PART B: GUIDELINES FOR IMPLEMENTING THE PEER COUNSELOR COMPONENT

Advantages of Peer Counseling

Peer counselors have been effective in influencing positive health behaviors in a wide variety of health promotion programs, particularly among adolescents. One TB program that enlisted the aid of peer counselors increased adherence to preventive TB medication by 55-65%. Adolescence is a time in which peers have a significant and perhaps greater influence on adolescent behavior than parents and health personnel. Peer counselors can provide social support and can also be a positive role model for the teen regarding a desired behavior. In terms of adherence to preventive TB medication, peer counselors are role models for TB treatment since they, themselves, have completed the preventive TB treatment regimen.

Description of Peer Counselor Component

A peer counselor is an individual who can identify with the patients and the issues they face surrounding their treatment. In this intervention, adolescents who are of similar background and age, and who have completed TB treatment are selected to be peer counselors. These peer counselors provide social support for the patients by making periodic telephone calls to patients to remind them of their upcoming appointments, address any problems or questions patients have, and encourage them to adhere to their TB medication. They are responsible making calls to patients at least every two weeks. Generally, the phone calls will be made from the home of the peer counselor, therefore, they will be responsible for documenting their activities and reporting them to clinic staff. Peer counselors should also follow a standard guide to help them monitor the patient's progress and document any problems or questions the patient may have (See appendix T).

The clinic should appoint a coordinator who will be responsible for the recruitment, training, and supervising of peer counselors. This coordinator can be a health educator, nurse, or other health care staff that is oriented on the responsibilities of the peer counseling program.

Recruitment

The recruitment of peer counselors should be conducted through a careful selection process, as teens that are selected as peer counselors should reflect the population of TB infected teens in your health care setting and should be able to communicate effectively with your clients. Begin the selection process by identifying adolescents who successfully completed the chemoprophylatic TB treatment with no more that two missed appointments. Through a review of patient charts, generate four lists of names and addresses of adolescents whose cases are closed because they have completed their treatment, or who are within three weeks of closing. These individuals may have a maximum of two no show or "booked and mailed" (B/M) during the course of their INH therapy. The lists should be separated into four categories according to gender and age at the time of initiation of treatment.

1) 15-16 year old females
2) 15-16 year old males
3) 16-17 year old females
4) 16-17 year old males

Send a letter of invitation to those individuals identified on your list inviting them to become peer counselors. Along with this letter include an application form for the peer counselor position and a self-addressed, stamped envelope. Once applications have been received, conduct interviews with those who have the appropriate qualifications and select the peer counselors based on criteria that would most appropriately meet the needs of your target population. For instance, if a large portion of your client population is Cambodian, and speaks more Khmer than English, your clinic may require peer counselors who are fluent in both English and Khmer. Table X describes the criteria that were used in selecting peer counselors for the UCLA/CSULB Adolescent TB Program. During the interview process, include questions exploring the adolescent's ability to act in different situations. For example, "What would you do if the parent does not want to let the participant talk to you?" or, "What would you say to a participant wanting to date you?"

In geographical areas where there are people who speak a language other than English, bilingual peer counselors are needed. Since language is a barrier for access to care/services/etc., the clinics need to make sure that "bilingual counselors" are proficient in the other language. Failure to do so may jeopardize the program's effectiveness. Part of the "job" interview should be conducted in the other language. A person fluent in that language should evaluate the applicants' bilingual skills. Once the counselors are selected, those who will work with non-English speaking patients should rehearse the interview in both languages (English & Other language).

BASIC CRITERIA FOR COUNSELORS

A. **Two age groups:**
   1) 15-16 year olds to counsel 16 and under
   2) 17-19 year olds to counsel 17 and 18 year olds; can counsel 15-16 year olds if needed.
B. **Successful completion of INH therapy as a Class II TB patient.**
C. **Ability to speak English fluently** is a necessity; Spanish fluency preferred.
D. **Communication Skills:** Responsible, dependable teen with excellent communication skills. This person should be able to initiate and conduct a conversation in a professional manner. The teen must be able to sense when, if necessary to refer difficult issues to an adult supervisor. It is preferable that the counselors speak the language of the primary ethnic group in the study population in addition to English. In fact, at least one person from each age group must be bilingual.
E. **Listening Skills:** The teen must be a good listener. Empathy and understanding are essential.
F. **Attendance:** The peer counselor must be able to attend all of the training sessions. The peer counselor should be able to make phone calls from his/her home on a regular basis in a room without distraction. If this is not possible, the teen must be able to get to the clinic to make phone calls. In addition, the teen must be able to meet with the Site Coordinator at the clinic once a week to turn in and pick up materials. The teen should be agreeable to a monthly pay schedule.
G. **Access to a phone**
H. **Ability to work legally in the U.S.**

Peer Counselor Training
Shortly after their recruitment, teens should be trained on the roles and responsibilities of a peer counselor. The second part of the peer counselor guidelines provides more specific information to be covered during these training sessions.

