WORKBOOK

Peer Navigators for Healthy Lifestyles

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PREFACE

People with serious mental illness get sick and die at much higher rates than same-aged peers. This pattern is significantly worse for people of color that have weight-related concerns connected with being overweight or obese. In 2016, a coalition of advocates, providers, and researchers from Heartland Alliance Health (HAH), Advocates for Human Potential (AHP), DePaul University, and the Illinois Institute of Technology (IIT) were awarded a grant by the National Institute of Minority Health and Health Disparities to better understand the problem, craft a program meant to impact these health inequities, and evaluate the program in a rigorous study. We did this in the frame of Community-based Participatory Research (CBPR), partnering with people with lived experience to develop a qualitative research program meant to understand the obesity and weight-related illnesses for African Americans with serious mental illness (SMI) that live in food and activity deserts. We learned from this work that **peer navigators** (**PNs**) might be an effective approach to helping African Americans who are overweight with mental illness engage in and fully benefit from the health and wellness programs meant to address weight goals. The CBPR team used findings from our qualitative research to develop this Peer Navigator (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 their specific communities. We chose to frame the role here as Peer Navigator 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 health care system, as well as, the community is a practical task essential to the success of a person's health goals.

Peer navigators will assist the program's participants in the Behaviors for Healthy Lifestyles program (BHL).

This workbook is a companion to the Training Workbook for Peer Navigators. Included are Fact Sheets, Worksheets, and Peer-and-Participant sheets.

Fact Sheets are informational: use to look up a term or as a refresher on material learned during training.

Worksheets are training tools: use exercises to engage and interact in training sessions, as well as, practice the skills learned during training.

Peer-and-Participant sheets are participant data forms: use them with participants as a guide for developing an individual plan of action for in-the-field work.

The majority of this curriculum was adapted from previous existing works. Specific citations are provided in the manual and workbook where appropriate. 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 working at the University of Chicago Center for Psychiatric Rehabilitation (2000). The PRCP was developed through support of the Illinois Department of Mental Health.

To learn more about this and other related projects, visit our website at www.chicagohealthdisparities.org.

INTRODUCTION

GOALS

This curriculum seeks to provide a fundamental understanding of the obesity and weight-related illnesses experienced by African Americans with serious mental illness (SMI) living in food and activity deserts. More importantly, the curriculum reviews broad strategies which peer navigators (**PN**s) might draw on to help people address these problems. Our goal is to focus on skills and resources.

- SKILLS: specific actions and behaviors that PNs may use to help the person meet his or her health goals; and
- RESOURCES: existing services throughout Chicago that PNs might avail from to help the person meet his or her health needs. As such, this manual is meant to be the foundation of an ever-evolving resource book for PNs and African Americans with SMI who live in food and activity deserts and face obesity and weight-related illnesses.

Training is meant to be **brief**. Training starts with an introduction of ideas, skills, and resources in a "classroom" setting. Brief *Fact Sheets* are provided for PNs to use as a terminology resource or to review training material. Additionally, *Peer and Participant Sheets* are provided so that PNs may use them collaboratively to help people achieve health goals through specific actions while in-the-field.

Training is meant to be **experiential** in the classroom. For this reason, training is guided by *Worksheets* meant to be used as a way to engage during training and apply learned training skills. Experiential work will be augmented by role playing exercises informed by the examples from people's lives.

Training is meant to be **short**. Many of the ideas, skills, and resources here make sense only when the PN travels into the community to test them out. The material presented in this manual is meant to be reviewed and completed in roughly 20 hours of training. PNs should work and go into the field promptly. Spending too much time in the classroom may lead to lost information.

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 and appetite for lifelong learning.

Fact Sheets, Peer and Participant Sheets, and Worksheets are provided in this **MANUAL** and a **WORKBOOK** for trainees.

CONTENT

- **CHAPTER 1**. **Overview of the Program:** includes About the Project and its overarching goals followed by an explanation of Research Study Logistics. Overview of Healthy Eating Activity categorizes the types of healthy eating and activity-related needs on may have into four categories. Barriers to achieving these needs are also presented. Participants can then rate these needs using Your Experience with Healthy Eating and Activity.
- **CHAPTER 2. Peer Navigator Components:** defines *peer* as someone with lived experience of mental illness and training who can help others in similar situations or circumstances. Basic Principles for Providing PN Services offers tools for PNs to use when providing services to clients broken down into three categories: Basic Values, Fundamental Approach, and Part of a Team. PN responsibilities and role management are delineated in Overview of PN Duties and are divided into three categories: Working with the Person, Responding to their Concerns, and Managing My Role. Peer-and-Participant Sheet Contact, Information Log is provided to easily locate clients for follow-up appointments.
- **CHAPTER 3. Peer Navigator and Participant Relationship:** presents Basic Principles in Relationship Building for PNs to teach clients how to work on problem resolution or practice self-care. Basic Relationship Building Principles asks participants to practice the principles learned in the previous corresponding worksheet. Types of relationship denotes seven types of relationships that a PN can have with a participant. Tips for maintaining Relationship Boundaries and sharing your story via Self-disclosure are then offered. Participants can then draft their disclosure using Guide to Disclosure as a template. Participants can then practice sharing their story and listening through Disclosure of Information.
- **Chapter 4. Peer Navigator Requirements:** begins with an overview of HIPAA rights. Cultural Competence is thoroughly explained using: Self-awareness, Respect for Difference, Affirmation, Don't Assume, and Language. These ideas can then be implemented to reflect personal experiences on Cultural Competence Experiences. PNs learn how to properly display Office Etiquette using the following categories: Dress/Hygiene, Calling in Sick/Time Off, Personal Cell Phone Use, Schedule, Emailing/Computer Usage, Conflicts with Co-Workers, and Workspace. Tips for Time Management are offered. PNs should then use these tips when completing the Time Management worksheet. Suggestions to exercise caution are given on Street Smarts. Street Smart Experiences may be used to dialog unsafe situations. Next, Managing Burnout offers warning signs and ways to deal with emotional fatigue. PNs can then use the Managing Burnout worksheet to reflect on their own experiences with burnout.
- **Chapter 5. Motivational Interviewing:** includes the goal and four principles of Motivational Interviewing. The Motivational Interviewing Worksheet is a role play activity for PNs to exercise what was just learned. Attending, following, and reflecting skills are explained in Effective Listening Skills. Roadblocks to Effective Listening are divided into judging, problem-solving, and avoiding. A role play activity for PNs to identify roadblock types is given on Examples of Roadblocks. PNs can then Practice Effective Listening on Worksheets 1, 2, and 3. The purpose and five principles of the Strengths Model are also provided. PNs can identify their current strengths using the Peer-and-Participant Sheet, Strengths Model. Advocacy delineates the Roles and Levels of advocacy. Strengths and Weaknesses of Different Advocacy Roles.

- **Chapter 6. Peer Navigator and Participant Interaction:** Trauma-informed Care defines trauma and care and presents five ways to deals with it: Recognize Signs, Normalize the Trauma, Establish Trust & Safety, Partnership, and Promote Empowerment. PNs are asked to think back to a trauma experience using Trauma-informed Care Experiences. Mental Health Crisis Management offers signs, strategies, and ways to keep a person safe according to different conditions. Similarly, Physical Health Crisis Management does the same for physical conditions. Types of aggression and causes and responses for these are given in Aggression Management. Principles and definition of Harm Reduction then presented. Harm reduction is explained as nonjudgmental, informative, and understanding. The Harm Reduction Worksheet allows PNs to see how it applies to them or someone they may know. Relapse Management gives Skills, Signs, Triggers, and a Relapse Prevention Plan. Seven steps to problem-solving are presented in Peer-and-Participant Problem-solving which PNs can then practice in a role play exercise on the Peer-and-Participant Problem-solving worksheet. The Peer-and-Participant Motivational Interviewing Assessment Sheet is meant to address the short and long-term pros and cons of a target behavior. PNs can practice relapse management on a specific area using Peer-and-Participant Relapse Management. Finally, Peer-and-Participant Problem-solving allows PNs to practice problem-solving skills.

Note one recurring theme of the manual. PNs are helpers, just like other mental health providers: 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: 20 hours
- Transition: start up and windshield tours interspersed with three 3-hour didactic sessions
- Start-up in-service: one afternoon per week for six weeks
- 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.

CHAPTER 1: OVERVIEW OF THE PROGRAM

About the Project

Fact Sheet 1.1, **About the Project**

"Promoting healthy lifestyle behaviors to address obesity related complications of African Americans with serious mental illness using peer navigators" is a 5-year community-based participatory research project that will be implemented and tested within the infrastructure of Trilogy Behavioral Healthcare. A diverse group of stakeholders and African Americans with lived experience in Chicago adapted existing peer navigator programs to address overweight and obesity concerns within their communities. This project combines peer navigators and behavioral weight loss strategies to eliminate health disparities that exist in marginalized communities throughout Chicago.

- **UNDERSTANDING PARTICIPANT GOALS:** The skills and information peer navigators will need to understand what is important to your participant and how best to assist in achieving these objectives.
    - What do participants want to accomplish?
    - What are the barriers to achieving these goals?
    - What resources and strengths will participants count on receiving from a peer navigator?

- **MAKING A PLAN**: Learning to identify and access the people, places, and things that peer navigators will need to best assist their participants.
    - What will we do in the community to facilitate Behaviors for Healthy Lifestyles goals?
    - What resources are available in the participants' community?

- **LINKING TO AND ACCESSING RESOURCES:** Learning how to best navigate the various resources within the participant's community. How do you access information and deliver to participants?
    - Find the resource.
    - Support participants in using the resource.

- **GETTING CONNECTED:** How to engage and work effectively with peer navigator participants. How to start off on the "right foot" so that the work together can last the duration of the relationship.
    - Introductions.
    - Being available.
    - Where participants will be found.
    - The long-term connection.

- **STAYING CONNECTED:** How to sustain the relationship they have developed and continue forming the growth of participants.
    - Being accessible.
    - Where participants are: emotional/mental/physical health.
    - Over the long haul.

Research Study Logistics

Fact Sheet 1.2, **Research Study Logistics**

Comparison study

- G1: Treatment as usual (Integrated care)
- G2: Treatment as usual PLUS Behavior for Healthy Lifestyles Program (BHL)
- G3: Treatment as usual PLUS Peer Navigator and BHL

Random Assignment: (By flip of a coin)

- People will have equal chance of getting assigned to one of the three groups.
- Research participants will be African Americans with serious mental illness who are experiencing weight-related health concerns and living in the Chicago area. At least 270 adults will be recruited for the study and will be separated into 3 yearly cohorts of 30 each at 12-month intervals; 90 assigned to treatment as usual, 90 to treatment as usual plus BHL and 90 to treatment as usual plus PN and BHL over the course of 3 years.

Peer Navigator Assignment

- In keeping with gender-and trauma-informed practices, participants assigned to the G3 condition will be asked if it matters to them whether their peer navigator is male or female. If yes, they will be asked which gender they prefer, and how much it matters to them, on a 1-7 scale, that they are matched with the gender of their choice (1= *It doesn't matter much at all*; 4= *It matters somewhat*; 7=*It matters a lot to me*).
- While caseload size and other factors will need to be considered, participants will be matched with the gender of their choice as frequently as possible.

Length of time

- Research participants in G2 and G3 will receive services for 8-months. Participant from all three groups will be enrolled in the study for 12 months so we can also see how the programs will impact them for the 4-month period after they finish receiving services. They may decide to stop participating in services at any time during the 8-months and in no way will be at risk of jeopardizing receipt of other services from other Chicago health care providers.

Assessment

- All research participants will be assessed every four months (baseline, 4, 8, 12 months) during the course of the study to determine impact of peer navigators and the BHL program on their weight, health, and quality of life. All research participants will be fully informed about the study and asked to sign a consent form for participation. Research participants will be paid $15 per hour for every hour they complete questionnaires for the study, plus $5 for travel to study visit. Additional information will be gathered on a monthly basis via calls and tracked. Participants will be awarded $10 for every achieved monthly call with compensation taking place during each periodic assessment.
- All research data will be gathered by research assistants from IIT. Peer navigators will have no role in collecting data.

Human Subjects Protection

- All aspects of this study have been fully reviewed and approved by the Institutional Review Board at the Illinois Institute of Technology.

Program Fidelity

- Program fidelity refers to how closely the program follows the guidelines set forth at the beginning of study. As part of measuring fidelity, we will be periodically asking peer navigators to report on their activities. This will help us know what kind of services are being provided as part of the program, whether the program is covering the areas that we intended it to cover, and whether we need to make changes to the program for future implementation.

Healthy Eating and Physical Activity

Fact Sheet 1.3, **Overview of Healthy Eating and Physical Activity**

What are specific healthy eating and activity needs?

