Workbook

Latino Peer Navigator

BY: Consumer Research Team

For more information visit www.chicagohealthdisparities.org

Preface

People with chronic and disabling psychiatric disorders show significant disease burden with high rates of co-occurring physical illnesses that are often further disabling or may lead to death. The healthcare needs of people with serious mental illness are exacerbated by ethnic health disparities. Latinos with serious mental illness show significant health problems compared to the general population. Making this worse are the disparities in healthcare services for Latinos compared to the majority culture. In 2014, a coalition of advocates, providers, and researchers from the Illinois Institute of Technology (IIT) were awarded a grant by the Patient-Centered Outcome Research Institute (PCORI) to better understand the problem, develop a program of Peer-Navigators and Integrated Care for Latinos with serious mental illness, and evaluate the program in a rigorous pilot study. We did this in the frame of Community Based Participatory Research (CBPR), partnering with people with lived experience to develop a mixed methods research program meant to understand the health disparity problem. We learned from this work that **peer navigators** might be an effective approach to helping Latinos with mental health condition(s) engage in and fully benefit from the integrated healthcare system. The CBPR team used findings from our mixed methods research to develop this PN manual.

Peer navigators (**PNs**) are also known as community health workers (**CHWs**) in other settings. Both kinds of providers travel into the participant's community to understand the nature of a person's health needs and then partner with that person as he or she pursues these goals in the healthcare system. We chose to frame the role here as Peer Navigators because:

- PEER is an especially important concept in psychiatric services; namely that individuals with lived experience are *capable* of meaningfully helping others despite their disabilities with an approach based on mutual experience and
- NAVIGATING the system is a practical task essential to the success of a person's health goals.

This curriculum is an adaptation of a manual for peer navigators working African Americans who are homeless with mental illness. This curriculum also contains material from additional sources and specific citations are provided in the manual and workbook. Some of the materials and exercises were developed for the Psychiatric Rehabilitation Certification Program (PRCP) for peer counselors developed by Patrick Corrigan, Annette Backs, Stanley McCracken and others while they were at the University of Chicago, Center for Psychiatric Rehabilitation (2000). The PRCP was developed through support of the Illinois Department of Mental Health.
This project was only made possible with significant guidance and commitment of many. Trilogy had varied roles in setting up the vision as well as pounding out the specifics of the program. Mary Colleran gave us hands on assistance to make this a reality. Several from the research team were vital to our progress including Alessandra Torres, and Lorena Lara. Finally, we are extremely grateful for the advice and wisdom of the CBPR team: MavisLinda Lehmann, Patricia Munoz, Judith Ortiz, Marilyn Perez-Aviles, Timoteo Rodriguez, Nelson Santiago, and Rudy Suarez.
More can be learned about this and related projects at www.chicagohealthdisparities.org

Patrick Corrigan
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Table of Contents

There is a **MANUAL** that accompanies this workbook.

Introduction: How to Use this Manual

GOALS

This curriculum seeks to provide a fundamental understanding of the kinds of health problems experienced by Hispanic/Latinos who are challenged with mental health condition(s) and/or substance use challenges. More importantly, the curriculum reviews broad strategies which peer navigators (**PN**) might draw on to help people address these problems. Our goal is to focus on skills and resources.

- **SKILLS**: the specific actions and behaviors PNs may use to help the person meet his or her health goals; and
- **RESOURCES**: services that exist throughout Chicago that PNs might avail to meet the person's health needs. As such, this manual is meant to be the foundation of an ever-evolving resource book for PNs and Hispanic/Latinos who are challenged by mental health condition(s) and/or substance abuse.

Training is meant to be **brief.** Training starts with the introduction of ideas, skills, and resources in a "classroom" setting. We will provide brief *fact sheets* which PNs might use to answer their own questions about health and healthcare for Hispanic/Latinos. We will also provide *in-the-field practice sheets,* which PNs can use collaboratively with participants to help them achieve health goals through specific actions. These in-the field practice sheets are available in Spanish for use in Appendix A

Training is meant to be **experiential** in the classroom. For this reason, training is guided by *work sheets* and *exercises*. Experiential work will be augmented by role plays informed by the examples from people's lives.

Training is meant to be **hands-on** in the community. Hence, PN trainees will travel into the community to conduct *homework*.

Training is meant to be **short**. Many of the ideas, skills, and resources here make sense only when the PN gets into the community and tries them on. The manual provides information so training can be completed in about 20 hours. PNs need to get to work and into the field quickly. Students start to lose information when spending too much time in class.

Training is **ongoing**; it never ends. Although trainees might complete this 20 hour curriculum, further education and supervision will be necessary once PNs start on-the-job. We hope that PNs embrace a commitment to lifelong learning and an appetite for ongoing learning.

Fact sheets, work sheets, and exercises summarized in this manual are provided in a **WORKBOOK** for Peer-Navigator (PN) trainees. In this **MANUAL**, these sheets are separated for the trainer and the PN trainee, where **WORKBOOK** sheets for PN trainees are on the right hand side of the manual and trainer information and script is on the left hand side of the manual. Trainer left-hand side scripts are organized by what the trainer will say in *italicize script*, what the trainer will do in **bold script** and additional reference information for trainer in boxed 'Trainer's Note' scripts in this manual.

CONTENT

The Table of Contents on Page 5 summarizes the subjects of the PN training program. After a brief review of the problem in Chapter 1, the heart of the training and program can be found in Chapters 2 & 3.

- Chapter 2 reviews basic helping skills. These might be viewed as the complete tools of the trade from which PNs, like any helpers, choose given the need of the participant they are interacting with in the moment. These are meant to be a fluid set of tools; PNs select among them depending on the needs of the moment. Tools are divided into three groups. Items discussed in subsection **(II)**, Working with the Person, refer to set(s) of skills or approaches for optimal interactions with the participant. Items discussed in subsection **(III)**, Responding to Participant's Concerns, refer to set(s) of skills or approaches for the PN to help participants get their needs met. Items discussed in subsection **(IV)**, Managing my Role, refer to set(s) of skills or tools so that the PN can flourish in their role.
- Chapter 3 reviews solutions. These are the daily work activities that define the PN program. These are focused on the practical goals of program participants and their health goals; getting into the community, engaging participants, understanding their goals, linking them with services, while providing support at all points along the way.

Note one recurring theme of the manual: **PNs are helpers**, just like other mental health providers such as nurses, social workers, psychologists and psychiatrists. Hence, they learn many of the same, fundamental set of skills as all providers.

LOGISTICS

Given these goals, we propose the manual be taught to trainees and their supervisor over a protracted period of time.

- Pre-service (prior to PNs first working with program participants: three 7-hour days with lunch and breaks);
- Transition: start up and windshield tours interspersed with two 3-hour didactic sessions
- Start-up in-service: one afternoon per week for six weeks for two hour didactic
- In-service: one afternoon per month (every other month) led by PN team member

PN training is to be conducted in addition to pre-service and in-service training required by the parent agency in which the program is embedded.

We reiterate a point made in the preface and highlighted in the header of this manual. **Peer navigators** and **community health workers** do essentially the same tasks. Peer navigator was an especially meaningful idea for our CBPR team

Chapter 1
Overall Goals and Values of Peer Navigators (PNs)

Lesson Objectives

1. Understand the health problems of Hispanic/Latinos with mental health condition(s).
2. Review basic principles of PNs.
3. Obtain an overview of the PN job and duties

Introduction

Hispanic/Latinos with mental health condition(s) are troubled by significant health problems. In this chapter, we review with trainees what our qualitative research showed about the extent of the problem in Chicago communities. Among the problems here is access to services that meet the person's perceptions of health concerns. Peer navigators -- PNs are Hispanic/Latinos in recovery that now provide in-the-community practical support -- are one way to address this problem. We review our research about community perspectives of peer navigators in this chapter. This includes a review of basic principles for PNs in order to obtain an overview of PN job duties.

FACT SHEET 1.1, Overview of Health Problems

What are specific health care needs from the community?

Illnesses	Other health concerns
-*Acute*: comes on suddenly; may get over with straightforward treatment; may lead to chronic condition if untreated -*Chronic:* forms over a long period of time -Common illnesses include diabetes, high cholesterol, asthma, heart problems, arthritis and hypertension	-Preventative care -Mental health treatment and services -Rehabilitation and treatment services for substance abuse -Dental Care -Women's health -HIV/AIDS treatment and services -Eye care
Other relevant health issues	**Personal decisions about health**
-Dietary/Nutrition -Domestic Violence -Family planning and reproductive and sexual health -Child health -Physical therapy -Respiratory and asthma	-Personal decisions may differ from providers recommendations based off one's culture, and religion

What are some barriers to using services?

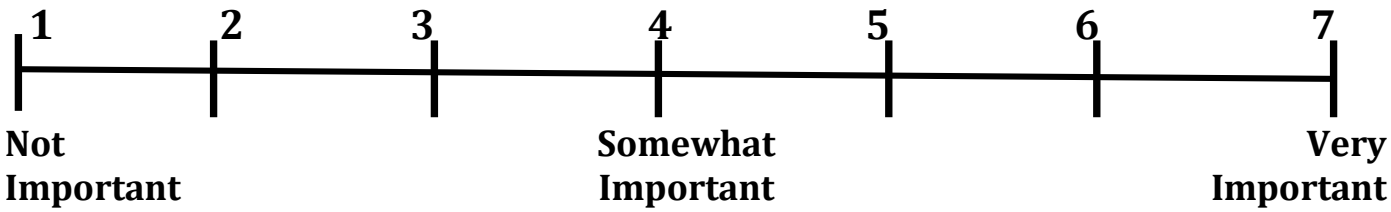
- Primary/Preferred Language (common is Spanish)
- Lack of health coverage (insurance) or money
- Immigration status
- Not enough or aware of services in community
- Lack of coordinated care
- Limited understanding (literacy)

How are problems worsened because of mental health condition(s), or ethnic background?

- Stigma
- Fear
- Insensitivity of staff
- Unaware or unconcerned with health needs
- Not a priority at the time
- Avoidance of care
- Mistrust of health care system
- Lack of aid to receive services (transportation/childcare)
- Confusion about healthcare system

WORK SHEET 1.1, Your Experience with Health Problems

Now rate how important each of these issues is on this seven point scale:



Healthcare needs and services:

_____ Eye care

_____ Dental care

_____ Mental health treatment and services

_____ Women's healthcare

_____ HIV/AIDS care

_____ Rehabilitation and treatment services for substance abuse

_____ Dietary/Nutrition care

_____ Housing

_____ Domestic Violence

_____ Personal decisions about health

_____ Physical therapy

_____ Allergy and sinus care

_____ Respiratory and asthma care

_____ Child health care

_____ Family Planning care

_____ Reproductive and sexual health

_____ Preventive care

Continued WORK SHEET 1.1, Your Experience with Health Problems

Barriers to services:

_____ Language (Spanish)

_____ Lack of insurance/money

_____ Lack of coordinated care

_____ Immigration status

_____ Limited understanding (unable to read &/or write)

_____ Lack of services (please explain :) _____

Problems worsened due to:

_____ Lack of aid to receive services (transportation/childcare)

_____ Insensitivity staff (please explain :) _____

_____ Stigma

_____ Fear

_____ Not a priority at the time

_____ Unaware or unconcerned with health needs

_____ Avoidance of medical care

_____ Confusion about healthcare system

_____ Mistrust of health care system

Now provide an example of one key health issue from your life story?

FACT SHEET 1.2, Basic Principles for Providing PN Services

BASIC VALUES:

Accepting: Peer Navigators (**PN**s) work with people who are different from them including ethnicity, cultural and religious values. PNs respect these differences in ethnicities and values and respect the participant as he or she is.

Empowering: PNs recognize self-determination and self-independence. Participants have the ultimate power in defining their health and health goals. They make the final decision in participating in services that would impact their health goals.

Recovery-Focused: PNs promote goal achievement and hope by recognizing the difficulties presented by the participant's mental illness but giving primary focus to their expected recovery.

Goals-Focused: PNs are goals-focused. While PNs are encouraged to discuss goals, the participant makes the final decision about the pursuit of health and wellness goals.

Peer Experienced: PNs are peers! They are Hispanic/Latinos who have lived experience with mental health condition(s) and are in recovery.

Available: PNs need to be flexible and available according to their participant's schedule within reason.

Patient and Consistent: PNs need to provide services regularly and over the long term.

In the Community: PNs work in the participant's community and health care coverage. They also have the ability to provide services outside of healthcare environments.

PART OF THE TEAM:

Networked: PNs seek to meet the participant's needs by linking with all health care providers.

Access: PNs need access to clinics and information about their participants. With permission, this may mean accompanying the participant into an exam room or accessing medical records.

Informed and Resourced: PNs need to have knowledge and resources for the participant's outside of healthcare coverages such as immigration resources.

Supervised: PNs are supervised and receive regular, supportive feedback about their performance. Supervisors should be active members of the patient's health service team.

Teamwork: PNs work as part of a team with other PNs and providers. In this way, PNs benefit from a range of skills and knowledge, and teams broaden diverse resources network.

Diplomatic: To be successful with networking and accessing information, PNs must be polite and friendly. However, PNs may sometimes need to be assertive with professional/providers.

Continued FACT SHEET 1.2, Basic Principles for Providing PN Services

Credentialed: PNs need to complete a training program and evaluation, participate in regular reliability checks to maintain their skills, and earn continuing education credits to maintain knowledge of related information.

FUNDAMENTAL APPROACH:

Proactive: PNs are attentive to places and times where action is needed. Rather than awaiting direction, PNs may suggest goals and strategies when encouraged to do so.

Broad Focus: PNs attempt to help participants address all health and wellness concerns. This may mean working in related areas such as immigration.

Active Listener: PNs must be active listeners. This includes careful attention to detail, and a reflection of what the participant is communicating, and exploration of the meaning behind what they say.

Shared Decision Making: PNs help the participant identify pros and cons of individual health and wellness decisions. PNs use active listening to help the participant make decisions.

Problem-Solving Focused: PNs partner with participants to define the goal, brainstorm solutions, plan out a specific solution, apply it, and evaluate it to determine its effect.

Boundaries: PNs know there are limits to what they can do to help the participant.

Confidentiality: PNs need to keep sensitive information of participants to themselves within limits of the mandated reporter training.

FACT SHEET 1.3, Who are Peers?

Who can be a peer navigator?

- A peer navigator (PN) is someone who's lived experience and training allows them to help others in similar situations or circumstances.
- A PN can learn skills and strategies to help others in similar situations.
- PNs are Hispanic/Latinos who are preferably bilingual in Spanish
- PNs have lived experience with mental health condition(s) and are now in recovery.
- Personal experience with physical health challenges is also a strength.

How does personal experience help?

- Personal experience means that people have lived through similar challenges and can help others by providing "tricks of the trade" and sharing strategies to cope.
- Along with personal experience comes tolerance, dedication, passion, and motivation.
- Peers who share the experience can provide support by being empathic.
- Peers are aware of the stigma, understanding the acceptance of those currently with mental health condition(s).

What do peer navigators do?

- PNs help other individuals who are in similar situations.
- PNs help Hispanic/Latinos with mental health condition(s) access healthcare clinics to address their health needs.
- PNs lead by example and share resources and knowledge.

What are additional qualities a Peer-Navigator should have?

- _____
- _____
- _____

FACT SHEET 1.4, Overview of PN Duties

During the course of this training we will go over the following materials. Below is a brief description of what we will be covering.

WORKING WITH THE PERSON: Items discussed in this section refer to set(s) of skills or approaches for optimal interactions with the participant.

Reflective Listening: A communication strategy that aims to reconstruct what the participant is expressing and to relay this understanding back to the participant.

Engaging People through Goal Setting: The process of discussing what a participant wants to accomplish and devising a plan to achieve the result they desire.

Motivational Interviewing: A way to engage participants, elicit change talk, and evoke motivation to make positive changes.

Strengths Model: An approach that identifies the positive resources and abilities that participants already have.

Advocacy: The act or process of supporting a cause or position that is important to your participant.

RESPONDING TO PARTICIPANT'S CONCERNS: Items discussed in this section refer to set(s) of skills or approaches for the PN to help participants get their needs met.

Interpersonal Problem Solving: Helps confront and resolve problems in a manner that shows respect for and investment in the relationship.

Aggression Management: A set of skills to help PNs handle possible aggression to avoid harm to participants or others.

Relapse Prevention: A set of skills designed to reduce the likelihood that symptoms leading to a relapse will worsen or that a person will return to an unhealthy behavior.

Harm Reduction: Helping people minimize the negative impacts to self, loved ones, and community when engaging in risky behaviors.

Cultural Competence: The ability to interact effectively with people of different cultures and backgrounds.

Mental Health Crisis Management: A set of skills to assist the person in crisis (related to mental health) until appropriate professional help is received.

Continued FACT SHEET 1.4, Overview of PN Duties

Physical Health Crisis Management: A set of skills to assist the person in crisis (related to physical health) until appropriate professional help is received.

Trauma-Informed Care: An approach that realizes the prevalence of trauma, recognizes how trauma affects participants, and responds by putting this knowledge into practice to understand current behaviors and to avoid re-traumatization.

MANAGING *MY* ROLE: Items discussed in this section refer to set(s) of skills or tools so that the PN can flourish in their role.

Relationship Boundaries: The limits we set in relationships that allow us to protect ourselves from the emotional needs of others in order to stay healthy.

Self-Disclosure: A process of communication through which one person reveals aspects of himself or herself to another.

Managing Burnout: A way to reduce the stress reaction experienced by PNs exposed to traumatic experiences and stories of participants.

