HEALTHY *Conversations*

An Interactive Guide to
Making Positive Change

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A guide for **Community Health Workers**
about mental health and substance use
to **support** clients
making **positive change**

HOW TO USE THIS GUIDE

This guide was written to help support direct care staff, including case managers, peer advocates, patient navigators, etc. to build healthy working relationships with their clients who struggle with mental health, substance use, or both. The goal is to facilitate honest, meaningful conversations that empower the client to understand their issues better and make small, positive steps to improve their health.

The language we use here, Community Health Worker (CHW), is meant as an umbrella term for folks who work directly with clients in their homes, clinic, or community setting to improve health outcomes and quality of life. Please feel free to adapt the terms here to fit with your program (ie: change the word client to patient, consumer, or member, whatever your participants like to be called). We hope it will be a jumping off point for all kinds of healthy conversations over time! Read on for further details.

Goals:

- Build relationship and trust between Community Health Worker (CHW) and the client
- Assess client's issues, strengths, goals, dreams, perspective, and motivation about their mental health and/or substance use issues
- Uncover barriers to optimal health, engagement in treatment, and self-care
- Build client motivation for change towards greater health
- Facilitate greater quality and quantity of client engagement in treatment and care, by helping client become more informed/empowered and less ashamed/stuck
- Reduce the harm of current problem behaviors (ie: injection drug use, managing depression by drinking, etc)
- Increase client capacity to reflect on where they are and take positive action
- Increase CHW and client health literacy about mental health and substance use—more knowledge leads to more confidence
- Help focus and guide visits between CHW and client

Methods:

Tailor to individual client: Give client an opportunity to have all conversations (even the ones that might not seem relevant) with a focus on priority topics.

Flexible but intentional order: These conversations are set in this order so that they can build on each other. You can spend more time on topics your client is particularly interested in. You can also look through the Table of Contents together and pick the places to start.

Help organize CHW and client: Our client's lives are often chaotic and stressful, so staying on track is hard. This guide can keep you both oriented towards important conversations, making it easier for you to stay on the same page and move towards meaningful goals.

Use in small chunks as part of a regular visit: Ideally, 15–20 minutes of a 60 minute visit will be spent working on formal curriculum, and the remaining time is client-led.

Use Motivational Interviewing skills: How you present this material matters a great deal. We urge you to use MI: being nonjudgmental, listening actively, putting your client in the driver's seat. We particularly like the OARS tool: Open Questions, Affirmations, Reflections, and Summaries all help to build a healthy collaborative relationship with your client. If you haven't had MI training, please find some in your area. It's been a key to success for many CHWs! For more details, please refer to the short MI chapter to introduce you to key principles as we apply them here or refresh your memory if you already know the basics.

3 tracks: There are three tracks for the curriculum: one for clients who only have mental health issues, one for clients with only substance use issues, and one for clients who struggle with both. For dually-diagnosed folks, you may need to proceed slowly because the client is dealing with multiple barriers and may be less motivated and more distracted/overwhelmed/afraid.

Use your own words: The curriculum wording is a guide, but you will be most effective if you read through it first on your own to learn it, and then put it into your own words when you're speaking with the client. If the client uses certain slang or phrases, it's generally best to adopt their language if it feels natural to you.

Always check in: While reviewing the educational material, check in with the client to see if any of it resonates with their own experience. Ask client: "What are your thoughts about that?" If you see any acknowledgement, nodding of the head, facial expressions, or comments that suggest your client identifies with something you have said, ask: "What do you think about that?" or "Does that make sense to you?"

Using "Teachback": At the end of each conversation, we urge you to use the teachback questions to find out what the client understands, what was meaningful to him/her, and to assess what topics/information you might need to spend more time on in the future. The goal is to tailor to a client's individual needs, interests, and issues. This regular assessment will help keep you on track.

Using Activities: Every chapter has interactive activities to help with assessment, support client learning, and make the process creative and fun. Ideally, you choose one activity per visit, according to the client's interest. Some types of activities will be more comfortable for you than others (role plays vs. brainstorms vs. art projects), but try to offer the client a range of choices. You can do multiple activities briefly in one visit and give the client some related homework (such as list-making or drawing) to start from on the next visit.

