



Community Health Ambassador

Participant Manual

1st Edition

Peers as Ambassadors for Whole Health & Wellness

Welcome!

Welcome to the Peers as Ambassadors for Whole Health and Wellness provided by Foundation for Recovery! The purpose for this course is to expand the understanding of Peer Recovery Support Specialists on concepts regarding supporting the whole health of individuals in recovery and in the broader community. We will explore the differences between whole health, community health, and public health, and learn more about the intersection of behavioral health, substance use disorder (SUD) and overall physical health, including a brief overview of diseases frequently seen in people with histories of SUD. We will expand your understanding of the role that certified Community Health Workers (CHW) and how this differs from that role of a PRSS, as well as how PRSS's and CHW's can come together in a recovery-oriented continuum of care. This course is designed to teach you how to tailor your services as a PRSS based on a person's culture, community and health status.

How to Use this Manual

This manual was created to enhance your learning experience. Its pages include key points from the topics discussed and blank spaces for you to complete the exercises and take notes on the material, podcasts, and videos. It also includes questions to highlight key terms and definitions and encourage critical thinking. This manual is yours to keep, write in, and mark as needed; it does not have to be sent in to be graded or reviewed.

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Lesson 1: Whole Health, Community Health, and Public Health

Topic 1: Defining Whole Health, Community Health, and Public Health

- Define whole person health:

- Define human capital:



Listen to the podcast episode: Providing Whole-Person Care

- Define community health:

- Define public health:



Watch the video: What is Public Health



Read “Vision for the Future: A Public Health Approach” (*Chapter 7 in Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health*)

Key Points

- Whole person health looks at the whole individual and empowers them to improve their health on all levels. The focus is on restoring health and preventing disease across a lifespan and not on treating specific illnesses.
- As individuals become healthier, communities become healthier.
- The needs of individuals extend far beyond their clinical needs, and include where and how they live, work, and play. We must address social, behavioral, environmental, economic and medical factors.
- Public health supports whole communities by promoting health; responding to illnesses, diseases, injury and overdose; and disseminating information.
- Substance use disorder and rising overdose rates are public health crises because they affect whole populations by impacting families, schools, healthcare systems, workplaces and communities.

Lesson 2: Understanding Health and Wellness

Topic 1: The Eight Dimensions of Wellness



Source: Adapted from Swarbrick, M. (2006) *A Wellness Approach* and used in <https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4958.pdf>

Define:

- Emotional Wellness:
- Spiritual Wellness:
- Intellectual Wellness:
- Physical Wellness:
- Environmental Wellness:

- Financial Wellness:
- Occupational Wellness:
- Social Wellness:



Read *SAMHSA's Step-by-Step Guide to Wellness by Creating a Healthier Life*. Take some notes from the Think About It... and Resources columns.

What is SAMHSA's definition of wellness?

What is SAMHSA's definition of recovery?

What do these definitions have in common?

Complete the following exercise from your *PRSS Certification Training Manual* and reflect on your own balance of wellness along the eight dimensions. Take the time to complete it even if you have completed it in the past and reflect on how things have changed.

Please rate on the following scale – Circle one:						
	Always (5)	Very Frequently (4)	Frequently (3)	Occasionally (2)	Almost Never (1)	Never (0)
<ul style="list-style-type: none"> • Always (5) • Very Frequently (4) • Frequently (3) • Occasionally (2) • Almost Never (1) • Never (0) 						

Physical Wellness

1. I exercise for 30 minutes or more, most days of the week.	5	4	3	2	1	0
2. My exercise program includes activities that build my heart, muscles, and flexibility.	5	4	3	2	1	0
3. I select lean cuts of meat, poultry, or fish.	5	4	3	2	1	0
4. I eat a variety of foods from all the food groups.	5	4	3	2	1	0
5. I eat breakfast.	5	4	3	2	1	0
6. I get an adequate amount of sleep (7-8 hours per night).	5	4	3	2	1	0
7. I examine my breasts or testes once a month.	5	4	3	2	1	0
8. I participate in recommended periodic health screenings (blood pressure, etc.)	5	4	3	2	1	0
9. I seek medical advice when needed.	5	4	3	2	1	0
10. I drink less than 5 alcoholic drinks at a sitting.	5	4	3	2	1	0
11. I avoid driving when under the influence of alcohol.	5	4	3	2	1	0
12. I avoid using tobacco/nicotine products.	5	4	3	2	1	0

Environmental Wellness

1. I minimize my exposure to secondhand tobacco smoke.	5	4	3	2	1	0
2. I keep my vehicle maintained to ensure safety.	5	4	3	2	1	0
3. When I see a safety hazard, I take steps to correct the problem.	5	4	3	2	1	0
4. I choose an environment that is free of excessive noise, whenever possible.	5	4	3	2	1	0
5. I make efforts to reduce, reuse, and recycle.	5	4	3	2	1	0
6. I try to create an environment that minimizes my stress.	5	4	3	2	1	0

Spiritual Wellness

1. I make time for relaxation in my day.	5	4	3	2	1	0
2. I make time in my day for prayer, meditation, or personal time.	5	4	3	2	1	0
3. My values guide my actions and decisions.	5	4	3	2	1	0
4. I am accepting of others' beliefs.	5	4	3	2	1	0

Emotional/Psychological Wellness

1. I am able to sleep soundly throughout the night and wake feeling refreshed.	5	4	3	2	1	0
2. I am able to make decisions with a minimum amount of stress and worry.	5	4	3	2	1	0
3. I am able to set priorities.	5	4	3	2	1	0
4. I maintain a balance between school, work, and personal life.	5	4	3	2	1	0

Intellectual Wellness

1. It is easy for me to apply knowledge from one situation to another.	5	4	3	2	1	0
2. I find life intellectually challenging and stimulating.	5	4	3	2	1	0
3. I obtain health information from reputable sources.	5	4	3	2	1	0
4. I spend money commensurate with my income, values, and goals.	5	4	3	2	1	0
5. I pay my bills in full each month (including my credit card).	5	4	3	2	1	0

Occupational Wellness

1. I am able to plan a manageable workload.	5	4	3	2	1	0
2. My career is consistent with my values and goals.	5	4	3	2	1	0

Financial Wellness

1. I have a savings account.	5	4	3	2	1	0
2. I have a plan for retirement.	5	4	3	2	1	0
3. I have a personal or home budget.	5	4	3	2	1	0

Social Wellness

1. I plan time to be with my family and friends.	5	4	3	2	1	0
2. I enjoy my time with others.	5	4	3	2	1	0
3. I am satisfied with the groups/organizations that I am a part of.	5	4	3	2	1	0

Key Points

- When addressing whole person health, it is important to think about all of the aspects that affect a person's overall wellness. A great guide for this is the eight dimensions of wellness, defined by SAMHSA. These dimensions are: emotional, spiritual, intellectual, physical, environmental, financial, occupational, and social.
- While wellness is defined by each individual, SAMHSA offers us a working definition that includes health and balance in many dimensions of our lives.
- While recovery is defined by each individual, SAMHSA offers us a working definition: "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."

Lesson 3: Common Co-occurring Medical and Mental Health Conditions

Topic 1: Introduction

Why is it important to address health challenges for people with SUD?

As it relates to health challenges, what is and is not within the scope of your role as a PRSS?

A PRSS should not...	A PRSS should...

“

In your role as a peer recovery support specialist, you will not be attempting to diagnose or provide medical advice or care to the people you are supporting. You'll leave that to the medical professionals! However, knowing basic facts about some of the most common co-occurring health challenges will help you better understand their physical and emotional wellness dimensions when participants are talking about other health conditions. And you may be able to refer folks to appropriate resources for further care.”

