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CHW TRAINING

BEHAVIORAL HEALTH INTEGRATION FOR CHWS

TRAINER'S GUIDE

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WELCOME

Welcome to the Trainer's Guide for the Behavioral Health CHW Integration Project (CBIP) CHW 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 training, a 4-module course developed by the ABCD CBIP team and consultant Jules Patigian. The course is designed for CHWs 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. In 2017, the MDPH wrote a report on training needs for CHWs in Massachusetts. IN In a survey of xxxxxxx
complimentary to Core Competency- add something about BH not being included and what we learned about need.
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.

CBIP LEARNING GOALS

- Center work with behavioral health 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 for 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

HEALTHY CONVERSATIONS

This 4-module training covers basic information 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

CBIP 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 4 interconnected components to supporting CHW integration into behavioral health systems:

- Building CHW baseline behavioral health knowledge
- Understanding systemic and structural barriers
- Developing a sustainable approach to CHW work
- Honing communication and advocacy skills

Organization

The training is organized into 4 modules. The course is intended to be taught sequentially, so that participants learn the content covered in Module 1 before Module 2, and so on.

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

Approximate and suggested timing is indicated throughout the guide, including 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).

TRAINER'S GUIDE

Purpose

The purpose of this guide is to help organize trainers around the overall goals of the training program and the "how to" of sharing its content with participants to realize these goals.

What's in here and how to use it?

The following page features an **Icon Key**. The key will show up again before each module. The icons indicate different types of activities and key points.

Each of the 4 modules of the CBIP training are outlined and offered in the following format:

Learning Goals & Objectives

A specific outline of both the learning goals and objectives for the module

Overview & Agenda

A snapshot of the training day including: section topics, suggested section timing and breaks, corresponding slide deck, and trainer's guide page numbers

Materials, Preparation & Co-Facilitation Information

Suggestions to help trainers and administrative support staff prepare, whether training virtually or in person.

Facilitation Guide

Thorough roadmap for each section and each activity, including what to know, what to share, and "how to" instructions for trainers

Appendix

Module-specific handouts and supplemental materials

An overall appendix with useful resources appears at the end of the guide.

ICON KEY

Icebreaker / Energizer

At the start of sessions to build connection or when the group energy needs a lift.

Breakout Session

Small group engagement in which participants work together on training activities or discussion prompts.

Group Discussion

Discussion on various topics/questions involving all training participants.

Activity

Breakout sessions or groups discussions that feature explicit skills practice from the training and/or HC curriculum.

Didactic

Present information and facts to the group. These presentations will usually be followed by an interactive activity to practice what participants have learned.

Resources

Breakout groups review parts of the curriculum and do a teach back to all training participants in the large group setting.

Admin Support

Lean on your admin support here!

Key Point

This exclamation point appears throughout the guide anytime that there is a key point to be made or helpful reminder/tip!

OTHER TOOLS

Trainers have a few other tools at their disposal!

- Access to a shared Google Drive that houses:
  - The *Healthy Conversations* Curriculum (link also appears on Page 2 of this guide)
    - 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

Please see appendix (page ?) for examples as well as links to resources that offer specific ideas for icebreakers. Trainers are encouraged to use icebreakers that they are familiar with and have seen be effective as well.

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.

MODULE 1: OVERVIEW, FRAMING, AND RACIAL EQUITY

MATERIALS

In-Person:

- Presentation slides
- Healthy Conversations curriculum
- Easel pads/white board
- Markers

Virtual:

- Presentation slides
- Healthy Conversations curriculum
- Virtual host account, i.e. Zoom (ensure most updated version)
- Jamboard or similar interactive tool

PREPARATION

In-Person:

- Prepare room with minimal distractions and enough seating for all participants (circle suggested)
- Create signs so participants know where to find the training, as well as bathrooms, etc.
- Make sure to have all materials (handouts, etc.) ready

Virtual:

- Share virtual platform meeting links with participants, i.e. Zoom
- Create any polls on virtual host account in advance of the meeting
- Determine whether breakout groups will be randomly assigned or pre-assigned; determine group size
- Have accessible any text/prompts that will need to be pasted into the chat during large group discussions and breakout rooms

MODULE 1: OVERVIEW, FRAMING, AND RACIAL EQUITY

OVERVIEW & AGENDA

Section 1 : Welcome
- Introductions
- Overview
- Stretch & Ice Breaker
- Group Agreements

Section 2: Behavioral Health Intersectional Framework
- Assessment Conversation

Section 3: Core Paradigms
- Introducing the Core 3
- Brainstorming Breakout

Section 4: Healthy Conversations
- Overview
- Skills Practice Role Play

Section 5: Racial Equity in Behavioral Health Care
- Defining Our Terms and Framing
- The Hydra of Racism in Behavioral Health Care

Section 6: Racial Disparities in Behavioral Health Care
- Language & Racial Categories
- Disparity Data
- Interlude: Breath & Partner Chat

Section 7: Addressing Racial Inequities
- CHWs Vital Role
- Culturally-Informed Care & Liberation Health

The topics for **Module 1** are listed in the agenda below, with suggested timing for each. Remember timing is an approximation. Please respond to the needs of each group. This agenda is for a 4 hour module.

AGENDA

Section	Slides	Time	Page
1: Welcome	1-11	30 min	
2: Behavioral Health	12-14	10 min	
3: Core Paradigms	15-17	15 min	
4: Healthy Conversations	18-22	30 min	
Break		15 min	
5: Racial Equity in Behavioral Health Care	24-28	20 min	
6: Racial Disparities in Behavioral Health Care	29-42	40 min	
7: Addressing Racial Inequalities	43-52	45 min	

MODULE 1: OVERVIEW, FRAMING, AND RACIAL EQUITY

LEARNING GOALS & OBJECTIVES

Learning Goals:

- Orient CHWs to the goals, approach, & structure of this training series, including the Healthy Conversations curriculum through review and practice: its purpose, structure, uses for ongoing learning.
- Ensure CHWs can use the tools and perspectives central to client-centered behavioral health navigation.
- Support CHWs in conceptualizing behavioral health issues in a holistic, non-stigmatizing, systemic way in the context of structural racism/inequality and intergenerational trauma, drawing on the Liberation Health model.
- Empower CHWs to recognize and name racial equity issues in BH access & engagement in care and specific ways to mitigate them.

Objectives:

- Participants will be confident and able to use at least 2 HC curriculum chapters as a resource in their daily work.
- Participants will articulate 2 key principles of Motivational Interviewing, Stages of Change, and Harm Reduction and 2 ways to use each with clients.
- Participants will apply the Liberation Health framework to conceptualizing and care planning with specific clients.
- Participants will name 3 ways structural racism impacts BH outcomes and 3 practical strategies to address them as CHWs.

ICON KEY

Icebreaker / Energizer

At the start of sessions to build connection or when the group energy needs a lift.

Breakout Session

Small group engagement in which participants work together on training activities or discussion prompts.

Group Discussion

Discussion on various topics/questions involving all training participants.

Activity

Breakout sessions or groups discussions that feature explicit skills practice from the training and/or HC curriculum.

Didactic

Present information and facts to the group. These presentations will usually be followed by an interactive activity to practice what participants have learned.

Resourses

Breakout groups review parts of the curriculum and do a teach back to all training participants in the large group setting.

Admin Support

Lean on your admin support here!

Key Point

This exclamation point appears throughout the guide anytime that there is a key point to be made or helpful reminder/tip!

SECTION 1: WELCOME

SLIDES 1-11

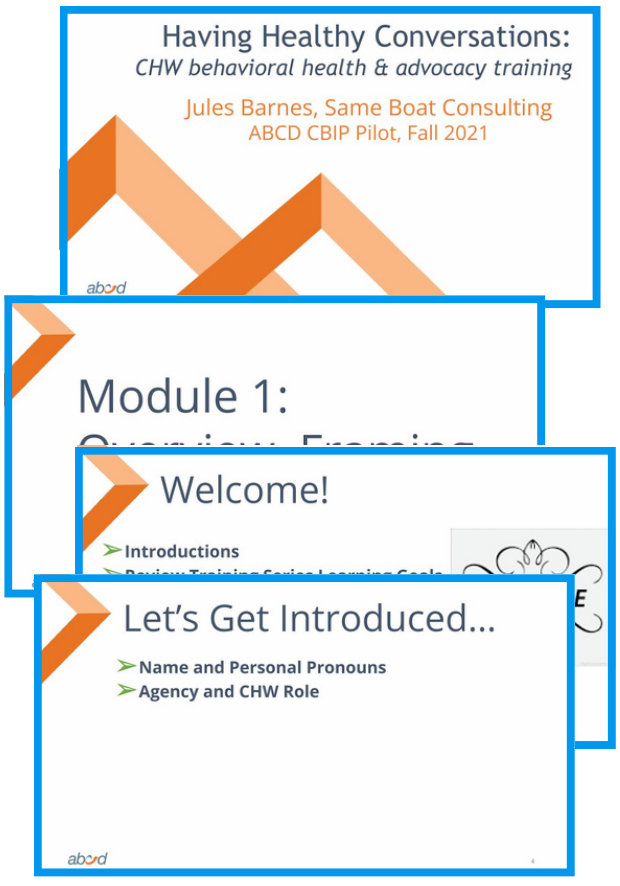
30 Mins

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.

Group Discussion | Didactic | Icebreaker | Breakout Session | Group Discussion

Introductions | *10 Mins*



Slides 1 - 4

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.

Review the agenda for the day on **Slide 3.**

Slide 4 is a place holder for Introductions.

- Trainers and Administrative Support introduce themselves thoroughly.
- Trainer instructs participants to introduce themselves using the following information. A volunteer begins and passes it to someone else, if virtual. If in person, share popcorn style:
  - Name and personal pronouns
  - Agency and CHW Role

Take attendance and monitor throughout the session as people arrive late and or leave early.

Overview | *10 Mins*

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 judgement 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:

Paraphrase/read the Learning Goals of the entire training series on **Slide 5.** Ask if there are questions.

Slide 6 offers a roadmap of what will be covered in each module of the training series. No need to read - participants can simply have a look.

As you move to **Slide 7**...

Slides 5 - 6

To know:

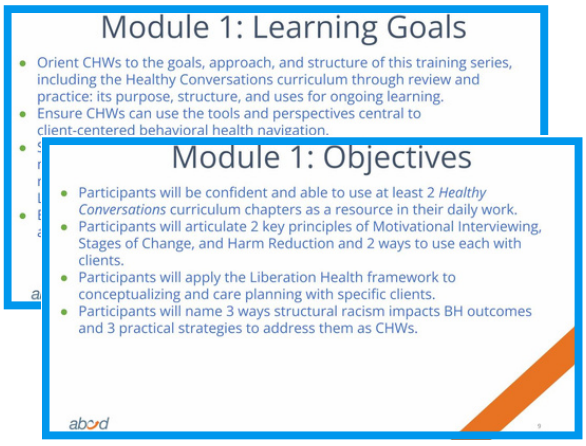
This is a pilot project to do capacity building for CHWs around navigating BH services. We are trying to weave a bunch of different threads together with this training series. **Slide 7** is about articulating that. It explores the pillars that hold up the goal of reducing disparities for clients who need BH care and aren't getting it for a variety of different reasons.

Slide 7

To share:

Summarize the points on **Slide 7**.

Paraphrase/read the Learning Goals and Objectives of Module 1 on **Slide 8** and **Slide 9**. Ask if there are questions.



Slides 8 - 9

Stretch & Icebreaker | *10 Mins*

To know:

Trainer(s) will guide group in an accessible movement, grounding, breathing, and/or mindfulness activity. Chose what you are comfortable leading. Be mindful of what is accessible for different bodies, and if virtual, in different spaces. Icebreaker discussion will happen in breakout rooms. Pair people randomly. We have suggested a prompt, but it is just that, a suggestion.

To share:

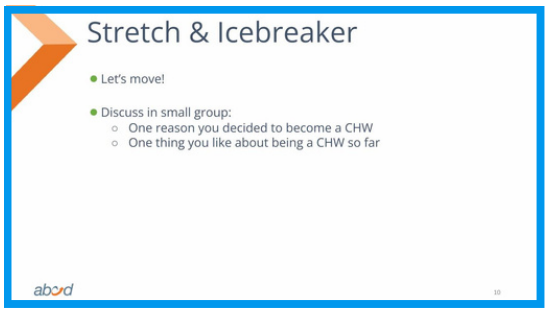
Slide 10 is a placeholder to use while leading the following stretch and icebreaker activities.

If virtual, create randomly assigned breakout rooms and paste the prompt in the chat.

Invite participants into the energizer activity. If virtual, participants can turn off camera. Participants also always have the right to pass.

Assign participants to groups of 2-3 to discuss the following in breakout rooms:

- *"One reason you decided to become a CHW and one thing you like about it so far."*



Slide 10

Group Agreements | *10 Mins*

To know:

Group agreements establish a contract for how group members want to be with each other during the training in a way that supports meaningful participation and learning for everyone. They can be revisited and amended at any time by trainers and participants alike. They will be reviewed at the start of each Module.

To share:

Explain the intention of group agreements. **Slide 11** is an example of common and/or useful community agreements.

Elicit ideas/needs from the group to begin forming the group's agreements. If in person, write on a white board or presentation pad. If virtual, use a blank power point slide or Jamboard.

Alternatively, trainers can use the example list and ask for revisions or additions.

Ask for agreement once list is complete.

Slide 11

SECTION 2: BEHAVIORAL HEALTH INTERSECTIONAL FRAMEWORK

SLIDES 12-14

10 Mins

Overview:

This section is about gauging participants entry point in terms of their knowledge and questions about behavioral health issues. It also begins to flesh out our approach to talking about behavioral health needs in person-centered, non-stigmatizing, and intersectional ways.

Group Discussion

Didactic

Assessment Conversation | *10 Mins*

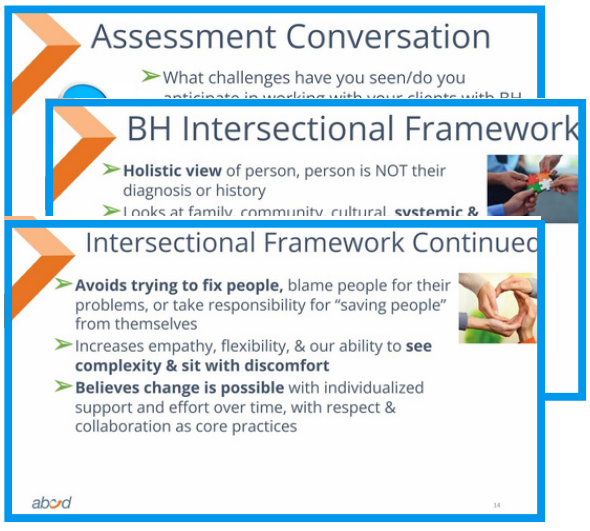
To know:

This is a brief conversation that will allow trainers to get an initial sense of participants' knowledge and experience base with supporting people with behavioral health issues i.e. has the person been doing this for 5 years or are they just starting out? We want to know what people already know and what their questions are.

To share:

Elicit an assessment conversation in the large group using the questions on **Slide 12**. You can paraphrase/read and discuss each of the questions one-by-one or open it up to a general conversation about all of the topics represented on the slide.

Follow the conversation with a summary of the points on **Slide 13** and **Slide 14**. These two slides introduce the intersectional framework we are using to explore behavioral health issues.



Slides 12 - 14

SECTION 3: CORE PARADIGMS

SLIDES 15-17 | 17 Mins

Overview:

The CBIP Training is based in Motivational Interviewing (MI), Harm Reduction (HRM), and Stages of Change (SOC). This section offers an introduction to these 3 core paradigms.

