

Role Plays for Advance Care Planning Conversations

1. Role Play One: The Lead In (Person “A” = Peer Counselor. Person “B” = the Client)

A. Hello, I'm (your name). Thanks for meeting with me. Before we begin, I'd like to talk to you about something we're now talking about with everyone we work with these days. Before we go on to other things, would it be ok if we do that now?

If Yes:

B. Yes, that's ok with me.

A. We'd like to know if you have completed an Advance Health Care Directive (Advance Directive) to help guide your care if you're unable to do that for yourself. Do you have an Advance Directive?

B. Yes I have.

A. If it's ok with you, could you bring a copy to our next visit. It would be good to review what you have done and be sure that it's current. I could help you with that. Would that be ok with you?

B. Sure. I'd be happy to do that. Could you please remind me when we have our next appointment so I don't forget to bring that with me?

A. Yes, I'll make a note to do that. We'd appreciate it. Thank you.

If No:

A. Do you know what an Advance Directive is and why it is important?

B. I think so but I'm not sure.

A. An Advance Directive is a legal document that lets a person choose someone to make health care decisions if incapacitated and unable to make their own decisions. The Advance Directive also lets a person indicate what kind of care is wanted at such a time. Would you like to make an Advance Directive for yourself?

B. Yes I would, but not now. This is not a good time for me.

A. I understand. I would like to send this information home with you so you can be thinking about this a bit before our next visit. Would that be ok with you?

B. Yes.

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A. Thanks for giving this consideration. (Give ðACP Cornerstones,ð other materials as appropriate) Now let's get back to what brings you in to see me today . . .

Class – Have discussion about Role Play 1. Feedback, Suggestions, Issues raised, Doable?

2. Role Play 2 – The Conversation – Moving Ahead

A. Today I'd like to talk about the Advance Health Care Directive and why that is important. This is something we are doing now with everyone who comes to the Center. Would that be ok with you?

If No (Scenario 1):

A. I'm sorry that it won't work to do that today. Can we make that a priority for when we meet again? This is important so I don't want to put it off too long.

B. Yes we can do that and I will be thinking about this ahead of our next meeting too.

(Give person some information to take along e.g. ðACP Cornerstonesð)

If No (Scenario 2):

A. Today I would like to talk to you about Advance Health Care Directives and why they are important. This is something we are offering to the peers who come to the centers. It is important that people who care about you know your wishes in the event something happens to you and you can't guide your own care. Is this a good time to talk to you about this?

B. I don't like to talk about that stuff.

A. Can you tell me what you mean by ðthat stuffð?

B. About being sick and dying!

A. I think a lot of people are uncomfortable talking about those things. I find it difficult myself but know it is really important. What we hope to do is get you thinking about who could speak for you and what kind of care you would want if you became seriously ill could not guide your own care. That's what this is really all about. It's about having your wishes known and honored.

B. It just really triggers me!

A. What helps you to feel better when you feel triggered?

B. Sometimes if I take a few minutes to relax and get grounded (go for a walk, have a cigarette, take a few deep breaths, etc.)

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A. I feel like the information I have to share is really important and could be helpful. Would you like to take a break and then talk? We can take as many breaks as you want. We don't have to cover everything today. Today I would just like to start the conversation. If today is not a good time, we could set up another time when you have some warning and feel more prepared to discuss this. It's up to you.

B. Okay. Let me take a break and then we can talk for a while. But I might want to stop.

A. We can stop any time you want to.

Class: Discuss these two scenarios and what works, what doesn't, etc.

If Yes:

A. To begin, I would like to ask you a few questions. This will help me learn how best to help you do what's needed to have your wishes known and honored in the event of a crisis.

Have you thought about who you would want to speak for you and guide your health care if you can't do that yourself? Say you had an accident or a stroke or some other kind of health crisis and you couldn't speak for yourself. It is important that your trusted advocates(s) and health care team know what you would want done. Who would you want to speak for you to help guide the treatment and care you would receive? Does anyone come to mind?

B. Well yes. My aunt Jane really helps me a lot and we've talked about this kind of thing before. I think she would be good to do this for me.

A. Do you think she knows you would like her to do this for you if you had need?

B. I think so but I'm not sure about that. I need to talk to her about it.

A. Do you think she knows what treatment and care you prefer if you were in a crisis?

B. I don't think so. We really never have talked about that.

A. There is a legal form you can use to make your Aunt your designated health care agent and you can also clarify what care you would like in a crisis if you would like to do that. Are you familiar with Advance Health Care Directives (also called an Advance Directive)?

B. No I'm not.

A. I'd like to take a few minutes to tell you about this and it's important for you to have an Advance Directive. (Then inform them about value, etc to gain interest and buy-in)

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Please let me know if you would like help to completing an Advance Directive and getting it copied and distributed to people who have the need to know including healthcare providers. I may be able to help you with that too.

3. Role Play. Guide for Peers Doing ACP Drop-In Center.

“Hello, thanks for coming in; it’s good to see you. I have us scheduled for an Advance Care Planning Session. I can be available until about ___:___ and we can use as much of that time as you want. Advance care planning is important for everyone so that those who care about us know our wishes in the event something happens and we can’t guide our own care. Have you completed an Advance Care Directive before?”

“We have a few new advance care planning tools: Thinking Ahead 2 - My Way My Choice My Plan Workbook and Forms: and The Mental Health Supportive Care Plan. I’d like to start with looking at the Thinking Ahead 2 workbook. Sound good to you?”

If yes, give them a copy. “I can give you an overview, and read through it with you if you’d like. I can also be quiet and let you check it out for a while. How would you like to start?”

If no, let them know that we are available should they want to explore this in the future, for themselves, or for someone else in the community they would like to support.

Tips to Proceed:

Support making a list of things they will need to figure out and information they need to gather to complete and schedule a second appointment if appropriate. Begin filling it out with them if appropriate.

Overall, be responsive. Don’t push, offer support where/when they need it. If they aren’t sure about info, help them make a list and a plan to find the information, etc. and set another appointment, or reiterate your contact info and encourage them to follow-up with you.

Sometimes it may be more appropriate and helpful to start with the Mental Health Supportive Care Plan if you feel that is something that would first and foremost connect best with person. May be less triggering as it does not address end of life matters as does Thinking Ahead 2.

Remember: Advance Care Planning is process that evolves over time. Done well it includes a series of ongoing conversations needed to develop the plan, execute required documents, and convey those materials to all who need to know in order to have wishes known and honored across the continuum of care. Related conversations ongoing are essential to success.