOR SPACE?
WHAT OTHER THINGS DO YOU NEED?

MAKING GROUP AGREEMENTS

1. Agreements: this list is made by the whole group or a list is provided that group members agree to use.

A. Example of Group Agreements – CHILDREN/TAY

GROUP AGREEMENTS⁷

- Listen with an open mind
- Be nonjudgmental
- Respect one another
- No dumb questions
- Recognize & expect diversity
- Maintain confidentiality
- Share the time
- Take care of yourself –OK to pass
- Have fun!

B. Example of Group Agreements – ADULTS/SENIORS

GROUP VALUES⁸

- Honoring each person’s uniqueness – each person should feel like they can participate without judgement. Individuality is not an excuse to offend or injure others.
- Respect
- Responsibility – all group members share the responsibility of upholding the group values, norms and rules. TRAINERS will encourage group members to be responsible for their actions.
- Honesty
- “Step-up- Step Back” – each group member has something to contribute to the group and should be given an equal opportunity to do so. TRAINERS will help more vocal members to “step back “and support more non-vocal members to “step up” to maintain that balance.

⁷ Advocates for Youth (2002) *Group Agreements*. <http://www.advocatesforyouth.org/for-professionals/lesson-plans-professionals/221?task=view>

⁸ Adapted from Pacific Center for Human Growth (2014). *Peer TRAINER Training Manual and Policy Guide*.

ELEMENTS OF A GOOD PEER GROUP ⁹

1. Check-INS: This time allows each person to discuss things they maybe on their mind. Check-ins can be open ended questions or structured activities. Check- In activities are provided in the Activities section.
2. Discussion: Discussions can be talking, activities, art projects, movies, etc. It is the meat of the group! A discussion activity or topic should be prepared before the groups. Groups can be given the choice to follow-up on the Check-ins or to do the discussion activity.
3. Determine Topic: Topics can be generated from group members, themes from check-ins, issues related to a previous group or other sources, i.e. current events, etc.
4. Check-Out: This is an opportunity for group members to reflect on the group experience. Check-outs can be in many forms, check-out activities are provided in the activities section. Check-outs should help people transition from the group experience back to their regular lives.

⁹ Adapted from Pacific Center for Human Growth (2014). *Peer TRAINER Training Manual and Policy Guide*.

APPENDIX A

ACTIVE LISTENING SCENARIOS

ACTIVE LISTENING SCENARIO #1: YOUTH

You're talking to your friend about your mom, who you are angry at because he is consumed with work, is always at the office and has missed several important outings with you. You're feeling somewhat embarrassed and don't really wish to "air your laundry" in public, but, at the same time you feel a real need to talk about it.

ACTIVE LISTENING SCENARIO #2: YOUTH

You're talking to your teacher who called you in to ask if you were okay. You have been tired and your grades have been going down. You just don't feel excited about anything and each day is not something you look forward to. You are scared but you think someone should know how you have been feeling.

ACTIVE LISTENING SCENARIO #3: YOUTH

You think the two kids across the room have been talking about you because they keep looking over at you and then whispering back and forth to each other. You decide to confront one of them about it at the end of class.

ACTIVE LISTENING SCENARIO #4 YOUTH

You're talking to your friend. You are very excited because you got into an arts camp. You are scared to talk to your grandmother because you know money has been tight recently.

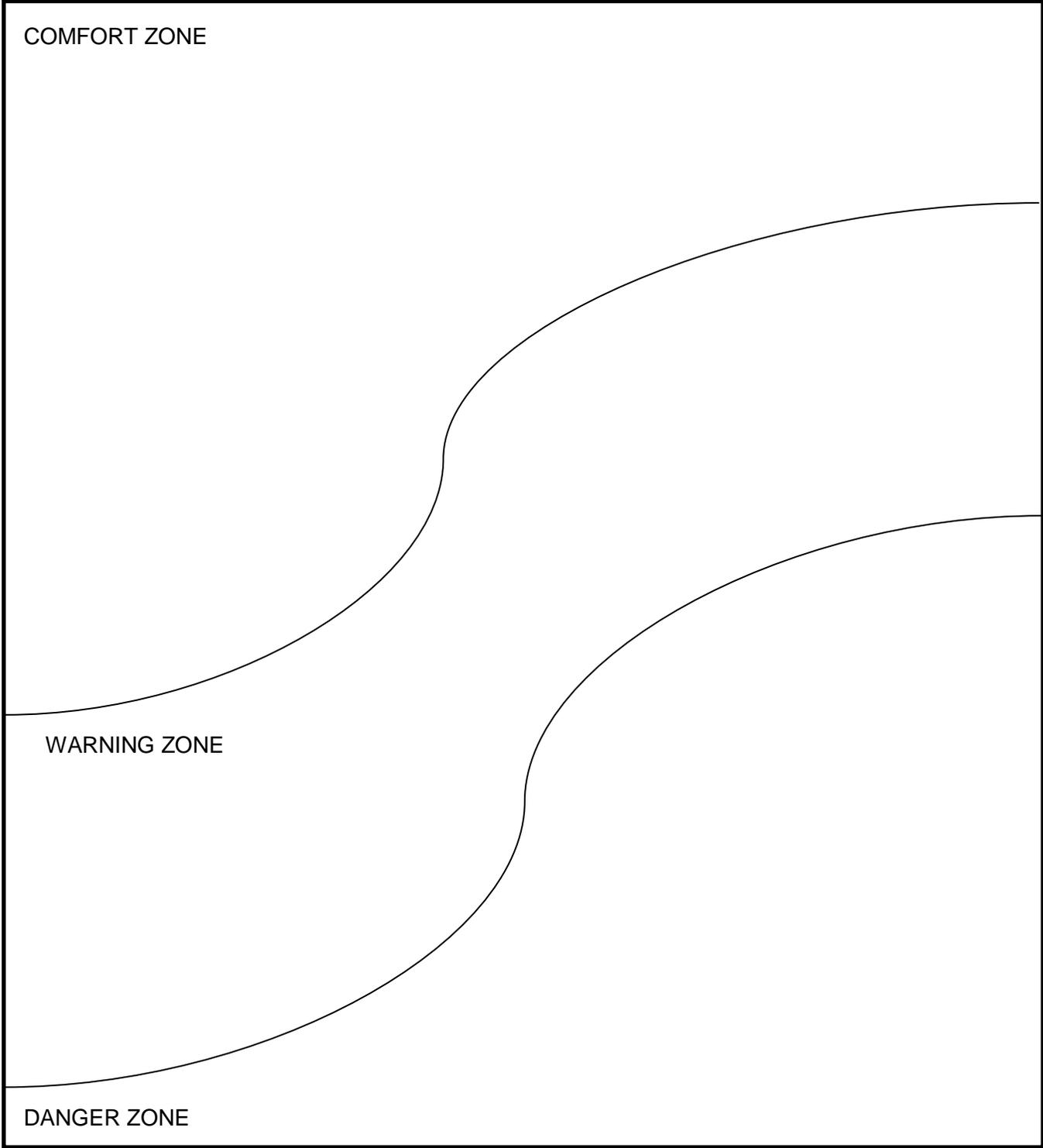
ACTIVE LISTENING SCENARIO #5 YOUTH

You and Angie, who is the team leader, work at a local Target. Just recently you two broke up after dating for several months. Angie begins following you at work and repeatedly begs you to give her another chance. When you refuse, Angie changes your schedule so she won't have to work with you. You are confused and don't know what to do.

