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## USAID Okard ໂອກາດ

### Peer support for Community Based Inclusive Development (CBID) Case Management



USAID Okard (ໂອກາດ) supports Disability Inclusive Development in Lao PDR

**USAID Okard (ໂອກາດ) (Peer support for CBID Case Management) handbook**



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## Summary: USAID Okard Training and Capacity Building Approach CBID Demonstration Model

### I. USAID Okard Activity

USAID Okard Activity, a five-year project funded by the U.S. Agency for International Development (USAID), aims at improving and sustaining the independent living and functional ability of persons with disabilities and their household regardless of factors such as age, sex, gender expression and ethnicity. The Activity partners with the Lao government, civil society organizations and the private sector to develop and implement national disability inclusive policies so that no one is left behind.

USAID Okard promotes equal access to health and related rehabilitation, economic opportunities and social services in the Lao People's Democratic Republic and interventions will be targeted in Vientiane Capital and in the provinces of Xiengkhouang and Savannakhet.

To ensure long-term sustainability, USAID Okard uses **a systems-centered approach** by focusing on government ownership of disability inclusive policies and of rehabilitation services and mental health and psychosocial support (MHPSS). The project also applies **a person-centered approach** particularly through case management to address the individual needs of persons with disabilities and the communities that support them, and most importantly to assess and remove barriers for persons with disabilities to become self-sufficient and to achieve their optimal functional ability.

Persons with disabilities are often among society's most vulnerable and marginalized populations. Some of the major causes of disabilities in Laos are unexploded ordnance accidents (UXO), road traffic crashes and increasingly, non-communicable diseases such as Type 2 diabetes, stroke and stunting. Equal access to health and social services will foster inclusion of persons with disabilities in their communities and allow them to contribute more effectively to society on an equal basis with others.

The Activity works towards creating an environment in which persons with disabilities are empowered to actively participate in society, with the following outcomes anticipated:

- Improved access to health and rehabilitation services for persons with disabilities and their households.
- Strengthened health systems with rehabilitation and MHPSS included in the continuum of care
- More persons with disabilities and their households employed or self-employed.

- All stakeholders including persons with disabilities actively involved in creating and enabling a more supportive and inclusive environment for the sustainability of health and economic empowerment improvements

## 2. USAID Okard Overall Training and Capacity Building approach

World Education believes in working through local partners for sustainability, so the USAID Okard Activity will be implemented through sub-recipients from the Government of Lao PDR, INGOs and NPAs. In order to ensure quality and consistency across the project's interventions and to build capacity of the partners both technically and in terms of organizational development, World Education places great importance on training and capacity building, which will be operationalized through the Training Unit, headed by a Training and Capacity Building Coordinator and guided by the Technical Management Committee.

The training unit will oversee all training and capacity building development and implemented by USAID Okard, primarily in three main areas:

1. **Capacity building for GoL ministries, departments, and service providers** through technical assistance and mentoring as well as formal training so that institutional processes are created and staff developed to continue to deliver inclusive services beyond the life of the program.
2. **Targeted capacity building, training and mentoring (including organizational assessments and capacity building plans) for sub-recipients, including DPOs and NPAs** to strengthen the ability of organizations to manage sub-grants, navigate USAID regulations, manage their organization in a sustainable and accountable way, so they can sustain their fund raising to deliver disability inclusive services and provide effective advocacy on disability rights, laws, and policies that influence GoL policy implementation.
3. **Training and ongoing capacity building for the Community Based Inclusive Development (CBID) teams of QLA and ARMI** so they can effectively deliver quality case management and build awareness and engagement in communities for community action and mobilization towards more inclusive communities.

Measurable capacity-building is one of the core components of USAID Okard, and inputs by World Education and Humanity & Inclusion will take many forms. One approach is individual coaching, where a USAID Okard staff member who has the required expertise works closely with one or several members of an organization regularly over a longer period of time, to discuss a specific issue, either by phone, email or in person, or a combination of those methods. Other times, the training unit organizes formal trainings for all sub-recipients, for example USAID Regulations, Financial Management, Monitoring, Evaluation and Learning, and Gender Inclusive Development.