Weight-related Illnesses

- *Acute*: comes on suddenly; may be corrected with straightforward treatment; may lead to chronic condition if untreated
- *Chronic*: forms over a longer period of time. Common illnesses related to unhealthy eating and lack of exercise include Type 2 diabetes, high cholesterol, asthma, heart problems, arthritis, hypertension

Other Health Concerns

Eye care
Dental care
Foot care
Women's health
Men's health
HIV/AIDS services
Mental health and substance abuse services
Preventive care

Other Relevant Health Issues

Nutrition access
Fitness center access
Housing
Hygiene
Physical disability

Personal Decisions about BHL

Personal decisions may differ from:

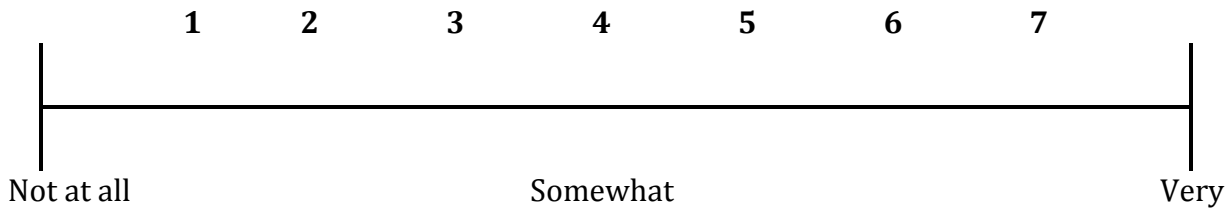
Provider recommendations
Family recommendations
Peer Navigator recommendations

What are some barriers to becoming more active and making healthy food choices?

- Not enough options
- Linked agency has other priorities
- Other personal priorities (i.e. employment, housing)
- Lack of coordinated services
- Lack of insurance
- Lack of money
- Lack of social support
- Lack of family support
- Medication side effects
- Lack of cooking knowledge
- No equipment to cook healthy foods
- Physical disability
- Lack of transportation to services
- Insensitivity of fitness center staff
- Stigma
- Lack of knowledge about how to use fitness equipment
- Unaware or unconcerned with health needs
- Procrastination
- Confusion about where to begin

Worksheet 1.1, **Your Experience with Healthy Eating and Physical Activity**

Now rate how **important** each of these issues are to you on this seven-point scale:



Health issues related to weight

_____ Type 2 Diabetes
_____ High Cholesterol
_____ Asthma
_____ Heart problems
_____ Arthritis
_____ Hypertension

Other health concerns

_____ Eye care
_____ Dental care
_____ Foot care
_____ Women's health
_____ Men's health
_____ HIV/AIDS services
_____ Mental health
_____ Substance use
_____ Preventive care

Personal decisions about BHL

_____ Level of trust in provider
_____ Level of comfort with peer navigator
_____ Education on healthy living
_____ Importance of information on healthy eating
_____ Importance of information on activity

Now, provide an example of one key issue from your experience with healthy eating and participation in activities:

Addressing Healthy Eating and Physical Activity Goals

Peer-and-Participant Sheet 1.1, **Barriers to Weight Management**

Discuss potential barriers with the participant, allowing the participant to choose the options that currently interfere with weight loss and how they would like to move forward.

_____Not enough options

_____Linked agency has other priorities

_____Other personal priorities (i.e. employment, housing, caring for family)

_____Lack of coordinated services

_____Lack of insurance

_____Lack of money

_____Lack of social support

_____Lack of family support

_____Medication side effects

_____Lack of cooking knowledge

_____No equipment to cook healthy foods

_____Food allergies and sensitivities

_____Physical disability

_____Lack of transportation to services

_____Insensitivity of fitness center staff

_____Stigma

_____Lack of knowledge about how to use fitness equipment

_____Unaware or unconcerned with health needs

_____Procrastination

_____Confusion

_____Not safe to exercise outside

_____Don't like to exercise

_____Emotional eating (i.e., eating in response to stress)

Now ask participant to provide an example of one key issue from their experience with healthy eating and participation in activities:

Peer-and-Participant Sheet 1.2, **Healthy Eating and Physical Activity Goals**

Discuss healthy eating and physical activity goals with the participant by completing this sheet together.

How do you define good health?

- _____
- _____
- _____
- _____

What barriers prevent you from achieving a healthy lifestyle?

- _____
- _____
- _____
- _____

Do you have any concerns about healthy living?

__Nutrition __Weight __ Activity Level __Housing __Safety __Transportation

__Grocery Shopping __Other:

Do you have any concerns about your physical health?

__Eyes __Teeth __Smoking __Joints __Walking __Lifting __Bending

__Breathing __Allergies __Other:

Do you have any concerns about your mental health?

__Medications __Depression __Anxiety __Fear __Other:

Do you have any concerns about alcohol or other drug use?

__Withdrawal __Treatment __Relapse __Harm Reduction __Self-Help Programs __Other:

Peer Navigators are here to support <u>your</u> healthy eating and activity choices.

How can your peer navigator best assist you with achieving BHL goals?

__Dietician __Better Health Care Provider __Join a Fitness Center __Grocery Shopping

__Menu Planning __Food Tracking __ Cooking __ Food Budgeting __ Increasing Activity

__Reducing Barriers to Goals

What are your current healthy eating and activity strengths?

- _____
- _____

What resources do you have? (e.g. money, friends, Medicaid)

- _____
- _____

Take this moment to discuss any concerns not mentioned up to this point:

_____

_____

_____

_____

CHAPTER 2: PEER NAVIGATION COMPONENT

Who are Peers?

Fact Sheet 2.1, **Who are Peers?**

Who can be a peer navigator?

- A peer navigator (PN) is someone with lived experience and training that allows them to assist others in similar situations or circumstances.
- A PN has the ability learn additional skills and improve strategies to assist others in the community.
- PNs are African Americans who are actively managing their own nutrition and weight-related health challenges.
- PNs have lived experience with mental illness and are now in recovery.
- PNs with personal experience in addressing physical health challenges is also a strength when assisting participants with behaviors that improve healthy lifestyles.

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 healthy eating and activity strategies.
- Along with personal experience comes the ability to be tolerant, dedicated, motivated, and supportive of participants that share in the same triumphs and challenges.
- Peers who are able to share their experience can provide support with a better understanding and connection to participants.
- Peers are resourceful and are able to access available services that are not widely published in the community.

What do peer navigators do?

- PNs assist the participant in setting and achieving their healthy eating and activity goals.
- PNs assist African Americans with mental illness to access resources for healthy eating and activity that addresses their health care needs.
- PNs lead by example by sharing their resources, experience and knowledge.
- PNs assist participants with achieving healthier lifestyles within the communities they serve.

What are some good qualities a peer navigator should have?

- _____
- _____
- _____

Basic Principles of Peer Navigators

Fact Sheet 2.2, **Basic Principles for Providing PN Services**

BASIC VALUES:

Peer Experienced: PNs are peers! They are African Americans who have weight-related health concerns and lived experience with mental illness and are now in recovery.

In the Community: PNs provide services in the community where the participant works and lives.

Available: PNs maintain a flexible work schedule and make themselves available according to their participant's schedule within reason.

Recovery-Focused: PNs promote goal achievement and hope for healthy eating and physical activity by recognizing recovery and not perfection.

Empowering: PNs recognize and encourage self-determination. Participants have the ultimate power in defining their BHL goals. They make the final decision in participating in services meant to impact their goals.

Health-Focused: PNs recognize positive changes in healthy eating and increased activity and not weight loss as the expectation, promoting goal achievement, and newly formed healthy habits.

Goals-Focused: PNs focus on the participant's goal choices. Doctors, family members and spouses may have health and weight goals for an individual; however, the participant makes the final decision about the pursuit of health and wellness goals.

Accepting: PNs work with people who have different opinions from their own. Effective PNs respect these differences and appreciate the participant for who they are and what they believe.

Patient and Consistent: PNs will provide healthy lifestyle services regularly and over the long term. Most problems experienced from unhealthy eating and the lack of activity do not change quickly.

FUNDAMENTAL APPROACH:

Boundaries: PNs learn to recognize the limits of what they can do to assist the participant.

Proactive: PNs suggest healthy eating & activity goals and strategies rather than awaiting direction. Skills will be used to be attentive to places and times where action is needed.

Broad Focus: PNs attempt to assist participants in addressing all health and wellness concerns. This may mean working in related areas such as community living, budgeting, substance use, and education.

Active Listener: PNs must use effective active listening skills. This includes careful attention to detail and a reflection of what the participant is communicating including exploration of the meaning behind what they say.

Supportive Decision-making: PNs guide the participant in identifying pros and cons of individual healthy eating and activity decisions. PNs utilize various problem-solving skills to assist the participant in making their own healthy eating and activity decisions.

Strength based Problem-Solving Focus: PNs partner with participants to define their goal, brainstorm options, plan out a strategy, try it, and evaluate it to determine its effect.

PART OF A TEAM:

Team Members: Research Participant, Peer Navigator Supervisor, Peer Navigators, BHL Facilitator, Dietician.

Supervised: PNs are supervised and receive regular supportive feedback about their performance. Supervisors should be active members of the participant's healthy eating and activity service team.

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

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. This unit serves to broaden the human resources available.

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

Networked: PNs seek to meet the participant's needs by coordinating education about nutrition, healthy food access, and activity providers.

Access: With permission, PNs are available to accompany the participant into an examination room and/or access patient portal services.

Informed and Resourced: PNs have knowledge and resources outside the participant's healthcare system and are aware of resources related to healthy food access, food budgeting, and weight management.

Overview of PN Duties

Fact Sheet 2.3, **Overview of PN Duties**

This section of training will outline the specific responsibilities of a peer navigator.
Below are brief descriptions of what will be covered in this workbook.

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

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

Motivational Interviewing: An effective way to engage participants, encourage willingness to change talk, and provide a motivational attitude to make positive changes**.**

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

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

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

Working with the BHL: Strategies the PN will utilize to assist the participant in achieving a healthy approach to healthy eating and increased physical activity.

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

RESPONDING TO THEIR CONCERNS: Items discussed in this section refer to set(s) of skills and approaches for the PN to assist participants in getting their healthy living needs met.

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

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.

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

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

Aggression Management: A set of skills to guide PNs in handling possible aggression to avoid harm to themselves or others.

Harm Reduction: PNs assist participants in minimizing the negative impacts of unhealthy eating and behaviors to self, loved ones, and community when engaging in risky behaviors.

Relapse Management: A set of skills designed to reduce the likelihood of symptoms leading to relapse or the participant returning to unhealthy behaviors.

Interpersonal Problem Solving: Identify and resolve problems in a manner that shows respect for participants and the choices that the participant decides to use.

MANAGING THE ROLE: Items discussed in this section refer to set(s) of skills and tools that will assist the PN in flourishing in their position.

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 the PN reveals aspects of him or herself in order to better connect with the participant.

Office Etiquette: A set of guidelines that will support the PNs' successful adjustment into the office setting.

Street Smarts: An informative guide that strengthens the PNs' lived experience skills and focuses on staying safe while working in large urban areas.

Managing Burnout: A guide to acknowledging and reducing stress that PNs experience due to regular exposure of traumatic experiences and stories shared by participants.

Professional Disclosure

Worksheet 2.1, **Peer Navigator Introduction**

Peer Navigator Name
Title
Agency
Address
Cell phone
Office phone
Email
Fax
Hours

Purpose

The purpose of this document is to orient you to the peer navigator program. This document outlines my background, goals for peer navigation, and responsibilities of both the peer navigator and the participant.

About the Peer Navigator Program

Peer navigators (**PNs**) are also known as community health workers (**CHWs**) in other settings. PNs are not considered mental health professionals. A peer is someone who is in recovery from personal "lived experience" of mental health challenges. As a PN, I will meet with you in the community to understand your unique physical health needs and then partner with you to work on health goals. I may help you attend doctor appointments, enroll for health insurance, fill a prescription, communicate with healthcare providers, or do other activities that help you navigate the healthcare system. I will work with any of your current healthcare providers to help you meet your healthcare needs.

About Me

Lived Experience
In a few sentences, describe your personal experiences as a peer, and how you will use these experiences as a peer navigator. Briefly describe the mental health difficulties that you struggled with (on-the-way down story) and your recovery, hope, and aspirations (on-the-way up story). Also discuss your experiences (both good and bad) with using physical and mental healthcare services.

Professional Experience
In a few sentences, describe your professional experiences, including past work experiences (if any), amount of time in current position, or other relevant volunteer positions.

Education and Training
In a few sentences, describe your education and your navigator-related training, including any continuing education courses you have taken.

Supervision

I am supervised by: Insert Supervisor Name. My supervisor can be contacted at the following phone or email: Insert supervisor phone or email.

Confidentiality

The issues you discuss with me will be confidential, meaning that I will not share what we discuss with anyone. However, there are a few exceptions:

1) If I think you may harm yourself or another person, I may tell another healthcare provider so that they can help you.
2) I meet weekly with my supervisor to discuss the services I provide. I will share information with my supervisor and peer navigator team in order to improve my performance and meet your needs. My supervisor and other peer navigators also pledge to keep your information confidential.

Program Duration

You will be enrolled in the program for a maximum of eight months. If you want to leave the program before eight months, please speak to me so I can help you transition out of services or explore other options.

Communication

Most participants meet or communicate with their peer navigator weekly, but this is based on your needs and can be more often or less often. Please let me know your preferences for meeting times and locations so I can best meet your needs. My regular hours are: insert office hours. Feel free to contact me whenever you need. If you have a mental health emergency or need to talk to someone when I am not available please call: Insert appropriate numbers

Participant Responsibilities

1) Attend scheduled sessions with peer navigator
2) Communicate with me regarding needs, concerns, schedule changes, etc.

Peer Navigator Responsibilities

1) Prepare for and attend all sessions.
2) Provide services in the community that meet each individual's health needs.

Printed Name:_____

Signature:_____ Date: _____

PN keeps the signed copy of this document and provides participant with a printed copy for their reference.

