Strengths-Based Case Management:
A Manual for HIV-Positive Women
Working as Peer Case Managers
Acknowledgments

This resource evolved out of the Women’s HIV Empowerment Through Life Tools for Health (wHEALTH) Study, a community-based research project, and involved a number of community partners. Thank you to all who contributed to the development, implementation, evaluation and dissemination of this important community-based research initiative.

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Thank you to the following wHEALTH Study Team members for their contributions to this manual:

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The wHEALTH Study and this manual were made possible through funding from:

- The Ontario HIV Treatment Network
- The Canadian Institutes of Health Research
Case management is an effective model of care to address the complex needs of people living with HIV/AIDS (PHAs), link PHAs to relevant services,\(^1\),\(^2\),\(^3\) and ensure women living with HIV have access to social support and medical services while improving their quality of life.\(^4\),\(^5\)

Traditional case management models may not always be appropriate for hard-to-reach populations and those living in resource-limited communities.\(^6\) Peers model hope and encouragement, have an understanding of a community sub-culture, for example, the multifaceted needs of women living with HIV, and can provide useful skills while engaging and working with clients in their own social worlds thereby enhancing case management approaches.\(^4\) Peer case managers combine accessibility with lived experience resulting in greater access to and credibility in communities of interest. Peer case managers can occupy inter-related roles of an outreach worker (i.e. engaging, advocating, care planning, arranging for services and monitoring), a skills trainer (i.e. providing individual clients with knowledge, skills and resources) and an advocate (i.e. forming and facilitating community-wide support networks) thus acting as an agent of change empowering clients.\(^4\) Peer case management is rooted in communities where clients live and focuses on the mutual, reinforcing efforts of both the client and peer case manager.

In response to the lack of research and best practices for delivering women-centered and community-based support to HIV-positive women across Ontario, the Women’s HIV Empowerment Through Life Tools for Health (wHEALTH) intervention was developed. The primary objective of wHEALTH was to determine whether a proactive, strengths-based case management intervention (wHEALTH) was effective in improving health-related quality of life of women living with HIV in the Greater Toronto, Hamilton and surrounding areas. Secondary objectives were to understand how the wHEALTH intervention affected psychological adjustment (depression), coping and perceived social support compared to community-based programming (standard of care).

The wHEALTH intervention was developed drawing from women-centered and peer case management models and grounded in a strengths-based model of care. The strengths perspective is based on the belief that individuals possess abilities and inner resources to effectively cope with life challenges.\(^7\),\(^8\),\(^9\) Strengths-based case management combines a focus on client strengths and self-direction with three other principles: (1) promoting the use of informal helping networks, (2) offering assertive community involvement by case managers, and (3) emphasizing the relationship between client and case manager.\(^10\) The wHEALTH intervention delivered peer case management from the strengths perspective whereby: (1) the focus was on the client’s strengths rather than on their challenges or weaknesses (assets

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over problems); (2) supports and opportunities were actively sought to improve the client’s health and well-being; and (3); the client directed the conversation and agenda (self-determined goals). Together, the client and peer case manager determined what informal and formal community supports (e.g. faith, social, etc.) were available to the client and assessed and prioritized issues related to daily living; housing; financial supports; social supports and relationships; vocation, employment and education; leisure and meaningful activities; and other issues identified by the client. The relationship between client and peer case manager was non-hierarchical and based on mutual respect. Prior to participant enrollment, wHEALTH peer case managers completed seven days of training to ensure understanding of the philosophical underpinnings and practical elements of delivering the wHEALTH intervention.

The main strength of the wHEALTH study was its community-based approach and thus, the involvement of HIV-positive women as research investigators, peer research assistants and peer case managers. The high degree of community-academic partnerships meant that HIV-positive women advised the development of the peer case management intervention, the research process, and the evaluation of the intervention. Given that this study was meant to design, implement, and evaluate a peer case management model of support for HIV-positive women, the community-based approach was a crucial and valued component of the overall project and an absolute necessity for the success of the intervention. Critical reflection and debriefing of the wHEALTH intervention occurred throughout the study, which enabled simultaneous meetings with the peer case managers to revise and finalize this wHEALTH manual.

The purpose of the wHEALTH manual is to guide HIV-positive women acting in the capacity as peer case managers. This manual covers the following topics: (1) What is (strengths-based) case management?; (2) Skills of a strengths-based case manager, (3) Uniqueness of peer case management; (4) Session guide, which includes detailed information about the 12-session wHEALTH intervention; and (5) Handouts to guide sessions with clients. This resource may be useful to community-based service providers and other peer roles.
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Introduction to case management

What is case management?

Medical management of HIV has grown in complexity in concert with treatment efficacy raising many questions regarding how to optimize care, and how able people living with HIV are to manage complex treatment. Over the last decade, there has been a rapid shift from hospital-based to community-based HIV care; and there is a growing literature that documents the effectiveness of offering earlier comprehensive services to people living with HIV/AIDS (PHAs) in community-based settings. This shift resulted in part from public policies that promoted the creation of community-based AIDS service organizations (CBAOs). Support services offered by CBAOs help to alleviate demands on health care institutions and improve quality of life.

As the HIV care paradigm shifts from acute illness to chronic disease with the use of antiretroviral therapy, there is increased recognition of the need to help PHAs access and coordinate a variety of services. The complexity of the disease calls for integrated services, but questions regarding what model of care would be appropriate for this population remain. The current trend includes developing managed-care networks through the enhancement of primary-care services for PHAs.

The case management model has been shown to be effective and integral in addressing the complex needs of PHAs. Moxley (1989) defines case management as a “client-level strategy for promoting the coordination of human services, opportunities, or benefits.” Case management is a client-centered service approach, whereby the services provided within a community are coordinated according to the needs of the client to ensure more positive and sustained outcomes for them; the case management model employed may include medical, family-centered, clinical, and systems case management. The overall goals of case management are to increase the accessibility of health and social services and to help the client navigate the health care and social support systems, thus empowering the client, his/her family members and other informal support providers to successfully manage their needs. Case managers are not necessarily health care or social support providers and generally do not provide treatment. Rather, they coordinate and compliment the efforts of those who provide these services.