All USAID Okard trainings are participatory, reflective and allow as much time as possible for 'learning by doing' and practical application of skills and knowledge. The Training Unit and Technical Management Committee (TMC) carefully develop curriculum outlines and materials that reflect clear learning objectives and build on other trainings. In addition, USAID Okard recognize the importance of reflection, goal setting, and the long-term, regular follow up needed for effective capacity building, and the need for effective measurement of capacity building to demonstrate result

### **3. Community Based Inclusive Development (CBID)**

One of the key features of the USAID Okard Activity is the **Community Based Inclusive Development (CBID)** Demonstration Model. Community Based Inclusive Development (CBID) is an approach that aims to build and promote an inclusive society by bringing about changes to the lives of persons with disabilities in local communities, working with and through persons with disabilities themselves, local groups and institutions. CBID strategy encourages inclusive, resilient and equitable communities where persons with disabilities are empowered to contribute to address the challenges they and their families face.

The CBID demonstration model is an evidence-based approach that includes two key components – case management and community mobilization. The CBID demonstration model districts in Xieng Khouang (Kham District) and Savannakhet (Xayphouthong District) will be conducted by civil society organizations Quality of Life Association (QLA) and Association for Rural Mobilisation and Improvement (ARMI) respectively, with the technical support of WEI and HI and overarching technical guidance by the USAID Okard Technical Management Committee (TMC).

The CBID teams of QLA and ARMI will directly support persons with disabilities to identify barriers to their economic self-sufficiency and optimal functioning, and work with families, communities, local authorities and relevant service providers, so they understand these barriers and interact together to remove barriers and meet these needs.

### **4. Competencies required for the CBID team**

To effectively implement the CBID demonstration model using a family centered approach for case management and being a good advocate for community mobilization toward disability inclusion, CBID team members (CBID facilitators, IGA officer and CBID team leader) need to have the appropriate knowledge, skills, attitudes, and behaviors focused on five (5) core competencies; (1) professionalism, (2) ethical practice, (3) embracing and respecting human diversity, (4) equality, and (5) critical thinking and professional judgement.

By acquiring and mastering the required range of knowledge, attitudes, skills and behaviors, over time as part of a continued learning process, the CBID team will be competent to engage in an ongoing, interactive process with persons with disabilities, their families, the community, local authorities and organizations on sustainable disability inclusion development.

## **Core competencies expected of a CBID Team member**

### **1. CBID team members practice with professionalism.**

- advocate and organize access to the needed services for the person with disabilities and their household that contribute to increased independent living, optimal functioning and wellbeing;
- demonstrate a professional manner in behaviour, appearance, and communication with persons with disabilities and their household members, and with community actors;
- engage in learning and reflection with team leaders and USAID Okard technical unit for continued professional development.

### **2. CBID team members practice in an ethical and respectful manner.**

- have an obligation to conduct themselves ethically and to engage the household members in ethical decision-making.
- demonstrate respect, empathy and effective compassionate communication when working with individuals with disabilities, families, local authorities, organizations, communities and colleagues.
- are knowledgeable about the rights of persons with disabilities, the value of disability inclusion and relevant disability policies and laws.
- Become knowledgeable about the individual circumstances of person with disabilities and their family and are sensitive to that person and family's cultures and values.
- Recognize the limitation of their skills and knowledge and make careful decisions about doing no harm to the person with disabilities and their families.

### **3. CBID team members use critical thinking and professional judgment.**

- be curious, creative, persistent, and innovative to find meaningful solution to remove barriers to disability inclusion.
- reflect on, apply and integrate knowledge and skills learned in USAID Okard training packages in day to day work, including personal experience and practical knowledge.

### **4. CBID team members embrace and respect human diversity<sup>1</sup>.**

- understand and respect that disability is part of the human diversity and behave accordingly.
- appreciate that, because of difficulties in functioning and sometimes difference in appearance, persons with disabilities may experience shame, stigma, abuse,

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<sup>1</sup> The dimension of human diversity covers multiple factors including age, class, color, culture, disability, ethnicity, gender, gender identity and expression, immigration status, political ideology, race, religion, sex, and sexual orientation.

harassment, bullying, exploitation, discrimination, stigmatization, poverty, marginalization, that result in psychosocial issues and alienation;

- be aware of their own beliefs, attitudes and behaviors on disability to ensure they do not influence the work they complete with persons with disabilities, their families and the community.

