CHW TRAINING

BEHAVIORAL HEALTH INTEGRATION FOR CHW SUPERVISORS

TRAINER'S GUIDE

WELCOME

Welcome to the Trainer's Guide for the Behavioral Health CHW Integration Project (CBIP) CHW Supervisor Training. We are happy you have decided to join our effort to provide training to CHWs and their supervisors to build skills and knowledge to better integrate CHWs into Behavioral Health care teams to serve members of our communities.

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INTRODUCTION

Purpose

This guide is designed to support the implementation of the CHW Supervisor training, a 2-module course developed by the ABCD CBIP team and consultant Jules Patigian. The course is designed for CHW Supervisors with limited professional training or experience in behavioral health, who are embedded in a primary care or otherwise integrated healthcare system in Massachusetts. This guide is designed for trainers of that course and should be accompanied by a training for trainers.

CBIP Project overview

ABCD has received funding to design and implement a training program on various mental health and substance use topics and to develop a toolkit to assist health systems to incorporate CHWs into their behavioral health and primary care teams. An additional training will be held for the supervisors of the CHWs to assist in integrating the training content into the day to day work of each health setting.

Project Partners

At the core of this project are Community Health Workers who work in health care settings and serve people who are seen in primary care and specialty clinics and inevitably may have co-occurring mental health and/or substance use challenges. As such, the advisory council includes several Community Health Workers (CHWs) who work in different health and public health systems around Massachusetts. Our organizational partners in this project include the Massachusetts Association of Community Health Workers, the National Association of Social Workers Massachusetts Chapter, Health Leads, and the Center for Innovation in Social Work and Health at the Boston University School of Social Work.

Funder

The CBIP project and the Guide are funded by a grant from the Center for Community Health Improvement at Massachusetts General Hospital and the Massachusetts Department of Public Health.

Relevance to the CHW field

Depression, anxiety, drug and alcohol misuse are at epidemic levels in many urban and rural areas in the US. According to the Boston and North Suffolk CHNA surveys, mental health and substance use were in the top three most reported concerns that affect the health of the members of these communities.
https://www.massgeneral.org/assets/mgh/pdf/community-health/mgh-chip-2020-final.pdf?TRILIBIS_EMULATOR_UA=nsclpfpr%2Cnsclpfpr%2Cnsclpfpr%2Cnsclpfpr%2Cnsclpfpr%2Cnsclpfpr%2Cnsclpfpr%2Cnsclpfpr%2Cnsclpfpr

In the 2017 MDPH report on Behavioral Health and Community Health Worker Training, behavioral health training appropriate for CHWs was limited in MA. It is also noted there is a greater need for increased availability and a wider variety of BH trainings as identified by CHWs, their managers, and training program directors. In fact, mental health and substance use training were two topics identified by CHWs that were the most needed. In the past few years, there has been a growing recognition and hiring of CHWs among Accountable Care Organizations, Community BAsed Organizations, and health plans as members of both medical and behavioral health care teams. The need for CHWs with improved BH training and related skills is only growing in Massachusetts. Good training materials are not as available as needed.

Increasingly, CHWs are being assigned to work with people with complex medical and behavioral health conditions. CHWs are hired specifically because of their similar lived experiences and ability to identify and build trust with our most vulnerable residents. They are well positioned to help ascertain behavioral health needs and help clients navigate the complex medical and behavioral health systems. Many studies indicate a relationship between experiences of racism in the US and negative mental health outcomes. The trainings provided participants with the knowledge and tools needed to further break down the stigmas and barriers associated with mental health for Black, Latinx and immigrant communities.

These trainings, the guides, evaluation outcomes and qualitative interviews, and the policy toolkit will be resources for the CHW community in programming, training, and policy areas and are complementary to existing CHW and CHW supervision materials in Massachusetts.

SUPERVISOR LEARNING GOALS

- To understand the primary goals of Supportive Supervision and approaches to achieve them, using a racial equity lens
- To address the unique challenges, opportunities, and best practices of supervising CHWs
- To gain awareness of and confidence in one's particular strengths and growth areas as a Supervisor, particularly around advocacy and integration
- To develop skills and confidence around supporting CHWs to effectively work with clients with behavioral health issues in particular and with BH providers

HEALTHY CONVERSATIONS

This 2-module training covers what CHWs learned about mental health and substance using the Healthy Conversations (HC) curriculum. It is an interactive guide to making positive change. The curriculum combines the stages of change, motivational interviewing, and harm reduction. It has 3 tracks: mental health, substance use, and dual diagnosis. It is intended as a resource and guide, not a script, that can compliment other tools, practices, and systems.

HC is open source and its creators encourage that it be shared. The curriculum can be accessed here:
https://drive.google.com/file/d/17h1P_V9X1mHkWaX70Pph5z951kIEWNPs/view?usp=sharing

SUPERVISOR TRAINING

Intention and Scope

The training covers basic information about mental health, substance use, patient advocacy, and systems navigation. It approaches behavioral health through a racial equity, client-centered, harm-reduction, and holistic health lens. There are 2 interconnected components to supporting CHW integration into behavioral health systems:

- CHW Training Overview, Racial Equity in Supervision, Advocacy, & Leadership
- Supportive Supervision Tools and Concepts

Organization

The supervisor training is organized into 2 modules. The course is intended to be taught sequentially, so that participants learn the content covered in Module 1 before Module 2.

Modality

This training may be offered either in-person or virtually, via a platform such as Zoom. Before each session, the Trainer's Guide offers tips for preparation based on the teaching modality. Additionally, there are tips for virtual or in-person training throughout the curriculum.

Trainers

The program is intended to be co-facilitated by 1 CHW and 1 Social Worker, to model and bolster integration efforts and to learn from and share the expertise of each. Trainers work together to prep and to identify facilitation roles unique to each dyad. An administrative support person is needed to accompany the facilitation team.

Administrative Support

An administrative support person assists with tech and materials prep and throughout each training day, whether in person or virtual. They take and monitor attendance according to site needs.

Planning

It is suggested that the trainers and support person dedicate sufficient planning time before each module/session, so that each is clear on their role and prepared to be responsive to the others' and the group's needs. On training days, all should arrive in advance of the scheduled start time, whether in person or virtual.

Group size

The activities in this course are designed for an ideal group size of 25 participants, but can be adapted for smaller or larger groups. Below are some tips for adapting this curriculum for use with various group sizes:

Smaller Groups (less than 12 participants):

With a smaller group, it can be helpful to forgo activities that require the group to split up. In such activities, you can engage the whole group in the discussion. For example, when doing role-play or practice activities, it may be helpful to have participants take turns in the role-play while the rest of the group observes, rather than breaking up into 2 or 3 smaller groups.

Larger Groups (more than 12-25 participants):

With a larger group, there may be less time for deep discussion with all participants, so make sure to provide time for small group discussion. If offering the training virtually, make use of the breakout room feature that many virtual platforms offer.

Timing and Breaks

Actual timing will be dependent on each group. Modify timing or adjust flow of activities to reflect specific group dynamics and needs for breaks (suggested ~30 minutes of break time per 4-hour module).

OTHER TOOLS

Trainers have a few other tools at their disposal!

- Access to a shared Google Drive that houses:
  - The *Healthy Conversations* Curriculum
    - This curriculum is an educational tool to use with patients. It is not a required tool, but a resource for your own and your patients learning.
  - The CBIP Training slide deck, featuring presentations for each module, complete with trainer notes from this guide
  - The most up-to-date version of this guide
  - Loose leaf handouts that also appear in the appendices in this guide
  - Reports from other trainer dyads' experiences facilitating the CBIP training
- Administrative and fidelity support from ABCD

LANGUAGE & EQUITY STATEMENT

It is of critical importance to recognize that people use different terms when discussing race. There is no one term that is wholly inclusive or resonates for everyone. We ask trainers to use language that welcomes a diversity of perspectives to the table in talking about race, power, and identity. When citing research, we use the same identifiers used in their studies or reports.

As such, you will different words associated with race, ethnicity and gender in this guide. **Trainers are encouraged to be open with their participants about why they have chosen specific words in their trainings** and welcome feedback from their participants about their own choice of words that relate to race. We encourage you to always be sensitive and open to the audience.

ICEBREAKERS 101

Icebreakers serve a number of purposes that support group learning environments. These include...

- Helping trainees (and facilitators) de-stress and settle in
- Building group rapport and help trainees learn more about each other
- Giving all trainees an opportunity to speak in a safe, contained way
- Helping people transition from their day outside of the training (or even the breaks in training)and arrive fully to the session
- Softening any trainee resistance to being in the training
- Setting a relaxed, participatory, friendly tone to the session

Types of Icebreakers

Movement: yoga/stretch (led or informal) or a dance break; use accessible language and movement prompts

Energy Builder: activities that lift the energy in the group/room, usually fast-paced and fun, used to increase engagement of participants.