Worksheet 2.2, **How Can Peer Navigators Help with Healthy Living Goals?**

- Go with participant to enroll for gym membership
- Take a walk with participant
- Help participant explore gym memberships online
- Make an exercise plan with your participant
- Make check-in calls to encourage your participant
- Plan a healthy meal together
- Go grocery shopping to help with healthy food choices
- Help participant cook a healthy meal
- Help participant call for a doctor's appointment
- Coach participant in self-advocacy
- Help participants find people in their lives (friends, family, etc.) who will support them in their healthy living goals
- Celebrate health and weight loss milestones with your participant
- Attend a doctor appointment with participant
- Help participant locate a doctor or nutritionist
- Attend a healthy living event or health fair with your participant
- Help participant locate a food pantry or grocery delivery service
- Guide participant in securing transportation or bus passes
- Coach participant in addressing health issues with doctor
- Use motivational interviewing techniques
- Help problem-solve around healthy living barriers
- Attend exercise classes with participant
- Add your own ideas below
    - _____
    - _____
    - _____
    - _____

Contact Information

Peer-and-Participant Sheet 2.1, **Contact Information Log**

Use the space below to obtain contact information from participants. Explain that this information will not be shared with anyone but rather be used to find participants for follow-up appointments.

Name: _____

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

Where do you currently live: _____

Phone number: _____

Alternative number: _____

Friend or family member's number: _____

Employer's number: _____

Shelter number: _____

Best time to call: _____

Email: _____

Address: _____

Primary Care Physician name: _____

Primary Care Physician contact info: _____

Additional info (to help me find you):

_____

_____

_____

CHAPTER 3: PEER NAVIGATOR AND PARTICIPANT RELATIONSHIP

Basic Principles in Relationship Building

Fact Sheet 3.1, **Basic Principles in Relationship Building**

The goal of relationship building is to assist another person in learning skills that will resolve his or her own problems. In other words, it is to encourage others to effectively care for themselves.

Stages of Relationship Building

Stage 1: The Current State of Affairs

Goal: Assist the participant in identifying and understanding problem situations in his/her life.

Skill: Active listening

Stage 2: The Preferred Scenario

Goal: Guide the participant in deciding what they need and want by weighing the pros and cons of certain decisions.

Skill: Decision-making

Stage 3: Strategies for Action

Goal: Support the participant in developing a plan to reach set goal(s)

Skill: Problem-solving

BASIC VALUES OF RELATIONSHIP BUILDING

Empathy: The ability to share in the participant's emotions and experiences and afterwards be able to reflect and share what was received with the person. This experience allows the PN to feel what the participant feels rather than feel sorry for the participant.

Genuineness: The ability to practice openness and honesty in PN responses to the participant. The goal is to be aware of reactions to the experiences of others in order to respond honestly and remain sincere. This may include some self-disclosure of one's own life experiences while being mindful of what is disclosed.

Unconditional Positive Regard: The practice of separating the participant from his/her actions, particularly when the PN does not agree with the participant's behaviors. Acceptance of the participant's choices are an important component of effective relationship building.

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

Worksheet 3.1, **Basic Relationship Building Principles**

Review the Basic Principles in Relationship Building fact sheet. Considering the values of **empathy**, **genuineness** and **unconditional positive regard**, think of two times in your life when you needed assistance.
First, think of a positive experience, or a time when you benefitted from another person who practiced these values.

Next, think of a negative experience, or a time when you did not get the assistance you needed.

Here is an example of a positive experience:

Time in life: *In high school*

Person's name: *Mr. Dixon, my football coach*

How did this person assist you? *I was having trouble providing defense for the length of the field. I was consistently stopping before the end of the play and letting down my teammates. I didn't want to be different or bring down my team, so I didn't tell anyone that I was having trouble getting healthy foods to eat at home. My coach noticed that I was struggling and sat me down to talk about it. He 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 what I was experiencing without feeling like he was judging me. I really felt like he cared about my situation at home and wanted to find a way to assist.*

Now let's try examples of **empathy, genuineness** and **unconditional positive regard** from your life:

Time in your life:

Assistant's name:

How did this person assist you?

How did you feel at the time?

Time in your life:

Assistant's name:

How did this person assist you?

How did you feel at the time?

Time in your life:

Assistant's name:

How did this person assist you?

How did you feel at the time?

Source: University of Chicago Center for Psychiatric Rehabilitation (1999).

Types of Relationships

Fact Sheet 3.2, **Types of Relationships**

The goal of Peer Navigators and Participants is to build a safe and trusting relationship. Assumptions are ideals and thoughts that are accepted as true, without any proof. These ideals can be destructive when individuals are in the process of building a trusting relationship.
WHAT WE WANT TO ACHIEVE:

TEAM MEMBER /TEAM MEMBER

Key elements: PNs see themselves in an opportunity to learn. The focus is on learning from the participant rather than attempting to control him or her. It is an environment where the PN and participant can admit their mistakes without shame.

How to spot it: Shared learning experiences, mutual respect, and no power imbalance.

Examples: Clients are involved in their own healthy lifestyle goals and have the ability to voice their opinions.

Questions to guide this type of relationship: "Is this interaction patient-centered?" or "What can I learn in this moment?"

The following are relationship assumptions along with the outcomes that can occur when building relationships:

PARENT/CHILD

Assumption: The PN responds to the participant as if they cannot function as responsible adults. The PN blames the participant's poor choices on a lack of knowledge and skills. PNs should do everything because the participant does not know what is best.

How to spot: Statements like "If the rules are not followed, there will be consequences" or "Don't concern yourself with this, I will do what is best for you."

Outcome: This will most likely lead to resistance. PNs underestimate the participant's ability to problem solve and take initiative for their own lives.

TEACHER/STUDENT

Assumption: Participants make poor choices due to lack of knowledge and must be taught. PNs have all the knowledge.

How to spot: PNs tell participant how they should feel, behave, and what services they should use. "You should not be angry with the BHL facilitator; they know what you need to do!"

Outcome: This is disempowering. PNs may force their own beliefs onto participants without hearing different experiences. As a result, PNs will be discrediting the knowledge of participants and their ability to learn new approaches.

DRILL SERGEANT/RECRUIT

Assumption: The PN assumes the position that "Our way is the best way!"

How to spot: The PN begins to apply rigid rules and removes options of flexibility.

Outcome: Efforts are focused on having participants follow established protocol 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 the participant.

How to spot: Discriminating against physical or mental disabilities, or playing an "investigator" role when determining who comes on your caseload. The attitude is that "I don't want to work with him because he is too difficult."

Outcome: It creates a dynamic where accountability is not mutual. Opportunities for advocacy and support are lost.

RESCUER/VICTIM

Assumption: PNs know what is best for the participant and discourage the participant from demonstrating independence or confidence. Participants do not have or are not aware of their own resources. PNs take on the role of saints and participants need to be fixed.

How to spot: "It is my fault if the participant makes poor choices or decisions that I do not agree with." The PN tends to be over-involved (i.e., not letting a client do things for themselves) and experiences burnout more frequently.

Outcome: PNs eliminate opportunities for participants to be self-sufficient and expect clients to be grateful. This will lead to self-doubt and lack of confidence among participants.

Source: Dobbins (2012).

Relationship Boundaries

Fact Sheet 3.3, **Relationship Boundaries**

FRIEND/FRIEND:

Assumption: The PN believes that the participant does not have a lot of friends and could probably use one.

How to spot it: The PN asks participant to go for a cup of coffee or hang out after work hours.

Outcome: Being friends with a participant interferes with being able to provide good services. It can also undermine relationships with other participants as they may not trust you to provide services equally to all members of the caseload.

Now we will take a look at healthy relationship boundaries.
Before we begin: Please keep in mind the ideals and outcomes of relationship assumptions.

STAYING WITHIN BOUNDARIES

Ignore overtures: PNs should not give attention to statements like "I'd love to take you to see a movie after our meeting."

Educate clients on limits: Inform the participant that it is against company policy for you to lend money, date, or share information about someone else.

Make assertive comments: "Please don't ask me for my private number again." This type of communication is advised after attempts have been made to educate a client on limits.

DO:

- Share your story with the participant to the extent that you are comfortable
- Always 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 information that is problematic or unresolved
- Socialize with participants after work hours
- Engage in an intimate relationship with participants
- Promise to keep a secret for participants or ask participants to keep secrets
- Provide financial loans to participants
- Give out private information to participants (home phone number, address, etc.)
- Use offensive or stigmatizing language around participants
- Share alcohol or other substances

Self-disclosure

Fact Sheet 3.4, **Self-disclosure**

As a peer navigator, you have a story that may be helpful for others to hear. Even though work is focused on participants, hearing how you have overcome struggles can be useful. How to effectively tell your story is very important. It is also important to note that telling your story does not usually occur early in the relationship building process with the participant. The peer and participant relationship has to be securely established first.

MAKE IT PERSONAL: Telling your story to another person can feel risky and uncomfortable if you have not done so before. As a peer navigator, keep the focus on your own experiences and only tell it when you are comfortable sharing details with another person. Be natural and emphasize the challenges you have overcome, always using "I" statements, and remember that the goal of sharing is to assist the participant in achieving some possible solution.

USE CONCRETE EXPERIENCES: The use of vague language or experiences that are not your own can be confusing for participants to follow. Also, generalizations can be difficult for others to connect with, so use real-life examples when self-disclosing (e.g., "When I was hospitalized for a suicide attempt, I was scared" vs. "I was hospitalized once, too"). Share strategies that worked for you and how you found out about these options.

BE TRUTHFUL and 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. Be honest about your past challenges and successes. Tell participants what worked for you. Keep in mind that everything that did or did not work for you may or may not work for the participant.

EMPOWER YOURSELF and EMPOWER OTHERS: Telling your story, as the PN, is meant to assist participants in recognizing that you are no longer a passive responder to your illness, nor to a society that looks down on people like yourself. Be confident when telling your story of overcoming difficult situations and circumstances. Show pride in yourself and your experiences. Emphasize how recovery is the norm, not the exception. Keep in mind that recovery is a process that does not come with ease for everyone.

Corrigan and Lundin (2012).

Worksheet 3.2**, Guide to Self-disclosure**

Complete the worksheet below by using the lines provided to insert the most comfortable answer.

A Guide to Setting up a Story about Your Experiences

With Weight-related Health Concerns

Hi, my name is _____ and I have a health concern related to my weight called_____.

Let me tell you about my childhood.
List some events in your youth that are typical of most people's lives and/or that might reflect the beginnings of your challenges with managing your weight.

1. _____
2. _____
3. _____
4. _____

My weight challenges started when I was about ___ years old.
List some of the difficult things that happened to you when you first noticed your lack of health and wellness beginning.

1. _____
2. _____
3. _____
4. _____

List some of the things that you have struggled with the past several years due to your weight-related health concerns.

1. _____
2. _____
3. _____
4. _____

I have found my path of recovery regarding my weight control.
What has worked (works) for me includes:

1. _____
2. _____
3. _____
4. _____

Along the way, I have experienced some stigma and unfair responses due to my weight.

List some of the unfair experiences and harsh reactions you have experienced from society.

1. _____
2. _____
3. _____
4. _____

Despite my challenges and sometimes because of them, I have achieved several accomplishments.
List some of the things that you have accomplished in terms of your work, relationships, and other personal goals.

1. _____
2. _____
3. _____
4. _____

I want to end with these two key points:

1. I like all people with weight challenges live, contribute, and play just like you.
2. So please treat me the same and do not view me based on any unfair stereotypes.

WHAT DO YOU WANT TO SAY?

You probably do not want to communicate EVERYTHING in the worksheet. Remember your GOAL is to connect with participants.

1. CIRCLE the information in the sheet you think is important for the person to hear.
2. PUT A LINE through any information:
    a. you believe is too personal (I was bullied in school) or
    b. the person might not understand (I binge eat when I am lonely).

Source: Corrigan: Honest, Open, Proud

Worksheet 3.3, **Disclosure of Information**

When disclosing, it's helpful to practice and get feedback. Before you begin this worksheet, review the **Self-Disclosure** Fact Sheet if needed.

Choose one person from the group to be the speaker. All other remaining group members will be active listeners.

Share your story of recovery with them.

Switch roles in order for all peer navigators to be the speaker and listener.

After each speaker, take a minute to complete the following:

As the **listener:**

What did the speaker say?

- _____
- _____
- _____
- _____

What did the speaker do well?

- _____
- _____
- _____

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

- _____
- _____
- _____

As the **speaker:**

What did the listener do well?

- _____
- _____
- _____
- _____

What would I do differently next time?

- _____
- _____
- _____
- _____

Source: University of Chicago Center for Psychiatric Rehabilitation (1999)

CHAPTER 4: PEER NAVIGATOR REQUIREMENTS

HIPAA

Fact Sheet 4.1, **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 a copy of their health records.
- Have corrections made to their health information.
- Receive a 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, **peer navigators,** pharmacies, hospitals, clinics, nursing homes, and all other healthcare providers; including clerical and administrative staff.
- Health insurance companies, HMOs, and 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 participants 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' protected health information (PHI) without participants' signed permission.
- Even if you have a participants' signed permission to share PHI, agencies still have rules about keeping their participants' PHI secure. For example, some agencies never allow their staff to email some PHI, such as participants' full name and Social Security number—to anyone. Be sure to discuss your agency's PHI security rules with your supervisor.

Cultural Competence

Fact Sheet 4.2, **Cultural Competence**

Cultural competence is the ability to interact effectively with people of different backgrounds, religions, cultures, races, and ethnicities.

SELF-AWARENESS: Peer navigators should be fully aware of their own cultural norms, values, and "hot button" issues and whether or not these may lead to misjudging or miscommunication with others. For example, your faith may be a very important part of your life but not for certain participants.