## **5. CBID Facilitators advance rights of persons with disabilities**

- understand that each person with disabilities has the same basic human rights, such as freedom, safety, privacy, an adequate standard of living, health care, and education like others.

## **6. Continued Learning on CBID**

During the first months of the implementation, CBID team will receive several intensive training packages organized and provided by the USAID Okard Training Unit. These training packages are designed to gradually build core competencies. Each training package is designed to provide a set of knowledge, skills, attitudes and behaviors that support the CBID facilitator to be able to mobilize community actors on disability inclusion and to implement the case management steps.

In between training packages, the CBID facilitators and IGA officer will be working in the community gradually applying knowledge, practicing skills and reflecting on their progress under the supervision of team leaders. Below are the planned training packages for the first year of implementation and how they interact with the first few steps of case management and community mobilization:

The participant handbooks developed for each package were used in the CBID trainings for QLA and ARMI teams during the USAID Okard Activity. They are available in print on request from World Education (Chief of Party: Bernard Franck [bernard\\_franck@la.worlded.org](mailto:bernard_franck@la.worlded.org)) or on the World Education website <https://laos.worlded.org/our-resources/> .

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## 8 | Peer Support for CBID Case Management

### Training Topic: P2P Training for CBID Facilitators

#### Training Code

<b>Target Group/ Participants: CBID QLA and ARMI Teams</b>
<b>Duration: 1 Day</b>
<b>Location: VTE Capitals</b>
<b>Dates and Times: 20th April 2022</b>

#### Training Goal/s

CBID facilitators will develop knowledge and understanding of the informal “peer to peer support” as a crucial part in community-based mental health and psychosocial support. The training will focus on a “recovery-oriented” approach and the process to link this informal mental health service as a part of their routine case management to support the mental health and well-being of persons with disabilities and their carers. The training will cover different types of peer support, the selection criteria and core competency for CBID facilitators to identify the potential peer supporters in the communities. CBID facilitators will develop an understanding of the concept of self-empowerment, resilience, “Do No Harm” principle, limitations and consideration in the scope of “peer to peer support”. Lastly, this training will include a refresher training on community MHPSS that conducted virtually in December, 2021.

#### Learning Objectives

By the end of the 1-day training, the CBID facilitator will be able to:

##### Knowledge:

1. The framework of ‘peer to peer support’ as a part of community MHPSS
2. Know when to link informal peer supporter service as a part of their case management
3. Aware of the limitations and practical considerations of ‘peer to peer support’
4. Gain an understanding of the concept of self-empowerment and resilience
5. Strengthen their understanding of common mental health problems from mental illnesses.
6. Gain a holistic understanding of the spectrum of mental illness.
7. Be aware of common signs of compassion fatigue and burnout as helpers and strategies to mitigate the mental health problems by practising self-care.

##### Skills:

8. Select potential peer supporters in the communities according to pre-defined selection criteria and core competencies
9. Equip the skills to be the potential peer to peer facilitators and peer supporters
10. Conduct community MHPSS tools for case management of persons with disabilities and their carers “Look-Listen-Link”



## Resources, Materials and Training Methods

- Concept note of peer to peer
- Lecture-style presentation of peer to peer and community MHPSS
- Brain-storming and group discussion to link peer to peer support as a part of community MHPSS
- Role-play and demonstration for individual peer to peer support
- Case management using community MHPSS tools/template

## Assessment

1. Pre-test and post-test for peer to peer support
2. Short quizzes to assess the knowledge of community MHPSS
3. Self-rate confidence level in community MHPSS and ability to select potential peer supporter