Getting-To-Know-You: questions and/or activities that prompt people to share about themselves

Partner Activity: similar to get-to-know-yous, but done in pairs; may feel safer for shy people and folks can go into greater depth. Duos can check back in with the larger group or not, as time allows.

Topic Related: questions that elicit people to share something related to the training topic

Important Icebreaker Tips

Not too long: Avoid asking people to share long stories or you might be there all day. For example, "Name a leader you admire" is better than "Tell us about your experience with being a leader." A lengthy icebreaker can drain group energy and start the session out with people feeling frustrated.
Not too vulnerable: Avoid asking things that may be very personal or emotionally charged, as it may make some trainees feel exposed in front of the group.

Offer variety: Different people connect with and enjoy different kinds of activities. Mix up what you offer so that there is something for everyone (and the people who hate movement games, for example, don't get annoyed)!
At least one per day: Offer one at the start of any session and again after breaks, if and as time allows. If you find mid-session that people are getting bored or sleepy, you may want to add a quick energy builder to keep people engaged.

Watch the time: Icebreakers should not take more than 10-15 minutes, even in a big group. Keep it moving and ask people to be brief. The first participants set the example so keep them on track and the others will follow.

Facilitator shares first: The facilitator can model the icebreaker for the group by going first. This allows the facilitator to set the pace for how long the responses should take and set the tone for how personal it's OK to be. Be genuine and professional in what you put out.

Balance negative and positive: You don't want to start the group off venting or complaining about something difficult. For example, if facilitators ask folks to share a recent challenge in their work, also ask for a success. This generates honest conversation and positive energy.

Make it accessible: You want everyone to feel included and to participate, so make sure that what you offer is something that everyone can do. Avoid challenging physical activity or topics that aren't relevant across age and cultural groups.

Trainers:
Please communicate and plan with your administrative support. They should be briefed and prepared with any material needs you foresee, including: moments when you anticipate using breakout rooms, poll functions, and/or Jamboard, if virtual; anticipated break periods; charts, note-taking, and handouts with which you need support; slide numbers where you will need text copy/pasted in the chat function on Zoom; etc.

Administrative Support:
Please be actively engaged throughout the training day, ready to support the trainers' technical needs. Take note of anywhere the "Admin Support" icon appears in the guide as it may have helpful directions for you. Work with your trainers to decide how you can best support them. Take attendance according to your individual program requirements. Reach out to and follow up with absent participants.

WELCOME

SLIDES 1-4

Overview:

Welcome trainees to the training and to Module 1. This is the moment for the facilitators and administrative support to introduce themselves, to have the entire group get introduced to each other, and to clarify the objectives of the training, as well as develop the group norms.

Introductions

To share:

Slide 1 can be shared as participants arrive. Welcome people verbally and in the chat, if virtual.

Use **Slide 2** to signal and kick off the start of the training. Icebreaker to be used:
Name, Pronouns, Role, Leader you Admire and Why

Describe the purpose of the project on **Slide 3. PURPOSE STATEMENT ON NEXT PAGE**

Purpose of this Project
Why Are we Here?

- MDPH Office of CHWs, CHW Training Needs Assessment
  - Mental Health and Substance Use Disorders
- Not in CHW Core Competency training
- MGH CCHI funding announcement- Determination of Need
  - BH and CHWs and Workforce Development
- SDoH - Role clarification/territory issues

Slide 4 is the course learning goals. Pick a participant or two to read the goals out loud.

Supervisor Learning Goals

1. To understand the primary goals of Supportive Supervision and approaches to achieve them, using a racial equity lens
2. To address the unique challenges, opportunities, and best practices of supervising CHWs
3. To gain awareness of and confidence in one's particular strengths and growth areas as a Supervisor, particularly around advocacy and integration
4. To develop skills and confidence around supporting CHWs to effectively work with clients with behavioral health issues in particular and with BH providers

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Project Purpose for Slide 3

To share: The idea for this project came from the awareness of the fact that most CHWs working in health care settings work with clients who in addition to surviving physical illnesses,
they also are experiencing mental health symptoms or challenges with substance use.
A 2017 study our of the Office of CHWs from The MDPH reported that the top two training topics that the CHWs interviewed were Mental Health and Substance Misuse.
In addition there is a large gap of training resources for CHW addressing behavioral health including in the CHW Core Competency course which does not include BH topics.

As a result, we wanted to design a training program for CHWs working in Primary Care AND their supervisors that did two things: 1) taught basic BH topics most common in the patient populations served by CHWs including Depression, Anxiety and PTSD and 2) Address the impact of racism and health inequities on both our patients and on CHWs. In the supervisor training we include how race plays a part in the power dynamics in healthcare and in supervision and we develop strategies in both trainings to build patient and self advocacy skills. We look together at how the systems in which we work influence patient outcomes and access to care. This training also helps participants think about how the CHW role and the behavioral health clinician role, specifically social workers, have commonalities and similar tasks and how important it is for these two professionals to work collaboratively.

In 2020, MGH's Center for Community Health Innovation developed a grant program and one of the focus areas was CHWs and Behavioral health needs of the Boston communities.
This project includes a robust evaluation component that combines both quantitative (pre and post tests that address knowledge and use of information) and a larger qualitative component. Our evaluator Linda Sprague Martinez, PhD. who works at the BU School of Social Work will be engaging you in stakeholder interviews to learn about successes and challenges in the integration of CHWs into Behavioral Health care and teams in your clinics.At the end of this project we will have a toolkit to share that will have an analysis of all that we learned about the integration of CHWs into BH care at your clinics as well as full access to all of our training materials and curriculum. Our hope is to use this toolkit to provide guidance to several organizations as they think about their design and inclusion of CHWs throughout different health care settings.

Overview

SLIDES 5-6

To know:

This part features an overview of the training and module objectives. The slides are meant to serve as visual aids, but we encourage trainers to use their best judgment about where to paraphrase the content, have participants read to themselves, and/or engage the group in reading them out-loud popcorn style.

To share:

Ask a participant to read the Learning Objectives on **Slide 5.** Ask if there are questions. To share: "These are our measurable objectives, what we hope attendees will be able to do confidently by the end of the sessions."

Slide 6 are the group agreements for the course. Give participants the opportunity to add agreements and add them to the slide as they list them.

To share:

- Confidentiality- do not share names or stories
- Tech Etiquette- camera on, put on mute unless speaking
- Take Space/Share Space - if you are someone who speaks a lot be mindful and allow space for others and vis-a-versa
- 1 Diva 1 Mic- one person speaking at a time
- Respectful Listening/Agree to Disagree
- Assume all experience is in the room- you all come with loads of experience, share it!
- Positive Risk- speak up about your experience even if you are not sure - your perspective is essential to this group and your sharing will help you and others build skills
- Raise Equity & Cultural Concerns- bring up examples
- Get Your Needs Met- if you need to take a break, please let the group know in the chat.

Specific Learning Objectives

1. Explain 3 goals of supportive supervision
2. Identify 2 strategies for implementing supportive supervision structures into your work, using a racial equity lens
3. Articulate your challenges in supervising CHWs
4. Explain 2 CHW supervision best practices
5. Practice CHW and client advocacy skills with BH providers

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Group Agreements

- Confidentiality
- Tech Etiquette
- Take Space/Share Space
- 1 Diva 1 Mic
- Respectful Listening/Agree to Disagree
- Assume all experience is in the room
- Positive Risk
- Raise Equity & Cultural Concerns
- Get Your Needs Met
- Have Fun!

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Module 1: CHW Training Overview, Racial Equity in Supervision, Advocacy, & Leadership

SLIDES 7-57

To know:

This module will be an overview of what the CHWs are learning and then a deeper discussion about how racial equity fits into the role as a supervisor of CHWs as well as a discussion and exercises to help build advocacy and leadership skills.

Slide 7 is the Module 1 title side. Introduce the module with the above information.

Module 1:
CHW Training Overview, Racial Equity in Supervision, Advocacy, & Leadership

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To share:

On **Slide 8** READ: 4 bullets- these are the topic areas of this training

We want supervisor's to understand the project's bigger picture as well as the focus of training that their CHWs hopefully also get, hence this bird's eye overview of what this project is focused on

CHW Integration into BH Systems

4 Central Components of this Training Series:

1. **Building CHW Baseline Behavioral Health Knowledge:** Understanding diagnoses, care models, treatment, provider roles for effective care coordinating & relationship-building with clients & their teams
2. **Understanding Systemic and Structural Racism:** Naming & skillfully navigating barriers, bias, root causes of BH issues, & power dynamics between providers from an equity lens
3. **Supporting Sustainable CHW Work:** Cultivating boundaries, wellness resources, self-reflection, navigating shared experiences & triggers, peer support & collaborative supervision
4. **Honing Communication & Advocacy Skills:** For developing strong collaborations & effective strategies to get client needs met & proactively addressing barriers & bias

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Slide 9 and 10

To share:

The goal here is to give supervisor's a sense of how time was spent with CHWs by sharing their learning goal and what skills/frameworks they will hopefully be bringing into the work with clients that supervisors can support & booster in supervision ongoing.