Topic 2: Diabetes

What is it?	Co-Occurrence w/ SUD/MH
Management	Local Resources (add any you know)
Types of Doctors Who Treat	Notes



Watch the video What is Diabetes

Topic 3: Chronic Obstructive Pulmonary Disease (COPD)

What is it?	Co-Occurrence w/ SUD/MH
Management	Local Resources (add any you know)
Types of Doctors Who Treat	Notes



Watch the video Understanding COPD

Topic 4: Cardiovascular Disease (CVD)

What is it?	Co-Occurrence w/ SUD/MH
Management	Local Resources (add any you know)
Types of Doctors Who Treat	Notes



Watch the video Heart Disease

Topic 5: Hepatitis

What is it?	Co-Occurrence w/ SUD/MH
Management	Local Resources (add any you know)
Types of Doctors Who Treat	Notes



Watch the video **What is Hepatitis C and Why Should You Care**

Topic 6: Chronic pain

What is it?	Co-Occurrence w/ SUD/MH
Management	Local Resources (add any you know)
Types of Doctors Who Treat	Notes



Watch the video Managing Chronic Pain

Topic 7: HIV/AIDS and Sexually Transmitted Infections (STIs)

What is it?	Co-Occurrence w/ SUD/MH
Management	Local Resources (add any you know)
Types of Doctors Who Treat	Notes



Watch the video **What it Means to Have HIV**

Topic 8: Mental Disorders

Definitions:

- Depressive Disorders:
- Anxiety Disorders:
- Trauma-Related Disorders:
- Bipolar Disorders:
- Neurodevelopmental Disorders:
- Nonsuicidal Self Injury (NSSI):

What is it?	Co-Occurrence w/ SUD/MH
Management	Local Resources (add any you know)
Types of Doctors Who Treat	Notes



Watch the video Drug Use & Mental Health: Comorbidity Explained

Topic 9: Eating Disorders

What is it?	Co-Occurrence w/ SUD/MH
Management	Local Resources (add any you know)
Types of Doctors Who Treat	Notes



Watch the video 6 Types of Eating Disorders

Topic 10: Obesity

What is it?	Co-Occurrence w/ SUD/MH
Management	Local Resources (add any you know)
Types of Doctors Who Treat	Notes



Watch the video **Obesity: Causes, Health Conditions, and Treatment**

Topic 11: Dental Problems

What is it?	Co-Occurrence w/ SUD/MH
Management	Local Resources (add any you know)
Types of Doctors Who Treat	Notes

Watch the video Do You Have Gingivitis or Periodontitis?



Topic 12: Cancer

What is it?	Co-Occurrence w/ SUD/MH
Management	Local Resources (add any you know)
Types of Doctors Who Treat	Notes



Watch the video What is Cancer? What causes cancer and how is it treated?

Topic 13: Barriers to Accessing Health Care

List some barriers in accessing healthcare:

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As a PRSS, brainstorm some of the ways you could address these barriers in healthcare:

- Insufficient or no health insurance:
- Lack of transportation to appointments:
- Lack of providers in the area, or provider availability:
- Language barriers:
- Difficulty getting time off work for appointments:

Topic 14: PRSSs Supporting People with Chronic Illnesses

Let's look at these scenarios and think about what you could do as a peer to support your participant.

Scenario 1: *Maria reports she is taking methadone to support her recovery from opioids and that she is adding clonazepam for support with anxiety symptoms. What knowledge can you give to Maria about side effects and the risks of mixing these medications and the potential negative effect they may have on her cardiovascular system?*

Scenario 2: *Jay reports he is taking methadone but continues to use heroin intravenously. What resource could you provide Jay to support him in using safely or support him in transitioning route of use, to minimize risk of IV use?*

Scenario 3: *Daisy reports she continues to eat take out a lot and her A1C has increased. How will you apply knowledge learned to educate Daisy on the correlation of obesity, diabetes, and mental health diagnosis?*

Scenario 4: *Jordan presents to session drowsy, and you are aware that he is taking a prescribed benzodiazepine and a SSRI to treat his psychiatric disorder. What knowledge would you provide Jordan relative to treating psychiatric disorders and the effects of medications that may affect his ability to be fully present and engaged for the session?*

Scenario 5: Lee is a biracial (Latino and black) transitioning male. He reports engaging in high-risk behaviors but does not want to access formal screening or treatment for hepatitis C because he has had moments where he felt shame about this sexual orientation and prefers not to seek hepatitis C treatment. How will you inform Lee on the risk of not seeking treatment for hepatitis?

Scenario 6: *Marisol shared she has not engaged in risky sex and only had oral and manual sex with her dates. She also reports, "I have been smoking for 35 years and I overdo it sometimes with wine in the evenings." How can you apply some of the knowledge learned to support Marisol in the risk of oral sex and long-term use of alcohol associated with cancer and liver health?*

Possible Responses to the Previous Scenarios

Scenario 1: Make sure that Maria is speaking with her caregivers and that all prescribers are aware of all medications. In some cases, participants using methadone are visiting a clinic for doses and may not be asked about changes to their medical care, including the addition of new medications for other illnesses.

Scenario 2: As a peer, you can educate Jay that using heroin while taking methadone can increase his risk of overdose, and that using needles increases his risk of contracting illnesses such as hepatitis and HIV. You can also connect Jay with resources for receiving free Narcan and learning how to use it, as well as syringe exchange programs, if Jay is not ready to stop his use.

Scenario 3: You may explain to Daisy that our moods and energy levels respond to our nutrition levels, and that take-out food is often higher in salt and lower in balanced nutrition. You can connect Daisy with local resources on diabetes and help her connect with nutrition counseling that is free or covered by her insurance.

Scenario 4: You can remind Jordan that these medications are important to help him handle his daily responsibilities and work toward life goals. Sometimes medications have side effects, and he may need to take them at different times of day to reduce the possibility of drowsiness when he needs to be more alert. You can also suggest that Jordan schedule appointments at the time of day when he feels most alert.

Scenario 5: As a peer, you can validate Lee's feelings and the stigma applied toward people transitioning gender. If you have spoken with staff members at some of your local resources and feel that the staff are welcoming and nonjudgmental, you can let Lee know this about the staff and offer to meet him there for his first appointment. You can remind Lee that untreated hepatitis can lead to liver damage.

Scenario 6: You can remind Marisol that unprotected oral sex still puts her at risk for sexually transmitted diseases. If Marisol does not have a diagnosed alcohol use disorder and you have concerns about her patterns of use, you can suggest she bring it up with her primary care physician, who can conduct a screening for AUD and discuss alcohol use in the context of her general health. You can also remind Marisol that smoking contributes to many chronic illnesses and ask if she would like information about smoking cessation programs in the area.

Topic 15: Summary



Read The 'Burden of Disease' for Those who Recover from Addiction



Read What are the Other Consequences of Drug Addiction



Read Oral Health of Drug Abusers: A Review of Health Effects and Care

Key Points:

- It is common for people with or in recovery from SUD to experience additional health challenges, and not uncommon for these challenges to have been untreated or neglected due to a variety of barriers.
- While a PRSS will **never diagnose or provide medical advice**, knowing the basics about some co-occurring health challenges will help you better understand and support your peers.
- Some common co-occurring diseases for people with SUD include: diabetes, COPD, cardiovascular diseases, hepatitis, chronic pain, HIV/AIDS, other STIs, mental health disorders, eating disorders, obesity, dental problems, and cancer.
- Diabetes affects how your body turns sugar into energy, and studies show that almost half of people with high-risk diabetes have SUD and nearly 75% have a mental health disorder. Diabetes cannot be cured but can people use medications and lifestyle changes to manage the condition.
- COPD refers to a group of conditions that affect breathing and is often linked with tobacco use, which is significantly more common among people with mental health disorders. Management of these conditions usually include lifestyle changes, including quitting smoking.
- Cardiovascular diseases affect the heart and blood vessels and are three times more likely in those with SUD. They are usually managed with diet, exercise and other lifestyle changes, along with prescribed medications.
- Hepatitis is a liver infection caused by sharing bodily fluids. The most common amongst people with SUD are hepatitis B and C, and these can lead to other serious health conditions if left untreated. People may manage this condition with medication and lifestyle changes.
- Chronic pain is pain that persists for a long period of time and often interferes with people's ability to work, be active, and enjoy life. It is often

treated with opioids which can lead to OUD. Management of chronic pain includes medication, alternative medicines, and physical therapy.