Didactic | Breakout Session | Didactic | Group Discussion

Introducing The Core 3 | 2 Mins

To know:

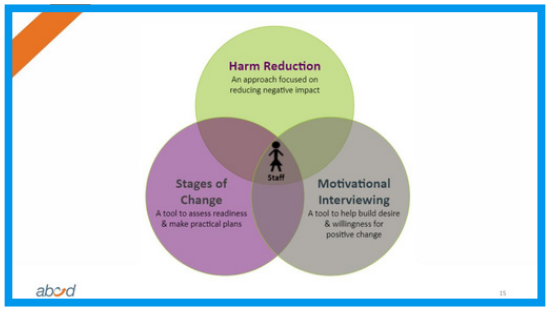
We are assuming that participants have had some exposure to the core paradigms. The intention of this section is to make sure everyone has a baseline with the concepts, because they are essential to understanding the approach of the CBIP Training and to using the HC curriculum.

To share:

Trainer introduces the 3 core paradigms using **Slide 15** to give an overview. ***Note:*** this is not the place to go into detail. The following breakout and report back activity will initiate a deeper exploration of the concepts.

Invite participants with less experience and/or prior training to read relevant sections from the HC curriculum outside of the training session:

- Stages of Change (p.77)
- Harm Reduction 101 (p.233)
- MI Basics (p.283)



Slide 15

"Our core paradigms are meant to be used together. We will be helping each other deepen our knowledge and refine our practice skills for each approach!"

Swift Brainstorming Breakout | *5 Mins*

Admin Support:

Divide participants into random groups of 4 and assign one of the questions from Slide 16 to each group. Inform participants that they will have ~3 minutes to discuss the question and one member will have ~1 minute to report back a summary of their discussion in the large group.

To know:

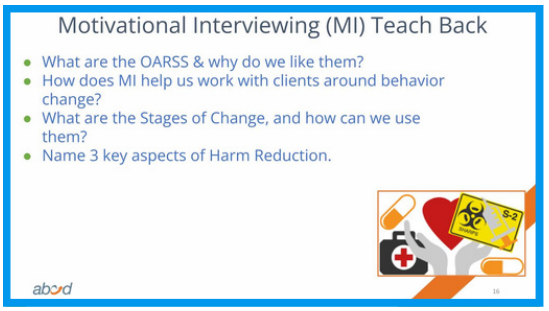
This is a fast-paced, collective brainstorming activity! It is not intended to be comprehensive. if virtual, create randomly assigned breakout rooms with the group numbers and prompts as the room names. Paste prompts in the chat.

To share:

Divide participants into random groups of 4 and assign one of the following questions from **Slide 16** to each group. Inform participants that they will have ~3 minutes to discuss the question and one member will have ~1 minute to report back a summary of their discussion in the large group.

- *Group 1 - What are the OARSS and why do we like them?*
- *Group 2 - How does MI help us work with clients around behavior change?*
- *Group 3 - What are the Stages of Change and how can we use them?*
- *Group 4 - Name 3 key aspects of Harm Reduction.*

Hopefully there is one person in each group who is more familiar with the core approaches, but if all group members have less experience/training, they can be encouraged to use the internet to do a bit of research during the breakout.



Slide 16

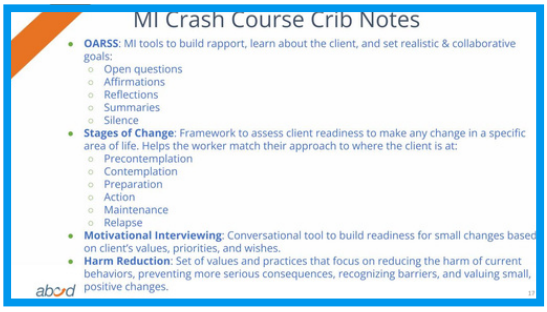
Report Back | *10 Mins*

To know:

Slide 17 features the key points to be covered in the report back to the large group. ***Note:*** Let the group members report back before sharing **Slide 17.**

To share:

As and after each representative summarizes their group's discussion, trainers fill in any gaps in group/participant knowledge from the "MI Crash Course Crib Notes" on **Slide 17**. If participants report anything that seems off, explore and correct. Summarize key points with **Slide 17** after all have shared.



Slide 17

SECTION 4: HEALTHY CONVERSATIONS

SLIDES 18-22 | *30 Mins*

Overview:

In this section, trainers give a more zoomed in introduction to the Healthy Conversations (HC) curriculum—its origin, how it is structured, what it contains, and how it can be used. HC will have already been referenced in the training at this point and participants should have hard and soft copies of the curriculum available to them. Through didactic and skills practice subsections, participants explore the resource more thoroughly.

Didactic | Breakout Session | Activity | Group Discussion

Overview | *10 Mins*

To know:

We recommend that trainers review and get comfortable with the HC curriculum themselves ahead of training time, paying special attention to the categories and examples that will be explored in the training on **Slide 21**. This will facilitate trainers ability to fluently summarize the sections they are sharing during the training.

To share:

Slide 18 offers a bit of background on the HC curriculum. Summarize the bullet points.

Slide 19 kicks off the curriculum overview, explaining how HC is structured and what all it contains. Summarize the bullet points.

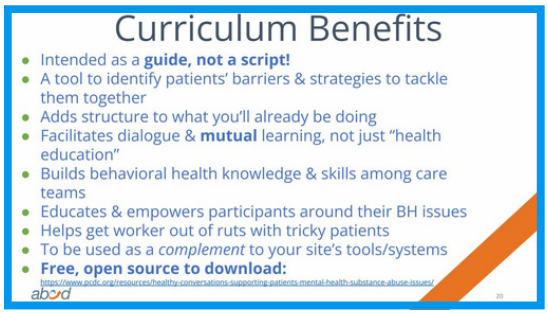
Slides 18 - 19

To know:
People can have resistance to curriculum when it feels forced or like it is tool that is not user friendly or value added. **Slide 20** helps trainers frame how the HC curriculum can used to generate participants buy-in.

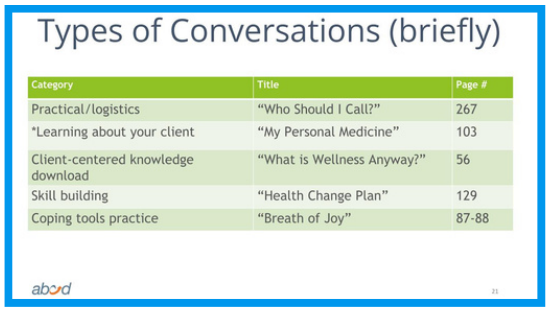
To share:
HC curriculum is a tool to generate conversation. Summarize the benefits listed on **Slide 20**.

Slide 21 is a continuation of the overview. It breaks the curriculum down into 5 categories that are meant to offer an accessible tour of this 400-page resource. We want people to be able to think about it in categories as a way to digest it more easily. ***Note:*** If virtual, there are two options for reviewing these categories with participants.

- Have participants review printed HC. In this case, trainer leaves **Slide 21** on screen and refers to their own printed HC simultaneous to participants.
- Alternatively, the trainer can screen share the curriculum and navigate through these sections on screen for participants to follow along.



Slide 20



Slide 21

Skills Practice Role Play | *20 Mins*

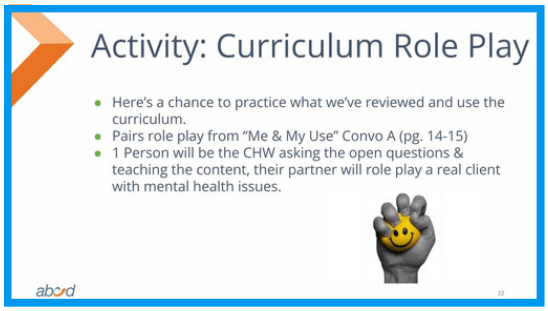
To know:
We want participants to practice using the HC curriculum to orient them to it as a tool for use in their work, as well as for use in forthcoming activities in the CBIP training. This activity will specifically target practice with the MI skills reviewed earlier in Module 1.

If virtual, create randomly assigned breakout rooms. Paste directions in the chat.

Assign 2 people to a breakout room or to partner up, if in person. ***Note:*** If virtual, pairs need to be able to hear each other (i.e. they must have functioning internet and audio). If this is not possible, put participants in groups of 3 in which 2 people can do the role play and the 3rd can take on the role of an observer (the person with the tech limitations). Groups of 2 are ideal. Groups of 3 should be used as a backup plan for tech issues and/or odd numbers.

To share:

Slide 22 gives participants a brief description of the activity.



Slide 22

Use the "Me & My Use" Convo A from p.14-15 of the HC Curriculum to role play a patient and CHW conversation.

- Partners decide who wants to role play the patient and who wants to be the CHW.
- Use a real patient example from participants' experience (if in person, trainer can offer a handout with case studies to choose from).
- The person who is playing the CHW will choose 3-4 open questions from "Me & My Use" Convo A to ask in the role play with the patient.
- Allow participants 15 minutes.

"**The purpose of this conversational tool is to find out the relationship between the client and the substances they use!"**

Lead a short debrief conversation with the full group once pairs are complete. Here are some potential guiding questions:

- "What was it like to try out the curriculum?"
- "What went well?"
- "What questions do you have?"

Suggested Break | *15 Mins*

SECTION 5: RACIAL EQUITY IN BEHAVIORAL HEALTH CARE

SLIDES 24-28 | *20 Mins*

Overview:

This section uses large groups conversation, a didactic introduction to our racial equity framework, and a brainstorming activity to define a shared language to situate the CHW's understanding of racial equity issues in terms of their work in behavioral health care.


Didactic


Group Discussion


Activity

Defining Our Terms & Framing | *10 Mins*

To know:

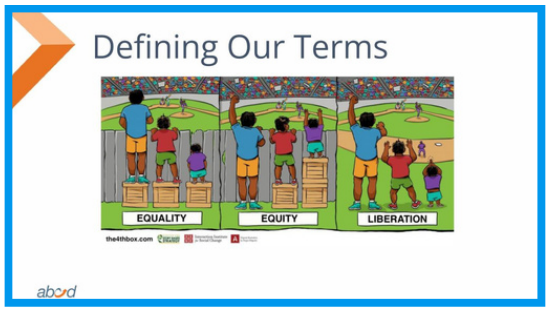
Trainers will begin to pivot from the previous section's focus on the HC curriculum to the racial equity section through a large group discussion that will help define terms and set up a framework.

To share:

We encourage trainers to begin this section by naming and acknowledging their own positionalities (race, professional title, trainer role, gender identity, etc.) in terms of this training and section, as well as to invite other feedback and expertise that is present in the room.

Elicit a large group discussion on equality, equity, and liberation using the image on **Slide 24**. Possible exploration questions to initiate and guide the conversation might be:

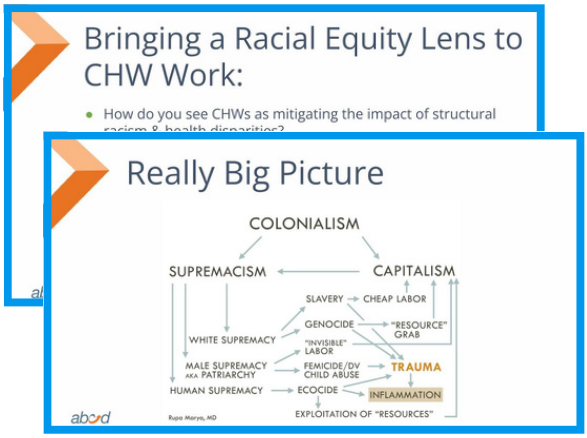
- What do you see as the key differences between these approaches?
- How does CHW work line up with a vision of equity or liberation in your experience?



Slide 24

Continue the discussion by exploring what equity means in values and in practice for the CHWs in the room, especially in terms of behavioral health care and access. The questions on **Slide 25** will help trainers assess how participants are already thinking about racial equity in their work.

Slide 26 has trainers zoom out of the pragmatic and strategic racial equity practice fundamental to the CHW role. It depicts an intersectional frame, inviting participants to think about the larger ecosystem that we are working in. Note: The Really Big Picture image comes from Dr. Rupa Maya's work pointing at the way that our isms and inequities are interconnected. ***Note:*** The Really Big Picture image comes from Dr. Rupa Maya's work pointing at the way that our isms and inequities are interconnected.



Slides 25-26

"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!"

The Hydra of Racism in Behavioral Health Care | *10 Mins*

To know:

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

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:

Use the image of a blank hydra, represented on **Slide 27**, to create a Jamboard or a print out that can be displayed on a whiteboard.

Slide 27

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 white board. ***Note:*** Trainer will be listening and looking for participants to brainstorm content that compliments the information on **Slide 28**, 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 28** (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

As and 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 28**.

Slide 28

SECTION 6: RACIAL DISPARITIES IN BEHAVIORAL HEALTH CARE

SLIDES 29-42 | *45 Mins*

Overview:

This section uses large group conversation as well as didactic and conversational engagement with data to center racial disparities and equity in terms of CHWs' work meeting patient's behavioral health needs. It attempts to provide a current and birds-eye-view of the landscape of these disparities for several racial minority groups, nationally and in Massachusetts. It is not exhaustive and it invites real-time participant and trainer input to supplement out of the experience and wisdom in the training room.

Didactic

Breakout Session

Language & Racial Categories | *XX Mins*

To know:

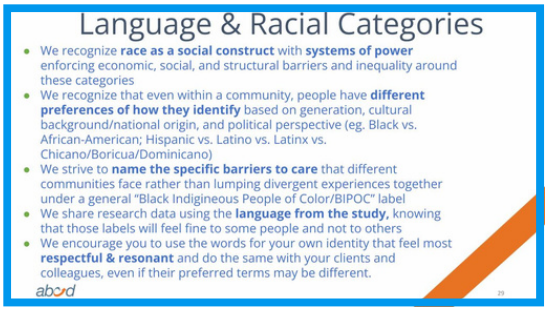
It is of critical importance to recognize that people use different terms when discussing race. There is no one term that is wholly inclusive or resonates for everyone. We ask trainers to use language that welcomes a diversity of perspectives to the table in talking about race, power, and identity.

The following subsection takes a deep dive into racial disparity data. Terminology used in research is often outdated and can feel insulting. This subsection is the moment to pause and name that.

To share:

Review/summarize the points on **Slide 29** with the stated intention:

- Making space for people to use language that is grounded in respect and knowledge
- Encourage critical and multi-perspective thinking on racial categories as social constructs
- Buffer any negative impact of labels in the research that may feel triggering/disrespectful/not preferred to trainees by naming that in advance of sharing the data slides



Slide 29

Disparity Data | *10 Mins*

To know:

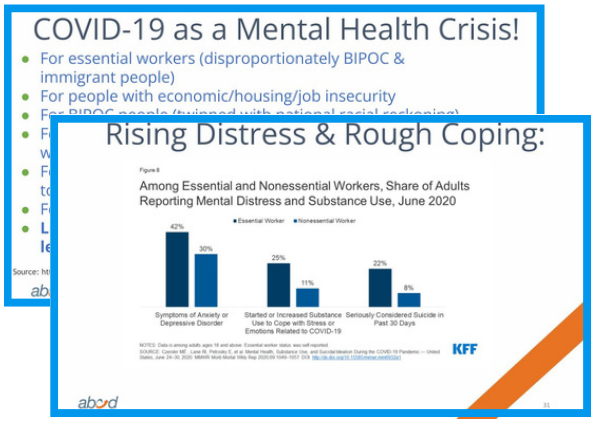
Trainers will walk participants through the data. The intention is to map the scope and specificity of the problems around structural racism and disparate health outcomes. We couch this in the context of this moment in history because the Covid-19 pandemic has absolutely exacerbated existing behavioral health issues, needs, and disparities.

