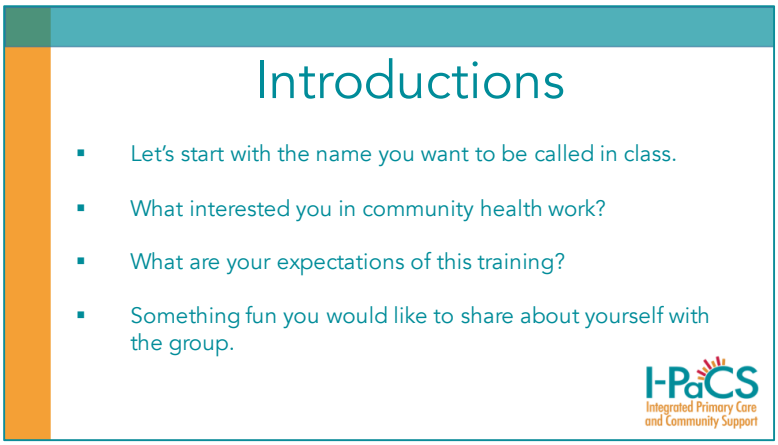
TRAINING MATERIALS FOR CHWS



TRAINING OVERVIEW

Day 1

- Introductions
- Defining Your Role
- Competencies
- Code of Ethics
- HIPAA
- Documentation
- Case Management
- Service Coordination

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TRAINING OVERVIEW

Day 2

- Health Promotion
- Home Visitation Guidelines
- Cultural Humility

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TRAINING OVERVIEW

Day 3

- Motivational Interviewing

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Welcome CHW participants to the training and describe the topics that you will be covering. Refer participants to the training schedule.

DAY 1

Defining your Role

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Before sharing the definition of CHW developed by the World Health Organization, ask participants how they define themselves and their role as a CHW. Do they call themselves something other than CHW?

Who is a CHW?

A Community Health Worker (CHW) is **a frontline public health worker who is a trusted member** of and/or has an unusually close **understanding of the community served**. This trusting relationship enables the CHW to serve as a **liaison/link/intermediary** between health/social services and the community to facilitate **access to serv**ices and **improve the quality** and **competence of service delivery.** A CHW also builds individual and community capacity **by increasing health knowledge** and **self-sufficiency** through a range of activities such as **outreach, community education, informal counseling, social support, and advocacy.**

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Many Names…

Shasthyo Sebika
Village Health Workers
Agente Comunitario de Salud
Saksham Sahaya
Community Health Agents
Agente comunitário de saúde
Visitador/a
Group Leaders
Maternal Health Worker
Community Nutrition Worker
Anganwadi Workers
Community-based Workers
Community Health Volunteer
Village Malaria Worker
Maternal Child Health Workers
Voluntary Malaria Workers
Promotores/as de Salud
Community liaison
Community organizer
Community outreach worker

Nutrition Volunteers
Raedat
Accompagnateurs
Community Health Volunteer
Behvarz
Village Health Guide
Nutrition Worker
Colaborador Voluntario
Community Drug Distributor
Village Health Helper
Posyandu
Village Drug-Kit Manager
Community Reproductive Health Worker
Mental Health Workers
Postnatal Support Worker
Community Volunteer
Community Health Advocates
Community Health Representative

Community Health Aide
Village Health Promoters
Rural Health Worker
Brigadistas
Community-based Skilled Birth Attendant
Dai
Bidan Kampong
Dayas
Community Volunteers
Facilitator
Change Agents
Doot
Peer Educators
Lay Counselor
Volunteer Counselor
Volunteer Peer Counselor
Peer Support Worker
Health Ambassador
Patient navigator
Public health aide

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Scope of Practice

Role I: Outreach and Community Mobilization

Role II: Community and Cultural Liaison

Role III: Case Management and Care Coordination

Role IV: Home-Based Support

Role V: Health Promotion and Health Coaching

Role VI: System Navigation

Role VII: Participatory Research

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Provide participants with the C3 project's Scope of Practice for CHWs and discuss the elements of each role.

Differences from Other Professionals

- Social workers: The practice of social work requires knowledge of human development and behavior, of social, economic and cultural institutions, and of the interaction of all these factors. Social workers help people overcome some of life's most difficult challenges: poverty, discrimination, abuse, addiction, physical illness, divorce, loss, unemployment, educational problems, disability, and mental illness. They help prevent crises and counsel individuals, families, and communities to cope more effectively with the stresses of everyday life.

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Differences from Other Professionals

- Nurse case managers are registered **nurses** (RNs) who develop, implement, and evaluate individualized patient care plans. They can advocate patient welfare, and serve as a liaison between patients, their families, and healthcare providers.

Another role that is similar to the role of the CHW is that of of Health Educators. There is often overlap, and CHW may also be a health educator.

Roles In the Clinic Setting

- Understand social and clinical issues impacting patient's lives.
- Pre-visit preparation is conducted. [e.g. CHW checks the EMR of each Medicaid member to see if he/she has been ordered lab tests, referrals to specialists, etc.
- Provide MB with written List of resources to address social needs identified through the screening.
- Assist MB to fill out paperwork to get re-certified for Medicaid and to obtain Income Support, SNAP, or other government programs as well as housing.

- Provide general information about resources available at the clinic and in the surrounding community such as mobile markets, nutrition classes, walking trails, etc.
- Assist MB in making appointments to social service agencies and follow up with MB to make sure that they indeed went to the appropriate agency.
- Are parts of the primary care system that addresses health concerns including health education, one-on-one support services, facilitates access to group learning opportunities, etc.

EFFECTS ON HEALTH OUTCOMES

Access to care
Health promotion/disease prevention
Immunization (adults & children)
Malaria
ACI (children)
Breastfeeding
Reducing mortality (elderly & children)
Tuberculosis
Cognitive/motor development

Positive behavior change
Knowledge change
Breast cancer screening
Injury prevention
Birth weight
Language development
Tobacco and drug exposure
Failure to thrive
Maltreatment

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EFFECTS ON COMMUNITY HEALTH

Community transformation only through community participation

With people, not for them

Role of CHWs:
- enhance existing networks
- engage in problem-solving
- natural researchers
- build community capacity
- empower communities

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EFFECTS ON HEALTH SYSTEMS

- Cost-effectiveness
- Lack of economic analyses in existing studies
- CHW interventions not easily analyzed
- Other contributions than just cost-savings

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"EFFECTS" slides describe the impact that CHWs have at each level in the health environment and system.

Evidence shows that CHWs can improve health outcomes for individuals in the areas listed.

CHWs transform community health through participation and community advocacy. They form a bridge from the community to health and social services, and may empower communities by helping to build capacity.

Roles and Competencies

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CORE CHW ROLES

- Cultural mediation between communities and health and social systems
- Informal counseling and support
- Provide direct services and referrals
- Provide culturally appropriate health education
- Advocate for individual and community needs
- Assure people get the services they need
- Build individual and community capacity

Source: Berthold, Tim, Jennifer Miller, and Alma Avila-Esparza. Foundations for Community Health Workers. San Francisco, CA: Jossey-Bass, 2009.

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For each bullet under CHW roles, ask participants to describe how they think that role is carried out, or what that role means to them.

Read the quotes from CHW peers for each role and discuss.