Street Smarts: A set of skills designed to help PNs cope and stay safe while working in a large urban area.

Office Etiquette: A set of guidelines to help PNs familiarize themselves with an office setting.

Time Management: The act of planning and exercising control over the time spent on specific activities, in order to increase effectiveness and productivity.

Chapter 2
Basic Helping Skills

Lesson Objectives

1. Learn reflective listening skills that promote introductions and engagement. Also learn roadblocks to communication that undermine relationships.
2. Learn ways to help people develop goals for their health. This includes understanding each particular individual's pros and cons to different options.
3. Master approaches to personal and interpersonal problem solving.
4. Learn ways to prevent or diminish the impact of lapses and relapses.
5. Learn ways to handle aggression and crises.
6. Master time management strategies.

CHAPTER 2 SECTION I: Introduction to Basic Helping Skills

Items discussed in this section refer to set(s) of skills or approaches for optimal helping relationships with participants

FACT SHEET 2.1, Basic Principles in Helping Relationships

The goal of a helping relationship is to teach skills to participants in order to resolve problems and to meet healthcare goals.

STAGES OF A HELPING RELATIONSHIP

Stage 1: The Current State of Affairs
Goal: Help a person identify and make sense of problem situations in his or her life
Skills: Active listening skills

Stage 2: The Preferred Scenario
Goal: Help a person decide what they need and want by weighing the pros and cons of certain decisions
Skills: Decision making skills

Stage 3: Strategies for Action
Goal: Help a person figure out how to get what he or she needs and wants
Skills: Problem solving skills

BASIC VALUES OF A HELPING RELATIONSHIP

Empathy: This is a feeling that you can understand another person's emotions and experiences and reflect this back to the person.

Trust: This is an openness and honesty in your reactions to another person. You must be aware of your own reactions to others in order to honestly respond to another person. This may include some self-disclosure, but be mindful of what you disclose.

Respect: Even if you do not agree with a person's behaviors, try to separate the person from his or her actions. Warmth and acceptance of the person are important pieces of a helping relationship.

Egan (1998), as cited in University of Chicago Center for Psychiatric Rehabilitation (1999).

WORK SHEET 2.1, Basic Helper Principles in Your Life

Time in your life: *In high school*

Helper's name: *Mrs. Olivia, my teacher*

What did he or she help you with? *I was having trouble understanding lessons in school. I didn't want to be different or bring attention to myself, so I didn't tell anyone. My teacher noticed that I was having trouble and sat me down to talk about it. She didn't ask too many questions and just listened to what I had to say, without interrupting me.*

How did you feel at the time? *I got to say the areas that were confusing to me without feeling like she was judging me. I really felt like she cared about what I had to say and wanted to find a way to help me.*

Positive Example.

Time in Your Life:

Helper's Name:

What did he or she help you with?

How did you feel at the time?

Negative Example.

Time in Your Life:

Helper's Name:

What did he or she help you with?

How did you feel at the time?

University of Chicago Center for Psychiatric Rehabilitation (1999).

CHAPTER 2 SECTION II: Working with the Person

Items discussed in this section refer to set(s) of skills or approaches for optimal interactions with the participant

FACT SHEET 2.2A, Roadblocks to Good Listening

Good listening results in the listener being able to help the speaker recognize and identify problem situations and help find potential solutions. The listener can help the speaker by employing good listening skills, but certain roadblocks will cause speakers to hesitate or to feel embarrassed about their story. Categories of roadblocks include: **judging**, being **intrusive,** and **avoiding**.

JUDGING

Criticizing: Negatively evaluating the person by his or her actions, attitudes and values.
Name-calling: Labeling the person with negative names or terms, putting the person down disrespectfully.
Diagnosing: Minimizing the complexity of the person's thoughts and issues, perhaps attributing them to nonsense due to his or her mental health condition(s). This often leads to a greater stigma in discussing the person's thoughts and issues.
Praising Evaluative: Broad praise can lead the listener to depend on this praise and can limit the openness of the conversation.

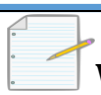
INTRUSIVE

Ordering: Demanding the person to do something in order to solve a problem.
Threatening: Warning the person that his or her behavior will unavoidably result in harm.
Moralizing: Informing the person that his or her behavior is sinful or indecent.
Excessive Questions: Controlling the conversation by asking too many questions. This may help the listener control the situation but it does not help speakers feel comfortable in telling their story.
Advising: Similar to asking too many questions, advising prematurely does not allow for the person's story to be heard or for their existing strengths and ideas to be honored and brought to bear on the situation. Advice can be distracting and limiting to the speaker's needed problem-solving.

AVOIDING

Diverting: Changing the topic from the speaker's concerns to another topic, either in a way to move the attention back toward the listener or to avoid feeling uncomfortable about the topic being discussed.
Logical argument: Ignoring the emotional parts of the person's message while focusing on the logical facts of what the speaker is saying.
Reassuring: Soothing or consoling the person in a way that it is perceived as diminishing the person's story or the message they are trying to express.

Bolton (1979), as cited in University of Chicago Center for Psychiatric Rehabilitation (1999).



WORK SHEET 2.2A, Examples of Roadblocks

Try to identify which type of roadblock is being modeled in the role plays.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

FACT SHEET 2.2B, Active Listening Skills

Active listening skills expresses empathy and promote clarity during discussions. These skills help the speaker feel confident that his or her story is being heard. Categories of good listening skills include: **attending**, **following**, and **reflecting** skills. Here are definitions of each skill.

ATTENDING SKILLS

A posture of involvement: The listener's posture can let the speaker know that his or her message is being heard by one's positioning and posture towards the speaker.
Appropriate body motion: A listener who is too still may appear distant to the speaker. Simple motions of nodding or leaning forward can let the listener know you are paying attention.
Eye contact: The listener should continue to make eye contact with the speaker while he or she talks, unless the eye contact is making the speaker uncomfortable where you may notice a participant diverting eye contact.
Non-distracting environment: A noisy or distracting environment can create a barrier between speaker and listener. The listener should try to limit the interruptions and talk in a space where the speaker can talk freely.

FOLLOWING SKILLS

Door openers: Make sure not to start the conversation with a roadblock like for example demanding. Good door openers provide an invitation to talk followed by silence, giving the person a chance to talk.
Minimal encouragers: Simple statements, such as "right" or "go on" or a nod of the head can let the speaker know you are listening.
Infrequent questions: Questions can help direct the speaker, but not all questions are helpful. Asking a closed-ended question that can be answered with one or two words does not encourage conversation, whereas an open-ended question does. This type of question begins with a word like what, why, or how, encouraging the speaker to continue.
Attentive silence: Being quiet, while showing the speaker you are listening, is one of the best ways to help. Eye contact and minimal encouragers can let the speaker know you are listening, while letting the speaker do most of the talking.

REFLECTING SKILLS

This type of listening skill involves reflecting, or returning, the speaker's message, including both the obvious and potentially hidden message. The obvious message is the exact meaning of what the person says, while the hidden message takes into account the mood and emotions of the speaker.

Paraphrasing: Restating the core of the speaker's message in the listener's words. It is concise, focusing on the content of what was said, balancing the speaker and listener's speaking styles. This focuses on the obvious message.

Continued FACT SHEET 2.2B, Active Listening Skills

Reflecting feelings: This focuses on the message of what the speaker is saying. By listening for feeling words and observing body language, the listener can hear the speaker's feelings and echo them back to the speaker.

Reflecting meanings: This involves tying emotions and behaviors together. By tying the speaker's feelings to the content of his or her message, speaker and listener can think about the overall meaning of what the speaker is saying.

Summary reflections: By summarizing the flow of the conversation, the listener can reflect themes or common statements the speaker is repeating.

Bolton (1979), as cited in University of Chicago Center for Psychiatric Rehabilitation (1999).

WORK SHEET 2.2C, Feeling Words

Here is a list of words describing emotions. Looking at the chart on the next page, try to identify the best place for each of these words.

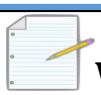
Agitated	Eager	Irritable	Sabotage
Angry	Empathetic	Isolated	Sad
Annoyed	Energetic	Jealous	Satisfied
Anxious	Envy	Kind	Scared
Betrayed	Exhausted	Left out	Shocked
Blissful	Exasperated	Loving	Spiteful
Blue	Fearful	Melancholy	Stunned
Burdened	Foolish	Miserable	Stupid
Charmed	Frantic	Nervous	Sympathetic
Cheated	Guilty	OK	Tearful
Cheerful	Grief-stricken	Outraged	Tense
Condemned	Happy	Panic	Terrible
Confused	Helpful	Peaceful	Tired
Contented	High	Persecuted	Trapped
Crushed	Horrible	Pressured	Troubled
Defeated	Hurt	Put upon	Vengeful
Despairing	Hysterical	Rejected	Vulnerable
Discontent	Ignored	Relaxed	Wonderful
Distraught	Imposed upon	Relieved	Worried
Disturbed	Infuriated	Restless	Weepy
Dominated	Intimidated		

Continued WORK SHEET 2.2C, Feeling Words

Try to find the best place for the words on the previous page and write them in this chart:

Levels of intensity	LOVE	JOY	STRENGTH	SADNESS	ANGER	FEAR	CONFUSION	WEAKNESS
Strong	Adore Love Cherish Devoted _____ _____ _____	Ecstatic Elated Overjoyed Joyful _____ _____ _____	Dynamic Forceful Power Mighty _____ _____ _____	Lonely Distressed Despondent _____ _____ _____	Violent Furious Rage _____ _____ _____	Terrified Horrified Panicky Desperate _____ _____ _____	Disjointed Confused Muddled _____ _____ _____	Helpless Done for Washed up _____ _____ _____
Mild	Affection Desirable Friend Like _____ _____ _____	Turned on Happy _____ _____ _____	Effective Strong Confident Able _____ _____ _____	Glum Blue Sad Bitter _____ _____ _____	Frustrated Aggravated _____ _____ _____	Frightened Apprehensive Alarmed Discontent _____ _____ _____	Mixed- Up Foggy Baffled Lost _____ _____ _____	Powerless Incapable Unqualified _____ _____ _____
Weak	Trusted Accepted Cared for _____ _____ _____	Glad Good Contented _____ _____ _____	Capable Competent Adequate _____ _____ _____	Unwell Displeased Dissatisfied Low _____ _____ _____	Irritated Annoyed Upset _____ _____ _____	On edge Nervous Timid _____ _____ _____	Undecided Unsure Unclear _____ _____ _____	Weak Ineffective Inefficient _____ _____ _____

Bolton (1979), as cited in University of Chicago Center for Psychiatric Rehabilitation (1999).



WORK SHEET 2.2D, Practice Good Listening – Case Example 1

An Anxious Time

As the **listener:**
What did I do that felt/seemed helpful?

- _____
- _____
- _____
- _____

What would I do differently next time?

- _____
- _____
- _____
- _____

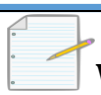
As the **speaker:**
What did the listener do well?

- _____
- _____
- _____
- _____

What are my suggestions for the listener to do differently next time?

- _____
- _____
- _____

University of Chicago Center for Psychiatric Rehabilitation (1999).



WORK SHEET 2.2E, Practice Good Listening – Case Example 2

Pending Decisions

As the **listener**:
What did I do that felt/seemed helpful?

- _____
- _____
- _____
- _____

What would I do differently next time?

- _____
- _____
- _____
- _____

As the **speaker:**
What did the listener do well?

- _____
- _____
- _____
- _____

What are my suggestions for the listener to do differently next time?

- _____
- _____
- _____

University of Chicago Center for Psychiatric Rehabilitation (1999).

WORK SHEET 2.2F, Practice Good Listening – Case Example 3

Uncertain Times

As the **listener**:

What did I do that felt/seemed helpful?

- _____
- _____
- _____
- _____

What would I do differently next time?

- _____
- _____
- _____
- _____

As the **speaker:**
What did the listener do well?

- _____
- _____
- _____
- _____

What are my suggestions for the listener to do differently next time?

- _____
- _____
- _____

University of Chicago Center for Psychiatric Rehabilitation (1999).

IN-THE-FIELD PRACTICE SHEETS 2.3, Engaging people through Goal-Setting

What is <u>good</u> health for you?

What illnesses/issues are you concerned about right now?

Do you have any concerns about your (please check all that applies):

_____ Eyes _____ Teeth _____ Stomach _____ Smoking

_____ Nutrition _____ Immigration _____ Safety _____ Housing

_____ Other (Please specify)_____

Do you have concerns about your mental health? _____Yes _____No (if yes, please specify)

Do you have concerns about alcohol or other drug use?_____Yes _____No

Peer Navigators are here to help you get all your health needs met. Please let us know how we might help you: (check ALL that apply):

_____ Find a doctor

_____ Find a doctor that is bilingual

_____ Find a better doctor. Why? Please Explain: _____

_____

_____ Find a clinic

_____ Find a clinic that is bilingual

_____ Find a better clinic. Why? Please Explain: _____

Continued IN-THE-FIELD PRACTICE SHEETS 2.3, Goal-Setting

_____ Help me remember getting my medication (Ex. Reminders, find nearest pharmacy)

_____ Help me find a way to understand my medication (bilingual)

_____ Help me remember to my appointments (Ex. follow-up reminders)

_____ Help me find how to get to my appointments (Ex. Route for transportation)

_____ Help me organize my medicine

_____ Help me find a way to pay for treatment (Ex. Information on healthcare coverage)

_____ Help me find a way to receive service/treatment thru free clinics/sliding scale services if I have no health insurance

_____ Help me better understand my health concerns

_____ Other (Please Explain how a PN can help you with your health concerns:_____

_____

What strengths do you have to address your health needs? (Ex: I have insurance)

What resources do you have in addressing your health needs? (For example: health insurance, family, etc.)

FACT SHEETS 2.4, Motivational Interviewing

Review **Roadblocks to Good Listening Skills** and **Good Listening Skills** Fact Sheets. The goal of Motivational Interviewing is to strengthen an individual's motivation for change a behavior, action or attitude. Use good listening skills and the principles outlined below to conduct motivational interviews.

- Behaviors can be positive (going back to work) or negative (abusing drugs).
- Motivation is partly a comparison of the pros and cons of a target behavior. Both positive and negative behaviors have pros and cons.
- Pros to going back to work might be making more money and meeting more friends. Cons might be adding to daily stress and having to pay for public transportation.
- Something negative like drug abuse has pros; feeling happy when high and being funnier. But they also have cons; getting in trouble with the law or having too many absences at work.
- Short term pros and cons are more powerful in the moment.
- Long term pros and cons have a bigger influence over your life.
- **Pros and cons of a target behavior differ by the person with that behavior**. The purpose of motivational interviewing is to help people fully appreciate the range of pros and cons for themselves.
- Below are four principles to have to do motivational interviewing with participants

Principle 1: Express Empathy

- Take on participant's perspective. Put yourself in their shoes and think about their statements and behavior in terms of where they are coming from to guide them in coming up with pros and cons of a behavior. Ask yourself, what would I be doing in their situation?
- Adopt a nonjudgmental attitude. This does not mean condoning their behavior, but try to understand their motivation without being disapproving or critical of their choices.

Principle 2: Establish Inconsistencies

- Inconsistencies are differences between one's values and behavior. If an individual's behavior varies from his or her values, increasing awareness of these differences may increase motivation to change the behavior. For example, there may be a gender role conflict in participants for behaviors such as not seeking treatment where the inconsistency of this behavior and value (to care for family) can be established *(see cultural competency fact sheet 2.12 – Strategies to Cultural Competency for more)*

Continued FACT SHEETS 2.4, Motivational Interviewing

- Reflect these differences back to your participants and consider the pros and cons of changing the behavior. These are pros and cons the participant comes up with, not your own suggestions. Note every argument for change (pro) and compare to arguments against change (con).

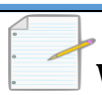
Principle 3: Roll with Resistance with Patience

- Resistance is normal and expected. It should not be ignored, yet it should be negotiated with patience. Rather, this resistance is informative where by listening and responding with warmth and understanding, you can help reduce the resistance.
- With any change comes concerns about the unfamiliar or unknown. Participants may experience fear of failure or uncertainty about what the change will bring. Rather than dismissing any resistance, listen with empathy and understanding.

Principle 4: Support Will-Power

- Will-power is the belief that one has the capacity to change a behavior. Encourage participants by reinforcing positive statements about capabilities and worth.
- The participant always makes the final decisions about change. PNs can make suggestions about possible strategies for change, but participants make the final call.

Arkowitz & Miller (2008).



WORK SHEET 2.4, Motivational Interviewing

Instructions: Choose a partner, where one of you is the speaker and one is the listener. As the speaker, think of something about yourself that you want to change, need to change, or should change (role of participant). This can be something you have been thinking about but have not changed yet, such as eating fast-food every night. As the listener, listen carefully in order to understand the speaker's problem (role of PNs). Use **Motivational Interviewing** Fact Sheet to guide you through the process of motivational interviewing.

Switch roles after 10 minutes
After you are finished, take a minute to think about the following:

As the **speaker:**
What did I do that I liked?

- _____
- _____
- _____
- _____

What would I do differently next time?

- _____
- _____
- _____
- _____

As the **listener:**
What did the speaker do well?

- _____
- _____
- _____
- _____

What are my suggestions for the speaker to do differently next time?

- _____
- _____
- _____
- _____

Shuman (2013). University of Chicago Center for Psychiatric Rehabilitation (1999).

IN-THE-FIELD PRACTICE SHEET 2.4, Motivational Interviewing

List a behavior you have been thinking about changing.