**Training Topic: P2P support training for CBID facilitators (the 20<sup>th</sup> April)**

**Training Schedule / Agenda**

<b>Time</b>	<b>Session name</b>	<b>Learning Objectives</b>	<b>Methodology and Resources</b>	<b>Facilitated by</b>	<b>Related Assessment</b>
8:00 - 8:30	Registration	Register for training	Training register form	Vanglee	Pre-test for peer to peer support
8:30 - 9:00	Welcoming session, opening remark	N/A	An open remark from Bernard	Bernard Vanglee/Phatsaline	N/A
9:00 – 09:30	Training orientation ground rules, expectation of participants from the training	Develop goals for the training and rules to follow for group discussion	Open for participants to share their expectation of the training, brain-storm ground rules and note down in to flip chart paper to put it on the wall.	Vanglee/Phatsaline	N/A
09:30 – 10:00	Objective of the P2P training for CBID facilitators and overview of P2P support concepts	The framework of ‘peer to peer support’ as a part of community MHPSS	Trainers explain the objective of the P2P training for CBID facilitators to participants. Lecture for exchange on P2P support concepts.	Vanglee	N/A

10:00 – 10:15	<b>Coffee Break</b>				
10:15 – 11:15	Different types of peer support, Linking P2P support in CBID case management,	Aware of the limitations and practical considerations of 'peer to peer support'	Lecture, group discussion for P2P support in CBID case management.	Phatsaline/Vanglee	N/A
11:15 – 12:00	Key knowledge and skills needed for P2P support in CBID, core competencies to be peer supporter.  Q&A	Know when to link informal peer supporter service as a part of their case management	Group discussion, practical scenerios (Empathic skills, self-confidence, storytelling skills, active listening skills, etc).	Phatsaline/Vanglee	Brain-storming and group discussion to link peer to peer support as a part of community MHPSS
12:00 – 1:15	<b>Lunch Break</b>				
1:15 – 1:30	<b>Energizer</b>	N/A	light exercise	Vanglee	N/A
1:30 – 2:45	Case scenarios and roleplay practice for individual and group peer support	Equip the skills to be the potential peer to peer facilitators and peer supporters	2 case scenarios and roleplay practice for P2P support	Phatsaline/Vanglee	Role-play and demonstration for individual peer to peer support
2:45 – 3:00	<b>Coffee Break</b>				

3:00 – 4:00	Planning for upcoming P2P support events in the community	Methods in finding potential peer supporters in the community according to pre-defined selection criteria and core competencies	Discuss and planning for upcoming P2P support events (training for peer supporters' cohort 1 and the first test for P2P support intervention in CBID case management)	Vanglee	Action plan for CBID team leaders
4:00 – 4:30	Conclude key take away of the P2P training, Q&A and post-test	Evaluate core understanding of the framework of peer to peer support	Summary and Conclude key take away of the P2P training with participants	Phatsaline/Vanglee	Post-test for peer to peer support and self-rate confidence

## **Introduction**

QLA and ARMI are working with persons with disabilities, their caregivers and other household members by providing personalized and family-centred case management, while simultaneously working at the community level to improve the attitudes and environment for people with disability through community awareness and engagement.

To address the specific needs of psychosocial support for CBID beneficiaries, QLA and ARMI will identify people in the community that could be trained and become peer-to-peer supporters. These peer-to-peer supporters can then contribute with CBID Facilitators to provide basic psychosocial support in the community by engaging and inspiring other persons with disabilities or caregivers to build their confidence, self-esteem, and resilience.

## **Problem statement**

- Persons with disabilities are likely to experience psychosocial issues, such as stress, anxiety, and depression when experiencing difficulties in functioning and dependency on caregivers, and caregivers are also likely to experience similar psychosocial issues due to stress and burden of providing care in the absence of social services support.
- Providing psychosocial support and building the self-esteem of persons with disabilities and/or caregivers is challenging for CBID Facilitator as they do not have direct experiences of the challenge's persons with disabilities, caregivers, and household members face.
- People in the community have very little awareness on mental health and psychosocial issues and are not informed about services available.
- Most people in need of mental health and psychosocial support are living in remote area and very limited options for mental health and psychosocial support are available at community level.
- Doctors and nurses trained on mental health and psychosocial support (mhGAP) are available at district and provincial hospital to provide mental health services but services are underutilized.
- Only few schemes exist at community level to cover the cost of transport to access and the cost mental health services.

