

CACVO

Conseil des Africains
et Caraïbéens sur le
VIH/sida en Ontario



ACCHO

African and Caribbean
Council on HIV/AIDS
in Ontario



LET'S TALK

A Facilitator's Guide

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1 | PURPOSE

The African and Caribbean Council on HIV/AIDS in Ontario (ACCHO) provides leadership in the response to HIV and AIDS in Ontario's African, Caribbean and Black (ACB) communities. We are a provincial coalition of organizations and individuals committed to HIV prevention, education, advocacy, policy, research, treatment, care and support for ACB communities. With our members, we strive to reduce the incidence of HIV among ACB people in Ontario, and to improve the quality of life for those living with and affected by HIV/AIDS through the implementation of the [Ontario HIV/AIDS Strategy for African, Caribbean and Black Communities 2013-2018](#) (the ACB Strategy).

Within the ACB community especially, speaking openly about certain topics is seen as tabu. People may fear talking about their concerns for several reasons, including previous bad experiences, stigma associated with certain issues or fear that talking will only make the situation worse. Notwithstanding this, there are urgent topics which need to be addressed in our community. As part of ACCHO's mandate to provide capacity building for service providers, we decided to develop this resource, which in itself addresses many key strategies identified, at the individual level, in the above mentioned ACB Strategy.

The purpose of *Let's talk* is to provide guidance and support to service providers seeking to engage individuals who may feel ill-prepared to have difficult conversations about sensitive issues or topics with members of their family or other social and professional networks (e.g., partners, parents, children or colleagues). Although

specifically created for service providers, individuals may also find this tool useful for themselves.

Effective communication helps us connect with people and is one of the most important components of any healthy relationship. *Let's talk* recognizes that while many people are able to engage in difficult conversations (usually using different culturally-based practices and know-how), others may not be as comfortable. Having conversations about topics such as sex, sexuality, relationships, real and/or perceived risk of sexually transmitted infections (STIs) and HIV, disclosure of HIV status, coming out and intimate partner violence becomes even more difficult when engaging with individuals closer to us, like children, partners, co-workers, friends and/or other loved ones. This tool is meant to help service providers explore different approaches to having these types of conversations and to inform them about resources and supports available (if needed). *Let's talk* also encourages individuals to utilize traditional methods of communication used in their culture, family or community.

2 | OBJECTIVES

The objectives of *Let's talk* are to:

- a. Identify common barriers to engaging in difficult conversations and develop appropriate tools to address these barriers.
- b. Document, share and practice different techniques/styles (culturally-appropriate or otherwise) for having such conversations.
- c. Provide positive feedback and problem solving approaches.
- d. Provide referrals to available resources and support services.

I want to tell my partner about my HIV status, but how and where do I start?



3 | METHODS

Let's talk is a tool for a facilitated exercise that can be done on an individual basis or in a group setting. The facilitator may choose to utilize one or more of the following methods:

- a. Brainstorming
- b. Role playing
- c. Discussion

This exercise can take approximately one and a half (1.5) hours when working with individuals, and approximately three (3) hours in a group setting; depending on circumstances.

Remember, *Let's talk* is merely a facilitator's guide. In order to keep individuals involved and taking responsibility and ownership for the process, the facilitator is encouraged to use their facilitation skills to:

- a. Tailor the session based on the audience.
- b. Foster a safe and supportive space.
- c. Communicate with individuals at their level.
- d. Work with participants to set ground rules (e.g., respect for each other, allow each person to have a voice, show generosity of spirit, put mobile phones on silent, etc.).

Before beginning any of the sessions below, it is important that participants are aware of the ground rules that will be adhered to (see Appendix A).

3.1 BRAINSTORMING

Brainstorming is a technique that involves the contribution of ideas in response to a question or problem.

You will require the following:

- a. Flipchart paper (or a whiteboard)
- b. Markers
- c. Tape

- To begin, it is recommended that the facilitator, whether working with a group or an individual, utilizes brainstorming.
- When working with a group, the responses to each question should be documented on flipchart papers.
- If working with a large group, the facilitator can break up participants into smaller groups to discuss each question and document their answers.
- The approaches to engaging in “difficult conversations” can be derived from the answers to the brainstorming questions. The information gathered from the discussions will inform the approaches as the facilitator moves through the exercises.