For all data slides, read through and be sure you 1) feel comfortable explaining the data and 2) are able to summarize the key points. ***Note:*** In preparation for training, we encourage reflecting on: **"Why is this information here and what are we trying to make sure people are getting from it?"**

To share:

Slide 30 recognizes that we are in a very particular moment somewhere between acute and chronic crises related to the Covid-19 pandemic and existing disparities that it has exacerbated. Summarize the points on the slide to help explain this context.

The main takeaway with **Slide 31** is: behavioral health symptoms are on the rise, especially among essential workers. Anxiety and depression are prevalent across US adults, and are noticeably higher among essential workers, who are disproportionately immigrants and people of color. Trainer can read 1-2 key statistics from the slide.

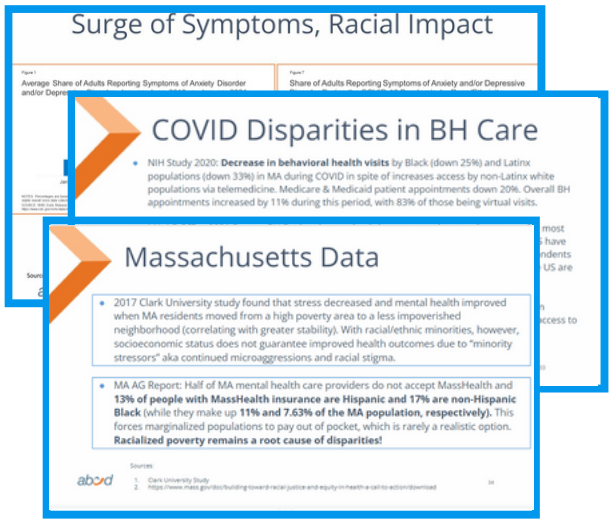


Slides 30-31

Slide 32 maps the disproportionate impact of heightened mental health symptoms on households of color. Summarize the surge of symptoms data.

Slide 33 demonstrates that the Covid-19 pandemic is exacerbating existing disparities in access to and engagement in behavioral health care along the lines of both race and class. Summarize bullet points.

Slide 34 key takeaway is that wealth is not necessarily a protective factor for behavioral health issues for people of color in Massachusetts and that there are huge local gaps in access to BH care. Summarize the data that supports this message.

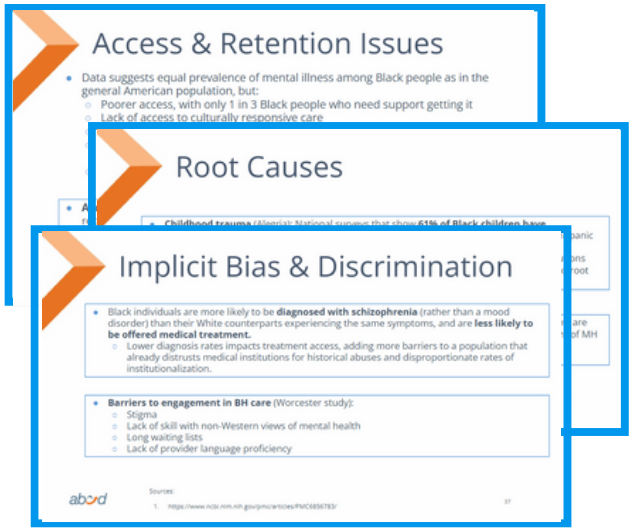


Slides 32-34

Summarize the access and retention issues for African Americans explored on **Slide 35**. Trainer emphasizes that racial disparities in behavioral health are especially egregious for Black people.

Slide 36 is about linking the personal and political in terms of the root causes of trauma and dearth of appropriate care for Black people compared to White non-Hispanic people. Key point: racism as a root cause of behavioral health issues and the lack of racially-informed frameworks for diagnosis and care.

Slide 37 points up the role of implicit bias and discrimination in keeping people out of behavioral health care. Summarize the information about racial biased and culturally specific barriers to care.



Slides 35-37

Slides 38-40 include a brief snapshot of disparities among other ethnic and racial minorities: Asian-American and Pacific Islanders, Native Americans/Indigenous people, and Latinx folks.

Slides 38-40

"So often in the US, we talk about race in terms of 'black and white' and the experiences of a range of communities get erased or avoided. While we recognize that the behavioral health issues for particular cultural groups are more diverse and complicated than a few slides can capture, we want to include a quick overview of research on other key populations."

Slide 41 highlights key race-based inequities that contribute to behavioral health systems not working for many people of color.

Slide 41

"Behavioral health systems have been designed for white people, by white people."

This slide concludes the racial disparity data section and thus, can be used as a placeholder for trainers to summarize key points or moments that arose in each particular training group during this section.

Interlude: Breath & Partner Chat | *10 Mins*

To share:

As the group digests this information, lead participants in a brief breathing and body scan exercise or invite participants to take a moment to stretch and to breathe in their own way. Invite people to notice how their body is feeling and any physical sensations.

Put people in groups of 2-3 to discuss the questions on **Slide 42.**

- Check in with a partner about what stands out for you from the data
- How does this disparity material make you feel?
- How does it confirm/challenge your lived experience as a CHW and/or client?

Slide 42

If virtual, use breakout rooms and remind participants that they can come back to the main room at any time and can press the “ask for help” from within the breakout room, if needed. We suggest allowing small groups 6-8 minutes, but it will depend on the timing of the day and the apparent need.

When participants are back with the full group, ask for several people to share highlights from their conversation including: commonalities, differences, and “aha!” moments.

SECTION 7: ADDRESSING RACIAL INEQUITIES

SLIDES 43-52 | *1.75 hours*

Overview:

This section offers a direct and actionable response to the racial equity and disparity data shared in the previous section. Trainers will take a didactic approach to reviewing research on unmet community needs, CHWs central role in addressing racial disparities, and strategies for CHWs to center racial equity and engage culturally-informed practice. To build proficiency in contextually-informed behavioral health care, participants then have a chance to explore the liberation health model and practice utilizing its triangle tool with case studies in small groups.


Didactic


Group Discussion


Breakout Session

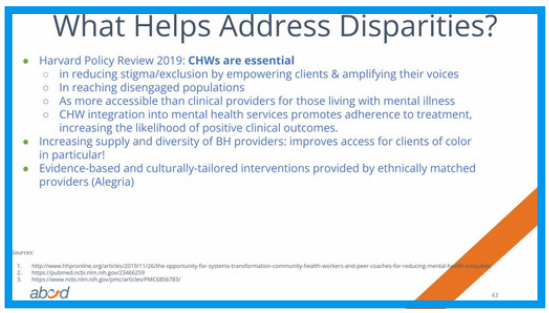
CHWs' Vital Role | *10 Mins*

To know:

This set of slides focuses on CHWs central role in addressing racial inequities and helping meet the needs expressed by local communities.

To share:

We know anecdotally that CHWs are essential in addressing racial inequities! **Slide 43** illustrates the research evidence for the positive impact CHWs are having on health care systems and provision. Summarize the findings about what exactly makes a difference in terms of reducing disparities in behavioral health care.



Slide 43

Slide 44 features a neat local and specific study! When asked what they need, the community was able to say: it would help a lot if these particular things were different. Review what the community members said.

Review the reminders on **Slide 45** for how CHWs can center equity, summarizing some of the key takeaways from the racial equity sections of this training up to this point.

Slides 44-45

"Our goal in this training series is to bring an equity lens into the dialogue about each and all of the areas we are teaching!"

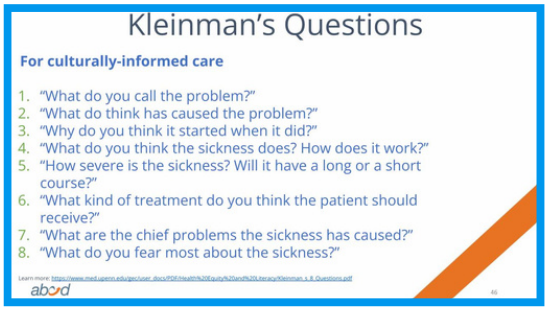
Culturally-Informed Care and Liberation Health | *10 Mins*

To know:

"Kleinman's 8 Questions" offer an approach and practical strategy to help CHWs center racial equity and engage culturally-informed practice. This training merely exposes and links participants to Kleinman's work via a handout in the CHW's training packet, featuring the questions and a suggested resource for further reading, here below:
https://www.med.upenn.edu/gec/user_docs/PDF/Health%20Equity%20and%20Literacy/Kleinman_s_8_Questions.pdf

To share:

Briefly introduce Klienman's 8 Questions on **Slide 46**. This is meant to be a quick resource. Arthur Klienman is an American psychiatrist and psychiatric anthropologist. He found that if we ask open-ended questions about people's physical and mental health, it can prevent the provider from imposing their own cultural understanding and biases on the client. Thus, the questions aim to promote a culturally-responsive approach to care. They can help CHWs understand what kind of sense clients are making with what is happening in and with their body and mind.



Slide 46

To know:

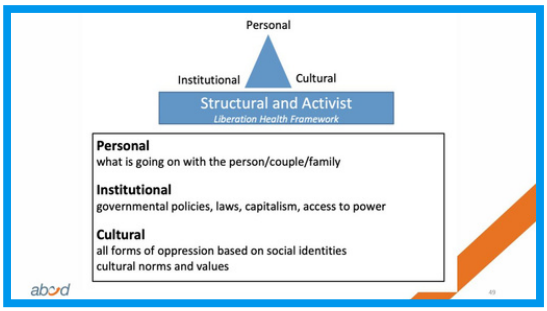
Trainers introduce the Liberation Health Model as another framework that centers context and equity. Participants will have a chance to see the Liberation Health Model Triangle Tool modeled and to practice using it themselves. It is an interdisciplinary and applied model that is helpful for CHWs who are working in interdisciplinary teams.

To share:

Invite participants to read the bullet points on **Slide 47** and **Slide 48**. Alternatively, trainers can summarize. This is a tool to help us better understand the client's situation and action plan in a contextually-informed way. Many CHWs already think this way, so the triangle may also serve as a way to share that approach with colleagues.

Slides 47-48

Slide 49 explains the Triangle Tool. If you boil down the Liberation Health Model into its simplest parts, it is the triangle. **Slide 49** demonstrates what goes into each category. The triangle itself is the situation. The invitation with the triangle tool is to name the factors in each category anytime you are thinking about a client or family situation.



Slide 49

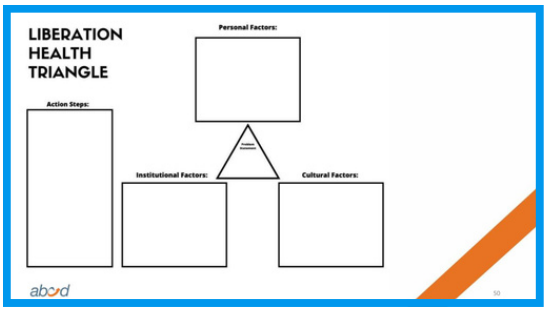
"Let's practice using the tool so we can see what it is like to use it and how it might help us think about the clients and communities we are working with."

To know:

If virtual, admin supports the trainers by sharing their screen and writing participants' responses to the following large group activity on an image of the triangle using stickies on Jamboard.

To share:

Slide 50 features a blank triangle. 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 white board. If virtual, admin can support with 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.



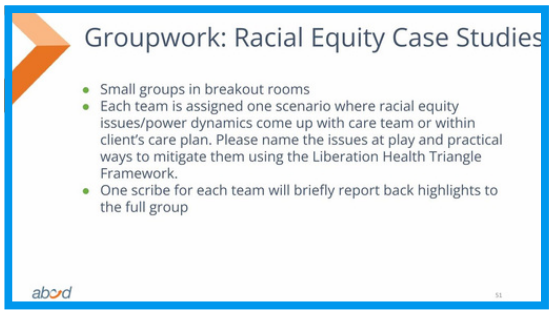
Slide 50

"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."

To know:

Paste the case studies and activity instructions in the chat before participants are separated into breakout rooms. Larger groups should be split into groups of 3-4 and can choose one of the 3 cases. Smaller groups will be divided into three rooms and assigned 1 of the 3 cases.

Slide 51 marks the start of a small group activity. This is an opportunity to practice the model using 3 different case studies. Cases each involve racial equity issues and power dynamics that can come up with care teams or within a client's care plan. ***Note:*** No matter the group size, ensure that all 3 case studies are discussed.



Slide 51

To share:

Participants will have 10 minutes in breakout rooms to read their assigned case and map out the Liberation Health Model Triangle factors. Each group will report back on their case. ***Note:*** In large groups, elicit only 1 report back per case.

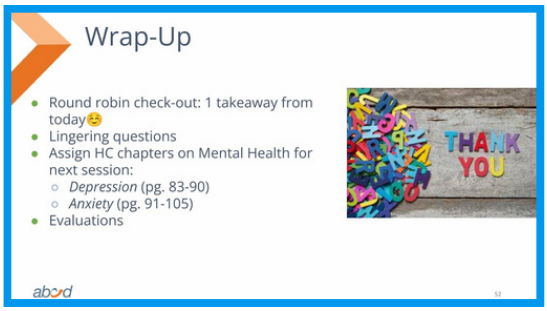
Activity instructions are featured on **Slide 51** and ask participants to name the issues at play in their case as well as practical ways to mitigate them using the triangle framework. After all groups have shared, engage a debrief including lessons learned and 'aha!' moments.

Wrap-Up | *10 Mins*

If there is an evaluation tool being used, distribute it in-person or link people to the instructions or next steps in the chat, if virtual.

To share:

Slide 52 concludes Module 1. With a small training group, ask each person to share 1 takeaway from the day and to pass to a specific person after their share. If virtual and in a larger group, ask everyone to put their 1 takeaway in the chat. Alternatively, with larger in-person or virtual groups, ask for a few people–perhaps 4–to share a takeaway.



Slide 52

Make space for and elicit any lingering questions.

Assign *Healthy Conversations* readings for Module 2. Ask participants to come to the next training session with a few key points and questions from the following sections:

- Depression (p. 83-90)
- Anxiety (91-105)

Provide verbal instructions for any evaluation processes or tools being used.

End of Module 1

MODULE 2: MENTAL HEALTH CONCEPTS AND PRACTICE

MATERIALS

In-Person:

- Presentation slides
- Healthy Conversations curriculum
- Easel pads/white board
- Markers

Virtual:

- Presentation slides
- Healthy Conversations curriculum
- Virtual host account, i.e. Zoom (ensure most updated version)
- Jamboard or similar interactive tool

PREPARATION

In-Person:

- Prepare room with minimal distractions and enough seating for all participants (circle suggested)
- Create signs so participants know where to find the training, as well as bathrooms, etc.
- Make sure to have all materials (handouts, etc.) ready

Virtual:

- Share virtual platform meeting links with participants, i.e. Zoom
- Create any polls on virtual host account in advance of the meeting
- Determine whether breakout groups will be randomly assigned or pre-assigned; determine group size
- Have accessible any text/prompts that will need to be pasted into the chat during large group discussions and breakout rooms

MODULE 2: MENTAL HEALTH CONCEPTS AND PRACTICE

OVERVIEW & AGENDA

Section 1: Welcome Back

- Check-in and Group Assessments
-

Section 2: Mental Health Overview

- What are you seeing?

Section 3: *Healthy Conversations* Content and Practice

- *Understanding PTSD* Practice
- Mental Health Topic Review

Section 3: Wellness

- Wellness

The topics for **Module 2** are listed in the agenda below, with suggested timing for each. Remember timing is an approximation. Please respond to the needs of each group. This agenda is for a 4 hour module.