Cultural Mediation

"As a CHW, I work regularly with doctors to assist them to communicate with our Cambodian patients. Because the Cambodian community is so small, sometimes patients have to wait many hours to speak to someone at a clinic who can understand them. By me working at the clinic, the patient doesn't get lost in the system—they can easily come to me for what they need. Besides not understanding English, some of our patients don't read or write well and have a hard time understanding their medications. One of the patients I worked with suffered from hypertension, diabetes, and heart disease. She thought that needed to finish one type of medicine first before she can start on another, even though sometimes she needed to take fifteen different medications a month. Because of this her diabetes was out of control and the doctor asked me to aid in the arrangement of her daily medication schedule. When I explained to her that she could take the medications simultaneously she was shocked because she had been doing what she thought was right for ten years."

Source: Berthold, Tim, Jennifer Miller, and Alma Avila-Esparza. Foundations for Community Health Workers. San Francisco, CA: Jossey-Bass, 2009.

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Informal Counseling And Social Support

"Smoking within the Asian community, especially with men, is very integrated into the culture. Many men know about some of the health hazards of smoking for themselves but don't really know a bout second hand smoke or the other health impacts of smoking on their families. Because it is so hard for them to quit, the doctors refer them to me to get smoking cessation counseling. Of course not everyone is ready to quit or even wants to quit, but for those who are, I assist them in creating a plan to reduce or stop smoking; give them some education on the harmful effects of cigarettes, and just provide support and encouragement. In every session, I talk with them about their smoking experience and explore their ambivalence to quitting. Sometimes just talking will get those who were not ready to quit at least thinking about the possibility of it, and this can lead to another appointment and another opportunity to make a plan to quit."

Source: Berthold, Tim, Jennifer Miller, and Alma Avila-Esparza. Foundations for Community Health Workers. San Francisco, CA: Jossey-Bass, 2009..

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Providing Direct Services And Referrals

"When I can't provide the services for a patient, I refer them to services at another program or agency. It is important as a CHW to know what resources are available in the community. Part of my job is to make sure the patient gets the right care—I'll walk them to their appointment or to another agency if the patient needs me to."

Source: Berthold, Tim, Jennifer Miller, and Alma Avila-Esparza. Foundations for Community Health Workers. San Francisco, CA: Jossey-Bass, 2009.

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Providing Culturally Appropriate Health Education

"I am a CHW at a clinic in Oakland. I see and give presentations to patients who are young adults, ages 14-20. I find that during my presentations, I have to ditch lecture-based teaching and make it as entertaining as possible. But the entertainment is also speaking to the youth and relating to their everyday experiences—not from a textbook but from the radio, internet, music, and the everyday words they use. Being culturally appropriate isn't just knowing their language but relating to them as youth, not talking down to them, and respecting their space so they feel comfortable and willing to ask questions. I find the more the you laugh, the more they pick up on ideas and information that deal with safer sex practices and access to clinical services."

Source: Berthold, Tim, Jennifer Miller, and Alma Avila-Esparza. Foundations for Community Health Workers. San Francisco, CA: Jossey-Bass, 2009.

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Advocate For Individual And Community Needs

"Earlier this year, Bernalillo County Commissioners voted on a very important issue: a tax that would allow for coordinated mental health services in the county. The response of the community was overwhelming; constituents reached out to these public [elected] officials and shared their support for this tax. Many CHWs, community advocates, and concerned citizens testified and shared their stories to illustrate how passing this tax would help the people of Bernalillo County."

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Assure People Get The Services They Need

"We are usually the first ones to receive questions—and complaints—from patients. It's fun but challenging work, because the routine is never the same. Once patients come in, I find out what services they need and assist them to get these services. I try to empower the patients to seek the services themselves, but if they need it, I'll assist in guiding them through the clinical side of checking in, seeing a doctor, and offering additional resources. I see what else they might need and try to find an organization in the community that can assist them, like food or legal issues."

Source: Berthold, Tim, Jennifer Miller, and Alma Avila-Esparza. Foundations for Community Health Workers. San Francisco, CA: Jossey-Bass, 2009.

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Building Individual And Community Capacity

"One of the most important ways that I know that I am doing a good job is when my clients no longer need me, or need me as much. Everything I do is based on supporting the client not to be dependent on me any more. I want to support them to take charge of their own health, to negotiate healthy relationships, to navigate the health care system, to communicate with health care providers and to get the treatment they want and deserve. And sometimes I get to work with communities and support them to speak out for policy changes. Instead of me testifying before the Board of Supervisors (City Council) on behalf of the communities I work with, I want to support them to testify and speak out for themselves. They are the experts about what they need and want, and their voices are the voices that need to b e heard."

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11 CORE COMPETENCIES

- ❑The CHW Profession
- ❑Effective Communication skills
- ❑Interpersonal skills
- ❑Health Coaching Skills
- ❑Service coordination skills
- ❑Capacity-building skills
- ❑Advocacy skills
- ❑Technical Teaching skills
- ❑Community Health Outreach skills
- ❑Community knowledge and assessment
- ❑Clinical Support Skills (optional)

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The competencies listed are the the core competencies required for certification of CHWs in the state of New Mexico.

Below are important qualities for CHWs to possess, qualities that the participants bring to the table. Depending on your audience, you may ask participants to describe examples of each of these qualities and how they themselves represent the qualities of a CHW.

Refer to the C3 Project's CHW Qualities.

CHW QUALITIES

- Interpersonal warmth
- Trustworthiness
- Objectivity
- Sensitivity
- Competence
- Commitment to social justice
- Good psychological health
- Self awareness and understanding

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CHW Code of Ethics

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What are ETHICS?

A system of moral principles that guide you in making decisions.

➢When dealing with clients, certain boundaries need to be maintained

Source: Community Connector Training, Molina HealthCare

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Ethical Challenges

- CHWs want to help the people we serve and our communities
- We don't want to cause harm
- Sometimes CHWs face professional situations in which it isn't clear how to achieve these goals and what course of action to take

Source: Community Connector Training, Molina HealthCare

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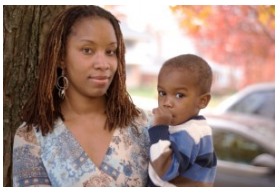
Ethics: Case Scenario

You've been working with Julia, a 28-year old single mother for the last 2 months. Her main focus was finding employment. She was offered a position at the local convenience store, but she doesn't have transportation and she is working weekend evenings. She asked you to give her a ride since you live nearby. You know how much she needs this job and the income.

What would you do?



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After talking about ethics, the facilitator may read the case scenario.

Solicit answers from the group about how they would address the situation.

When participants are not on the right track, ask their peers to give feedback.

Ethics And Values

- How you handle an ethical dilemma will be influenced by your values
- Values vary from individual to individual and are influenced by culture, community, family upbringing, personal experience and society

Source: Community Connector Training, Molina HealthCare

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Ethical decisions will be influenced by individual and community values, and will also be shaped by policies at different sites and places of work. Work with undocumented clients is a good example of where the law and ethics may be in conflict and create an ethical dilemma.

Ask: If someone is in the country illegally, should you provide the same compassionate, patient centered care that you would provide to any other patient?