The peer counselors should be assigned approximately 6 to 10 patients to contact at least once every two weeks. The phone calls will usually be made from the home of the peer counselor, due to the fact that most of them will have to be made after regular clinic hours. Because the peer counselors' work will be conducted outside of the clinic, it may be a challenge to monitor their performance or to assess whether the appropriate information is being conveyed to the patients. Therefore, you may want to conduct meetings with the peer counselors in order to discuss the calls that were made and the conversations they had. The meetings will provide an opportunity for them to ask any questions regarding the procedures or to request assistance in particular situations. In addition to the regular meetings, the site coordinator can ask peer counselors to tape record conversations with patients. The conversations on these recordings should be evaluated based on the quality of the conversation, as well as the information provided to the patient by the peer counselor. Prior to recording the phone conversations, patients should be made aware that they are being recorded and that the conversation will remain confidential. The site coordinator can also randomly call some of the patients to assess whether the peer counselors made their phone calls as scheduled. The site coordinator should then provide any additional training, as needed.

A schedule of appointments should be given to peer counselors periodically to notify them when their patients will be coming to the clinic and when they should call the patients to remind them of their appointments. The first call to the patient should be made shortly after the patient is prescribed preventive TB treatment in order to establish rapport. During this first conversation, the patient and peer counselor should determine how often the peer counselor should contact the patient and they should establish a regular day and time that the peer counselor will call. Subsequent calls should be made based on that schedule.

Patient Orientation on the Peer Counselor Role
Patients who are given a peer counselor will require a brief orientation regarding the role of a peer counselor and should be told to expect a phone call from the peer counselor. Explain that a peer counselor will be assigned to the patient in order to help the teen to remember appointments and to encourage the teen to complete the TB medication. The phone calls will be made at least once every two weeks, although some participants may prefer more frequent calls. Be sure to ask and record the best time for the adolescent to receive the peer’s call. The intensity of the peer/participant interaction will be dependent upon the participant’s desires, and the interactions will be monitored and documented. Furthermore, ask the patient about his/her age and gender preferences for a peer counselor. Also, inform the patient that the conversations may be recorded for quality assurance, but that they will remain confidential.

Possible Challenges
Unanticipated challenges may arise during the implementation of this intervention. Whenever possible, attempt to define the problem and work with the participant and/or family immediately. The following are potential challenges that your clinic may encounter and possible approaches of

addressing those problems:

Identifying peer counselors: After having identified patients who successfully completed their TB treatment and after interviewing interested teens, you may discover that those whom you interviewed were not suitable for the position of peer counselor. You may be lacking in Spanish-speaking teens, or the younger applicants may not appear responsible enough to commit to the duties of peer counselor. In these instances, you may need to expand your recruitment efforts. For instance, you may decide to accept applicants who are one or two years older than your client population. You may also choose to recruit volunteers who are members of health or community service clubs at the high schools. Many high school clubs have members who are eager to gain experiences that will serve the community, encourage personal growth, and improve their resumes. Becoming a peer counselor for adolescent patients with TB infection will accomplish all of those things.

Conflicts with parents: Some parents of TB patients may not feel comfortable with the peer counselor calls to their daughter or son for various reasons. For instance, a father may object to having a male peer counselor call his daughter, or one mother may not approve of her son receiving phone calls around dinnertime. In order to prevent these conflicts, it is important to identify any potential problems and establish guidelines before the peer counselor makes any calls. Questions should be asked of both the parent and the adolescent regarding gender preferences for the peer counselor, the best time to call the house, the age of the patient and peer counselor, etc.

Inability to contact the patient: It is imperative that locator information on the patient be collected, such as the names, phone numbers, and addresses of family and friends who would know where the patient might be located. Encourage patients to provide the names of family and friends who are in the area. These individuals would be more likely to know how to contact the patient.