RESPECT FOR DIFFERENCE: Respect means encouraging and learning about participants' experiences not just tolerating different cultures, backgrounds, and religions.

AFFIRMATION: Sometimes other cultural values challenge our own comfort zone. PNs must recognize each participant as the expert of their own experience. Be ready to listen and affirm that experience.

DON'T ASSUME: As a PN, if you are not sure of a participant's culture, language, background, or income ask them. Understand that all people from a specific ethnic group do not act the same way or believe the same things.

LANGUAGE: Body language speaks loudly. It is important not to make faces, mutter things under your breath, or engage in disrespectful gestures. Participants will notice verbal and non-verbal misunderstandings.

***Note:** This Chicago study will utilize PNs who are African Americans with serious mental illness serving African Americans with serious mental illness who are experiencing weight-related health concerns. However, remember that there are many variations within groups as well.

Source: Rust et al. (2006).

Worksheet 4.1, **Cultural Competency Experiences**

Reflect on your experience as an African American with a serious mental illness and weight-related health concerns. Then, select an experience that you know well and that also differs from your own.
Next, take 15 minutes to complete the following exercise.

Explain a culture that differs from your own:

What are some of the similarities with people from this group?

What are some of the differences?

List one time when you were disrespected by another African American because of your differing background.

List one time you may have unintentionally disrespected a member of the opposite group.

What experiences led to mutual respect between you and other members of this group?

Source: Rust et al. (2006)

Office Etiquette

Fact Sheet 4.3, **Office Etiquette**

Office etiquette refers to your conduct in the workplace. While each office has a unique "vibe" to it, the following are some general guidelines to help familiarize you to an office setting. Be proactive when becoming familiar to your new organizational policies and expectations.

DRESS/HYGIENE

Start your workday by taking care of your personal hygiene. Clothes should fit properly and be appropriate for the work environment. It will be important to make sure that shoes are comfortable to walk in for long periods of time. Avoid clothing with slogans related to alcohol, drugs, and/or religious themes.

CALLING IN SICK/TIME OFF

Get familiar with the organization's attendance policy. When you need to be out sick give a minimum of 30 minutes notice BEFORE your shift starts and keep your supervisor posted if the illness lasts longer than one day. Ask your supervisor if it is okay before scheduling vacation time and always keep track of sick/vacation days by using and scheduling them appropriately in advance.

PERSONAL CELL PHONE USE

Keep your personal cellphone on vibrate while in the office and turn it **off** when you are in a meeting. Limit personal calls and texting to lunch or break times if possible. Step away from the group when taking personal calls and always be aware of the volume of your speech. Avoid taking personal calls during meetings with participants and if it is necessary, inform the meeting host of any possible emergency calls you may be expecting during the meeting period.

SCHEDULE

Know your schedule for the week ahead of time and let your supervisor know of your specific plans. For example, if you are out in the field, at the clinic, or in the office on a given day. Use your outlook (office scheduler) to manage your day to day tasks and notify your supervisor in advance of schedule changes. If the end of your usual shift has passed, you are to remain on duty until the task with a participant is completed.

EMAILING/COMPUTER USAGE

Be formal in your electronic communications and always structure emails and text messages as a formal letter avoiding slang and unknown abbreviations. Be aware that organizations will have access to your email and browser history. Use work equipment appropriately for work purposes. Check your email about 2-3 times daily.

CONFLICTS WITH CO-WORKERS

Try to resolve conflicts, as calmly as possible, before the situation gets out of control. Talk with the person you are having a conflict with before going to the supervisor. If the situation cannot be resolved, then discuss with your supervisor considering possible solutions. Remember to always treat others with respect.

WORKSPACE

Keep personal information on participants in a secure location and always maintain a neat and tidy workspace. Throw away garbage each night before leaving and keep in mind, wearing fragrance can be overwhelming for others in the office. Always respect your workspace and the people in it.

Time Management

Fact Sheet 4.4, **Time Management**

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

GET ORGANIZED

Do:

- Check work email first thing in the morning to see if any last minute items need attention.
- Check resources for updates.
- Spend the first 5 to 10 minutes of the work day making a to-do list.
- Go over the written to-do list and identify which items are of highest priority and start the day on those.
- Enter the work schedule for the day into Outlook calendar.
- If you begin to feel overwhelmed by too many tasks, talk to your supervisor BEFORE you fall behind.
- Before making or returning a message, write down the topics needed to be discussed so that nothing is forgotten.
- Stick to the planned work schedule as much as possible but be willing to re-arrange items as needed.
- Take lots of notes throughout the day.

AVOID PROCRASTNATION

Do:

- Do the task that can be done now, rather than later.
- Be realistic about the time it will take to complete multiple tasks and make sure to schedule ample time to complete a task that was started.
- When traveling to appointments with participants, always be early in case of traffic or public transportation issues.
- Appropriately schedule company vehicles and have an alternate travel plan.
- If you need to reschedule an appointment, do so as soon as possible, this may include getting the team and/or supervisor involved to accommodate the need.

LIMIT DISTRACTIONS

Do:

- Turn your phone on vibrate during meetings or with a participant. Avoid temptations to answer during these times.
- Do not text/email during face-to-face interactions with participants.
- Limit distractions from others when meeting with participants. Instead, provide participants with your undivided attention.

Source: Boe (2012)

Worksheet 4.2, **Time Management**

Instructions: Sort these tasks into your daily schedule.

1. Fred has a 9:00 am appointment with the BHL facilitator for an individual session
2. Recruit new participant resources
3. Attend PN meeting at 3:00 pm
4. Morris has a 12:00pm (noon) nutritionist appointment
5. Take a break
6. Meet with program supervisor
7. Have lunch
8. John has to be picked up for a 1:00 pm group session
9. Fred and Mary do not like each other
10. Check email
11. Help a team member with a participant 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 the mental health agency with the dietician

Date _____

Appointments

6:00 AM	
6:30	
7:00	
7:30	
8:00	
8:30	
9:00	
9:30	
10:00	
10:30	
11:00	
11:30	
NOON	
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	

Now, take this same information and enter it in Outlook.

Street Smarts

Fact Sheet 4.5, **Street Smarts**

MINIMIZE DISTRACTIONS

Wearing headphones may impair your ability to hear what is going on around you. Minimize any possible work-related distractions (e.g. paperwork, phone calls, etc.) and be observant of the area and the people that live in the community.

KEEPING VALUABLES SAFE

It is important to keep your personal items (e.g. phone, wallet, and electronics) out of reach. Be aware not to leave valuables unattended for any length of time and always use your work-related equipment (i.e. laptop, cell phones) in a safe place. Be sure to have a safe meeting location secured when providing services to a participant. If a secure meeting location is not available, schedule the task to be addressed at another time. Flaunting or bragging about your valuables may put you at a higher risk of theft.

RIDING PUBLIC TRANSPORTATION

As a PN, you will often have to take the train or city bus while working with participants. In addition, you are expected to adhere to the public transportation etiquette; specifically, priority seating. Public transportation is mostly safe but crime does occur. If you see something that needs to be reported, call 911. You are encouraged to know where you are going and the route you plan to take before leaving. Taking out a map may show that you are lost and may make you look vulnerable. Wait in well-lit areas so you are visible and sit in the front of the train (i.e. near the conductor or bus driver) if you are at all nervous or if it is late at night. Know where the emergency communication button is located and avoid telling strangers where you are going or giving out personal information to fellow riders.

TALKING TO STRANGERS

Be polite and say hello if approached while maintaining a safe distance and avoid sharing any personal information (e.g. phone number, address or where you work). Smile and nod if the stranger continues trying to talk to you and know that you are not obligated to keep a conversation going if you are uncomfortable. Avoid becoming confrontational by yelling at someone as this could escalate the situation. Call 911 if the person does not leave you alone or you feel threatened.

COMMUNITY AWARENESS

Always be aware of your environment. Some communities are limited in their resources and it may require the participant to look outside of their normal community. The participants are valuable resources for their community and may be hesitant to venture outside of its boundaries for many reasons. The PN is encouraged to become aware of community resources, the availability of resources, and coordinate with the participant's needs and/or reasons.

WHAT TO DO IF YOU ARE A VICTIM OF A CRIME

Give up your property in a robbery, move away peacefully, and do not chase anyone who has stolen from you. Avoid getting involved in trying to rescue someone else from being a victim. If you find yourself in a distressed situation yell "fire!" Strangers are more likely to respond to a fire then a cry for help. Always complete a police report and provide as much detail as possible when you have been victimized or have witnessed a crime. If police are not nearby, call 911 or go to the nearest police station. Let your supervisor know what happened immediately and tell your supervisor if you feel traumatized by the event.

Worksheet 4.3, **Street Smarts Experiences**

Choose a speaker to share an unsafe situation.
What measures are taken to stay safe?

- _____
  _____
- _____
  _____
- _____
  _____
- _____
  _____
- _____
  _____
- _____
  _____
- _____
  _____

Guidelines for PN Home Visits

Fact Sheet 4.6, **Guidelines for Peer Navigator Home Visits**

While PN services mostly take place in the community, PNs may also make home visits. Before you go, think about the purpose of the home visit, and whether that service can be provided in the community instead. Reasons for a home visit include: participant well-being check, participant has injury or illness and cannot leave their home, or the participant needs help with something specific in the home (e.g. use home exercise equipment). Home visits can be a positive experience, but can also challenge boundaries and make both the participant and PN feel uncomfortable or unsafe. PNs can make home visits in pairs, or be accompanied by their supervisor if the visit is necessary but they feel uncomfortable (e.g. well-being check).

PNs should:

- always let their supervisor know when they are making a home visit
- ask the permission of a participant (except for emergency well-being check) before coming and make sure they agree on a time
- ask permission to enter and ask where to sit
- ask whether to take off shoes and where to hang coat
- be non-judgmental and respectful of participants personal space and privacy

PNs should not:

- pressure participant to meet at their home if they are uncomfortable doing so
- enter sleeping areas or sit on a participant's bed
- use the participant bathroom unless other options are unavailable
- ask questions about household items that are unrelated to PN business

Worksheet 4.4, **Tricky Situations in Home Visits**

Write down what you would do in each situation, then discuss with the group and/or your supervisor.

1. Your participant has an injured foot and needs home visits for several weeks while she recovers. However, she has cats and you are very allergic to them.

   _____

   _____

2. You arrive for a home visit and your participant offers you a slice of homemade cake and glass of milk.

   _____

   _____

3. The first time you visit a participant, you notice there are roaches crawling everywhere and you feel uncomfortable sitting down.

   _____

   _____

4. Your participant's roommate arrives home and your participant introduces you as her new friend.

   _____

   _____

5. There is very a bad smell in the house and you begin to feel sick.

   _____

   _____

6. During a home visit, your participant asks for help with doing household chores.

   _____

   _____

7. What other tricky issues might come up when doing home visits?

   _____

   _____

Managing Burnout

Fact Sheet 4.7, **Managing Burnout**

Taking on your participant's trauma may cause a stress reaction in peer navigators and may create possible burnout in their interactions with others. Sometimes PNs may be exposed to participants' shared (traumatic) experiences and images. The reproduction of negative feelings that were at one time associated with participants and their past experiences are now (unconsciously) transferred to PNs causing a reaction. Hearing participant stories can lead to flashbacks of a PN's own traumatizing memories.

WARNING SIGNS OF TRAUMA-THROUGH-OTHERS

- **Chronic exhaustion:** Feelings of extreme fatigue despite getting enough rest.
- **Fear:** Being scared of things that would previously not scare you.
- **Anger**: Having feelings of rage at times when not appropriate to the situation.
- **Addictions:** The use of alcohol and other substances in ways that are harmful to you and have been problematic in the past.
- **Having a feeling of or being in a state of despair; lack of hope.** Thinking that you are not able to do anything for yourself or others, or that you can never do enough.
- **Hypervigilance:** Being constantly on guard or tense.
- **Diminished enjoyment:** Not being able to or not feeling like doing things you used to enjoy.
- **Inability to listen:** Having trouble paying attention and focusing on other participants.
- **Sense of paranoia:** Feeling like others are "out to get you."
- **Guilt:** Feeling badly because you think that you have done something wrong.
- **Inability to empathize:** Not being able to feel appropriately for someone else's pain or suffering.
- **Grandiosity:** Over exaggeration of your feelings, an unrealistic sense of superiority and minimization of others; seeming to be impressive but not really practical.

WAYS TO DEAL WITH EMOTIONAL FATIGUE

- **Remember:** There is only one of you and you are important to the work you do.
- **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.
- **Supervision: Talk to your supervisor about obstacles/issues that come up in your work on a regular basis.**
- **Relapse plan:** It is vital for PNs to have a plan in place to keep themselves healthy ***(See Relapse Prevention factsheet)*.**
- **Reframing your approach:** Changing the way you look at and approach a situation. Instead of worrying about not being able to assist, try thinking about ways you CAN assist.
- **Co-workers:** Bounce ideas and problems that arise off your team members in order to work through an issue and come up with a solution.
- **Positive time:** Take time during the workday to do something positive for yourself. Letting off steam will help manage burnout; similar to a release valve letting off steam to prevent blowing up.
- **Positive self-statements:** Tell yourself things like, "I can do this" or "I am good at this".
- **Boundaries:** Maintain clear guidelines, rules, or limits for yourself that are reasonable, safe, and permissible ways for other people to behave around you ***(See the Relationship Boundaries Factsheet)*.**

Worksheet 4.5, **Managing Burnout**

Reflecting on your past personal and professional experiences, what might burn you out being a Peer Navigator?

1.

2.

3.

4.

What signs do you experience that suggest you may be burned out?