Because of the complex nature of HIV/AIDS, successful case management for PHAs requires the ability to shift emphasis of care according to the nature and level of the illness and the client’s needs. The case manager must be continually aware of the differences among clients and be willing to adjust services appropriately. For example, client views of medical treatment are based on cultural factors and may influence decisions regarding treatment and services. Case managers may have to bridge gaps between medical and social services or alternative treatments and services that the client may wish. At the same time, case managers should be aware of other psychological factors such as depression or dementia that may influence the client toward inappropriate or harmful choices.
The largest source of research on HIV models of care comes from the Special Projects of National Significance, United States Health Resources and Services Administration (HRSA), which has funded many HIV service delivery projects since 1993. Many diverse projects across the United States have shown the effectiveness of proactive HIV case management providing a full range of integrated care including medical care, psychological support and prevention activities. Such case management services have provided PHAs with access to mental health care, addictions treatment, housing, financial assistance, risk reduction counseling, and many other services.\textsuperscript{9-14}

Many of these HRSA projects demonstrate the necessary requirements for successful case management, which include determinants of health like housing, nutrition, and transportation. When these needs are not attended to, regular medical care and treatment are difficult to maintain. As noted by Abramowitz and Obten,\textsuperscript{4} in HIV case management it is not enough to coordinate care, it is also necessary to develop collaborative links between organizations while learning to overcome differences in organizational cultures.

Case management may include the following key activities:
The strengths-based case management model

Strengths-based case management is one of the different models of case management that addresses the social desires and needs of people. The strengths perspective is based on the belief that individuals possess abilities and inner resources that allow them to cope effectively with the challenges of living. \(^{15-17}\) Strengths-based case management is a specific implementation of the overall strengths perspective, combining a focus on client strengths and self-direction with three other principles: (1) promoting the use of informal helping networks, (2) offering assertive community involvement by case managers, and (3) emphasizing the relationship between client and case manager. \(^{18}\)

The strengths-based case management model rests on two underlying assumptions about human behaviour. First, people who are successful at living not only have the ability to use and develop their own potential, but also have access to resources that allow them to do this. Second, human behaviour is primarily a function of the resources available to individuals; a pluralistic and just society must value equitable access to resources. \(^{18}\)

Strengths-based case management employs specific principles including:

1. **Assets over problems:** Focus should always be on the individual’s strengths rather than on their challenges or weaknesses.

2. **Aggressive outreach:** Both the case manager and client must actively seek out more and better supports (e.g. people, services, aid) and opportunities to improve the client’s health and wellbeing.

3. **Community:** Formal and informal community available to the client (e.g. geographical, social, faith-based, or however else defined by the client) should be viewed as having immense potential and wealth with regard to benefits for the client.

4. **Self-determined goals:** Clients should ultimately determine the goals of the case management.

5. **Partnership:** Case manager - client relationships should be non-hierarchal and based on mutual respect.

With an emphasis on empowerment and assets over problems, the strengths-based case management model aims to facilitate the individual’s attainment of specific competencies and support to improve their health and quality of life using intrapersonal resources, social relations, current opportunities and external support structures. More specific goals are to establish mutually satisfying social relations (i.e. with landlords, service providers, friends, peers, clergy, teachers, etc.) and to strengthen or improve the quality of a person’s living situation (i.e. financial status, vocational or educational situation, social supports, health, leisure, daily living situation, etc.) as directed by the client.
In practice, the case manager and client work collaboratively to identify the individual’s assets (i.e. individual strengths and skills, social networks, support services, opportunities, tangible aid) and challenges; an action plan is then developed whereby assets are applied to address the challenges.

The skills of a strengths-based case manager

There are many skills needed to conduct effective case management. Communication and referral skills are two that are especially important in strengths-based case management, and are discussed in detail below.

1. Communication skills

To communicate effectively, strengths-based case managers must:

I. Create a comfortable environment
II. Listen actively
III. Ask questions
IV. Maintain dialogue

I. Create a comfortable environment

Creating a climate in which clients can feel comfortable discussing and exploring personal issues involves case managers committing to values of acceptance, empathy, equality and co-operation. Case managers should keep the following in mind:

- Be respectful of clients’ beliefs, values, choices, opinions and views
- Be clear, truthful and straightforward in all conversations with clients
- Be transparent and honest regarding defining and maintaining confidentiality
- Be aware that case managers do not need to have gone through the same experience as their clients in order to be empathetic

The physical environment where meetings with clients occur has to be in a mutually agreed location where confidentiality and comfort is felt by both parties.

At the initial meeting, discuss the client’s preference regarding communication in between in-person sessions (e.g. mailing a letter, sending an email, leaving a voicemail). When in doubt, err on the side of caution. Prior to meeting a client in a public place, discuss the client’s preference for communicating specifics about HIV (e.g. acceptable terminology).
II. Listen actively

Active listening is an invaluable skill of a case manager and involves the ability to hear and understand the whole message, that is, not only the words but also the feelings that underlie the words. Sometimes people listen to only part of what is being said to them, which can result in misunderstanding, the creation of assumptions and the speaker feeling unheard and misunderstood.

Listening is an active process. Case managers need to listen for and be attentive to both verbal language and non-verbal indicators that are conveyed by the client. Verbal messages can be easy to identify and comprehend because they often convey the experiences, actions, thoughts and feelings of the speaker. Non-verbal indicators can help case managers understand the true meaning or essence of what a client is trying to communicate. Some non-verbal indicators include:

- body behaviour (e.g. posture, body movements, gestures, etc.)
- facial expressions (e.g. smiles, frowns, raised eyebrows, twisted lips, etc.)
- voice-related signs (e.g. tone of voice, pitch, loudness, intensity)
- observable physiological responses (e.g. quick breathing, blushing, pupil dilation)
- physical characteristics (e.g. appearance and well-being)

It is important to recognize how these non-verbal indicators may modify or influence how one is communicating (e.g. deny, strengthen, confuse). It is through practice and experience that one learns how to interpret the meaning of these indicators in any given situation.