Tips for using curriculum with "special populations":

Clients with cognitive limitations: use repetition and imagery, break conversations into smaller pieces and review often, explain things as concretely as possible.

Clients who are drunk/high during the session: Curriculum works best with clients who are clear, oriented, and sober. Some clients may always be under the influence when you see them. In that case, assess how impaired your client is. If she is so high she can't have a meaningful conversation with you, save the material for another day. Brainstorm together on a more sober day about how to make some time together to review the curriculum (For example, maybe the client agrees to wait to drink until after your morning visit).

Clients in mental health crisis (suicidal, delusional, hallucinating): Any time clients are in a crisis, curriculum can wait. Best to reach out to their other providers (PCP, psychiatrist, or therapist) for back-up and if need be, call the emergency mental health team in your area. Follow your agency policy around suicide assessment. Know the best way to reach your supervisor for guidance in the moment. Worse case scenario: call 911 and let an ambulance get your client to the ER to be evaluated.

Clients who are not very motivated about their health: When in doubt, start with what your client cares about to build trust and communication. You can explain your role and the curriculum and let the client know you will devote part of every visit to health issues, and the rest of the time to whatever is most important to the client at that time. It's a challenge that gets easier with practice: to both respect your client's way of seeing things and to continue to bring health issues into the conversation without pushing your (or the care team's) agenda of how the client "should" deal with them.

Clients with strong stigma about their issues: Respect confidentiality, offer an invitation to discuss the material and respect when client says no, keep bringing up the topic and explaining why it's important to talk about when the client feels ready.

Troubleshooting:

How can I use the curriculum if the client denies she has mental health or substance use issues when everyone else thinks she does?

Go slowly. Build trust and get to know the client first. Understand her point of view and be mindful not to accuse her of having issues she's not ready to own. Work with her on what matters to her in the moment and introduce curriculum slowly, using neutral language, and back off when you feel the client getting defensive or distant.

You may want to say something neutral like,
"Not all of this information may apply to your life, but you can share what you learn with people you know who might have these issues"

or

"These are topics I cover with all of my clients, to make sure I really understand what they're dealing with and to make sure they have a foundation of knowledge to communicate well with their care team"

or

"Many people don't even realize they are dealing with mental health issues and suffer alone for years. I want to make sure you have all the current information and options so you can decide for yourself how you want to take care of your health."

What if the CHW is personally triggered by what the client brings up? Or feels overwhelmed, like it's outside their scope of practice?

CHWs need to make good use of their Supervisor/Clinical Supervisor when these issues come up, particularly for people in recovery or who also have a mental health diagnosis. Getting support from fellow CHWs, particularly seasoned colleagues, can be very helpful. By getting support, you safeguard both your wellbeing and that of the client. You want to be making referrals to the right

care team member for issues in their area of expertise—therapists, psychiatrists, substance abuse counselors, etc. We encourage you to be in touch and build relationships with those providers to effectively coordinate care with your client. If the client has a therapist or is engaged with another provider, be sure to work collaboratively and share what is learned in these sessions—remember to have your client sign a release of information first so that they can consent to what communication you will have with their other providers.

What if client does not want the book in their home (for home visits) or is hesitant to talk openly about their MH/SU issues?

Many CHWs study the curriculum before the visit and opt not to bring it along. Others may copy just a few pages to make it more appealing and less intimidating for the client. Some clients may not want the book around because of confidentiality concerns. Always respect your client's wishes, and find creative ways to bring the curriculum activities and conversations into your visits. We find that studying and practicing the curriculum until you know it well, ideally before each visit, will help you adapt it to the needs of individual clients.

What about clients who don't believe in a traditional medical model of mental health or in taking medication?