1.

2.

3.

4.

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

1.

2.

3.

4.

CHAPTER 5: MOTIVATIONAL INTERVIEWING

Motivational Interviewing

Fact Sheet 5.1, **Motivational Interviewing**

The goal of Motivational Interviewing is to strengthen a participant's desire for change. Use the effective listening skills learned in the previous section and the principles outlined below to conduct motivational interviews.

- Motivation is the result of weighing the pros and cons. If the pros outweigh the cons, the participant is motivated to change. If the cons outweigh the pros, then the participant is not motivated to change.
- The purpose of motivational interviewing is to encourage participants to fully appreciate the pros and cons for themselves.
- Pros and cons of specific behaviors are different for individuals.
- All behaviors have pros and cons.
- Behaviors can be positive (going to fitness centers) or negative (binge eating).
- Pros to going to a fitness center might be losing weight and meeting more friends. Cons might be embarrassment and possible injury.
- Something negative, like binge eating, does have pros (e.g. comfort and stress relief) and cons (e.g. weight gain and shame).
- Short term pros and cons are most powerful in the moment. Right now!
- Long term pros and cons have a bigger influence over your life.

There are four principles for motivational interviewing:

Principle 1: Express Empathy

- Take on the participant's perspective. Put yourself in their shoes and think about their statements and behavior in terms of their experience.
- Ask yourself, what would I do in their situation?
- Maintain 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: Identify Discrepancy

- Discrepancies are differences between one's values and behavior. If a participant's behavior varies from his or her stated values, increasing awareness of these differences may increase motivation to change the behavior.
- After identifying discrepancies, reflect the differences back to the participant in a kind and understanding tone. Now, consider the pros and cons of changing the behavior. These are pros and cons the participant comes up with, not your own. Note the point of view both for and against change.

Principle 3: Understand Resistance

- Resistance is normal and expected. It should be used as an informative tool and by listening and responding with warmth, you can get a better understanding of the resistance.
- Change often comes with concerns about the unfamiliar or unknown. Participants may experience fear of failure or uncertainty about what the change will bring. Always make a conscious effort to listen with empathy and understanding.

Principle 4: Support Self-Efficacy

- Self-efficacy 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.

Source: Arkowitz & Miller (2008).

Worksheet 5.1, **Motivational Interviewing**

Chose an individual from the group to be the speaker.

The speaker will think of something about him or herself that he or she wants, needs, or should change in reference to healthy eating or becoming more active. This can be something you have been thinking about but have not changed yet, such as binge eating or little to no activity.

As the listener, use the information learned from Motivation Interviewing to guide you through the process.

Switch roles after 10 minutes.

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

As the **listener:**

What did the speaker say?

- _____
- _____
- _____

As the **speaker:**

What did I say that was effective in communicating my needs?

- _____
- _____

As the **listener:**

What are my motivational suggestions for the speaker?

- _____
- _____

As the **speaker**:

What am I willing to do differently based on the motivational suggestions?

- _____
- _____

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

Peer-and-Participant Sheet 5.1, **Motivational Interviewing**

List the participant's target behavior.

Target Behavior: _____

PROS	**CONS**
Short-Term	
Long-term	

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

<u>If the participant is willing,</u> make an attempt to better understand the answer given.

☐ Yes

☐No

Effective Listening Skills

Fact Sheet 5.2, **Effective Listening Skills**

Effective listening skills help the listener understand both the obvious and hidden messages behind what the speaker is saying. These skills are supportive because the speaker feels confident that his or her story is being received.

Categories of effective listening skills include: **attending**, **following**, and **reflecting**.

ATTENDING SKILLS

Engaging body language: Face the participant while speaking and do not sit with folded arms. Simple motions of nodding or leaning forward can let the speaker know you are paying attention.

Facial Expressions: Be aware of your facial expressions while listening, and ensure that the expressions used are appropriate to the participant's account of events.

Eye contact: The peer navigator should maintain natural eye contact with the speaker while he or she talks unless the eye contact is making the speaker uncomfortable.

Less distracting environment: A noisy or distracting environment can create a barrier between peer navigator and participant. The PN should try to find an area limited to interruptions and meet with the participant in a space where they can talk freely.

Time sensitivity: Taking the appropriate time needed to listen and respond to the participant can reduce barriers to effective listening. Avoid asking questions or attempting to answer questions under time constraint; instead, schedule an appropriate time to meet.

Distraction avoidance: During interactions (e.g. face to face/phone) with participants, decrease distractions (i.e. turn cell phones off, no texting, avoid talking to others). Inform participant of any possible interruptions before the meeting.

FOLLOWING SKILLS

Door openers: Make sure to not start the conversation with a roadblock. Good door openers provide an invitation to talk followed by silence, giving the participant a chance to respond.

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. Open-ended questions encourage conversation. This type of question begins with a word like what, why, or how, encouraging the participant to continue engagement.

Attentive silence: Being quiet, while showing the participant you are listening, is one of the best ways to connect. Eye contact and minimal encouragers can let the speaker know you are listening while letting the participant do most of the talking.

REFLECTING SKILLS

This type of listening skill involves returning the participant'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 participant.

Paraphrasing: Restate the core of the participant's message in your own words. This should be concise and focused on the content of what the participant said. This skill focuses on the obvious or literal message.

Reflecting feelings: This skill focuses on the hidden message of what the speaker is saying. The PN is consciously listening for feeling words and observing body language and repeating it back to the participant.

Reflecting meanings: This skill involves tying the obvious and hidden messages together. The participant's feelings and content of their message are combined. This allows the participant and the PN to think about the overall meaning of what is being said.

Summary reflections: This skill teaches a PN how to summarize the flow of the conversation. Once the participant is done speaking, the PN can reflect on themes or common statements that have been repeated.

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

Fact Sheet 5.3, **Roadblocks to Effective Listening**

Effective listening allows the peer navigator to confidently assist the participant in recognizing and identifying problem situations. The PN then guides the participant toward potential solutions. The peer navigator will assist the participant, but certain roadblocks exist that will block participants from telling their story.
Categories of roadblocks include: **judging**, **problem solving,** and **avoiding**.

JUDGING

Criticizing: Negatively evaluating the participant's actions and attitudes.

Name-calling: Labeling the participant with negative names or terms.

Diagnosing: Minimizing the complexity of the participant's thoughts and behaviors, perhaps attributing them as nonsense due to his or her mental and physical health issues.

Praising Excessively: Broad and unsubstantiated praise can lead to the participant becoming dependent on receiving approval and can limit the openness of the conversation.

Pre Judging: Approaching the participant with existing negative ideas about healthy eating and activity**.**

PROBLEM-SOLVING

Ordering: Demanding the participant to do something in order to solve a problem.

Threatening: Warning the participant that their behavior will unavoidably result in harm.

Moralizing: Informing the participant that their behavior is sinful or indecent.

Excessive Questions: Controlling the conversation by asking too many questions. This may lead to the peer navigator's control of the situation but it does not assist participants in sharing their story.

Advising: Advice can be distracting. Similar to asking too many questions, advising too soon blocks the receiving of the participant's story. The peer navigator will miss existing strengths and ideas that can be honored and brought to bear the situation.

Interruptions: Not allowing the participant to complete their thoughts.

AVOIDING

Diverting: Changing the topic from the participant's concerns to another topic. This is done by either moving the attention back toward the peer navigator or avoiding potentially uncomfortable topics.

Logical argument: The peer navigator ignores the emotional parts of the participant's message while focusing on the logical facts of what the participant has said.

Reassuring: Soothing or consoling the participant in a way that it is perceived to diminish the message being expressed.

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

Worksheet 5.2, **Examples of Roadblocks**

Role Play Activity: Identify which type of roadblock is being modeled by the instructor and volunteer:

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

Worksheet 5.3, **Practice Effective Listening 1**

Before you begin, review the **Effective Listening Skills** Fact Sheet. Choose a speaker from the group. All others will be listeners.

An Anxious Time

Speakers should talk about a time during which they have experienced worry regarding their weight loss results in the past six months. The speaker should focus specifically on whether the design of the program is actually working to meet their needs. For example, the speaker can pretend to be a person with heart problems that desperately needs to lose 10 pounds and is worried about having a heart attack. Listeners should use attending, following, and reflecting skills to demonstrate and practice their listening skills.

Try this exercise multiple times with different speakers and listeners.

After you are finished, take a minute to complete the following questions:

As the **listener:**

What did the speaker say?

- _____
- _____
- _____
- _____

What did I do or say that felt/seemed supportive?

- _____
- _____
- _____
- _____

What would I do or say 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).

Worksheet 5.4, **Practice Effective Listening 2**

Pending Decisions

The speaker will talk about a pending decision.
For example, the speaker can pretend to be a research participant who is having difficulty making group sessions in the BHL program. Should the participant withdraw from the study or request a different location? The listeners will use **Effective Listening Skills** to assist the speaker with the decision that is best for them.

Try this exercise multiple times with various situations.

After you are finished, take a minute to complete the following questions:

As the **listener:**

What did the speaker say?

- _____
- _____
- _____
- _____

What did I do or say that felt/seemed supportive?

- _____
- _____
- _____
- _____

What would I do or say differently next time?

- _____
- _____
- _____
- _____

As the **speaker:**

What did the listener do well?

- _____
- _____

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

- _____
- _____

Source: University of Chicago Center for Psychiatric Rehabilitation (1999).

Worksheet 5.5, **Practice Effective Listening 3**

Uncertain Times

The speaker, should talk about an uncertain time in their life. For example, the speaker can pretend to be a person who has lost their housing and is unsure about whether or not to continue in the BHL program. Listeners should use **Effective Listening Skills** to support the speaker using attending, following, and reflecting skills.

Try this exercise multiple times with different variations.

Switch roles after 10 minutes.

After you are finished, take a minute to complete the following questions:

As the **listener:**

What did the speaker say?

- _____
- _____
- _____
- _____

What did I do or say that felt/seemed supportive?

- _____
- _____
- _____
- _____

What would I do or say differently next time?

- _____
- _____
- _____
- _____

As the **speaker:**

What did the listener do well?

- _____
- _____

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

- _____
- _____

Source; University of Chicago Center for Psychiatric Rehabilitation (1999).

Strengths Model

Fact Sheet 5.4, **Strengths Model**

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

PURPOSE: Peer navigators will assist and support participants, not treat a patient. The work completed and decisions made are done in partnership with the participant. The Peer Navigator is pursuing progress *with* the participant, not for the participant.

Principle 1: ***The PN/participant relationship is primary and essential.*** It takes a strong and trusting relationship to discover a detailed view of someone's life. The peer navigator will work with the participant to create an environment where it is safe to share what is important to them. Once trust is achieved, the relationship can withstand challenging times. The goal is to be supportive and encouraging and to build the relationship by doing things the participant likes. For example, going grocery shopping, community sightseeing, or engaging in nature walks.

Principle 2: ***People can recover and transform their lives.*** Participants have the ability to affect their own recovery. As a peer navigator, you do not have the ability to make someone recover but can create conditions where growth can occur. This can be done by assisting the person in identifying the good things (e.g. positive support network, cooking skills, and hobbies) in their life. This will establish a trusting connection with the participant and instill hopeful notion that change can be achieved.

Principle 3: Peer Navigators will ***focus on strengths.*** While not ignoring the immediate problems participants may face, peer navigators should focus on what they already do well that promotes an active and healthy eating lifestyle. The goal is to enhance their motivation to make needed changes towards improved healthy living.

Principle 4: ***The community is viewed as a resource***. As a peer navigator working in the community, it is your job to focus on what is available (e.g. park districts, food pantries, and churches) and emphasize the parts that can be sources of well-being for the participant.

Principle 5: ***The participant is the director of their process***. While you may think you know what participants should do in a situation, the final decision is theirs as they are the experts of their lives.

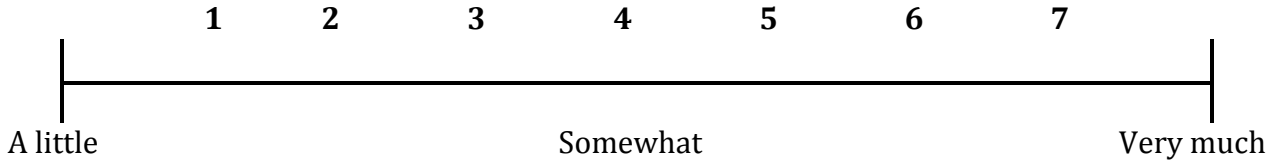
Participants with mental illness and activity and/or food challenges have the right and capabilities to make decisions about the level of support received. Your focus should be to support the participant's decision on how they should solve an issue they are facing. As the peer navigator, always get the participant's consent.

Source; Rapp & Goscha (2012).

Peer-and-Participant Sheet 5.2, **Strengths Model**

Engage the participant using motivational interviewing to identify their current strengths.

Rate how **important** these abilities and characteristics are to you on this seven-point scale:



_____Willingness to change eating habits
_____Willingness to change activity habits
_____Ability to cook
_____Motivation
_____Open to suggestions
_____Other: _____

What are your individual strengths in each of the areas below? What are your desires and goals for each?

Healthy Eating and Nutrition Strengths: Goals:
Physical Activity Strengths: Goals:
Daily Living Strengths: Goals:
Supportive Relationships Strengths: Goals:

Now, review each area for strengths. What has worked for you in the past?