Behavior: _____

Now consider the pros and cons, both short term and long term, of changing the behavior.

	FOR CHANGE (PROS)	AGAINST CHANGE (CONS)
Short term		
Long term		

Given these pros and cons, do you want to change the behavior?

Yes _____

No _____

FACT SHEET 2.5, Strengths Model

The **Strengths Model** is a type of practice used to assist people to recover, reclaim, and transform their lives. Practice is individually tailored to the unique needs of the participant. The strengths model helps people achieve goals they set for themselves. There are several principles that make up this model of practice.

PURPOSE: To *assist* another person, not *treat* a participant. The work done and decisions made are done in collaboration and in partnership with the participant. **The PN is not *doing* something *to* the participant, but *with* the person.**

Principle 1: *People can recover and transform their lives.* Your participants have the ability to affect their own recovery. As a PN you do not have the ability to make someone recover, but can create the conditions where growth can occur. This can be done by: helping identify good things (friendships, skills, talents) that the person has present in their life, establishing a trusting connection with the participant, and instilling hope.

Principle 2: *Focus on strengths not deficits*. This does not mean that you ignore problems that participants may face. However, focusing on what they already do well and the opportunities they already have will promote growth within that person, and that is good. This focus should also enhance their motivation to make needed change.

Principle 3: *The community is viewed as a resource.* Every community has its problems, and Chicago communities are no different. As a PN working in this community it is your job to focus on the good things there (free clinics, support groups) and emphasize these parts that can be sources of well-being for the participant

Principle 4: *One's family or close relationships are viewed as a resource and support.* People that the participants have can provide them with not only a resource but as an instrumental support in engaging and achieving their goals set for themselves. As a PN working with participants it is important to discuss with the participant which people to include and when to include to engage with the participant on their health goals. *See Cultural Competency Skills 2.12 for more information.*

Principle 5: *The participant is the director of the helping process.* While you may think you know what participants should do in a situation, they are the experts on and architects of their lives. Participants with mental illness have the right and the capabilities to make decisions about the help they receive. It is not your job to tell participants how they should solve an issue they are facing. You should never do anything without the permission of your participant.

Principle 6: *The PN/participant relationship is primary and essential.* It takes a strong and trusting relationship to discover a detailed view of someone's life and create an environment where a person is willing to share what is important to them. This type of professional relationship can withstand challenging times and can support and encourage confidence. Start out by doing things with the participant; like activities that you have in common like playing cards.

Rapp & Goscha (2012).

FACT SHEET 2.6, Advocacy

Peer navigators (PNs) are advocates. An advocate is someone who works in favor of other persons, providing assistance and promoting their interests with trusting relationships. There may be times that participants ask for something that seems impossible. **Your job is not to make the impossible happen, but to show them what is possible and help them attain it.**

ROLES OF ADVOCACY A PN (advocate) takes on different roles, including working as **supporter, educator, spokesperson,** and **mediator.** Below are the different roles of advocacy PN will find themselves having.

Supporter: In this role, PNs provide encouragement and assistance with tasks, seeking to improve participant's independence and ability to engage in the health care system. This may include using good listening skills (*see good listening skills 2.1*), providing assistance with making appointments, and accessing ways to healthcare coverage.

Educator: As an educator, PNs help participants understand when they may need to seek services, including which service is needed and where it can be accessed that fits their needs and abilities. This may include helping participants be aware or access resources to understand their symptoms, medication (side effects), coverage policy and patients' rights to a service.

Spokesperson: The role of a spokesperson involves sharing important information with others including providers and families on behalf and permission of the participant. In order to be able to "speak" for a participant, PNs must have a thorough and accurate understanding of the participant's situation, including skills, abilities, and limitations.

Mediator: In this role, PNs act as advocates to help resolve problems among participants and their health care system. The role of mediator involves collecting information from the system, including details of policies, procedures, administrative structure, system rules, eligibility requirements, and names of key people.

LEVELS OF ADVOCACY An advocate can act each role of advocacy on different levels including: **individual, agency,** and **community** level.

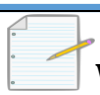
Individual: Advocating for participants at the individual level means getting the voice of your participant heard by people who need to hear it. Often times, participants are confronted with many barriers. Encouraging self-advocacy means helping participants ask questions, stand up for themselves, and understand their health is a priority and they are not alone.

You can also advocate on your participant's behalf, speaking directly with providers and getting answers to participants' questions. Remind participants--and remember this for yourself--never use anger when making a request, but be firm and polite with professionals and others.

Agency: While most agencies that serve participants have the goal of helping, they sometimes fall short. While your job as a PN is not to fix when they fall short but rather find ways when participants ask for help to connect them to someone at the agency or another agency.

Community: Many of the barriers that participants face are a result of stigma and laws that do not favor them. As a PN, it is not your job to fix these laws, but to help participants' voice concerns about community issues by encouraging them to join community action groups, and advocacy groups that are working to change these stigmatizing attitudes within communities and families.

Dobbins (2012); Hill & Lane (2013).



WORK SHEET 2.6, Strengths and Weaknesses of Different Roles

Instructions: Each of the advocacy roles have strengths and weaknesses. Write down strengths and weaknesses of each. Also include areas that each role of advocacy will act in the three levels:

SUPPORTER	
Strength	Weakness
Levels of Advocacy (circle areas): Individual Agency Community	
EDUCATOR	
Strength	Weakness
Levels of Advocacy (circle areas): Individual Agency Community	
SPOKESPERSON	
Strength	Weakness
Levels of Advocacy (circle areas): Individual Agency Community	
MEDIATOR	
Strength	Weakness
Levels of Advocacy (circle areas): Individual Agency Community	

Now review with the class what you found.

CHAPTER 2 SECTION II: Responding to Participant's Concern

Items discussed in this section refer to set(s) of skills or approaches for the PN to help participants get their needs met.

FACT SHEET 2.7, Interpersonal Problem-Solving

Problems are blocked goals for participants. These goals may be blocked by the situation as well as by other people. In an interpersonal problem, both people need to be actively involved in the problem solving process that includes decision making to solutions of the problem.

There are **seven** steps in problem solving:

1. Adopt a positive problem solving attitude. Persons involved in problem solving need to acknowledge possible solutions to the problem exist (HOPE).

2. Define the problem in terms of how it blocks goals. Who is involved (this includes anyone the participant consents to be involved)? What is the problem? When are goals blocked? Where does it occur? If two people are frustrating each other, both persons must agree to work together to define the problem from all perspectives.

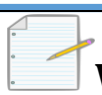
3. Brainstorm solutions to the problem. Participant involved should be encouraged NOT to edit solutions at this stage but to list all possible solutions no matter how silly they seem.

4. Select one solution of the list and consider its costs (cons) and benefits (pro). These should be listed by all persons involved. Decide whether you want to implement it. If not, select another solution and consider its pros and cons.

5. Plan out solution's implementation. Be specific in your plan. Who will do what, when and where to achieve the goal? Are there several small goals (baby steps) needed to accomplish the larger goal?

6. After planning the solution, set a time for its implementation and try it out.

7. Evaluate the solution's success. Everyone involved should decide whether the problem has been resolved. If the solution was unsuccessful, decide as a group to amend/refine the solution or pick another and try again.



WORK SHEET 2.7, Interpersonal Problem-Solving

Interpersonal Problems

Instructions: Get into pairs. As a group, come up with a problem two people may have. For example, two people who are living together may argue about how often to take out the trash. Group members should role play this problem, and using the **Interpersonal Problem Solving In-the-Field Practice Sheet**, use problem-solving steps to help the participant solve their problem with others.

After you have finished, take a minute to think about the following:

As the **listener**
What did I do well that I liked?

- _____
- _____
- _____

What would I do differently next time?

- _____
- _____
- _____

As the **speaker:**
What did the listener do well?

- _____
- _____
- _____

What should the listener do differently next time?

- _____
- _____
- _____

What were some challenges of the process?

- _____
- _____
- _____

University of Chicago Center for Psychiatric Rehabilitation (1999).

IN-THE-FIELD PRACTICE SHEET 2.7, Interpersonal Problem-Solving

STEP 1: Do I have hope and belief in the possibility of a solution to this problem?___ Yes___No

STEP 2:

What is the problem? Who is involved in the problem? When are goals blocked? Where does this problem occur?

WHAT:

WHO:

WHEN:

WHERE:

Are the people noted in WHO, people the participant would like to involve in problem solving?
_____ Yes **_____**No

STEP 3:

Brainstorm solutions to the problems <u>(list all possible solutions from all)</u>

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

STEP 4:

Pick one solution from STEP 3 and come up with pros and cons of resolving it. What is your solution you all agreed to use?	
PROS to using Solution picked	**CONS to using Solution picked**
Are we going to try it? Yes_____ No_____ (If yes, continue to the back page)	

STEP 5:

Plan: Who will do it? What will people do? When will it occur? Where will it occur?

WHO:

WHAT

WHEN:

WHERE:

STEP 6:

How long will we try it? _____ When will we meet to reevaluate? _____

STEP 7: (To be completed at the date of meeting for reevaluation)

How did it go?

_____

_____

_____

_____

How did you change the plan?

_____

_____

_____

_____

Should a new plan be used?

_____

_____

_____

_____

FACT SHEET 2.8, Aggression Management

TYPES OF AGGRESSION: Approaching these different types of aggression will be important to have a positive approach so they do not escalate when participants feel challenged or questioned.

Psychosis related: A person experiencing psychosis can be confused, disorienting experiences such as paranoid delusions or hallucinations are upsetting, and they may become frightened or aggressive.

Non-specific agitation: A person who feels nervous or agitated, even for no identifiable reason, may become aggressive.

Mania: Agitation or nervousness resulting from mania may lead to aggression.

Frustration-related aggression: Frustration can lead to aggression. A person who is frustrated may feel anger and hopelessness, which may lead to aggressive behavior.

Sexual harassment: Making unwanted sexual advances or remarks toward another person. This includes breaking boundaries by inappropriate touching or intimacy

CAUSES AND RESPONSES Aggression that escalates to physical aggression is unacceptable, while other aggression behaviors should be managed by the following responses. If there is at any time you feel uncomfortable or unsure how to respond, do not hesitate to report to your supervisor

Decrease frustration by increasing focus with hope and positivity: Frustration can lead to aggression. By helping participants focus on their goals being met, the PN can decrease the risk for aggression.

Decrease demands by increasing step goals: A person may become aggressive when he or she is unable to meet demands. A possible solution is help the person set realistic goals that he or she can meet in a timely way.

Decrease confusion by increasing clarity: Confusion about rules or roles may lead to aggression. Be clear about your relationship with the person to avoid confusion.

Decrease stimulation by increasing pro-social behavior: Be aware of stressors, including other aggressive people that may trigger aggression. Create a non-threatening environment that can include members the participant's consents to involve. A lack of social support may make a person feel vulnerable and lead him or her to express this through aggressive behavior. Provide opportunities for participants to join support groups and let them know they are not alone

Decrease rewards and identify incentives: Do not reward aggression with attention or giving in to what the person wants. Instead, try ignoring the person when he or she is acting aggressively until the behavior decreases. Also, try a reward system that reinforces a person for acting in a nonaggressive manner. For example, by giving a person attention when he or she is acting calmly, you promote this nonaggressive behavior. (Catch the person doing something right) Try to identify what a person wants and you can use this as a reward.

Manage substance use: If the person's behavior is impacted by substance use, set boundaries and plan substance use frequency and amounts around responsibilities so that it interferes less. (*See 2.9, Relapse Management for more information*)

FACT SHEET 2.9, Relapse Management

Relapse Management is a set of skills designed to reduce the likelihood that symptoms leading to a relapse will worsen or that a person will return to an unhealthy behavior, such as chaotic substance use. Skills include: identifying **signs** that symptoms may be worsening, recognizing **triggers** (high risk situations for relapse) and understanding how everyday decisions may put you on the road to relapse (**relapse prevention plan**).

SIGNS:

It is important to recognize the signs that can lead to a relapse. This can be a change in mood (such as feeling anxious, nervousness and quiet), experiencing a life changing event, or even boredom that may happen before one relapses. These signs show one to be distracted from their goals or feeling exhausted of efforts to reaching their goal. Recognizing these can help you stay on course in your recovery.

TRIGGERS:

Sometimes there are people, places, and situations that are difficult for people in recovery to navigate and can make it difficult to maintain sobriety and being drugs free. Look out for:

Who: People whom you used to use with or who do not support you in your recovery goals that can often times include close family and friends. Limiting time with them or avoiding them until you feel stronger may be necessary.

When: Times of the day, month, or year when you may feel more like using. Having supports in place for these moments are key to maintaining your goals.

Where: Environments that are dangerous to you maintaining your goals. These can include specific places, (bars and friends' houses) neighborhoods, or cities where you used to engage in the behaviors you are trying to change.

What: There can be other associations and situations (the smell of alcohol or tobacco) for people that increase their desire to use.

RELAPSE PREVENTION PLAN

This is a specific list of steps to help plan for future relapse. Here are some examples of what that might look like.

Alcohol: Staying away or limiting your interactions with people that drink. This could mean you stop by your family's house early on Christmas Eve before people start drinking. It will be important to create a support system that makes you feel comfortable with your plan.

Substance Use: Avoiding places where you used to buy drugs or not hanging out with others while they are using. This can mean altering your way home from work and having regular visits with friends who are pursuing similar goals or supportive of your efforts.

Unsafe Sex: Making sure that you have the tools you need to practice safer sex (condoms, birth control, etc.) and know where to go if you need further assistance.

Mental Illness: Talking to a close friend or family member about ways they may help if they notice some warning signs that you are becoming unwell (e.g., isolating self, report hearing voices, etc.) and who to call when that happens.

Physical illness: Keeping regular appointments with your doctor and having someone come with you to provide support and advocacy. Prioritizing medications in your budget if you are able, and making sure you are getting enough rest.

IN-THE-FIELD PRACTICE SHEET 2.9, Relapse Management

Concern you want to focus on at this time (please check one):

_____ Alcohol _____ Spending recklessly

_____ Other drugs _____ Unsafe Sex

_____ Committing crime _____ Victim

_____Mental health condition _____ Physical health condition

Please describe what a relapse would look like for you:

_____

_____

_____

List SIGNS that might lead you to a relapse:

I know I'm going to _____ again, when (I feel, experience or am)_____

_____

List TRIGGERS that might lead you to a relapse:

WHO:

WHEN:

WHERE:

WHAT:

Continued IN-THE-FIELD PRACTICE SHEET 2.9, Relapse Management

What might I do to PREVENT a relapse at the time of signs and triggers?

BEFORE RELAPSE

WHO:

WHEN:

WHERE:

WHAT:

What might I do if I relapse?

RELAPSE PLAN:

WHO:

WHEN:

WHERE:

WHAT:

FACT SHEET 2.10, Harm Reduction

Harm reduction means helping people maximize their health while reducing harm. This involves continuing potentially harmful behaviors while working to minimize the negative impact on participants, their loved ones, and their community.

Principles of harm reduction

- People have the right to treatment and not be denied or expelled for behavior that brings them to treatment; a relapse should not be reason to be expelled.
- People currently participating in a potentially harmful behavior can participate in treatment.
- Success is related to self-efficacy.
- Recovery is a process, so any reduction in harm is a step in the right direction.

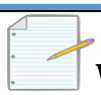
Harm reduction is…

- **Nonjudgmental**: Be accepting of people on their own terms. Participants have the final say about their behavior. Do not impose your personal values and beliefs.
- **Informative**: Help your participants make well-informed decisions. It is important to list all options for reducing harm, not simply the option you would take for yourself.
- **Understanding**: Listen to your participants by using good listening skills. Try to understand the costs and benefits of a behavior from their perspective. Remind participants that they have the final say and ask what they think would be helpful. Avoid pushing them to somewhere they may be unwilling to go.

Here are some **examples** of potentially harmful behaviors and ways to reduce harm:

BEHAVIOR	WAYS TO REDUCE HARM
Dangerous driving	Follow speed limits Wear seat belt Use a designated driver
Drug use	Reduce frequency of use of drug Reduce quantity of drug used Use clean needles/don't share Use with someone you trust
Sexual practices	Use condoms Avoid risky sexual practices Know your partner

Shuman (2012).



WORK SHEET 2.10, Harm Reduction

Instructions: The following are some examples of these behaviors. Check which behaviors you or someone you know has been involved in.

_____ Alcohol Use

_____ Other drugs

_____ Committing crime

_____Mental health condition

_____ Spending recklessly

_____ Unsafe Sex

_____ Victim (domestic violence)

_____ Other (please explain) _____

_____

After, pick an example of a potentially harmful behavior of yours or someone you know. Please know there will be no judgments made about you and this behavior

Behavior _____

Now list the potentially harmful aspects of that behavior and try to come up with ways to address each one.

Negative	Ways to address them

FACT SHEET 2.11, Cultural Competency

Cultural competence is the ability to be aware of your own beliefs and values. It is also the ability to understand and respect the beliefs and values of others.

PRINCIPLES TO CULTURAL COMPETENCY

AWARENESS: To be aware of your own and other's cultural values.

SENSTIVITY: To be open and accepting to cultural differences and values.

KNOWLEDGE: To be familiar with selected cultural characteristics, history, values, belief systems and behaviors of another group. If you are unsure of a participant's cultural background, socio-economic status, or language (and it is important for you to know), ask them. This is a good way to start: "Tell me about where you come from." Or, "What is your primary language?" Also, don't assume all people from a specific ethnic group act the same way or believe the same things. Common cultural characteristics are:

'La Familia' (family): A good starting place for any discussion of Latino culture is with 'la familia' (family). Traditionally, Latinos include many people in their extended families. It is important to acknowledge who and when to involve certain family members to include in the treatment and decision-making process of the participant. All family members' involvements should be consented by the participant to include.