We always want to learn about our client's world view and respect it, not try to convince them to see it another way. Keep having the conversations and make room for multiple points of view. You will learn from each other and find a middle ground that honors the client's beliefs and moves them towards improved health. You may want to consult with a holistic health professional to increase your knowledge of alternative options (see also the chapters: Wellness 101 p. 55, Attitude is Powerful p. 189, Spiritual Coping p. 199, & Wellness 102 p. 207).

ACKNOWLEDGEMENTS

This curriculum has truly been a team effort, from the initial idea down to the last detailed edits. Robust appreciation to our entire crew for their dedication, creativity, and tenacity in completing an ambitious project under less then ideal circumstances. Thank you for holding fast to our vision: of creating a user-friendly, substantive resource rooted in the principles of Motivational Interviewing for Community Health Workers (CHWs) and other direct care providers to better engage their clients struggling with mental health and/or substance use. Our gratitude to the Blue Cross/Blue Shield Foundation of Massachusetts for funding this process and rolling with the changes in the plan as we went. We dedicate this work to the CHWs around the country striving to improve the health of their clients and communities amidst many challenges. May this tool empower you to do your best work with your trickiest clients—we believe in you!

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Guidelines:

The essential topics to help you and your client understand their mental health and/or drug use issues are identified as **Priority***. Other topics are **Optional**, but we recommend bringing up all topics with each client. Try not to assume what your client needs, so you don't miss out on valuable discussions (unless the client is clearly not ready). Discuss each topic at least by asking your client what she knows about it or how the topic applies to her. You can review the "cheat sheet" on the first page of every topic or ask the assessment questions at the beginning of each conversation to figure out if it applies. Focus your time and attention on the topics that feel most relevant and meaningful to the client.

Chapters:

Mental Health Track

Topics:

*Priority Topics are marked with a *, all the others are optional.*

Substance Use Track

Topics:

*Priority Topics are marked with a *, all the others are optional.*

Dual Diagnosis Track

Topics

*Priority Topics are marked with a *, all the others are optional.*

For CHW Only (not for use with client):

Appendices:

ME & MY MENTAL HEALTH

Priority

Use this topic with:

Clients with any type of mental health issue, as you are first getting to know the client.

Goals:

- Help client to explore her own experience, history, thoughts, and feelings about her mental health
- Build trust and rapport
- Assess scope and nature of client's mental health issues and how they impact her life
- Step into your client's world and understand her experience—**no problem solving or referral-making!**

Before the session, review:

Motivational Interviewing Basics p. 283

Topic Overview:

- **Conversation A:** Me and My Mental Health
  - Activity 1: Mapping Mental Health
  - Activity 2: Mental Health Collage

Conversation A

Me & My Mental Health

Goal:
To learn more about the client's perspective on and experience of her mental health symptoms

Say: Every person's experience of their mental health is unique. I'd like to understand from your point of view what this thing is like and how it's impacting your life.

Ask: Are you open to talking a little more about your mental health issues today?

If yes, ask your client some of the following open questions in your own words:

- What do you call your mental heath issue?
- Do you have formal diagnosis? If yes, what is it, and what does it mean to you?
- Why do you think this happened to you? What caused it?
- How do you think you will get better?
- What does "mental health" mean to you? What about "crazy"?
- Tell me a little about your family history with mental illness (who had diagnosis, symptoms, hospitalization, suicide, etc).
- What do you think about taking medication or getting treatment?
- What are some of your fears about your mental health?
- Tell me about your hopes for your future. How has this issue/diagnosis changed that?
- Tell me a little bit about your symptoms. On a good day, what are they like? What about a bad day?
- Who/what helps you in the hard times?

- How can I be a support to you?
- Are there songs, books, or characters on TV/movies that really capture or reflect how you feel? [Invite client to play the music or watch a bit of the show together]

If your client does not have a good understanding of her diagnosis, write a list together of the client's questions to discuss with her mental health team or with your supervisor.

Teaching Content

Share the following information with your client in your own words.

Say: **The concept of 'mental health' depends a lot on society:** it looks different in different places, times, and cultures. What one community thinks is "normal," may be seen as strange in another.