Peer Counselors not making calls as scheduled: While monitoring the peer counselors' progress in making patient phone calls, you may discover that some peer counselors have not been calling the patients that have been assigned to them. In these cases, it may be necessary to conduct additional training for those individual peer counselors. Help the peer counselor identify the reasons why he/she has not been able to make the necessary phone calls to the patients. The peer counselor may feel he/she has too many patients to contact and does not have enough time to call each patient. You may need to decrease the peer counselor’s load list and patients may need to be re-assigned to a different peer counselor.

Participant does not have a telephone: In the case when the patient does not have a telephone, it may not be an option to assign a peer counselor to the patient. However, your clinic may decide to allow patients to have face-to-face interactions with their peer counselor as another option.

THE CONTINGENCY CONTRACT COMPONENT

Advantages of the Incentives for Adherence to TB Treatment

Incentives provide positive reinforcement for a desired action, such as medication taking or appointment keeping. If an individual expects a positive outcome for a particular behavior, that individual will be more likely to perform that behavior. The use of incentives has been successful in increasing adherence to TB treatment in a number of programs. In fact, almost every state health department in the U.S. uses incentives and enablers in order to encourage TB patients to come to their clinic appointments and complete their treatment. In addition, various health promotion programs that have used incentives, including those targeting adolescents, have experienced increases in program attendance and participation.

Description of Contingency Contract Component

The clinic should identify a staff member to coordinate this component and negotiate contingency contracts with adolescent patients and their parents. This person can be a health educator, nurse, or other health care worker who is trained in the responsibilities of the program. In the incentive component, the parent and adolescent patient sign a contract to encourage the teen to attend monthly clinic appointments and to complete the TB treatment. They agree that if the adolescent adheres to the prescribed TB treatment, the parent/guardian will give the adolescent an incentive of his/her choice. Adhering to the TB treatment includes keeping appointments with the TB clinic and taking the TB medication everyday. Clinic staff involved in the incentive program are to present the contract agreement to the parent and child, and help them to negotiate an incentive and the terms of the agreement. Since research indicates that patients tend to drop out of TB treatment in the early stages in the treatment regimen, we suggest that the two incentives be given within the first few months of treatment, and one at the completion of treatment. Some parents may choose to provide incentives for each visit.

Negotiation Procedures

The incentives should be presented to the teen and parent as a reward given to the teen for keeping appointments at the TB clinic and for completing the TB medication. The negotiation of the contingency contract should take place in the clinic after the patient has been prescribed the preventive TB regimen. Once the patient understands what is to be expected during the treatment, clinic staff should ask the patient and parent if they are interested in negotiating a reward to assist the teen in the completion of his/her treatment. The clinic staff should emphasize that the incentive need not be monetary and can be something that does not need to be purchased, such as more time with parents or an extended curfew. Stressing this point will encourage parents to agree to the contingency contract who may be concerned that they will not have the financial resources to provide an incentive.

Before giving the adolescent and parent/guardian the Incentive Suggestion List, have him/her generate possibilities with the parent/guardian. It is also possible for the adolescent to sign a contingency contract with someone other than the parent present at this first meeting, including a grandparent, aunt/uncle, coach, other adult relative, or other adult. However, this adult should be closely involved with the patient's treatment and should be able to act as an "adherence observer." The clinic staff should work with the adolescent patient and parent/adult to negotiate a contingency agreement. This includes deciding upon the type of agreement, specific goals to be met for awarding the incentive, and a schedule for awarding incentives. Ask both the patient

and the adult to sign a contingency contract to document the agreement they have made.

For non-English speaking parents or teens, the agreement should be clearly written in their language. Also, low-literacy level has been reported in some populations. Therefore, some individuals with low/no formal education will not be able to write or read information pertaining to the incentive negotiation and may need someone to read the information and assist in goal writing. It is also important to determine parents' attitudes or perceptions toward rewarding their kids as cultural beliefs or norms may be barriers to this process.

The clinic staff should maintain lists of those participants in the incentive program, along with the signed contingency contracts. The contract should be in place within one month of treatment, and should be signed by the second clinic visit. Incentive can be given 1) monthly; 2) at the end of the entire treatment, a "You did it!" reward; or 3) any schedule they choose together. Table Y list possible incentives that you can suggest to the teen during the negotiation procedures.

