Workshop: Role Play Exercises	
The material was created by	NSPH, Sweden
Type of media	Written
Estimate of time	50 minutes
The learning aim for this material	Knowledge • Knowledge of core qualities of peer support • Knowledge and preparation of delicate situations that could occur in the peer supporters work role • Knowledge of approaches to establishing and maintaining relationships with service users and colleagues Skills • Experiential training to handle delicate situations in a safe and supporting environment • Draw from the experiences from the small and large group on how to handle or communicate in different situations • Reflect and communicate on one's own role and function Capacities • To build strength and confidence in the role and function of peer support workers • To shed light on delicate situations that might occur and create a sense of trust in one's own capacity
What type of audience	Peer-Support workers in training or working

A short summery of the learning material	The learning material contains a framework for creating a workshop about role play exercises for peer-support work. The framework consists of: • Background knowledge • Set up for the role play • Examples of role play scenarios
How to use the learning material in practice	The learning material can be used as a framework for creating a workshop tailored to your organisation.
Theoretical resources	

Workshop: Role play exercises

Background

Using role play exercises is a good way for the peer:s to practice and strengthen the peer role in a safe and supporting environment. When challenged with different difficult situations and/or ethical dilemmas, the role and core function of the peer support workers becomes clearer. In the role play, the peer:s can draw knowledge from the small group role playing, as well as from the large group when reflecting upon the role play scenarios. The aim is therefore both to highlight the "do's and don'ts" in the peer role, as well as shed light upon difficult situations where there are no easy answers and how to navigate in those situations.

The role plays can easily be adapted to the needs and process of the group. What do they need to spend more time practising? What aspect of the peer supporter role may need to be emphasised or made clearer to the participants?

Set up

Our recommendation is to start with some introductions and discussions about the coaching/listening approach and then move on to the role play exercises.

The role-play scenarios are based on different cases. In (almost) every case there are three roles: a user/patient (sometimes another member of staff), a peer supporter and an "angel on the shoulder":

• The task of the user/patient is to respond or challenge the peer supporter. This involves playing the role by responding to what the peer supporter says/suggests. It means being accommodating while also providing a challenge.

• The task of the peer supporter is to support the user/patient based on the case presented. One can encourage this person to try and be flexible, perhaps experiment with a new approach if it does not go well with the person playing the user/patient.

• The task of the "angel on the shoulder" is to follow what happens between peer supporter and user/patient and to support the peer supporter if they get stuck or need a hint. The peer supporter can turn to their "angel" and ask for hints and advice, while the angel can interrupt and say what they see happening in the meeting between the two roles.

In our experience, a single role play takes approximately 50 minutes to complete. We recommend that after the 50 minutes, there will be a break and then another class of 50 minutes role play scenarios.

It will start with the presentation of the role plays (approximately 5-10 minutes). The group is then divided into smaller groups of three (one of the course leaders or the coordinator might be needed to make up the numbers). These smaller groups are maintained throughout the session, during which the roles in the group are alternated so that everyone gets a chance to play all the roles. Each group is handled a unique case, or they might all use the same case. They work with it for about 20 minutes.

The course leader walks around during the role play and asks the participants how they are getting on. Sometimes the course leader can encourage the students to switch roles during the 20 minutes, if the group get's stuck or feels finished before.

When there is about 20 minutes left, the entire group is reassembled so that each trio can talk about their experience. What ways forward did they identify? What was difficult? Did they get stuck? This is how the course participants learn from one another.

The role plays can easily be adapted to the group process and/or what else needs to be highlighted.

Examples

1. **The patient does not want to visit the Social Insurance Office**

You are sitting talking with Stefan, who is a patient in the department. During the conversation, it emerges that Stefan has an appointment with a case worker at the Social Insurance office tomorrow, but he is not planning on going. This is a scheduled meeting about his future means of support.

Things to keep in mind:

• Is there any more *information* we need to find out that can be relevant in this situation?

• What can we do or say to build *trust*?

2. The patient does not know how to get back in touch with his sister

You are sitting talking with Khaled, who is a patient in the department. Khaled used to be close to his sister, but since he became ill two years ago they have lost contact. Back then he stopped calling her as much as he used to, he forgot that they had arranged to meet up or he was simply not up to socialising. On a few occasions, he also said things to her that he now regrets deeply. He misses his sister a lot and would like to get back in touch with her, but is putting it off. He's worried about what to say and what sort of reception she will give him.

Things to keep in mind:

• Is there any more *information* we need to find out that can be relevant in this situation?

• What can we do or say to build *trust*?

Other areas that can be up for role play

- The patient asks if you can get across what they want at the doctor's appointment
- Jargon in the staff room towards the patients
- Emerging feelings of love from a patient
- The patient experiences injustice towards other patients at the department
- The patient does not want their relatives to visit them
- The patient feels completely alone and hopeless
- A confidence about abuse is being communicated from a patient