Summarize briefly with this goal: orient supervisors to what their CHWs have been learning (may also encourage group to refer their supervisees to future CHW trainings if they haven't already attended)

CHW Training Learning Goals

- Center work with BH clients through a racial equity lens & continually develop culturally-informed practices
- Deepen working knowledge of client-centered mental health & substance use care
- Understand & apply a harm reduction & holistic health framework to care of high-risk clients
- Practice assessment & tailoring skills to meet individual client needs
- Develop skills for working through client fear & resistance to addressing their behavioral health issues
- Build familiarity & confidence using *Healthy Conversations* curriculum materials

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CHW Training Overview: 4 Modules

Module 1:
- Welcome & Objectives
- Framing & Core Approaches
- Introducing *Healthy Conversations* Curriculum
- Racial Equity

Module 2:
- Mental Health Topics: Teaching & Practice

Module 3:
- Substance Use (SU) Topics: Teaching & Practice

Module 4:
- Advocacy Topics: Teaching & Practice
- Integrative Group Practice

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BEHAVIORAL HEALTH INTERSECTIONAL FRAMEWORK

SLIDES 11 / 12

To know:

All of the discussions we have about mental health and working with substance users focuses on naming, acknowledging, and analyzing the environmental, cultural, and systems level factors that can result in substance misuse or mental illness. In the area of substance misuse for example, this training focuses not on blaming or stigmatizing the individual client but understanding substance use as a continuum and a coping strategy worthy of respect and curiosity, rooted in recognizing the individuality and human rights of people who use drugs.

To share:

Slide 11 Share some of the goals of this training's approach and philosophy mentioned above and in all of the Learning goals of each training section in the CHW training.

Read or have the group read the bullets: Then ask: Do you have any comments?

BH Intersectional Framework

1. **Holistic view** of person, person is NOT their diagnosis or history
2. Looks at family, community, cultural, **systemic & structural factors** that shape a person's health, quality of life, & behaviors
3. **Recognizes oppression** & inequality are root causes of addiction, chronic disease, and many mental health symptoms
4. Emphasizes the common challenges & **less than perfect coping skills** we share with clients as human beings

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11

To share:

Slide 12

Ask the group to read or summarize and the trainer can emphasize points in detail.

Share key points & ask trainees for their responses or how this aligns or diverges from how they think about their work around BH issues? Is this what you practice?

<u>Possible activity</u>- split up into small groups to discuss some of the bullets

Intersectional Framework cont.

- **Avoids trying to fix people,** blame people for their problems, or take responsibility for "saving people" from themselves

- Increases empathy, flexibility, & our ability to **see complexity & sit with discomfort**
- **Believes change is possible** with individualized support and effort over time, with respect & collaboration as core practices

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12

HEALTHY CONVERSATIONS

SLIDES 13-17

The purpose of this section is to give a quick overview of where this curriculum came from, why it was created, & how it's currently being used.

To share:
Summarize **Slide 13** and read the bullets.

To know:
Purpose of **Slide 14** is to give a quick overview of the structure of the curriculum so supervisors can understand what's in there and how to find/use it

To know: Slide 15 This curriculum is not a 1 directional "teaching tool" but meant to be a conversation guide to help CHWs go deeper in understanding their' client's skills and
challenges and helping them build skills & knowledge on their own terms to be better
self-advocates and to navigate biased & challenging care systems.

To share: summarize the slide and explain what is in "to know" for this slide

Slide 16 is a link to the Healthy Conversations Curriculum if needed.

To know: The purpose of this exercise on **Slide 17** is for supervisors to familiarize themselves briefly with the scope of material in the curriculum and think about how it might be a useful resource for their staff

To share: Activity: Give trainees 7 min to look over the book on their own, with the questions on the slide in mind to focus their study. They should read Table of Contents & track descriptions and 1 chapter of their choosing.

Debrief: can be a chat in pairs or full group with folks sharing their impressions,
questions, and a 1 paragraph summary of the chapter they looked at

*For future session: Share the HC training cheat sheet as a resource for them to use
with staff for ongoing professional development

Healthy Conversations Origins

- Blue Cross Foundation 2013 grant to PACT/Partners in Health to reduce health disparities
- Developed by a **multi-cultural team** of CHWs, social workers, MPHs, primary care doctors, psychiatrists, & holistic health practitioners in Boston
- Currently used by community health teams working with HIV+ people in Boston & NYC, folks with chronic diseases in Los Angeles, rural Arkansas, & Vermont

Healthy Conversations: Nuts & Bolts

- 3 tracks:
  - 1) Mental Health
  - 2) Substance Use
  - 3) Dual Diagnosis

- 25 Topics broken into short conversations, each with teaching content & activities (about 15 min), cheat sheet at start, & wrap-up questions
- Resources for your learning & to share with clients: images/metaphors on key concepts, digestible psychoeducation, wellness activities, expressive arts, planning worksheets

Healthy Conversations Curriculum Benefits

- Intended as a **guide, not a script!**
- A tool to identify patients' barriers & strategies to tackle them together
- Adds structure to what you'll already be doing
- Facilitates dialogue & **mutual** learning, not just "health education"
- Builds behavioral health knowledge & skills among care teams
- Educates & empowers participants around their BH issues
- Helps get worker out of ruts with tricky patients
- To be used as a *complement* to your site's tools/systems
- **Free, open source to download**

Activity: Quick Read Through

1. On your own, look at the Table of Contents & detailed description of the tracks (pg. 11-15)
   - What do you notice about the curriculum?
   - What questions come up for you?
   - How might this be a useful resource for your CHWs?
2. Pick one chapter that looks relevant to your CHW supervisees.
   - Review it and summarize it for the group.

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RACIAL EQUITY

SLIDES 18 - 26

Overview: We are going to be talking a bit about systemic racism today. I want to first recognize the violent acts of white supremacy that have been unfolding across the country in recent days, weeks and months. This highlights how important having these conversations and incorporating this into the work we do is, but it can also make discussing this heavier. We invite you to take space if needed today. We have built in some breaks but it's okay if you need to pause outside of that.
I want to first recognize my own identity and related privileges in this space:
TRAINER ADJUSTS
Example: "I'm white cis gender queer and jewish, because of my race, gender, education, and current role I hold a lot of privilege and those are all interconnected. I'm drawn to this work for many reasons, one of them being when I was younger I struggled with substance use and mental health. Because of my privileges my path looked quite different than many of my peers, I grew up in a rural area in the late 90s early 2000s and oxy hit my community hard. I am honored to be surrounded by people with such diversity of identities and experiences, I am still very much in my own process of understanding what anti-racist practice looks like, and I'm glad to have this conversation with you today."

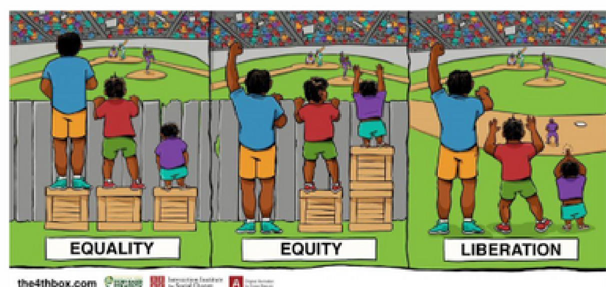
Discussion Slide 18:

Ask:

Has anyone seen this graphic before?
Can someone name what they see as the differences here ?
If not fully answered, add: Equality means each individual or group of people is given the same resources or opportunities. Equity recognizes that each person has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome.

Other questions to get group talking:

- What do you see as the key differences between these approaches?
- How does CHW work line up with a vision of equity or liberation in your experience?
- How does that graphic relate to your role as a supervisor of CHWs?



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Activity Slide 19:

To know:
This activity is about exploring "access, retention, and root cause" aspects of racism that participants observe in their work.

Admin support: Be prepared to share and manage the Jamboard, if virtual. This includes sending the link and adjusting the stickies as well as adding any additional stickies that show up in the chat or verbally.

To share:
Invite participants to label the heads of the hydra with any "access, retention, and root cause" aspects of racism that they see at play in their behavioral health care work. If virtual, participants type their ideas on stickies in the Jamboard. If they have trouble accessing the Jamboard, they can comment in the chat on Zoom. If in person, participants can write the factors they identify directly on the whiteboard.