<u>Incentive Suggestions</u>
Special meal at home
Going out to eat
Clothes
Going to the movies / renting a tape
Special gift
Staying up later
Doing less chores
Money
Not sharing
Being driven somewhere
Doing something with parents
Having a special party
Anything agreeable to both the parent and the teen

Obtaining both teen and parent agreement: Ultimately, the incentive should be something that will motivate the teen to complete his/her treatment. Assist the parent and teen negotiation process by encouraging parents to find an incentive the teen will want. In addition, encourage the teen to choose a reward that is reasonable and within the means of the family. Most teens are sensitive to what their parents are and are not able to provide and they are likely to respect those limits.

Ensuring that incentive is given: According to the contract agreement, the teen should receive a reward of his/her choice once the teen has fulfilled his/her end of the contract agreement. However, because the parents will be providing the incentive, the clinic may not know whether the incentive was actually given. It will be important to follow-up with the patients to know when the contract has been fulfilled by both the patient and the parent. Look over the signed contingency with both parties and ask each of them separately if the incentive was, in fact, awarded to the teen. If it was not provided, encourage parents to adhere to the contingency contract in an effort to help the teen have successful treatment. If it is possible, the clinic may

choose to furnish the incentive and present it to the parent to give to the teen.

Adolescent-Adult Incentive Agreement
First Month of Treatment

Begin treatment on __ __/__ __/__ __
mo. day year

Complete Month 1 on __ __/__ __/__ __
mo. day year

As participants in the UCLA/CSULB Adolescent Tuberculosis Prevention Project, we agree to the terms of this contract. In order to help ____________________________ (Adolescent's name) successfully finish his/her TB treatment, we agree that an incentive will be given if he/she returns to his/her chest clinic appointment next month. We agree to the following incentive schedule. (Check appropriate incentive schedule.)

_______ 1. The incentive will be given at the end of the first month.
Incentive:

_______ 2. We would like to be on our own schedule that we describe here:

____
____
____
____
____
____

Incentive:

Signed, ______________________________ ______________________________
Adolescent Date Adult Date

____
Site Coordinator Date

Medical Record #: __ __ __ __ __ __ __ __

Comments: ____
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____

Adolescent-Adult Incentive Agreement
Second Month of Treatment

Begin Month 2 on __ __/__ __/__ __ Complete Month 2 on __ __/__ __/__ __
mo. day year mo. day year

As participants in the UCLA/CSULB Adolescent Tuberculosis Prevention Project, we agree to the terms of this contract. In order to help ____________________________ (Adolescent's name) successfully finish his/her TB treatment, we agree that an incentive will be given if he/she takes one Isoniazid (INH) pill each day and returns to his/her chest clinic appointment next month. We agree to the following incentive schedule. (Check appropriate incentive schedule.)

_______ 1. The incentive will be given at the end of the second month.
Incentive:

_______ 2. We would like to be on our own schedule that we describe here:

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Incentive:

Signed, ________________________________ ______________________________
Adolescent Date Adult Date

____
Site Coordinator Date

Medical Record #: __ __ __ __ __ __ __ __

Comments: ____
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Adolescent-Adult Incentive Agreement
Completion of Treatment

Begin Month 3 on __ __/__ __/__ __ Completion of treatment __ __/__ __/__ __
mo. day year mo. day year

As participants in the UCLA/CSULB Adolescent Tuberculosis Prevention Project, we agree to the terms of this contract. In order to help ______________________________ (Adolescent's name) successfully finish his/her TB treatment, we agree that an incentive will be given if he/she takes one Isoniazid (INH) pill each day and goes to his/her chest clinic appointment every month. This will continue for as many months as the doctor prescribes the INH medication. We agree to the following incentive schedule. (Check appropriate incentive schedule.)

_______ 1. The incentive will be given at the end of each successful month.
Incentive:

_______ 2. The incentive will be given after successful completion of the entire course of INH treatment.
Incentive:

_______ 3. An incentive will be given at the end of each month as well as after the entire course is completed.
Incentives- monthly:
completion:

_______ 4. We would like to be on our own schedule that we describe here:

____
____
____
____
Incentive:

Signed, ______________________________ ______________________________
Adolescent Date Adult Date

____
Site Coordinator Date

Medical Record #: __ __ __ __ __ __ __ __

Comments: ____
____
____
____