'Respeto' (respect): There are deferential behavior towards others based on age, sex, social position, economic status and authority that a PN would need to be aware of the different levels of respeto (respect) is for whom. Respeto (respect) means to have a mutual and reciprocal courtesy. For example, an older participant may prefer to be called "Señor" (Mr.) or "Señora" (Mrs.)

'Confianza' (trust): By respecting the participant's culture and showing personal interest, a PN can expect to win their confianza (trust).

LANGUAGE: To be able to clarify preferred language of participants. If possible, be able to utilize same language.

Note: The Chicago study will have PN's who are Hispanic/Latino serving Hispanic/Latinos with mental health condition(s) so cultural competence "issues" may not seem to apply. However, remember that there is much variation within groups as well. Additionally, there are differences between people who are Hispanic/Latino.

Journal of the National Medical Association (as cited in Wheaton Franciscan Healthcare, 2012) ; Health and Disability Working Group & Boston University School of Public Health (2008).

Continued FACT SHEET 2.11, Cultural Competency

STRATEGIES TO CULTURALLY COMPETENCY

INCREASE COMMUNICATION: To understand participant's point of view or situations Peer Navigator needs to have strong communication with the participants. This might include asking background questions, such as place of origin, immigration status and family situations Remember to always be sensitive when talking about personal issues and state your confidentiality to the participant.

IDENTIFYING COMMUNICATION STYLE: People have different ways to express themselves. Some prefer to communicate via phone, in person or in writing. Find out what communication limits the participant (low literacy) and what works best for the participant. In the Latino/Hispanic community many will prefer to communicate in Spanish. If that's the case be aware of the different dialects of Spanish. If a term is unfamiliar to you, do not hesitate to ask for clarification.

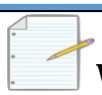
KNOW THE PROCESS OF DECISION-MAKING: When making an important decision, many Hispanics/Latinos may want to involve others (family, friends, and significant other). It is important to know the role of the participant's social support and their limitations in involvement and decision making. Also, be aware that healthcare clinics/hospitals have their own policies regarding family involvement.

BE AWARE OF NON-MEDICAL TREATMENT: Know that participants may seek alternative medicine, home remedies, and religion for a healthcare issue. This information is important to identify and understand participant's perception of treating illness. Review the pros and cons of the participant's treatment and offer them options.

IDENTIFY GENDER ROLE CONFLICT: When seeking healthcare, one's gender can interfere. For example, a man not wanting to see the doctor to treat his prostate problem because that will make him less of a man. In the case of a woman, her barrier to seeking healthcare might be that due to her role as a wife, mother, daughter, or sister, she can't stop taking care of her family to take care of herself. One of way dealing with gender role conflict is by making the participant aware of their self-inconsistency. For example, you can say ''you seem to value your family and really care for them. However, you don't take care of yourself. If something happens to you who will care/provide for your family''.

NEGATIATING STRATEGIES: Healthcare may not be a priority to a person. This could be because of a busy life style or unaware of their medical conditions. However, it is important for PN to be aware so PN can advocate and motivate the participants with their healthcare needs

BE AWARE OF MISTRUST: Lack of healthcare may be due to the mistrust with providers. Bridge mistrust issues with familiarity. Always recommend participants to bicultural resources (ex: hospitals with bilingual staff or with experience treating Hispanic/Latinos). Be aware that initial mistrust issues can be in regards one's immigration status.



WORK SHEET 2.11, Cultural Competency Experiences

Instructions: Ask the following questions to a partner and change roles. Once you have completed there will be a group discussion on what you have learned about your partner

1. Tell me about yourself.

   _____
   _____
   _____
   _____
   _____

2. What are important background things for me to know?

   _____
   _____
   _____
   _____
   _____

3. Are the specific things you would like me to do or remember when we work together?

   _____
   _____
   _____
   _____
   _____

4. What life experiences would you like to share with me?

   _____
   _____
   _____
   _____
   _____

5. Are there things that I can do or say that will make you feel comfortable when we work together?

   _____
   _____
   _____
   _____
   _____

FACT SHEET 2.12, Mental Health Crisis Management

Mental Health crises can occur in people in emotional distress. The role of the PN is to assist the person in crisis until appropriate professional help is received. The PN will need to be able to identify **signs, effective communication, and ways to keep a person safe.**

SUICIDAL THOUGHTS AND BEHAVIORS

Signs: Threatening to hurt or kill self, seeking access to ways to harm self, talking about death, acting recklessly, and feeling trapped.
Effective communication strategies: Tell the person you care and want to help. Express empathy and clearly state that thoughts of suicide are often associated with a *treatable* mental disorder (instilling hope). Directly ask the person if he or she is thinking about killing himself or herself. *(See Mandated Reporter for more information)*
Ways to keep person safe: A person who is actively suicidal should NEVER be left alone. If you can't stay, arrange for someone else to do so and contact your supervisor. Call 911 if the threat is serious or you do not know what to do next. Seek a plan for the participant to be provided with support after your time with participant.

NON-SUICIDAL SELF-INJURY

Signs: Cutting, pinching, or scratching of the skin enough to cause bleeding or a mark that remains.
Effective communication strategies: If you suspect a participant is deliberately self-injuring, discuss it calmly. Do not ignore it.
Ways to keep person safe: If you have interrupted someone in the act of deliberate self-injury, intervene in a non-judgmental way. Remain calm and avoid shock or anger; express your concern. Ask if medical attention is needed. Refer to the appropriate professional. The only way to determine if an injury is non-suicidal is to ask directly.

ACUTE PSYCHOSIS

Signs: A person experiencing psychosis may have trouble distinguishing what is real and what is not, such as hearing things or not speaking clearly. He or she may exhibit disruptive or disturbing behavior.
Effective communication strategies: Stay calm. Communicate in a clear, concise manner, using short simple sentences and speak quietly in a non-threatening voice. Comply with requests unless they are unsafe or unreasonable (i.e., it is okay to go for a walk around the block; it is not okay to take a bus to New York with them).
Ways to keep person safe: You may not be able to de-escalate the situation, so be prepared to call for help. Call a crisis staff to come help and explain to your participant when they arrive that they are there to help.

Continued FACT SHEET 2.12, Mental Health Crisis Management

TRAUMATIC EVENTS *(see 2.14, Trauma-Informed Care for more information)*

Signs: A traumatic event is any incident experienced by the person that is perceived to be overwhelming and frightening. A person may exhibit crying, yelling or outbursts, shaking or withdrawn behavior, and irritability.
Effective communication strategies: When talking to someone who has experienced a traumatic event, be genuinely caring. Ask the person how you might help them.
Ways to keep person safe: If you are on the scene of the traumatic event, call 911 and wait for professional help. It is important not to force a person to talk. After the event, encourage the person to talk about it if he or she is ready and share resources with them for professional help.

PANIC ATTACKS

Symptoms of a panic attack can resemble a heart attack. It is not possible to know for sure unless you know the person. If there is any doubt call 911.
Signs: Chest palpations or rapid heart rate, feelings of unreality or being detached from oneself, trembling and shaking, shortness of breath or choking sensations.
Effective communication strategies: Reassure the person that he or she is experiencing a panic attack. Remain calm. Speak clearly and use short sentences. Ask directly what might help.
Ways to keep person safe: Model normal breathing rate (breathe together). If the panic attack does not pass quickly, refer to a professional.

ALCOHOL OR DRUG OVERDOSE *(see 2.9, Relapse Management for more information)*

Signs: Significantly impaired thinking and behavior, aggression, cursing, and even passing out.
Effective communication strategies: Talk in respectful manner using simple, clear language. Do not make fun of, laugh at, or provoke the person.
Ways to keep person safe: Do not leave the person alone. Keep the person away from dangerous objects; do not let him or her drive. If the person is unconscious, place him or her in the recovery position (laying down on him or her side with airway open) and call 911.

AGGRESSIVE BEHAVIOR *(see 2.8, Aggression Management for more information)*
Signs: Argumentative, hostile, threatening or yelling, trying to hit, punch, throw objects, and kick or bite.
Effective communication strategies: Do not argue or threaten the person or restrict his or her movement. Speak slowly and in a calm manner. Consider taking a break from the conversation to allow the person to calm down.
Ways to keep person safe: If you are frightened, seek outside help immediately. Never put yourself at risk. Call your supervisor or 911.

Mental Health Association of Maryland, Missouri Department of Mental Health, and National Council for Behavioral Health (2013).

FACT SHEET 2.13, Physical Health Crisis Management

Physical health crises are medical issues you may encounter while with participants. The role of the PN is to assist the person in crisis until appropriate professional help is received. The PN will need to be able to identify **signs** and **what to do** until help arrives**.**

HEART ATTACK

Signs: Chest discomfort, pain in upper body and arms, unexplained shortness of breath, cold sweats, nausea or vomiting. Chest pain is the most common symptom in both men and women, but women may also experience extreme fatigue as well as back pain.
What to do: Call 911. Do not wait more than five minutes to make the call. Have the person sit down, loosen any tight clothing, and encourage them to keep calm. If the person becomes unconscious, perform CPR until help arrives.

SEIZURES

Signs: Temporary confusion, staring off into space, uncontrollable jerking movements of the arms and legs, and loss of consciousness or awareness.
What to do: Ease the person to the floor. Roll the person onto their side so they do not choke if they vomit. Make sure the person is breathing, and check that nothing is blocking their airway. Put something soft (like a towel or shirt) under their head to prevent injury. Check for medical bracelet. Call 911 if the seizure lasts more 90 seconds.

STROKE

Signs: Sudden numbness, weakness, or paralysis of face, limbs, or one side of the body; confusion or trouble speaking or understanding others; blurry vision or sudden trouble with mobility or loss of balance; sudden headache accompanied with a throbbing sensation.
What to do: Call 911. Remain calm and provide reassurance. Get the person to a sitting position. If the person loses consciousness, help them to the floor and make sure their airway is open. Keep any paralyzed limbs warm and do not give the person any food or water.

DIABETES (HYPERGLYCEMIC/HYPOGLYCEMIC)

Signs: Lightheaded, dizziness, confusion or weakness. Irregular blood pressure pulse, and changing levels of consciousness
What to do: Reassure participant's safety and encourage participants to check sugar blood level. If the person is not feeling better in five minutes, call 911 immediately.

DIGESTIVE DISORDERS (ULCERS, GASTRITIS)
Signs: Constipation, abdominal discomfort, heart burn, fever, vomiting, nausea, weight loss, poor-appetite, bloating and burping
What to do: Under a lot of pain, take the participant to the doctor. If is not an emergency (pain is mild), make an appointment with the doctor to see if they need to be seen by a specialist

Continued FACT SHEET 2.13, Physical Health Crisis Management

HEAT STROKE

Signs: Hot, red skin which may be dry or moist; changes in consciousness; vomiting; and high body temperature.
What to do: Call 911. Move the person to a cooler place. Remove or loosen tight clothing and apply cool, wet clothes or towels to the skin. Fan the person. If the person is conscious, give small amounts of cool water to drink. Make sure the person drinks slowly.

BROKEN BONES AND SEVERE SPRAINS

Signs: Significant deformity in affected area, including bruising and swelling; inability to use the affected part normally or bone fragments sticking out of a wound; the injured area is cold and numb. A good way to tell if an area is not normal is to compare it with an un-injured part of body.
What to do: Keep the injured part from moving. If the affected area is in the back or neck, call 911 for ambulance transport. Seek medical attention immediately for all other parts of the body.

ASTHMA ATTACK

Signs: Coughing, wheezing, or shortness of breath; difficulty walking or an inability to talk; tightness in the chest and sweating; lips or fingernails turning blue.
What to do: Stay calm and be reassuring. Make sure the person is sitting upright. Ask the person if they have an inhaler. If they do, get it and encourage its use. If they don't, and symptoms continue, seek medical help or call 911.

OVERDOSES

Signs: Drug overdose symptoms may include: agitation, convulsions, delusions, difficulty breathing, drowsiness, nausea and vomiting. The person may also have tremors, extreme sweating, and unconsciousness, and may exhibit violent or unorthodox (i.e., taking off clothing) behavior.
What to do: Ask the person what they took (type of substance, amount, and when). Check the person's airway, breathing, and pulse. If the person is unconscious but breathing, carefully place in the recovery position. If conscious, loosen the clothing, keep the person warm, and provide reassurance. Try to keep person calm. Try to prevent the person from taking more drugs. Call 911.

FAINTING

Signs: The person is dizzy or falls to the ground suddenly; not due to an injury.
What to do: Make the person safe; lay the person flat on their back, elevate their legs, and loosen tight clothing (like a necktie). Try to revive the person; tap briskly or yell. Once the person wakes, give them some fruit juice. If the person doesn't respond, call 911 immediately.

American Red Cross (2014).

FACT SHEET 2.14, Trauma-Informed Care

- **Trauma** is a distressing or disturbing event, leading to fear, helplessness, or lack of control. An example is being the victim of a violent assault or even for some immigrants their experience immigrating to the US. Trauma can result from a one-time occurrence or prolonged traumatic events, such as abuse or neglect which can be emotionally as well as physically demanding.
- **Trauma-informed care** is an approach that realizes the prevalence of trauma, recognizes how trauma affects participants, and responds by putting this knowledge into practice. Additionally, being trauma informed means that we work to ensure that our settings, policies, and procedures are not re-traumatizing for people.

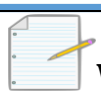
RECOGNIZE SIGNS:
Do: Recognize signs of trauma, such as re-experiencing the trauma (nightmares, bad memories), avoiding people or places that are reminders of the event, loss of interest in activities, or distress when reminded o f the event. Recognize that trauma impacts each person differently.
Don't: Ignore signs or minimize participant's distress. Don't neglect the trauma or act as if the symptoms are unimportant, wishing the participant would just get over it.

NORMALIZE THE TRAUMA
Do: Help participants tell their story if they want to. Explain why you are asking about their trauma, and be sensitive to their experience while curious and respectful of their desire to talk about it.
Don't: Re-direct the participant by changing the subject to avoid the topic. Don't undermine their story or make them feel ashamed of their trauma. Don't make participants feel guilty or alone in their experience.

ESTABLISH SAFETY
Do: Make the participant feel safe, building trust with the participant. Provide a safe setting to talk and promote a sense of safety through your communication and interactions with participants.
Don't: Don't question their story. Don't drive the person outside of their comfort zone by making them talk if they are uncomfortable. Don't break promises or give reasons to be mistrusted.

COLLABORATE
Do: Create a partnership between you and your participants. Your relationship should be collaborative, sharing the power in decision making. Ask the participant what they have found helpful in the past.
Connect the participant to services in the community.
Don't: Don't let the participants feel alone or unsupported. Don't allow the participants to feel that their voices aren't heard or they are not a part of the decision-making process.

PROMOTE EMPOWERMENT
Do: Recognize participants' strengths, emphasizing their resiliency needed to survive the trauma at the time the participant is ready to take the steps
Don't: Make the participant feel ashamed of their story. Don't blame participants or make them feel their trauma is unimportant. Don't provide thoughtless responses. Don't fake interest in their experience.
Shuman (2012).



WORK SHEET 2.14, Trauma-Informed Care Experiences

Instructions: Share an experience of trauma that you are aware of (This can be your own experience or something experienced by someone else):_____

_____
_____
_____
_____
_____

Note: Be aware of any trauma experiences – yours or other people's – can still be frightening or troubling to you and/or your participants. Don't feel like you have to share something that is still traumatizing.

What were the signs of trauma you experienced in your own life or by someone else?
When talking about the trauma, how was safety established?
How did collaboration help?

CHAPTER 2 SECTION IV: Managing My Role

Items discussed in this section refer to set(s) of skills or tools so that the PN can flourish in their role.

FACT SHEET 2.15A, Types of Relationships

There are many different types of relationships that being able to identify relationships that are troublesome and the one that we strive Peer-Navigators to have with participants is important to understand. Review these first five relationships that are NOT ideal and the last relationship that IS ideal.

PARENT/CHILD RELATIONSHIP

Assumption: Assumes that participants cannot function as responsible adults, and make poor choices due to lack of knowledge and skills. PN should do everything because he/she knows best.
How to spot: Phrases like "If the rules are not followed, there are consequences"
Problems: Peer Navigators (PN's) underestimate participant's ability to problem solve and take initiative for their own lives and decisions. This will most likely lead to resistance.

TEACHER/STUDENT

Assumption: Participants make poor choices due to lack of knowledge. PNs have all the knowledge.
How to spot: PN tells the participant how to feel and act and what services they should use.
Problems: PN overlooks knowledge of the participant and misses out on opportunities to learn. PNs may force their own beliefs onto clients without hearing participant's experience. This relationship is disempowering.

DRILL SERGEANT/RECRUIT

Assumption: Our way is the best!
How to spot: Rigid rules; lack of flexibility and the inability to ask questions
Problems: Efforts are focused on having participants follow "our" way rather than supporting them on their own goals.

EMPLOYER/EMPLOYEE

Assumption: Participants are seen as working under PN's and staff. The PN is the boss of them.
How to spot: Discriminating against physical or mental disabilities, or playing an "investigator" role when determining who comes on your caseload. (i.e., "I don't want to work with him."). Or threatening to stop giving services if participant does not follow directions.
Problems: It creates a dynamic where accountability is not mutual. Opportunities for advocacy and support are lost.