- HIV attacks the body's immune system, and, if untreated, can lead to AIDs. PrEP is a medication that can reduce chances of contracting HIV. IV substance users are often at higher risk of HIV. There are medications available to manage HIV.
- People with SUD may engage in higher-risk sex which increases the risk of developing STI's. STI's can have long-term consequences if left untreated.
- Mental health refers to emotional, psychological and social well-being. Mental health disorders include depressive disorders, anxiety disorders, trauma-related disorders, bipolar disorders, neurodevelopmental disorders, and nonsuicidal self-injury. Management of these varies greatly depending on the disorder and often includes individual or group therapy, medication and lifestyle changes.
- Eating disorders include persistent distorted body image, feelings of shame and guilt, and unhealthy eating patterns and relationships with food. Management often includes working with a primary care physician, a dietician and mental health support.
- Obesity is the condition of having too much body weight compared to body height, which can be stressful for the body and often causes other serious diseases. Management often includes lifestyle changes, but can include medication or surgery.
- Dental problems are not uncommon in people with SUD, and can often lead to infections in the body and heart and fatigue. Management usually includes maintaining daily dental care but can include extractions or other treatment.
- Cancer is a condition that leads to body cells to grow uncontrollably, become abnormal and clump together, forming a tumor. There is no cure, but there are various treatments. Management can include surgery, chemotherapy, and lifestyle changes.

- Many of these challenges have gone untreated due to barriers to accessing healthcare, which is often due to lack of adequate insurance or transportation, limited clinicians or availability, or language barriers. As a PRSS, you can assist your peers by addressing these barriers and finding solutions.

Lesson 4: Social Determinants of Health and Health Disparities

Topic 1: What Are Social Determinants of Health (SDOH)?

- Define Social Determinants of Health:
- List some examples of SDoH:
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Watch the video Social Determinants of Health

Topic 2: Health Disparities and Health Equity

- Define Health Disparities:
- Define Health Inequities:



Watch the video **What is the War on Drugs? With Jay-Z & Molly Crabapple**

- How are health equity and health equality different?
- How can you address this in your role?



Watch the video What is Health Equity

Think About It: Take a few moments to answer the questions below.

1. How might your approach be different to providing food scarcity resources to a person who grew up in a high-income household compared to a person who grew up below the poverty line and on government benefits, such as SNAP?
2. How might your approach be discussing the Covid-19 vaccine with an individual who grew up without access to medical care, compared to an individual who regularly saw a primary care physician their whole life?
3. How might your approach be different in encouraging someone to build a support system when that person was raised in a home with a single parent working two full time jobs compared to a person who was raised in a two-parent household with a stay at home parent?

4. How might your approach be different when discussing taking a day off work to get a routine colonoscopy done for a high-risk individual that works a low-income job with limited sick time and benefits, compared to a high-risk individual who has been working a steady, average-income job with some benefits?

Lesson 5: Getting to Know Community Health Workers (CHWs)

Topic 1: History of Community Health Workers in the World

- Think about the Feldsher movement in Russia, and the Barefoot Doctor model born out of China. What do they have in common? How did they lead to what we know as community health workers today?



Watch the video Filling the Gap with Community Health Workers

- What does service delivery look like for CHWs?
- How do CHWs affect community transformation?

List some factors that contributed to the CHWs slowed growth, despite its earlier successes:

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Topic 2: CHWs in the United States

- How does the American Public Health Association define CHWs?

- What are some roles of a CHW?

“Whereas peers are people with shared personal lived experience of substance use or mental disorder, **a CHW's lived experience is their shared ethnicity, language, socioeconomic status, and life experiences with the community members they serve.**

- What are the key areas of CHW activities, as defined by the HRSA?

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- Where might you find CHWs?

Topic 3: Scope of Work of CHWs

- List some common duties of a CHW:

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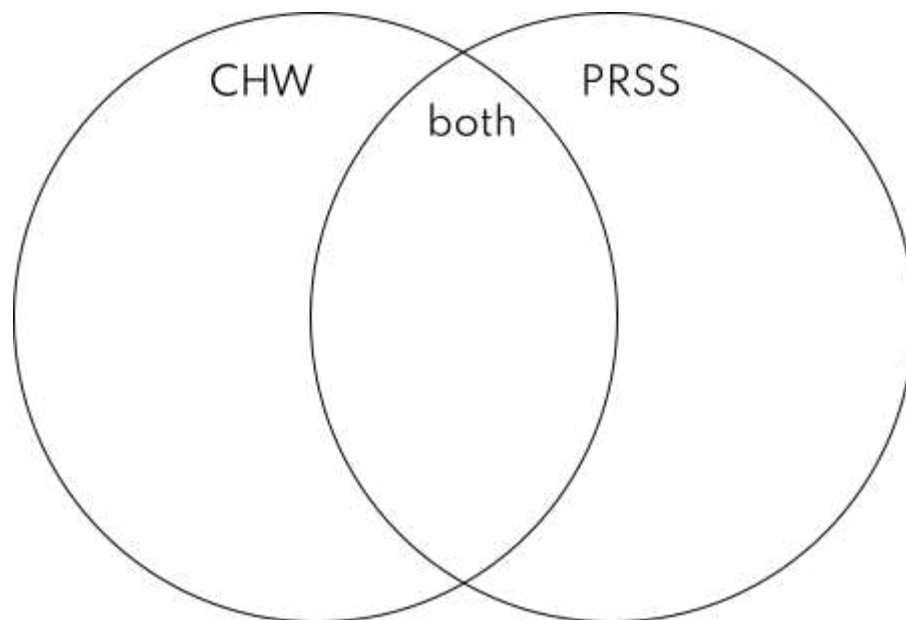
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Drawing from your experience in peer work, compare and contrast some duties of CHW's with duties of PRSS's:



- In Nevada, where can you get training to become a CHW?
 - 1.
 - 2.
 - 3.

- Detail the following skills, taught to CHWs as part of their training. These
 - Organizational Skills:

 - Assessment Skills:

 - Documentation Skills:

 - Understanding Disparities and Social Determinants:

 - Service Coordination Skills:

 - Writing Case Studies:

Key Points

- Community Health Workers can trace their roots back more than 100 years. The movement was originally seen in Russia and China, where members of the community stepped in to fill gaps in healthcare services.
- The movement grew and expanded to other countries, and despite facing challenges along the way, it is again quickly growing and expected to grow more than 16% by 2026.
- CHWs typically fulfill a broader role than PRSSs and can help people address goals in any areas that promote general health.
- While PRSSs have shared lived experience in recovery, CHWs typically have shared lived experiences as members of a community.

Lesson 6: How CHWs Affect Social Determinants of Health (SDOH)

Topic 1: Essential Competencies for CHWs

Expand on the 10 primary roles of CHW's, defined by the Nevada Certification Board:

1. Bridge cultural mediation between communities and the healthcare system
2. Provide culturally appropriate and accessible health education and information
3. Care coordination, case management and system navigation

4. Provide coaching and social support

5. Advocate for individuals and communities

6. Build individual and community capacity

7. Provide direct services (such as basic first aid) and administer health screening tests

8. Implement individual and community assessments; build individual and community capacity

9. Conduct outreach

10. Participate in evaluation and research



Watch the video Community Health Worker Roles

- Summarize the essential skills of a Community Health Worker:

1. Communication Skills

2. Interpersonal and Relationship-building Skills

3. Service Coordination and Navigation Skills

4. Capacity Building Skills

5. Advocacy Skills

6. Education and Facilitation Skills

7. Individual and Community Assessment Skills

8. Outreach Skills

9. Professional Skills and Conduct

10. Evaluation and Research Skills

11. Knowledge Base

Topic 2: Assessing for Health and Wellness Needs

The Center for Medicare and Medicaid Services (CMS) uses the **Accountable Health Communities Health-Related Social Needs Screening Tool**. It identifies needs in five areas that providers may be able to help with:

- 1.
- 2.
- 3.
- 4.
- 5.