Note: Trainers will be listening and looking for participants to brainstorm content that compliments the information on Slide 20. However, the slide itself will not be shared until after participants have had a chance to brainstorm. Trainers should be familiar with the issues listed on Slide 20 (reproduced in the bullet points here below) before facilitating this activity so that they know what to look out for in participants' responses.

- Access issues: income inequality/racial wealth gap, insurance issues, digital divide, limited providers, language barriers
- Retention issues: implicit bias, lack of provider training, lack of representation in behavioral health leadership/knowledge creation, cultural barriers
- Roots causes: intergenerational trauma, lived impact of racism (micro- and macro-aggressions), stigma, intersectional marginalization

After participants share, trainers will mirror and report back what is being said, summarize themes, and fill in any important aspects that did not get mentioned from Slide 20.

Give example if needed: lack of diverse racial representation in health care providers

The Hydra of Racism in BH Care (Many Heads)

Slide 20 To say:
Read the bullets that haven't already been mentioned in discussion

Slide 21 To know: The purpose of this discussion is to highlight and discuss how our health and mental health systems are set up in a racist, sexist, and homogeneous manner.

This discussion can be done as a large group or in smaller groups depending on the energy level and size of the group. If you are creating smaller groups remember to set up racially diverse groups.

Discussion:
Summarize the slide and add that the Hydra exercise applies broadly to healthcare, this slide talks about issues specific to BH.

Discussion Question: What issues/barriers related to equity do you see often at your site &
how do you tackle them?

Slide 22 To say: This is a succinct summary of the problem and why CHWs are a really effective
response to the problem. Dr. Margarita Alegria is a local researcher and her research is used in the racial disparities data in CHW session.

Ask for a volunteer to read the quote out loud.

The Hydra of Racism in BH Care (Many Heads)

- **Access issues:** income inequality/racial wealth gap, insurance issues, digital divide, limited providers, language barriers
- **Retention issues:** implicit bias, lack of provider training, lack of representation in BH leadership/knowledge creation, cultural barriers
- **Root causes:** intergenerational trauma, lived impact of racism (micro & macroaggressions), stigma, intersectional marginalization

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Racial Equity & Behavioral Health Key Points

- BH models are **culturally bound** (in white European, capitalist, patriarchal western medical models of pathology) & MH research has historically been done on straight cisgender white men (focussed on meds and tx efficacy)
- There is extreme **whiteness of BH providers** (Why? low pay & high schooling cost in the face of racial wealth gap are factors) & historic lack of culturally-informed, affordable, language-accessible care
- Providers as **agents of social control** in racially-biased systems (DCF, school counselors, ER, prisons) with **power** to harm

***What issues/barriers related to equity do you see often at your site & how do you tackle them?**

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The Problem, in a Nutshell

"Persistent disparities in mental healthcare are a public health crisis that needs to be addressed to ensure positive health outcomes for all. The current system of mental health care is fragmented, underfunded, and does not meet the needs of racial/ethnic minorities. **Community health workers** and peer support could fill vital roles in racial/ethnic minority communities, yet are faced with obstacles to their continued success. Only through policy level change can barriers to equitable behavioral healthcare services be dismantled and fuel our hope to achieve mental health equity."

- Margarita Alegria

http://www.hhpronline.org/articles/2019/11/26/the-opportunity-for-systems-transformation-community-health-workers-and-peer-coaches-for-reducing-mental-healt h-inequities

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Slide 23 To share:
This slide features an interesting local and specific study. When asked what they need, the community was able to say: it would help a lot if these particular needs were addressed”

To say: Read the bullets on the slide.

Slide 24 To share: CHW are essential in addressing racial inequities. This slide shows the research evidence of the positive impact CHW are having on the healthcare system and the provision of care.
Summarize the finding about reducing disparities in behavioral health care.

If you’re interested in knowing more about these studies there’s a link on the bottom

Slide 25 To say: Read Slide. *Ask for other ideas*

Slide 26 To know: Repeat/rephrase questions if needed, reflect back highlights and make connections between peoples’ comments or when themes are emerging; make connections between what people are sharing and the teaching material. If you have a really quiet group you can adjust accordingly; reflect back about ⅓ and let the rest speak for itself.

Discussion: Summarize key points and then leave time for a group conversation:

- What are you already doing & how can you continue to grow as equity-minded supervisors?
- Where does this leave us as Supervisors with our own racial identities?
- As Supervisors who are former CHWs?

Unmet Behavioral Health Needs

2017 Worcester Community Needs Assessment (participants = ⅔ immigrants and 88% racial/ethnic minorities) identified need for:

- Integrated care/wraparound service/coordinated care
- Use of CHWs to engage immigrants and Black and Latinx populations
- Increased cultural responsiveness and cultural humility of providers
- Increased language capacity
- **Increased health literacy and psychoeducational work with patients**

abcd https://www.purdue.edu/hhs/hdfs/fii/wp-content/uploads/2018/04/Unhealthy-Unwealthy-Family_Impact_Seminar_2017-briefing-report.pdf, p. 24

What Helps Address Inequities?

- Harvard Policy Review 2019: **CHWs are essential:**
  - In reducing stigma/exclusion by empowering clients & amplifying their voices
  - In reaching disengaged populations
  - As more accessible than clinical providers for those living with mental illness.
  - CHW integration into mental health services promotes adherence to treatment, increasing likelihood of positive clinical outcomes.

Sources:

What Helps Address Inequities?

- Increasing supply of BH providers: improves access for clients of color in particular!
- Evidence-based and culturally-tailored interventions provided by ethnically matched providers (Alegria)
- What else?

Sources:

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How Can Supervisors Center Equity?

1. Remind CHWs that BH issues are partially chronic stress responses/coping to intergenerational trauma, structural inequality, chronic racism.

2. Remember that clients of color face culturally-specific BH stigmas that persist barriers to care. Support your CHWs to respond to them proactively. (Resources: *Healthy Conversations* stigma chapter, naming, Kleinman questions, Liberation Health lens)

The CHW role is **VITAL** in cultural interpretation, advocacy, validation as fundamental to client readiness, access, retention, & outcomes

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LIBERATION HEALTH MODEL

SLIDES 27-30

Slide 27 To know:
Introduce the liberation health model as another framework that centers equity . It is an interdisciplinary and applied model that is helpful for CHWs who are working on interdisciplinary teams

To share: This is another framework we want to introduce.

Ask: Has anyone heard about the Liberation Health Model?

Read bullets.

Ask: Has anyone used this model in their practice? If so, explain.

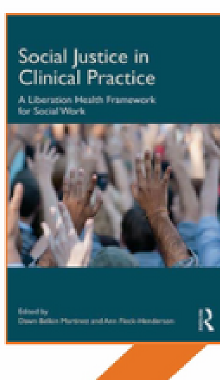
Health is more than someone's disease or absence of disease, it's about culture, environment, oppression, racism, resources or lack thereof.

Slide 28 To share: Summarize these quotes. Next we are going to put this tool into practice which will help us understand it better...

Slide 29 To share: To use this framework we have to first define all three parts of the triangle: personal, Institutional and cultural. Read from the slide.

Liberation Health Model

- A theory of human behavior that conceptualizes the problems of individuals and families that cannot be understood in isolation from the economic, political, cultural, and historical conditions which give rise to them.
- A **method of practice** that helps individuals, families, and communities understand the personal, cultural, and institutional factors that contribute to their problem and act to change these conditions; *to liberate themselves from both internal and external oppression*



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More Liberation Health:

- "As health care workers and clients, we recognize the **need to ally** with our brothers and sisters who are experiencing oppression, here in Boston, and around the world. Our solidarity with the individual clients, families, and communities with whom we work means recognizing their right to **meaningful participation in the health decisions** that affect their lives."
- "We propose and fight for alternative forms of social organization that promote a more just distribution of natural and human resources and a **healthy society that prioritizes human needs over accumulation of capital and profit.** We identify with the oppressed, dominated, and marginalized of the world and their struggles to **achieve economic, political, and cultural freedom and self-determination."**