The stigma of mental health is a barrier for people seeking help, and everyone needs to find their own way to work through it. Stigma is when you feel judged and may be treated differently because of something about you, like your mental health. We will talk a more about handling stigma on p. 27

Having mental health issues and seeking services **does not mean you are "crazy."**

Every person has a **unique relationship to their mental health:** what feels good, how they handle their issue, what their symptoms are like, what they believe caused the problem, and how they get better.

Understanding your own experience (triggers, symptoms, what helps, support people in your personal life and care team) is essential to self-acceptance and recovery (living your best life with this set of issues).

You get to decide what your diagnosis means and how to handle it, with the support of people you trust including family, friends, Higher Power, your CHW, medical team, etc.

Ask: What do you think about all of that?

Activity 1: Mental Health Map

Materials:
Paper, pens, glue stick, magazines (ideally bring a varied selection including ones that match the client's culture and interests)

Say: Many people find it helpful to put this stuff down on paper as a map or picture that tells the story. It's a way to express and make sense of your own story and to communicate it to people you trust.

Ask: What do you think about trying a drawing activity today?

Ask: If we were going to draw a map of your experience with your mental health, what would it look like?

Say: It might look like a web or a timeline or a subway map.

Instructions:
Use a piece of paper to draw with the client a timeline or web of how this issue has impacted your client's life, including diagnosis date, symptoms, impact on self, hospitalizations, impact on family/friends, and impact on work.

Activity 2: Mental Health Collage

Ask: What does a typical day of dealing with your mental health issues feel like?

How would you create that visually?

Instructions:
Using magazines, a glue stick, and scissors to create a collage of what the day-to-day experience of this issue feels like.

For either activity, CHW will look at what the client creates and ask:

What do you notice?

What was it like to make this drawing?

What, if anything, did you learn about yourself?

Teachback:

Say: Thank you for talking to me today. I learned a lot about you. I was struck by [summarize key points].

Ask: What did you find useful or meaningful about this conversation?

How would you summarize what we talked about today?

Any other questions?

WHY ME?

Priority

Use this topic with:

All clients, at an early point in building your relationship

Goals:

- To increase knowledge about the causes of Mental Health symptoms (Conversation A) or Substance Use (Conversation B).
- To instill hope and decrease any sense of isolation and self-blame the patient may feel
- To help CHW better understand how the patient understands and relates to her mental health/substance use issues

Before the session, review:

- Different theories about possible causes of mental illness and addiction (in Conversation A p 20)
- Remember to adapt to the language the patient uses to build rapport

Topic Overview:

- **Conversation A:** Why Me? Mental Health
  - Activity 1: Family Tree (MH)
- **Conversation B:** Why Me? Substance Use
  - Activity 1: Family Tree (SU)
- **Conversation C:** Attitude of Health (both tracks)
  - Activity 1: Doing Something Different

Conversation A

Why Me? Mental Health

Say: Not unlike other illnesses, we often ask ourselves big questions about our mental health:

Where do these mental health problems come from?
What causes them?
Why do I have them?

Ask: What factors have you heard contribute to developing a mental health problem?

Actively listen to the response and fill in what the client has left out

1. **Genetic—**These challenges tend to run in families.

2. Environmental—People who face lots of different life stressors, back into childhood, have to be smart to survive. If you're poor, dealing with abuse, seeing violence in your community, or growing up with a parent abusing alcohol or drugs, you may not get all the care and support you need to grow up healthy. **Sometimes the ways you figure out to survive end up causing problems once you're older and living in a different world.**

For example, you may start drinking to numb out the bad feelings of being abused but after a while the drinking starts to create its own new problems for you.

3. Personal History—We carry the things we have experienced inside us—in our memories, emotions, and bodies. Sometimes we know this and sometimes it can be hidden from us, especially if we dealt with hard stuff in our past. **When those things don't get dealt with and healed, they may express themselves through physical illness, emotional hard times, self-destructive behavior, and relationship challenges.** Some people believe that mental health issues like depression, anxiety, and PTSD are ways the unhealed parts of us try to get our attention so we can be restored to wholeness and feel better.