Not only do we need to be aware of the non-verbal language of clients, but we also need to be cognizant of our own. Case managers may need to modify or add to verbal messages with non-verbal indicators (e.g. leaning forward, nodding, acknowledgment through facial expressions, etc).

III. Ask questions

Asking questions that move the discussion forward, establish a smooth process of dialogue and gather helpful information is another important skill of a case manager. There are some questions that do just the opposite and stall the development of a good conversation with a client. It is helpful to avoid the following types of questions:

- **The Closed Question** begins with verbs like do, did, does, can, will, etc. Closed questions are answered with a ‘yes,’ ‘no’ or another specific response. These questions can be helpful for clarifying specific facts, but can result in very little discussion and elaboration (e.g. *Do you like your support group?*)
- **The Leading Question** assumes that the questioner knows the answer, and puts the answer into the other person’s mouth (*e.g.* That’s hard for you, isn’t it?).

- **The Why Question** can sound overly critical and judgmental. Asking “why” can put people on the defensive by implying that they should know the answer (*e.g.* Why isn’t this working for you?, Why do you not understand this?).

- **The Overly Personal Question** can be inappropriate to ask; the personal information may be irrelevant or too personal for what the case manager and client are trying to achieve. Try to ask questions that are valuable to providing case management and helping the client move forward with the goals they have identified. Be respectful if the client describes feelings of discomfort with regard to answering questions of a personal nature (*e.g.* Are you really bisexual?, And then what did you do in bed?).

- **The Interrupting Question** can be inconsiderate, poorly timed and disrupt the flow of the conversation. In order to clearly and accurately hear a client’s verbal message, it is important for case managers to listen intently and not formulate responses while the client expresses themselves (*e.g.* How long has this been going on for? asked in the midst of someone divulging that she thinks she smokes too much pot; Well, what will you do? asked while someone is still relating the details of her personal crisis).

Asking open, appropriate and non-leading questions in a respectful and timely manner will result in full and meaningful discussions with clients. The right questions will encourage clients to talk in greater detail, which will enable case managers to better understand their situations.

**More asking tips**

*Beginning a discussion*... use **What** and **How**; *e.g.* How was that for you? What did you feel? How can I help you? What is on your mind?

*Requesting description*... *e.g.* Tell me about...In what way does...?

*Giving an opportunity to elaborate*... *e.g.* When you say he upsets you, what exactly do you mean? Could you tell me more about that?

*Focusing on feelings*... *e.g.* Can you describe how you feel about that? How does that make you feel?

*Focusing on plans*... *e.g.* What will you do? How will you make it happen? How will that help you to...? What are your choices? What could you do that might change things?
IV. Maintain dialogue

Maintaining dialogue involves more than just asking the right questions at the right time. There are other techniques that are important in order to maintain a conversation including paraphrasing, summarizing, being able to use ‘I’ statements and being comfortable in silence.

**Paraphrasing** is restating what someone else has just said. The listener repeats the message in their own words, perhaps using a concrete illustration, example or metaphor to convey more vividly what they understood to have been said. Paraphrasing also enables a speaker to re-hear a statement and verify that the listener heard them and correctly interpreted what they were saying. These comments can provide ongoing feedback during a conversation and stimulate discussion. Paraphrasing can also invite or enable further exploration and understanding of what is being discussed.

It is important to paraphrase, even if the listener feels that they have misunderstood the speaker, as paraphrasing can invite the other person to confirm or reject the feedback and correct any errors of perception on the part of the listener.

Here are some tips when paraphrasing:

- Start with “So, what you are saying is” or “If I understand correctly, you...” or “It sounds like you...”
- Try not to put down how the speaker has communicated with you by saying “You’re not making yourself clear” or “You’ve not expressed that very well”, etc.
- Be honest with the speaker if you don’t understand what they have said
- Try to tune into the other person’s language. It is better to use exact words when characterizing an event or situation e.g. “dead” not “gone”.
- Use your own words when paraphrasing, however. Repeating verbatim, or parroting, is not advised.
- Listen to the depth of feeling expressed in the person’s voice and reflect accordingly in responding.

**Summarizing** pulls together and organizes the main points of a discussion so that they can be reviewed, confirmed or corrected. Summaries can serve a variety of purposes, including to:

- Prioritize and focus scattered thoughts and feelings
- Close or begin a discussion of one specific theme
- Begin to consider ways forward
- Prompt exploration of an idea
- Focus a conversation that is aimless
- Check understanding of the progress of a conversation

An example of how a case manager may summarize what a client has said is:

“May I just check that I have understood you correctly? You have told me about a few choices open to you. You could try to deal with this challenge yourself, make an appointment to meet with your counsellor, or join a support group. None of the options feel like a perfect solution. What do you see as the advantages and disadvantages of each of these possibilities?”
“I” Statements seek to maintain distinct boundaries between people during a conversation and help to clarify personal experiences and opinions. A key dimension of listening is for the listener to ‘own’ personal statements about feelings, thoughts and behaviours; this approach can be particularly useful in peer situations.

In an attempt to help, peer case managers may over-identify with the client and assume that their problems are alike, when they are not. For example:

- “You must have felt angry and tense!” - assumes the other person’s response and puts words into their mouth
- “That happened to me once and I...” - focuses on the case manager and assumes that the case manager and client shared similar situations or experiences

Consider possible ways that ‘I’ statements could be used more appropriately when communicating with a peer. Be aware of them in conversation. Owning one’s statements is often effective when combined with paraphrasing and summarizing.

Silence can enrich the experience of a conversation and may serve to give the listener time to think and reflect as well as give space to sit with the other person and feel an emotion or solidarity, etc. Unfortunately, many people fear silence and are tempted to talk in order to fill a gap in conversation. Silence, however, can enable new thoughts and/or actions to come to light and often conveys deep, empathic understanding. A good tip is to stay silent for as long as you are comfortable, and then slowly count to 20.