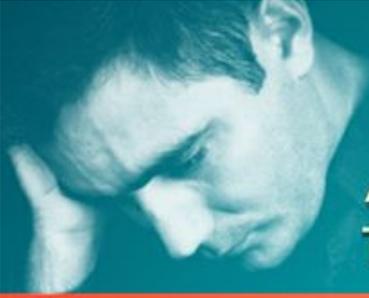
ACTIVE LISTENING SCENARIO #6 YOUTH

You're talking to a friend that you feel somewhat slighted by because he hasn't talked to you since you have "come out". You have tried calling and texting but nothing. You are really upset, and don't know what to do.

APPENDIX B
DEEP WATERS



APPENDIX C



LEARN HOW TO HELP SOMEONE IN A MENTAL HEALTH CRISIS

ALGEE:

THE MENTAL HEALTH ACTION PLAN

Mental Health First Aid offers this action plan on how to help a person in a mental health crisis.

- A** Assess for risk of suicide or harm
- L** Listen nonjudgmentally
- G** Give reassurance and information
- E** Encourage appropriate professional help
- E** Encourage self-help and other support strategies



Learn more at www.mhfakc.org

APPENDIX D

First Aid for Emotional Trauma

Information Sheet

Trauma (or post-traumatic stress) is the emotional “shock” after a life-threatening, violent event. Anything that makes our body panic and go into a fight/flight/freeze response can leave us traumatized. The effects may be immediate or take time to surface, and can be felt for the rest of our lives.

Being traumatized is a **normal response to an extreme situation**; even ‘tough’ people like firefighters or soldiers can be traumatized.

The causes of trauma include disaster, abuse, rape, witnessing violence, loss, or spending time with people who are traumatized (“vicarious traumatization”). Because **trauma happens when our bodies perceive our lives are in danger and we can’t escape**, even medical surgeries, emotional abuse, or loss of a loved one or home can be traumatic.

Trauma means getting **stuck in the memory** of a life-threatening event. Our bodies and minds act like the event is still happening, right now, even though it is in the past.

We are on guard, defensive, and ‘geared up,’ or hopeless, paralyzed, and numb. We avoid things that remind us of the past and trigger painful memories, and we isolate ourselves from others and limit our freedom. We block out unpleasant memories and feelings, sometimes turning to drugs and alcohol. We repeat past situations. We have panic attacks or go into jumpy “fight-flight” mode, even when there is no real danger in the present. Our lives, health, and relationships with other people suffer, and **we live constrained and limited by our past**. Sometimes we take our pain out on others, or become self-destructive.

In the past these trauma responses were crucial to our survival, and in the present they protect us from being overwhelmed. When we value the usefulness of our trauma coping mechanisms, forgiveness and acceptance can invite gradual change.

Unfortunately **trauma is usually not a wound that heals just by waiting** for time to pass. Trauma can keep hold of our lives for many years. It is important to try to work with the trauma somehow -- in whatever way is best for you.

Making connections with others and honestly expressing our feelings is important, especially when we want to hide or avoid our problems. **Finding safety and trust is the first step to healing.**



Just talking, though, may not be enough to heal trauma. **Sometimes talking about what happened can mean reliving what happened** -- and not help. If the talking seems to go in circles or not lead to a sense of completion, it might be just stirring things up, not healing them.

It is also commonly believed that you can heal trauma by ‘getting it out of your system,’ punching pillows or venting strong emotions. This can be helpful, but sometimes it can end up making things worse, or even re-traumatize you. **Real trauma healing is usually slower and more gentle.**

Therapy, including EMDR, DBT, and cognitive-behavioral, can help many people. Others find these are not helpful. This sheet focuses on what we can do for each other as a community. Most importantly, **everyone is individual -- experiment and discover what works for you** and learn how to best help yourself and others.

Signs of a traumatized or ‘triggered’ state:

Repetitive thinking of worrying thoughts or memories related to the event; intrusive memories and feelings. Chronic fear.

Staring off into space, ‘thousand yard stare.’

Flattened or frozen expression and body: freezing and numbing. “Emptiness.”

Extreme defensiveness and rigid thinking, irritability, explosive overreaction.

Sexual preoccupation and constant interest

Discomfort, pain, stress, illness: “nervios.”

Returning to traumatizing situations.

When someone has just been traumatized:

1. Help any bodily injury, medical issue, or physical need first.

2. Make sure to go to a safe place.

3. Don’t get up and act like nothing happened. Stay dry, warm, and still. Trembling or being emotional is part of healing, and better than ‘numbing out.’

4. If the person wants to talk, listen without interrupting or changing the subject.

5. Encourage them to feel the sensations in their body fully. (See below.)

Feeling Body Sensations: Key to Trauma First Aid

Trauma cuts us off from our bodies. When we are in overwhelming danger, we dissociate or 'leave our bodies' as a protective measure. Later this protective mechanism becomes stuck and counterproductive. The **key to healing trauma is to return to our bodies**, by feeling our physical sensations and making our bodies safe and alive again.

Ask, "How do you know that you are sad? Is there tightness in your chest or throat? How do you know you are afraid? Is there a cold feeling, or a sinking feeling in your stomach? Feel it fully. How large is the feeling? Is it changing? What do you feel next?" Listen without interruption and give plenty of time to feel and respond. Grounding and resourcing yourself will also help the other person.

Keeping eyes open usually is best for focusing on body sensations.

If the person can't feel their body at all, ask, "Can you feel your feet on the ground? Your pelvis sitting on the chair?" Grasp their hand or shoulder and say "Can you feel my hand?" **Always ask before touching.** If lying down, ask them to sit up. Ask to walk around slowly and feel their legs and feet. Or gently hold & press their feet to the ground.

If the person is staring off in the distance, talking in circles, withdrawn, or agitated, encourage them to put their attention to the world. Ask "Look around. What colors do you see? Can you name them? Ask them what sensations they feel in their bodies.

When someone is preoccupied with the traumatic memories, find distractions. Ask them "When was a time that you felt safe and peaceful? Can you describe the sights, sounds, smells and colors of that time?" Ask them to feel sensations in their body.