_____
_____

List your primary goal:

_____
_____

List any secondary goal(s) you might have:

- _____
- _____
- _____
- _____

Fact Sheet 5.5, **Advocacy**

Peer navigators are advocates. An advocate is someone who works in favor of another individual by providing assistance and promoting their interests. There may be times when participants ask for something that seems impossible. It is the peer navigator's responsibility to show them what is possible and offer assistance.

ROLES OF ADVOCACY

An advocate takes on different roles, including working as a **supporter, educator, spokesperson** and **intermediary.**

Supporter: In this role, peer navigators provide encouragement and assistance with healthy eating and activity choices, seeking to improve participant's overall ability to engage in a healthy lifestyle. This may include providing assistance with transportation and accessing resources.

Educator: Peer navigators assist participants in understanding healthy eating and activity options. Peer navigators will educate participants on menu planning, food budgeting, nutritional facts and low impact activity. This may also include assisting participants in recognizing and understanding their symptoms, medications, healthy eating, and activity needs.

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

Intermediary: In this role, peer navigators act as advocates to assist in resolving problems between participants and their community. The role of intermediary involves collecting information from the community including policies, procedures, administrative structure, system rules, eligibility requirements, and names of key people to connect with.

LEVELS OF ADVOCACY

An advocate can act on the **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 regularly hear the word "NO." Encouraging self-advocacy means encouraging participants to ask questions, stand up for themselves, and understand that there are other answers besides "NO."

Peer navigators can also advocate on the participant's behalf by 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.

Agency: While most agencies that serve the participants have the goal of assisting others, they sometimes fall short. Your job as a PN is not to fix these problems, you may find yourself in a situation where participants ask for support. This may mean putting them in touch with someone at the agency or helping them find services at 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 rather help participants voice their concerns about community issues by encouraging them to join community action groups, neighborhood associations, and advocacy groups that are working to change these stigmatizing attitudes.

Source; Dobbins (2012).

Worksheet 5.6, **Strengths and Weaknesses of Different Advocacy Roles**

Each of the advocacy roles have strengths and weaknesses when addressing weight-related health concerns. Consider healthy eating and increased physical activity and write down strengths and weaknesses of each advocate.

SUPPORTER	
Strengths	Weaknesses
EDUCATOR	
Strengths	Weaknesses
SPOKESPERSON	
Strengths	Weaknesses
INTERMEDIARY	
Strengths	Weaknesses

Now, review what you found with the class.

CHAPTER 6: PEER NAVIGATOR AND PARTICIPANT INTERACTION

Trauma-informed Care

Fact Sheet 6.1, **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. Trauma can result from a one-time occurrence or prolonged traumatic events, such as abuse or neglect.
- **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:

As a PN, it is important to recognize that trauma impacts each person differently. Reliving the trauma may cause a loss of interest in activities or distress when reminded of the event. Signs of trauma may include but are not limited to nightmares and negative memories of the event. The PN should understand that all signs of trauma displayed are important to recognize in order to move forward in partnership building.

NORMALIZE THE TRAUMA

The PN will assist the participant in telling their story if he/she is willing and ready to share it. Be sensitive to their experience while being respectful of their desire to talk about it. The PN should allow the participant the space to freely share their story by offering comfort and support from a non-judgmental standpoint. Participants need to feel that they are not alone in their experiences.

ESTABLISH TRUST & SAFETY

The PN should build a trusting relationship by providing a safe environment and space where participants can freely speak. Driving participants outside of their comfort zone by questioning their story or making them talk when they are not ready can be re-traumatizing. If you make a promise, keep your promise. Remember, we are building trust.

PARTNERSHIP

PNs will establish a partnership between the participant and themselves that can lead to a trusting bond. Their partnership should be collaborative; sharing the power in decision-making. Make sure to ask the participant what has worked in the past so that they can be confidently connected to services in the community. Support participants by allowing them to feel that their voice is being heard and know that they are the final decision-maker in the process.

PROMOTE EMPOWERMENT

PNs are to recognize participants' strengths by emphasizing the resiliency in their ability to come back from a traumatic experience. As a PN, it is important to be sincere and genuine in your interest and responses.

Source: Shuman (2012).

Worksheet 6.1, **Trauma-informed Care Experiences**

Recall an experience of trauma that you are aware of that is no longer painful. This can be your own experience or something experienced by someone else.

NOTE: Traumatic experiences, yours or someone else's, can still be frightening or troubling. Do not share an experience that is still traumatizing:

_____

_____

_____

Reviewing your fact sheet, what were the signs of trauma?

How was safety established?

Was there a partnership? And if so, how did it help?

Mental Health Crisis Management

Fact Sheet 6.2, **Mental Health Crisis Management**

Mental health crises: The PN will need to be able to identify signs, effective communication strategies, and ways to keep a person safe. The role of the PN is to assist the person in crisis until appropriate help is received.

SUICIDAL THOUGHTS AND BEHAVIORS

Signs: Threatening to hurt or kill oneself, seeking access to ways to harm oneself, talking about death, acting recklessly, and feeling trapped.

Effective communication strategies: Directly ask the person if he or she has a plan. Tell the person you care and want to help keep them safe. Express empathy and instill hope.

Ways to keep person safe: Call 911 if the threat is serious and you do not know what to do next. 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 as soon as possible.

NON-SUICIDAL SELF-INJURY

Signs: Cutting burning, pinching, or scratching of the skin enough to cause bleeding or scars that remains.

Effective communication strategies: Do not ignore. If you suspect a participant is deliberately self-injuring, discuss it calmly.

Ways to keep person safe: If you have interrupted someone in the act of self-injury express your concern in a non-judgmental way by remaining calm and avoid shock or anger. Ask the person if they would like medical attention. Contact your Supervisor.

ACUTE PSYCHOSIS

Signs: A person experiencing psychosis may be having trouble distinguishing what is real and what is not. Note that hearing things, seeing things or not speaking clearly (staying on the relative topic) may encourage disruptive or disturbing behaviors.

Effective communication strategies: Stay calm and speak quietly in a non-threatening voice. Communicate in a clear, concise manner, using short simple sentences. 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 go bungee jumping 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 member to assist you. Explain to your participant that personnel will be there to assist as needed.

TRAUMATIC EVENTS

Signs: A traumatic event is any incident experienced by the person that is perceived to be overwhelming and/or frightening. The person may exhibit crying, yelling or outbursts, shaking or withdrawn behavior, and irritability.

Effective communication strategies: When talking to a participant who has experienced a traumatic event, be empathetic and sensitive. Be certain to ask how you might best be of assistance.

Ways to keep person safe: If you are on the scene of the traumatic event, it is important not to force a person to talk. Call 911 and wait for a professional. After the event, encourage the person to talk about it if he or she is ready and share resources with them for continued 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, momentary lapse of reasoning or being detached from oneself. Other signs may include; trembling and shaking, shortness of breath, or choking sensations.

Effective communication strategies: Remain calm and speak clearly. Use short sentences asking directly how you might best assist. Reassure the person that he or she is experiencing a panic attack and if you are unsure, call 911 and inform your supervisor of the event.

Ways to keep person safe: Model normal breathing rate (breathe together). If the panic attack lasts more than 10 minutes, call a professional.

ALCOHOL OR DRUG OVERDOSE

Signs: Significantly impaired thinking, slurred speech, and/or behaviors of aggression, cursing, and even passing out.

Effective communication strategies: Talk in a respectful manner using simple, clear language. Do not make fun of, laugh at, or provoke the person. Avoid trying to reason with the person, this is neither the time nor the place.

Ways to keep person safe: Do not leave the person alone. Move the person to a safe place if you can. 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 (which is laying them down on their side with airway open) and call 911.

AGGRESSIVE BEHAVIOR

Signs: Argumentative, hostile, threatening or yelling, trying to hit, punch, throw objects, and kick or bite.

Effective communication strategies: Do not argue, threaten, or restrict the person's 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: Seek outside assistance immediately. Never put yourself or the participant at risk and call your supervisor or 911 as soon as possible.

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

Physical Health Crisis Management

Fact Sheet 6.3, **Physical Health Crisis Management**

Physical health crises are medical issues you may encounter while working with participants. The PN will need to be able to identify **signs** and **know what to do.** The role of the PN is to assist the person until appropriate professional 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 immediately. Have the person sit down, loosen any tight clothing, and encourage them to keep calm. If the person becomes unconscious, perform CPR until professional 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 (note: Do Not put anything in the person's mouth). 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 and/or you don't know what to do.

STROKE

Signs: Sudden numbness, weakness, or paralysis of face, limbs, or one side of the body; confusion, trouble speaking or understanding others; blurry vision, sudden trouble with mobility, or loss of balance; sudden headache accompanied with a throbbing sensation.

What to do: Call 911 immediately. 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.

COUGHING OR VOMITING BLOOD

A variety of serious medical conditions can cause a person to cough up or vomit blood.

Signs: Bright red blood, brown-tinged sputum, or frothy pink mucus.

What to do: Encourage and assist the participant in making an appointment with a doctor immediately and/or go to the ER (accompany if needed). If an excessive amount of blood is present or condition is persistent, call 911. Use universal precautions in handling (clean-up) of any bodily fluids.

FROSTBITE

Frostbite is the freezing of a specific body part, such as fingers, toes, nose, or earlobes.

Signs: Numbness in the affected area; skin that appears waxy, is cold to the touch, or is discolored (flushed, white, gray, yellow, or blue).

What to do: Move the person to a warm place; do not rub affected area. Soak the affected area in warm water (not hot) until it is red and feels warm. Loosely bandage the area with a sterile dressing. Do not allow the area to refreeze, and seek medical care as soon as possible.

HEAT STROKE

Signs: Hot, red skin which may be dry or moist; changes in consciousness; vomiting; and high body temperature.

What to do: Move the person to a cooler place if possible. Remove extra clothing or loosen any tight clothing and apply cool wet clothes or towels to the skin. If the person is conscious, give small amounts of cool water to drink making sure the person drinks slowly. If conditions persist for more than 30 minutes call 911 and fan the person until assistance arrives.

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; injured area is cold and numb. A good way to tell if an area is affected 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.

SEVERE CUTS

Signs: Cuts usually bleed freely; deep cuts can bleed severely. A cut may not be painful if nerves are injured.

What to do: Control bleeding by placing a clean covering over the wound and applying pressure (keep in mind universal precautions); elevate the injured area. Apply a bandage snugly over the dressing. If the bleeding cannot be controlled, put pressure on the nearby artery to slow the bleeding and immediately seek medical attention. Wash your hands immediately after providing care.

ASTHMA ATTACK

Signs: Coughing, wheezing, or shortness of breath; difficulty walking or 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, unconsciousness, and may exhibit violent or unorthodox (i.e., taking off clothing) behavior.

What to do: If conscious, ask the person what they took (type of substance, amount, and when). Loosen any tight clothing (like necktie) and keep the person warm while providing reassurance. Try to keep the person calm and attempt to prevent the person from taking more drugs. **If the person is unconscious, call 911 immediately.** Check the person's airway, breathing, and pulse. If the person is unconscious but breathing, carefully place in the recovery position.

UNIDENTIFIED CAUSE

Signs: The person is dizzy or falls to the ground suddenly; not due to an injury.

What to do: Take the person to a safe place; 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 awakes, give them some fruit juice. If the person doesn't respond, call 911 immediately.

Source: American Red Cross (2014)

Aggression Management

Fact Sheet 6.4, **Aggression Management**

PN need to understand that some road blocks will stop participants from reaching their healthy eating and activity goals.

TYPES OF AGGRESSION

Psychosis related: A person experiencing psychosis can be confused, disorienting experiences such as paranoid delusions or hallucinations are upsetting to them, 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 which may lead to aggressive behavior.

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

CAUSES AND RESPONSES

Decrease frustration: Frustration can lead to aggression. The PN can assist the participant in decreasing frustration by acknowledging their needs. By assisting participants in getting their goals met, the PN can decrease the risk for aggression.

Decrease demands: A person may become aggressive when he or she is unable to meet demands. The PN will assist participants in decreasing these demands by encouraging them in setting realistic goals that they can meet in a timely way.

Decrease confusion: Confusion about rules or roles may lead to aggression. The PN must be clear about their relationship with the participant to avoid confusion.

Decrease stimulation: Be aware of stressors including other aggressive people that may trigger the participant. The PN will assist in creating a non-threatening environment which will promote stimulation decrease. Examples include taking the participant to a quiet space, simple and brief communication, and limiting unnecessary sounds.

Decrease rewards: The PN will redirect until the aggressive behavior decreases.

Promote positive social behaviors: A lack of positive social support may make a person feel vulnerable and lead him or her to express this through aggressive behavior.

Identify incentives: 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 use this as a reward.

Manage substance use: If the person's behavior is impacted by substance use, give them some time to sober up. Provide a safe place to sober up. Have conversations about planning substance use frequency and amounts around responsibilities so that it interferes less.

Follow your agency's policy on sexual harassment: Sexual harassment includes unwanted sexual jokes or remarks, inappropriate touching, attempts at sexual intimacy, and other unwelcome conduct of a sexual nature. If sexual harassment occurs, refer to your agency's policy to determine how to respond.

Source: University of Chicago Center for Psychiatric

Harm Reduction

Fact Sheet 6.5, **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 should 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 personal growth such as willingness to grow, self-esteem, and not giving up.
- Recovery is a process, so any reduction in harm is a step in the right direction.

Harm reduction is…

- **Nonjudgmental**: Participants have the final say about their healthy eating and activity choices. Do not impose your personal values and beliefs on them. As a PN, be accepting of others on their own terms.
- **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**: As a PN, use effective listening skills to better understand the costs and benefits of the participant's choices. Remind participants that they have the final say and ask what they think would be best. Avoid pushing them in a direction they may be unwilling to go.