Below are questions the facilitator may use to start the brainstorming process:

- ❶ Who would you like to start a conversation with?
- ❷ What is the issue or topic that you would like to have a conversation about?
- ❸ Why is it important to have this conversation? What is the purpose of having this conversation? What do you hope to accomplish by having this conversation?
- ❹ Why is it difficult to engage in this conversation?
- ❺ What are some strategies that could be used to have this conversation?

★ **Important:** At this step in the process, the facilitator may want to have a skilled counselor on hand in the event that there are triggers of any past traumatic experiences. Facilitator should observe participants and take note if anyone is being triggered so that support can be provided.

- The facilitator should ask the individual or group(s) each of the above questions one at a time.
- Once all questions have been answered, the facilitator can work with the participant(s) to come up with appropriate approaches from the responses.

Using flipchart paper and marker, document participants' responses to all questions, especially in a group setting. (This will be the standard format for each applied model throughout the exercises).

- If working on a one-on-one basis, document the individual's responses on a sheet of paper.

Question 1:

Who would you like to start a conversation with?

- Examples of possible responses from participants include:
 - Child or children
 - Co-worker(s)
 - Doctor
 - Faith leader
 - Friend(s)
 - Grandparent(s)
 - Guardian(s)
 - Parent(s)
 - Youth
 - Other...
- The list above provides concrete examples of individuals the participant(s) may provide. However, if participants are slow to respond, the facilitator may prompt with some answers.

Using the flipchart paper, document the individuals participants have said they would like to start a conversation with. Hang the first flipchart paper where it can be visible to all.

Question 2:

What is the issue or topic that you would you like to have a conversation about?

- Examples of possible responses from participants include:
 - Disclosure of HIV status
 - Disclosure of sexual orientation ("coming out")
 - Disclosure of gender identity
 - Intimate partner violence
 - Sex
 - Sexuality
 - Other...

Using another flipchart paper, document the issues or topics as shared by the participants. Hang the second flipchart paper where it is visible to all.

Question 3:

Why is it important to have these conversations?

- Examples of possible responses from participants include:
 - Build confidence
 - Build trust
 - Education
 - Emotional and mental health (reduce stress and anxiety)
 - Empowerment
 - Increase self-worth
 - Religion or spirituality
 - Social justice
 - Relationship building
 - Other...

Using another flipchart paper, document the reasons why it is important to have these conversations as shared by the participants. Hang this flipchart paper where it is visible to all.

Question 4:

Why is it difficult to engage in these conversations?

- To help facilitate this discussion, you may suggest that the participants:
 - a. Think from the perspective of both receiving and giving information.
 - b. Think back to a time when they wanted to speak with someone (a parent or loved one) but did not, because they were unsure of their reaction. What sorts of thoughts and feelings occurred for the participants?
 - c. Consider some thoughts and feelings that someone may have when wanting to share personal experiences or information.
- Possible difficulties that could be provided by the participant(s) include:
 - Age difference - generational gap
 - Ageism
 - Anxiety
 - Desperation
 - Discrimination
 - Fear (rejection, reactions, violence, etc.)
 - Gender
 - Homophobia
 - Judgment
 - Lack of knowledge
 - Not wanting to burden someone
 - Power dynamics
 - Sex seen as taboo
 - Stigma
 - Timing of discussion
 - Vulnerability
 - Other...
- This list provides concrete examples of responses that participants could give. If participants appear to have difficulties responding, the facilitator can stimulate thinking by sharing responses from the list above.

Using another flipchart paper, document the difficulties encountered by the participants. Hang the fourth flipchart paper where it is visible.

**Question
5:**

What are some strategies that could be used to have these types of conversations?

- Participants may refer to culturally-based approaches they are familiar with or use (e.g., “liming”¹, sharing circles, etc.).
- Discuss comparisons to show why or how similarities may or may not be useful when having difficult conversations.
- Develop a list of useful strategies based on this discussion. This list may serve as a ‘promising practice’ guide. Feel free to add to the list after the participants are done providing input.

Using flipchart paper, document the strategies participants identified. Identify similarities and differences. Hang these flipchart papers where they may be visible.

- Different groups may provide varying responses to these questions. Cultural and other nuances help to instruct possible effective approaches. Facilitators should make every effort to orient themselves with participants’ cultural norms/practices in order to develop appropriate and effective strategies.

¹ “Liming” is a colloquial term used in the Eastern Caribbean islands – most notably Trinidad & Tobago – for getting together with friends socially. Liming can happen in an indoor or outdoor setting.

3.2 ROLE PLAYING

The facilitator may encourage the participant(s) to refer to the questions on page 3 before beginning this activity.