If the person is defensive, on-guard and uncooperative, just drop it. Change the subject, go for a walk, leave the discussion / work for later. When a traumatized and defensive person perceives you as a threat, it is very difficult to convince them to just 'snap out of it' or to see that they are experiencing a flashback. Wait until they are calm to discuss it.

If body sensations are too uncomfortable, try to find a sensation, even small, that is neutral or pleasant, and focus on it. Go back and forth between uncomfortable and pleasant sensations. Notice any relaxation in breathing, warmth or trembling. This is normal; feel the sensations fully.

Accepting our feelings

Feelings of fear, guilt, loss, sadness or anger are normal when we are traumatized. Don't judge feelings in yourself or others. Listen with acceptance and care.

Triggers:

It can be helpful to make a list of situations and things that trigger traumatic memories and upset you. Anniversaries of events, people, places, and situations can all be triggers. Learn to avoid your

triggers, expose yourself gradually, or prepare for them when they come. Ask friends to help you.

Resourcing:

Write down a list of things that make your body feel strong and safe. It can be anything, such as walking or taking baths, exercising or sports, listening to music or petting your dog. Add things you've done in the past and would like to do again. Keep the list and add to it with new resources you find.

Breathing:

Relaxed, deep breathing can often bring relief from trauma symptoms. Sit comfortably and gently fill your belly, chest, and shoulders on the in breath, and exhale your shoulders, chest, and belly. Breathe comfortably -- don't push or use effort -- but allow yourself to take slow, deep breaths. A few minutes of breathing this way can help calm you down.

Physical Health

Trauma survivors have weakened immune systems and are more vulnerable to getting sick. Get adequate rest and fresh water, go to nature, exercise, and avoid junk food. Consider a good-quality multi-vitamin/multi-mineral supplement, with plenty of C and B.

Psychiatric Medications:

Anti-depressants, tranquilizers (benzodiazepines), and other psychiatric drugs may provide short term relief and can help with extreme anxiety and sleeplessness. These drugs have very risky side effects and are toxic to the body. Long-term use can lead to addiction, make sleeplessness and anxiety worse, interfere with the natural healing process, and overdose can be fatal. Avoid or use cautiously.

Alternative, Holistic, and Herbal Medicine

Herbs, traditional remedies, and holistic care can be very effective for trauma. After 9-11 and Katrina, acupuncturists gave immediate relief to trauma survivors, including firefighters and medical personnel.

Helping Children Who Have Been Traumatized

1. Attend to any physical medical needs first. Make sure the child is safe, warm, and dry.
2. Calm yourself -- this will help calm the child.
3. Tell the child it is OK to cry, to tremble or shake. Gently hold them and say "It's OK. It's all right to cry / feel angry. Just let the feelings happen."
4. Listen to the child and tell them their emotions are OK. Don't try to talk them out of their feelings or make them hush up.
5. Later, ask the child about what happened. Use toys or puppets. Go slowly so they are not overwhelmed. Ask what they are feeling in their body, where they feel it, what it's like. Stop and reassure them, then come back later when they are calm.

Written by Will Hall; wiltonhall@gmail.com.

Sources: Peter Levine, Judith Herman.

Thanks: Julie Diamond. 12-08 version.



APPENDIX E
PRE-/ POST- SURVEY

1.	True	False	Don't Know	I know what all the letters in LGBTQI2S stand for and what communities they describe.
2.	True	False	Don't Know	Sexual orientation and gender identification are the same thing.
3.	True	False	Don't Know	Sexual orientation is fixed over time, meaning it does not change in a person's lifetime.
4.	True	False	Don't Know	A transgender person can be straight, gay or bisexual.
5.	True	False	Don't Know	Youth cannot know if they are gay, straight or bisexual until they are sexually active.
6.	True	False	Don't Know	Service providers are trained to work with members of the LGBTQI2S community.
7.	True	False	Don't Know	Many LGBTQI2S people have had traumatic experiences due to their sexual orientation or gender identity.
8.	True	False	Don't Know	I am aware of how heteronormativity and binaries affect my relationships with peers.
9.	True	False	Don't Know	LGBTQI2S people do not experience homophobia in themselves.
10.	True	False	Don't Know	There is a clearly defined path of how individuals become LGBTQI2S.
11.	True	False	Don't Know	Gender non-conformity is only experienced by transgender people.
12.	True	False	Don't Know	People identified as bisexuals must have relationships with two genders at the same time.
13.	True	False	Don't Know	I am comfortable asking my peers about their gender identity, chosen name and preferred gender pronoun.

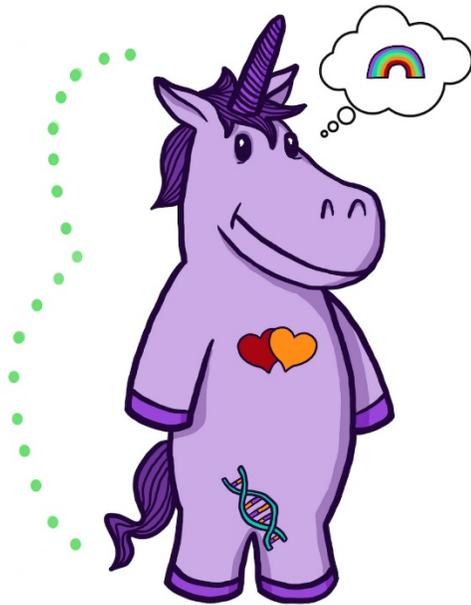
14.	True	False	Don't know	Peer support is a good way to help LGBTQI2S reduce isolation.
15.	True	False	Don't Know	Substance abuse rates among LGBTQI2S population are approximately the same as the general population.
16.	True	False	Don't Know	Depression and suicidality are significantly higher among the LGBTQI2S population than the general population.
17.	True	False	Don't Know	For most families, learning about specific behaviors to protect and support their LGBTQI2S children will be new information.
18.	True	False	Don't Know	LGBTQI2S clients have additional life stressors and may have developed greater resilience.
19.	True	False	Don't Know	When parents talk with their LGBTQI2S child about their child's identity (even when they are uncomfortable) is a supportive behavior that helps protect against risk and promote well-being.
20.	True	False	Don't Know	Few LGBTQI2S youth have experienced discrimination in the school or the community.

The Pre/Post Survey is provided at the beginning and end of the training to test for participant knowledge and understanding.