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Personal

Institutional Cultural

Structural and Activist
Liberation Health Framework

Personal
what is going on with the person/couple/family

Institutional
governmental policies, laws, capitalism, access to power

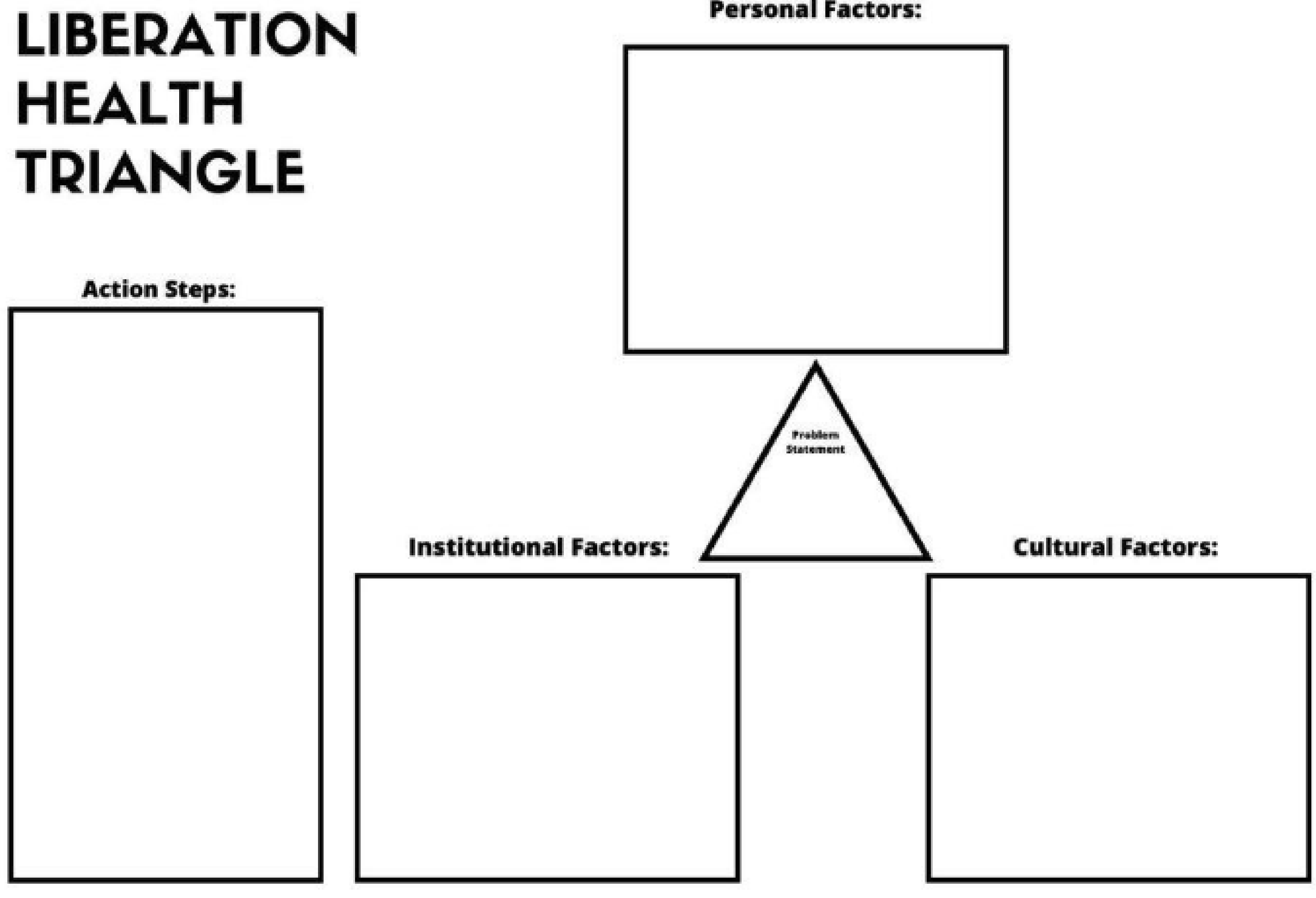
Cultural
all forms of oppression based on social identities
cultural norms and values

Activity Slide 30:

Admin support: Be prepared to share and manage the Jamboard, if the training is virtual. This includes sending the link and adjusting the stickies as well as adding any additional stickies that show up in the chat or verbally.If the training is in person, ask the participants to write their suggestions on a sticky note and place them on the poster paper.

To share:
Elicit a client scenario from the group and map out in real time what the different factors are on the blank triangle. If in person, use a whiteboard. If virtual, your administrator can manage a Jamboard. Note: As an in-group time-saving alternative, trainers can create a completed sample triangle ahead of time. In this case, create an example slide using a completed version of the triangle based on a scenario of your choosing. The group discussion will then consist of reviewing what is offered in your triangle.

Key point: **Very often when doing a case conference, we over focus on the personal factors. The triangle helps us to not neglect thinking systemically. For example: we focus on inhaler use, instead of focusing on the clients' housing, which is located near an environmental hazard. Both factors contribute to the family's lung health.**



RACISM AND WHITE SUPREMACY IN AGENCIES

SLIDES 31-35

Slide 31 and 32 To know: the goal of these slides is to offer guidance about what the practice of actively anti-racist supervision may look like.

To share: Supervision is a job function and it is relational. In the function of supervision, what does anti-racist practice look like?
Often supervisors are white and CHWs are people of color and the field is slow to change.
The goal is that whatever your racial identity, active anti-racist supervision is essential.
Summarize key points and *Ask* trainees what they'd add from their experience

Confronting Racism in Supervision

- Make explicit commitment to anti-racist practice and adopt a posture of humility
- Create safer space for staff to share (respect, active listening, room to disagree)
- Normalize discomfort and imperfection in reflection process
- Manage white fragility & center consent for staff of color
- Practice transparency about social location, growing edges, missteps, and repair

IN A RACIST SOCIETY, IT IS NOT ENOUGH TO BE NON-RACIST WE MUST BE ANTIRACIST.
- ANGELA DAVIS

Confronting Racism in Supervision

- Helpful frame: "intention vs. impact"
- Solidarity: explore, buffer, and heal around impact of internalized racism
- Organically include questions of race and power into all aspects of supervision: case review, exploring agency policy, advocacy conversations, reflecting on team dynamics, parsing countertransference

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Activity Slide 33:

To share: Thinking more about organizational culture; how can we identify/acknowledge when racism or white supremacy is systematized?
Be able to summarize these points/the article, linked here:
https://www.thc.texas.gov/public/upload/preserve/museums/files/White_Supremacy_Culture.pdf

Discussion:
Where/how do you see this in your agency?
How do these dynamics impact your role as a supervisor of CHWs?
How do you address them?

"White Supremacy Culture" Qualities in an Organization (Jones & Okun, 2001)

- Defensiveness
- Quantity over Quality
- Perfectionism
- Sense of Urgency
- Paternalism
- Worship of the Written Word
- Either/Or Thinking
- Power Hoarding
- Fear of Open Conflict
- Individualism
- "Objectivity"
- The Right to Comfort
- Progress = Bigger/More

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Key point: There are no isolated health issues and systems. Systems of oppression are mutually reinforcing and related. A Racial equity lens and practice is fundamental to the CHW role, to health care transformation, to buffer the impacts of inequality, to create healing & change for individuals, families, & communities!

Activity Slide 34:

To know: This exercise "partner conversation" is an attempt at creating a smaller space to name the challenges at each organization and to begin to develop a plan to address the challenges.

Admin support: Assign trainees to breakout rooms of 2-3 (depending on the size of the group- trainer's choice). Add prompts to the chat.

To share:
Please join your small group to share some of your challenges, strengths and growth areas in practicing anti-racist, culturally and contextually-informed supervision.
See prompt in the slide

Slide 35 To share: Ask a group member to read and then reflect if needed.

Slide 36 is a scheduled Break!

Partner Conversation

In a breakout room, reflect with a partner about your **strengths & growth areas** in practicing anti-racist, culturally and contextually-informed supervision

You may also want to share about:
- How you might address/shift the qualities of white supremacy culture in your agency
- Where you're at with your own racial/cultural identity
- Any past missteps re: anti-racist approaches & what you might do differently in the future

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"There are no isolated health issues and systems. Systems of oppression are mutually reinforcing and related. A Racial equity lens and practice is fundamental to the CHW role, to health care transformation, to buffer the impacts of inequality, to create healing & change for individuals, families, & communities!" -Rupa Maya

COLLABORATIVE LEADERSHIP

SLIDES 37-49

SLIDES 44 AND 45 ARE "WELCOME BACK SLIDES". DAY 1 ENDS AT SLIDE 43.

Slide 37 is a title slide.

Slide 38 Discussion: *Open assessment group conversation:* paraphrase the questions on the slide to get a more robust sense of what supervisors already know & would like to learn

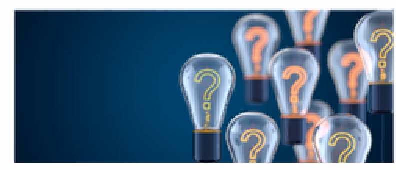
Slide 39 To share: Elicit responses then click the slide and share points by summarizing each. Elicit more as you go through.

Slide 40 To know: The idea is to elicit a group member's thoughts before showing the slide OR Consider animating the slide so they only see the title initially.

Slide 41 To share: Read bullets and ask for additional ideas.

Supervising CHWs: Getting Our Bearings

- What concerns/challenges do you have about supporting your CHWs?
- What are your current priorities for your team?
- What are your growing edges in advocacy?