It also identifies eight areas that lend themselves to goal setting:

- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.



**Review the Accountable Health Communities
Health-Related Social Needs Screening Tool**



**Read the PREPARE: Protocol for Responding to and Assessing
Patient Assets, Risks, and Experiences tool**

- What do both of these tools have in common? What areas that they both address?

- Think about the work that you do as a PRSS. Which of these tools do you think would be most useful? Why?
- Are there any areas of wellness that you believe should be assessed that are not addressed in these tools?

Key Points

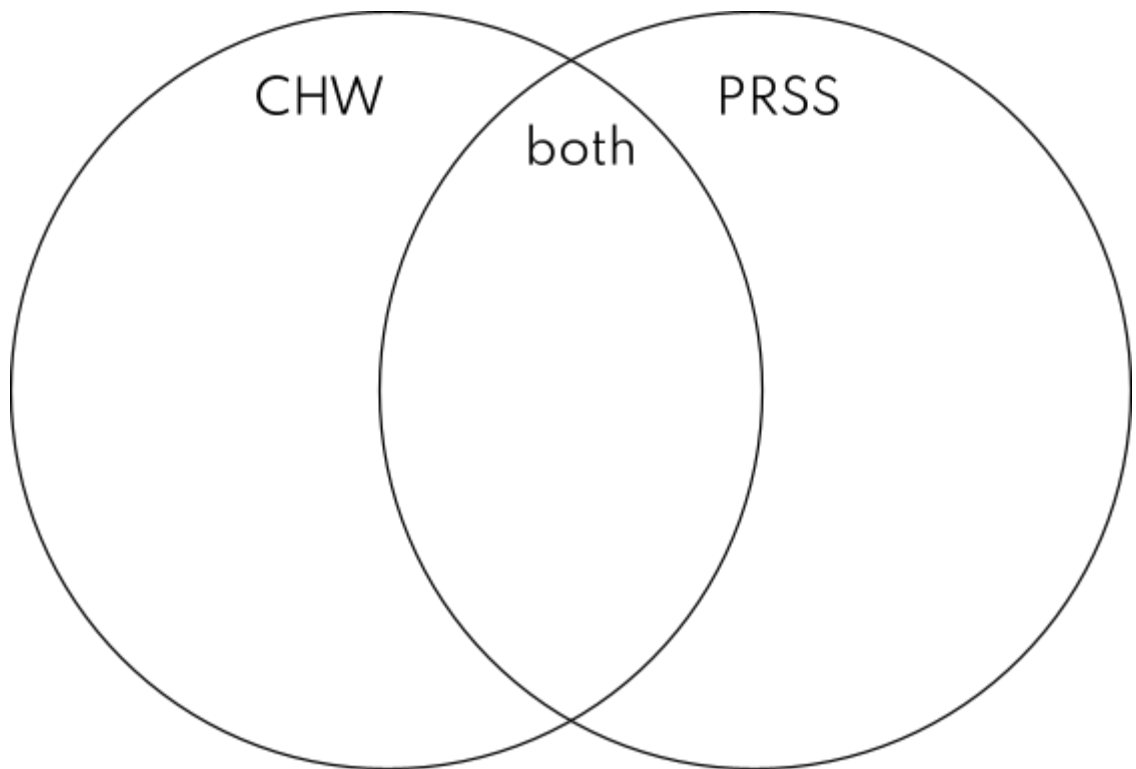
- Community Health Workers can address barriers and lessen the negative impacts of SDoH. They do this by providing cultural mediation between communities and healthcare systems and helping people navigate systems of care in culturally appropriate ways.
- The essential competencies of CHWs include serving as a bridge between the communities they serve and healthcare systems; providing culturally appropriate health information; case management and system navigation; coaching and support; advocacy; building community capacity; providing direct services and assessments; conducting outreach; and participating in research.

- The key skills needed by community health workers include proficient communication, relationship building, service navigation, capacity building, advocacy, education, assessment skills, outreach, professional conduct, and evaluation and research.
- Two useful tools to complete assessments as a CHW or PRSS include Accountable Health Communities Health-Related Social Needs Screening Tool and the PREPARE tool.

Lesson 7: Comparing Supportive Roles – PRSS and CHW

Topic 1: Comparing PRSS and CHW Responsibilities

Using the table in Lesson 7, Topic 1, compare and contrast some roles of CHW's with roles of PRSS's:



“ Ultimately, both roles aim to support individuals to make choices for healthier living and overall better whole health.

Topic 2: Community Health and Wellness Ambassadors (CHWA)

- What is a Community Health and Wellness Ambassador?

Key Points

- There are many similarities between Community Health Workers and Peer Recovery Support Specialists. They both include providing individual support and linkage to and navigation of healthcare and other support systems. Trust, advocacy, lived experience and addressing social determinants of health are key responsibilities of both roles.
- CHWs and PRSSs can work in tandem to best support people seeking support.
- A role that includes dual-certification for CHWs and PRSS is called Community Health and Wellness Ambassadors. This role was created through a pilot program in Kansas City, MO and is still in its very early stages, but becoming dual-certified has many benefits for both CHWs and PRSSs.

Lesson 8: The Importance of Cultural Competence

Topic 1: Meet Them Where They're At

- What is meant by the phrase “meet them where they’re at”?
- How does this phrase apply to the CHW role?
- What lived experience is seen in CHWs, and how can this be used to identify and address health disparities?

Topic 2: Cultural Competence and Cultural Responsiveness

- Define Cultural Competence:



As a CHW or PRSS, you will be more successful building trust with individuals if you are able to engage in self-assessment and be aware of your own culture, acknowledge cultural differences, acquire new cultural knowledge, and view your service and the behaviors of others within a cultural context. As you build a closer bond with those you serve and sometimes their families, you will work within the context of the individual and their family’s cultural beliefs, behaviors, and needs.

- What are some examples of what cultural competence might look like within communities and healthcare systems?
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Whether you are a PRSS or a CHW, you should actively work expanding your understanding of cultural competency. Cultural competency training should include information on:

- **Health disparities and social determinants of health:**
- **Implicit bias training for healthcare providers:**
- **Health literacy:**
- **Eliminating language barriers:**
- **Communication skills:**



Take the Implicit Association Test, created by Harvard

What do you think of your results?

Watch the video Cultural Competence



Topic 3: Cultural Responsiveness and Trust

- Define cultural responsiveness:

Trust is essential and a two-way street.

REFLECTION: Please take 15 minutes here to answer the two questions below.

1. What are some ways in which you can build or develop trust with the communities and individuals you serve?
2. What are some ways you can build or develop trust with the resources you connect people to?

- List some tips for earning trust

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- Detail some best practices for building trust

- o Identify reliable and respected health resources.

- o Build a strong relationship with local resources

Key Points

- The CHW role is deeply rooted in addressing the needs of members of their community, using shared experiences as the foundation for meeting participants where they are, figuratively and literally speaking.
- Cultural competence is the ability to understand and appreciate cultures different from our own. The ability to connect with diverse populations is an essential part of the CHW role.
- Communicating in culturally appropriate ways helps build trust with participants. **Trust is essential, and a two-way street.**
- Trust includes being deeply familiar with resources and communities.
- CHWs are bridges between communities and resources, but this is not possible if the community does not trust you. This is especially true in underserved communities.

Lesson 9: Effective Communication

Topic 1: Importance of Effective Communication

- Why is effective communication important ?
- Who is responsible for effective communication? Does one party bear more responsibility than another?