AGENDA

Section	Slides	Time	Page
1: Welcome Back	53-57	15 min	42-43
2: Mental Health Overview	58-63	30 min	44-46
3: *Healthy Conversations* Content and Practice	64-67	80 mins	47-50
4. Wellness	68-73	45 mins	51-53
Wrap-Up	74	10 mins	53

MODULE 2: MENTAL HEALTH CONCEPTS & PRACTICE

LEARNING GOALS & OBJECTIVES

Learning Goals:

- CHWs will be able to recognize and name symptoms of the 3 most common mental health diagnosis (depression, anxiety, PTSD) and specific strategies to work with them.
- CHWs will learn about & practice culturally-informed, non-stigmatizing ways to assess clients' symptoms, needs, and readiness for care.
- CHWs will understand and work with mental health issues contextually & structurally, rather than as purely biopsychosocial[DD1] , and respond strategically & skillfully to both aspects. With specific clients, CHWs will be able to name 3 structural/contextual factors underlying their behavioral health symptoms.

Objectives:

- Participants will be able to name 2 causes, 2 symptoms and 2 coping tools for Depression, Anxiety, and PTSD.
- Participants will be able to name & practice 2 non-stigmatizing approaches to BH assessment & engagement with clients.
- Participants will be able to name 3 common barriers to accessing behavioral health care & 3 specific ways to tackle them as CHWs. CHWs will be able to recognize barriers to engagement in MH care (systemic, agency, cultural, & individual) & have practical tools to tackle them collaboratively.

ICON KEY

Icebreaker / Energizer

At the start of sessions to build connection or when the group energy needs a lift.

Breakout Session

Small group engagement in which participants work together on training activities or discussion prompts.

Group Discussion

Discussion on various topics/questions involving all training participants.

Activity

Breakout sessions or groups discussions that feature explicit skills practice from the training and/or HC curriculum.

Didactic

Present information and facts to the group. These presentations will usually be followed by an interactive activity to practice what participants have learned.

Resourses

Breakout groups review parts of the curriculum and do a teach back to all training participants in the large group setting.

Admin Support

Lean on your admin support here!

Key Point

This exclamation point appears throughout the guide anytime that there is a key point to be made or helpful reminder/tip!

SECTION 1: WELCOME BACK

SLIDES 53-57 *15 Mins*

Overview:

This section makes space for trainers and CHWs to come back together for Module 2 in an intentional way. Everyone will have a chance to check in about which content and/or experiences have been percolating for them since Module 1. The group will reorient to the group process through a review and discussion of what's working and what needs improvement within the agreements. Trainers will then share the Module 2 learning goals and objectives.

Energizer | Group Discussion | Didactic

Check-In and Group Agreements | *10 Mins*

Make sure to take attendance as participants arrive. It can also be helpful to double-check attendance during the check-in prompt. Trainers will decide if the check in will take place in the large group or in small groups. If the small group option is selected and the training is virtual, paste the check in questions from **Slide 54** in the chat before opening breakout rooms. Create randomly assigned breakout rooms of 3-4 participants.

Slide 54

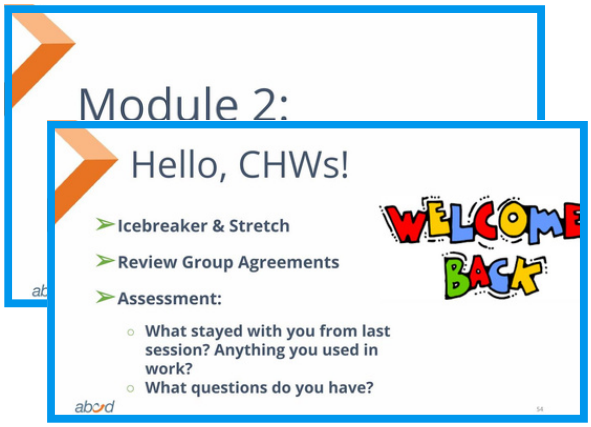
To know:

We encourage that check-ins include as many participants as possible. However, depending on timing and group size, this check-in can be done in small groups (3-4 people) or in the full group with only 5-6 people sharing popcorn style and others adding their reflections in the chat function, if virtual.

To share:

Slide 53 is a placeholder to have up as participants arrive.

Share **Slide 54** and the instructions for the check-in process. Paraphrase or read the check in questions on **Slide 54**. The aim of the discussion is to learn what content and/or experiences have been percolating for participants since Module 1.

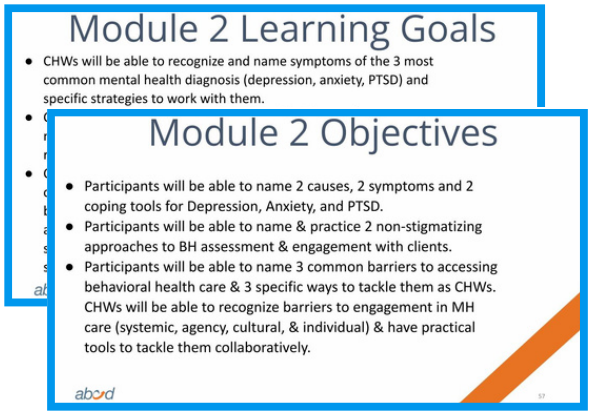


Slides 53-54

Revisit the group agreements on **Slide 55**. Trainer can read or have one or several participants read the agreements popcorn style. Ask participants how the group did following the agreements during the last module and if they have any additions, revisions, or questions. Trainers can point out, from their point of view, things that participants have been doing well or that could use more attention in Module 2.

Slide 55

Slide 56 and **Slide 57** feature the learning goals and objectives. Paraphrase the bullet points or have participants volunteer to read. Trainers will elicit questions and clarify any confusion expressed by participants.



Slides 56-57

SECTION 2: MENTAL HEALTH OVERVIEW

SLIDES 58-63 | *30 Mins*

Overview:

A stretch warm up and large group discussion will help get a conversation flowing around what participants already know about mental health and what they would most like to learn. This section offers a mental health overview–in part didactic, in part dialectical, that will explore CHW skills to build relationships with clients with behavioral health needs as well as causes, challenges, and protective factors of mental health.

Energizer | Group Discussion | Didactic

What are You Seeing? | *10 Mins*

To know:

This section will begin with an accessible and optional guided stretch to get people's bodies and brains moving to stimulate a conversation about what people are seeing and experiencing in their mental health related work. The purpose is to assess what folks already know about mental health and what they would most like to learn about.

The information shared in this conversation will help trainers pace and prioritize the Module 2 materials to meet the learning needs of each specific group. Additionally, getting participation from a range of voices early on in the module builds participant buy-in and a norm of interactive sessions–which is our goal!

To share:

Slide 58 offers a range of questions to prompt this discussion about what CHWs are seeing in their patient population: symptoms and diagnosis, existing knowledge, burning questions, etc. Have participants read the questions to themselves. Trainer can begin the conversation by posing the first question and then moving through the others as the discussion ebbs and flows.

Slide 58

CHW Approach, Mental Health Continuum, Casual Theories, Challenges, and Protective Factors | *10 Mins*

To know:

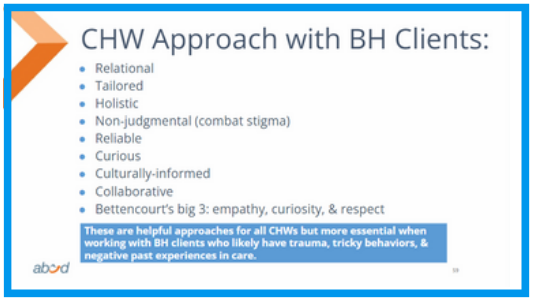
First, we are naming some of the approaches and qualities that CHWs can ideally bring to building relationships with clients who have behavioral health needs.

Trainers will model these qualities, emphasize them in role plays, remind participants of their application, and give participants related feedback on their skills practice throughout the forthcoming activities.

The conversation will then turn toward causes, challenges, and protective factors of mental health.

To share:

The qualities and approaches on **Slide 59** are fundamental to the practice of client-centered care. They are especially important for relationship-building and work with clients with behavioral health needs, as these clients typically face more barriers and stressors. Review the key points on **Slide 59**.

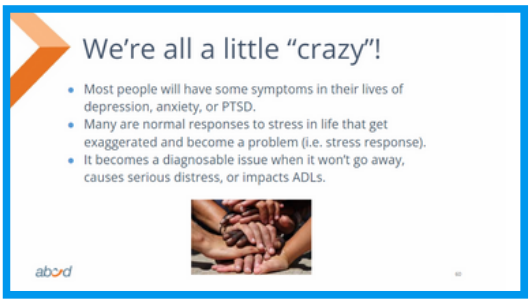


Slide 59

Elicit responses and additions from the training participants throughout the presentation of information on Slide 59 through Slide 63.

To share:

Slide 60 introduces mental health as a continuum on which most of us will at least experience some symptoms at some point in our lives. Summarize the points on **Slide 60**. These establish a framework for understanding mental health that is contextual, respectful, and nonjudgmental in contrast to the mainstream medical model that is rooted in pathology, implicit bias, and stigma. We aim to carry this framework throughout the series.



Slide 60

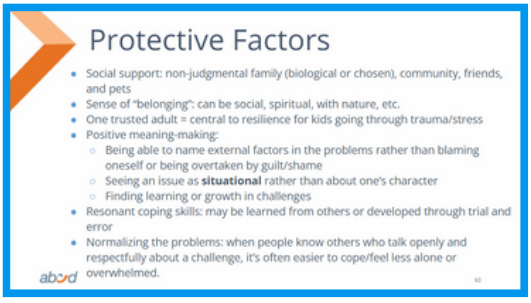
Why do some people have mental health issues and others don't? If you asked a panel of Social Workers or people with mental health diagnoses, you'd get a wide range of explanations and perspectives. Slide 61 presents some of the most common and/or widely accepted theories. Review and expand on each of the bullet points on **Slide 61**. Trainers will also ask participants to add on to or deconstruct any of these theories as they are presented.

Slide 61

Slide 62 lays out some of the issues that arise for people with mental health needs as they try to access care or pursue healing. Read and expand on each of the bullet points on **Slide 62**. Trainer will elicit input from participants and fill in gaps in understanding with their own experiential knowledge.

Slide 62

Slide 63 summarizes some protective factors that can help people recover or stabilize. Read these bullet points and ask participants how these protective factors line up with their experiences in terms of what actually helps people get better. A key takeaway here is to identify which of these factors may already be at play with clients, and how this can help in their recovery.



Slide 63

SECTION 3: *HEALTHY CONVERSATIONS* CONTENT AND PRACTICE

SLIDES 64-67 | *80 Mins*

Overview:

This section actively engages participants in learning by allowing them to explore the Healthy Conversations curriculum content, as well as giving them an opportunity to "teach back" what they have learned from the material. The overarching focus of this section is on the importance of supporting clients in voicing their needs and wants in treatment as a reparative process for dealing with trauma.

Understanding PTSD Practice | *35 Mins*

Admin Support:

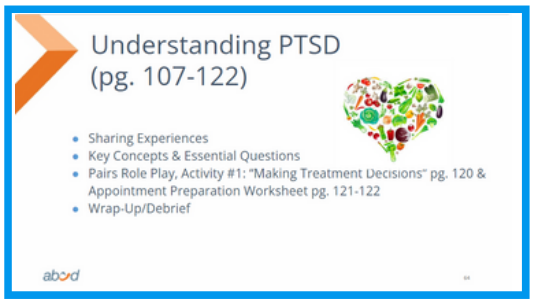
During this section, we will be using breakout rooms. Paste the questions from the **Making Treatment Decisions** chapter of the *Healthy Conversations* curriculum (pg. 120) in the chat and then set up breakout rooms of 2-3 participants each. Make sure participants also have access to the **Preparing to Talk with Your Health Care Provider** worksheet on pg. 121-122 of the curriculum. Breakout rooms should last for 7-8 minutes.

To know:

The purpose of the content on **Slide 64** is to help participants become more familiar with the curriculum in a structured way that is time efficient and minimally intimidating. As the trainer, you should make sure to familiarize yourself with the "Understanding PTSD" chapter of the *Healthy Conversations* curriculum (pages 107-122). You will also want to refer to the **HC Training Curriculum Training Session Outline Handout** to become comfortable with the format of this section.

To share:

Group discussion icon: Show **Slide 64** for this entire subsection. Start this subsection with a brainstorm prompt. Ask participants to share what they know about PTSD and what they would like to learn about PTSD. Solicit 3-5 responses before moving on.



Slide 64

Review relevant points from the **Understanding PTSD** chapter of the Healthy Conversations curriculum. Specifically, discuss the following sections: **PTSD Checklist (pg. 111), PTSD Statistics (pg. 112), Open Questions About Client's Lived Experience (pg. 113), Relaxation Activities (pg. 114-115)**, and **Treatment Options (pg. 118-119)**. Focus on what CHWs need to know to present this material to clients, as well as the useful tools and resources in the chapter. Leave space here for any questions regarding this material.

Participants will complete this activity in pairs or groups of 3. In each group, ask participants to assign roles: One participant will serve as the client, one as the CHW, and if they have a third member, they will serve as the observer. The "CHW" is working with a client who is showing symptoms of PTSD, and has expressed an interest in exploring treatment options. CHWs should ask the open-ended "Making Treatment Decisions" questions on **pg. 120** and walk the client through the "Preparing to Talk with Your Health Care Provider" Worksheet on **pg. 121-122** of the *Healthy Conversations* curriculum. **Note:** You may choose to have a trainer go between breakout sessions here, or you may choose to have the breakout sessions occur without a trainer present.

To debrief from the breakout session activity, ask participants to share what went well in their groups as well as any challenges they faced. Provide space to share questions about using the materials with clients, and about PTSD more broadly.

Suggested Break | *15 Mins*

Mental Health Topic Review | *45 Mins*

Admin Support:

For this subsection, participants will work in two groups, each group working on a chapter of the Healthy Conversations curriculum. If the group is very large, you can split the group into four smaller groups, with two groups working on each chapter. Paste the questions from **Slide 66** into the chat before making the breakout groups. It is also helpful to paste the chapter highlights from **Slide 67** into the chat so that participants can focus on the most relevant content from their chapters.

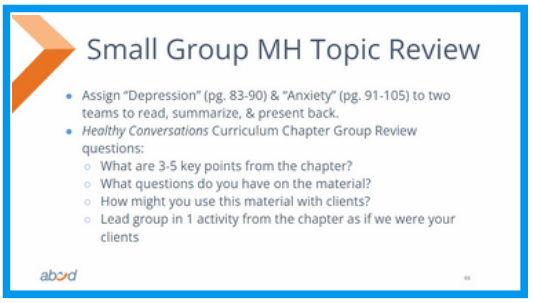
Slides 66-67

To know:

Prior to this session, review the following curriculum material: **Depression Chapter: Cheat Sheet (pg. 83-90), Open Questions About Client's Experience (pg. 84), Symptom List (pg. 85), Real Life Examples (pg. 86), Causes (pg. 87), Treatment Options (pg. 89); Anxiety Chapter: Cheat Sheet (pg. 91), Open Questions About Client's Experience (pg. 92-93), Symptom List (pg. 94), Types of Anxiety (pg. 95), Causes (pg. 97), Smoke Alarm Analogy (pg. 98), Real Life Examples (pg. 99),** and **Treatment Options (pg. 101-102).** When teaching this subsection, keep in mind key points, tools, and resources from the material.

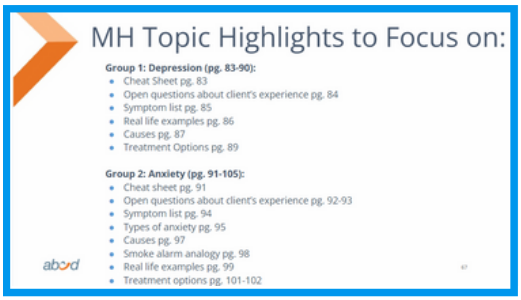
To share:

Share **Slide 66**. Explain that the next activity will involve the chapters that they were assigned at the end of Module 1. Half of the group should have read the "Depression" chapter (pg. 83-90), and the other half should have read the "Anxiety" chapter (pg. 90-105). Explain that each group will take 15 minutes to talk about and review the chapter and answer the questions on the slide. If you are short on time, let groups know to skip the final question, which asks each group to lead the larger group in one activity from the chapter. Ask each group to choose a spokesperson to report back to the larger group about what they discussed. ***Note:*** Have one trainer in each breakout room to support and answer questions.