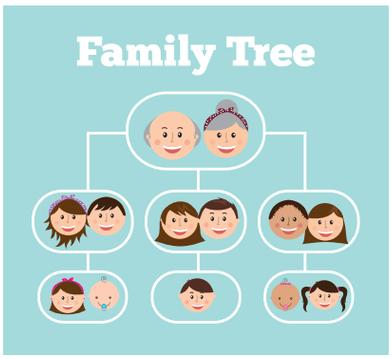
4. Spiritual or religious factors—Some people believe there is a **spiritual component** to mental health as well. If we feel cut off from connection to ourselves, to others, and to God/Spirit, we suffer. What we call "mental

illness" is for some people a spiritual sickness, a loss of Soul or a separation from our Higher Power. Survivors of mental illness often find a deeper meaning to their symptoms as part of their life journey, learning lessons and growing as a person. Exploring the spiritual parts of your life can be a wonderful resource for healing and hope.

Say: The **good news** is you have made it this far! The ways you have dealt with the world have kept you alive and **deserve your respect.**

Now perhaps you are in a place to consider some **new ways of coping** with your life that might bring more joy and less pain. This guide is designed to help move you forward in healing yourself and getting support from a care team you trust to manage your issues better.

Activity 1: Family Tree



Say: Because these issues run in families, it can be helpful to map out your family history and see what you're dealing with the support of people you trust including family, friends, Higher Power, your CHW, medical team, etc.

Ask: Are you open to creating a family tree?

Instructions: CHW draws a mental health family tree including at least two generations (names of parents, grandparents, children and partners).

Ask the client to circle the family members that have some kind of mental health issue or substance use issue (or both for dually diagnosed client- just color code each issue so they can be recognized as different) and to label it with a diagnosis or behavior.

Together observe the **numbers and seriousness** of the family's mental health issues.

Ask: What connections do you see between your family member's experiences/ coping patters and your own?

What have you learned by doing this activity? How does it make you feel?

How would you like to manage your own health differently?

Teachback:

Say: Thank you for talking to me about _____ [summarize the conversation].

Ask: What did you learn from our conversation?

What did you find useful or meaningful about this conversation?

How would you summarize what we talked about today?

Do you have any other questions?

Conversation B

Why Me? Addiction or Substance Abuse

Say: We may sometimes ask ourselves big questions about our substance use:

Where do these substance use issues come from?
What causes them?
Why do I have them?

Ask: Why do you think people use substances?

Ask client and then fill in:

a. Self-medication—Some people who have mental health issues also use drugs to feel "normal" or ok.

Many find that once they get medication to deal with the biochemical issue, they don't need the substance in the same way.

People who have dealt with trauma, in particular abuse in childhood, have a higher rate of substance abuse. It makes sense that we would **use the substance to numb out the pain of the things that happened** to us so we can survive. The tricky part is that to get better, we have to let go of the substance enough to deal with the things it was protecting us against—bad memories, pain in the body, feelings of guilt or shame. It takes real courage to begin a healing journey. The good news is that with support and commitment, people get better every day.

b. Genetics/family history—If your parents were alcoholics, you have a greater likelihood of developing alcoholism if you are exposed/have access to it. It's not clear if alcoholism run in families because a kid learns alcoholic behavior from parents and home environment, or because a kid inherits genes that create a predisposition for alcoholism.

c. Other reasons—Anyone who's ever used knows we start doing it for logical reasons: it feels good at first and takes pain away!

People have been using substances from nature throughout human history to get into "altered states": a different way of feeling and being in your own mind and body. For some these are social experiences, like having a beer at a family BBQ, or spiritual ones, like using a drug as part of a healing ritual.

Most people can use substances once in a while without it becoming a problem in their lives. For others, alcohol and drugs become a friend who's always there. Whatever pain, heartbreak, loneliness, and anger life brings, the substance is a reliable way to get through it.

Ask: Who gets addicted?