## **Objectives**

- Develop the “peer support” concept and approach that will complement the psychosocial support provided by CBID Facilitators in case management.
  - Define peer-to-peer support and its scope of intervention in the context of USAID Okard and CBID Demonstration Model.
  - Establish the structure, safety, and limits of the peer-to-peer support intervention.
  - Establish criteria for eligibility for peer-to-peer support.

- Envisage different formats of peer-to-peer support sessions - peer support groups, one-on-one individual support, one-to-family or family-to-family support, or mobile phone-based support.
- Design the training and coaching package to enable people from the community to become peer-to-peer supporters.
- Contribute to identify, train, supervise and organize peer-to-peer supporters in the community.
- Help identify members of communities that may have mental health needs and facilitate referral to mental health providers at district or provincial hospital.
- Provide learning opportunities for CBID facilitators to strengthen CBID case management interventions through peer to peer support activities.
- Support CBID facilitators on how to identify potential peer supporters in the community.

### **Important key points to consider:**

- The scope and severity of mental health issues that can be addressed through peer to peer support compared to mental illnesses that requires referral to mental health providers in hospital needs to be very well defined.
- Do not harm principle and the limits of the peer-to-peer supporter interventions need to be well defined.
- Identify what are the stressful situations encountered by people in the community that could potentially trigger common mental health issues.
- CBID Facilitators and peer-to-peer supporters as well as other members of the community need to be trained to address a wide but well-defined range of common mental health and psychosocial issues (stress, anxiety, depression) experienced by people in the community.
- People in the community with potential to become peer-to-peer supporters may already exist in the community that are strong, empowered, and compassionate and empathetic, however, potential peer supporters may also exist that could grow in capacity with support and training. Therefore, they can be identified through various activities supported by USAID Okard such as case management, community group dialogue (SBCC), self-help group, attending awareness session, community social club.
- Need to provide guidance to peer to per supporters on how to inspire others by telling their story and effectively engage in a hilling process.
- The population and the needs for peer-to-peer support is diverse, it is therefore important to identify peer-to-peer supporters with different identities related to disability, ethnicity and language, sex, age, gender expression and life experience and match peer to peer supporters with CBID beneficiaries that have similar identities and life experiences to find the best match between beneficiaries and peer-to-peer supporters.
- Community-based mental health is not organized, community health workers are not trained, and don't have specific mandate and means to identify and refer people in need and/or to provide mental health and psychosocial support.
- There are no financial schemes to support the cost of transport to access mental health and psychosocial support in health facilities. Only people enrolled in CBID Model case management and identified with need of referral to mental health and psychosocial support are eligible for covering the cost of transport and services (excluding psychotropic medicine).

## **Persons with disabilities and barriers:**

**PERSONS WITH DISABILITIES** refer to those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various **BARRIERS** may hinder their full and effective participation in society on an equal basis with others. For instance, people with disabilities are in disadvantaged to access to quality education, health care services, job opportunities, being to participate in social events. Additionally, the disability may be their primary identity as it is the one that is most often marginalized and often requires the most effort to manage with others.

Compounding the issue of discrimination, many people with disabilities experience physical challenges including immobility or extreme pain, and social challenges such as isolation or being excluded from invitations to social events and recreational activities that are extended to people who do not live with a disability.

Managing these types of obstacles can take a toll on a person's mental health. Having a disability, whether it has been a part of their identity from a young age, or developed/diagnosed later in life, is a risk factor for many mental health conditions. The additional factors of loneliness, abuse from caregivers and challenges in achieving a satisfactory quality of life due to lack of access to proper care can increase the risk of mental illness.

This is in addition to dehumanizing stigmas where people can be treated as "less than" because of their disability. This is called ableism, which is characterized by the practices and dominant attitudes in society that devalue and limit the potential of those with disabilities. This may include practices and beliefs that assign inferior value to people who have developmental, emotional, physical or psychiatric disabilities.