Slide 66

Before participants go into their breakout rooms, share **Slide 67**. This slide is a list of the most relevant content from each chapter. Participants can use these highlights to help guide their breakout sessions and the larger group debrief.



Slide 67

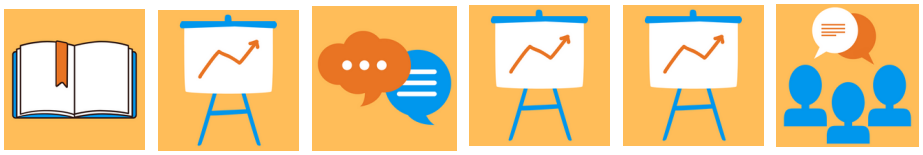
After the breakout group activity, have all participants return to the larger group. Ask each group's spokesperson to share a brief overview of what each group discussed. If you included the final question on the slide, ask each group to lead the larger group in one activity from their chapter.

SECTION 4: WELLNESS

SLIDES 68-73 | *45 Mins*

Overview:

The purpose of this section is to introduce the wellness point of view, which is one of the three pillars of the *Healthy Conversations* curriculum. The wellness point of view is key to our approach to mental health care.



Wellness | *45 Mins*

Admin Support:

In this section, there will be an activity (Holistic Trios Practice) that uses breakout rooms. For this activity, put participants into 3 breakout rooms. Assign a wellness activity from **Slide 73** to each group. Paste the bullet points from this slide into the chat before opening the breakout rooms. Breakout rooms should last 15 minutes.

To know:

To orient participants to the wellness section, we want to define what we mean by wellness (and how it differs from health), and explore how a wellness perspective can be a resource for clients with mental health issues. We will also explore wellness practices that we may use personally or with clients.

Prior to this section, familiarize yourself with the **Wellness Content** in the Healthy Conversations curriculum. You will need to be able to summarize the following sections for participants: **Stress Response (pg. 41), Wellness 101 (pg. 55), Attitude is Powerful (pg. 189), Spiritual Coping (pg. 199),** and **Wellness 102 (pg. 207).**

To share:

Share **Slide 68**. Paraphrase the bullet points on the slide to introduce the concept of the wellness perspective.

Slides 68-69

Share **Slide 69**. Pose the questions on the slide to participants. The goal is to explore wellness or self-care practices that we use personally, as well as those we share with clients. Encourage participants to connect this topic to their own experiences. Trainers may wish to share their own stories to get the ball rolling.

Share **Slide 70**. Tell participants that it is important to recognize that wellness isn't all about individualist and capitalist approaches (like retreats and bubble baths). Name that wellness includes all four areas depicted on the slide: Self-soothing, which provides quick, short-term relief for stress (taking a walk, having a nice meal), Self-care, which typically takes more effort (exercise, finding a therapist, joining a support group), Community care, which involves mutual support and aid (accompanying family/friends to a doctor's appointment, donating to a community fridge), and Structural care, which requires political change to ensure all people have their basic needs met (universal pre-K, free public transit, living wages, etc.) The key takeaway is that all of these factors matter when it comes to wellness. Share **Slide 71** for a list of examples of holistic wellness options that may be helpful in addressing mental health needs. These are explored in more detail on pg. 71 of the *Healthy Conversations* curriculum. You may wish to share some more specific examples of each option.

Slides 70-71

Share **Slide 72**. This next activity is a short guided tour of the wellness content in the Healthy Conversations curriculum. You can choose to either share your screen and pull up the pdf of the curriculum, or ask participants to follow along in their paper or pdf copies. Explain that wellness content is embedded in the curriculum, and summarize each piece of content listed on the slide. Leave space for questions about this content and how a CHW might use it with clients.

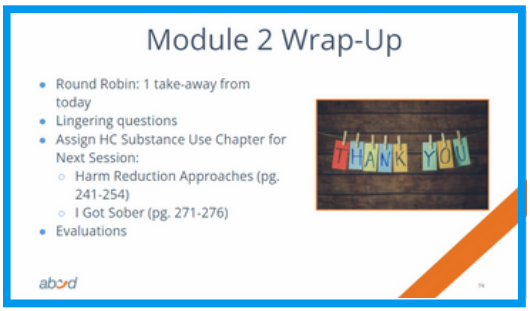
Slide 72

Share **Slide 73**. Explain to participants that they will be in 3 breakout rooms. Each breakout room will be assigned one wellness activity (**Metta, pg. 205-206, Belly Breathing, pg. 52-53,** or **Guided Relaxation Body Scan pg. 46-47**). In each breakout room, participants will take a minute to read through their assigned wellness activity and choose one person to lead the activity. This person will lead the rest of the group in the activity as if they were teaching it to actual clients. After 15 minutes, bring the full group back together and ask participants to share how it felt to either facilitate or participate in the wellness activity.

Slide 73

Wellness activities are loved by some clients and not by others, so it is important to make space in debriefing for any kind of experience your clients may have had. The hope is for clients to have a variety of coping tools so that they can choose what works best for them at any given moment.

Slide 74 concludes Module 2. With a small training group, ask each person to share 1 takeaway from the day and to pass to a specific person after their share. If virtual and in a larger group, ask everyone to put their 1 takeaway in the chat. Alternatively, with larger in-person or virtual groups, ask for a few people–perhaps 4–to share a takeaway.



Slide 74

Make space for and elicit any lingering questions.

Assign *Healthy Conversations* readings for Module 3. Ask participants to come to the next training session with a few key points and questions from the following sections:

- Harm Reduction Approaches (p. 241-254)
- I Got Sober (p. 271-276)

Provide verbal instructions for any evaluation processes or tools being used.

End of Module 2

MODULE 3: EXPLORING SUBSTANCE USE AND HARM REDUCTION

MATERIALS

In-Person:

- Presentation slides
- Healthy Conversations curriculum
- Easel pads/white board
- Markers

Virtual:

- Presentation slides
- Healthy Conversations curriculum
- Virtual host account, i.e. Zoom (ensure most updated version)
- Jamboard or similar interactive tool

PREPARATION

In-Person:

- Prepare room with minimal distractions and enough seating for all participants (circle suggested)
- Create signs so participants know where to find the training, as well as bathrooms, etc.
- Make sure to have all materials (handouts, etc.) ready

Virtual:

- Share virtual platform meeting links with participants, i.e. Zoom
- Create any polls on virtual host account in advance of the meeting
- Determine whether breakout groups will be randomly assigned or pre-assigned; determine group size
- Have accessible any text/prompts that will need to be pasted into the chat during large group discussions and breakout rooms

MODULE 3: EXPLORING SUBSTANCE USE AND HARM REDUCTION

OVERVIEW & AGENDA

Section 1: Welcome Back

- Check-in and Group Agreements

Section 2: Substance Use and Harm Reduction

- Substance Use and Harm Reduction Overview
- Harm Reduction Skills Practice

Section 3: *Healthy Conversations* Content and Practice

- *Substance Use Treatment* Practice
- Substance Use Topic Review
- Harm Reduction as a Social Justice Tool

The topics for **Module 3** are listed in the agenda below, with suggested timing for each. Remember timing is an approximation. Please respond to the needs of each group. This agenda is for a 4 hr module.

AGENDA

Section	Slides	Time	Page
1: Welcome Back	76-78	15 min	58-59
2: Substance Use and Harm Reduction	79-90	105 mins	60-64
3: *Healthy Conversations* Content and Practice	92-96	75 mins	65-68
Wrap-Up	96	10 mins	68

MODULE 3: EXPLORING SUBSTANCE USE AND HARM REDUCTION

LEARNING GOALS & OBJECTIVES

Learning Goals:

- CHWs will understand substance use as a continuum and a coping strategy worthy of respect and curiosity, rooted in recognizing the individuality and human rights of drug users.
- CHWs will practice harm reduction as both a practical philosophy centering client autonomy, competence, and strengths, as well as a set of tools to mitigate drug-related harm.
- CHWs will help clients navigate a range of substance use treatment options in an informed and effective way.
- CHWs will take an active role in naming and dismantling stigma as a primary barrier to care and a trigger for cycles of use.
- CHWs will learn and develop confidence and tools for assessing clients' use and generating options to increase safety in a collaborative way.

Objectives:

- Participants will demonstrate an understanding of substance use as a coping strategy and be able to apply a drug user's rights lens to their specific caseload.
- Participants will be able to name 3 harm reduction values and 3 risk-reduction strategies they can suggest to clients grappling with drug use.
- Participants will demonstrate knowledge of 3 substance use treatment options and be able to explain them in a clear, accessible way to clients.
- Participants will be able to recognize stigma around substance use as a barrier to care and name/practice 3 ways to reduce stigma with clients.
- Participants will demonstrate skill in assessment of clients' substance use and collaborative harm reduction planning.

ICON KEY

Icebreaker / Energizer

At the start of sessions to build connection or when the group energy needs a lift.

Breakout Session

Small group engagement in which participants work together on training activities or discussion prompts.

Group Discussion

Discussion on various topics/questions involving all training participants.

Activity

Breakout sessions or groups discussions that feature explicit skills practice from the training and/or HC curriculum.

Didactic

Present information and facts to the group. These presentations will usually be followed by an interactive activity to practice what participants have learned.

Resourses

Breakout groups review parts of the curriculum and do a teach back to all training participants in the large group setting.

Admin Support

Lean on your admin support here!

Key Point

This exclamation point appears throughout the guide anytime that there is a key point to be made or helpful reminder/tip!

SECTION 1: WELCOME BACK

SLIDES 76-78 | *15 Mins*

Overview:

This section makes space for trainers and CHWs to come back together for Module 3 in an intentional way. Everyone will have a chance to check in about which content and/or experiences have been percolating for them since Module 2. The group will reorient to the group process through a review and discussion of what's working and what needs improvement within the agreements. Trainers will then share the Module 3 learning goals and objectives.


Energizer


Group Discussion


Didactic

Check-in and Group Agreements | *15 Mins*

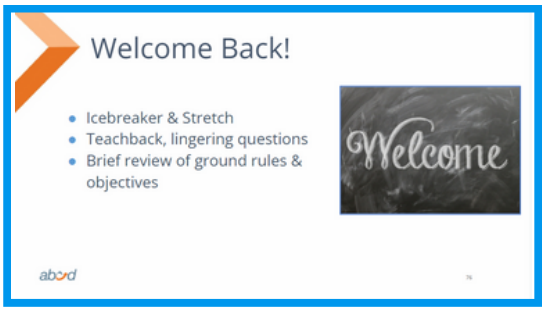
Make sure to take attendance as participants arrive. It can also be helpful to double-check attendance during the check-in prompt.
Trainers will decide if the check in will take place in the large group or in small groups. If the small group option is selected and the training is virtual, paste the check in question (*What is one thing that you enjoy that's not "good for you" and why it's hard to give up? or Share one thing you've learned that is helpful when providing support to people who are using substances)* in the chat before opening breakout rooms. Create randomly assigned breakout rooms of 3-4 participants.

To know:

We encourage that check-ins include as many participants as possible. However, depending on timing and group size, this check-in can be done in small groups (3-4 people) or in the full group with only 5-6 people sharing popcorn style and others adding their reflections in the chat function, if virtual.

To share:

Slide 76 is a placeholder to have up as participants arrive.

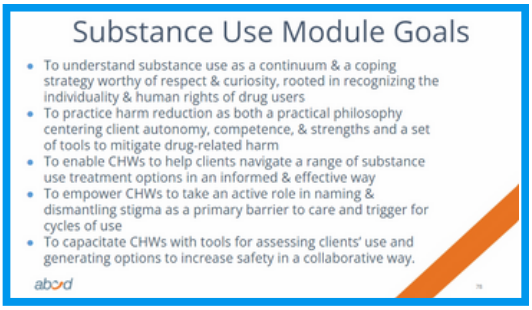


Slide 76

Choose one of the two check-in prompts *(What is one thing that you enjoy that's not "good for you" and why it's hard to give up?* or *Share one thing you've learned that is helpful when providing support to people who are using substances)* and share it with the group. Ask participants to share their responses. The goal of the first prompt is to understand that regardless of whether we use substances, we all engage in behaviors that may not be the most healthy, and there are countless reasons why we do this. The goal of the second prompt is to share techniques or tools that participants have found helpful in their work with substance users.

Slide 77

Revisit the group agreements on **Slide 77**. Trainer can read or have one or several participants read the agreements popcorn style. Ask participants how the group did following the agreements during the last module and if they have any additions, revisions, or questions. Trainers can point out, from their point of view, things that participants have been doing well or that could use more attention in Module 3.



Slide 78

Slide 78 features the learning goals and objectives. Paraphrase the bullet points or have participants volunteer to read. Trainers will elicit questions and clarify any confusion expressed by participants.

SECTION 2: SUBSTANCE USE AND HARM REDUCTION

SLIDES 79-90 | *105 Mins*

Overview:

The goal of this section is to assess which populations participants have worked with and their experiences working with people who use drugs. Additionally, we will introduce the basic concepts and core values of the Harm Reduction framework. We will also explore the root causes of substance use as well as the disparate racial impact of the "War on Drugs."

Substance Use and Harm Reduction Overview | *75 Mins*

Admin Support: After the didactic portion of this section, we will do an activity with breakout rooms. For this activity, divide participants into groups of 2-3 for breakout sessions that last 8 minutes. Paste the prompt from **Slide 85** into the chat before opening the breakout rooms.

To know:

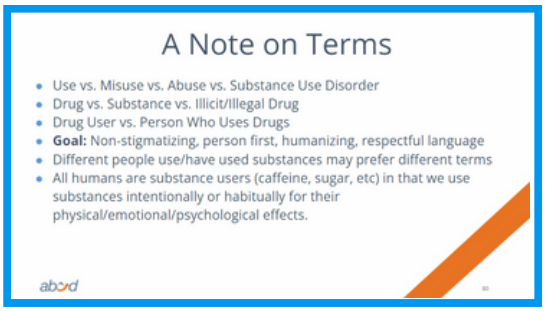
In this first discussion, the goal is to assess participants' baseline knowledge and experiences with substance users. When you can identify your group's learning goals and challenges, you will be able to tailor the session to meet their needs.

To share:

Share **Slide 79**. Read the three questions on the slide and discuss as a group. Focus on what knowledge and skills participants are coming into the training with, and how the group can learn from each other.

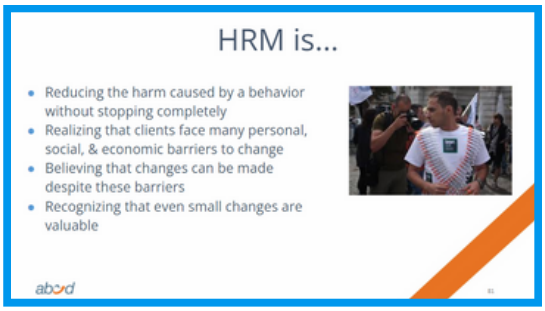
Slide 79

Share **Slide 80**. Paraphrase the information on the slide. The goal here is to acknowledge the different terms used to describe substance users, and to clarify which terms we have chosen to use and why. For the purposes of this training, we will use "substance use" as a nonjudgmental umbrella term which includes the continuum of use across a range of substances. Ask participants to share the terms they use in their work and allow space for questions around terminology.