Ethics and The Law

- Ethics and the law are related, yet different
- Ethics is about doing what is morally right
- Laws are established by governments to prevent and punish behavior that is destructive to a society's well-being

Source: Community Connector Training, Molina HealthCare

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Professional Boundaries

- Limitations or ethical guidelines that a professional establishes within working relationships.
- Allow CHWs to better protect the welfare of clients, themselves, employers and the community.

Source: Community Connector Training, Molina HealthCare

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When CHWs are working with clients, protecting the client, and protecting themselves from liability and burnout, are of utmost importance.

Boundaries are key: they need to be established immediately and continuously reinforced.

Discuss situations when people have struggled with professional boundaries in the past, and if needed, share some possible scenarios.

Relationship Conflicts

- Dual relationships
- Romantic/sexual relationships

Source: Community Connector Training, Maine HealthCare

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Especially in small towns, CHW's clients may also be their friends, neighbors, or even family members.

If there is a conflict of relationship, its best to refer.

When that is not possible, it is even more important to have very clear boundaries and assure the client that their information will be kept confidential.

Framework for Decision Making

- Describe the problem
- Review ethical guidelines/codes
- Review laws/regulations
- Seek consultation from colleagues, a supervisor or mentor
- Consider possible action
- Outline consequences of decisions
- Decide on action

Source: Community Connector Training, Maine HealthCare

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When CHWs are faced with an ethical dilemma, this is the process for making decisions about how to address the issue.

Refer back to the case scenario with "Julia". Ask questions to stimulate discussion, such as, "What if you got into a car accident while transporting Julia? What would that look like?"

Ask participants to come up with other problems that could arise.

Purpose

- Adopted by the American Association of Community Health Workers
- Provides a framework for CHWs, supervisors, and employers to discuss ethical issues facing the profession.
- Strive for excellence, provide quality service and accurate information

Source: Community Connector Training, Maine HealthCare

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Article 1: RESPONSIBILITIES IN THE DELIVERY OF CARE

1.1 honesty
1.2 confidentiality
1.3 scope of ability and training
1.4 quality of care
1.5 referral to appropriate services
1.6 legal obligations

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The following slides detail the article of the code of ethics from the American Association of CHWs.

Discuss how the code of ethics aligns with CHW qualities and roles.

Article 2: PROMOTION OF EQUITABLE RELATIONSHIPS

2.1 cultural humility
2.2 maintaining the trust of the community
2.3 respect for human rights
2.4 anti-discrimination
2.5 client relationships

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Article 3: INTERACTIONS WITH OTHER SERVICE PROVIDERS

3.1 cooperation
3.2 conduct
3.3 self-presentation

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Article 4: PROFESSIONAL RIGHTS AND RESPONSIBILITIES

4.1 continuing education
4.2 advocacy for change in law and policy
4.3 enhancing community capacity
4.4 wellness and safety
4.5 loyalty to the profession
4.6 advocacy for the profession
4.7 recognition of others

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CHW Pledge

I, (your name), pledge to:

- Respect the dignity of all people and behave in a manner that communicates respect
- Respect each individual's right to make their own life choices and to embark on a recovery journey with every person I serve, letting them direct their own healing process
- Fight stigma wherever I find it, to educate the community and to promote community integration for the people I serve
- Not allow my words or actions to reflect prejudice or discrimination regarding a person's race, culture, gender, or sexual orientation.
- Strive to both seek and provide culturally sensitive services for each person and to continually increase my own cultural awareness
- Help people find and acknowledge their strengths and to use these strengths in their journey and recovery
- Help people achieve maximum self-responsibility and to find and use services that promote increased knowledge, skills, and competencies

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Source: Community Connector Training, Molina Healthcare

Refer to CHW Pledge Handout. Read aloud as a group.

I, (your name), pledge to:

- Acknowledge the power of self-help and peer support, and encourage participation in these activities
- Be honest with myself, my colleagues, the people I serve, and others involved in their care
- Keep confidential all information entrusted to me by those I serve except when to do so puts the person or others at grave risk, and to explain the limits of confidentiality to those I serve at the beginning of our work together
- Strive to maintain health relationships with the people I serve, avoiding confusing or multiple relationships and keeping the relationship focused on the individual's needs, not my own.
- Consult with my supervisors, obtain training, or refer any individual with a need I do not feel capable of addressing
- Remain curious, learn, grow, develop, and use opportunities for continuing education in my field
- Advocate for the people I serve, for their rights, for equal treatment and for resources to meet their needs
- Learn the laws and regulations governing my practice and abide by them
- Work supportively with my colleagues and keep their confidence

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Source: Community Connector Training, Molina Healthcare

HIPAA and CONFIDENTIALITY

HIPAA

Federal Health Insurance Portability and Accountability Act of 1996.

The primary goal of the law is to make it easier for people to keep health insurance, protect the confidentiality and security of healthcare information and help the healthcare industry control administrative costs.

http://www.hhs.gov/ocr/privacy/

Violations & Enforcement

U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR).

OCR is responsible for administering, investigating and enforcing HIPAA privacy standards.

The Centers for Medicare & Medicaid (CMS) enforce the code set and security standards.

http://www.hipaa.com/the-reality-of-hipaa-violations-and-enforcement/

The following slides describe HIPAA oversight and reporting, and penalties for non-compliance.

HIPAA Fines

- The fine for a first time infringement by someone who did not know they violated HIPAA could be as low as $100 or as high as $50,000.
- The fine for a violation due to willful neglect, but corrected within the required time period, is a minimum of $10,000 per violation with a maximum of $50,000.
- The fine when the willful neglect violation is not corrected increases from $10,000 to $50,000.

http://www.hipaa.com/the-reality-of-hipaa-violations-and-enforcement/

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HIPAA Compliance

- **Physical safeguards** include limited facility access and control, with authorized access in place. All covered entities, or companies that must be HIPAA compliant, must have policies about use and access to workstations and electronic media. This includes transferring, removing, disposing and re-using electronic media and **electronic protected health information (ePHI)**.
- **Technical safeguards** require access control to allow only the authorized to access electronic protected health data. Access control includes using unique user IDs, an emergency access procedure, automatic log off and encryption and decryption.
- Audit reports, or tracking logs, must be implemented to keep records of activity on hardware and software. This is especially useful to pinpoint the source or cause of any security violations.
- **Technical policies** should also cover integrity controls, or measures put in place to confirm that ePHI hasn't been altered or destroyed. IT disaster recovery and offsite backup are key to ensure that any electronic media errors or failures can be quickly remedied and patient health information can be recovered accurately and intact.
- **Network, or transmission, security** is the last technical safeguard required of HIPAA compliant hosts to protect against unauthorized public access of ePHI. This concerns all methods of transmitting data, whether it be email, Internet, or even over a private network, such as a private cloud.

http://www.onlinetech.com/resources/references/what-is-hipaa-compliance

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Confidentiality

- Why is it important?
- What are your obligations to maintain confidentiality?
- What if a family member asks how the patient is doing?
- What other kinds of disclosures are inappropriate?

https://depts.washington.edu/bioethx/topics/confiden.html

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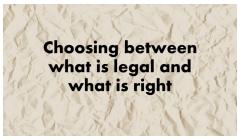
Confidentiality Exceptions

- Harm to self or others
  - suicidal/homicidal intention
- Suspected abuse or neglect
  - child/elder
- Legal requirements to report certain conditions or circumstances
  - Public health vs. individual



https://depts.washington.edu/bioethx/topics/confiden.html

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In NM these are the guidelines for mandated reporting; these override normal patient confidentiality.