- Consider your own communication style. What is important to you when you are having a conversation? What are some things that make you less willing to listen or engage in conversation?

Don't expect to perfect communication after a few lessons. These skills require practice, and you will learn most about effective communication as you are working. Be patient with yourself, and do your part to get additional training, practice and education on the topic.

Topic 2 – Person-Centered Language

- Describe the “People First” movement
- Why is person-first language important?
- List person-centered concepts:
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Review *The Addictionary*. Pay close attention to terms marked with stigma alert. Are any of them surprising?

- List various scenarios in which person-first language may not be preferred.
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When you are initially building rapport with participants, some people may use words like “addict” or “alcoholic” to describe themselves. This type of language use would be reasonable between peers but more harmful if non-peer colleagues used the same language with the participants. It’s also okay to point out this language choice and ask your participant if they prefer these words or want to try something else.

Read Tips for Using Person-Centered Language



What terms do you feel would be easier to stop using for you personally? Are there any terms you can commit to removing from your vocabulary today?

Topic 3: Modeling Appropriate Behavior

- What are some benefits of modeling healthy behaviors and effective communication:
- Detail some concepts that you can implement when thinking about role modeling effective communication:
 - Body language:
 - Facial expression:
 - Tone of Voice:
 - Posture:

- Eye Contact:
- Speak Clearly:
- Boundaries:
- Nonjudgemental Attitude and Understanding:
- Patience:
- Responding to Questions:
- Self-Disclosure:

- Modeling strong boundaries:

Empathy is the antidote to shame

Watch the video Brene Brown on Empathy



Watch the video The Art of Apology



Topic 4: Active Listening

“Active listening is done with Intention and deliberately. You can turn active listening on and off.

- Expand on the Six Facets of Effective Active Listening for Better Connection:

1. Paying attention

2. Monitoring for nonverbal communication

3. Paraphrasing and repeating back

4. Making no assumptions

5. Encouraging the communicator to speak

6. Visualizing the message you're receiving (empathize)



Watch the video The Guy Who Finishes your Sentences

Topic 5: Motivational Interviewing

- Define Motivational Interviewing



Watch the video Sample Motivational Interviewing- “The Hustler”



Watch the video Initial Foundational Skills

- Define Ambivalence

- Detail the five stages of change:
 - Precontemplation:

 - Contemplation:

 - Preparation:

 - Action:

 - Maintenance:

Read The Stages of Change Model



- What are some reasons ambivalence can be difficult to identify?
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REFLECTION: Take some time to think about a time you decided to make a change in your life that you were successful with.

- Were you coerced?
- How does it feel for someone to coerce you?
- Did you decide to make the change on your own?
- How did this impact your motivation?



Through the use of **OARS**, a skilled PRSS or CHW can identify the ambivalence and help to collaborate with the participant to move through it.

OARS:

Open-ended Questions

Affirmative Statements

Reflective Statements

Summary Statements

Open-Ended Questions

- What are open-ended questions?
- What purpose do open-ended questions serve?

Test your knowledge: Are these questions open-ended?

1. What's going on in your life right now?
2. Do you think you have a problem?
3. Do you have on average three or more drinks a day?
4. How do you feel about being in this program?
5. Did you graduate from high school?
6. How old are your children?
7. What are the most important reasons for you to do this?
8. Have you ever done something difficult like this before?
9. If you decide to do this, how will you go about it?
10. Where do you see this lifestyle ending up in one year?

Affirmative Statements

- What are affirmative statements?
- What purpose do affirmative statements serve?

Check Your Understanding: Turn these statements into affirmations, then follow them with an open-ended question

- a) I am impressed you didn't smoke for three days this week.

b) I think you are telling the truth.

c) Wow! That's a lot of Internet searching you did.

d) Maybe you are overthinking this.

Reflective Statements

- What are reflective statements?
- What purpose do reflective statements serve?
- What is the difference between simple and complex reflections?

Check Your Understanding: How would you reflect these statements back to the speaker?

1. Statement: I'm not sure I want to get the vaccine.

- Reflect:
- Rephrase:
- Complex:

2. Statement: I am not sure my doctor is really listening to me.

- Reflect:
- Rephrase:
- Complex:

3. Statement: I usually make it to my NA meeting, but sometimes things come up.

- Reflect:
- Rephrase:
- Complex:

Summary Statements

- What are summary statements?
- What purpose do summary statements serve?

“ Using MI, peers or CHWs can provide encouragement, support, and resources to make healthier choices which builds confidence in an individual's ability to make future change.

Summary of using MI:

- o Listen with empathy, be 'with' the person in the conversation
- o Explore barriers the individual may perceive
- o Avoid arguments

- o Identify Ambivalence
- o Listen for cues that indicate a desire to change
- o Create an action plan



Watch the video Responding to Anger: Role Play, Demo, Foundations

REFLECTION: Write down some examples of communication styles that you admire and do respond well to, and forms of communication to which you do not respond well. Also think about what steps you can take to improve your communication skills.

Communication styles I respond well to	Communication styles I do not respond well to

- Steps I can take to improve my communication skills:

Topic 6: Communicating Health Information

- What should you, as a PRSS, take into consideration before discussing health information with a participant?
- Detail the Tulane University School of Public Health BATHE method:
 - **Background:**
 - **Affect:**
 - **Trouble:**
 - **Handling:**
 - **Empathy:**

Topic 7: Responding to Questions

- What is your ethical responsibility when responding to health-related questions?
- List some tips to responding to questions
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- How can you respond if a participant asks you for health related advice?

- What should you do if you are unsure how to answer a question?

Topic 8: Documenting Participant Interactions

- What purpose does documentation serve?
- What are some common issues and pitfalls with documentation? How can you avoid these?

Key Points

- Effective communication is a vital component of building relationships with participants. While effective communication involves shared responsibility between the sender and receiver, the PRSS/CHW have more of a responsibility than those we serve.
- Person-centered language respects individuals and focuses on them rather than their deficits. It is central to understanding people and what is unique about them. One example of this is person-first language, which puts people before their disability or illness.
- PRSSs and CHWs model appropriate behavior through effective communication. This includes being mindful of body language, tonality, eye contact, and boundaries.

- Empathy is the antidote to shame, and central to the PRSSs and CHWs relationship building.
- Active listening is a skill used to develop trust and rapport that involves intentionally engaging and paying close attention to what is being said and how it is being communicated. Active listening involves communicating that you are listening with your body language and making sure you are not responding before the person is finished speaking.
- Motivational interviewing allows us to have collaborative conversations with those we are serving that help them navigate their motivations and desires to change. This skill is often used to help people move through ambivalence, or feeling two ways about one thing at the same time.
- OARS, the core skill involved in Motivational Interviewing, include asking open ended questions, using affirmative statements, using reflective statements, and using summarizing statements.
 - Open-ended questions cannot be answered with yes, no, or one word answers. They invite the participant to do most of the talking.
 - Affirmative statements are statements that help build self-efficacy and validate the participant and their effort and commitment.
 - Reflective statements clarify your understanding of what was shared with you.
 - Summarizing statements summarize the conversation as a whole.
- When communicating health information with a peer, it is important that it is done so in a respectful and ethical manner. The peer must feel like they are in control of the conversation, and the PRSS must always avoid giving clinical advice.
- The BATHE model includes asking the participant for **B**ackground information, asking the participant how this will **A**ffect them, asking the participant what **T**roubles them about the situation, asking the participant what they have done to **H**andle the situation so far, and expressing **E**mpathy.

- When responding to questions, it is important for our credibility that we only respond to questions we know the answers to. It is also important that we answer the questions directly and leave our opinions out of it.
- Documentation is important to protect you, the peer and the organization. Make sure you are following the documentation guidelines of your workplace.

Lesson 10: Promoting Wellness and Health Activation

Topic 1: Disease Prevention

- What is the purpose of disease prevention?