## **Mental health and psychosocial support approach**

Besides the basics of MHPSS provided by CBID facilitators, persons with disabilities and their families can significantly benefit from informal peer support.

### **Aims of peer support:**

- People with disabilities and their carers experience various difficulties that affect on their mental health and well-being. This includes stigma, discrimination and other barriers that prevent them from fully participating in social activities
- Peer support is an approach designed to provide psychosocial support to community members, within the community by community members themselves.
- Peer supporters are experts by experience and are able to relate to, connect with and support individuals who are going through challenges in a unique way because of their experience.

## **Different types of peer support:**

### **Peer support group:**

- The Peer support group provides psychosocial support to a group of people experiencing the same type of situations that generate psychosocial difficulties.
- Often a person who is empowered, confident and resilient will lead and facilitate the peer support group discussion.
- Those attending, participants in a peer support group are those who experience psychosocial difficulties due to their disability or family members (caregiver) who experience psychosocial difficulties due to the stress generated by daily caring.

### **Individual peer support**

- Brings together two persons who shared experience (disability, +/- MHPSS issues or who provide care to a person with disabilities/carers).
- The peer supporter is someone who is empowered, confident and resilient enough to provide their lived experience to another person who is experiencing a similar life situation.
- Can be delivered online or via telephone. For the Lao context: considering the cultural norms and beliefs, a member in minorities would go to a traditional healer than to the mainstream medical service. It is important to acknowledge the differences - refer to "Diversity & Inclusion" from Okard Project or explore "Hmong culture".

**Important:** Participation in peer support is always based on choice and informed consent, and people receiving peer support are under no obligation to continue the support that was offered, allowing the person to make the choice based on their will, preference and self-identified needs.

### **Benefits of peer support**

Peer support benefits both the person who is going through distress but also the peer supporters themselves. Peer support is unique as the individuals draw their own experiences to inspire, model, support and inform others who are going through the same situation.

For the peer:

- Peer support allows members to benefit from social support and networks in the community in order to cope with their daily difficulties.
- Increase awareness of community resources and practical support that contribute to overall health and well-being.
- Sharing and learning from one another who shared similar experiences would foster growth, connection and resilience for the beneficiaries in the communities. I
- Promote a safe space for people with common mental health problems/disabilities to express themselves and be free from stigma.

For the supporter:

- Share and exchange experiences can improve self-esteem, self-development, increase interpersonal skills, which in turn will benefit their mental health and well-being



## **Ethical considerations**

- Aware of your limitations
- Never give unsolicited advice, support people to make their own decision in treatment and recovery
- Identify the person's strengths, not labelling people as fragile.
- The support should be driven by empathy and respect individuals
- Provide relevant services and information to support their recovery

## **Core competencies for peer supporter**

- Expert by experience:
  - Overcome or overcome MHPSS problems caused by disability or being a carer
- Skills:
  - Effective communication, especially on reflective listening.
  - Good level of storytelling of their journey in encountering with MHPSS issues
  - Well-rounded in different types of support available in the community
  - Basic skills in crisis interventions
- Attitude:
  - Good level of storytelling, able to share their personal journey to inspire hope and recovery
  - Peer supporters engage peers in collaborative and caring relationships

## **Organising peer support**

Facilitators:

- Organizing meeting: clear goal and purposes of the group - sharing experiences only or also include skill-building.
- Ground rules must be established
- Facilitator charge of directing discussions & taking responsibility for the development of the group.
- Everyone must be heard or have a say if they wish to - to create a sense of "security". Make sure members feel supported and included, and ensure that their inputs and knowledge guide group decision-making.

## **Prepare the environment:**

- Setting up a location (community centre, temple, village chief's office, a person home - for individual P2P etc) - consider, accessibility, size of a support group, cost associated, refreshments.
- Decide the mode of delivery - is it for members to share their stories, or would you feature a guest speaker for a particular topic ex: employment or economic opportunities for people with disabilities.
- Encourage sharing between members: sharing provides common ground on which members can start to identify with others and trust that they are not alone.