Tips for giving feedback:

Feedback can be given from the perspective of the overall impression of an experience including:

- thoughts
- feelings
- aspects that went well or were helpful
- aspects that were difficult or were less helpful

When giving feedback, keep the following in mind:

- be respectful
- be clear about what you want to say
- be specific - avoid generalizing by using ‘never’ and ‘always’
- consider all feedback confidential unless deemed otherwise by the person receiving it
- focus on the behaviour, not the person
- be constructive by focusing on what can be changed. The more constructive feedback one receives, the more one can develop their repertoire of skills for future use.
- use the client’s language without compromising your own values and morals
Case Manager Reflection Sheet

This list contains a number of support behaviours. Case managers can use this list to understand their behaviour when working with clients. Use this list to monitor and keep track of your support behaviours:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Making appropriate eye contact</td>
</tr>
<tr>
<td>2.</td>
<td>Adopting an open posture</td>
</tr>
<tr>
<td>3.</td>
<td>Nodding</td>
</tr>
<tr>
<td>4.</td>
<td>Encouraging phrases/sounds</td>
</tr>
<tr>
<td>5.</td>
<td>Communicating empathy</td>
</tr>
<tr>
<td>6.</td>
<td>Listening and being silent</td>
</tr>
<tr>
<td>7.</td>
<td>Non-judging attitude/acceptance</td>
</tr>
<tr>
<td>8.</td>
<td>Paraphrasing (thoughts/feelings/behaviours)</td>
</tr>
<tr>
<td>9.</td>
<td>Reflecting (thoughts/feelings/behaviours)</td>
</tr>
<tr>
<td>10.</td>
<td>Using open-ended questions</td>
</tr>
<tr>
<td>11.</td>
<td>Using closed questions appropriately</td>
</tr>
<tr>
<td>12.</td>
<td>Appropriate self-disclosure</td>
</tr>
<tr>
<td>13.</td>
<td>Other</td>
</tr>
</tbody>
</table>

Skill areas (use numbers):

Areas needing attention (use numbers):

What worked best?

What did you learn from the activity?
2. Referral skills

Referrals are a key component of case management. Making a referral and coordinating services helps individuals to access necessary resources and broadens their community of support. An effective case manager will work with clients to identify gaps and challenges and find the appropriate supports through referrals. A case manager is a conduit to services and support as part of a multidisciplinary team.

Referrals occur when:
- the client’s situation requires the help or services of a specialist (e.g. mental health, addictions, grief, trauma, abuse, legal matters, immigration support)
- the client needs healthcare services (e.g. family doctor, HIV specialist, dentist, community health centres)
- the client needs community resources (e.g. community centres, housing supports, food bank, counseling services, educational services, spiritual support, women-centred programming)
- the client needs to access financial assistance and benefits (e.g. Ontario Works, Ontario Disability Support Program, Ontario Trillium Drug Program)

When making a referral, case managers need to remember that referrals must be individual; what works for one may not work for another.

If a case manager has had a negative experience with a community resource, they should still be open to referring clients to this resource as clients may identify with the service. Case manager bias should not impact the nature of referrals given to clients.

Once a referral has been made, follow-up with the client to find out what their experience was like accessing the service.
Making referrals regarding sensitive issues (e.g. abuse) may be more difficult to handle. Some effective language or ways of communicating referrals to clients include:

- You might find it helpful to...
- Would you consider talking with...
- You might like to talk with...
- It might be useful for you to...

The following table summarizes key information to help you make referrals on behalf of your client:

<table>
<thead>
<tr>
<th>Types of organizations your client may need</th>
<th>Health care services</th>
<th>Social services</th>
<th>Newcomer and settlement services</th>
<th>Housing support services</th>
<th>Food security services</th>
<th>Legal services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reasons your client may need your help</td>
<td>She lacks self-confidence to make the first contact</td>
<td>She needs additional support because of mental health issues</td>
<td>She is not comfortable communicating in English</td>
<td>She faces barriers because of health complications</td>
<td>She fears deportation</td>
<td></td>
</tr>
<tr>
<td>What you may need to know about the organization</td>
<td>Contact information (e.g. phone number, address) and hours of operation</td>
<td>The services that are offered</td>
<td>The demographics served</td>
<td>Their policies (written) and their practices (unwritten) (e.g. harm reduction)</td>
<td>Whether the services offered are linguistically and culturally appropriate</td>
<td></td>
</tr>
<tr>
<td>How you can get this information</td>
<td>Obtain copies of the organization’s policies and pamphlets</td>
<td>Call or make personal visits to the organizations</td>
<td>Network with community agencies and other case managers to stay up-to-date about programs and services</td>
<td>Consult with other peer case managers you are working with</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Tips for making referrals:

- Become familiar and continually update your knowledge on programs and community resources.
- Suggest a variety of options - give clients a number of different options to choose from with regard to the service or referral of interest where possible (e.g. multiple names of HIV specialists).
- A commitment to follow through is not a requirement for making a referral or providing a client with information about community services.
- If you need to make the referral for the individual (i.e. calling the agency on their behalf disclosing their name, HIV status, immigration status, housing status, etc.), ensure that you have written consent to do so (see sample consent form below).

<table>
<thead>
<tr>
<th>Consent to Disclose Personal Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>I, __________________________, authorize ______________________________</td>
</tr>
<tr>
<td>to disclose __________________________________________________________________</td>
</tr>
<tr>
<td>to ___________________________________________________________________</td>
</tr>
<tr>
<td>Name: ____________________________  Date: __________________________</td>
</tr>
<tr>
<td>Signature: _________________________</td>
</tr>
<tr>
<td>Witness: __________________________  Date: _________________________</td>
</tr>
<tr>
<td>Signature: _________________________</td>
</tr>
</tbody>
</table>

When contacting organizations in person or on the telephone on behalf of a client:

- Have a list of the points you want to address and all the necessary documents ready
- Written consent obtained from your client will predict the extent of personal information you can disclose to the agency you are contacting
- Speak clearly when identifying yourself including your position and agency and your client (if written consent has been obtained)
- Record pertinent information for the client (e.g. bring health card to first appointment)
- Keep a record of the referral in client file (e.g. progress notes)
How to approach your work

There are ethical and personal issues that one must consider when working as a peer case manager including values, confidentiality, disclosure, setting boundaries and self-care.