Define and give an example of the following:

- Primordial Prevention
 - Definition:
 - Example:

- Primary Prevention

- Definition:

- Example:

- Secondary Prevention:

- Definition:

- Example:

- Tertiary Prevention:

- Definition:

- Example:

List some things individuals could do to prevent disease:

- -
 -
 -
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-
- As a PRSS, what can you do to help your participants in disease prevention?

Topic 2: Health Promotion

Diet and Nutrition

- What are the benefits of a good diet and balanced nutrition?
- How does living in a low-income neighborhood affect diet and nutrition?



Watch the video Why These Activists Use the Term 'Food Apartheid' Instead of 'Food Desert'

- How could being in early SUD recovery affect food and nutrition?

- Some tips for strong nutrition include:

- Eating a balance of
- Increasing
- Limiting
- Avoiding
- Establishing



Watch the video Food Groups & My Plate

- As a PRSS, how can you support your participants in regards to food and nutrition?
- How does an individual in Nevada apply for SNAP?
- List some food pantries you can refer people to (name, location, hours and requirements):
 -
 -
 -
 -
 -
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Read CPE Monthly: Substance Abuse and Nutrition

*This article includes an option for a mini nutrition and SUD course, offered for \$24. **You do not have to take this for completion of the Peers as Ambassadors of Whole Health and Wellness***

course. We are only including the article.

Use the article to answer the following questions:

- What role does proper nutrition play in SUD recovery?
- How can micro and macro vitamin deficiencies be addressed in people with SUD? How can overlooking these affect the individual?
- How can lack of carbohydrates affect an individual's mental health?

- How does overconsumption of caffeine affect an individual's health?
- How can cravings affect an individual, and what are some solutions to reduce cravings?
- What causes malnutrition in individuals with SUD? How can an individual address malnutrition?
- What causes metabolic syndrome in individuals with SUD? How can an individual address metabolic syndrome?

- What is the relationship between eating disorders and SUD? How can this be addressed?
- How do OUD and AUD medications affect nutrition? How can this be addressed?
- How does alcohol impact nutrition?
- How do opioids impact nutrition?

- How do stimulants impact nutrition?
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-
- List some possible nutritional goals a person in recovery might start with. Remember, goals should be specific, measurable, achievable, realistic and time-bound.
 - 1.
 - 2.
 - 3.
 - 4.

Physical Activity

- How does physical activity improve recovery?



Watch the video Stop Drug Cravings with Exercise

- List some possible physical activity goals a person in recovery might start with. Remember, goals should be specific, measurable, achievable, realistic and time-bound.
 - 1.
 - 2.
 - 3.
 - 4.
- As a PRSS, how could you support participants that want to address their physical activity?

Topic 3: Sleep

- What are the benefits of proper sleep?
- What are some consequences of lack of sleep?
- What are some practical strategies in addressing proper sleep?

- List some possible sleep hygiene goals a person in recovery might start with. Remember, goals should be specific, measurable, achievable, realistic and time-bound.
 - 1.
 - 2.
 - 3.
 - 4.
- As a PRSS, how can you support a person that wants to address their sleep hygiene?

Topic 4: Promoting Good General Health

- Why is it important for both a PRSS and a CHW to understand ways to promote general health?
- List some popular wellness planning tools you might use:
 -
 -
 -
- What are the limitations of these tools?



Watch the video Action Planning and Exercise: Role Play, Demo, Foundations

What strategies did the PRSS use to help the participant move into action? Did the PRSS use any tools that were ineffective?

Topic 5: Whole Health Action Management

- Define WHAM
- What principles is WHAM based on?
- Read the Entrance sign example. Which door would you enter through? Why?

- The Foundation of WHAM is to understand these 10 Whole Health and Resiliency Factors:

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

- These are the 5 Keys to Success, according to WHAM:

1.

2.

3.

4.

5.

- What are the whole health self-management skills identified by The Center for Integrated Health Solutions training?



Watch this webinar on WHAM

To find the video, scroll down to the bottom of the page and look on the right hand side.

- How can you become certified to use WHAM with your participants ?

Topic 6: Wellness Recovery Action Plans

- Define WRAP
- WRAP guides people to:
- How can you become certified to use WRAP with your participants?
- Expand upon these key concepts behind writing WRAP plans:
 - **Hope:**
 - **Personal responsibility:**

- **Education:**
- **Self-advocacy:**
- **Support:**

Similarities and Differences between WHAM and WRAP

List some similarities and differences between WRAP and WHAM:

Similarities	Difference

Topic 7: Snyder's HOPE Scale

- **REFLECTION:** Please take 5 minutes to close your eyes and think of the future.
 - What image first comes to mind?

 - How long does it take to see that something?

If you are like most people, it only takes a few seconds to imagine a goal or dream. As humans, we are intrinsically goal oriented. But why then, do some achieve their goals and others do not? Perhaps it is the absence of hope?

“ A primary role of a PRSS and a CHW is to help individuals not only set goals but also to achieve them. This means we must have the capacity to identify the barriers that exist between the individual and the goal and sometimes that barrier is hope.

- What is Snyder's HOPE scale?
- How does Snyder's HOPE scale define hope?



Review and complete the Adult HOPE Scale

What do you think of your results? What do you find surprising?

Key Points

- Disease prevention aims to reduce the development and severity of diseases. It includes primordial prevention, which addresses social and environmental conditions that affect whole populations; primary prevention, which addresses illness prevention in individuals; secondary prevention, which aims to detect diseases in individuals as early as possible; and tertiary prevention, which aims to reduce the severity of diseases that have already been contracted.
- Having a healthy and balanced diet prevents chronic disease. Having a well nourished body affects decision making and mood, as certain deficiencies mimic or exacerbate mental health disorders.
- Living in a low-income area can affect a person's access to healthy food in grocery stores and the financial ability to purchase healthy options.
- Staying hydrated, limiting caffeine and excess sugar, getting a balance of vitamins and establishing healthy eating patterns can all contribute to strong nutrition.
- Physical activity leads to improved physical and emotional health, better self-esteem, and can also aid in having a natural fatigue that will help people sleep better. Activity goals should start small and increase gradually.
- Sleep hygiene affects overall health, brain functioning and mood. Strategies for better sleep hygiene include cutting back on caffeine, getting exercise, and cutting back on screen time close to bedtime.
- WHAM, WRAP, and Snyder's Hope Scale are tools that can be used to promote general health and wellness.

Lesson 11: Crisis Resolution and Mental Health First Aid

Topic 1: Defining Crisis

- Define crisis:

“As PRSSs, CHWs, and CHWAs, we want to have a well-rounded understanding of what the term *crisis* means in health care and communicate this knowledge with those we serve.

- What factors affect whether an individual experiences a situation as a crisis?

- List some crises that CHWs encountered in their communities:

-

-

-

-

-

-

Topic 2: Recognizing Signs of Distress and Crisis Situations

- Why is it important to recognize crises situations as PRSSs and CHWs?

Signs of Distress

Physical	Emotional	Behavioral

- Expand upon these steps to handling a crisis situation once you have recognized it:
 1. Carry out a quick and thoughtful assessment of the situation.
 2. Check yourself
 3. If you are going to help, introduce yourself if the person doesn't know you.
 4. Calmly state what you are going to do
 5. Say what you notice

6. Ask what happened, how they feel, and what they need
 7. Recognize that you may not be able to make the problem go away
 8. Judicious use of touch
- What are some tips on how to help a person experiencing a crisis?

- What are some tips on what to avoid when a person is experiencing a crisis?

- What are some tips on how to de-escalate a crisis?

- What is the benefit to debriefing with a trusted person after handling a crisis?

Topic 3: Mental Health First Aid

- Why should CHW take further training on handling mental health crises?
- What is covered in the Mental Health First Aid training?



Find a Mental Health First Aid Training in your area (tip: if the website provided do not show anything nearby, search Eventbrite)

Topic 4: Personal Safety



Review the Safety Check for Street Outreach from Capacity for Health

What stands out to you?