Ask client their thoughts and then add:

a. Anyone can get addicted:

Physically: your body needs more and more of the substance to have the same effect and so you feel sick or "off" without the substance AND

Psychologically: it's really hard to cope with your thoughts, feelings, and daily life without the substance

Activity 1: Substance Use Family Tree

See instructions for the Family Tree Activity on p. 22 and complete if focusing on substances use instead. For dual diagnosis clients, you can do a tree that includes family substance use and mental health issues.

Teachback:

Say: Thank you for talking to me about _____ [summarize the conversation].

Ask: What did you learn from our conversation?

What did you find useful or meaningful about this conversation?

How would you summarize what we talked about today?

Do you have any other questions?

Conversation C

Attitude of Health (for both tracks)

Say: Whatever you believe about "why" these issues are part of your life, the attitude you take towards them is very powerful in either supporting your health or keeping you stuck.

Ask: Can we talk today a little bit about some attitudes that can support health?

Share these teaching points in your own words:

- Your mental health issues and/or addiction is not your fault, so spending energy **blaming yourself can actually keep you stuck**. Whether your parents were users, or your brain chemistry is prone to depression, you were dealt a particular hand in this life. All you can do is play it well!
- You are **responsible for the choices you make** in coping with your mental health/substance use and the ways that your behaviors effect people in your life.
- The goal for health is to **balance** taking charge of the things within your control and letting go/forgiving the things from the past/present you have no power over.
- In recovery of all sorts, people find the **Serenity Prayer** to be a helpful reminder of this attitude. If you find it inspiring, put it up somewhere you'll see it or say it out loud to yourself a few times every day.

God grant me the serenity
to accept the things I cannot change;
courage to change the things I can;
and wisdom to know the difference.

Activity 1: Doing Something Different

After the Family Tree, your client may feel down or overwhelmed about what he/she sees. This activity is designed to help the client see the possibility of different outcomes for themselves.

Option #1: Ask your client to imagine how they would like to see their present and future change around their mental health/substance use and areas of their life that it impacts.

Option #2: Ask the client to give you two examples of how they have coped or managed their use or mental health well. Ask them what skills and supports they used to manage the issue.

Ask: What did they do/use to be able to manage?

How did it change the outcome?

Is it something they would like to try again?

Are they interested in talking through what that might look like?

Teachback:

Say: Thank you for talking to me about _____ [summarize the conversation].

Ask: What did you learn from our conversation?

What did you find useful or meaningful about this conversation?

How would you summarize what we talked about today?

Do you have any other questions?

STIGMA
Priority

Use this topic with:

- Clients who have mentioned issues with stigma or feel like they've lost relationships or been hurt by people in their lives because of their use or mental health issues
- Clients who are comfortable talking with you about their substance use/ mental health and its impact on their lives

Goal:

Help client better understand stigma surrounding substance use and mental health issues, develop proactive skills to cope with it, and deepen her sense of value as a whole person.

Before the session, review:

- Definition of stigma, examples of stigma, and its effects
- The many activities in this chapter

Topic Overview:

- **Conversation A:** What is Stigma?
  - Activity 1: Community Influences/Social Talk
  - Activity 2: Drawing Stigma
- **Conversation B:** Stigma and Self Care
  - Activity 1: My Strengths
  - Activity 2: Stones of Stigma
- **Conversation C:** Disclosure
  - Activity 1: "Sharing My Diagnosis" Role Play

NOTE: For each section, you may speak about stigma as it relates to substance use or to mental health issues (or both), depending on what your client has experienced. For example, if your client has never dealt with addiction but has PTSD, you would only refer to the stigma around mental illness.

Conversation A:
What is Stigma?

Introduction:
Stigma comes up a lot when we talk about substance use or mental health because of the judgments people make and the ways those judgments can hurt people who are using or dealing with mental health issues. Do you mind if we talk about stigma today?

Ask your client some of the following open questions in your own words:

What do you know about stigma?

How much and in what ways is it a barrier to your health/happiness?

How do you currently cope with it?