Why Talk About Leadership?

- We need **empowered** CHW supervisors for client care, staff development, & successful integration
- We want to support you all with self awareness & clear vision for your leadership & your team!
- We know the challenges of being sandwiched in middle management trying to tackle the systemic barriers in primary care - often feels like "having our hands tied."

Leadership Responsibilities

- Modeling best practices
- Inspiring/attending to morale
- Building team cohesion
- Transparency & consistency
- Ensuring service quality and productivity
- Setting clear expectations and accountability

Leadership Responsibilities

1. Setting clear expectations and accountability
2. Addressing gray areas/difficult questions
3. Support & encouragement/helping staff grow
4. Boundary-setting/maintaining safety for all
5. Keeping team connected to vision/bigger picture
6. **Supporting integration & collaboration with other providers**

SLIDE 42 MODELS OF LEADERSHIP

Models of Leadership

- Self as instrument
- Servant leadership
- Values-based leadership

To know: these are a few of many valid and potential complementary ways to approach supervision, summarize each briefly

To share: first, elicit from the group their understanding of each type of leadership. Then if they are unfamiliar, share a brief description of each leadership philosophy

To know: Self as instrument

Read full article: http://leadershipdiamond.blogspot.com/2010/09/self-as-instrument.html

“But for those who find themselves in situations that require change, where their vision of the future is different from the realities of today, and where they have made the choice to play an active part in achieving that vision, a laissez-faire approach does not work. If change is to occur, some sort of intervention is required. And the only tool that any individual has to bring about change is themselves - their actions, behaviors, dialog, questions, and choices. They must choose to use their skills and abilities in deliberate and thoughtful ways to influence others. In short, they must use themselves as the instrument of change, a concept often referred to as self as instrument.

As with any instrument, before one becomes a virtuoso there is learning, practice, and performance. A musician does not decide to become a pianist and immediately leap onto the stage at Carnegie Hall. Practice and preparation is necessary before the performance. Nor does a leader decide to become an instrument of change and immediately charge forward to success without introspection and learning.”

KEY POINT ICON: “Perhaps the most powerful instrument we have in helping our [staff] navigate change is ourselves. Our ability to use ourselves potently relies in large part on the level of awareness we have about the impact we make, and our ability to make choices to direct and modify that impact.”
Katherine Curran, Charles Seashore, and Michael Welp

“But, why all this talk of self when what we want is to influence others to join us in the pursuit of our vision? The answer is: through the understanding of yourself, you become a more authentic leader, one who "aligns both actions and behaviors with [your] core values and beliefs". (An Overview of Self as Instrument Using a Leadership lens and a Coaching Application, Debbie Kennedy, December 29, 2006) This authenticity is visible to those who would be followers and companions on the journey to the desired future, and encourages the development of trust between the leader and the followers. Also, "Followers learn by observing the positive values, psychological states, behaviors and self-development being modeled by the authentic leader..." encouraging the same behavior in the followers. (Kennedy).”

SLIDE 42 CONTINUED ON NEXT PAGE

To know: Servant Leadership Definition
Be familiar with the full definition and more:
https://www.nsls.org/blog/what-is-servant-leadership-and-how-to-apply-it

“Servant leadership is a style based on the desire to serve and give to your community. By putting the needs of others first, you empower people to perform at their best. When members of the community see your passion and your commitment through your actions, they want to be connected to you.

Servant leadership goes against the beliefs that leadership is defined as hierarchical, patriarchal, and related to wealth or status. Instead, as the name implies, it is focused on serving others to help them grow, often without the title or recognition that comes with many leadership roles.”

https://www.greenleaf.org/what-is-servant-leadership/

“The servant-leader is servant first… It begins with the natural feeling that one wants to serve, to serve first. Then conscious choice brings one to aspire to lead. That person is sharply different from one who is leader first, perhaps because of the need to assuage an unusual power drive or to acquire material possessions…The leader-first and the servant-first are two extreme types. Between them there are shadings and blends that are part of the infinite variety of human nature.

“The difference manifests itself in the care taken by the servant-first to make sure that other people’s highest priority needs are being served. The best test, and difficult to administer, is: Do those served grow as persons? Do they, while being served, become healthier, wiser, freer, more autonomous, more likely themselves to become servants? And, what is the effect on the least privileged in society? Will they benefit or at least not be further deprived?“

A servant-leader focuses primarily on the growth and well-being of people and the communities to which they belong. While traditional leadership generally involves the accumulation and exercise of power by one at the “top of the pyramid,” servant leadership is different. The servant-leader shares power, puts the needs of others first and helps people develop and perform as highly as possible. - Robert K. Greenleaf in The Servant as Leader

To know: Values-based leadership definition:
Values-based leadership is the idea that leaders should draw upon their own and others' values—including those established for your organization— for direction and motivation. At its core, values-based leadership philosophy asserts that people are mostly motivated by values and live according to these beliefs.Jul 31, 2020

Full article: https://www.shrm.org/resourcesandtools/hr-topics/employee-relations/pages/values-based-leadership-in-action.aspx

To share in conclusion: Leadership is not about a job title but about bringing vision, courage, and relational care to the team in a way that holds & inspires others. Often the person with power or managerial role isn’t actually providing leadership in this way.

Slide 43 To share:
We all have likely experienced some of these behaviors from our managers or done them ourselves under stress or early in our supervisory careers. Our goal in reviewing them here is not to stigmatize but to recognize what we know doesn't work and make a conscious commitment to avoiding some of these common pitfalls

Slide 46/47 To ask: Pose the question, "what makes leading CHWs hard"

To know: the purpose of this slide is to name & acknowledge the systemic/agency factors that create supervision challenges regardless of the skill & commitment of the supervisor

To share: Ask trainees to summarize the factors that create supervision challenges and ask trainees to share back from their experience.

Slide 48 To say: Read slide and ask question to trainees

Slide 49 To know: the purpose is to encourage supervisors to practice in a way that uplifts and offers tailored, practical skill-building for their CHWs using some of these specific approaches

To share: Summarize these points

Unskilled Leadership

- Being rigidly "by the book"
- Unwilling to take a risk
- Chronic lateness/over-scheduling/distracted
- Gratifying one's own need for power/control
- Absentee landlord (disappearing into your own work)
- People-pleasing (trouble with "no"/needing approval
- Ignoring power dynamics (race, class, gender, sexual orientation, religion)

What Makes Leading CHWs Hard

- "Newer" role and turf issues across teams
- Very diverse staff and clients
- Limited training, supervision, and healthy models
- Competing demands in broken systems
- Limited resources and high expectations
- Personal vulnerabilities/weaknesses get magnified
- Everyone's authority issues! (Parent projections, past trauma)
- Undervalued, under-supported work

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Sharing What You Know

CHWs face complex patients, limited training, low pay, and are often impacted by the same barriers as patients.

In light of that what should we do as supervisors?

Sharing What You Know

CHWs face complex patients, limited training, low pay, and are often impacted by the same barriers as patients. In light of that:

- Give generously & respectfully
- Model, model, model
- Pounce on teachable moments (MI, SoC, patient-centered care, trigger management)
- Share your thought process & practice reflecting together
- Stance: curiosity, openness, collaboration, awareness of power, using differences as a resource
- Create safe opportunities to practice (eg: role play)

ADVOCACY SKILLS

SLIDES 50-57

Slide 50 is a title slide.

Slide 51 **Activity:**
To know: The purpose of this discussion is to assess the group's current thinking around advocacy and their learning and skill building needs.

Tech: Make four breakout rooms with an even amount of participants

To share: Ask 1-2 participants from each group to share what their group discussed

Slide 52 To know: The purpose of this slide is to name some approaches that may be useful specifically for advocating in Behavioral Health systems and elicit reactions and related experiences from trainees

To share: Review bullet points briefly/paraphrase and ask group to add on and share relevant stories from their work of practicing these approaches

Slide 53 To know: The purpose of this discussion is to identify proactive ways to support CHW integration in BH care

To share: Review bullet points briefly/paraphrase and ask the group to add on and share relevant stories from their work of using these tips or similar tactics.
Ask if there are other strategies they recommend.

Assessment Conversation: Advocacy Skills & Barriers

BREAKOUT GROUPS:

Groups 1 & 2:
How do you address racial disparity issues in your role? Pros/cons to direct vs. indirect approach

Groups 3 & 4:
How do you handle "turf"/power issues that come up with medical providers?