RESCUER/VICTIM

Assumption: PN's know what is best for you; participants should not demonstrate independence or confidence. Participants do not have their own resources. PN's are superheroes and participants need to be rescued.
How to spot: "It is my fault if participant makes choices I do not agree with" This can lead to over-involvement (i.e., not letting a participant do things for themselves) and burnout.
Problem: The PN expects a participant to be grateful, which can lead to self-doubt and lack of confidence among participants

WHAT WE WANT TO STRIVE FOR:

TEAM MEMBER /TEAM MEMBER

How to spot it: Shared learning, mutual respect and trust, no power imbalance.
Key elements: PN's see themselves as learners. The focus is on learning from situation rather than controlling it. It is an environment where people can admit mistakes without shame and are able to not blame others for their mistakes. PN's do not talk to participants but collaborate with them.
Examples: Participants are involved in their own health goals where they voice their opinions.
Questions to guide this type of relationship: "Is this participant centered?" "What can I learn in this moment?"

Dobbins (2012).

FACT SHEET 2.15B, Relationship Boundaries

Before we begin: Please review the different types of relationships (see 2.15A Fact Sheet for reference) on the ideal relationship and the NOT ideal relationships to have with participants. Keep in mind that these relationships types should also be considered to family or friends of the participants. One last relationship type is:

FRIEND/FRIEND:

Assumption: My participant does not have a lot of friends and could probably use one.
How to spot it: PN asks participants to go for a cup of coffee or hang out after work hours.
Problem: Being friends with a participant interferes with being able to provide good services. It can also undermine your relationships with your other participants by treating them different if you have a different relationship (friend) than others. This can lead to participants not trusting you to provide services equally to all participants

STAYING WITHIN BOUNDARIES

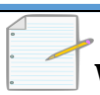
Restate your purpose (role): In a situation where a participant has statements like, "I'd love to take you to see a movie after our meeting", a PN should restate their purpose to the participant which is to assist participants with their healthcare goals
Educate participants on limits: Telling a participant that it is against agency policy for PNs to lend money or accept gifts. Refer participants to the policy of the agency in the case of accepting gifts. Do not receive gifts after educating participants on the limits.
Make assertive comments: "Please don't ask me for my private number again." This type of communication is advised after you attempted to educate a participant on limits.

DO:

- Share your story with participants to the extent you are comfortable
- Express appropriate concern for your participant
- Talk to your supervisor if you are unsure how to respond to a participant's request
- Know when to walk away

DON'T:

- Share personal information about yourself that is problematic or unresolved
- Socialize with participants after work hours
- Engage in an intimate relationship with your participant
- Offer your participant a place to stay
- Promise to keep a secret for your participant or ask your participant to keep secrets for you
- Provide financial loans to participants
- Provide private information to your participant (home address, etc.) to other
- Use offensive language around your participant
- Share alcohol or other substances with participant



WORK SHEET 2.15, Challenges in Boundaries

Instructions: The following are issues that may arise as you establish and form a relationship with participants. Write down the different interactions that are made for each issue by friend's vs team member (PNs ideal relationship).

Differences in Appropriate Boundaries Table

Issue	How Friends Interact	How Team Members (PN's) interact
Sharing personal information	Friends share personal information with each other freely and equally	Participants share personal information with PNs in order to help define and work towards their health goals. PNs, however, share personal information with participants only if doing so will help participants meet their goals
Dealing with problems and needs		
Availability		
Involvement in each other's lives		
Social Events		
Stance		
Family		

Challenges in Boundaries Questions

Instructions: Now that you have reviewed the differences in interaction between friends and team member (PN), pair up with a partner and write how you would respond to the following questions or situations.

1. Your participant invites you to their daughter's quinceañera (celebration of womanhood). What do you say?

   _____
   _____

2. Your participant just had the wallet stolen and asks you for bus fare home. How do you respond?

   _____
   _____

3. Your participant notices your engagement ring and asks you about it. What do you say?

   _____
   _____

Center for Health Training (2003).

FACT SHEET 2.16 Self-Disclosure

Peer-Navigators with lived experience, may have a story that may be helpful for others to hear. Including participants. It is important to note that telling your story does not usually occur early in your relationship with your participant. Your relationship with them has to be established. While your work is about participants, hearing how you have overcome struggles can be useful. Below are ways how you tell your story, which is important.

MAKE IT PERSONAL: Telling your story to another person can feel risky and uncomfortable if you have not done so before.

Do: Make sure the story you tell is your own and that you are comfortable sharing these details with another person. Be natural and emphasize the trials you have overcome. Use "I" statements.

Don't: Share experiences that you are currently struggling with or are uncomfortable sharing. Don't ask participants for advice or guidance; remember this work is about them.

USE CONCRETE EXPERIENCES: Generalizations can be difficult for others to relate to, so use real-life examples when telling your story.

Do: Provide examples of your experiences (e.g., "When I was hospitalized for a suicide attempt at hospital, I was scared" vs. "I was hospitalized once, too"). Share strategies that worked for you and how you found out about them.

Don't: Use vague language or stories that are not yours (e.g., "My friend had something similar happen"). Don't jump around from experience to experience; it can be confusing for others to follow.

BE TRUTHFUL; DON'T EXAGGERATE Embellishing your story in any way is not encouraged. It puts the person listening to your story in a position of living up to unreal expectations.

Do: Be honest about your past struggles and successes. Tell participants what worked for you.

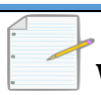
Don't: Lie about things that happened to you or choices you made. Don't talk about things that did not work for you, as they may work for the participant.

EMPOWER YOURSELF; EMPOWER OTHERS Telling your story helps participants recognize that you are no longer a passive responder to your illness, nor to a society that looks down on people like you.

Do: Be confident when you are telling your story. Show pride in yourself and your experiences and emphasize how recovery is the norm, not the exception.

Don't: Share experiences that are too personal or you are uncomfortable sharing. Don't talk about how easy it was for you to recover, as that can make the participant feel badly.

Corrigan & Lundin (2012).



WORK SHEET 2.16 Self-Disclosure

Instructions: Please write your responses for the following questions below. After you have completed, wait for others to complete then discuss your responses with the rest of the group.

1. Think of a challenge you have experienced and what you might share about it that would be helpful to a participant dealing with similar challenges

   What are some key points you would share:

   _____

   _____

   _____

   In what situation would it be helpful to a participant? _____

   _____

   What are the exact words you would use in telling this story? _____

   _____

   _____

   _____

   Now that you've written it down, does it still feel relevant to your participant's goals described in the situation above? _____

Center for Health Training (2003).

FACT SHEET 2.17 Managing Burnout

Trauma-through-others is a stress reaction experienced by PNs exposed to traumatic experiences and images of clients. The PN may experience burnout in their interactions with others and the world.

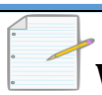
SIGNS OF TRAUMA-THROUGH-OTHERS THAT PN MIGHT EXPERIENCE TO LOOK OUT FOR

- ✓ **Inability to Empathize:** Not being able to feel appropriately for someone else's pain or suffering.
- ✓ **Reliving One's Own Trauma:** A lot of peer navigators may also have experienced trauma. Sometimes, hearing participant stories can lead to flashbacks of PNs own traumatizing memories.
- ✓ **Feeling of hopelessness and helplessness:** Thinking you are not able to do anything for yourself or others, or you can never do enough.
- ✓ **Hypervigilance:** Being constantly uncomfortable or tense.
- ✓ **Diminished Enjoyment:** Not being able to or not feeling like doing things you used to enjoy.
- ✓ **Chronic Exhaustion:** Feelings of extreme fatigue despite getting enough rest.
- ✓ **Inability to listen:** Having trouble paying attention to others or focusing on others.
- ✓ **Sense of paranoia:** Feeling like others are capable of hurting you
- ✓ **Guilt:** Feeling badly because you think that you have done something wrong.
- ✓ **Fear:** Being scared of things you used to not be scared of.
- ✓ **Anger:** Having feelings of rage at times when it is not appropriate to the situation.
- ✓ **Addictions:** Use of alcohol and other substances in ways that are harmful to you and have been problematic in the past.
- ✓ **Grandiosity:** Over exaggeration of feelings; seeming to be impressive but not really practical.

WAYS TO DEAL WITH BURNOUT

- **Reframing your approach:** Changing the way you look at and approach a situation. Instead of worrying you may not be able to help, try thinking about how you are going to help.
- **Things to remember:** There is only one of you and you are important to the work you do.
- **Supervision:** Talk to your supervisor about obstacles/issues that come up in your work on a regular basis (think of a release valve letting off steam so it doesn't blow up) whether it's a weekly check-in meeting with your supervisor or reflection time with other co-workers.
- **From other team members:** Bounce ideas and problems that arise off your team members in order to work through an issue, and come up with a solution.
- **Relapse plan:** It is vital for PNs to have a plan in place to keep themselves healthy. *See 2.9 Relapse Prevention factsheet.*
- **Positive time:** Take time for yourself during the workday to have a cup of coffee or lunch with a team member.
- **Positive Self-environments:** Tell yourself things like, "I can do this" or "I am good at this" and look into support groups for a more pro-social environment with possible co-workers
- **Boundaries:** Maintaining clear guidelines, rules or limits for yourself as to what are reasonable, safe and permissible ways for other people to behave around you. *See 2.15 Boundaries between Client and Peer Navigator Factsheet.*
- **Get Professional Help:** Do not be reluctant to get assistance from a professional when burnout becomes overwhelming, especially when the PN is reliving their own experience with trauma.

Dobbins (2012).



WORK SHEET 2.17 Managing Burnout

Instructions: This training exercise is for you to review experiences in your life you may have learned from feeling burnout within a job or perhaps an overwhelming project or task at home. There may be particular signs you may be burned out, list these signs as well. Then strategize on a plan to handle a burnout to overcome this feeling you may have done before or plan to do.

From what you have learned in your life, what might burn you out being a Peer-Navigator?

1.

2.

3.

4.

What are some signs you may be burned out?

1.

2.

3.

4.

5.

Let's come up with a plan to handle burnout. What might you do if you notice you are starting to feel burnt out?

1.

2.

3.

4.

5.

6.

FACT SHEET 2.18 Street Smarts

STAYING AWAY FROM DANGEROUS PLACES

Do: Get acquainted with the area and the people that live there. Walk during daytime hours; avoid walking in alleys. Keep your eyes and ears open. Leave if you feel any danger. If something or someone makes you nervous, cross to the other side of the street or take a different route.

Don't: Walk alone at night. Don't wear headphones that impair your ability to hear what is going on around you. Don't question people's activities or start a fight. If you see something that needs to be reported, call 911.

KEEPING VALUABLES SAFE

It is important to keep your personal items (phone, wallet) in a place that is not easy for burglars or pickpockets to access. Using your work laptop in a safe manner (not on a street corner or out in open).

Do: Keep your personal items in a place that it is difficult to access (zipped pocket of a backpack, front pants pocket). Use your laptop indoors when providing services if possible. If not, don't use in a crowded area where many people can see you. Purse and bag straps should go over your shoulder.

Don't: Flaunt or brag about the valuables you have on you. Don't take your wallet out, unless absolutely necessary. Don't leave valuables unattended for any length of time.

RIDING PUBLIC TRANSPORTATION

You may have to take the train or city bus during your work as a PN. While public transportation is mostly safe, crime does occur.

Do: Know where you are going and the route you plan on taking before you get on the bus or train. Wait in well-lit areas so you are visible. Sit in the front of the train (near the conductor or bus driver) if you are at all nervous or it is late at night. Know where the emergency communication button is located.

Don't: Take out a map on the train; it shows that you may be lost and can make you look vulnerable. Don't fall asleep, leave valuables unattended, or take them out of your purse or bag. Don't tell strangers where you are going or give out personal information to fellow riders.

TALKING TO STRANGERS

Do: Be polite and say hello if approached. Smile and nod if a stranger keeps on trying to talk to you. Know you are not obligated to keep a conversation going if you are nervous. Call the police if the person does not leave you alone or you feel threatened.

Don't: Give out any personal information to someone you do not know (phone number, address or neighborhood you live in, or where you work). Don't yell at someone if they are bothering you; this could escalate the situation.

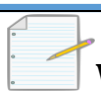
WHAT TO DO IF YOU ARE A VICTIM OF A CRIME

Avoid being a hero: Do not chase someone who has stolen from you. Give up your property in a theft and move away peacefully. Do not get involved in trying to rescue someone else from being a victim. When needed, don't yell "help." Yell "fire!" Always call the police if you have been the victim or witnessed a crime.

Make police report: Always report any crime, no matter how small, to the authorities. Provide as much detail as you can. If the police are not nearby, go to the nearest police station or call 911.

Talk to your supervisor: Let your supervisor know what happened immediately. Talk openly about the incident if you are able and tell the supervisor if you feel traumatized.

Corrigan (1998).



WORK SHEET 2.18 Taking Precautions

Instructions: Answer the following questions with a partner. Prepare to share with the entire group once everyone completes the following training exercise.

What will you do before you leave the office to visit a participant?

- _____
  _____

What will you do to get to and from places (office, clinic, participant's home)

- _____
  _____

In a public setting (like a train stop) within the community, what will you do to keep yourself safe?

- _____
  _____

In a private setting (like a participant's home), what will you do to keep yourself safe?

- _____
  _____

As a team, what are ways to keep each other safe?

- _____
  _____

_____

Center for Health Training (2003).

FACT SHEET 2.19 Office Etiquette

Office etiquette is the manner you should conduct yourself in the workplace. While each office has a unique "vibe" to it, the following are some general guidelines to help familiarize yourself to the office setting.

DRESS/HYGEINE

Do: Shower before work and wear clothes that fit you and that are professional and appropriate for work in the field. Wear shoes that you can walk in. Speak to your supervisor on what is appropriate and professional attire if you have any concerns
Don't: Wear revealing clothing or shirts with inappropriate slogans. Do not argue with your supervisor on what's professional attire.

CALLING IN SICK/TIME OFF

Do: Let your supervisor know BEFORE your shift starts that you will be out sick. Keep the supervisor posted if illness lasts longer. Ask your supervisor if it is okay before scheduling a vacation. Keep track of sick/vacation days on your own.
Don't: Tell your supervisor you are taking a vacation; ASK. Don't have your supervisor wonder if you are coming in to the office for your shift. Don't schedule personal appointments during work hours, unless it cannot be helped and you have notified your supervisor ahead of time. Don't come to work if you are too sick.

CELL PHONE USE

Do: Keep your personal calls at work at a minimum; turn off when you are in a meeting. Limit personal calls and texting to lunch or break times if possible. Step outside to take personal calls.
Don't: Take calls when you are in a meeting or talk loudly about non-work related business during work time. Don't set your ringtone to loud or text friends often during work.

SCHEDULE

Do: Know your schedule for the week ahead of time. Let your supervisor know if you are out in the field, clinic, or in the office on a given day. Notify your supervisor ahead of time of changes. You are still 'clocked in' when you are with a participant, even if your usual end time has passed.
Don't: Assume that your supervisor knows where you are. Don't run personal errands on work time if you are out in the field.

EMAILING/COMPUTER USAGE

Do: Be formal in your communication; think of emails as a formal letter. Be aware that agencies may have access to your email and browser history. Check your email 2-3 times daily.
Don't: Use slang or unknown abbreviations in your correspondence. Don't download personal items onto your work computer or view objectionable websites while at work.

CONFLICTS WITH CO-WORKERS

Do: Try and resolve conflicts before they get out of control. Talk to the person who you are in conflict with before going to supervisor to see if situation can be resolved. If it cannot, then talk to your supervisor about possible solutions. Treat others with respect.

Continued FACT SHEET 2.19 Office Etiquette

Don't: Talk about co-workers behind their back. Don't call people names, insult them, or curse at co-workers.

WORKSPACE

Do: Keep personal info on participants in a safe place. Keep your space neat and tidy. Throw away garbage each night before leaving workspace.
Don't: Take home files that contain confidential client information. Don't leave valuable personal items on your desk unattended. Don't leave a mess for others to clean up. Don't listen to loud music at your desk. Don't wear lots of perfume.

FACT SHEET 2.20, Time Management

As a Peer Navigator, you will need to use your time wisely and fit many tasks into your work day. Below are some tips for **managing your time effectively**.

GET ORGANIZED

Do:

- Check your email first thing in the morning to see if any last minute items need attention.
- Spend the first 5 to 10 minutes of your work day making a to-do list.
- Enter your schedule for the day into your Outlook calendar.
- Go over your written to-do list and identify which items are of highest importance and start your day on those.
- Before making or returning a call, write down the things you need to accomplish, so you don't forget something.
- Stick to your schedule as much as possible, but be willing to re-arrange items as needed.
- If you begin to feel overwhelmed by too many tasks, talk to your supervisor BEFORE you fall behind.
- Take lots of notes throughout the day.

AVOID PROCRASTNATION

Do:

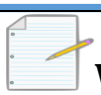
- Be realistic about the time it will take you to complete tasks and make sure to schedule ample time to complete them.
- When traveling to appointments with participants, overestimate travel times, in case of traffic or public transportation issues.
- Don't push tasks off for later that can easily be done now. You may forget to do them.
- If you need to reschedule an appointment, do so as far in advance as possible.

LIMIT DISTRACTIONS

Do:

- Limit time spent on computer for personal use, especially websites like Facebook, YouTube, and personal email.
- Make personal phone calls during your break or lunch hour.
- Run personal errands before or after work hours.
- Turn your phone to vibrate when you are in meetings or with a participant so you are not tempted to answer during these times.

Boe (2012).