APPENDIX F

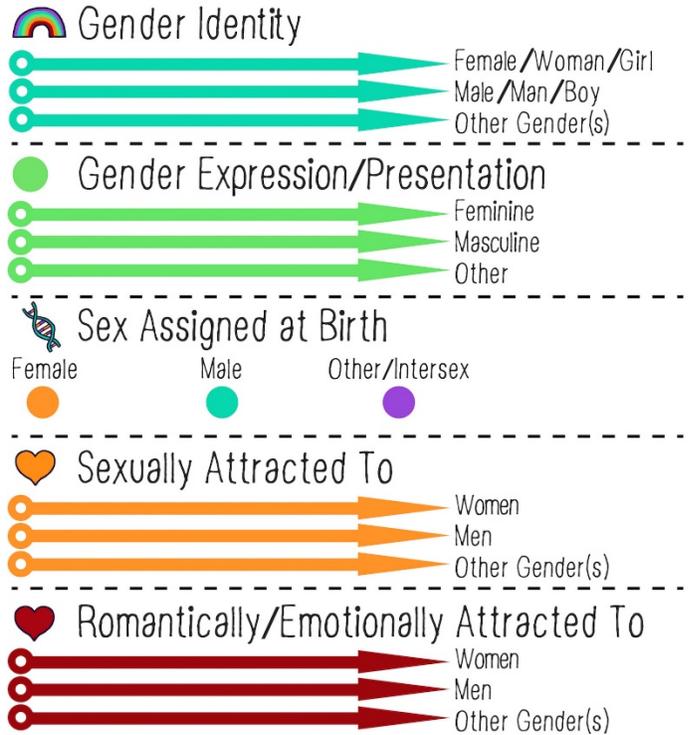
The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan



APPENDIX G -1



Conflict Management Styles Assessment

Source: Reginald (Reg) Adkins, PhD, Elemental Truths
<http://elementaltruths.blogspot.com/2006/11/conflict-management-quiz.html>

We each have our own way of dealing with conflict. The techniques we use are based on many variables such as our basic underlying temperament, our personality, our environment and where we are in our professional career. However, by and large there are five major styles of conflict management techniques in our tool box. In order to address conflict we draw from a collaborating, competing, avoiding, accommodating or compromising style of conflict management. None of these strategies is superior in and of itself.

How effective they are depends on the context in which they are used.

Each statement below provides a strategy for dealing with a conflict. Rate each statement on a scale of 1 to 4 indicating how likely you are to use this strategy.

1 = Rarely 2 = Sometimes 3 = Often 4 = Always

Be sure to answer the questions indicating how you would behave rather than how you think you should behave.

1. I explore issues with others so as to find solutions that meet everyone's needs. _____
2. I try to negotiate and adopt a give-and-take approach to problem situations. _____
3. I try to meet the expectations of others. _____
4. I would argue my case and insist on the merits of my point of view. _____
5. When there is a disagreement, I gather as much information as I can and keep the lines of communication open. _____
6. When I find myself in an argument, I usually say very little and try to leave as soon as possible. _____
7. I try to see conflicts from both sides. What do I need? What does the other person Need? What are the issues involved? _____
8. I prefer to compromise when solving problems and just move on. _____
9. I find conflicts challenging and exhilarating; I enjoy the battle of wits that usually follows. _____
10. Being at odds with other people makes me feel uncomfortable and anxious. _____
11. I try to accommodate the wishes of my friends and family. _____
12. I can figure out what needs to be done and I am usually right. _____
13. To break deadlocks, I would meet people halfway. _____
14. I may not get what I want but it's a small price to pay for keeping the peace. _____
15. I avoid hard feelings by keeping my disagreements with others to myself. _____



APPENDIX G-2



How to score the Conflict Management Assessment

As stated, the 15 statements correspond to the five conflict resolution styles. To find your most preferred style, total the points in the respective categories. The one with the highest score indicates your most commonly used strategy. The one with the lowest score indicates your least preferred strategy. However, if you are a leader who must deal with conflict on a regular basis, you may find your style to be a blend of styles.

Style Corresponding Statements:	Total:
Collaborating: 1, 5, 7	_____
Competing: 4, 9, 12	_____
Avoiding: 6, 10, 15	_____
Accommodating: 3, 11, 14	_____
Compromising: 2, 8, 13	_____

Brief Descriptions of the Five Conflict Management Styles

Collaborating Style: Problems are solved in ways in which an optimum result is provided for all involved. Both sides get what they want and negative feelings are minimized.

Pros: Creates mutual trust; maintains positive relationships; builds commitments.
Cons: Time consuming; energy consuming.

Competing Style: Authoritarian approach.

Pros: Goal oriented; quick.
Cons: May breed hostility.

Avoiding Style: The non-confrontational approach.

Pros: Does not escalate conflict; postpones difficulty.
Cons: Unaddressed problems; unresolved problems.

Accommodating Style: Giving in to maintain relationships.

Pros: Minimizes injury when we are outmatched; relationships are maintained.
Cons: Breeds resentment; exploits the weak.

Compromising Style: The middle ground approach.

Pros: Useful in complex issues without simple solutions; all parties are equal in power.
Cons: No one is ever really satisfied; less than optimal solutions get implemented.





LEADING TOGETHER:

LGBTQI2S PEER TRAINER TRAINING FOR CHILDREN AND YAY

MODULE 1: THE BEGINNING

PEER SUPPORT

GOAL: To help participants articulate why they would like to start a peer support for LGBTQI2S children or youth (TAY).

Participants will be able to:

- Create vision statement for peer support program,
- Identify target population for peer support program,
- Develop format of peer support program, and
- Create a mock flyer for your peer support group.



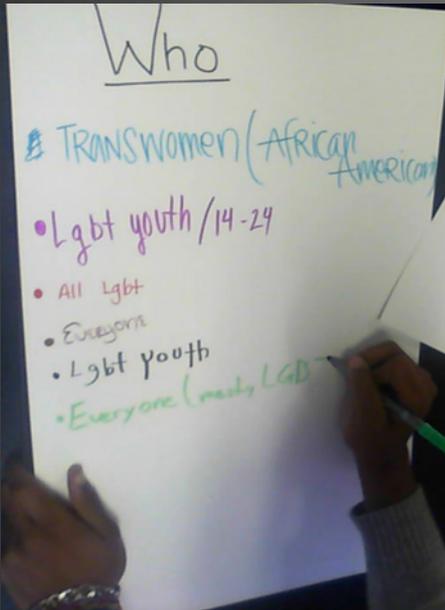
PEER SUPPORT: WHY

- LGBTQI2S people can experience oppression in the form of prejudice, discrimination and violence which contributes to mental health symptoms and substance use.
- LGBTQI2S youth 10 – 24 are 4 times as likely to attempt suicide and those questioning are 3 times as likely to attempt suicide
- It is estimated 38% - 65% of transgender individuals experience suicidal ideation
- Approximately 20% - 30% of LGBTQI2S people abuse substances compared to 9% of the heterosexual population and 25% abuse alcohol