**wHEALTH Values**

There are four core values that are to be upheld by peer case managers.

1. **Anti-oppression framework**: we recognize that women’s experiences with HIV are shaped by other realities in their lives such as race, class, gender identity, sexual orientation, ability, immigration status, etc. We strive to address and challenge oppression in ourselves and our activities so that they appropriately address and reflect the diverse realities and communities of women living with HIV.

2. **Harm/Risk reduction and health promotion**: we are committed to reducing the risks or potential harm to the client that stem from an activity rather than attempt to stop that activity. We recognize that women engage in high risk sexual activities and drug use patterns for a variety of reasons. We want to minimize the adverse health, social and economic consequences associated with these activities and promote holistic health and well-being.

3. **Women-focused and inclusive**: We will strive to be accessible and inclusive to all women living with HIV.

4. **Sex positive**: We support women in making self-directed, informed choices about sex and sexuality. We affirm the rights of women living with HIV in how they choose to define their sexuality, how to express it, and with whom.

**Suggestions for practicing an anti-oppression framework as a case manager:**

- Take a moment to consider how you feel about different forms of discrimination including racism, homophobia and trans-phobia as well as different ways of being including sexual and gender identities, substance use and cultural differences. Be open and honest to yourself about your feelings.
- When working with a client who is using discriminatory language or is exhibiting discriminatory behaviour, challenge the behaviour and not the person.
- Be reflective when someone challenges your oppressive behaviour or language.
- Realize that although it can be uncomfortable to address oppressive behaviour and language, it is an important learning tool for yourself and the client you are working with.
Conducting case management as a peer

For the purposes of this manual, a “peer” is defined as a woman living with HIV. Peer case management brings together personal and professional experiences and qualifications including:

- Extensive knowledge of the complexity of issues relating to HIV/AIDS
- Knowledge of programs and services available to women living with HIV/AIDS
- Excellent communication and interpersonal skills
- A sensitivity to issues of diversity and accessibility
- A strong commitment to client-focused service
- Hands-on experience providing case management and/or support to women living with HIV/AIDS (i.e. support coordination, peer mentoring, front-line worker, etc.)

Peer case management integrates the strengths-based case management model with peer mentorship and peer-to-peer support. This facilitates a unique level of sharing compared to the traditional case manager-client relationship. Peer case managers should be empowered in their own lives as HIV-positive women, that is, have stability, maturity and comfort, in order to effectively offer support and empower the lives of other women living with HIV.

There are unique issues that peer case managers should consider when working with other HIV-positive women including self-disclosure of personal information, setting and maintaining boundaries and self-care strategies.

Self-disclosure

In peer-delivered, strengths-based case management, the focus is on the client. One tool that may be used by peer case managers is meaningful self-disclosure of personal information. This type of sharing may facilitate empowerment of the client to help them address their challenges.

From time to time clients may ask about and/or the peer case manager may wish to share personal experiences. It is important to remember that peer case management is not a regular social interaction. The peer case manager should use discretion in determining what she feels comfortable sharing, and, more importantly, what is useful to the client.

**Key questions that peer case managers should reflect on before disclosing personal information:**

- What is the purpose of sharing this information with the client?
- Will the client benefit by sharing my personal information with them?
- If the client may benefit, how will I use this disclosure as an opportunity to introduce/explore strategies to help the client move forward in their own situation?
Always remember that although peer case managers are bound by confidentiality, the client is not. Once personal information has been disclosed, peer case managers lose control over how that information may be shared and used by the client.

**Setting and maintaining boundaries**

Peer case managers should maintain boundaries with clients. This involves defining one’s personal space and comfort level, as well as clarifying the role of a peer case manager to the client in all situations.

**Tips in setting and maintaining healthy boundaries with your clients:**

- Communicate clearly your role and the limits of your relationship with the client (i.e. a peer case manager does not work ‘on-call’ nor are you a crisis counselor).
- Establish boundaries around the frequency, duration, time of day and location of meetings.
- Realize that there are some issues that cannot be solved through peer case management.
- Set realistic timelines for working towards and accomplishing goals.
- Be aware of your personal limitations and knowledge.
- Be willing and know how to seek help for yourself.
- Do not allow the client’s problems to interfere with personal time (i.e. don’t take the client’s problems home with you).
- Determine with what regularity you will respond to a client’s communication attempts.

### Unhealthy and Healthy Self-Disclosure

<table>
<thead>
<tr>
<th>Unhealthy</th>
<th>Healthy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Takes and keeps the focus off the participant.</td>
<td>Is short and returns the focus to the participant.</td>
</tr>
<tr>
<td>“Outdoes” the participants’ disclosure.</td>
<td>Matches the intensity of the participant’s disclosure.</td>
</tr>
<tr>
<td>Changes the topic.</td>
<td>Stays with the same topic.</td>
</tr>
<tr>
<td>Dismisses or judges the client’s experience.</td>
<td>Takes into account the concern behind the client’s question.</td>
</tr>
<tr>
<td>Meets the counselor’s need rather than that of the client.</td>
<td>Is specific to yourself, not a generalization. Is genuine.</td>
</tr>
</tbody>
</table>
Self-care strategies

Peer case managers may encounter issues and situations that are upsetting and stressful. It is imperative to have effective coping strategies in place for handling these situations. It is critical that peer case managers care for themselves while helping others. While investing time caring for clients, peer case managers must equally set aside personal time. How this time is used will look different for each individual. Peer case managers supporting each other is an important component of professional self-care including case manager-to-case manager consultation and team debriefing. Personal self-care is just as important as professional self-care. Peer case managers should find the time to do the things that bring them happiness and relaxation.