- List some further tips and recommendations for maintaining personal safety:

-
-
-
-
-



Read the safety guidelines and protocols of the organization you are working or volunteering with

Topic 5: Well-Being Debriefings

- What are well-being debriefings? What is the goal of well-being debriefings?
- What is the goal of well-being debriefings?
- What are some tips for good debriefings?

Check Your Knowledge

Think back to a time when you experienced a distressing situation at work. How did your workplace handle it? Did you debrief with a trusted person afterward? How might things have been different if your workplace had regular well-being debriefing sessions?

Key Points

- Crisis-inducing events vary from person to person. An event that could induce a crisis to one individual might not affect another.
- CHWs encounter a variety of crises in the communities they serve, and can vary from receiving a health diagnosis, to lack of financial resources, to mental health and substance use disorders. Because so many different factors play into whether or not an individual identifies something as a crisis, it's important to be able to recognize signs of distress in people and react accordingly.
- There are many physical, emotional, and behavioral signs of distress. Once you have recognized these in a person, approach them calmly and only if you are in the right state of mind to offer help. Trying to help when you are not in

a good state may make the crisis worse. Be careful and intentional with any words that you say or use of touch, and recognize that you may not be able to solve the problem.

- Debriefing with a trusted person should always follow helping an individual deal with crises.
- Mental Health First Aid is additional training that can help one understand mental health and how to react to mental health crises better.
- It is important to follow safety guidelines when you are out in the field. These can include guidelines set forth by the organization you are engaged with and guidelines you set for yourself.
- Well-being debriefings are meetings set by organizations that allow employees and volunteers to normalize discussing the stressful work that we engage in and create a supportive environment.

Lesson 12: Refresher on Ethics and Boundaries

Topic 1: Introduction

“*All public health roles require firm boundary setting, for many reasons.*”

Boundaries protect you, the agency, and the individual from harm.

- What role do boundaries play in building a trusting relationship?



Review the Ethics section of your PRSS training.

If you took the PRSS training through FFR, this will be in Lesson 4: Understanding Ethical and Legal Practice. What stands out to you?

Topic 2: Boundaries

- Define boundaries
- Why are boundaries important?

Define each of the following boundaries, and give an example of what they may look like in a relationship between a PRSS or CHW and a participant:

- **Physical Boundaries:**
- **Emotional Boundaries**
- **Sexual Boundaries**
- **Intellectual Boundaries**
- **Role Boundaries**

- **Financial Boundaries**

- Who do boundaries protect?

Boundary Crossings versus Boundary Violations

- What are dual relationships? Are there situations in which dual relationships are acceptable?
- Why are boundaries important?

Reflect on the following actions or behaviors with people receiving services. Rate whether this is never okay, sometimes okay, or usually okay. Reflect on your reasons for your rating. Which ones would you want to discuss with your supervisor before deciding whether or not it's okay?

Action or Behavior with Person Receiving Peer Support Services	Never Okay	Sometimes Okay	Usually Okay
Giving a hug			
Receive a hug			
Giving your cell phone number			
Connecting with a person on social media			
Attending support group meeting together			
Attending social event together			
Having a drink together			
Using cannabis together			
Deciding what's best for the person			
Offering options that you approve of			

Giving a gift or money			
Accepting a gift or money			
Inviting a person to your home			
Accepting an invitation to person's home			
Having a sexual relationship with the person			
Having a sexual relationship with a person's family member			
Disclosing private information shared in confidence (not reportable)			
Protecting a person from negative consequences			
Offering an opinion about prescription meds			
Offering an opinion on alternative treatments			
Voicing skepticism about recovery			
Talking about personal struggles			

Talking about personal successes			
Being in multiple relationships			
Breaking confidentiality because of a suicide plan			
Being a friend			
Offering payment for work performed			
Renting a room			

- What are some reasons we focus on boundaries between CHWs/PRSSs and those they serve?

- List some signs of potential boundary violations:

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- List some signs that a PRSS is veering from their role:

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When in doubt, always seek the support from colleagues, your supervisor, or the code of ethics in your workplace.

Read these vignettes about relationships between CHWs/PRSSs and the people receiving services. Using the questions following the vignette, reflect on possible actions the CHW/PRSS could take.

1. *Mabel is 62 years-old and a former recipient of community health services because of depression and alcohol use disorder. She achieved recovery from an alcohol use disorder over 10 years ago, but the family believes that Mabel is drinking again. They call her former CHW and ask that she drop by and check on Mabel.*

- Can the CHW re-engage with Mabel at this time? Are there any ways that the clinic can re-engage Mabel?
- The CHW listened to the family's request. She stated the reasons that she could not drop by and check on Mabel but encouraged the family to have Mabel call the clinic for support. Did the CHW breach and boundary or confidentiality rules?

- What would you do as a PRSS/CHW in this situation?

2. *Derek is a PRSS who works in a busy health clinic that provides services to people with substance use disorders who have co-occurring health issues. Derek has been coaching Nelson who is living with liver cancer. Derek started providing emotional support to Nelson's wife, Natalie. Derek realizes that he has developed romantic feelings toward Natalie.*

- Where did the boundary breach occur? What should Derek do?

- What would you do as a PRSS/CHW in this situation?

3. *Rochelle is a PRSS with a personal history of experiencing violence at the hands of her boyfriend. She is supporting Rhoda who is struggling with stimulant use disorder. Rhoda is living with an abusive husband who is frequently violent. Rochelle really feels for Rhoda and can remember how powerless and hopeless she felt when in that situation. Last night Rhoda called Rochelle telling her she left her apartment because her husband was threatening her. She was calling from a phone at a convenience store because she left the house without her phone or keys. Rochelle picked Rhoda up at the convenience store and took her to her house where she let Rhoda spend the night.*

- Where did the boundary breach occur? What should Rochelle do?

- What would you do as a PRSS/CHW in this situation?

Your personal boundaries

- What are personal boundaries?
- What personal boundaries are needed by CHWs and PRSSs?

Define each of the following boundaries, and give an example of what they may look like in a relationship between a PRSS or CHW and a participant:

- **Physical boundaries**
- **Emotional boundaries**
- **Time boundaries**

What could you do in the following scenarios to establish a personal boundary:

1. You missed several days of work due to a medical condition. When you get back, a coworker asks what happened. You feel this information is personal, and do not want to share the details.
2. You support Sierra who is going through an especially stressful time. She wants to meet with you every day and for as long as you can meet with her. How would you keep your boundaries while supporting her?

3. Your coworker is upset about their recent performance review. They start yelling and slamming their fists on their desk. This is making you very uncomfortable.

What can you say or do to address this behavior?

Topic 3: Confidentiality

Both the CHW and the PRSS are bound by the same levels of confidentiality.

- What is confidentiality?

“ If you are unsure whether or not to share information with someone, ask yourself whether they need to know this information for the benefit of the participant we are serving. Only disclose participant information on a need-to-know basis.

REFLECTION: Why is confidentiality important?

- What can make confidentiality between PRSSs/CHWs more complicated than confidentiality in clinical relationships?

Types of Confidentiality

- What is informed consent, and how does it apply to our participants?
- What is HIPAA, and how does it apply to our participants?
- What is 42 CFR Part 2, and how does it apply to our participants?