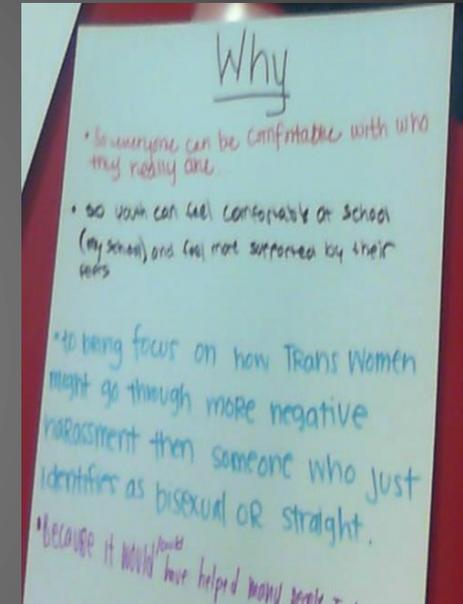


National Association of Mental Health (NAMI), 2015, "LGBTQ". <https://www.nami.org/Find-Support/LGBTQ>

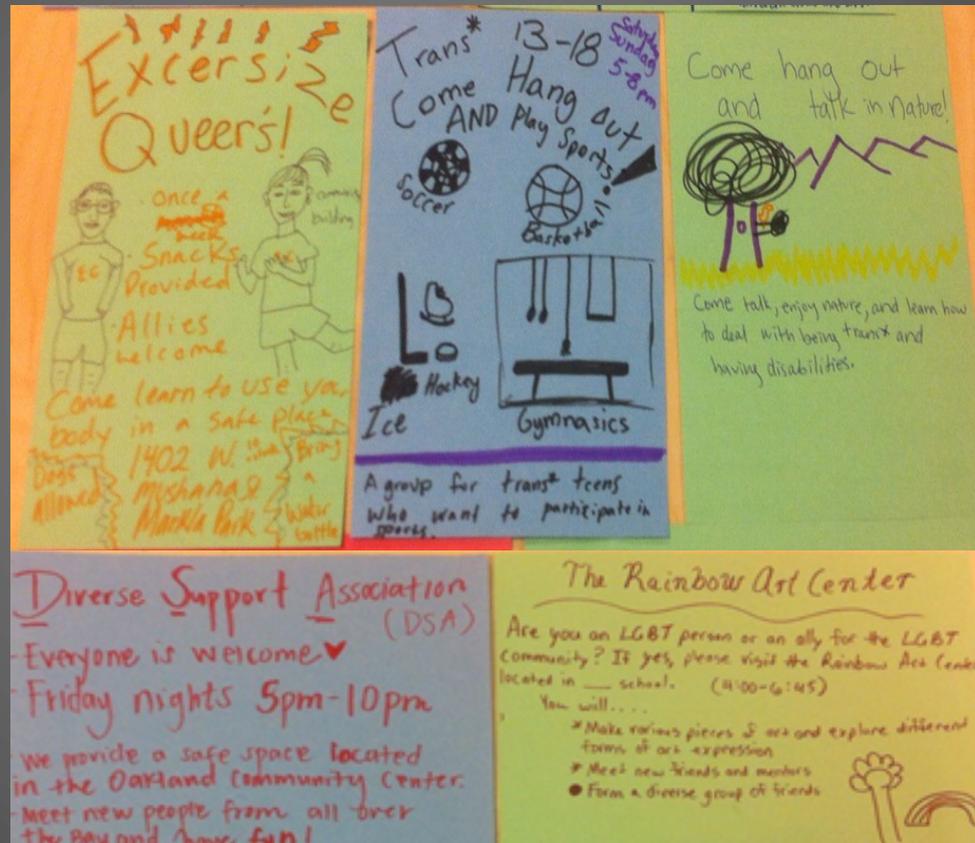
PEER SUPPORT: WHOLE GROUP ACTIVITY



WHO?
WHAT?
WHEN?
WHERE?
WHY?



PEER SUPPORT: MOCK FLYER*



*Mock flyers designed by youth participating in pilot training June 6, 2015

Created By Pacific Center September 2015

PEER SUPPORT: WRAP UP



QUESTIONS



LEADING TOGETHER:

LGBTQI2S PEER TRAINER TRAINING FOR CHILDREN AND YAY

MODULE 2: HELPING SKILLS 101

HELPING SKILLS 101

Goal: To support participants in developing basic “helping” skills.

Participants will be able to:

- Practice active listening and giving empathetic responses.
- Receive feedback from their peers regarding active listening and empathetic response skills.



HELPING SKILLS 101

QUALITIES OF A GOOD HELPER



HELPING SKILLS 101

ACTIVE LISTENING



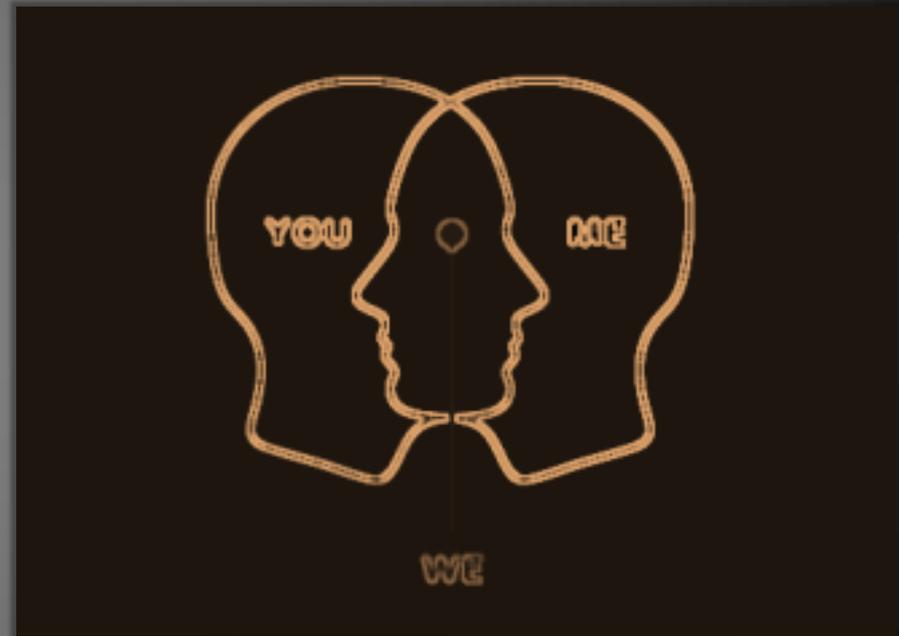
HELPING SKILLS 101

ANSWER AT LEAST ONE OF THE QUESTIONS

- What did you learn about your partner?
- How did it feel to be a “listener”
- How did it feel to be the talker?
- What was hard about sharing?
- What was hard about listening?
- What did your partner do to help you feel like they were listening?