Tip: Ask yourself “What can I do to ensure that I’m at my best with regard to well-being, that is, mentally, physically, emotionally, spiritually, etc.?”

Some self-care strategies:

- Establish your own network of support including family, friends, colleagues, etc. that you can call on in a timely manner when you need to debrief about your work as a peer case manager.
- Ensure that you are eating a healthy and balanced diet, exercising often, and getting enough sleep.
- Remember that the self has four parts; intellectual, emotional, spiritual and physical, and that all parts need to be attended to.
- Add variety to your routine and tasks whenever possible.
- Remind yourself that you are in a support role and that you cannot change anyone else. You can provide support and resources to assist clients in making change for themselves.
- Continually reflect on and assert your limits and boundaries with clients.
Activity: The qualities of an effective case manager

The goal of this activity is for you to identify behaviours and personal qualities of an effective peer case manager.

1. Reflect on a past problem and think about the person that you turned to for help.
2. What qualities and behaviours did that person possess? By identifying such attributes in others, one can gain an understanding of useful behaviours that can be used when interacting with peers.

Question 1: What was it about the person that made you turn to them for help?

Question 2: What specific aspects of their personality or behaviour did you find helpful?

Question 3: What did they say or do that helped you to feel comfortable enough to confide in them?
Peer case management session guide

Peer case managers draw on personal experience living with HIV and professional experience offering support to other HIV-positive women. Through a series of sessions, the strengths, goals and personal achievements of HIV-positive women are identified. Guided by the wHEALTH values (anti-oppression framework, harm reduction, women-focused and inclusive and sex-positive) and with familiarity of available resources in the community, clients are encouraged to be referred to and access appropriate services, agencies and people relevant to meet their needs.

The following section provides a framework and tools for delivering strengths-based case management as women living with HIV. The timeframe of the case manager-client relationship will vary depending on the issues presented by the client, as well as the time needed to establish and accomplish goals. The duration of the relationship between peer case manager and client may be dependent on the established policies and practices of the agency that a peer case manager is affiliated with.

There are five core functions of a peer case manager:

1. **Assessment:** the process of gathering information about the person’s strengths, circumstances and needs.

2. **Planning:** the process of identifying the activities that will promote the attainment of the person’s goals and making a tailored plan to achieve them.

3. **Implementation:** the process of putting the plan into action. This involves the coordination of and referral to various services by the peer case manager.

4. **Monitoring:** the process of regularly checking the person’s progress toward accomplishment of the identified goals. This function may lead to reassessment and modification of the plan.

5. **Evaluation:** the process of reviewing the outcomes of the plan and the effectiveness of the entire effort.
1. Assessment

The assessment phase is about gathering information about the person’s strengths, circumstances and needs, and establishing a relationship and partnership with the client.

During the initial session with a client, be sure to:
- Clarify your role as a peer case manager
- Discuss ways to establish and ensure confidentiality
- Agree on the format of the sessions and how they will be scheduled

When assessing a client’s strengths, it is important to discuss the personal and environmental resources currently available to them. There are different types of strengths that can be assessed during the first few sessions with a client including personal attributes, talents and skills, interests and aspirations and environmental strengths.

a) Personal attributes: Personal attributes are those traits that define who we are, either how we perceive ourselves or how others perceive us. It is possible that a client can lose sight of any positive qualities she might possess, especially when she only sees the negative events and disappointments that she has faced in her life. Also, if she has faced criticism, has been discriminated against, or has been put down, she may have internalized the negative messages. It is important to help a client recognize the positive qualities and character traits she possesses. Having a sense of humour, compassion or creativity, for example, are important personal qualities. Receiving this feedback from a peer case manager may highlight or reveal a unique strength that the client was unaware of. Receiving positive feedback is a great way to encourage a client and may help them to turn their focus to their challenges.

b) Talents and skills: Everyone has a talent or skill in something. Peer case managers can help clients identify their talents and skills, which may be instrumental in building confidence or recovering from a difficult situation. Talents and skills can emerge from simple day-to-day activities or tasks, but are important life skills. Some examples include being a good singer, making a good soup, knowing how to fix things, or being skilled at shopping for groceries and saving money.
c) Interests and aspirations: Discovering your client’s interests and aspirations may be one of the most critical ways in helping her reach her goals. We are more likely to pursue a goal that we are passionate about. For example, a client may be very interested in flowers but not know anything about the subject, nor know how to go about accessing what they are interested in. This interest is a strength that the person can use to develop skills. You as the peer case manager can provide tools and resources in order to assist the client in developing skills related to their interests and aspirations.

d) Environmental strengths: Environmental strengths are things that exist outside of a client’s internal or personal attributes. They include social relations (e.g. family, friends, support groups, etc.) and places where the client feels safe (e.g. community centres, places of worship, etc.), physical resources (e.g. employment status, housing, professional/employment experience, etc.) and opportunities (e.g. upgrading education, professional development, advocacy, etc.). When discussing environmental strengths, it is also important to identify and acknowledge what the client has already tried or accomplished. Sometimes clients may not be aware of alternative environmental resources available to them; peer case managers can work in partnership with clients to highlight and identify relevant environment strengths and resources to meet their needs.

A client identifies a desire to change her housing status because of a new employment opportunity. Moving closer to the new employment would result in lower living costs, as well as less time and cost to travel to work. The client is not aware of other resources or services she could have increased access to by moving to this neighbourhood (e.g. becoming connected with a Community Health Centre, neighbourhood-specific family programming, school districts, etc.); the peer case manager is aware of relevant services and resources that may expedite the client’s transition to this new neighbourhood. These services and resources were presented to the client and discussed at length over future peer case management sessions.