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

BEHAVIOR	WAYS TO REDUCE HARM
Binge eating	Be aware of emotions Increase Activity Avoid eating in front of the computer/television
Drug use	Reduce how much and how often you use Use clean needles/don't share Use with someone and in a place you trust
No physical activity	Increase in low impact activities Stand up and stretch during commercials Go for a walk around your apartment

Source: Shuman & Jones (2014).

Worksheet 6.2, **Harm Reduction**

Harm reduction means assisting people in minimizing the negative impact of a behavior that they aren't ready or willing to stop. Here are some examples of these behaviors. Check which behaviors you or someone you know has been involved in.

Check all that apply:

____ Group Sessions ____ Individual Sessions ____ Binge Eating

____ Not taking medication ____ Lack of Physical Activity ____ Fast Food

____ Excessive Sugar ____ Other

Pick an example of a potentially **harmful behavior** that focuses on healthy eating and increased physical activity.

Behavior _____

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

Harmful Behavior	Ways to address them
EXAMPLES *I ate so much my blood/sugar went up* *I didn't take my medication and my blood pressure shot high* *I spent all of my money on check day*	*EXAMPLES* *I will limit the amount of sweets in the house* *I will talk to someone about reasons for not taking my medicine* *I will write out my budget before I get paid*

Relapse Management

Fact Sheet 6.6, **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 unhealthy eating and low activity behaviors, such as binge eating.

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, experiencing a life changing event, or even boredom. Recognizing these can help you stay on course in your recovery.

TRIGGERS:

Sometimes there are people, places, and situations (things) that are difficult for people in recovery to navigate and can make it difficult to maintain a healthy eating and activity lifestyle. Look out for:

Who: People who do not support you in your recovery goals. 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 likely to binge eat and/or isolate yourself. Having supports in place for these moments are key to maintaining your goals.

Where: Environments that are dangerous for you to maintain your goals. These can include specific places (community convenient stores and family/ friends' houses) where you used to engage in the behaviors you are trying to change.

What: There can be other associations (the smell of food or the lack of food) for people pursuing a healthy eating and activity lifestyle that increase their desire for unhealthy eating and low activity.

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.

Food: Staying away or limiting your interactions with people and places that may cause unhealthy eating. This could mean you stop by your family's house early on Christmas Eve before people start eating.

Resourcefulness: Keeping on top of budgeting for food and activity, following the rules of your resource program (if applicable), meeting with nutritionist regularly, and alerting your support system early on if you think your healthy lifestyle is in jeopardy are keys to keeping yourself healthy.

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, binge eating, 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.

Peer-and-Participant Sheet 6.1, **Relapse Management**

Initials: _____ Date: _____

Participant would like to focus on: (please check one)

___ Food ___ Activity ___Cooking Meals

___ Resources _____ Spending ___BHL Participation

___ Mental Illness _____ Physical Illness ___ Other

Briefly describe what a relapse would look like for you:

List *SIGNS* that might lead you to relapse:

I know I'm going to _____ again, when I

_____

_____. The

healthiest approach to this situation will be _____

_____.

List *TRIGGERS* that might lead you to relapse:

Who is involved?	**What was done?**	**When did it occur?**	**Where does this occur?**
Who:			
What:			
When:			
Where:			

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

- _____
- _____
- _____
- _____

BEFORE RELAPSE

Who can best assist?	What can be done?	When should it occur?	Where should this occur?
Who:			
What:			
When:			
Where:			

What might I do if I relapse?

AFTER RELAPSE

Who can best assist?	What can be done?	When should it occur?	Where should this occur?
Who:			
What:			
When:			
Where:			

Peer-and-Participant Problem-solving

Fact Sheet 6.7, **Peer-and-Participant Problem-solving**

Goals can be achieved by solving problems. Goals may be blocked by situations, a lack of resources and circumstances, as well as by other individuals. In a person to person situation, both people need to be actively involved in the process.
There are **seven** steps in problem solving:

1. **Adopt a positive attitude**. Persons involved in the problem solving process need to acknowledge that solutions exist.

2. **Define the problem and how it blocks the goals.** Who is involved in the disagreement? Why? What? When? Where? If two people are in disagreement with each other, both persons must work together to define the problem from all perspectives.

3. **Brainstorm solution ideas.** All possible solutions are encouraged no matter how irrational they seem.

4. **Select the best solution.** First, consider its costs and benefits. The PN should assist the participant in listing these options. The participant will decide whether they would like to implement it. If not, the PN will assist the participant in selecting another option.

5. **Plan out the solution's implementation.** The PN will assist the participant in outlining the plan. Be specific in your plan. Who will do what, when, and where to achieve the goal? There may be several small goals (baby steps) needed to accomplish the larger goal?

6. **Now set a time for its implementation and try it out**.

7. **Evaluate the solution's success.** The PN should assist the participant in deciding whether the problem has been resolved. If the solution was unsuccessful, the PN should assist the participant in reviewing new possible solutions. PNs are encouraged to celebrate all progress shown by participants.

Source: University of Chicago Center for Psychiatric Rehabilitation (1999).

Worksheet 6.3, **Peer-and-Participant Problem-solving**

Interpersonal Problems

As a group, come up with a problem two people may have. For example, two people who are living together may argue about how to prepare and cook a healthy meal.

Pair two participants that will role play this problem, and using the **In-the-Field Practice Sheet**, apply the problem-solving skills to resolve the situation.

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

As the **listener:**

What did the speaker say?

- _____
- _____
- _____
- _____

As the **speaker:**

What did the listener do well?

- _____
- _____
- _____
- _____

As the **listener:**

What is my problem-solving suggestion?

- _____
- _____
- _____
- _____

As the **speaker:**

What would I be willing to do differently?

- _____
- _____
- _____
- _____

What should the listener do differently?

- _____
- _____
- _____
- _____

Lastly, present to the group what was difficult about the process?

- _____
- _____
- _____
- _____

Source: University of Chicago Center for Psychiatric Rehabilitation (1999).

Peer-and-Participant Sheet 6.2, **Problem-solving**

Does the participant believe in the possibility of a solution? ___yes ___no
If yes, continue with problem solving steps.

If no, continue discussion with participant to gain a better understanding of the participant's concerns.

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

Is another person involved in solving this problem? ___yes ___no

Who:
How:

Brainstorm Solutions (<u>anything</u>)

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

Pick one solution and state the pros and cons of implementing it.

What is your chosen solution?

_____

PROS	CONS

Does the participant wish to try it? ___ yes ___ no

If yes, continue to the next section.

If no, continue discussion with participant to gain a better understanding of the participant's concerns and begin the process again with a different solution.

Who is involved?	What will be done?	When will it occur?	Where does this occur?
Who:			
What:			
When:			
Where:			

How long will we try this option?

When will we meet again?

Follow-up to chosen solution:

What are the results of the solution chosen?
How did you adjust the plan?
Is a new plan needed?

New Plan:

Peer-and-Participant Sheet 6.3, **Graduation from Services**

Congratulations on your healthy eating and physical activity progress! While the BHL program comes to an end, your journey continues. Consider these questions as a way to reflect on your BHL experience and what this means for your future.

1. What has participating in the BHL program meant to you?

_____
_____
_____

2. In what ways have the other participants helped you?

_____
_____
_____

3. What are your closing thoughts and or feelings as we end the BHL program?

_____
_____
_____

4. As we near the end of our time together, describe any concerns or unfinished goals that you'd like to talk about.

_____
_____
_____

5. Describe any eating habits you've changed since beginning the BHL program. Describe any physical activity habits you've changed.

_____
_____
_____

6. Describe one lesson learned related to healthy eating that you can take away with you as we complete the program.

_____
_____
_____

7. Describe one lesson learned related to physical activity that you can take away with you as we complete the program.

_____
_____
_____

8. Describe how you will use the lessons learned to continue to grow and maintain the healthy lifestyle changes you've made since starting the program.

_____
_____
_____

9. List 3 resources (e.g. food pantries, park district, etc.) you will continue to use to improve your healthy eating/physical activity.

_____
_____
_____

10. List 3 ways you will use to maintain your healthy eating and physical activity habits (e.g. ask someone for help, journal, and reward system).

_____
_____
_____

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RESOURCES

Assistance Finding Housing

P.A.T.H. – Team- Case Managers: James/ Susie

Here in Clinic – 2nd Fl.
Every Wednesday 10am to 12pm
773.751.4133 or 773.751.4171

Inspiration Corporation
4554 N Broadway, Suite 207
773.878.0981
Walk-ins Thurs 9-12; call for appt

Lift
4554 N Broadway, Suite 329
773.303.0700
9am-3pm

Ezra
909 W. Wilson
773.275.0866
Requirements: proof of income, ID
Screening: Mon 1:30-3:30; Tues 9:30-11:30

HOW (Housing Opportunities for Women)
1607 W. Howard, 2nd Floor
773.465.5770
Need a referral

Northside Housing Day Support Center
4750 N Sheridan 2nd Floor
773.271.8330
M-F 9-5
Resources: Housing Programs

Shelters

Name	Address	Phone	Eligibility, etc.
Cornerstone Community Outreach (Uptown)	4628 N. Clifton	773.506.6396 x22	
Lincoln Park Community Shelter	600 W. Fullerton	773.549.6111	Call Mon 9am to schedule intake
Franciscan House of Mary and Joseph	2715 W. Harrison	773.265.6683	
Franciscan Annex (Walls Memorial)	200 S. Sacramento	773.533.4535	Call after 5pm
Pacific Garden Mission	1458 S. Canal St.	312.492.9410	
Sarah's Circle	4750 N. Sheridan	773.751.7475	Call
Northside Shelter-Uptown	941 W. Lawrence	773.564.9093	Men
Interfaith House	3456 W. Franklin	773.533.6013	Specific eligibility; referral
Inner Voice	2425 W. Jackson 4458 W. Jackson Intake at 1700 W. 18th St	312.455.9767 773.921.5290	Vet House; homeless verification, ID, SS card homeless verification, ID, SS card 9am-3pm M-F
Connections for the Homeless-Evanston (Hilda's Place)	1458 Chicago Ave, Evanston	847.475.7070 or 847.424.0945	Call for intake
Department of Human Service (DHS)		Hotline	1800.654.8595

Food Pantries

Name	Address	Phone	Hours
Faith Tabernacle	Broadway and Grace (by IHOP)	773.978.6000	Wed 1-3
Cornerstone Outreach	4628 N. Clifton	773.271.8163	Wed 9:30-11:30am
All Saints	4550 N. Hermitage and Wilson	771.561.0111	Tue 5:30-7:70
Uptown Ministries	4720 N. Sheridan	773.271.3760	Mon/Wed 7:3010:15am
St. Mary of the Lake	4220 N. Sheridan	773.525.8610	Wed/Fri 9:00am11:30pm
American Indian Center	1630 W. Wilson	773.275.5871	Thurs 9:30-12, 1-2:30
St. Thomas of Canterbury	4827 N. Kenmore	773.878.5507	Tue 9:30am-12:00pm (some Fridays)
St. Augustine Center	4512 North Sheridan Road	773.784.1050	3rd Mon of the month 10-12pm,1-3pm (Bring picture ID)
Uptown Baptist Church	1011 W. Wilson	773-784-2922	3rd Wed of the month 8am-2pm
SDA Food Pantry	2120 W. Sunnyside Ave.	773.481.1894	Sun 9-11am
Care for Real	5341 N. Sheridan Rd.	773.769.6182	Mon, Wed, Fri 9am12pm; Sat 9am-1pm (bring ID, proof of residency, low income)
Ravenswood Comm. Services	4550 N. Hermitage	773.769.0282	Tues 5:30-7:30pm
Saint Vincent's Mother Seton	1010 W. Webster	773.325.8610	Tues 10:30-1pm
EZRA	909 W. Wilson	773.275.0866	Wed 2:30-4
Care for Real** Pet Food	5341 N. Sheridan	773.769.6182	1st Thurs, 3-5pm

Soup Kitchens

Name	Address	Phone	Hours
Cornerstone Outreach	4626 N. Clifton Ave.	773.271.8163	Daily 8-9am, 12-1pm, 4:30-5:30pm
St. Thomas of Canterbury	4827 N. Kenmore Ave.	773.878.5507	Tue, Fri 5:30pm-7pm
Our Lady of Lourdes	4641 N. Ashland Ave.	773.561.2141	Wed 5:30-6:30pm
Preston Bradley Center (People's Church)	941 W. Lawrence Ave. 2nd Floor	773.784.6633	Every day except Wed; @ 12pm
Ravenswood Community Services	4550 N. Hermitage	773.769.0282	Tues, open @ 5:30pm, dinner @ 6:30pm
Pilgrim Lutheran Church	4300 N. Winchester	773.477.4824	Sat, 11:30am-12:20pm
Saint Vincent's Mother Seton	1010 W. Webster	773.325.8610	Mon-Sat, 8:30am-10am
Uptown Baptist Church	1011 W. Wilson	773.784.2922	Mon 5:00pm-6:00pm
JUF Uptown Café (@EZRA)	909 W. Wilson	773.275.0866	Mon, Tues, Thurs 5:30pm-7:30pm; Sun 10:30am12:30pm
Sarah's Circle Women Only	4838 N. Sheridan		Mon-Fri 10:30am-11:30am