Through role playing, the participants are asked to act out a difficult conversation. Each participant assumes a role (one as the person(s) with whom they wish to have the conversation and the other as the initiator).

- The facilitator can share predetermined video clips with the participant(s) which are appropriate based on age, culture, etc. This may improve their comfort level in participating in the activity.
- If working with someone on a one-on-one basis:
 - Offer to take on the role of someone they wish to have a difficult conversation with.
 - Ask the person to select a topic of discussion.
 - Spend 15-20 minutes discussing the topic in your assigned roles.
- If working with a group:
 - Place participants into teams of two.
 - Identify the scenario of a particular issue/topic.
 - Assign roles (i.e., the person with whom they would want to have the conversation) and have them act out the scenario.
 - Give each team 15 minutes to play out one scenario.
 - After 15 minutes, have the team members switch roles, and play out another scenario.

Once the role playing is over, ask the participant(s) the following questions, one at a time:

- ① Was it difficult to start the conversation?
- ② How did it feel being engaged in the conversation?
- ③ What were some of your fears?
- ④ Do you feel you can have this conversation now?

- ⑤ What type of support/information would you need to have this conversation?
- ⑥ What have you learned?

3.3 DISCUSSION

The facilitator asks the questions below to engage the participants in the discussion:

- ① What are difficult topics for you?
- ② Why are they difficult?
- ③ What are the barriers to having conversations on those topics?
- ④ How can you address these barriers?

In addition to the questions above, the facilitator may also encourage the participant(s) to refer to the questions on page 3.

You will require the following:

- a. Flipchart paper (or a whiteboard)
- b. Markers
- c. Tape

Once all four (4) questions have been answered, the facilitator can work with the participant(s) to come up with appropriate approaches from the responses.

When working with a group, the responses to each question should be documented on separate flipchart papers.

- If working with a large group, the facilitator can break up participants into smaller groups who can discuss each question and document their answers.

3.4 SUPPORT MECHANISMS

Once brainstorming, role playing or discussion have been completed, the facilitator may offer some suggestions to the participants regarding how to proceed. For example, in order to ensure that participants communicate in the clearest and most effective way possible, they should ensure that their message is:

- Clear – make sure it is easy to understand.
- Concise – identify what exactly you wish to convey.
- Concrete – not too many details, but enough to maintain focus.
- Correct – conduct any prior research needed.
- Coherent – Be calm and ensure points are logical.
- Complete – find information and resources.
- Courteous – defer judgment and practice active listening.

You can also suggest the following strategies for starting a difficult conversation:

- Relate it to a media story or newspaper article(s).
- Relate it to a school situation.
- Use drama/art.
- Talk about your job/volunteer work.
- Relate it to sexual/overall health.
- Include other chronic illnesses.
- Start it at the dinner table, social gathering or counseling session.
- Use social media (privately).

The facilitator should encourage participants to:

- Always ensure that the conversation takes place in a safe and comfortable space; it could be a public or a trusted friend/relative's place.
- Develop a safety plan to address possible risks in the event that the space no longer feels safe.

- Determine whether support from an external source may be needed.
- Have an emergency contact, just in case safety is compromised.
- Inform a trusted friend/relative of your plans and/or have them close-by.
- Report the matter to relevant authorities if threats are made.

★ **Important:** The facilitator should become familiar with the content of the AIDS Bereavement and Resiliency Project of Ontario's (ABRPO) "Essential Tools for Support and Stability: Debriefing, Bracketing and Emotional First Aid". This will better prepare them to provide support to participants who may require it. If the facilitator is an AIDS service organization (ASO) worker, they may also be able to seek additional guidance directly from the ABRPO.

Hey, we need to talk.



4 | RESOURCES

It is important that the facilitator take notes of the various issues that may arise during implementation of the exercise(s) described above. Before the session ends, it is advisable that the facilitator engage the participant(s) in a discussion to help identify appropriate referral(s) and resources based on the issue(s) identified. The participant(s) can then follow up individually to access the recommended resources.

Resources can include materials or agencies that participants can access to obtain information, support and other resources. Examples may include: local public health units, AIDS service organizations (ASOs), community-based organizations, youth-specific organizations, community health centers, HIV/AIDS testing sites/clinics, sexually transmitted infections clinics, case workers/managers, support workers, youth workers, counselors, help lines, etc.