The Summary of Strengths Worksheet (Worksheet 1) is a tool that can be used by the peer case manager and client to highlight and summarize the client’s individual strengths and environmental resources. This worksheet can be revisited throughout the peer case manager-client relationship as the client’s situation and available resources evolve.
Worksheet 1: SUMMARY OF STRENGTHS

Individual strengths

Personal attributes

Talents and skills

Interests and aspirations
Environmental strengths

Resources

Social relations

Opportunities
Summary

Summary of what the client has going for herself

Perceived quality of life of client (e.g. achievements, life satisfaction)
2. Setting priorities and personal planning

Setting priorities and personal planning is an important phase of peer case management in order to gather sufficient information necessary to develop and implement a plan of action. During this phase, a work plan between the client and the peer case manager is established and mutually agreed to, reinforcing the client as the director of the entire process. Personal goals are individualized and the path taken to achieve the established goals is guided by the partnership created between the client and peer case manager.

A good long-term goal is one that the client feels passionately about. It is a goal statement that is reflective of their true desires, hopes and life dreams. Not all clients will feel comfortable sharing their “passion statement”; it is only through persistent engagement where trust and mutual respect are co-created that a client will be encouraged to share this information. The long-term goal may be derived from the interests and aspirations discussed during the assessment phase, written in the client’s own words, specified precisely as the person understands it. This long-term goal is not debated by the peer case manager, instead, the peer case manager engages in a discussion of acceptance and exploration with the client. Long-term goals may be focused on attitudes, feelings, fears, perceptions and anxieties.

Short-term goals should be concrete and specific, and action-focused. These goals should also be stated positively and identify what the client is expecting to accomplish. It may be helpful to break the goals down into smaller, achievable tasks, depending on the client. Helping a client work toward a desired goal, especially one that might be challenging for her, may require many steps or a lengthy amount of time and discussion. It is important to encourage and highlight the progress that is made, as well the successes experienced in striving towards a goal, as there may be times when set-backs occur.

It is important to distinguish short-term goals from long-term goals. The Priorities and Personal Planning Worksheet (Worksheet 2) is a tool that can be used to make this distinction. This Worksheet may also be helpful in future sessions, as it may be necessary to review current goals, establish new goals or refer to the priorities established.

Tips for setting short-term and long-term goals with clients:

Goals should be...

- Specific
- Measurable
- Achievable
- Realistic
- Time-bound
Worksheet 2: PRIORITIES AND PERSONAL PLANNING

Client Name: ______________________
Peer Case Manager: ________________
Date of Session: ________________

Long-term goal (the passion statement)

<table>
<thead>
<tr>
<th>Short-term goals (with tasks or action steps)</th>
<th>Responsibility</th>
<th>Date to be accomplished</th>
<th>Date accomplished</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>
3. Implementation and monitoring

The next phase of peer case management involves implementation and monitoring. Implementation is the process of putting the established plan into action with coordination of and referral to various services by the peer case manager. Monitoring is the process of regularly checking the client’s progress toward accomplishment of the identified short-term and long-term goals. The monitoring process may also involve reassessment and modification of the plan. To facilitate the process of implementation and monitoring, the Strength Assessment Worksheet can be utilized, which is organized into seven life domains, each of which is divided into three temporal categories.

Temporal categories:
- **Past:** an overview of resources the client has used in the past
- **Present:** an overview of the personal competencies and environmental resources currently being used by the client
- **Future:** an overview of future desires and aspirations

Life domains:

- daily living situation
- financial and insurance
- vocational and educational
- social supports
- health
- leisure and recreational
- spirituality and culture

**Daily living situation:** this domain includes information about not only where the client currently lives, but also characteristics about their living situation that they like or do not like. For instance, environmental resources currently available to the client (i.e. public transit, laundry facilities, grocery stores, etc.) or daily living skills they draw on (i.e. keeping daily “to do” lists, makes use of food bank, etc.). This section may also describe the client’s ideal living situation.

**Financial and insurance:** this domain focuses on financial resources available to the client including source of income, their monthly budget, how the client controls their finances and how financial decisions are made. This section of the worksheet may also elaborate on health insurance and/or drug coverage available to the client to cover medications (e.g. social assistance, provincial and/or federal government benefits, private health insurance, Interim Federal Health, etc.).

**Vocational and educational:** this domain focuses on employment, formal or informal educational activities, vocational training, professional development opportunities and similar skills and capacity-building information.
**Social supports:** this domain includes not only the people who form the client’s informal support system but also the nature of her relationship with them, whether the support is available when she needs it and if the support is usually able to satisfy her needs.

**Health:** this domain includes and emphasizes the physical and mental aspects of health. The following questions could be asked when completing this section with a client: Does the client have a family doctor? Is she seeing an HIV specialist? Does she have a provincial health card? Does she have a Status card? The health domain could also include specific strategies the client uses to promote their own health and wellness.

**Leisure and recreational:** this domain includes information about what the client likes to do for fun in their spare time. Leisure and recreational activities may be formal or informal, for example, participating in a recreational women’s soccer league or playing cards with friends.

**Spirituality and culture:** this domain includes information about life areas, beliefs and ideas that the client is concerned about and connected with. Each client’s behaviour will be influenced by their spirituality, personal history, heritage and cultural background, as well as temporally their present social context and their vision of what they would like to achieve in the future.

There are three additional sections at the end of the Strength Assessment Worksheet, which help to summarize the Implementation and Monitoring phases of peer case management. The first section is a space for the client to identify and record their priorities. The second section is a space for the client and peer case manager to provide additional comments about the Strength Assessment process. The third section is a space where the client and peer case manager can sign the Strength Assessment Worksheet symbolizing the joint effort.
When completing the Strength Assessment Worksheet with a client, remember to:

1) Use open-ended questions to facilitate more elaborative and open-ended answers from the client, for example, “what kinds of things make you happy?”

2) Use questions that are reflective of behaviour and opinion, for example, “what did you do last week that you enjoyed the most?”

3) Politely probe until you have specific information and a clearer understanding of what is being reported by the client. For instance, after asking “what did you do last week that you enjoyed the most?”, the peer case manager may ask “who was there with you?”

4) Go where the client takes you, but do not stray too far from the topic.