Slide 80

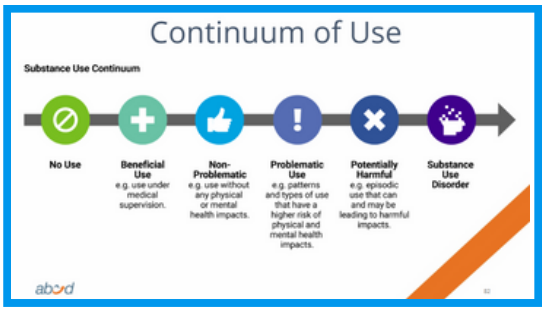
Move to **Slide 81**. This slide covers the basic concepts of the Harm Reduction framework. Summarize the bullet points and ask participants what, if anything, they would add to this definition of Harm Reduction.



Slide 81

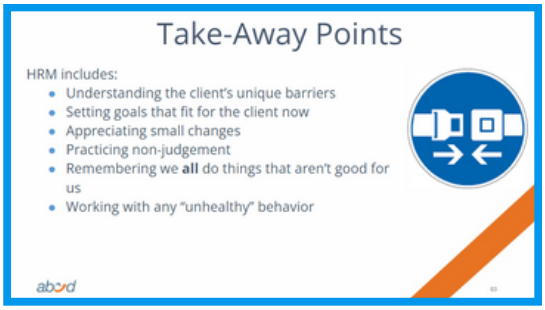
Use the **HRM Principles** handout here. Participants can either take turns reading a section of the handout aloud, or you can give them a few minutes to read on their own. After they have gotten a chance to read the handout, ask participants to share one principle that resonated with them and why that principle stood out.

Share **Slide 82**. Review the **Continuum of Use** on this slide. Emphasize that for any "problem" behavior, the goal is not abstinence, but safer use and reducing associated harms to the person, their family, and their community. Part of our role as harm reductionists is to recognize and respect the function and benefits that the substance brings to the person, rather than focusing solely on the harm. ***Note:*** It may be helpful to frame this discussion by picking a specific substance (e.g. cigarettes) and walking through what the use might look like at each stage of the continuum (in terms of behaviors and impact).



Slide 82

Next, share **Slide 83**. Summarize the key points on the slide. The goal here is to frame Harm Reduction broadly, as a resource and a way of practicing with any behavior or habit that causes harm, not solely for substance use (although that is the history of the term and movement).

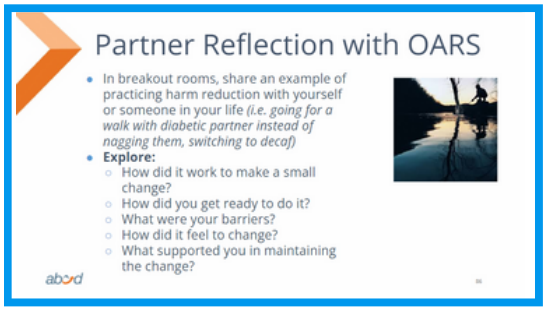


Slide 83

Share **Slide 84** and **Slide 85**. These slides name some common challenges that arise for people who use drugs. These challenges can be around accessing care and maintaining their health (especially when also dealing with other chronic diseases). It is important for CHWs to be mindful of these challenges in order to help their clients navigate them. ***Note:*** It is incredibly important here to discuss the inequity in both diagnosis of Substance Use Disorder as well as prosecution of substance users based on race, class, gender, and other demographic factors. You can use an example such as the difference that (predominantly white) Wall Street workers who use cocaine are treated when compared to Black men being locked up for using crack.

Slides 84-85

For this activity, divide participants into pairs (with a group of 3 if you have an uneven number of participants). In each group, pairs will discuss an example from their own lives of practicing harm reduction with themselves or a loved one. Note that this does not need to be about substance use, but should be about any sort of harm reduction behavior. Each pair should explore the questions on **Slide 86** for each harm reduction behavior that they discuss. After 8 minutes (4 minutes per person), bring the group back together and debrief about the experience. Focus on similarities and differences between partners and any "aha" moments during the activity. Finally, ask participants to share how their own experiences of harm reduction relate to harm reduction practices in their work.



Slide 86

Share **Slide 87**. Pose the questions to the participants to spark discussion. If needed, you can also give examples (What if your client loses their housing, goes to jail, gets hospitalized, or overdoses, and we feel like we could have prevented it?) The purpose of this discussion is to reflect on the limits of harm reduction and the emotional consequences for CHWs when we surrender control and meet our clients where they are. Often, this pushes against our program goals as well as our own desire to "help." It is often painful to witness our clients suffer and feel like what we can do is small. It still matters, and is essential to be present, nonjudgmental, and caring, and to make space to process what comes up for us.

Slide 87

It takes courage to know when our patients aren't ready and not to push them into something they don't want, even if it would make us feel better.

Share **Slide 88**. Summarize the bullet points for participants. The purpose of this slide is to encourage CHWs to normalize asking all clients about their substance use in an open-ended way, and to respect clients' level of trust, readiness, and timing in feeling ready to share. ***Note:*** It can help to ask participants to think about how they ask clients about other, less stigmatized behaviors. How would they ask a client with diabetes about their diet or exercise?

Slide 88

Next, share **Slide 89**. This slide lists some things that may come up for us as CHWs when working with clients who are using substances. Summarize these bullet points and ask participants if they would add anything to this list. The purpose of this slide is to remind the group that this work is personal for many of us – we may be current or former users, or we may have friends or family members who use drugs. It is important to honor our life experiences and the things that may come up when we are working with substance users (examples: triggers, deep empathy, protectiveness, fear, judgment) while maintaining professional boundaries. We can tie this into the concept of countertransference, discussed on **Slide 87**.

Slide 89

Harm Reduction Skills Practice | *30 Mins*

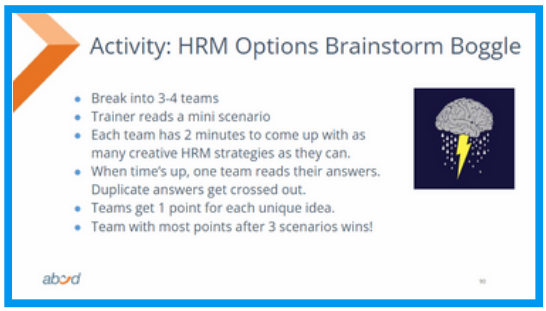
Admin Support: For this activity, we will be using breakout rooms. Divide the group into three teams. Prior to sending them to the breakout rooms, paste the first scenario from the list below into the chat. After 2 minutes, broadcast a message to the breakout rooms with the next scenario. Continue to broadcast a scenario once every two minutes until you have used all of the scenarios.

To know:

The purpose of this activity is to practice harm reduction thinking and creativity, as well as to recognize the value in collaboration and bringing different perspectives in thinking through options for clients. It's also important to demonstrate the wide range of interventions that can be offered when harm reduction and increasing safety are our goals. ***Note:*** Remind participants that in real life, ideas should come from the client first, and we can offer a range of resources if and when the client asks for them or otherwise indicates their readiness for them.

To share:

Share **Slide 90**. Explain that for this activity, participants will be divided into three groups. Before going to their groups, give them the first scenario from the list below. After 2 minutes, broadcast a message to the breakout rooms with the second scenario. Continue to broadcast one scenario every 2 minutes until you have given all scenarios. For each scenario, ask the group to come up with all of the harm reduction ideas they can think of to suggest to this client. One person from each group should write down all of their answers for each scenario. After all scenarios have been given, bring the group back. For each scenario, each team will read their ideas. If any other team came up with the same idea, both teams will cross that idea out. The team with the most unique, unduplicated answers at the end wins a prize!
Note: Keep track of the winners of this game so that we can send them their prize!



Slide 90

Scenarios:

1. A client who you often see on outreach is actively injecting opiates and has a history of depression. Today, you don't see him, and he isn't answering his phone.
2. A long-time active substance user (crack and weed) is freaking out because she got an eviction notice for non-payment of rent.
3. A newly diagnosed HIV+ sex worker is concerned both about preventing transmitting HIV and disclosing his status to his partners.
4. An HIV+ long-term survivor was recently diagnosed with cancer and doesn't see the point in taking her HIV medication anymore.
5. A young woman who was recently diagnosed with depression is drinking in order to cope with her grief and fear.
6. A trans peer worker relapsed last week and is afraid she'll lose her job, which she loves.
7. A former injection drug user who wants to stay clean, but his partner recently relapsed on crystal.
8. A gay man who doesn't know his HIV status is in a serious relationship with his HIV+ boyfriend, who is pressuring him to have unprotected sex.

Suggested Break | *15 Mins*

SECTION 3: *HEALTHY CONVERSATIONS* CONTENT AND PRACTICE

SLIDES 92-96 | *75 Mins*

Overview:

This section actively engages participants in learning by allowing them to explore the Healthy Conversations curriculum content, as well as giving them an opportunity to "teach back" what they have learned from the material.

Group Discussion | Didactic | Breakout Sessions | Group Discussion | Resources | Breakout Sessions | Didactic

Substance Use Treatment Practice | *30 Mins*

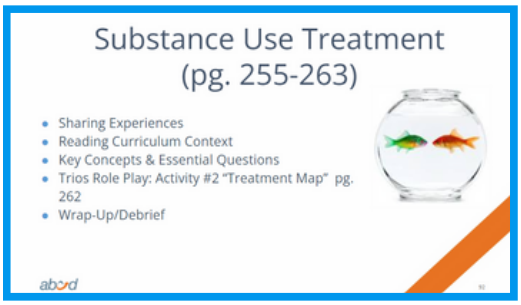
Admin Support: During this section, we will be using breakout rooms. Paste the prompt *(Who Can Help?)* in the chat and then set up breakout rooms of 3-4 participants each.

To know:

The purpose of the content on **Slide 92** is to help participants become more familiar with the curriculum in a structured way that is time efficient and minimally intimidating. As the trainer, you should make sure to familiarize yourself with the "Substance Use Treatment" chapter of the *Healthy Conversations* curriculum (pages 255-263). You will also want to refer to the **HC Training Curriculum Training Session Outline Handout** to become comfortable with the format of this section.

To share:

Show **Slide 92** for this entire subsection. Start this subsection with a brainstorm prompt. Ask participants to answer the prompt "Name one kind of support for risk reduction, substance use treatment, or sustaining recovery that people choose (example: a smoking cessation group) and tell us how it can be helpful." Solicit 3-5 responses before moving on.



Slide 92

Review relevant points from the **Substance Use Treatment** chapter of the *Healthy Conversations* curriculum. Specifically, discuss the following sections: **Treatment Options Overview (pg. 256-257), Treatment Pros & Cons Chart (pg. 258-259),** and **Meds for Treatment Chart (pg. 260)**. Focus on what CHWs need to know to present this material to clients, as well as the useful tools and resources in the chapter. Leave space here for any questions regarding this material.

Participants will complete this activity in pairs or groups of 3. In each group, ask participants to assign roles: One participant will serve as the client, one as the CHW, and if they have a third member, they will serve as the observer. The “CHW" is working with a client who is using substances and has expressed an interest in exploring treatment options. CHWs should walk the client through the “Treatment Map” activity on **pg. 262** of the *Healthy Conversations* curriculum. For this activity, participants can make up a client or use an example from their work. ***Note:*** You may choose to have a trainer go between breakout sessions here, or you may choose to have the breakout sessions occur without a trainer present.

To debrief from the breakout session activity, ask participants to share what went well in their groups as well as any challenges they faced. Provide space to share questions about using the materials with clients, and about substance use treatment more broadly.

Substance Use Topic Review | *35 Mins*

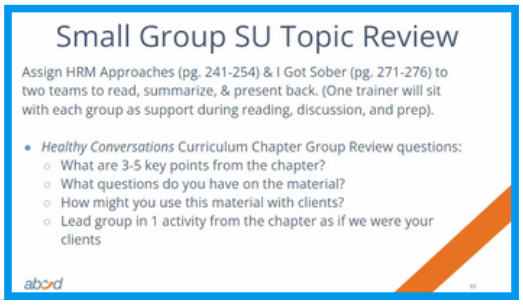
Admin Support: For this subsection, participants will work in two groups, each group working on a chapter of the Healthy Conversations curriculum. If the group is very large, you can split the group into four smaller groups, with two groups working on each chapter. Paste the questions from **Slide 93** into the chat before making the breakout groups. It is also helpful to paste the chapter highlights from **Slide 94** into the chat so that participants can focus on the most relevant content from their chapters.

To know:

Prior to this session, review the following curriculum material: **Harm Reduction Approaches Chapter: HRM Key Points (pg. 242), Current Use Assessment Tool and Debrief Questions (pg. 243-244), OD Prevention Key Points (pg. 245-246), Safer Injection/Smoking Key Points (pg. 247-250),** and **Safer Use Tips Sheet (pg. 252)**; **I Got Sober Chapter: Cheat Sheet (pg. 271), Open Questions About Client’s Recovery (pg. 272), Key Points (pg. 273), Role Models (pg. 274)**, and **Resources/Triggers (pg. 275).** When teaching this subsection, keep in mind key points, tools, and resources from the material.

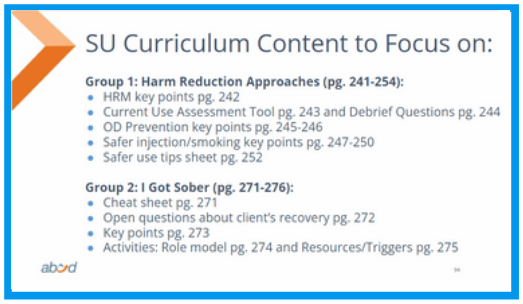
To share:

Share **Slide 93**. Explain that the next activity will involve the chapters that they were assigned at the end of Module 2. Half of the group should have read the "Harm Reduction Approaches" chapter (pg. 241-254), and the other half should have read the "I Got Sober" chapter (pg. 271-276). Explain that each group will take 15 minutes to talk about and review the chapter and answer the questions on the slide. If you are short on time, let groups know to skip the final question, which asks each group to lead the larger group in one activity from the chapter. Ask each group to choose a spokesperson to report back to the larger group about what they discussed. ***Note:*** Have one trainer in each breakout room to support and answer questions.



Slide 93

Before participants go into their breakout rooms, share **Slide 94.** This slide is a list of the most relevant content from each chapter. Participants can use these highlights to help guide their breakout sessions and the larger group debrief.



Slide 94

After the breakout group activity, have all participants return to the larger group. Ask each group's spokesperson to share a brief overview of what each group discussed. If you included the final question on the slide, ask each group to lead the larger group in one activity from their chapter.

Harm Reduction as a Social Justice Tool | *10 Mins*

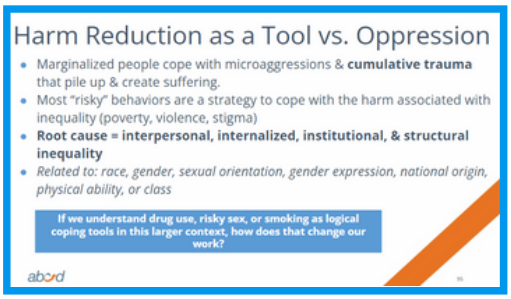
To know:

The purpose of this section is to connect harm reduction practice to its radical roots as a social justice movement, and to help participants recognize the ways in which this practice empowers us to challenge systems and frame problems as collective rather than individual.

Harm reduction concepts and values can help us practice with patients in a way that reduces stigma and challenges inequality and power dynamics.

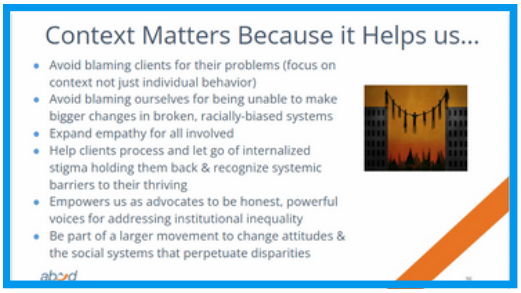
To share:

Share **Slide 95**. Summarize the bullet points and pose the question at the bottom of the slide to the group. It can be helpful to remind participants of the Liberation Health Triangle as a resource for using this framework in case reviews and other team conversations about patient care.