Note: Public Health vs. Individual may have to do with the spread of infectious disease. A CHW is not likely to be involved in this kind of reporting.

Confidentiality: Case 1

You've been working with Juan for a couple of months. He has a variety of health issues to include hypertension and diabetes and you've connected him to the local health clinic and he is getting himself checked regularly. He just told you that he was tested for STDs and his results show that he has HIV but he doesn't want to tell his girlfriend because she'll kick him out and he will be homeless.

What do you do?

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Discuss the case scenario and the different components that contribute to the complexity of the case.

The CHW CANNOT break confidentiality to call the girlfriend and tell her.

Ask: What other measures can the CHW take?

Confidentiality: Case 2

Ms. Sanchez is a 83 year old patient that came to the clinic after a recent trip to the ED. You notice she has bruises on her arms and legs and she seems very shy and withdrawn.
She tells you that she lives with her daughter and her son-in-law.

How do you handle this situation?

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In this scenario there is suspected elder abuse. Discuss what the options are, and the regulations for reporting.

Documentation

Types of DOCUMENTATION

Progress Notes:

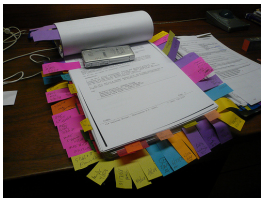
- **Brief notation as a follow to an original assessment.**
- **Review the problem, evaluate the effectiveness of the plan, and indicate change**
- **Pre-established intervals (daily, twice a week, monthly, etc)**

S-
O-
A-
P-

Subjective
Objective
Assessment
Plan

D-
A-
P-

Data
Assessment
Plan



Describe the two methods of documentation and provide several examples of both.

Documentation TIPS

- In black pen—no pencils or erasing.
- If mistakes occur, mark through the ~~error with one line,~~ add the word "error", initial beside the error, and add the correction.
- Abbreviations must be approved by the facility.
- Do not make suggestions on medical diagnosis.
- All documentation must be dated and signed with your title.
- There should be no large gaps/blank space between entries.
- Do not express your personal opinions or make criticisms of the patient or other caregivers. Remember that others are reading your notes!
- Be concise, thorough and accurate.

Practice: DOCUMENTATION

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Good and bad documentation: Case scenario

Marissa is a 16 year-old first-time mom. Her daughter, Destiny, is 2 months old. Marissa lives with her cousin, Sonia, in a one bedroom apartment. Marissa and the baby sleep on the couch at night. She currently has enough food, clothes, and diapers to take care of Destiny but isn't sure what she'll do in a couple months. Marissa dropped out of school when she got pregnant. She was in the 9th grade at the time. The father of the Destiny is not involved and does not provide child support.

You work as a CHW for a home visitation program for first time moms through a community health center. Marissa joined the program because she's interested in getting help signing up for different programs, including WIC and SNAP. She also wants to go back to school but isn't sure how to do it. Marissa has been in your program for 3 weeks now. You visit her at least once per week.

Today when you arrive on your home visit, Marissa and Sonia are fighting. Sonia says she needs some personal space with her boyfriend and that Marissa can't always be around. Marissa doesn't say much except tells Sonia she's ungrateful because she helped her through tough times too. Sonia tells Marissa she needs to find another place to live in the next week and then storms out of the apartment, slamming the door behind her. This wakes Destiny who you hold and help to calm down while Marissa sits in silence. Marissa looks relieved that you're holding Destiny. You notice Marissa's personal items – blankets, clothes, baby items – are all nicely folded or organized in a corner of the living room. The rest of the house looks clean.

Marissa tells you how mad at herself she feels for getting pregnant. She says she's not sure what to do and feels depressed. You listen to her. You ask her if she would be interested in meeting with the counselor at your clinic. She says, "Maybe." Marissa says that what she needs the most is to go back to school, but that she doesn't want to do it until Destiny is a year old.

Based on the case scenario, give a poor example of documentation: omit date, include judgmental comments, do not include sufficient plans for follow-up.

Divide participants into small groups. Ask participants to practice documentation and provide better examples of both types of encounter notes.

Case Management

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What is Case Management

- http://www.ncbi.nlm.nih.gov/books/NBK116484/

In simple terms…. It is a way of helping people identify the areas where they need help and connecting them to the personal and community resource that will help them.

Frankel 2012

Use the link. Discuss the different definitions of case management. What are the themes?

Case management is a model of practice that is versatile and can be incorporated into different settings.

Key Concept in Case Management

- People are responsible for the outcome. The Case manager is responsible for the process.
- People are ultimately responsible for making change happen. Case managers cannot force change on them. Instead, the Case Management process attempts to influence change.

Case Management Principles

- Offers a single point of contact with all health and social services
- Client-driven and driven by client needs
- Involves advocacy
- Community-based
- Pragmatic
- Anticipatory
- Flexible
- Culturally-sensitive

From SAMHSA TIP 27, Comprehensive Case Management for Substance Abuse. Page 13.

Case management process

- Defining the problem
- Determining the severity of the problem
- Developing hypotheses concerning why problems are occurring
- Establishing goals
- Developing/implementing service intervention plan
- Evaluating success of service intervention
- Termination
- Follow up

From Case Management: An Introduction to Concepts and Skills

I-PaCS Integrated Primary Care and Community Support

Defining the problem

- Conducting an assessment (biopsychosocial)
- What is the "presenting problem"
- What other issues need to be addressed?
- Multiple layers of issues; some may be evident, others are not. Trust is key.

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Defining the problem

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Why are the problems occurring?

- When theory becomes practice: understanding your client's situation
- May need to dig some more but don't compromise rapport

Establishing goals/developing a plan

- What are the expected behavior changes?
- What services should be utilized?
- What self-initiated skills are expected?
- Use SMART goals:
  - Specific
  - Measurable
  - Attainable
  - Result-focused
  - Time-specific

Evaluation

- Goals dictate evaluation
- Did I do a good job?
- Were all the goals met? If not, what happened?
- What can I do to improve my practice?

Termination

- Process
- Preferred it occurs when its planned
- Opportunity to explore what clients' learned
- Review and summarize progress notes: meet with client to review success
- Physical and emotional separation
  - Develop a sense of self-efficacy

1. Clients have reached their goals
2. Clients have satisfactorily demonstrated they can self manage
3. Clients are successfully working with referral sources

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Follow up

- Part of best practice, but least utilized.
- A phone call? A letter?
- Simple but not everyone does it. Why?

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Group Exercise

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Provide a case scenario for CHWS to practice using the case management process.

Scenarios can be developed or pulled from sources such as "The Fundamentals of Case Management Practice: Skills for the Human Services" by Nancy Summers

Service Coordination

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How do you get referrals?

What screening/assessment tools do you use?

Once a client is referred to you what do you do?

How do you communicate this information back to the team?

Source: CHW/R Competency Training: Service Coordination Skills Pilot Version

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Discuss the clinic flow at your site. Talk through each step of the process and discuss the roles of each team member.