ACCHO'S MAIN PARTNER AGENCIES INCLUDE:

- [Africans in Partnership Against AIDS](#)
- [AIDS Committee of Durham Region](#)
- [AIDS Committee of Ottawa](#)
- [AIDS Committee of Windsor](#)
- [Centre francophone de Toronto](#)
- [Positive Living Niagara](#)
- [Black Coalition for AIDS Prevention](#)
- [Peel HIV/AIDS Network](#)
- [Regional HIV/AIDS Connection](#)
- [Somerset West Community Health Centre](#)
- [AIDS Committee of Cambridge, Kitchener, Waterloo & Area](#)
- [The AIDS Network](#)
- [Women's Health in Women's Hands Community Health Centre](#)

HERE ARE SOME USEFUL LINKS THAT PROVIDE VALUABLE HIV RESOURCES AND OTHER SERVICES:

- [CATIE](#)
- [Committee for Accessible AIDS Treatment](#)
- [HIV & AIDS Legal Clinic Ontario](#)
- [ASO 411.ca](#)
- [Ontario Society of Psychotherapists](#)
- [Public Health Units](#)
- [The AIDS Bereavement and Resiliency Project of Ontario](#)
- [Action Canada for Sexual Health and Rights](#)
- [Public Health Agency of Canada](#)

INFO LINES AND HELP LINES:

- [Assaulted Women's Helpline](#)
1.866.863.0511
- [AIDS & Sexual Health Info line](#)
1-800-668-2437/ 416-392-2437
- [Lesbian Gay Bi Trans Youth Line](#)
1-800-268-9688
- [Mental Health Helpline](#)
1-866-531-2600

5 | EVALUATION

Following the completion of the exercises, the facilitator will ask the participants to fill out the evaluation form (see Appendix B). The completed forms may help the facilitator understand how effective the exercises were, if there are themes related to specific groups, to illustrate if/which exercise works well for a particular group and to generate a considerable amount of data that may help promote ideas for specific support programs/services.



6 | RECOMMENDATIONS

The facilitator is encouraged to follow up with participants to:

- a. Find out if the participants were able to access the recommended resources.
- b. Assess participants' preparedness to have a difficult conversation. The facilitator may assess this by engaging the participants to see if they have a concrete plan – one that looks feasible. The plan should involve: having a topic (on which the participant is knowledgeable), an identified individual with whom they are going to engage and, appropriate supports in place.
- c. Learn whether they had the difficult conversation and get feedback on their experience.
- d. It is also recommended that the facilitator connect participants with adequate support mechanisms should they choose to engage someone in a difficult conversation.



APPENDIX | A-GROUND RULES

1. “Shake not shout” – cell phones on vibrate, take calls/texts outside of the training space.
2. Respect for diversity.
3. Be open and non-judgmental.
4. Fair and **equitable** treatment towards all.
5. Recognize **power** and **privilege**.
6. Information and process must be **accessible** to all.
7. Group members' **commitment** to participation.
8. **Respectful** attitude and behaviours towards all, this includes **listening**.
9. Behaviours should reflect ethical conduct:
 - a. Acting with honesty;
 - b. Flexibility;
 - c. The willingness to be self reflective;
 - d. The willingness to be self critical;
 - e. To learn from others ways of **ensuring one's conduct is ethical**.
10. Practice **confidentiality**, the basis of this skill is trust and respect. However confidentiality cannot always be maintained and so there must be honesty in sharing what can or cannot be held as confidential.
11. Commitment to **learning** that you demonstrate.
12. Classism, racism, ableism, heterosexism, ageism, sexism or any other form of oppression will be named and processed by the group and/or individually. In addressing oppressive incidents we will **identify, act, educate** and **sanction**.
13. All people are **accountable** for their actions, gestures, mannerisms and words. People who cannot follow this ground rule will be asked to leave the session.

APPENDIX | B-EVALUATION FORM

PARTICIPANT EVALUATION FORM

Thank you for participating in this session. This evaluation is confidential and your feedback matters. By completing this evaluation form, you will help us identify what worked best, so that improvements can be made in the future.

	Strongly Agree	Agree	Uncertain	Disagree	Strongly disagree
1. The workshop (or session) met my expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The exercise(s) were helpful to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The workshop (or session) was engaging and interactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The exercise(s) helped identify my barriers/fears to having difficult conversations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The exercise(s) helped to address those specific barriers/fears that I faced with having difficult conversations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I feel more prepared to have difficult conversations when I'm ready	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I would recommend this workshop (or session) to my peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. What I liked the most about this workshop (or session) was:
9. What I liked the least about this workshop (or session) was:
10. Additional comments:

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