Slide 95

Share **Slide 96.** Summarize the bullet points on this slide. The purpose of this slide is to reframe and re-envision our work to be less focused on individual behavior change and more cognizant of the root causes underlying the stigmatized behaviors. When done well, harm reduction principles can shift us to a collaborative equity and justice framework!



Slide 96

Slide 97 concludes Module 3. With a small training group, ask each person to share 1 takeaway from the day and to pass to a specific person after their share. If virtual and in a larger group, ask everyone to put their 1 takeaway in the chat. Alternatively, with larger in-person or virtual groups, ask for a few people–perhaps 4–to share a takeaway.

Make space for and elicit any lingering questions.

Assign *Healthy Conversations* readings for Module 4. Ask participants to come to the next training session with a few key points and questions from the following sections:

- Substance Use Provider Teams (p. 263-270)
- Ready for Treatment (p. 133-146)

Provide verbal instructions for any evaluation processes or tools being used.

End of Module 3

MODULE 4: ADVOCACY AND INTEGRATIVE PRACTICE

MATERIALS

In-Person:

- Presentation slides
- Healthy Conversations curriculum
- Easel pads/white board
- Markers

Virtual:

- Presentation slides
- Healthy Conversations curriculum
- Virtual host account, i.e. Zoom (ensure most updated version)
- Jamboard or similar interactive tool

PREPARATION

In-Person:

- Prepare room with minimal distractions and enough seating for all participants (circle suggested)
- Create signs so participants know where to find the training, as well as bathrooms, etc.
- Make sure to have all materials (handouts, etc.) ready

Virtual:

- Share virtual platform meeting links with participants, i.e. Zoom
- Create any polls on virtual host account in advance of the meeting
- Determine whether breakout groups will be randomly assigned or pre-assigned; determine group size
- Have accessible any text/prompts that will need to be pasted into the chat during large group discussions and breakout rooms

MODULE 4: ADVOCACY AND INTEGRATIVE PRACTICE

OVERVIEW & AGENDA

Section 1

- Check-in and Group Agreements

Section 2

- Advocacy Skills
- Giving and Receiving Feedback

Section 3

- *Mental Health Treatment Options* Practice
- Advocacy Topic Review

Section 4

- *Dual Diagnosis* Practice
- Group Practice

The topics for **Module 4** are listed in the agenda below, with suggested timing for each. Remember timing is an approximation. Please respond to the needs of each group. This agenda is for a 4 hr module.

AGENDA

Section	Slides	Time	Page
1: Welcome Back	98-102	10 min	73-74
2: CHWs as Advocates	103-107	30 min	75-78
3: *Healthy Conversations* Content and Practice	108-110	55 min	79-82
4. Integrative Practice	112-115	55 min	83-85
Wrap-Up	116	15 min	85

MODULE 4: ADVOCACY AND INTEGRATIVE PRACTICE

LEARNING GOALS & OBJECTIVES

Learning Goals:

- CHWs will identify common barriers to accessing care (personal, cultural, & systemic) and effective strategies for tackling them.
- CHWs will understand the basics of how BH care teams/systems work to facilitate effective navigation.
- CHWs will be able to acknowledge power dynamics and turf issues among care teams and reflect on ways to approach them with equanimity (inner confidence) and client-centered advocacy skills
- CHWs will increase confidence and skill in advocating clearly, professionally, tenaciously, and with client consent and participation
- CHWs will acknowledge and reflect on the ways that client experiences of marginalization may echo and trigger the CHW's own experiences and how to cope with that proactively as a resource for empathy & action
- CHWs will be able to digest and integrate the philosophy and tools from Modules 1-3 through practice activities.
- CHWs will be able to increase their confidence and skill using the Healthy Conversations curriculum and applying their knowledge and skills to real clients and situations in their work.
- CHWs will develop a deeper understanding of a holistic, non-stigmatizing approach to Behavioral Health issues.
- CHWs will be able to offer resources to help clients address Behavioral Health issues when they may not be ready for traditional Behavioral Health treatments.
- CHWs will strengthen their capacity to understand the relationship between Mental Health and Substance Use issues and explore these issues together with their dually-diagnosed clients.

Objectives:

- Participants will be able to identify 5 common barriers to accessing care (barriers could be personal, systemic or community-based).
- Participants will be able to define 5 key players and their roles in BH teams.
- Participants will be able to identify two ways power dynamics show up on care teams and two strategies to address them in service to the clients.
- Participants will demonstrate skill and report confidence in their client advocacy skills!
- Participants will be able to name two meaningful ways their lived experience impacts their client care and two concrete ways to safeguard CHW & client from related harm.Participants will be able to skillfully present one tool or activity from the Healthy Conversations curriculum to the training group.
- Participants will be able to apply Healthy Conversations materials in a realistic way to at least two clients they are currently working with.
- Participants will be able to name and clearly explain three non-medical ways to address Behavioral Health issues.
- Participants will be able to explain and demonstrate two self-management/wellness tools from the Healthy Conversations curriculum.
- Participants will be able to name three ways that substance use and mental health issues may trigger or reinforce each other.
- Participants will be able to demonstrate the use of two open-ended questions or teaching points related to dual diagnosis to share with clients.

ICON KEY

Icebreaker / Energizer

At the start of sessions to build connection or when the group energy needs a lift.

Breakout Session

Small group engagement in which participants work together on training activities or discussion prompts.

Group Discussion

Discussion on various topics/questions involving all training participants.

Activity

Breakout sessions or groups discussions that feature explicit skills practice from the training and/or HC curriculum.

Didactic

Present information and facts to the group. These presentations will usually be followed by an interactive activity to practice what participants have learned.

Resourses

Breakout groups review parts of the curriculum and do a teach back to all training participants in the large group setting.

Admin Support

Lean on your admin support here!

Key Point

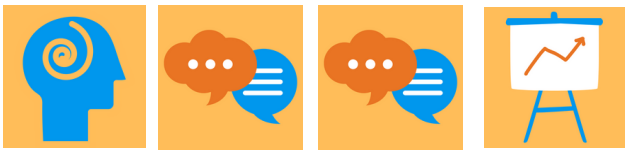
This exclamation point appears throughout the guide anytime that there is a key point to be made or helpful reminder/tip!

SECTION 1: WELCOME BACK

SLIDES 98-102 *10 Mins*

Overview:

This section provides an opportunity for trainers and CHWs to come back together for Module 4 in an intentional way. Everyone will have a chance to check in about which content and/or experiences have been percolating for them since Module 3. The group will reorient to the group process through a review and discussion of what's working and what needs improvement within the agreements. Trainers will share the Module 4 learning goals and objectives. A check-in prompt will help get a conversation flowing around participants' experience of advocacy and advocates they admire.

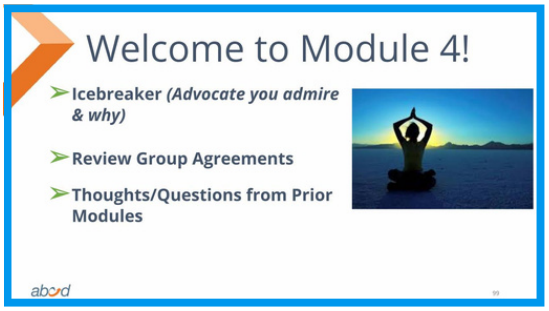


Energizer | Group Discussion | Group Discussion | Didactic

Check-in and Group Agreements | *10 Mins*

Admin Support:

Make sure to take attendance as participants arrive. It can also be helpful to double-check attendance during the check-in activity, and monitor attendance throughout the day. Trainers will decide if the check in will take place in the large group or in small groups. If the small group option is selected and the training is virtual, paste the icebreaker prompt *(Name an advocate you admire and why)* from **Slide 99** in the chat before opening breakout rooms. Create randomly assigned breakout rooms of 3-4 participants.



Slide 99

To know:

We encourage that check-ins include as many participants as possible. However, depending on timing and group size, this check-in can be done in small groups (3-4 people) or in the full group with only 5-6 people sharing popcorn style and others adding their reflections in the chat function, if virtual.

To share:

Slide 98 is a placeholder to have up as participants arrive.

Share **Slide 99** and the instructions for the check-in process. Paraphrase or read the check in prompt on this slide. The aim of the check-in activity is to discuss experiences with advocates that participants admire, and what qualities are admirable in an advocate.

Slides 98-99

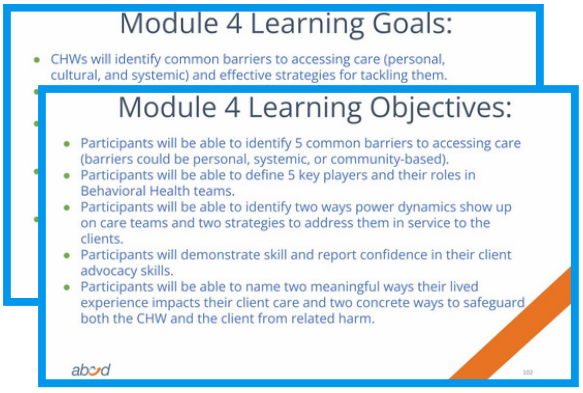
After the check-in activity, ask participants for thoughts or questions that they have from prior modules. The aim of this discussion is to learn what content and/or experiences have been percolating for participants since Module 3.

To share:

Revisit the group agreements on **Slide 100**. Trainer can read or have one or several participants read the agreements popcorn style. Ask participants how the group did following the agreements during the last module and if they have any additions, revisions, or questions. Trainers can point out, from their point of view, things that participants have been doing well or that could use more attention in Module 3.

Slide 100

Slide 101 and **Slide 102** feature the learning goals and objectives. Paraphrase the bullet points or have participants volunteer to read. Trainers will elicit questions and clarify any confusion expressed by participants.



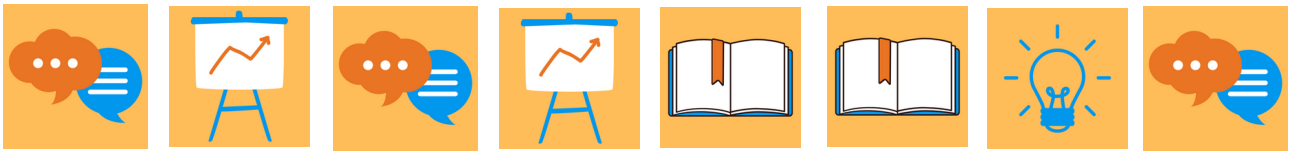
Slides 101-102

SECTION 2: CHWS AS ADVOCATES

SLIDES 103-107 *30 Mins*

Overview:

This section is designed to dive deeper into how participants are already thinking about and approaching their work as advocates, and to build on that foundation with additional advocacy strategies. This section also explores best practices of offering and receiving feedback.



Group Discussion | Didactic | Group Discussion | Didactic | Resources | Resources | Activity | Group Discussion

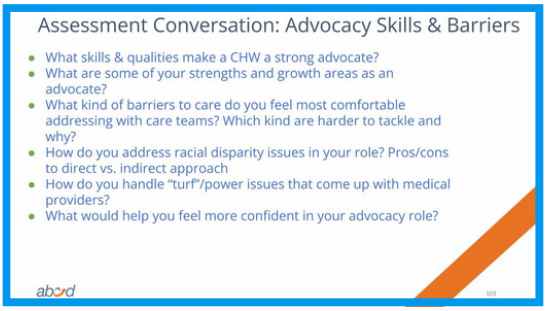
Advocacy Skills | *15 Mins*

Admin Support:

If the trainers decide to use breakout rooms for this activity, paste the prompt in the chat before setting up breakout rooms, and then create randomly assigned rooms of 3-4 participants each.

To know:

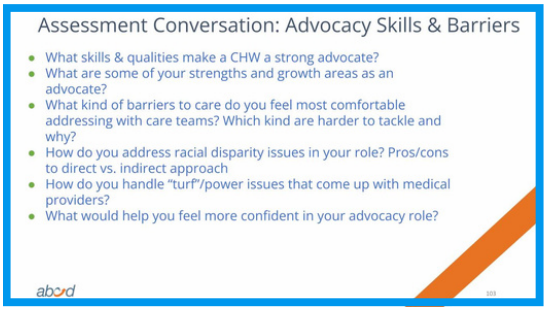
Slide 103 prompts discussion to assess the current perspectives and approaches to advocacy as a CHW that participants bring to the table, as well as to identify barriers to successfully accessing and navigating care and how to tackle those barriers. Some examples of barriers that participants might identify are: racial inequity, uneven power dynamics, "turf wars" with Behavioral Health providers, communication issues, language barriers, gender inequity, and a lack of clarity around roles. **Slide 104** wraps up the discussion with a series of best practices for advocacy strategies that have an impact. ***Note:*** If you have a large group, you can have this discussion in breakout rooms of 3-4, and ask participants to share back to the large group at the end of their discussion.



Slide 103

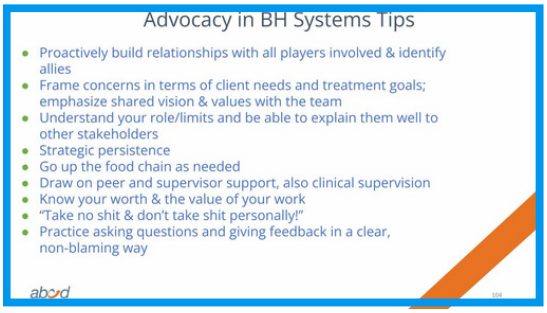
To share:

Present **Slide 103** to participants and give them 1-2 minutes to read the questions on the slide, or read them aloud. Ask participants to share their answers to any of the questions (no need to go through the questions in order). Participants should be encouraged to share verbally, or, if virtual, using the chat function.



Slide 103

Share **Slide 104** and paraphrase the bullet points. If you have the time and relevant examples, you can share examples from your work that relate to the points on this slide. This may also be a good time to ask participants to share examples they may have from their own work, including discussing the similarities and differences between skills learned in the CHW Core Competencies and skills required for navigating Behavioral Health systems.

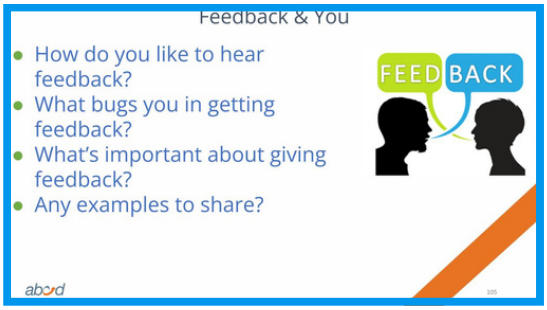


Slide 104

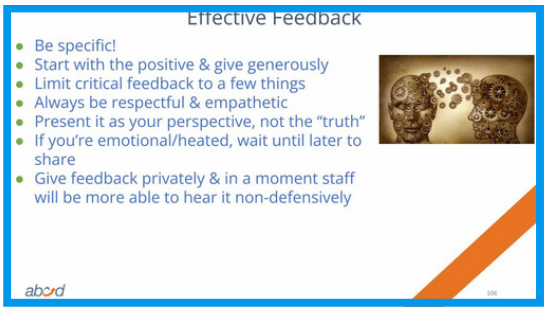
Giving and Receiving Feedback | *15 Mins*

To know:

The purpose of the discussion on **Slide 105** and **Slide 106** is to identify the factors that contribute to feedback being effective and well-received, as well as to identify barriers to effective feedback, using participants' own experiences as a starting point. We also want to connect the idea of giving feedback to the CHW Core Competency of effective advocacy. One thing to reiterate is that reciprocal feedback is an essential CHW skill that can be put into practice with supervisors, colleagues, and clients to ensure that everyone is on the same page and feels supported and respected. We can also use feedback to optimize the working relationships to draw on individual people's different strengths and buffer our weaknesses or areas for growth.