Farmers Markets

Name	Address	Dates	Hours	Accepts Link?
Loyola Farmers Market	6550 N. Sheridan Rd.	June 5-October 16 (Mondays)	3:00pm-7:00 pm (2:30pm-6:30pm October dates)	Yes
Columbus Park Market	500 S. Central Ave.	July 11-September 12 (Tuesdays)	2:00pm-7:00pm	Yes
Federal Plaza Market	50 W. Adams St.	May 16-October 31 (Tuesdays)	7:00am-3:00pm	Yes
Gary Corner Youth Center Farm Stand	7256 S. Chicago Ave.	June 6-August 30 (Tuesdays & Wednesdays)	3:00pm-6:00pm	Yes
Lincoln Square Market; Thursday Night Farmers Market	2301 W. Leland Ave.	June 6-October 31 (Tuesdays); June 8-October 26 (Thursdays, *no market September 7)	7:00am-1:00pm; 4:00pm-8:00pm	Yes; No
North Lawndale Market	1420 S. Albany Ave.	June 6-October 31 (Tuesdays)	3:00pm-6:00pm	Yes
PCC Farmers Market	330 N. Lotus Ave.	September 5-October 31 (Tuesdays); June 17-October 21 (3rd Saturdays)	12:00pm-5:00pm; 10:00am-2:00pm	Yes
SOAR Farmers Market	220 E. Chicago Ave.	June 6-October 26 (Tuesdays)	7:00am-2:00pm	No
Andersonville Farmers Market	1500 W. Berwyn Ave.	May 10-October 18 (Wednesdays)	3:00pm-8:00pm (3:00pm-7:00pm September & October)	Yes
Green City Market-Lincoln Park	1817 N. Clark St.	May 10-October 25 (Wednesdays, Saturdays)	7:00am-1:00pm	Yes
La Follette Park Market	1333 N. Laramie Ave.	July 12-September 13 (Wednesdays)	2:00pm-7:00pm	Yes
Lawndale Market	3750 W. Ogden Ave.	June 14-October 11 (Wednesdays)	9:00am-1:00pm	Yes
Pullman Market	11100 S. Cottage Grove Ave.	July 5-October 25 (Wednesdays)	7:00am-1:00pm	Yes

Ravenswood Farmers Market	4900 N. Damen Ave.	June 7-October 18 (Wednesdays)	4:00pm-8:00pm	Yes
Roseland Market	200 W. 109th St.	August 30-October 25 (Wednesdays)	2:30pm-5:30pm	Yes
Washington Park Market	555 E. 51st St.	June 14-October 11 (Wednesdays)	9:00am-1:00pm	Yes
Daley Plaza Market	50 W. Washington St.	May 11-October 26 (Thursdays)	7:00am-3:00pm	Yes
Argyle Night Market	1000 W. Argyle St. (at Sheridan Rd.)	July 5-August 31 (Thursdays)	5:00pm-9:00pm	No
Austin Market	5900 W. Chicago Ave.	July 13-September 14 (Thursdays)	2:00pm-7:00pm	Yes
Eli's Cheesecake Farm Stand and Fresh Market	6701 W. Forest Preserve Dr.	June 15-August 24 (Thursdays)	8:00am-1:00pm	No
Green City Market at the Park	3637 N. Clark St.	June 15-October 26 (Thursdays)	4:00pm-8:00pm	Yes
Hyde Park Farmers Market	1520 E. 53rd St.	June 1-October 26 (Thursdays)	7:00am-2:00pm	Yes
Low-Line Farmers Market	3410 N. Southport Ave.	June 1-October 26 (Thursdays)	3:00pm-7:30pm	No
South Loop Farmers Market	1936 S. Michigan Ave.	June 15-September 28 (Thursdays)	4:00pm-8:00pm	No
Wood Street Farm Stand	5814 S. Wood St.	April 20-October 25 11:00am-3:00pm (Thursdays, *every 1st & 3rd Thursday from June to October, market ends at 6:00pm)	11:00am-3:00pm	Yes
Fresh Beats and Eats Markets	2744 W. 63rd St.	May 19-October 20 (Fridays)	2:00pm-6:00pm	Yes
Division Street Market	30 W. Division St.	May 13-October 28 (Saturdays)	7:00am-1:00pm	Yes
Eden's Place Farmers Market	4911 S. Shields Ave.	June 3-October 14 (Saturdays)	9:00am-1:00pm	Yes
Edgebrook Neighborhood Farmers Market	6525 N. Hiawatha Ave.	June 17-September 30 (Saturdays)	9:00am-1:00pm	No
Edgewater Farmers Market	5917 N. Broadway St.	June 3-October 14 (Saturdays)	8:00am-1:00pm	No

Englewood/Anchor House Market	1200 W. 76th St.	July 8-September 16 (Saturdays)	10:00am-2:00pm	No
51st Street Community Market	W. 51St & S. Wood St.	June 17-October 14 (Saturdays)	11:00am-2:00pm	Yes
Garfield Park Neighborhood Market	200 N. Kedzie Ave.	June 10, July 8, August 12, September 9 & October 14 (Saturdays)	10:00am-2:00pm	Yes
Healthy Food Hub at the Quarry	2423 E. 75th St.	Year-round (Saturdays)	11:00am-3:00pm	Yes
Horner Park Farmers Market	2741 W. Montrose Ave.	June 3-October 14 (Saturdays)	9:00am-1:00pm	Yes
Northcenter Farmers Market	4100 N. Damen Ave.	June 3-October 28 (Saturdays, *no market June 10)	7:00am-1:00pm	No
Plant Chicago Farmers Market	1400 W. 46th St.	June 3-September 16 (Saturdays)	10:00am-2:00pm	Yes
61st Street Farmers Market	6100 S. Blackstone Ave.	May 13-December 16 (Saturdays)	9:00am-2:00pm	Yes
Bronzeville Market	4700 S. King Dr.	July 9-September 17 (Saturdays)	10:00am-2:00pm	Yes
Independence Park Farmers Market	3945 N. Springfield Ave.	June 11-October 22 (Sundays)	10:00am-2:00pm	Yes
Jefferson Park Sunday Market	4820 N. Long Ave.	June 11-October 22 (2nd & 4th Sundays)	9:30am-1:30pm	Yes
Sunday City Market Bridgeport	1000 W. 35th St.	July 9-September 10 (Sundays)	8:00am-2:00pm	No

Substance Abuse Resources

Name	Address	Phone	Eligibility, etc.
Lutheran Social Services of Illinois (LSSI)	5517 N. Kenmore	773.275.7962	*Must have MEDICAID *Inpatient, Outpatient, and Residential treatment available
Recovery Point	4007 N. Broadway	773.305.1101	Intake-Assessment & Referral
Salvation Army	1515 W. Monroe	312.421.5753	Salvation Army Work Therapy Program
Adult Rehabilitation Center	2258 N. Clybourn Ave	773.477.1771	NOT a detox program Faith-based must be eligible for SNAP
Haymarket Center	932 W. Washington Uptown: 4753 N. Broadway, Suite 612 West Site: 1990 Algonquin, Suite 211, Schaumburg, IL	312.226.7984 773.506.2839 847.397.5340	*Multiple Women's and Men's Programs available *Residential and Outpatient treatment available
Alcoholics Anonymous	200 N. Michigan Ave	312.346.1475 Toll-free: 800.371.1475	
Narcotics Anonymous	212 S. Marion	708.848.4884	
CTCC – II	4453 N. Broadway	773.506.2900	
Community Counseling Centers of Chicago (C4	4753 N. Broadway	773.878.9999	
Men's Residence/North	1640 W. Morse Ave	773.338.5105	

(CDPH Program)			
Victor Neumann Association	5547 N. Ravenswood	773.769.4313	
New Vision – Jackson Park Hospital & Medical Center	7507 Stony Island Ave	773.947.7347 or 800.939.2273	*for those in need of medical stabilization *accepts Medicaid
Cathedral Shelter of Chicago – Cressey House & Higgins House	1668 W. Ogden Ave	312.997.2222	*Permanent Supportive Housing with addiction treatment services *Outpatient services

RESIDENTIAL:

Treatment Center	Address	Phone Number
Women's Treatment Center -medically supervised detox *transitional living also available	140 N. Ashland	312.226.0050
Healthcare Alternative Systems (Hispanic Men Only; Spanish-Speaking)	1949 Humboldt	773.252.2666
Passages	5517 N. Kenmore	773.275.7962
Harbor Light	1515 W. Monroe	312.421.5753
Gateway West	3828 W. Taylor	773.826.1916 x 2813
Gateway Aurora	400 Mercy Lane	630.966.7400
Interventions	5701 S. Wood	773.737.4600
LSSI Elgin	675 Varsity Lane	847.741.2600
South Shore (Medicare only)	8012 S. Crandon	773.356.5302
Chicago Lakeshore Hospital (SpanishSpeaking)	4840 N. Marine	773.878.9700
Harriet Tubman (women only)	11352 S. State	773.785.4955
Loretto Hospital	645 S. Central	773.854.5445
New Life Center (women only)	1666 N. California	773.384.2200
Share Program	1776 Moon Lake	847.882.4181

OUTPATIENT

Treatment Center	Address	Phone Number
Gateway (Spanish-speaking)	4301 W. Grand	773.862.2279
.H.A.S. (Hispanic Men Only)	2755 W. Armitage	773.252.3100
Bobby Wright	9 S. Kedzie	773.722.7900
St. Mary Hospital	1127 N. Oakley	312.770.2317
Association House (Spanish-speaking)	1116 N. Kedzie	773.772.8009
Interventions	5517 N. Wood	773.737.4600
Loretto Hospital (Spanish-Speaking)	645 S. Central	773.854.5608
LSSI	5825 W. Belmont	773.637.1144
LSSI	1758 W. Devon	773.764.4350
SEADAC	8640 S. South Chicago	773.731.9100
Women's Treatment Center -medication assisted opioid treatment Available -Project Futures if referred by DCFS	140 N. Ashland	312.850.0050
Polish American Association	3934 N. Cicero	773.282.8206

SUBOXONE TREATMENT

Treatment Center	Address	Phone Number
Access Clinic	5835 W. North Ave	773.745.1200
Access Clinic	3202 W. North Ave	773.489.6333
Access Clinic	4401 W. Division	773.252.3122
Access Clinic	3752 W. 16th St	773.762.2435
Access Clinic	3435 W. Van Buren	773.265.0300
Dr. Lubben/JPH	7531 S. Stoney Island	773.947.7765
Dr. Dixie	3525 S. Michigan	312.945.4010

Employment Services

Name	Address	Phone	Eligibility, etc.
Inspiration Corporation	4554 N Broadway, Suite 207	773.878.0981	Walk-ins Thurs 9-12, call for appt
Goldie's Place – Employment Assistance Program	5705 N. Lincoln Ave	773.271.1212	Need a referral Gateway Track: help with resumes, online job searches/applications Bridge Track: intensive employment case management Workforce Development Training Job Readiness Training Workshops Clothes Closet Program: work-appropriate clothing available
EZRA	909 W. Wilson	773.275.0866	
LIFT	4554 N. Broadway, Suite 329	773.303.0700	
Employment Services Connections	1458 Chicago Ave	847.424.0945	

Counseling Referrals

Name	Address	Phone	Eligibility, etc.
Howard Brown Health Center	4025 N. Sheridan Road Chicago, IL 60613	(773) 388-1600	Therapy/counseling *Must be comfortable with LGBTQ population
Chicago Women's Health Center	3435 N. Sheffield Ave #206A	(773) 935-6126	Individual/group- not specific for SA
Community Counseling Centers of Chicago (C4)	4740 N. Clark Street	(773) 769-0205	Case management; some therapy *Homeless, MI, CM services with them
Metropolitan Family Services	3249 North Central Avenue Chicago, Illinois 60634	(773) 371-3700	*DV, Children, Medicaid or Countycare
NAMI-national info help line		(312) 563-0445	Referral resources
Thresholds		(773) 572-5400	
Mental Health Association of Greater Chicago		(312) 781-7780	Referrals (recommendations) on website
North River MHC	5801 North Pulaski Road	(312) 744-1906	Therapy/Counseling/ Psychiatry *Takes all, Medicaid, CountyCare, sliding scale
Trilogy	1400 N. Greenleaf	(773) 508-6100	
Erie Family Health Center			
		(312) 666-3494	Therapy/counseling and groups *Getting medical services at their program

Mental Health Resources

Alcohol and Drug……1-800-622-2255
Child Abuse……1-800-252-2873
Chicago Rape Crisis Hotline……1-888-293-2080
Domestic Violence……1-800-799-7233
Drug Abuse……1-800-444-9999
Hunger……1-800-359-2163
Mental Health Crisis Intervention……1-800-248-7475
Suicide Prevention/Crisis Intervention……1-800-248-7475
County Care Behavioral Health*……1-800-753-5456
*Have ID # ready

Optical Services

	Name	Address	Phone
North Side	Wilson Optical	1056 W. Wilson (Wilson&Broadway)	(773)271-5774
	Vision 20/20 Family Eyecare	4863A N Broadway (Broadway&Ainslie)	(773)506-7887
Downtown	Lakeside Eye Clinic	180 N. Michigan Ave. 19th Floor (Michigan&Lake)	(312)553-1818
	Doctors for Visual Freedom	875 N. Michigan Ave. Suite 1550 (Michigan&Delaware)	(312)291-9680
South/West Side	Illinois Eye Institute	3241 S. Michigan Ave. (33rd&Indiana)	(312)949-7250
	Buena Vista Optical	6455 S. Kedzie Ave. (65th&Kedzie)	(773)863-9234
	Midwest Eye Clinic	6254 S. Pulaski (63rd&Pulaski)	(773)581-1515