Well-Rx

Assessment to be used by CHWs

1. In the past 2 months, did you or others you live with eat smaller meals or skip meals because you didn't have money for food?	____ Yes ____ No
2. Are you homeless or worried that you might be in the future?	____ Yes ____ No
3. Do you have trouble paying for your gas or electricity bills?	____ Yes ____ No
4. Do you have trouble finding or paying for a ride?	____ Yes ____ No
5. Do you need daycare, or better daycare, for your kids?	____ Yes ____ No
6. Are you without regular income?	____ Yes ____ No
7. Do you need help finding a better job?	____ Yes ____ No
8. Do you need help getting more education?	____ Yes ____ No
9. Are you concerned about someone in your home using drugs or alcohol?	____ Yes ____ No
10. Do you feel unsafe in your daily life?	____ Yes ____ No
Domestic violence?	____ Yes ____ No
Other safety issues?	____ Yes ____ No
If yes, which issue?	_____
11. Do you need help with immigration or legal issues?	____ Yes ____ No

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Describe the WellRx, its purpose, and who will be responsible for screening and communicating results to the care team.

Refer back to Social Determinants slides if necessary.

Building Relationships And Networking

1. Start with people you already know
2. Identify who you don't know and think about ways to work together
3. Network (see the handout Smart Networking)
4. Communicate and follow-up
5. Expand your contacts

Source: CHW/R Competency Training: Service Coordination Skills Pilot Version

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Walk through the steps listed and provide examples.
Keep both the client and organization or contact engaged, and ask to follow up regularly. CHWs can call contacts with patients if needed.

Expanding contacts: if one individual or group is unavailable to provide services, who can?

Improving Access And Identifying Barriers

What barriers keep clients from having the best health possible?

What other barriers do your clients and community face?

Why do these barriers exist for your clients and community?

How have you helped clients to remove barriers?

Source: CHW/R Competency Training: Service Coordination Skills Pilot Version

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Preparing for barriers: What is needed to fill out an application or access a service? What are the social determinants of health in the community where the client lives?

Talk about the process for referral at your site: Who is responsible for referrals to CHW, and who can a CHW refer a client to?

Are there places where you shouldn't refer: sometimes a client doesn't want to go to a clinic or agency because of a bad experience. This doesn't mean that you can't refer them, but CHW can work with client to mitigate past issues. CHW might accompany client to visit in this case, or work with the org to provide a better. Important to follow-up and make sure agencies are following through.

Refer Clients And Follow Up

- What is a referral?
- What does referral mean?
- What is a referral agency?
- Make a referral for your client

  Before you make referrals and set up appointments for clients, what do you need to think about or do?

Are there places you shouldn't refer clients? Why or why not?

Source: CHW/R Competency Training: Service Coordination Skills Pilot Version

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"The thing I always hated when I was a client was when someone would hand me a slip of paper with the name of some organization I never asked them for and tell me that I should call up such-and-such agency and they could help me with such-and-such problem. Then they would just change the topic or leave and act as if they had done me some kind of favor. First of all, don't tell me to go somewhere without even asking me if I'm interested—that drives me crazy! Second, even if I was interested, do you think some paper with an address or phone number or even a business card is gonna help me down the road if I don't really understand what the place is or what they do or who to talk to or anything? That's not a referral, that's an insult!"- TG

Source: Berthold, Tim, Jennifer Miller, and Alma Avila-Esparza. Foundations for Community Health Workers. San Francisco, CA: Jossey-Bass, 2009. 281.

I-PaCS Integrated Primary Care and Community Support

This community health worker expresses the frustration of how not to do a referral. A referral should be a collaboration with the client and a warm hand off to the next provider.

Service Connection: Case 1

Luisa Sandoval was referred to you by the physician for transportation issues. This was the third appointment she had made but was a no-show for the previous ones. After completing the Well-Rx, you discover that she needs assistance with other issues in addition to transportation. She is a mother of 3, two of the kids have physical and mental health disabilities and are not receiving benefits/services. She doesn't have a steady income and doesn't always have enough money to buy enough food for her family. Right now she is living in a small studio, paying month-to-month and she struggles to make the rent. She left her husband last month and he is constantly threatening to deport her so she lives in constant fear. She went to the Dr. because one of her kids is sick.

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In small groups (2s or 3s) discuss your steps around service coordination for Luisa.

- Prioritize Luisa's needs
- Using the resource manual, what referrals would you make?
- How would you present this information to Luisa?
- How do you follow up?

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A manual of community resources is given to each group to utilize during this exercise. Each group has the opportunity to present their plan based on the questions on this slide.

Service Connection: Case 2

Ms. Cook is a 28-year-old African American woman currently on probation for shoplifting, passing bad checks, vandalism, and parole/probation violations. She is currently awaiting trial for battery. Ms. Cook has been incarcerated twice during her adulthood (once for 10 months and, most recently, for 10 days). Ms. Cook is currently living with her grandmother, who had raised her. She is the mother of four children (ages 11, 7, 4, 2 years). The older two sons are living in foster care. The younger two daughters have complex health problems and developmental delays; they live with another relative. She is no longer in contact with any of the children's fathers. She also discloses that she has been drinking alcohol and smoking crack. She called 911 when she couldn't breathe and felt she was having a heart attack.

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Let's try another case. Meet Ms. Cook. Again, in dyads or triads, discuss the issues presented by Ms. Cook.

- Prioritize Ms. Cook's needs
- Using the resource manual, what referrals would you make?
- How would you present this information to Ms. Cook?
- How do you follow up?

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Just like the previous group exercise, each group will have the opportunity to present their suggestions for helping Ms. Cook.

- When you're ready to make referrals, how do you:
  - Make them **client-centered**?
  - Help everything **run smoothly**?

When setting up appointments:

- How will you handle someone who is **rude or in a hurry**?
- How will you **introduce yourself** and describe what you need?
- What should you **write down**?

Source: CHW/R Competency Training: Service Coordination Skills Pilot Version

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What does making a referral client-centered mean? These questions generate discussion among the group and as a group decide on adequate answers.

- **Scenario 1: Maxine**

Maxine is a 34 year-old single mother of five children, ages 2, 5, 7, 12, and 14. She was in a physically abusive relationship with her ex-husband who moved out last year. The kids were not physically abused but witnessed the violence. Maxine is new to town, having moved here from Arizona to get away from her ex-husband. She has a 5th grade education and is currently unemployed. Maxine's brother is paying Maxine's rent for 3 months but, after that, she needs to take over. Maxine has asked to be in your program. She says she's ready to make changes.

- **Scenario 2: Robert**

Robert is a 22 year old homeless male. He was diagnosed with schizophrenia one year ago. He sometimes goes to see a counselor at a local church. He doesn't remember ever taking medication for his illness. He says he has family in town but doesn't want to see them. Robert has asked to be in your program. He says he's ready to make changes.

- **Scenario 3: Gilberto**

Gilberto was in jail for 3 years for robbery. He was released a year ago but has had a hard time finding a job. He is interested in finishing his GED but says he has a hard time focusing. He's currently living with his mother but she wants him out by next month. Gilberto says he feels like stealing is easy because he knows what to do, but, at the same time, doesn't want to go down that road again.

Gilberto has asked to be in your program. He says he's ready to make changes.

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These are optional cases that can be used for additional practice on service coordination.

- **Scenario 4: Rosie**

Rosie is a 55 year-old woman who has full custody of her two grandchildren, ages 8 and 10. She gets food stamps and disability but it's not enough to take care of the household. She's behind on her rent and is thinking about getting back together with her boyfriend who is a drug user. She doesn't love him but feels he can at least help pay for things. Rosie has asked to be in your program. She says she's ready to make changes.