HELPING SKILLS 101

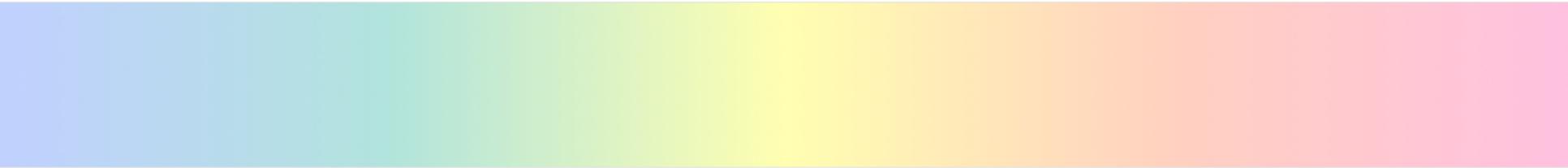
EMPATHY



HELPING SKILLS 101



QUESTIONS



LEADING TOGETHER:

LGBTQI2S PEER TRAINER TRAINING FOR CHILDREN AND YAY

MODULE 3: GENDERING

GENDERING

Goal: To expand participants' understanding of gender beyond the binary of male and female.

Participants will be able to:

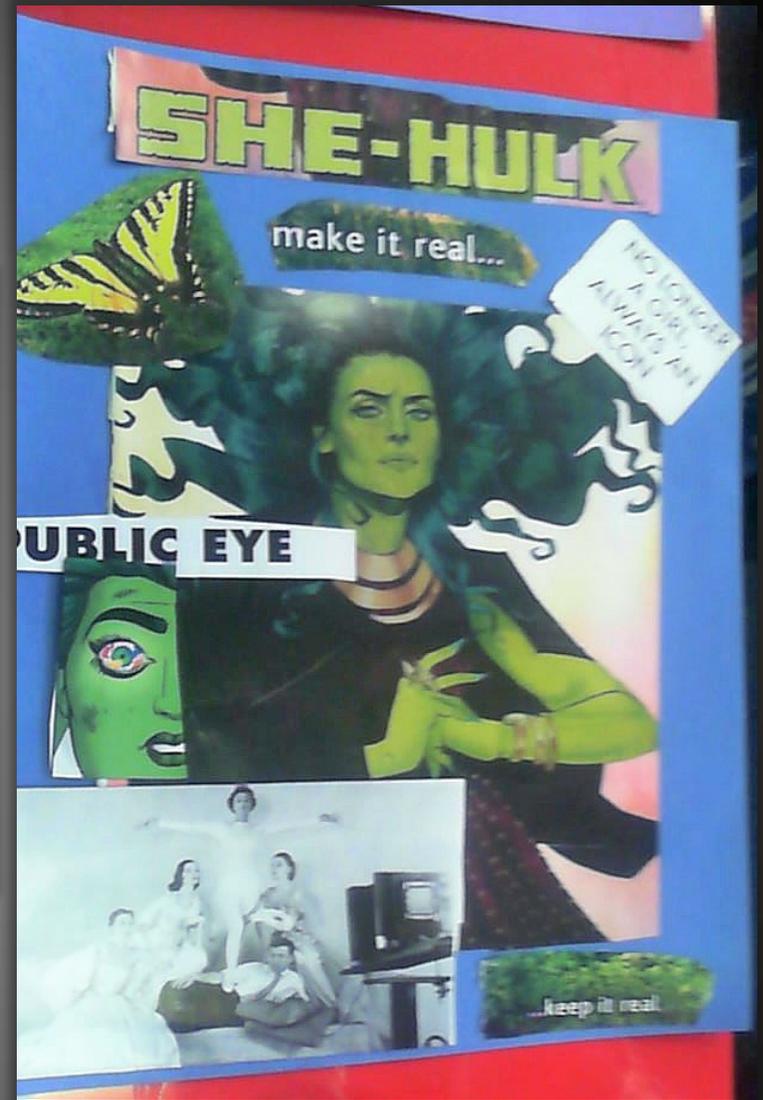
- Explore their gender identity, roles, expression and the impact of other's perceptions of those identities, roles and expressions.
- Identify specific needs of trans* individuals and how to support trans* as peer TRAINER.



GENDER



COLLAGE



GENDER TERMS

Gender 101

Gender Binary:
The categorization of gender into two distinct, opposite sexes.



Trans*/Transgender:
An umbrella term applied to those whose gender identity is not the same as the sex they were assigned at birth.



Cisgender:
Someone who is not transgender.



Genderqueer:
A term applied to individuals who do not identify within the gender binary.



Transition:
The process of changing one's gender expression to match their gender identity.



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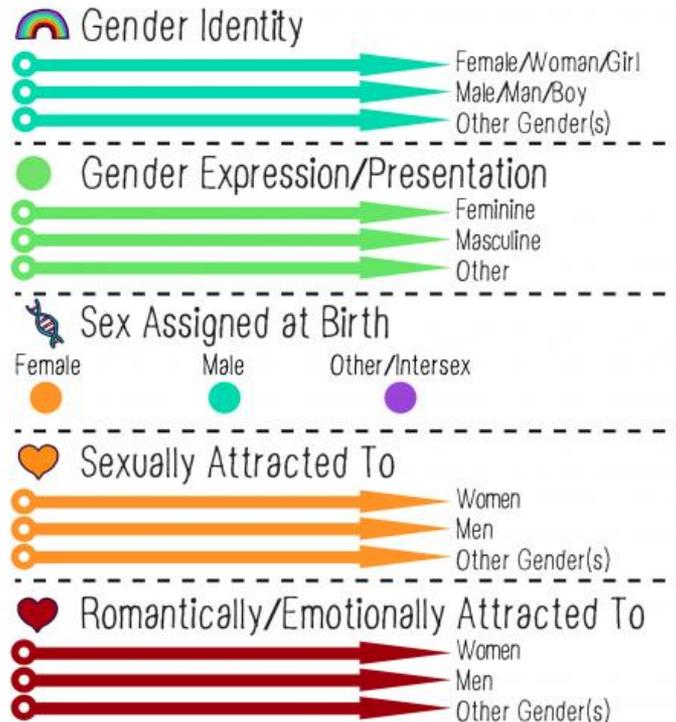
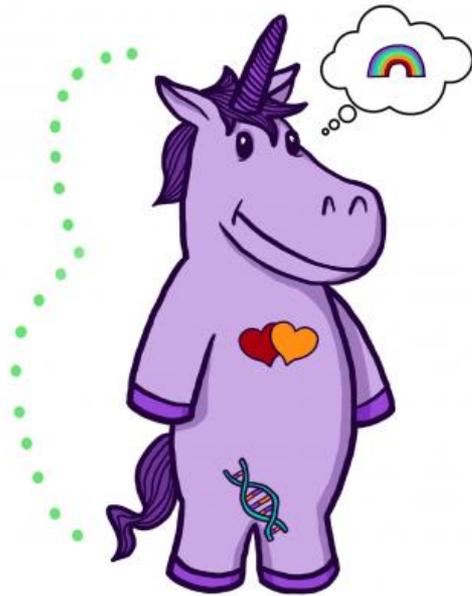
For more information,
go to transstudent.org/ graphics



GENDERING

The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



To learn more go to:
www.transstudent.org/gender

Design by Landyn Pan

HELPING SKILLS 101



QUESTIONS



LEADING TOGETHER:
LGBTQI2S PEER TRAINER TRAINING
FOR
CHILDREN AND TAY

MODULE 4: WHAT ABOUT MENTAL HEALTH?