Mandated Reporting and Exceptions to Confidentiality

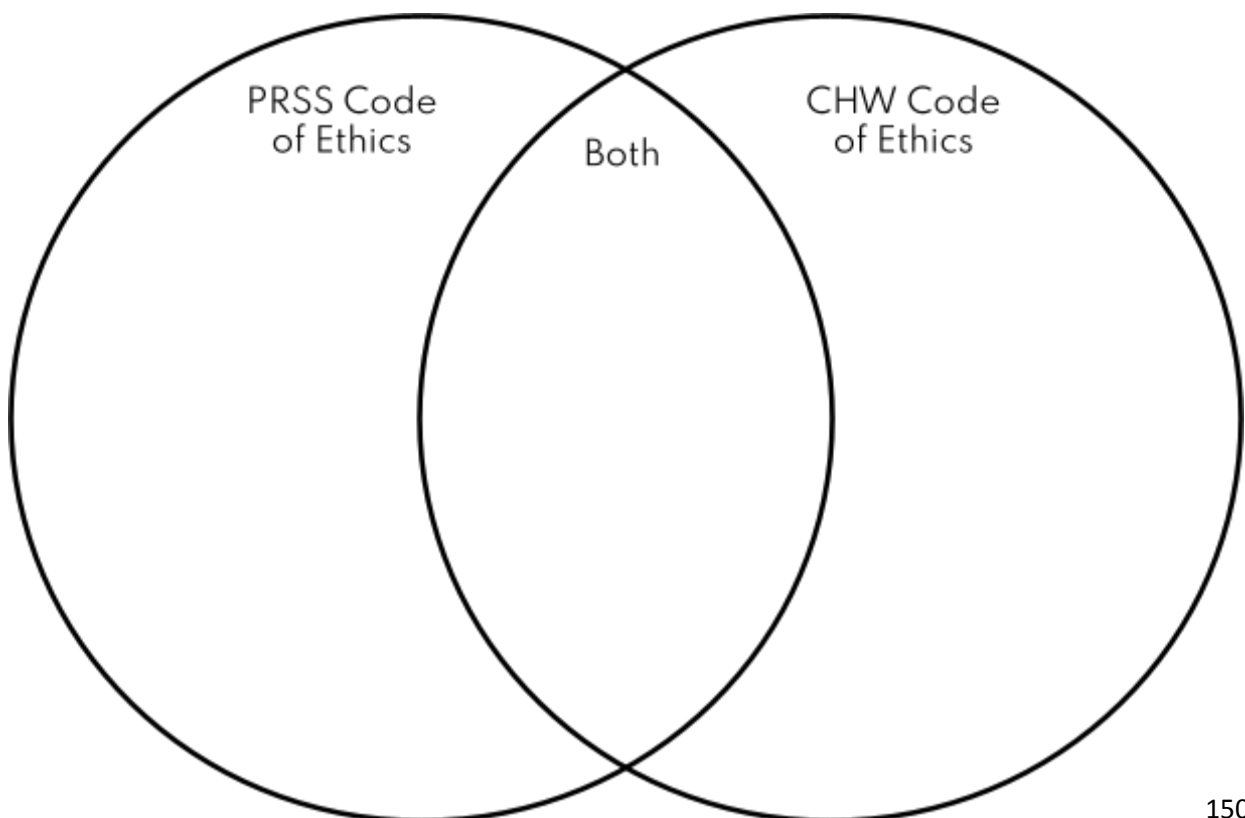
- CHWs and PRSSs are both mandated reporters. What situations are they mandated to report?
- How should you approach a situation that you believe needs to be reported?

Topic 4: Codes of Ethics

Read the NV State Code of Ethics for CHWs



Read the NV PRSS Code of Ethics



Key Points

- All public health roles require firm boundaries to protect: the person giving services, the person receiving services, the organization providing services, and the community.
- Boundaries that are too loose can cause harm, and boundaries that are too rigid do not allow relationships to build. Boundaries need to be “just right.”
- Boundaries can include physical boundaries, which address our personal space and bodies; emotional, which address separating our emotions from those of the people around us; sexual, which refer to expectations of physical intimacy; intellectual, which refer to respecting differences in opinion and points of view; roles, which refer to staying within our scope of work; and financial, which refer to money and resources.
- Boundaries allow us to feel safer in relationships.
- Your personal boundaries include how you feel about your body and personal space (physical boundaries), how people speak to you and treat you (emotional boundaries), and how much time you dedicate to others or activities (time boundaries).

- Confidentiality is paramount to building trusting relationships. Information should only be shared on a need to know basis. There are multiple laws and regulations that apply to confidentiality, including informed consent, HIPAA, 42 CFR part 2 and mandatory reporting laws.
- PRSSs and CHWs are both mandatory reporters and must report any suspected cases of child or elder abuse or neglect, and serious threats of harm to self or others.
- PRSSs and CHWs both must abide by codes of ethics.
- Boundaries, confidentiality and ethics make it possible to support participants in the best way possible.

Lesson 13: Advocacy

Topic 1: Introduction to Micro – Individual Advocacy

- How is advocacy different in the CHW role, compared to a traditional health care setting?

- List some individual supports as it relates to advocacy:
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- Define peer advocacy:

- Define self advocacy:



**Watch the videos “What is Advocacy?” and “Why are CHW’s
Natural Advocates?”**

Topic 2: Macro or Community Advocacy

- What is macro advocacy?
- Define group advocacy:
- Define citizen advocacy:



Read Being a Community Health Worker Means Advocating

Watch all 8 videos in Develop an Advocacy Toolkit



Step 1: Choose an Issue

Step 2: Set a Realistic Goal

Step 3: Identify the Current State

Step 4: Find the Decision Makers

Step 5: Build a Roadmap

Step 6: Build Your Coalition

Step 7: Influence the Decision-makers

Step 8: Keep Track of Your Progress

Step 9: Keep Going

- What are some examples of community advocacy?

Topic 3: Professional Advocacy

- How can organizations that use CHWs encourage community advocacy?



The reality is not all agencies use CHWs in the same way. Some agencies will use the CHW role to fill gaps within their agencies. PRSSs also face this issue. The responsibility to advocate for the agency to use the role appropriately rests on the CHW or the PRSS.

- List some examples of advocacy for the CHW role:
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 -
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 -
 -

Topic 4: Advocacy through Storytelling: A Proven Method of Effectiveness

- How is storytelling important? What role does it play in advocacy?

- List some advocacy organizations you could engage with:

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Key Points

- There are multiple levels of advocacy that can be broken down into two categories: macro and micro advocacy. Micro advocacy involves advocating for the individual, and macro advocacy addresses the laws, policies and systems that affect individuals.

- We are all advocates. We must advocate for ourselves, our roles, and the people we serve.

Lesson 14: Connecting with Resources

Topic 1: Connecting with Community Members and Resources

- How can you become more familiar with resources in your area?

- What types of resources should you become familiar with?

- If you were going to attend a resource fair and educate people on what peer recovery support services are, what are some talking points you would use to succinctly explain what you do?
 -
 -
 -
 -

Topic 2: Identifying Reliable Health Information and Resources

- What types of websites would you use to research health information?
- List some questions you can ask yourself when viewing information online:
 -
 -
 -
 -
 -



Read Online Health Information: Is It Reliable?

- List some quality health information websites:

-

-

-

Lesson 15: Your Role As a Peer

Here are a few scenarios of peers working with participants. Thinking about all that you have learned, please consider how you might respond in these situations.

Scenario 1: *Bill is living with COPD and is finding it harder to do things he enjoys like bowling and taking walks in his neighborhood. Bill is a smoker and has made it clear he's not ready to give that up.*

Scenario 2: Tyrone reports he borrowed money from his PRSS and was able to pay his copays for his Hep C treatment and his diabetes. What next steps can help Tyrone obtain financial support for his medication? What would be your ethical responsibility in said situation?

Scenario 3: *Taylor reports she is homeless and not able to consistently follow up with providers because she does not have a phone. She shared that her glucose is always high because she does not have income to pay for copays with her doctor to discuss a plan for controlling her diabetes. What strategies, resources, and supports can you offer Taylor?*

Lesson 16: Summary and Additional Resources

- What did you learn from this training about the similarities and differences between the CHW and PRSS roles, responsibilities and skills?

“The CHWA model marries whole health promotion with SUD and mental health.

- What did you learn from this training about the Community Health Worker Ambassador role?

- Are there organizations in your community you feel would benefit from the CHWA role?



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