WORK SHEET 2.20, Time Management

Instructions: Sort these tasks into your daily schedule (next page)

1. Fred has a 9:00 am appointment with the podiatrist at UIC medical center.
2. Recruit new participants.
3. Attend staff meeting at 3:00 pm
4. Morris has a 12 noon chest x-ray at John Stroger Hospital
5. Take a break
6. Meet with program supervisor
7. Have lunch
8. John has a 1:00 pm dental appointment
9. Fred and Mary do not like each other
10. Check email
11. Help a coworker with problem(s)
12. Do paperwork, fill out time log
13. Tell supervisor about weekly in-the field schedule
14. Return phone calls
15. Mary has a 9:00 am appointment at John Stroger hospital to have her blood drawn
16. Call clients about appointment

Continued WORK SHEET 2.20, Time Management

Date: _____

Your Schedule

AM 6:00	
6:30	
7:00	
7:30	
8:00	
8:30	
9:00	
9:30	
10:00	
10:30	
11:00	
11:30	
PM 12:00	
12:30	
1:00	
1:30	
2:00	
2:30	
3:00	
3:30	
4:00	
4:30	
5:00	
5:30	
6:00	
6:30	
7:00	
7:30	
8:00	

CHAPTER 2 SECTION V: The Big Picture

Items discussed in this section summarize the basic helping skills discussed in chapter 2

FACT SHEET 2.21, The Big Picture

- **GETTING CONNECTED:** How to engage and work effectively with your participants. How to start off on the "right foot" so that your work together can last the duration of the relationship.
    - Introductions
    - Being available
    - Where participants are at
    - Over the long haul

- **UNDERSTANDING THEIR GOALS:** The skills and information you will need to understand what is important to your participant and how best to help them.
    - What do participants want? There are MANY goals, not just one.
    - What are the barriers to achieving these goals?
    - What resources and strengths might participants count on?

- **MAKING A PLAN**: Learning to identify and access the people, places, and things that you will need to best help your participants.
    - What, when, and who?
    - What resources are available

- **LINKING TO AND ACCESSING RESOURCES:** Learning how to best navigate the various resources within the community. How to access that information and give to your participants.
    - Find the resource
    - Get participants there
    - Support participants in using the service

- **STAYING CONNECTED:** How to sustain the relationship you have both worked on forming and continuing the growth that has started with your participants.
    - Being available
    - Where participants are at (emotional/physical health)
    - Over the long haul

Chapter 3
Resources

Lesson Objectives

1. Learn how to find up-to-date health care and support services for participants.
2. Learn how to make appointments for participants. This includes scheduling appointments for participants, and helping participants schedule their own appointments.
3. Learn ways to follow up with participants and professionals to make sure participants get connected to services and get what they need.
4. Understand privacy and confidentiality regulations, including HIPAA.
5. Master strategies for interacting with professionals.

FACT SHEET 3.1, Finding Services

As peer-navigators (PN), your main objective will be to connect participants to services that fit their health needs. As employees of your agency, you may have access to databases to find services by community, however there are other strategies outside of databases to use to better access services. Below are strategies that will help you access and be familiar with more resources.

STRATEGIES IN FINDING RESOURCES:

BE FAMILIAR WITH PARTICIPANT'S PAST RESOURCES

Often time a participant have a preference of past resources they have used. These resources will provide PNs better understanding of their experience and preference of resources to find services that will fit their health needs.

BE FAMILIAR WITH YOUR COMMUNITY AREA

Location of resources is an important factor in connecting participants with services. Being aware of the community that participants live in and the services within this community are important to refer participants to.

CONSOLIDATE RESOURCES WITHIN YOUR TEAM

As you become more aware of resources within communities or commonly used resources, it will helpful to be able to work with your team (other PNs) to consolidate for easier access of information. This strategy also is useful in providing personal references of the resource to participants that other team members have experience in using.

CONNECT AND SHARE WITH OTHERS

As a team you build many connections and shared information of resources, however connecting with others outside of your team will be beneficial as well. People outside of your team can include other employees of your agency and organizations that are familiar with resources in the community you serve. It never hurts to ask questions if you are unsure of finding a service.

CONNECT WITH INSURANCE RESOURCES

Many insurance providers offer ways for finding services within areas that comply with insurance coverage. This resource can be a great starting point in finding services for participants based off their insurance coverage.

FACT SHEET 3.2, How to Make Appointments

As a Peer Navigator, your job is to make appointments smooth and worry-free for participants.

PREPARATION

Do:

- Talk to your participants before making or going to appointment. Ask if they would like you to accompany them. Review medical history, as participant may have paperwork to fill out.
- Make sure participant is eligible to receive services at the particular office or clinic. That means calling ahead and talking with intake or appointment coordinator. Find out documentation participant needs for appointment (e.g. insurance or Medicaid card).

Don't: Wait until the last minute to check what is needed. Don't assume participants have the necessary documentation. The more you can do upfront to prepare, the better.

ACCESSIBILITY

Do: Make sure office or clinic location is handicap accessible if needed. Review directions to travel to office or clinic. Offer to help participant get to appointment by accompanying them or printing directions to them.

Don't: Assume that participants know where clinic or doctor's office is located, or how to get there. Don't schedule an appointment without ensuring participant can access transportation to the location and is available to make appointment.

SCHEDULING APPOINTMENTS

Do: Make the appointment with participant. Write down date and time on a piece of paper and give it to participant. Provide reminder calls the day before the appointment.

Don't: Make an appointment for participants without first discussing it with them. Don't assume that they will remember their appointments—give a reminder call.

INSURANCE/BENEFITS

Do:

- Confirm whether participant is currently insured by or eligible for Medicaid. PNs should be aware of current Medicaid and other insurance eligibility requirements. The best way to start is by asking participants whether they currently receive healthcare benefits. If not, connect with the appropriate agency staff
- If participant wants a clinic appointment, connect them to the appropriate agency staff. A PN will not be required to know every insurance plan policies but should be able to connect to a service/contact that knows about this to answer participants questions

Continued FACT SHEET 3.2, How to Make Appointments

Don't: Assume participants have insurance or qualify for Medicaid or other insurance benefits. Don't make appointments that will not be covered by the participant's insurance. Remember: not all providers take Medicaid or the same types of insurance

WAIT LISTS

Do: Help participants get on wait lists for services and be aware of the process. Continue seeking other options for service if participant is on a wait list. Ask supervisor if you are unsure of anything.

Don't: Let participants get discouraged by long waiting lists. Don't overlook service options because of long wait lists and check list regularly.

MAKING REFERRALS

Do: Help participants with referrals and know what documentation and paperwork is needed. For referrals within your agency, introduce participants to agency provider. Let participant know you are still available if he/she needs help connecting with that provider.

Don't: Make a referral without knowing what documentation is required. Don't abandon your participant once you have connected them with a provider.

ASK QUESTIONS

Do: Empower your participants to ask questions. Encourage participants to write down questions before appointments. Help participants prepare questions using role play (*See 3.2 IN-THE-FIELD, How to Make an Appointment*)

Don't: Let participants leave an appointment without answers. Don't let them be afraid to disagree with the doctor.

IN-THE-FIELD PRACTICE SHEET 3.2, How to Make Appointments

Review the **3.2 Fact Sheet, How to Make Appointments, This IN-THE FIELD Practice sheet assists PN in preparing to make an appointment with participants.**

Name: _____ **Date: _____**

Do you have insurance? YES_____ NO_____

If no, can I help you get insurance? YES_____ NO_____ (If no, why not)_____

**If yes, the PN should refer to the appropriate staff agency*

Reason for Appointment:

_____ Check-up ____ Mental Health _____ Emergency Explain: _____ _____ Nutrition

_____ Blood Draw _____Gynecology _____ Physical therapy _____ Reproductive/ Sexual Health

_____Other (please explain)_____

Name of Healthcare Provider: _____

Contact #_____ (Ex: direct # extension) **When:_____** (Ex: Date and Time) **Where:_____** (Ex: Address, room #)

What I need to DO before the appointment		What I need to BRING for the appointment	

Now that your appointment is set and we have information on what to do and bring, how can I (PN) help you for this appointment?

1. _____

2. _____

3. _____

4. _____

FACT SHEET 3.3, Follow-Up Appointments

Following up with participants to determine whether they made and kept appointments.

CONTACT INFORMATION

Do: Be thorough when asking participants the best way to reach them. Ask for participant's phone number(s), including numbers of other people who know how to contact the participant, and email address. Ask the participant if it is alright to leave messages at certain numbers provided. Ask them if they ever use other names. Give participants your contact information as well.

Don't: Assume one phone number is enough. Don't leave participants without having multiple means of contacting them. Don't give your personal contact information (i.e., home address) to participants.

PLANNING AHEAD

Do: Be specific. Make a plan while you are with the participant for your next meeting. Give him/her specific date, time, and place to meet. Do the same for appointment reminders. Ask participants to call you when they leave appointments. Make it clear that if you don't hear from them, you will call them to find out what's happened and make sure that they are ok. Ask them if they have transportation to and from the appointment location. Make sure they are not overscheduled.

Don't: Be vague. Don't make tentative plans. Don't let participants wonder when they will hear from you. Don't make a plan and then fail to follow through with it.

FOLLOWING UP WITH PROVIDERS

Do: Follow up with agency providers to confirm that participant made it to the appointment. If your participant sees a provider outside of your agency, you may not be able to contact the provider. If unsure, ask your supervisor.

Don't: Share any information about a participant without his/her permission. It is against HIPAA to share protected health information with a provider without a participant's signed permission. Don't let the conversation with providers become anything less than professional (e.g., don't gossip about participants).

MISSED APPOINTMENTS

Do: If participant misses an appointment, determine why and address those reasons. Use motivational interviewing.

Don't: Blame the participant for missing the appointment. Don't get mad or make the participant feel guilty. Don't reschedule the appointment until you first understanding why the participant missed appointment.

WRAPPING UP

Do: Make sure that participant has all the information needed from the doctor. If the doctor wrote a prescription for medication, make sure participants understand directions. Determine need for follow-up appointment. If labs are ordered, find out when and where tests are to be done. Determine if there are special instructions. Front desk staff at labs can be helpful with making appointments and other follow-up care questions. Make sure to thank them on the way out.

Don't: Leave an appointment without making a follow-up plan. Don't let questions go unanswered about medications, lab tests, or next appointment time.

IN-THE-FIELD PRACTICE SHEET 3.3A, Contact Registry

Use the space below to obtain contact information from participants. Explain that this information will not be shared with anyone. It will be used to contact for follow-up appointments. A participant's contact information may change, ask the participant if this information changes to let you know to update your records. It may be helpful to periodically (every 3-4 months) confirm this information with your participant.

Name: _____

other names/nicknames used (if, applicable): _____

where do you currently live: _____

Main Phone number: _____ Can I leave a voice message on this # Yes/No

Secondary number: _____ Can I leave a voice message on this # Yes/No

Family/Friend member's number: _____ Can I leave a voice message on this # Yes/No

Other number (please specify): _____ Can I leave a voice message on this # Yes/No

Best time to call (Certain day or time)_____

Email: _____

Case Manager's name: _____

Case Manager's contact info: _____

Will there be a time in the future when you will not be able to be reached? (Ex. Be out of the country)

YES/NO If yes, when: _____

Additional info (to help me contact you): _____

_____

_____

_____

IN-THE-FIELD PRACTICE SHEET 3.3B, Follow-Up Appointments

*Please refer to the Fact Sheet on **Follow-up Appointments.** Use the space below to obtain information from participants. Refer to **Contact information Log** for other information you may need to find participant.*

Name: _____

Date of next appointment: _____

Time of Appointment:_____

Type of appointment: _____

Location of Appointment: _____

What I need to DO before the appointment		What I need to BRING for the appointment	

Do you want me to come with you to this appointment? YES/NO

Confirm with participant on what is needed to be done and what to bring and if they need assistance (review items that participant will do/bring).

Let participants know you will be calling the day before to remind them and confirm

List any questions or concerns you may have to ask your provider during your appointment?

1. _____

2. _____

3. _____

4. _____

Now that your appointment is set and we have information on what to do and bring, how can I (PN) help you for this appointment?

1. _____

2. _____

3. _____

4. _____

FACT SHEET 3.4, Mandated Reporting

- You are required to "immediately report or cause a report to be made to the Department" of suspected **child abuse or neglect**, as well as **elder abuse** and **abuse to persons with disabilities**.

- In the case of **child abuse or neglect:** Call the DCFS Hotline at 1-800-252-2873. Talk to your supervisor first.

- In the case of **elder abuse** and **abuse to persons with disabilities**: Call the Office of the Inspector General (OIG) at 1-800-368-1463. The Office of the Inspector General (OIG) must be notified via the OIG hotline within four hours of the initial discovery of an incident of abuse or neglect of an adult participant.

- Privileged communication between professional and client is **not** grounds for failure to report.

- You may have to testify regarding any incident you report if the case becomes the subject of legal or judicial action.

- State law protects the identity of all mandated reporters, and you are given immunity from legal liability as a result of reports you make in good faith.

As a PN you have a **Duty to Warn** in cases of criminal threat to others. You have the duty to warn when:

- A participant tells you **BY NAME**, that they intend to harm someone. You may be required to warn that individual and call 911. Talk to your supervisor.

Crime Reporting: You may witness participants doing something that is against the law, or they may tell you they broke the law. For example, a participant might tell you they sell drugs to make money, or that they are using drugs, or in the country illegally. You do not have to report this to the authorities. This is protected under confidentiality. If you are unsure of anything, talk to your supervisor.

FACT SHEET 3.5, HIPAA

HIPAA, (Health Insurance Portability and Accountability Act), of 1996, is a federal law that gives participants rights over their health information, and sets rules and limits on who can look at and receive your health information. As a PN, it's important that you understand basic HIPAA rules.

Participants have the right to:

- Get copy of their health records.
- Have corrections made to their health information.
- Receive notice that explains how their health information may be used and shared.
- Decide if they want to give their permission before their health information can be used or shared.
- Receive a report on when and why their health information was shared.

Who must follow this law?

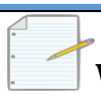
- Doctors, nurses, pharmacies, hospitals, clinics, nursing homes, **peer navigators**, and all other healthcare providers; including clerical and administrative staff.
- Health insurance companies, HMOs, most employer group health plans.
- Certain government programs that pay for healthcare, such as Medicare and Medicaid.

What information is protected?

- Information that healthcare providers put in participants' medical records.
- Conversations doctors have with their patients.
- Information about participant's health insurance.
- Billing information.
- Other health information about you, held by those who must follow the law.
- Other examples of protected health information (PHI) include:
    - Names
    - Birthdates
    - Social Security numbers
    - Addresses, telephone numbers, and email addresses
    - Medical record numbers.

What does HIPAA mean for Peer Navigators?

- Peer navigators are required to follow HIPAA and keep all participant information private and secure.
- Peer navigators cannot use or share participants' PHI without participants signed permission
- Even if you have a participants' signed permission to share PHI, agencies still have rules about keep their participants' PHI secure. For example, some agencies never allow staff to email some PHI, such as a participant's full name and social security number – to anyone. Be sure to discuss your agency's PHI security rules with your supervisor.



WORK SHEET 3.5, Confidentiality

Instructions: Below are different kinds of errors of confidentiality with examples and consequences of these errors. Complete individually what should have the PN have done to follow HIPAA.

Kind of Error	Example	Consequence of Error	What Should Have been Done
Not explaining confidentiality sufficiently	A Peer-Navigator (PN) speaks with a participant's family on the phone, but hasn't clarified with the participant that the PN will not reveal information to mother.	The participant loses trust in the PN, even though no confidential information was revealed	
Violating participant's confidentiality	A PN has a two participants that are related. The PN reveals information about one of the participant's appointment to the other.	A very complex situation develops as a result of the PN's breach of confidentiality	
Violating participant's confidentiality	A referring agency is requesting information on a participant's medical history. The PN provides the referring agency information on file.	The participant loses trust and the referring agency does not receive the most updated information regarding the participant for follow-up	
Confidentiality with family involvement	A sister of the participant calls to find out whether participant has changed medication and PN discloses this information to the sister	The sister goes to the pharmacy and tries to pick up the medication and is not allowed and the participant finds out the breach of confidentiality	
Talking about participant in a public setting	PN tells a co-worker about risks his/her participant has. Another participant in the waiting room overhears this conversation	Participant learns from the other participant of what was said and this information is shared with others	

FACT SHEET 3.6, Strategies for Interacting with Professionals in a Medical Setting

As a PN your main role is connecting participants to health services. It is important for you to know how to appropriately interact with professionals in the medical setting, in order to benefit your participants.

INTRODUCE YOURSELF

If the participant – and clinic – allow you to be in the room during the appointment, be sure to introduce yourself to staff and explain your relationship to the participant. Do not speak for the participant

BE PREPARED

Help participants go to their appointments prepared. Make sure to review what the participant needs to do and bring before an appointment. For example, a participant should always bring a personal ID. Go over their medical history with them, as they will likely have paperwork to fill out. Even if you are not accompanying them to an appointment, go over these items with them.

UNDERSTAND PRIVACY

Understand HIPAA rules about what questions you can and cannot ask professionals, as well as what information you can and cannot share. Please refer to the HIPAA factsheet for more information.

BE COURTEOUS

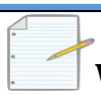
Be friendly to medical office staff. Be patient if they are helping someone else. If this is an office you visit often, learn the names of front desk staff and nurse. Never get angry with front desk staff, nurses or doctors. Kindness and respect go a long way.

ASK FOR CLARITY

If there is a time during an appointment you are unsure of the directions or instructions that a medical professional is providing, it is important to ask specific questions to what you are unsure of. Being able to ask specific questions for clarification will help you help participants.