Client Advocacy in BH Systems

- Proactively build relationships with all players involved and identify allies
- Frame concerns in terms of client needs and treatment goals; emphasize shared vision and values with the team
- Understand your role/limits and be able to explain them well to other stakeholders
- Strategic persistence
- Go up the authority ladder as needed
- Draw on peer and supervisor support, also clinical supervision
- Know your worth and the value of your work
- "Take no s*$t and don't take s*$t personally!"
- Practice asking questions and giving feedback: clear, non-blaming

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Integration Advocacy Tips in BH System

- Identify allies/early adopters re: CHWs and cultivate those relationships
- Educate colleagues on CHW role, limits, and special skills (eg: share stories, research findings on CHW efficacy etc)
- Invite BH colleagues to voice questions and concerns about working with CHWs to you and respectfully address them
- Assess and address barriers to CHW participation and integration into coordinating BH care (eg: EMR access, presence at case conferences, consent forms, etc)

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Slide 54 To know: This slide is a continuation of Slide 53.

Slide 55 To know: The purpose of this discussion is to offer basic guidelines for giving feedback as a core CHW/Supervisor advocacy skill. This slide is meant both as general education and prep for the next activity where trainees will be giving feedback in real time in response to brief scenarios.

Handout share: "Skillful Feedback"

To share: Ask for ideas from the group first then read and summarize- ask for comments, other ideas

Slide 56 Activity:

To know: The purpose of this exercise is to get people to think on their feet how to negotiate giving feedback to clinicians while advocating for their CHW supervisees. By creating a circle where several trainees try their own way to act out the conversation, the group can see different approaches and make improvements.

Use HANDOUT Feedback Circle for Supervisors scenarios

Directions to share: Group reads a scenario and each member acts out how they would respond to the clinician. Once one person has gone ask the next trainee to articulate their response and go through the group so each person has a chance to respond.

Remind participants that they can pass, phone a friend (ask for someone else to jump in when they get stuck), & ideally we see multiple responses to each scenario for diversity/different approaches. No right answers!

Slide 57 To know: The purpose is for trainees to draw on experiences in the practice activity to support self-awareness that the group can bring into giving feedback to CHW supervisees and to colleagues in service of supporting their CHWs to be respected, effective, & well-integrated

To share: Ask the group the questions on the slide for an open discussion

More BH Integration Tips

- Support continuing education for CHWs around BH knowledge and skills. Set aside $ for conferences/outside training and/or do regular teaching for the team using HC curriculum
- Create opportunities for BH providers to witness and buy into the tremendous value-add CHWs bring, especially with clients who are hesitant to engage in care
- Bring a racial equity frame into team conversations and continue to center CHWs as central to promoting access and retention in BH care

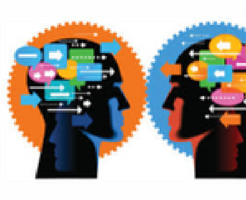
Effective Advocacy/Feedback

- Be specific!
- Don't wait too long after an issue comes up to address it
- Be proactive with positive & constructive feedback
- Limit critical feedback to priority issues
- Always be respectful
- Present it as your perspective, not the "truth"
- If you're emotional/heated, wait until later to talk about it
- Assume positive intent and be able to name impact

Practice Activity:
Feedback and Advocacy Circle

Giving & Receiving Feedback

- For you personally, what is easy or hard about giving feedback? Receiving it?
- What about giving it to your peers/supervisors/supervisees?
- If it involves power dynamics or equity issues, how does that change your approach or your comfort/skill?



Module 2: "Supportive Supervision" Tools and Concepts"

SLIDES 58 - 84

Slide 58/59 are title slides.

Slide 60/ 61 To ask: "What are some of the tools you already use to effectively supervise your team?"

To know: Quick review of the kinds of tools and structures on the "menu of options" for offering CHWs robust support

To share: Paraphrase bullet points & assess what trainees already know/are doing

Slide 62 To know: The purpose is to help frame where our idea of "Supportive Supervision" comes from & how it's commonly practiced

"Providing ongoing, supportive supervision to CHWs is critical and can improve CHW motivation and engagement. A supervisor's role is to be regularly available, provide supportive and trauma-informed supervision, prioritize safety, and offer monitoring and coaching to CHWs." - https://www.ruralhealthinfo.org/toolkits/community-health-workers/4/supervising-and-supporting

To share: Ask group members to read bullets and invite discussion- share quote above or summarize.

Slide 63/ 64 To ask: "What is supportive supervision?"

To share: Add your own experience as a supportive supervisor
Reflection - encourage supervisee to reflect on their reactions and on clients and staff behaviors with goal of building empathy and understanding
Self-awareness - focus on building understanding of ourselves and how we use ourselves in our work
Identify systemic barriers - identify organizational or staff barriers based on race, culture, history and identify strategies together
Build skills
Identify and process feelings-clients experience trauma and can be suffering. It is helpful to be aware of the impact of listening and seeing that pain on us as workers.
Stress management - identify how stress is impacting us in our work
Work/life balance - supervisor can ensure that staff are setting healthy boundaries and leaving work at work as much as possible
Identify and explore triggers related to shared experience - and discuss how they might interfere or impact the work

What is "Supportive Supervision"

- Reflection
- Self-awareness
- Identify systemic barriers
- Build skills
- Identify and process feelings
- Stress management
- Work/life balance
- Identify and explore triggers related to shared experience

Slide 65 To know: the purpose is to flesh out the ways that Programmatic Supervision and Supportive Supervision are similar & different

To share: Ask group members to read the bullets in each box. Invite questions.

Emphasize that both types of supervision are essential.

To ask: Can the same person do both types of supervision?

Absolutely if they have the skills and experience.

Supportive Supervision vs. Programmatic Supervision

Key Commonalities:
- Supportive, collaborative, and respectful
- Linked to program goals & values
- Individualized
- Require active listening and relationship-building
- Ensure high quality service to patients
- Support staff growth

Key Differences:
- **Programmatic Supervision Focuses on:**
  - Tasks
  - Practical, hands-on, concrete, goal-oriented re: program requirements, client progress, human resource issues, and professional development
- **Supportive Supervision Focuses on:**
  - Reflection, self-awareness, skill building, identifying and processing feelings, going deeper, stress management, work/life balance, exploring triggers related to shared experience

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Slide 66 To know: the purpose is to allay some people's fears that taking a more supportive or more clinical stance in supervision will devolve into therapy.

Read more here: https://nam.edu/supervision-strategies-and-community-health-worker-effectiveness-in-health-care-settings/

To share: Because the work is challenging and CHWs are often working with people when they are vulnerable and in pain, it is important to offer the kind of supervision that meets their varied needs, lived experiences,and dynamics with the hierarchical medical and behavioral health systems that they face in this important role.

Slide 67 To know: the purpose of this slide is to share the important activities in supervision

To share: Read bullet points and share/ask group for examples for clarity

Handouts: Core Strategies for Support Supervision & Common Topics for Supervisors of CHWs (covers each of these areas in more depth/detail)

Supportive Supervision vs. Therapy

Key Commonalities:

- Rooted in a trusting, boundaried relationship
- Safe spaces for emotion, reflection, self-awareness, growth, receiving support, practicing new coping strategies, and becoming more skillful in communication, self-regulation, and collaboration with others.

Key Differences:

- Supervision is **about work!** How work is impacting well-being and personal life and vice versa with the goal of doing high-quality work in a healthy, conscious, sustainable way.
- It can be helpful to refer staff to outside therapy if issues raised fall outside the scope of work-related, or there's serious affect/vulnerability beyond what is safe at work. Trust your gut about what's too much for Supportive Supervision.

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What do we actually do in supervision?

Elements:

- Icebreaker check-ins
- Flexible structure
- Teaching content or skills-building practice on a specific topic
- Open space for emerging needs

Strategies:

- Psychoeducation
- In-depth case review
- Skills practice (MI)
- Exploring context
- Sharing public health best practices
- Expressive art/wellness activities
- Modeling/role play

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Slide 68 To know: The purpose of this slide is to reflect on the value and limitations of different structures of supervision

Tech: Break trainees into 2 or 4 groups (depending on size).

To share: One group will brainstorm the pros and cons of group supervision and the other will do the same about individual supervision. A reporter from each group will share back highlights.

To share: Trainers will fill in any gaps in what trainees came up with in their small groups using the points on **Slide 69**

Supervision Format Small Group Brainstorm

- What are the benefits of **group supervision?** What are the challenges?
- What about the benefits and challenges of **individual supervision?**

Format Pros & Cons

Group Pros:
- Peer learning
- Saves time
- Team-building opportunity

Group Cons:
- Managing vulnerability/tricky to create safety
- Stuck groups can derail the learning/reflection
- Different learning needs across the staff
- "Professionalism" and defenses may inhibit sharing or lead to shame/comparisons
- Scheduling/space challenges

Individual Pros:
- Personalized
- Safer for many
- Private
- Space/time for individualized assessment opportunities
- Easier to address sensitive issues
- Flexible

Individual Cons:
- Time-consuming
- Can feel too intimate or like "therapy"
- Can be isolating for staff that already work alone

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FOCUS AREAS IN SUPERVISION

SLIDES 70-81

Slide 70 To know: The purpose is to orient trainees to our 3 categories of focus for the rest of the session which are central to effective CHW supervision

To share: Read 3 bullets and suggest that these are essential focus area for our supervision of CHWs

Focus Areas in Supervision

1. Burnout prevention/wellness **Slides 71 - 74**
2. Boundary development **Slides 75 - 76**
3. Think systemically **Slides 78 - 79**

Slide 71 To ask: What strategies do you use to help staff feel supported?