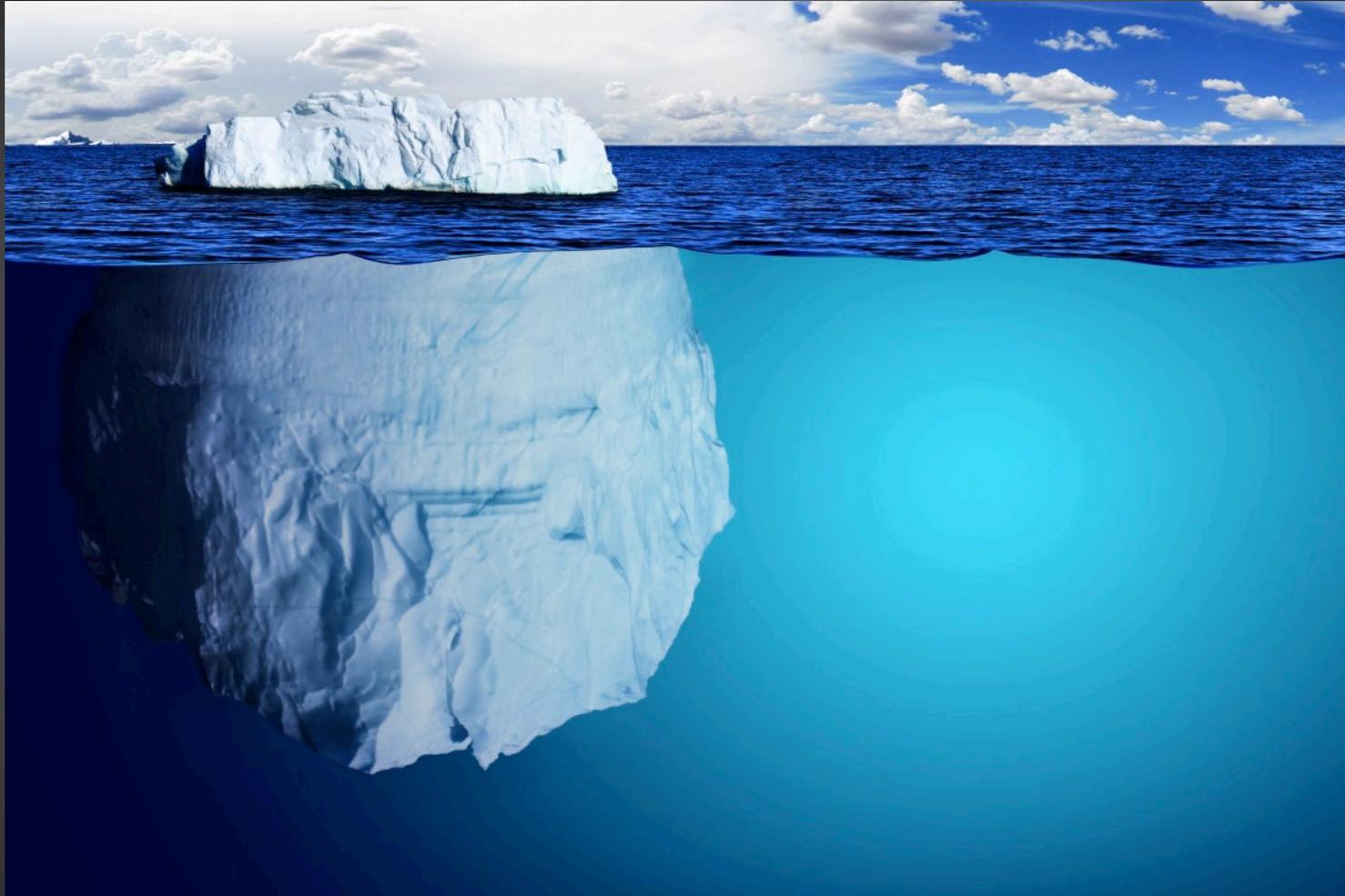
WHAT ABOUT MENTAL HEALTH?

Goal: To give participants tools to help them better support youth showing mental health symptoms.

Participants will be able to:

- Assess comfort level of dealing with common problems identified by their peers.
- Identify warning signs of a mental health crisis with their peers.
- Use skills to support peers to identify pathways to formal mental health support.

WHAT ABOUT MENTAL HEALTH?



WHAT ABOUT MENTAL HEALTH?

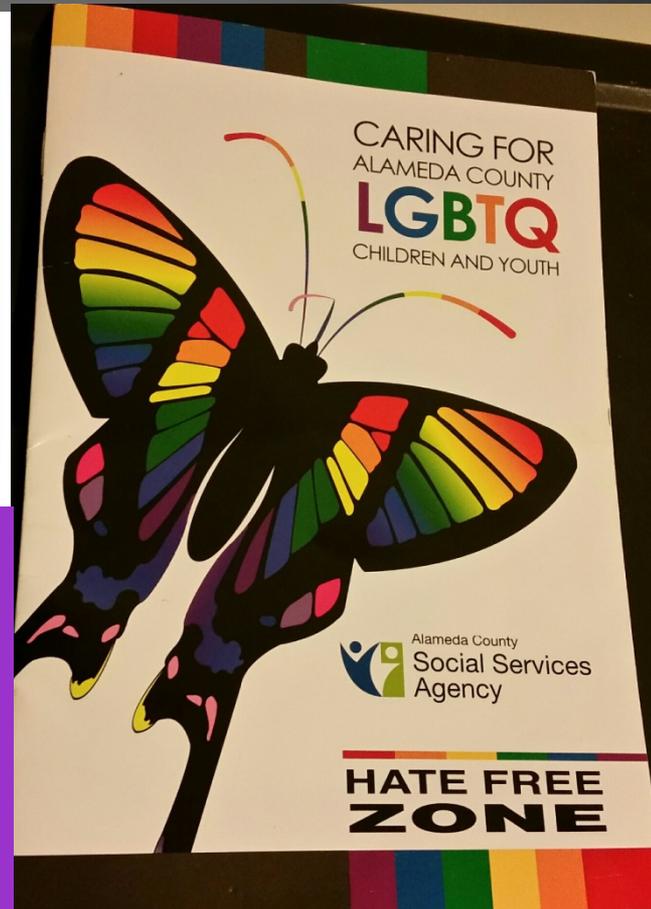


WHAT ABOUT MENTAL HEALTH?