DEALING WITH PROBLEMS

Even if you and your participant are polite, prepared and ask questions, you may not get the 'service' you want. If providers and front desk staff don't act professional or don't treat you with respect, don't get angry. Keep calm and ask if there is someone else you can speak with. If that is not a possibility, remove yourself from the situation. Do not put your conflict about the health needs of the participant and address this conflict with your supervisor.



WORK SHEET 3.6, Strategies for Interacting with Professionals in a Medical Setting

Instructions: Pair up with a partner, and choose one of you to be the speaker and one to be the listener. The speaker should pretend to be the PN accompanying a participant to an appointment, while the listener should pretend to be someone working in a medical office (e.g., front desk staff, nurse, or doctor). Here are some ideas for topics to role play:

- Participant appointment time was 12noon. At 12:30 you and your participant are still waiting to be seen by doctor.
- Participant did not receive lab results from last visit.
- Nurse that took vitals was very rude (like on their cellphones and not paying attention, etc)
- Participant forgot when his/her next appointment was. You both show up on the wrong day.

Switch roles after 10 minutes.

After you are finished, take a minute to think about the following:

As the **speaker (Peer Navigator):**

What did I do well?

- _____
- _____
- _____
- _____

What would I say or do differently next time?

- _____
- _____
- _____
- _____

As the **listener (Healthcare professional):**

What did the speaker do well?

- _____
- _____
- _____
- _____

What are my suggestions for the speaker to do differently next time?

- _____
- _____
- _____

Chapter 4
Research Study Logistics

Lesson Objectives

1. Understand the basic outline of the research project being completed as part of this PN program.
2. Understand the PN's role in the research project.

Introduction

The project in which PN are working is part of a larger research study supported by the Patient-Centered Outcome Research Institute (PCORI) arm that addresses disparities. The project is being conducted by researched from the Illinois Institute of Technology and Trilogy. In this chapter, we briefly review what is entailed for participants to belong to the study. We also review the role of PNs in the study.

PNs can contact the project manager Alessandra (Ali) Torres at (312)567-3637 or atorre15@iit.edu with any questions or concerns.

FACT SHEET 4.1, Research Study Logistics

This study as described earlier is being funded by the Patient Centered Outcomes Research Institute (PCORI) that focuses on Integrated Care and Peer Navigators for Latinos with Mental Illness. This study is also known as a Randomized Control Trial (RCT). Below are an overview of this study for reference:

COMPARISON STUDY

This study compares the impact of two conditions:

- Treatment as usual (Integrated Care) also known as the Control
- Treatment as usual PLUS Peer-Navigator also known as the Intervention

RANDOM ASSIGNMENT

This study will recruit a total of 100 Latinos with mental illness where participants will have an equal chance of getting assigned to one of the two conditions (Control or Intervention).

Research participants will be Latinos with a mental health condition. Of the total 100 participants, 50 will be assigned to intervention or 50 assigned to the control group.

LENGTH OF TIME

Participants that will be within the Intervention group (Treatment as usual PLUS Peer-Navigator) will receive services from 8 to 12 months. They may decide to stop participating in services and/or the study at any time during the year and this will in no way jeopardize them to receive other services from your agency or other agencies.

ASSESSMENT

All research participants (from both groups) will be assessed about every 4 months during the course of the study to determine the impact of Peer-Navigators on their health and quality of life. All research participants will be fully informed about the study and asked to sign a consent form of their participation to the study. Research participants will be paid about $20.00 per assessment questionnaire conducted for the study.

All assessments (Baseline, 4, 8 and 12 months) will be collected by research assistants from IIT. Peer-Navigators will have no role in collecting data except in their activity and contact with participant

WEEKLY CONTACT REPORT

One way of evaluating and comparing this intervention is by collecting health-related activity of participants. Be aware that research assistants will be collecting this from participants. We will review this in 4.2 Fact Sheet, Weekly Contact Report.

FIDELITY ASSESSMENT

Another way of evaluating the program is for research assistants to conduct an assessment of the program by providing shadowing a PN during this work time.

FACT SHEET 4.2, Weekly Contact Report

The purpose of this fact sheet is to explain the importance of each step and outline what information should be included in the report. The reports will be collected on a weekly basis.

PERIOD OF REPORT

The **Period of Report** is the week in which the participant is enrolled in the study. Week one will be the first week of your work with the participant. Note the first and last dates of the reporting period. This should be a seven day period, with the week beginning on a Sunday. The report will be filled out even if you have nothing to report.

APPOINTMENTS

In the chart labeled **Appointments**, write down any and all health-related activity. This includes services for physical health (i.e., primary care, podiatry), mental health, substance abuse, housing, food, and criminal justice. Err on the side of inclusiveness when listing activities, including appointments even if uncertain if they are related to health.

For each appointment, note the date, location, and purpose. Be as detailed as possible. In the last column of the chart, note whether or not the participant went to the appointment.

PN ACTIVITY

On the back of the practice sheet is **PN Activity** chart. List all contact you had with the participant, including any attempts to make contact (i.e., a phone call with no answer).

For each attempt, list the date and type of contact, such as a phone call or meeting in person. Also make note of the goal or reason for contact. If you called the participant, what were you trying to accomplish? If they called you, what were they hoping to find out? In the final column, make note of whether or not you were able to get in touch with them.

IN-THE-FIELD PRACTICE SHEET 4.2, Weekly Contact Report

INSTRUCTIONS: Research Assistants will complete the appointment charts AND Peer Navigators are to complete the PN activity chart (backside). This chart lists ALL activity of participants, including physical health (i.e., primary care, nutrition), mental health, substance abuse, housing, food, and criminal justice.

We will include all health-related activity, whether conducted at Trilogy or elsewhere.

PERIOD OF REPORT: Please note the first and last day of reporting period (i.e., June1-June8) **Week #: **** ** enter the week in which research participant is enrolled in this study (week 1 to week 52)	
Research Participant's (RP) name: (First, Last)	Research Assistant's (RA) or Peer Navigator's (PN) Name: (First, Last)
Date Report Completed:	Participant ID#:

HOW WAS DATA GATHERED: (Check one; If the person is in the PN condition, skip to Appointments)

☐ Face-to-face ☐ Completed by RP ☐ Other _____

☐ RA called RP ☐ RP called RA

APPOINTMENTS

Date	Where (Clinic Name, Provider Name)	For What?	Appt. Achieved (A) or Missed (M)

Continued IN-THE-FIELD PRACTICE SHEET 4.2, Weekly Contact Report

IMPORTANT: Peer Navigators are to fill out the chart on the back as well.

PN Activity: Please list ALL contact you have had with participants, including attempts to make contact.

Include contact with community health workers external to the navigator team.

This chart is for PN use only.

Date of attempt	Activity (phone, face-to-face, or other)	Goal or reason for contact	Were you able to make contact?

References

American Red Cross (2014). Retrieved April 10, 2014 from http://www.redcross.org/

Arkowitz, H. & Miller, W.R. (2008). Learning, Applying, and Extending Motivational Interviewing. In H. Arkowitz, H.A. Westra, W.R. Miller, & S. Rollnick (Eds.), *Motivational interviewing: In the treatment of psychological problems.* (pp. 1-25). New York, NY, US: Guilford Press.

Boe, J. (2012). Time Management Made Easy. *LifeHealthPro.* Retrieved from http://www.lifehealthpro.com/2012/01/07/time-management-made-easy

Bolton, R. (1979). *People skills: How to assert yourself, listen to others, and resolve conflicts.* Englewood Cliffs, NJ: Prentice-Hall, Inc.

Center for Health Training. (2003). *Fundamental Skills for Case Managers, A Self- Study Guide* [PDF document]. Retrieved from http://www.cdph.ca.gov/HealthInfo/healthyliving/childfamily/Documents/MO-AFLP-FundamentalSkillsManual.pdf

Corrigan, P.W. (1998). *Street smarts: Skills for surviving in an urban environment*. Tinley Park, IL: Center for Psychiatric Rehabilitation, University of Chicago, Department of Psychiatry.

Corrigan, P.W. & Lundin, R.K. (2012). *Coming Out Proud manual program.* Chicago: NCSE.

Dobbins, J. (2012). *Module #16: Vicarious Trauma*. [PDF document]. Retrieved from http://www.nhchc.org/wp-content/uploads/2012/12/Module-16-Final.pdf

Dobbins, J. (2012). *Module #5: Improving CHW-Client Relationship*. [PDF document]. Retrieved from http://www.nhchc.org/wp-content/uploads/2012/11/CMMI-Module-5.pdf

Egan, G. (1998). *The skilled helper: A problem-management approach to helping*. Pacific Grove, CA: Brooks/Cole.

Health & Disability Working Group, Boston University School of Public Health. (2008). Culture and Culture Competence. *Missouri People to People Training Manual.* [PDF document]. Retrieved from http://peer.hdwg.org/sites/default/files/6%20CultureAndCulturalCompetence-CommunicationSkills-Peer_Training.pdf

Hill, Y.R. & Lane, F. (2013). *Advocacy: A community health workers guide to effective advocacy*. [PDF document]. Retrieved from http://www.nhchc.org/wp-content/uploads/2012/12/Module-15.pdf

Mental Health Association of Maryland, Missouri Department of Mental Health, and National Council for Behavioral Health (2013). *Mental Health First Aid USA, Revised First Edition*. Lutherville, MD: Mental Health Association of Maryland.

Rapp, C. & Goscha, R. (2012). *The strengths model: Case management with people with psychiatric Disabilities* (3rd ed.). New York, NY: Oxford University Press, Inc.

Shuman, V. (2012). Philosophy of care: Trauma-informed care. [PDF]. Retrieved from http://www.shpa- il.org/assets/docs/shpa%20trauma-informed%20webinar%201-25-13%201.pdf

Shuman, V. (2012). *Introduction to harm reduction strategies.* [PDF document]. Retrieved from Lecture Notes Online Website: http://www.shpa-il.org/assets/docs/introduction%20to%20harm%20reduction.pdf

Shuman, V. (2013). *Motivational Interviewing*. [PDF document]. Retrieved from Lecture Notes Online Website: https://shpa.memberclicks.net/assets/shpamotint.pdf

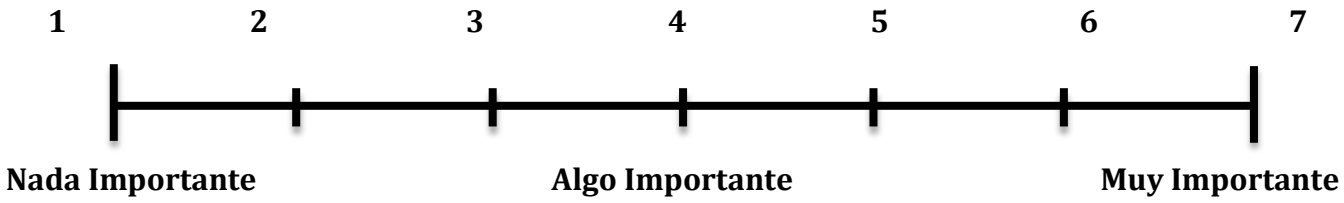
University of Chicago Center for Psychiatric Rehabilitation (1999). *Student workbook: Psychiatric rehabilitation skills*. Tinley Park, IL: University of Chicago Center for Psychiatric Rehabilitation.

Wheaton Franciscan Healthcare. (2012). *Cultural Competence in Healthcare* [PowerPoint slides]. Retrieved from http://www.wheatoniowa.org/about-us/employment/provider-orientation-online.aspx

APPENDIX A: Translated (Spanish) Sheets

HOJA DE TRABAJO 1.1, Su Experiencia con Problemas de Salud

Instrucciones: En esta escala de siete puntos califique qué tan importante es cada uno de estos asuntos:



Problemas de salud y servicios

_____Cuidado de la visión

_____Cuidado dental

_____Tratamientos y servicios de salud mental

_____ Cuidado médico para mujer

_____Cuidado médico de SIDA/VIH

_____Servicios de rehabilitación y tratamientos para abuso de substancias

_____Cuidado médico de nutrición/dieta

_____Vivienda

_____Violencia domestica

_____Decisiones personales sobre la salud

_____Terapia física

_____Alergia y los conductos paranasales

_____Cuidado respiratorio y asma

_____Cuidado médico infantil

_____Cuidado reproductivo y sexual

_____ Cuidado de planificación familiar

_____Cuidado de salud preventivo

Continuación HOJA DE TRABAJO 1.1, Su Experiencia con Problemas de Salud

Barreras a los servicios

_____Idioma (español)

_____Falta de seguro médico/dinero

_____Falta de cuidado coordinado

_____Estatus inmigratorio

_____Entendimiento limitado (no saber leer/escribir)

_____Falta de servicios (por favor explique:) _____

Problemas empeoran debido a

_____Falta de ayuda para recibir servicios (transpórtate/cuidado infantil)

_____Personal sin sensibilidad (Por favor explique) _____

_____Estigma

_____Miedo

_____Al momento no es una prioridad

_____No estar informado o preocupado de las necesidades de salud

_____Evitar el cuidado médico

_____Confusión sobre el sistema del cuidado medico

_____Falta de confianza al sistema medico

¿Ahora, le gustaría compartir un ejemplo de algún problema de salud en su vida?

HOJA DE TRABAJO 2.2C Palabras de Sentimientos

Instrucciones: Aquí esta una lista de palabras describiendo emociones. Mire la tabla en la siguiente página, trate de identificar el mejor lugar para cada una de estas palabras.

Agitato(a)
Enojado(a)
Enfadado(a)
Ansioso(a)
Traicionado(a)
Dichoso(a)
Deprimido(a)
Agobiado(a)
Encantado(a)
Engañado(a)
Alegre
Condenado(a)
Confundido(a)
Contento(a)
Aplastado(a)
Derrotado(a)
Desesperado(a)
Descontento(a)
Perturbado(a)
Molesto(a)
Dominado(a)

Deseoso(a)
Empatíco(a)
Energético(a)
Envidia
Agotado(a)
Exasperado(a)
Temeroso(a)
Tonto(a)
Exaltado(a)
Culpable
Desconsolado(a)
Feliz
Útil
Energético(a)
Horrible
Lastimado(a)
Histérico(a)
Ignorado(a)
Impuesto(a)
Enfurecido(a)
Intimidado(a)

Irritable
Aislado(a)
Celoso(a)
Tierno(a)
Excluido
Amoroso(a)
Melancólico(a)
Miserable
Nervioso(a)
OK
Indignado(a)
Pánico
Tranquilo(a)
Perseguido(a)
Presionado(a)
Usado(a)
Rechazado(a)
Relajado(a)
Descansado(a)
Inquieto(a)

Sabotaje
Triste
Satisfecho(a)
Asustado(a)
Sorprendido(a)
Rencoroso(a)
Pasmado(a)
Estúpido(a)
Solidario(a)
Lloroso(a)
Tenso(a)
Terrible
Cansado(a)
Atrapado(a)
Perturbado(a)
Vengativo(a)
Vulnerable
Maravilloso(a)
Preocupado(a)
Llorón(a)

Continuación HOJA DE TRABAJO 2.2C Palabras de Sentimientos

Trate de encontrar el mejor lugar para cada palabra de la página anterior y escríbalas en esta tabla:

Nivel De Intensidad	**AMOR**	**ALEGRIA**	**FUERZA**	**TRISTESA**	**ENOJO**	**MIEDO**	**CONFUSION**	**DEBELIDAD**
Fuerte	Adoro Amo Aprecio Devoto _____ _____ _____	Extático Eufórico Muy alegre _____ _____ _____	Dinámica Forzoso Poderoso Enorme _____ _____ _____	Solo Angustiado Desanimado _____ _____ _____	Violento Furioso Rabia _____ _____ _____	Aterrorizado Horrorizado Pánico Desesperado _____ _____ _____	Desarticulado Confundido Desorientado _____ _____ _____	Desamparado Acabado Desgastado _____ _____ _____
Leve	Afecto Deseable Amigo Gustar _____ _____ _____	Prendido Feliz Animado _____ _____ _____	Eficaz Fuerte Seguro Hábil _____ _____ _____	Afligido Deprimido Triste Amargado _____ _____ _____	Frustrado Agobiado _____ _____ _____	Miedo Aprensivo Alarmado Descontento _____ _____ _____	Revuelto Nubloso Desconcertado Perdido _____ _____ _____	Impotente Incapaz Incompetente _____ _____ _____
Débil	Confianza Aceptado Cuidar _____ _____ _____	Gusto Bien Contento _____ _____ _____	Capaz Competente Adecuado _____ _____ _____	Indispuesto Disgustado Insatisfecho Bajo _____ _____ _____	Irritado Enfadado Decepcionado _____ _____ _____	Acorralado Nervioso Tímido _____ _____ _____	Indeciso Inseguro Incierto _____ _____ _____ _____	Débil Ineficaz Ineficiente _____ _____ _____

HOJA DE PRACTICA EN EL CAMPO 2.3, Estableciendo Metas

¿Para usted qué es una buena salud?

¿En este momento qué enfermedades/asuntos le preocupan?