- **Scenario 5: Mary Beth**

Mary Beth, a 28 year-old woman, has uncontrolled diabetes and high blood pressure. She is overweight and under a lot stress to support her mother who has cancer and her 3 kids. She sometimes skips taking her insulin because she can't afford her medications. She just joined a diabetes support group and is starting to walk each day. Mary Beth has asked to be in your program. She says she's ready to make changes.

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Follow Up

After referring a client, the next step is to follow-up. Follow-up is not only checking to see if a client went to an appointment, but also finding out what the experience was like. The point of follow-up is to make sure clients actually get the services they need in a way they find beneficial.

- What kind of follow-up is needed for a client who kept her/his appointment?
- What kind of follow-up is needed for a client who didn't keep her/his appointment?

Source: CHW/R Competency Trainings: Service Coordination Skills Pilot Version

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Follow up is an important piece of referral. Discuss the differences between the two questions addressed in this slide.

- What has changed for you since we created the last plan together?
- On a scale of 0-10, with 10 being the highest, how important is reaching this goal to you now?
- What other help or support do you need to finish your steps by the dates you picked?
- What do you think is getting in the way of you taking these steps to reach your goals?
- In what ways do you think not taking the steps we talked about might affect your goal?
- How can we change the goals and steps to make them work for you?

Questions like these can help clients think through their situation, feel motivated and confident again, and focus on what to do next.

Adapted from Fundamental Skills for Case Managers: A Self-Study Guide, Center for Health Training, 2003.

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If a client does not follow through with their referrals, here are some Motivational Interview-style, non-confrontational ways to address noncompliance.

DAY 2

Health Promotion

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Public Health

- Promotes the health and well-being of all people
- Population-based:
  - Geographic and political boundaries
  - Demographic characteristics
  - Health-related data on groups with similar patterns of risk factors
- Examines health inequalities
- Emphasizes on social determinants of health

Source: Berthold, Tim, Jennifer Miller, and Alma Avila-Esparza. Foundations for Community Health Workers. San Francisco, CA: Jossey-Bass, 2009. p. 47.

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Ask: Why is public health important in community health work?

Review of some public health terms that are common in community health work.

Health Promotion Terms

- *Social determinants of Health:*
  - Economic, social, and political policies and dynamics that influence whether or not people have access to resources and opportunities essential to good health.
- *Health Equity:*
  - all people have the opportunity to attain their full health potential
- *Health disparities:*
  - unfair and avoidable differences in health status seen within and between populations

Source: Community Connector Training, Molina HealthCare

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Social Determinants Of Health

- Safe housing and public transportation
- Proper and sufficient nutrition
- Civil rights and protection from discrimination
- Employment, safe working conditions, and a living wage
- Affordable health care
- Personal safety
- Clean water, soil, and air
- Recreational facilities and green space
- Cultural resources
- Personal safety
- Quality education

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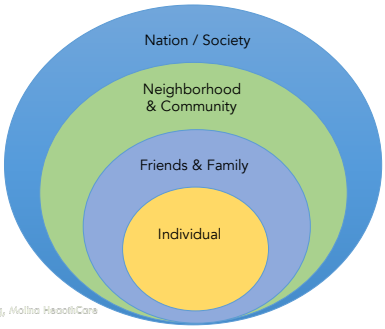
Review of social determinants of health. Do our clients experience these challenges? Do our communities? What does it look like?

Ecological Model



Source: Community Connector Training, Molina HealthCare

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The ecological model illustrates how various systems can influence resources and barriers and help CHWs identify ways they can intervene.

Prevention

Any activity that protects individuals or communities from health threats and their consequences.

3 stages of prevention:

✓Primary – preventing the disease from occurring in the first place
✓Secondary- early diagnosis & treatment of disease
✓Tertiary – minimize complications of the disease

Source: Community Connector Training, Molina HealthCare

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Example: CANCER PREVENTION

TYPE OF PREVENTION	INDIVIDUAL LEVEL	POPULATION LEVEL
Primary *(preventing disease)*	Education on healthy lifestyles	Marketing campaign to raise awareness; Anti-smoking campaign
Secondary *(early diagnosis)*	Referral for mammogram from PCP	Mobile clinic to increase access to cancer screenings
Tertiary *(minimize complications)*	Follow-up exam to check for reoccurrence	Access to self-management classes & support groups

Source: Community Connector Training, Molina HealthCare

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Let's take cancer as an example to illustrate how prevention works.

Group refers to table for examples on primary, secondary, and tertiary levels of prevention. Group can discuss other examples.

SPECTRUM OF PREVENTION

Source: Community Connector Training, Molina HealthCare

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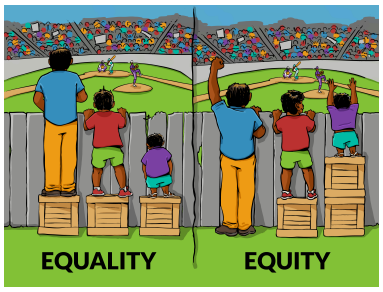
Prevention can also be viewed as a spectrum of various levels of intervention: from individual interventions to influencing policy and legislation.

Health Equity



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Ask participants to reflect on the differences between health equity and health equality, especially when social determinants are a factor.

Health INEQUALITY

"Significant differences in population health status and mortality rates that are systemic, patterned, unfair, unjust, and actionable, as opposed to random or caused by those who become ill."

- Richard Hofrichter (2007)

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In community health work, you are going to see significant gaps in population health. As a CHW, your role will be to identify, intervene, advocate for health equity.

Causes of Health Inequalities

- Income and wealth
- Racism and discrimination
- Segregation
- Environmental racism
- Sexism, homophobia, transphobia
- Working conditions, status, control
- Living conditions

Exposure to stress

Source: Berthold, Tim, Jennifer Miller, and Alma Avila-Esparza. Foundations for Community Health Workers. San Francisco, CA: Jossey-Bass, 2009.

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POLICIES DESIGNED TO PROMOTE HEALTH EQUALITY

- ✓Promote understanding of the social determinants of health
- ✓Improve income and reduce wealth inequalities
- ✓Improve the physical and built environment
- ✓Promote racial justice
- ✓Promote better working conditions
- ✓Improve conditions for children
- ✓Improve social inclusion
- ✓Improve education
- ✓Improve food security and quality
- ✓Improve public and sustainable transportation
- ✓Use health impact assessments
- ✓Provide universal health care

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Here are a few examples of how we can help provide health equity.

Cultural Humility

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In CHW work, you will encounter diversity; individuals that don't share the same culture, beliefs or values. That is why it is important for CHWs to be culturally aware and humble when working with people.

Defining Culture

- Includes beliefs, behaviors, attitudes, and practices that are learned, shared, and passed on by members of a particular group.
- Dynamic, always changing
- Multifaceted

Source: Berthold, Tim, Jennifer Miller, and Alma Avila-Esparza. Foundations for Community Health Workers. San Francisco, CA: Jossey-Bass, 2009.

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What is culture? Ask the group to share some examples of how they define culture.