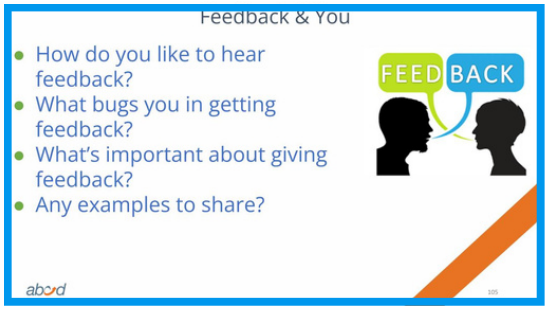
Slide 105



Slide 106

To share:

Share the questions on **Slide 105** and prompt the full group to answer any questions they would like to. Ask for examples of helpful (or not so helpful) feedback that participants have given or received. You may also want to share examples from your own work.



Slide 105

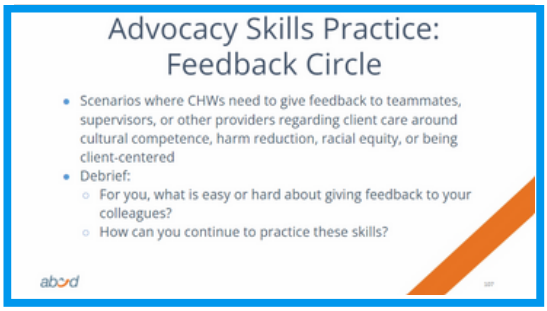
Show **Slide 106** and paraphrase the bullet points. It can also help to share examples here, and engage participants to give examples as well. The key takeaway here is that respect is central to giving effective feedback – we never want to give feedback in a way that puts someone down, devalues their work, or insults their character.

Slide 106

Share the **Skillful Feedback Handout** here – this will provide additional tips for providing effective feedback.

To know:

The purpose of the activity on **Slide 107** is to allow participants to practice addressing common challenging scenarios that require skillful advocacy. It's also important for participants to witness others approaching the problem from a different angle or perspective, so that everyone is able to broaden their approaches to advocacy.



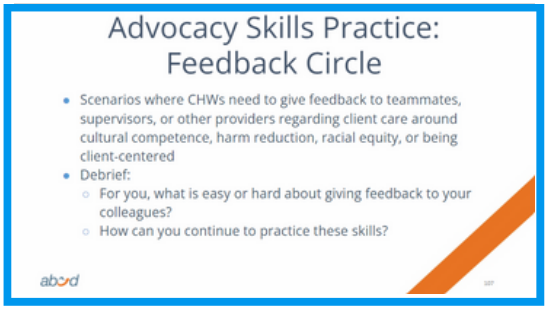
Slide 107

For this next activity, use the **Patient Advocacy Feedback Scenarios Handout**.

Admin Support:

If you are offering this training virtually, be ready to paste the advocacy scenarios into the chat. You also may want to spotlight each volunteer while they are speaking.

Show **Slide 107** and let participants know that they will be taking turns to role play a scenario with the whole group. ***Note:*** There are 8 total scenarios, but if you have a smaller group, or are short on time, you can use fewer scenarios. Everyone is encouraged to participate, but participants may choose to pass or "phone a friend" if they get stuck. Read each scenario from the **Patient Advocacy Feedback Scenarios Handout** twice, and paste it into the chat if virtual as well. Choose a participant to go first (or ask for a volunteer), and ask them to deliver the feedback that they would give to the person described in the scenario. Remind participants not to *describe* what they would do, but to actually *model* it in real time, as if they were giving feedback. Allow other participants to comment or add to the feedback. If you feel that the volunteer is missing a key aspect of giving feedback, be sure to offer it as a suggestion. Repeat until each participant has had a chance to practice, or until you run out of time.



Slide 107

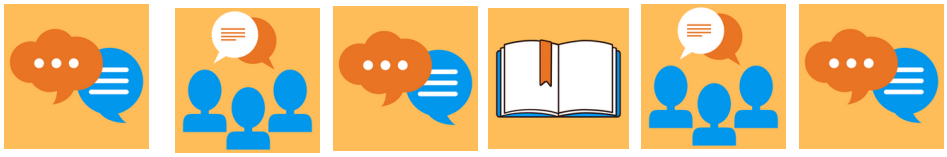
To debrief after the advocacy circle activity, ask participants to reflect on what makes giving and receiving feedback harder or easier for them. Draw on work examples as well as examples from the activity.

SECTION 3: HEALTHY CONVERSATIONS CONTENT AND PRACTICE

SLIDES 108-110 | *55 Mins*

Overview:

This section actively engages participants in learning by allowing them to explore the Healthy Conversations curriculum content, as well as giving them an opportunity to "teach back" what they have learned from the material.



Mental Health Treatment Options Practice | *30 Mins*

Admin Support:

During this section, we will be using breakout rooms. Paste the prompt *(Who Can Help?)* in the chat and then set up breakout rooms of 3-4 participants each.

To know:

The purpose of the content on **Slide 108** is to help participants become more familiar with the curriculum in a structured way that is time efficient and minimally intimidating. As the trainer, you should make sure to familiarize yourself with the "Mental Health Treatment Options" chapter of the *Healthy Conversations* curriculum (pages 147-156). You will also want to refer to the **HC Training Curriculum Training Session Outline Handout** to become comfortable with the format of this section.

To share:

Show **Slide 108** for this entire subsection. Start this subsection with a brainstorm question. Ask participants to answer the question "What are some clues (in attitudes, behavior, words, etc) that someone is ready to start making an important behavior change?" Explain that participants can call from examples they have seen in their clients, peers, or in themselves. Solicit 3-5 responses before moving on.

Slide 108

Use the *"Who Can Help?"* activity on page 156 of the *Healthy Conversations* curriculum. Have your admin support person paste the 5 examples from this page into the chat. ***Note:*** Only paste the scenarios into the chat, not the possible answers. Give participants 5-10 minutes in breakout rooms to go through the scenarios. For each scenario, one participant should act as the CHW and pose the question to the other participant, who will act as the client. The goal is to familiarize participants with questions they could ask clients in order to help them brainstorm who can help them in various situations.

An example of how one roleplay conversation might go is below:
Participant 1 (CHW): When you are having a panic attack, who do you think you could call for help?
Participant 2 (Client): I guess I could call my sister, or maybe my therapist.
Participant 1 (CHW): Those are great ideas! Should we write those down so you can remember who to reach out to next time you're having a panic attack?

Have participants switch roles after each scenario so that they each get the chance to play both roles multiple times.

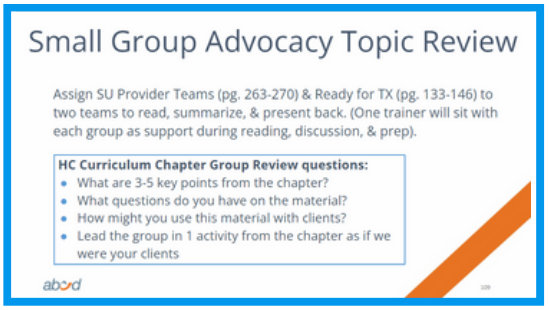
After this activity, bring the full group back together and debrief about the roleplay. Ask participants what went well, what could have gone better, and what questions they have about the roleplay and about mental health treatment options more broadly.

Small Group Advocacy Topic Review | *10 Mins*

Admin Support:
For this subsection, participants will work in two groups, each group working on a chapter of the *Healthy Conversations* curriculum. If the group is very large, you can split the group into four smaller groups, with two groups working on each chapter. Paste the questions from **Slide 109** into the chat before making the breakout groups. It is also helpful to paste the chapter highlights from **Slide 110** into the chat so that participants can focus on the most relevant content from their chapters.

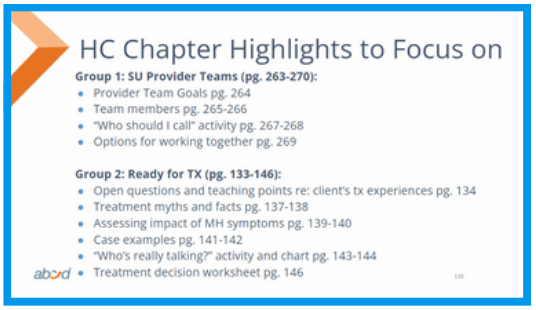
Prior to this session, review the following curriculum material: **Cheat Sheet** (pg. 147); **Exploring Client's Experience** (pg. 148); **Treatment Options** (pg. 149), **Provider List** (pg. 150-151); **Treatment Team Worksheet** (pg. 153); **Confidentiality** (pg. 154); **Counseling Key Points** (pg. 158-159); and **Types of Counseling** (pg. 163-166). When teaching this subsection, keep in mind key points, tools, and resources from the material.

Share **Slide 109**. Explain that the next activity will involve the chapters that they were assigned at the end of Module 3. Half of the group should have read the "Substance Use Provider Teams" chapter (pg. 263-270), and the other half should have read the "Ready for Treatment" chapter (pg. 133-146). Explain that each group will take 15 minutes to talk about and review the chapter and answer the questions on the slide. If you are short on time, let groups know to skip the final question, which asks each group to lead the larger group in one activity from the chapter. Ask each group to choose a spokesperson to report back to the larger group about what they discussed. ***Note:*** Have one trainer in each breakout room to support and answer questions.



Slide 109

Before participants go into their breakout rooms, share **Slide 110**. This slide is a list of the most relevant content from each chapter. Participants can use these highlights to help guide their breakout sessions and the larger group debrief.



Slide 110

After the breakout group activity, have all participants return to the larger group. Ask each group's spokesperson to share a brief overview of what each group discussed. If you included the final question on the slide, ask each group to lead the larger group in one activity from their chapter.

Suggested Break | *15 Mins*

SECTION 4: INTEGRATIVE PRACTICE

SLIDES 111-115

55 Mins

Overview:

In the final section of this training, participants will explore how to work with clients with a dual diagnosis (mental health and substance use issues), as well as how to incorporate all of the skills and knowledge they have learned throughout the course into their work with clients.

Group Discussion | Resources | Group Discussion | Didactic | Resources | Breakout Session | Group Discussion

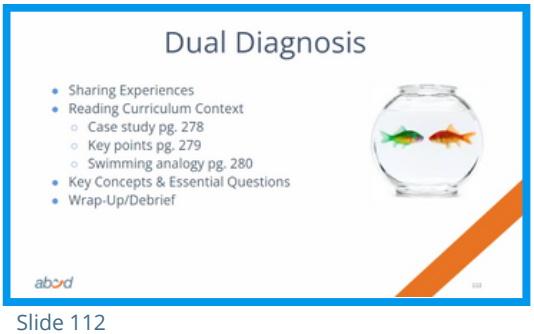
Dual Diagnosis Practice | *20 Mins*

To know:

The purpose of the content on **Slide 112** is to help participants become more familiar with the curriculum in a structured way that is time efficient and minimally intimidating. As the trainer, you should make sure to familiarize yourself with the "Dual Diagnosis" chapter of the *Healthy Conversations* curriculum (pages 277-282). You will also want to refer to the **HC Training Curriculum Training Session Outline Handout** to become comfortable with the format of this section.

To share:

Share **Slide 112**. Start this activity with a conversation about participants' experiences with dually-diagnosed clients, or clients who have both mental health and substance use issues. Ask 3-5 participants to share their experiences working with this population, focusing on lessons learned and any key takeaways from their experience.



Slide 112

For this next discussion, we will refer to the case study, key points, and swimming analogy on pg. 278-280 of the *Healthy Conversations* curriculum, as well as the key points and . Ask participants to have these pages open for their reference.

Ask for a volunteer to read the **case study** (about Sandra) on pg. 278 of the *Healthy Conversations* curriculum. After reading the case study, ask participants what their immediate thoughts are. Use the following prompts to encourage discussion:

- Why do you think that Sandra keeps experiencing the cycle of using, getting treatment, and then using again?
- What do you think would help Sandra in this situation?
- What do we need to keep in mind when working with dually diagnosed clients like Sandra?

After this discussion, summarize the key points on pg. 279. The main takeaway from this case study is that when working with clients with both mental health and substance use issues, we have to make sure we are addressing both of their diagnoses.

Read (or ask a participant to read) the **Swimming Analogy** on pg. 280 of the *Healthy Conversations* curriculum. Ask participants if this analogy makes sense to them. Are there other ways that they might frame it that make sense? How can we provide our clients with the "life preserver" that is mentioned in the analogy?

Group Practice | *35 Mins*

Admin Support:

For this activity, we will have breakout rooms of 3 participants each. Each room will use a case study from the **Racial Equity activity in Module 1**. Participants will also choose one activity from the "Managing My Health" chapter of the *Healthy Conversations* curriculum in their breakout rooms. Paste the case studies as well as the page numbers of each of these activities into the chat prior to opening the breakout rooms. The breakout rooms should be open for 15 minutes.

To know:

The purpose of this activity is to practice putting the skills we have been learning all together into an integrative whole using Motivational Interviewing techniques, the *Healthy Conversations* curriculum, an equity lens, Behavioral Health knowledge, harm reduction thinking, and advocacy strategies.

To share:

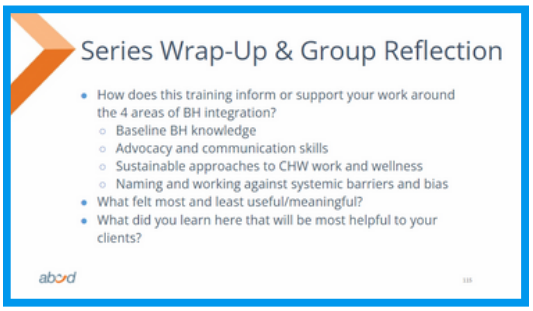
Share **Slide 113**. This slide is an overview of key points to keep in mind during the role play activity we are about to do. Summarize the key points for the participants and answer any questions that come up about the activity. Next, share **Slide 114**. This slide includes an overview of the role play activity.

Slides 113-114

Resources icon: For this activity, the observer in each group will use the **Observer Feedback Form Handout** to record their thoughts. Make sure everyone has access to this handout and give a brief explanation of how to use it (focusing on the OARS tally and the MI qualities section). Mention that this handout can also be used beyond this training as an assessment tool. In this activity, participants will also choose one of the following activities from the **"Managing My Health"** chapter of the *Healthy Conversations* curriculum: **Impact of my Behaviors (pg. 126-127), Health Change Plan (pg. 129-130)**, or **Social Support Mapping (pg. 131-132)**. Make sure that all participants have access to these resources in their curriculum.

Participants will complete this activity in groups of 3. In each group, ask participants to assign roles: One participant will serve as the client, one as the CHW, and one as the observer. In each group, participants will choose one of the three activities from the **"Managing My Health"** chapter of the *Healthy Conversations* curriculum and practice going through the activity as they would with a client. Participants should analyze the client's barriers, resources, interventions, and goals as they go through the roleplay.

When participants return from their breakout rooms, ask them to share how the role play activity was for them as well as anything they learned. Ask the "Client" to share constructive feedback about their "CHW." Ask the "CHW" to share challenges that they faced in the activity. Ask the Observer to share what they learned from the activity. Finally, share **Slide 115**. Go through the questions on the slide to elicit feedback on this training series as a whole. Encourage participants to practice their "giving feedback" skills here, and to be both honest and thoughtful in their comments.



Slide 115

Share **Slide 116**. Thank the group for their participation and time spent in this training series, and offer specific appreciation about what was unique and wonderful about this group. Give instructions on how to complete the course evaluation and post-test. Share your contact information as well as the ABCD staff's contact information for any follow up questions.

Slide 116

End of Module 4

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SECTION TITLE

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Section Activity Title:

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