**GLBT NATIONAL
YOUTH TALKLINE
1-800-246-PRIDE (7743)**

**Serving youth through age 25.
Peer-counseling, information &
local resources.**



WHAT ABOUT MENTAL HEALTH?



QUESTIONS



LEADING TOGETHER:
LGBTQI2S PEER TRAINER TRAINING
FOR
CHILDREN AND TAY
MODULE 5: LET'S TALK ABOUT IT!

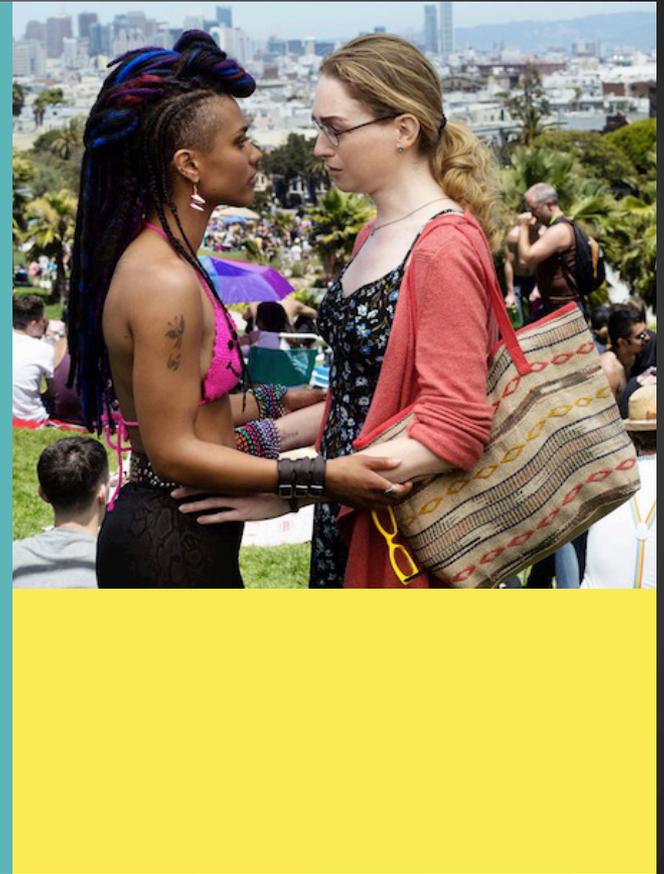
LET'S TALK ABOUT IT!

Goal: To help participants develop a more accurate and positive relationship and sexual health knowledge.

Participants will be able to:

- Identify and describe elements to a healthy relationship.
- Use a process to help guide their peers in making healthy choices about engaging in sexual activity.

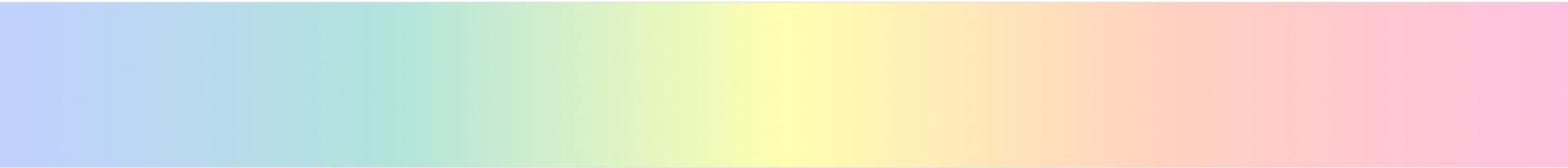
LET'S TALK ABOUT IT!



LET'S TALK ABOUT IT!



QUESTIONS



LEADING TOGETHER:
LGBTQI2S PEER TRAINER TRAINING
FOR
CHILDREN AND TAY

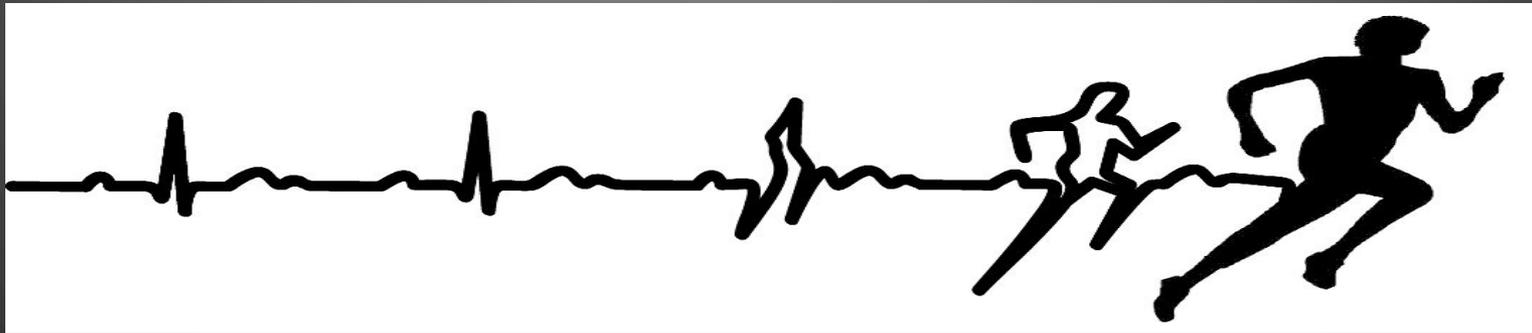
MODULE 6: READY, SET, GO!

READY, SET, GO!

Goal: To help participants decide on strategic plan to start or continue their peer support program

Participants will be able to:

- Decide on next steps to start or keep their peer support program thriving.



READY, SET, GO!





QUESTIONS



MISSION: Our mission is to maximize the recovery, resilience and wellness of all eligible Alameda County residents who are developing or experiencing serious mental health, alcohol or drug concerns.

VISION: We envision communities where all individuals and their families can successfully realize their potential and pursue their dreams, and where stigma and discrimination against those with mental health and/or alcohol and drug issues are remnants of the past.

VALUES: Access, Consumer & Family Empowerment, Best Practices, Health & Wellness, Culturally Responsive, Socially Inclusive.

Alameda County Behavioral Health Care Services

2000 Embarcadero Cove, Suite 400

Oakland, CA 94606

Tel: 510.567.8100, Fax: 510.567.8180

www.acbhcs.org