To know: The purpose is to offer practical ways for supervisors to help prevent burnout among their CHW supervisees

To share: Paraphrase bullet points on **Slide 72 and 73**, share own examples, and ask for real examples from group

1. Strategies to Prevent Burnout

- Express empathy
- Acknowledge systemic and structural factors
- Give positive feedback (publicly and privately) and focus on successes
- Support ongoing staff professional development (invest agency $ and time)
- Be as flexible and respectful as possible (scheduling, caseload, etc)
- Model healthy boundaries! (They will likely follow your lead)

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1. Strategies to Prevent Burnout

- Encourage taking lunch/breaks, using vacation, and only working hours paid
- Proactively build team with strong collegial relationships
- Solicit and remain open and non-defensive to feedback about supervision and leadership
- Advocate reliably for staff and client needs/preferences with upper management/funders
- Access to Clinical Supervision and/or outside therapy as needed

Slide 74 To know: The goal is to encourage trainees to incorporate wellness practices into their supervision by talking through resistance/concerns, giving concrete examples, and explaining the benefit.

To share: Ask the group- why is practicing self care so important?

- Very stressful work
- Other staff often don't understand role or have unrealistic expectations
- CHWs hear and witness painful experiences of their patients
- Other?

Read through bullets if participants did not mention them

Optional Handouts: Incorporating Wellness & Breathing Practices

1. Wellness Activities

- May include meditation, yoga, guided relaxation, expressive arts activity, listening to music, journaling, and more
- Goal: help staff release stress, shift into different mindset, and tap their inner wisdom and creativity to support quality work!
- For ideas: *Healthy Conversations* CHW Behavioral Health Guide
  - Adapt activities for teams
  - Free to download: http://www.pcdc.org/resources/healthy-conversations-supporting-patients-mental-health-substance-abuse-issues/

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Slide 75/76 To ask: Why is boundary development challenging?

To know: Boundaries are a crucial area of ongoing learning for all direct service staff.

Effective supervision needs to revisit this issue regularly, in a non-judgmental, culturally-informed way.

The goal of discussion boundaries is to challenge and empower supervisions to incorporate meaningful conversations about boundaries into their supervision

To share: Paraphrase bullet points, share your own examples, and ask for real examples from trainees

Boundary Development with CHWs

- **Why is it challenging?**
  - Clients from same community/things in common
  - Not always taught
  - Each person has different boundaries
  - we all want to help and clients need help
  - Many gray areas
- **How to help develop:**
  - Share scenarios the support CHW ability to say yes and no as fits the situation
  - Discuss the continuum from too losoe to too rigid
  - Know program policies and your ethical guidelines
  - Explore pros/cons of crossing boundaries
  - Non-punitive approach is key for honest conversation
  - Recognize that "healthy" boundaries vary by gender, culture, age, class, and situation
  - Make "safer space" to talk about how shared life experience impacts CHWs' ability to set boundaries with clients

Slide 77 To know: It is very important to remind & encourage supervisors to bring conversations about systems & structures into their supervisory meetings, both as acknowledgement and as validation of CHWs and equity practice

To Share: Trainers could start this topic by sharing the first bullet and then asking a question

To ask: Why does talking about the context/bigger picture matter when working with CHWs in the communities we serve?

Slide 78 To know: It is important to remind supervisors about the benefits of a systems point of view in hopes that they will strengthen that component of their supervision. Hearing from other supervisors how they do this is a way to expand the tools in their tool box.

To share: Paraphrase then ask for responses to the bullet points and examples of ways the group already does this/how it's been going.

Slide 79 To know: The trainers continue this small group exercise to help trainees reflect on their own skill and growth areas and apply the teachings of this session in a specific/practical way to their own site/team

Tech: Create pairs/trios in breakout rooms. Show slide #81 to remind trainees what the menu of options looks like.

To share: Ask a few pairs to share back differences, commonalities, aha moments, or goals they set.

Exploring Context

- Our team's work is fundamentally about reducing disparities in health outcomes and access related to systems of oppression in our larger culture
  - Institutional racism, internalized sexism, transphobia, ableism, xenophobia
- **Why does talking about this context/bigger picture matter when working with CHWs in the communities we serve??**

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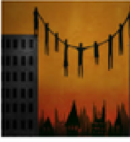
Why look at systems?

Acknowledging and exploring impact of structural inequality helps us:

- Avoid blaming clients for their problems (focus on context, not just individual behavior)
- Avoid blaming ourselves for being unable to make bigger changes in broken systems
- Expand empathy for all involved
- Help clients process and let go of internalized stigma that may be holding them back and recognize systemic barriers at play in their quality of life
- Be part of a larger movement to change attitudes and the social systems that perpetuate inequality and disparities



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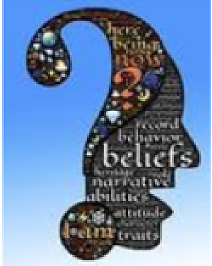
Sharing Our Experiences

- Which of these strategies do you use regularly and why?
- Which ones are new, and how might you apply them to your team?
- Which of these strategies are you confident about using? Which ones seem more challenging?
- Set a goal: SMART goal to use 1 strategy in an upcoming session



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Activity Slide 80/81:

To know: As the last exercise of the training, the goal is to put all the pieces together. This is an opportunity to integrate and practice all the areas we have discussed including: leadership, anti-racist practice, and CHW skill-development.

Now that we have discussed all of the concepts,it's a chance to apply them to case studies to help think through what supervisors may actually do if this was happening with their team.

People really value what their colleagues have to say in this section (trainer doesn't need to say much) and this is a great peer learning activity.

If you don't have time for all case studies, choose ones that have material that hasn't been covered yet (be familiar with the cases); each team gets 2 cases; present back only 1 (otherwise run out of time); in large groups, it is ok if some people are working on the same case, dependent on group size;

Handout: **Supervision Cases:** Trainers can highlight the key points of the training as they come up in the case conversations; ie: giving feedback in the right movement, addressing your own racial/cultural identity as part of a convo about team dynamics,etc.

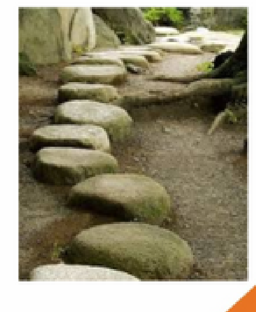
Tech: Give the group 15 minutes in the breakout (let them know half way through time that they should be moving on to the second case); usually with a report back it is at least 15 minutes back in large group; alternatively, give all groups the same 2 cases so they can share at the end.

Share the questions on **Slide 81** to be used as guiding questions for breakout room discussions. Either share your screen to breakout rooms or make everyone copy them in the chat.

Discussion: Return everyone to the big group and have someone, or a few people, report back from each group.

Case Studies

- Break into new groups of 5-6
- Each group gets 2 cases reflecting common equity and power issues raised in supervising CHWs
- Together, analyze the cases and brainstorm interventions for group and individual supervision. Creativity is welcome!
- Each group shares their ideas with the larger group so that we can learn from each other. Members of other groups can add their novel suggestions.



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Case Study Discussion

- What might be going on with the CHW?
- What are some different ways to intervene in individual or group supervision?
- What are potential pitfalls to avoid/risks to keep in mind in addressing the issue?

WRAP-UP

SLIDES 82-84

Slide 82 is a title slide.

Slide 83 To know: The purpose of this slide is to assess ongoing learning needs and formats that might work

To share: Read the questions and elicit answers emphasizing they think about how they are going to make these things happen in their own organizations.

Slide 84 Checkout: Can be in chat or 1 sentence if time is tight. If time is ample, ask each person to share briefly with the full group.

Evaluation Link and Goodbyes!

THE END!

Taking It Home

Building Support, Reviewing Expectations, and Wrap-Up

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Cultivating Peer Support

- What specific kinds of support would benefit your continued professional development as a supervisor?
- How can we support each other as colleagues in this work?

- **Options:**
  - Email list
  - Facebook group
  - Formal buddy system
  - Your ideas?

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Wrap-Up

- Round robin check-out: What did you learn about yourself today?
- Evaluation link:

Keep in touch with us:
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Trainers:

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