5) Demonstrate empathy and pay attention to non-verbal communication. Do the client’s statements suggest sorrow, fear, disappointment, frustration, anger, inadequacy, anxiety, confusion, rejection, loneliness, guilt, or embarrassment? Do the client’s statements suggest joy, fulfillment, happiness, caring, satisfaction, competence or strength? The peer case manager must then communicate the feelings heard back to the person for clarification, for example, “I sense you are feeling sad?”

6) Help clients see the good in themselves. A client’s experience with HIV/AIDS and other challenges is such that she may have difficulty seeing her life as one of strengths, talents, and achievements. A client who says, “I dropped out of college because I was doing drugs”, is conveying that self-identity as a failure. A peer case manager may respond, “so you have a high school diploma?”

7) Address areas that may be awkward or embarrassing, maintaining a matter-of-fact composure when discussing these issues with a client.
Worksheet 3: STRENGTH ASSESSMENT

Client Name: ________________________
Peer Case Manager: ____________________

<table>
<thead>
<tr>
<th>LIFE DOMAIN</th>
<th>PRESENT: What is happening today? What is available to me today?</th>
<th>PAST: What personal and environmental resources have I used in the past?</th>
<th>FUTURE: What do I want for the future (i.e. individual desires and aspirations)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily living situation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial and insurance</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Vocational and educational</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIFE DOMAIN</td>
<td>PRESENT: What is happening today? What is available to me today?</td>
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<td>--------------------------------------------------------------------------------</td>
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<tr>
<td>Social supports</td>
<td></td>
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<tr>
<td>Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leisure and recreational</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spirituality and culture</td>
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<td></td>
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</tr>
</tbody>
</table>
What are my priorities?

1. 
2. 
3. 
4. 
5. 

Client’s comments

Peer case manager’s comments

____________________________ ______________________ ____ _________________
Client Name    Client Signature    Date

____________________________ ______________________ ____ _________________
Peer Case Manager Name  Peer Case Manager Signature   Date
Prochaska and DiClemente’s Stages of Change Model\textsuperscript{19,20} offers a helpful way to understand how clients may change their behaviour. This model suggests that behavioural change is not a static event, but is rather a process that evolves through different stages. Not all clients may be ready for change or want to take immediate action on a particular goal that they have expressed, but this can be revisited during any future peer case management sessions. See the Appendix for more detailed information about the stages of change.

4. Evaluation

The evaluation phase of peer case management involves a process of reviewing with the client the outcomes of the action plan and the effectiveness of the entire effort. Throughout the evaluation phase, the peer case manager may remain involved with and supportive of the client, depending on the voiced needs and/or desires of the client, as well as the policy of the agency or organization to which the peer case manager is affiliated.

The evaluation phase may involve termination of the partnership between the client and peer case manager, especially if the peer case management is offered in the context of a time-limited program or during a specific period of time. During the evaluation phase leading to termination, the peer case manager may review with the client their achievements, progress and remaining challenges to be faced into the future. Together, the client and peer case manager may review the strengths and resources employed to achieve specific goals, and how empowered the client feels (i.e. in control, competent, confident, hopeful, etc.) to continue her journey. It is also important to review with the client how she may now be able to integrate the experience of receiving peer case management into her own routine in order to move toward independence and self-management.

Empowerment of clients is at the core of peer-delivered, strengths-based case management, returning to clients the responsibility for choices about their lives and lifestyles. By being involved in the identification and setting of goals, the client may feel more in control, placing a high level of importance on the goals and readily incorporating them into her life. As a result, chance for success is enhanced; the challenge becomes one that the client has defined, rather than one that has been thrust upon her by a peer case manager. Equally important and worth highlighting during the evaluation phase is the feeling of competence resulting from little successes along the way, which demonstrates to the client that change or transition is possible. Sustained encouragement may pave the way to subsequent success and sustained hope and aspiration.

The peer case management phases of assessment, setting priorities and personal planning, implementation and monitoring and evaluation occur as a dynamic process. Each client will differ in how much time and energy will need to be spent in each phase. Also, short-term and long-term goals may arise in later phases of the peer case management that were not discussed during the initial assessment phase. Similarly, as short-term goals are achieved, the peer case manager and client can take the opportunity to review the strengths and resources used during
that specific process and how they may be applicable to future goals.

**Concluding remarks**

This manual has been developed drawing on the expertise and experiences of HIV-positive women who have worked as peer case managers in their communities. These women have utilized a strengths-based case management model in their practice and have aligned their work with the values of an anti-oppression framework, harm reduction and health promotion, women-focused and inclusive, and sex positive, discussed throughout this manual.

It is hoped that this manual will assist those embarking on delivering peer case management in their own communities, by enhancing understanding of what peer case management and the strengths-based model is all about, as well as describe the skills that a strengths-based peer case manager should possess to be able to effectively deliver support to HIV-positive clients. The peer case management session guide and corresponding worksheets provide a framework to help direct the process of delivering strengths-based peer case management. Overall, this manual is a tool that can be used to implement a productive and successful peer case management program.
References

Appendix: The Stages of Change

The Stages of Change are:

- **Precontemplation/Not thinking:** a client in this stage has not yet acknowledged the challenge, is not interested in any kind of assistance, and may defend her current behaviour.

- **Contemplation/Thinking:** a client in this stage acknowledges that there is a challenge, and is weighing the pros and cons of making a change, but is not yet ready to change.

- **Preparation/Determination:** a client in this stage has made the decision to change, and is now researching ways to change.

- **Action/Making Changes:** a client in this stage believes she has the ability to change her behaviour and is actively taking steps to change her behaviour.

- **Maintenance:** this stage involves successfully avoiding temptations to return to the old habit or behaviour; sustained maintenance leads to stable behaviour.

- **Relapse:** a client in this stage is returning to the old behaviour; like falling off a horse, the best thing to do is to get right back on again.

When working with clients to set goals, it is important to keep the Stages of Change model in mind to avoid working at a pace that is not set by the client. The more we understand about the client’s stage of change, the better we will be able to help them attain their goals.