Reflections

- Have you ever had someone ask you, “where are you from? Or what are you?”
- Have you ever had someone mistakenly assumes one of your cultural identities?
- How did this make you feel?
- How did you react?
- How do you define your cultural identities?
- Does this change depending upon the circumstances?

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This is slide is important in helping the group frame what the experience may be for a person being asked these questions.

Building Self-awareness

1. What types of clients/communities do you think might have the greatest difficulties in accessing health or social services? Why?
2. What types of clients and communities do you lack experience with and knowledge about?
3. What types of clients or communities may you be less comfortable working with? Why?
4. How can you keep your personal attitudes and feelings from influencing the way you work with diverse clients?
5. What can you do to acknowledge your own stereotypes and prejudices? Why is this an important step to becoming an effective CHW?
6. Is it okay to be uncomfortable at times with clients of a particular cultural identity, or does this make you an unskilled CHW?
7. Is it okay to talk with your colleagues when you find that your are challenged in working with a client?
8. How can you learn to accept critical feedback about your work with diverse clients?

Source: Berthold, Tim, Jennifer Miller, and Alma Avila-Esparza. Foundations for Community Health Workers. San Francisco, CA: Jossey-Bass, 2009.

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In small groups, ask participants to answer these questions and report back to the whole group.

Principles of Cultural Awareness

- Define culture broadly
- Value clients’ cultural beliefs
- Recognize the importance and complexity of language interpretation
- Facilitate learning between providers and communities
- Involve the community in defining and addressing service needs
- Collaborate with other agencies
- Professionalize staff hiring and training
- Institutionalize cultural competency training and standards

Source: Berthold, Tim, Jennifer Miller, and Alma Avila-Esparza. Foundations for Community Health Workers. San Francisco, CA: Jossey-Bass, 2009.

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Defining Cultural Humility

Incorporates a lifelong commitment to self evaluation and critique, to redressing the power imbalances in the physician-patient dynamic, and to developing mutually beneficial and non-paternalistic partnerships with communities on behalf of individuals and defined populations.

--Melanie Tervalon and Jane Murray-Garcia (1998)

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Cultural Humility

- Engage in self reflection and self critique, including reflection about our own assumptions and biases
- Understand that our own culture is no better than any other—all cultures deserve our respect
- Admit when we don't know about the culture and social context of our clients
- Seek out resources that may broaden our understanding of the various cultures of the communities and clients we serve
- Recognize that only the cli8ent is the expert about her own culture, values, and beliefs
- Place our assumptions aside when working with others, and ask clients and communities to share their own experiences, knowledge, resources, needs, and priorities with us so that we may best support their health and well-being.

Source: Berthold, Tim, Jennifer Miller, and Alma Avila-Esparza. Foundations for Community Health Workers. San Francisco, CA: Jossey-Bass, 2009.

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Transference of POWER

Think back to your last doctor appointment:

- Who asked most of the questions?
- Were the questions the ones you wanted to answer in order to get to the problem at hand?
- Were you able to fully express yourself, or did you find the appointment limiting?

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Ask participants to reflect on their last doctor's visit in small groups of 2-3.

The Explanatory Model

- What do you call the problem?
- What are the signs and symptoms of the illness that you're experiencing?
- What are your concerns or fears?
- Why do you think this illness or problem has occurred?
- How does the illness affect you or your family?
- How do you think the sickness should be treated?
- How do you want us to assist you?
- Who do you turn for assistance?
- Who should be involved in decision making?

Source: Berthold, Tim, Jennifer Miller, and Alma Avila-Esparza. Foundations for Community Health Workers. San Francisco, CA: Jossey-Bass, 2009.

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Describe the explanatory model.

Understanding Cultural Health Beliefs

- What are the health beliefs in your family or culture?
- Where did your family go to receive health care?
- What were the home remedies for illnesses?
- How were they used?
- What do you still practice today?
- Were there health topics or issues that were considered "taboo" or were forbidden to discuss?

Source: Berthold, Tim, Jennifer Miller, and Alma Avila-Esparza. Foundations for Community Health Workers. San Francisco, CA: Jossey-Bass, 2009.

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Ask participants to reflect on cultural beliefs about health in their own families.

LEARN Model

L – listen with sympathy and understanding to the client's perception of the problem

E – explain your perceptions of the problem

A – acknowledge and discuss the differences and similarities between the perceptions of the client and the CHW

R – recommend resources

N – negotiate agreement

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CHWs can utilize the LEARN model for effective, culturally humble communication with clients or patients.

Cultural Humility TIPS

- People from rural areas may have been living a more traditional lifestyle than people who have been living in urban areas.
- Economic status and education vary greatly among people within a cultural group or people who come from the same country.
- People from the same country may have migrated to the US fro very different reasons, including seeking economic opportunity, escaping religious or ethnic persecution, fleeing civil strife, or joining relatives.
- Generational differences may exist among people of different ages within the same cultural group and may include different belief systems.

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Reflection

- What three strengths do I bring to this work on cultural humility? In what ways could I build on these strengths?
- What three gaps (or challenges) do I want to work on?
- Did any data, discussions, definitions, principles, or questions in this section provoke a strong emotional reaction in me? What are those feelings? What can I do to respond to my feelings in a way that honors my own experiences and perspectives and at the same time assists me to understand and honor the experiences or perspectives that are provoking those feelings?
- Over the next six months to a year, what activities could I undertake to strengthen my capacity to work across differences of race, class, culture, and language?

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Ask participants to reflect on these questions in small groups.

Home Visitation Guidelines

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WHY DO HOME VISITS?

- Unable to come to the office
- Follow up
- Contact clients who have not stayed in touch
- To see clients who have a decline in health
- Because family/friends contact you with concerns
- Support new parents/guardians
- Assess home environment and possible health risks
- Provide support on med management

Challenges Of Home Visiting

- May not want you to visit
- May be embarrassed about living conditions
- May be concerned about their privacy
- May worry about judging them
- May have had bad experiences
- You may witness or learn about drug use, neglect, abuse
- You may face risks to your personal safety

Preparing For A Home Visit

- Place yourself in the client's shoes
- Respecting a client's right to privacy—discreet home visits
- Get off to a good start—shadow another CHW
- Review and prepare client files
- Organize and pack resources
- Plan how to get to the client's home
- Identify key objectives

Common Courtesies And Guidelines

- Respect the client's time
- Announce yourself
- Introduce yourself
- If the client is not at home….
- Dress for the occasion
- Demonstrate respect and establish a positive connection
- Practice cultural humility
- Speak clearly, slowly, and not too loudly
- Maintain healthy boundaries
- Stay on topic
- Overcoming distractions

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Safety Guidelines

- Be prepared
- Pay attention, and be discreet
- What to do if conflict or danger arises

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CHWs should always have a plan in place for what to do if a dangerous situation arises on a home visit. Always make sure that someone in the clinic knows where you are going and how long you plan to be gone.

How To Conduct A Home Visit

- Conduct an assessment
- Conduct an environmental assessment
- Provide case management, health education, service connection
- Explain the next steps
- Good-bye and thank you

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After The Visit

- Complete paperwork, documentation
- Write down future appointments
- Investigate possible referral options
- Follow up with client
- Discuss/debrief with supervisor

Common Challenges

- Visits to people without homes
- When clients are angry
- Working with clients who are incarcerated

Self-Care

A few words about burnout….

Self-care is important as a CHW. Stress is the cause of most chronic illness.