¿Tiene alguna preocupación sobre su salud? (por favor marque todas las que aplican):

_____ Ojos _____ Dientes _____ Estomago _____Fumar

_____ Nutrición _____ Inmigración _____ Seguridad _____Vivienda

_____ Otro (Por favor especifique) _____

¿Tiene preocupaciones sobre su salud mental? _____Sí ___No (Si es sí, por favor especifique)

¿Tiene preocupaciones sobre el uso de alcohol u otras drogas?___Sí ___No

Los Peer Navegadores están aquí para ayudarle a conseguir todas sus necesidades de salud. Por favor déjenos saber cómo podemos ayudarle: (Por favor marque todas las que aplican):

_____ Encontrar un médico

_____ Encontrar un médico que sea bilingüe

_____ Encontrar un mejor médico. ¿Por qué? Por favor explique:

_____

_____ Encontrar una clínica

_____ Encontrar una clínica que sea bilingüe

Continuación HOJA DE PRACTICA EN EL CAMPO 2.3, Estableciendo Metas

_____ Encontrar una clínica mejor. ¿Por qué? Por favor Explique:
_____

_____ Ayúdame a recordar cuando tengo que ir por mi medicamento (Ej.: Recordatorios, encontrar la farmacia más cerca)

_____ Ayúdame a encontrar un modo para entender mi medicamento (bilingüe)

_____ Ayúdame a recordar mis citas (Ex. recordatorios)

_____ Ayúdame como llegar a mis citas (Ex. Ruta para el transporte)

_____ Ayúdame a organizar mi medicina

_____ Ayúdame a encontrar un modo para pagar mis tratamientos (Ex. Información sobre la cubertura del seguro médico)

_____ Ayúdame a encontrar un modo para recibir servicios/tratamientos por medio de clínicas gratuitas/descuentos médicos

_____ Ayúdame a entender mis problemas de salud

_____ Otro (Por favor explique como un Peer Navegador (Guía de salud) le puede ayudar con sus problemas de salud: _____

¿Qué puntos fuertes tiene para enfrentar sus necesidades de salud? (ej.: Tengo seguro médico)

¿Qué recursos tiene para enfrentar sus necesidades de salud? (Por ejemplo: seguro médico, familia, etc.)

HOJA DE PRÁCTICA EN EL CAMPO 2.4, Entrevista Motivacional

Indique un comportamiento que ha estado pensando en cambiar.

Comportamiento: _____

Ahora considere los beneficios y desventajas de cambiar el comportamiento, tanto a corto plazo y a largo plazo.

	PARA EL CAMBIO (beneficios)	**CONTRA EL CAMBIO (desventajas)**
Corto plazo		
Largo plazo		

¿Tomando en cuenta los beneficios y desventajas, aun quiere cambiar el comportamiento?

Sí _____

No _____

HOJA DE PRACTICA EN EL CAMPO 2.8, Resolviendo Problemas Interpersonales

Paso 1: ¿Tengo esperanza y creo en la posibilidad de una solución para este problema ?___Sí ___No

Paso 2: ¿Cuál es el problema? **¿**Quién está involucrado en este problema? **¿**Cuándo las metas están bloqueadas? **¿**Dónde ocurre este problema?

¿Qué?:

¿Quién?:

¿Cuándo?:

¿Dónde?:

¿Las personas mencionadas en QUIEN son personas que al participante le gustaría involucrar? _____Sí _____No

Paso 3: Piense en ideas para solucionar el problema (Ponga todas las soluciones posibles)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

PASO 4:

Escoja una solución del Paso 3 y piense en las ventajas (pros) y desventaja (contras) de resolver el problema.
¿Qué solución estuvieron de acuerdo en usar?

VENTAJAS de usar la solución escogida	DESVENTAJAS de usar la solución escogida

¿Lo vamos a tratar? Sí_____ No_____ (si es sí, continúe con la página de atrás)

Continuación HOJA DE PRACTICA EN EL CAMPO 2.8, Resolviendo Problemas Interpersonales

PASO 5:

Plan: ¿Quién lo hacer? ¿Qué hará la gente? ¿Cuándo va a ocurrir? ¿Dónde ocurrirá?

¿QUIÉN?:

¿QUÉ?:

¿CUÁNDO?:

¿DÓNDE?:

PASO 6:

¿Por cuánto tiempo lo trataremos? _____ ¿Cuándo nos reuniremos para reevaluar? _____

PASO 7: (Para hacer completado en la fecha de la reunión durante la reevaluación)

¿Cómo le fue?

_____
_____
_____
_____

¿Cómo cambio el plan?

_____
_____
_____
_____

¿Un nuevo plan debería ser usado?

_____
_____
_____
_____

HOJA DE PRÁCTICA EN EL CAMPO 2.10, Manejando una Recaída

Qué preocupaciones le gustaría centrarse en este momento. (Por favor marque una):

_____ Alcohol _____ Gastar impulsivamente

_____ Otras drogas _____ Relaciones sexuales sin protección

_____ Cometer un crimen _____ Victima (violencia domestica)

_____Condición de salud mental _____ Condición de salud física

Por favor describa como sería una recaída para usted:

_____

_____

_____

Liste señales que pueda conducirle a una recaída:

Yo sé que voy a _____ otra vez, cuándo (siento, presencio o soy) _____

_____

Liste provocaciones que le pueden conducir a una recaída:

¿QUIÉN?:

¿CUÁNDO?:

¿DÓNDE?:

¿QUÉ?:

Continuación HOJA DE PRÁCTICA EN EL CAMPO 2.10, Manejando una Recaída

¿Qué puedo hacer para PREVENIR una recaída al momento de señales y provocaciones?

ANTES DE UNA RECAIDA

¿QUIÉN?:

¿CUÁNDO?:

¿DÓNDE?:

¿QUÉ?:

¿Qué puedo hacer si recaigo

PLAN DE RECAIDA:

¿QUIÉN?:

¿CUÁNDO?:

¿DÓNDE?:

¿QUÉ?:

HOJA DE TRABAJO 2.11, Reducción de Daños

Reducción de daño significa ayudar a la gente a minimizar el impacto negativo de comportamiento a los cuales no están listos o quieren parar. Aquí están algunos ejemplos de estos comportamientos. Marque todos los comportamiento que usted o alguien que conoce ha sido involucrado.

_____ Uso de alcohol _____ Gastar impulsivamente

_____ Otras drogas _____ Relaciones sexuales sin protección

_____ Cometer un crimen _____ Victima (violencia domestica)

_____Condición de salud mental _____ Otro (por favor explique) _____

_____

Escoja un ejemplo de un comportamiento que potencialmente pueda ser dañoso. No se hará ningún juzgamiento sobre su comportamiento.

Comportamiento _____

Ahora liste los aspectos potencialmente dañinos de ese comportamiento y trate de pensar en algún modo de enfrentar cada uno.

Negativo	Modo de enfrentarlos

HOJA DE PRACTICA EN EL CAMPO 3.2, Como hacer una cita

Revisión de 3.2 **Fact Sheet**. *Esta hoja de práctica en el campo asiste al Peer Navegador (Guía de Salud) como preparación para hacer una cita con los participantes.*

Nombre: _____Fecha: _____

¿Tiene seguro médico? Sí_____ NO_____

Si no, ¿le puedo ayudar a obtener seguro médico? Sí_____ NO_____ (Si no, ¿por qué No?)_____

**Si sí, el PN debería referirse a C4_____ para asistir al participante más a fondo*

Motivo de la cita

_____ Chequeo ____ Salud mental _____ Emergencia Explique: _____ _____ Nutrición

_____ extracción de sangre _____Ginecólogo _____ terapia física _____ Salud reproductiva/sexual

_____Otro (por favor explique)_____

Nombre del proveedor de atención médica: _____

Contacto #_____ (Ex: directo, # extensión) **¿Cuándo?:_____** (Ex: fecha y hora) **¿Dónde?:_____** (Ex: dirección, cuarto #)

¿Qué necesito HACER antes de la cita?		**¿Qué necesito TRAER para la cita?**	

Ahora que su cita está establecida y tenemos información sobre qué hacer y traer, ¿Cómo yo (Peer Navegador/Guía de Salud) puedo ayudarle para esta cita?

1. _____

2. _____

3. _____

4. _____

HOJA DE PRACTICA EN EL CAMPO 3.3A, Registros de Contacto

Usar el espacio de abajo para obtener información de contacto de los participantes. Explique que esta información no será compartida con nadie. Será usada para contactar sobre el seguimiento de citas. La información de contacto de los participantes puede cambiar, preguntar al participante que deje de saber si esta información cambia, para actualizar los registros. Pude ser útil confirmar periódicamente (cada 3-4 meses) esta información con el participante.

Nombre: _____

otros nombres/apodos usados (si, aplica): _____

¿Dónde vive actualmente?:_____

Número de teléfono Principal: _____ ¿Puedo dejar un mensaje de voz en este # Sí/No?

Número secundario: _____ ¿Puedo dejar un mensaje de voz en este # Sí/No?

Número de un familiar/amigo: _____¿Puedo dejar un mensaje de voz en este# Sí/No?

Otro número: (Por favor especifique) _____ ¿Puedo dejar un mensaje de voz en este # Sí/No?

La mejor hora para llamar (cierto día o ahora) _____

Correo electrónico: _____

Nombre del administrador de casos: _____

Información de contacto del administrador de casos: _____ _____

¿Habrá un momento en el futuro cuando no podrá ser contactado? (Ej. Estar fuera del país)

Sí/No Si sí, ¿cuándo?: _____

Información adicional (que pueda ayudarme a contactarlo:

_____

HOJA DE PRACTICA EN EL CAMPO 3.3B, Seguimiento de Citas

*Por favor referirse a **fact sheet 3.3.** Usar el espacio de abajo para obtener información de los participantes. Referirse a **3.3A hoja de práctica en el campo** para otra información que se pueda necesitar para encontrar al participante.*

Nombre: _____

Fecha de la siguiente cita: _____

Hora de la cita: _____

Tipo de cita: _____

Lugar de la cita: _____

¿Qué necesito HACER antes de la cita?		¿Qué necesito TRAER para la cita?	

¿Quiere que vaya a la cita con usted? Sí/NO

Confirmar con el participante sobre que se necesita hacer, que traer, y si necesita asistencia (revisar las cosas que el participante hará/traerá).

Decirle al participante que se le hablará un día antes para recordarle y confirmar.

Liste preguntas o preocupaciones que podría preguntarle a su proveedor durante la cita

1._____

2._____

3._____

4._____

Ahora que su cita está establecida y tenemos información sobre qué hacer y qué traer, ¿Cómo yo (Peer Navegador/Guía de Salud) puedo ayudarle para esta cita?

1._____

2._____

3._____

4._____

APPENDIX B: Hotlines

Hotlines

National Child Abuse Hotline	1-800-422-4453
Depression and Bipolar Support Alliance	1-800-826-3632
Mental Health America	1-800-969-6642
National Alliance on Mental Illness	1-800-950-6264
National Center for Post-traumatic Stress Disorder	1-800-296-6300
National Center for Victims of Crime	1-800-394-2255
National Drug and Alcohol Treatment Hotline	1-800-662-4357
National Domestic Violence Hotline	1-800-799-7233
National Sexual Assault Hotline	1-800-656-4673
National Suicide Prevention Hotline	1-800-273-8255
Postpartum Support International	1-800-994-4773

APPENDIX C: Federally Qualified Health Centers

Federally Qualified Health Centers

Federally Qualified Health Centers (FQHC) also known as Neighborhood Health Clinics in Chicago provide services for primary care, children, woman, family planning and pregnant woman. CDPH will continue to provide important health services such as Immunizations, HIV testing mammography and more. FQHC's will provide primary care serve all patients regardless of the individual's ability to pay or documentation status – uninsured patients will not be turned away. You can click on the individual services at listed under each location to get specific hours and contact information.

Englewood Neighborhood Health Clinic
641 W. 63rd Street

General Hours of Operation:
Mon, Wed, Fri: 8 am – 4 pm
Tue, and Thurs: 10 am - 6 pm

Services provided by CDPH: *Mental Health, Breast Cancer Screenings (mammography), WIC, Family Case Management, Immunizations, TB case management, HIV Primary Care, and STI testing.*

For primary care services: *For adults, children and women, family case management and pregnant women contact: University of Illinois Mile Square Health Center at 312-996-2000*

Lower West Neighborhood Health Clinic
1713 S. Ashland

General Hours of Operation:
Mon - Fri: 8 am – 4 pm.

Services provided by CDPH: *Breast Cancer Screenings (mammography), Family Case Management.*

For primary care services: *For adults, children and women, family case management and pregnant women contact: Mercy Diagnostic and Treatment Center at 312.567.7933.*

Roseland Neighborhood Health Clinic
200 E. 115th Street

General Hours of Operation:
Mon, Wed, Fri: 8 am – 4 pm
Tue, and Thurs: 9 am - 5 pm

Services provided by CDPH: *Mental Health, Breast Cancer Screenings (mammography), Family Case Management, Immunizations, STI testing.*

For primary care services: *For adults, children and women, family case management and pregnant women contact: Aunt Martha's Youth Service Center, Inc. at: 877.692.8686*

South Chicago Women & Children Health Center
9119 S. Exchange

General Hours of Operation:
Mon - Fri: 8 am – 4 pm.

Services provided by CDPH: *WIC, Family Case Management*

For Primary Care Services: *For adults, children and women, family case management and pregnant women contact: Chicago Family Health Center at 773.768.5000*

West Town Neighborhood Health Center
2418 W. Division

General Hours of Operation:
Mon, Wed, Fri: 8 am – 4 pm
Tue, and Thurs: 10 am - 6 pm

Services provided by CDPH: *Mental Health, Breast Cancer Screenings (mammography), Family Case Management, WIC, STI testing.*

For primary care services: For adults, children and women, family case management and pregnant women contact: Erie Family Health Center at 312.666.3494

Uptown Neighborhood Health Center
845 W. Wilson

General Hours of Operation:
Mon, Wed, Fri: 8 am – 4 pm
Tue, and Thurs: 10 am - 6 pm

Services provided by CDPH: *Breast Cancer Screenings (mammography), Family Case Management, WIC, STI testing, HIV Primary Care, Immunizations, TB Case Management.*

For primary care services: *For adults, children and women, family case management and pregnant women contact: Heartland International Health Center at 773.506.4283*

APPENDIX D: Immigration Resources *(ayuda para recién llegados)*

Immigration Resources *(ayuda para recién llegados)*

Faith-Based Organizations

Chicago New Sanctuary Coalition: CNSC, a project of the Chicago Religious Leadership Network on Latin America, is an interfaith coalition of religious leaders, congregations and communities, called by our faith to respond actively and publicly to the suffering of our immigrant sisters and brothers. http://crln.org/Chicago-New-Sanctuary

Catholic Campaign for Immigration Reform: CCIR is a campaign to mobilize Catholic institutions, individuals, and other persons of good faith in support of a broad legalization program and comprehensive immigration reform. www.justiceforimmigrants.org/

Interfaith Immigration Coalition: IIC is a partnership of faith-based organizations committed to enacting fair and humane immigration reform that reflects our mandate to welcome the stranger and treat all human beings with dignity and respect. http://www.interfaithimmigration.org

Interfaith Worker Justice: IWJ advocates for justice for all workers in the U.S. - native-born citizens, legal residents, and those who are forced to live and work in the shadows, undocumented workers and their families. http://www.iwj.org

Jewish Council on Urban Affairs: JCUA combats poverty, racism and anti-Semitism in partnership with Chicago's diverse communities. www.jcua.org

Lutheran Immigrant and Refugee Services: Witnessing to God's love for all people, we stand with and advocate for migrants and refugees, transforming communities through ministries of service and justice. www.lirs.org

Illinois Organizations

Illinois Coalition for Immigrant and Refugee Rights: ICIRR is dedicated to promoting the rights of immigrants and refugees to full and equal participation in the civic, cultural, social, and political life of our diverse society. http://www.icirr.org

Immigrant Youth Justice League: a Chicago-based network that represents undocumented youth and allies in the demand for immigrant rights through education, resource-gathering, and youth mobilization. www.iyjl.org

APPENDIX E: Mental Health Awareness & Support

Living with a Mental Health Conditions

National Alliance on Mental Illness (NAMI)

NAMI Helpline (800)950-NAMI or info@nami.org, M-F, 10AM-6PM ET

NAMI Chicago
1536 West Chicago Ave
Chicago, IL 60642
(312) 563-0445
español@namigc.org
www.namichicago.org/español
facebook.com/namigcespañol

M-F, 10AM-5PM. Closed on holidays

Support Groups (NAMI)

Family & Friends Support Group 2nd Wednesday of each month from 7PM-9PM

Social Support Group (Recovery-Focused) 1st and 3rd Wednesday of each month from 2:30-4PM

Family and Social Support Group (In Spanish) / Grupo de Apoyo para las Familias y las personas viviendo en recuperación 2nd and 4th Thursday of the month from 6PM-8PM

Call NAMI Chicago for more information at (312)563-0445

APPENDIX F: Resources by Insurance

- Aetna

  www.aetna.com

  1-800-US-AETNA (1-800-872-3862) from 7 a.m. – 7 p.m. ET

- Blue Cross and Blue Shield of Illinois

  www.bcbsil.com

- Coventry Health Care of Illinois, Inc.

  chcillinois.coventryhealthcare.com

  800-431-1211 (Toll-free)/

  217-366-5410 (TDD/Direct line)

  Monday-Thursday, 8 AM - 6 PM Friday, 8 AM - 5 PM

- Humana

  www.humana.com

  1-800-833-6917

- UnitedHealthcare .

  www.uhc.com
  Main Phone: (312) 803-5900
  Phone: (800) 627-0687

- County Care

  www.countycare.com

  312-864-8200

- Medicare-

  www.medicare.gov

  1-800-633-4227

- Medicaid

  www.medicaid.gov

  800-843-6154 or call 800-226-0768

- Land of Lincoln

  www.landoflincolnhealth.org

  844-674-3844

- Cigna
  www.cigna.com
  (312) 648-0655