**At the end of support group:**

- Helpful to ask each member for closing thoughts at the end of every session
- Something they gained from the meeting that was meaningful or grateful for. What can the support can be improved or any issues that would need to be addressed.
- For those who may feel uncomfortable sharing, additional methods for feedback should be available - ex: sharing directly to the facilitators, leaving a comment anonymously
- Emphasised on choice and informed consent

**Steps to conduct peer support groups in the community**

- Sourcing potential peer supporters in the communities and brief about the scope of peer support (Okard resources, incentives)
- Train peer supporters in compassionate communication, active listening, empathy, referral pathways, basic crisis interventions
- Vanglee to accompany peer supporters in providing individual peer to peer support. Followed by debriefing sessions - best practices and things to improve

## References:

WHO Quality Rights guidance module: Peer support groups by and for people with lived experience  
WHO Quality Rights guidance module: One-to-one peer support by and for people with lived experience  
WHO Technical Package: Peer support mental health services: Promoting person-centred and rights-based approaches  
CBM Community mental health good practise guide: Peer Support  
CBID Training Package 1A – Diversity and Inclusion  
CBID Training Package 1C- Compassionate Communication for a Family-Centered Approach to CBID  
NAMI: <https://nami.org/Your-Journey/Identity-and-Cultural-Dimensions/People-with-Disabilities>

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## P2P Case Scenarios for the discussion and role play

### Scenario I

You are a peer supporter, you do have a referral from CBID facilitator to provide individual peer support to Miss Noy - who has amputated due to accident .

From what you heard from the CBID facilitators - the case management :

- Noy received a prosthetic arm from PRC.
- She doesn't confident to be out of her family house to meet other people and participate with any community gathering events even her family support and encourage her to go, because she feels she is different from other.
- She usually at home alone. She also said she worry other people will refuse to meet and talk to her because of her health condition looking.

You as a peer supporter, who has been through the similar situation as Noy would like to support her mental health and well-being.

**Vanglee: peer supporter** will demonstrate the following:

- Empathise with Noy's situation
- Active listening to her problems
- Recovery-oriented approach
- Provide useful information related to daily functioning and other support in the communities (self-help group, SBCC, support from Okard/CBID)

**Phatsaline as Noy sitting in the house**

### **You (CBID facilitator)**

- What will you plan to support Noy with her mentioned situations?
- How will you organize and facilitate the support for Noy with her mentioned situations?
- What things you must need to considering in your plan to support Noy with her mentioned situations?

(Group discussion among participants and conduct a practice sessions scene)

### **Scenario 2 (Caregiver)**

You are a CBID facilitator, you do have a client from your caseload who has severe Cerebral Palsy health condition (Mr Dam, 8 years old). From the case management Mr Dam received support assistive product from PRC and CMR to optimal his functioning and to comfort the daily living including the comforting of taking care and look after him by the main caregiver (Dam's father, Mr Keo). Even though, Mr Keo still have to do everything for Dam's every day in terms exercise regularly as PRC staffs suggested, taking care, feeding, clothing, and etc.

Recently, you (CBID facilitator) found that Mr Keo feel stressed by living with his son that he is caring for. he complained to you that he doesn't have time for herself, felt tired, sad. He doesn't know what to do to motivate himself.

You (CBID facilitator) know that there's a peer supporter in another village whose male, more empowered, used to experienced similar situation as a caregiver like Mr Keo, but trained with skills and knowledge on how to providing peer to peer support to other.

### **You (CBID facilitator)**

- What will you plan to support Mr Keo with his mentioned situations?
- How will you organize and facilitate the support for Mr Keo with his mentioned situations?
- What things you must need to considering in your plan to support Mr Keo with his mentioned situations?

(Group discussion among participants and conduct a practice sessions scene)

Vanglee as CBID facilitator:

- Basic MHPSS - Look, Listen, Link
  - Link - Link to peer supporter/another carer - introduce this support to Mr Keo

Phatsaline as carer/Keo

- Explain about the situation - stressors, burnt-out as carer
- Will questioning what is peer support
- Is it helpful, how to connect with a peer supporter