In your work you will encounter individuals that have a lot of emotional stress and difficult situations. It is important to seek professional advice if you are feeling overwhelmed. Talk to your supervisor or set up an appointment with a therapist.

DAY 3

Motivational Interviewing

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Ask participants to share what they already know about Motivational Interviewing and about their experiences learning or using the practice.

The Spirit of MI

Collaborative: Partnership between the patient and provider/CHW

Evocative: Builds on what patients already have within them, including personal goals, values, and aspirations.

Honors Patient Autonomy: Acceptance that people can and do make choices about the course of their lives, even if it is not the healthcare providers recommendation or desired outcome.

Rollnick, S., Miller, W. R., Butler, C. C., & Aloia, M. S. (2009). Motivational interviewing in health care: helping patients change behavior.

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MI is NOT a technique for tricking people. It is a style of eliciting patients' own motivation and reasons for making behavior changes for better health. The spirit of MI is that it is evocative, collaborative, and honors patient's ability and right to make their own decisions.

Guiding Principles

- Express Empathy
- Develop Discrepancy
- Roll with Resistance
- Support Self-Efficacy

Rollnick, S., Miller, W. R., Butler, C. C., & Aloia, M. S. (2009). Motivational interviewing in health care: helping patients change behavior.

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Discuss the guiding principles and describe what each one means.

Why Do People Change?

- Self-efficacy
- Intrinsic motivation

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People rarely make changes simply because they are told that they need to. To make real change, patients must be internally motivated and feel empowered to follow through with their goals.

Stages Of Change

Stage	Description
Pre-Contemplation	Not intending to make a change soon. Not necessarily opposed to change, just not ready to start.
Contemplation	Thinking about making a change soon (in the next six months). Ambivalent about "costs" vs "benefits" of the efforts required
Preparation	Intending to make a change in the near future. Convinced potential benefits outweigh the risks.
Action	Major behavior changes have been made.
Maintenance	Maintained behavior change for at least six months. New behavior has become routine

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OPEN Questions
AFFIRM
REFLECT
SUMMARIZE

The basic approach to interactions in motivational interviewing is captured by OARS.

Open or Closed?
A Time and Place for Both

- Were you able to go and pick up your food box?
- Are you having a hard time making it to your appointments?
- Do you feel safe at home?

The questions on this slide are all examples of closed questions. An open-ended question allows the client to create the impetus for forward movement. Although close-ended questions have their place - all of the questions on the WellRx are closed questions for example - the open-ended question creates a forward momentum that we wish to use in helping the client explore change.

Open Questions…

- *"How do you want to spend our time together?"*
- *"What was that like for you?"*
- *"How can I support you?"*
- *"Tell me a little bit more about that…"*

These are examples of open questions that can be used to elicit more information about a patient's values, motivations, and what they feel is important to share with you.

Exercise: Closed to Open

Turn the following closed questions into open-ended questions:

Do you want to take a cooking class?

Are you taking the medicines that the doctors prescribed you?

Are you staying sober or using drugs again?

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In pairs, ask participants to turn the closed questions into open questions. Ask pairs to share their ideas, then show the examples on the following slide.

Do you want to take a cooking class? -> *What kinds of peer support classes do you you think you might be interested in?*

Are you taking the medicines that the doctors prescribed you?-> *How's it going with the medicines that Dr. Martinez prescribed at your last visit?*

Are you staying sober or using drugs again? -> *Tell me about how it's going with your sobriety.*

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Affirmations

- "The fact that you came in today means a lot, especially with everything that you've got going on!"
- "You showed a lot of strength by doing that."
- "I can tell you really care about…"

Validation: https://www.youtube.com/watch?v=Cbk980jV7Ao

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Affirmations are very important in helping clients build self-efficacy, even if it's for very small accomplishments, like making it to the appointment. Affirmations should be sincere and truthful. If you pay attention, there is always something to affirm.

If time allows, show the short video.

Reflections

- Statements, not questions!
- You are holding up a mirror:

Patient: *Picking up food from the food bank in my neighborhood is embarrassing for me. I'm worried that someone might see me and will know that I can't provide for my family.*

CHW: *Its embarrassing for you to pick up food boxes in your neighborhood because you are worried that someone you know might see you and think that your are not providing for your family.*

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Reflections help close the loop of communication and show your client that you are really listening to them.

Summarize

- Collect the clients expressed motivation for change in a summary!

Partner Exercise: For one minute, one partner talks about something in their life that they would like to change, and why. The other partners listens. At the end of one minute, the listener summarizes what the speaker said. Switch roles.

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Have participants practice summaries in pairs.

Change Talk

- Change vs. Sustain Talk
- Recognizing and Reinforcing Change Talk
- Eliciting and Strengthening Change Talk
- Rolling with Resistance

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Developing a Change Plan

Brief Action Planning:

- Make a specific, client centered plan:
  - How, What, When, Where
  - Barriers and plans to overcome them
- How confident is the client that they can follow through?
- Ask the client to restate their plan.
- Follow-up

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END

Thank you for your participation!

Example 3-Day Training Schedule for Community Health Workers

Day 1	
9:00 – 12:00	**Introductions** **Defining your role: What are the duties of a Community Health Worker?** Overview of duties, responsibilities and role within the clinic Scope of Practice o Core Role of the CHW o CHW competencies **Code of Ethics** Review of Articles 1-4. o Purpose of the code o Responsibilities in the delivery of care o Interaction with other service providers o Professional rights and responsibilities Community Health Worker Pledge (handout) Ethics scenarios o Ethical challenges and values o Ethics and the law o Professional boundaries o Relationship conflicts o Value conflicts **HIPAA and Confidentiality** **Documentation** What to document? How to document? Different types of documentation o DAP o SOAP
12:00 – 1:00	**Lunch Break**
1:00 – 4:00	**Case Management Skills** o Assessment o Basic interviewing skills o Attending to personal issues o Active listening o Focusing and furthering

- Summarizing
- Empathy, praise, and support
- Setting boundaries

Service Coordination

Knowing your community
Accessing community resources
Improving access to resources
- Identifying gaps in services

Enrolling clients in different programs
Self-efficacy: Teaching clients how to follow-up

Day 2	
9:00 – 12:00	**Health Promotion** Brief Overview of Social Determinants of Health) Prevention - Primary, secondary, and tertiary prevention - Spectrum of prevention **Health Equity** Definition Causes of health inequities Suggested: Unnatural Causes Documentary and Discussion Real-life stories: How to battle social determinants of health as a CHW
12:00 – 1:00	Lunch Break
1:00 – 4:00	**Cultural Humility** Defining and understanding culture Building cultural self-awareness Defining cultural humility Understanding cultural health beliefs - The LEARN model Value Conflicts - CLAS standards

Day 3	
9:00 – 12:00	**Motivational Interviewing** The Spirit of MI o Collaboration o Evocation o Autonomy Principles of MI o Express empathy o Develop discrepancy o Roll with resistance o Support self-efficacy Stages of Change o Pre contemplation o Contemplation o Preparation o Action o Maintenance
12:00 – 1:00	Lunch Break
1:00 – 4:00	o Review Spirit of MI OARS Change Talk o Change vs. sustain talk o Recognizing and reinforcing change talk o Eliciting and strengthening change talk Developing a change plan