Say: The word stigma technically means **"a mark of shame or discredit,"** according to Webster's dictionary.

Review the following key points in your own words:

We use the word **"stigma"** to talk about the **shame you may feel inside** when you take part in activities or belong to a group that's looked down on by the larger community.

For example, if all of your family is working and you're unemployed, there may be a stigma about the fact you're not earning money, and so you may feel that people are judging you.

Stigma is when social judgments of you (about your sexual orientation, education, ethnicity, religion, appearance, etc) get under your skin and begin to make you feel bad about yourself.

For example, a young gay man growing up in a homophobic neighborhood may choose to stay in the closet, because the stigma of being gay is too hard to deal with. Maybe he starts drinking because of how bad it feels to him when someone puts gay people down in front of him.

Ask: Have you heard of stigma before? What does it mean to you?

Say: People often experience discrimination because of judgment about their health conditions:

- An HIV+ woman is served on paper plates at a family dinner when everyone else is using china, because her aunt is afraid of catching HIV by sharing dishes.
- An overweight diabetic man doesn't get a promotion at work, partially because his boss believes that he got diabetes due to being lazy and irresponsible.
- A young woman with an anxiety disorder is refused an apartment when she acts very nervous with a potential landlord. The landlord worries she might be unstable or cause too much drama.

If your client is dealing with substance use

Say: Substance users deal with stigma a lot, because there is a lot of ignorance in our society about addiction. Often people won't share anything about their use or recovery with anyone, for fear that others will treat them badly once they find out. Have you dealt with anything like that because of your substance use? What was that like?

If your client has a mental health issue

Say: People with mental health issues deal with stigma a lot, because there is a lot of ignorance in our society about mental health. Often people won't share their diagnosis with anyone for fear that others will treat them badly once they find out.

Some examples of discrimination:

- Hurtful remarks by or lack of understanding from family, friends, and colleagues
- Bullying, harassment, or physical violence
- Discrimination at work or school
- Difficulty finding housing because of your use
- Difficulty accessing adequate health insurance

You may experience discrimination/stigma from friends, family, community members, employers, insurance companies, landlords, healthcare professionals, or from the media (TV/movies/newspapers)

Say: To think about how stigma might have affected you, we can think about some of the things you've heard people say.

If your client is dealing with substance use

Ask: When you hear people talk about your particular drug or about addiction, what do they usually say?

What assumptions have you heard people make about people who are using or in recovery? Examples: prostitution, criminal activity, lying/stealing, etc

How do people in your family and/or loved ones talk about addiction?

How do you feel addiction is/is not discussed in your community?

How does it feel to talk with providers about your substance use/recovery?

What do people get wrong about addiction? How would you correct them? What do you wish people understood better?

If your client has a mental health issue

Ask: How do people in your family/other loved ones talk about mental health issues?

How do you feel mental health is/is not discussed in your community?

How does it feel to talk with providers about your mental health?

What do people get wrong about mental health? How would you correct them? What do you wish people understood better?

Activity 1: Community Influences—Social Talk

Instructions:
Fold a piece of paper in half. On one side, write "How I talk about my illness/addiction" and on the other side write "How people in my community talk about my illness/addiction." Ask your client to fill in each section, telling her that there are no wrong answers. She can write things she actually heard people say or things she thinks people would say. Unfold the paper and compare the two sides.

Ask: What similarities are there? What differences are there?

How do you feel about your community's beliefs and knowledge about mental health/addiction?

How do feelings expressed by the community affect you?

Activity 2: Drawing Stigma

Say: Sometimes, stigma changes the way we see and treat ourselves. It can help to try on a new perspective to see who we are.

Ask: Are you open to doing an art activity about stigma today?

Instructions:
On one side of a piece of paper, tell client to draw or make a collage of how she sees herself through the eyes of stigma. It can include words, images, and symbols. On other side, she should draw/collage how she sees herself through the eyes of Love/God/respect/trusted friend.

Once client is done, **Ask:**

What was that like? What do you notice? How are the two sides different?

What would it be like to see yourself more often through the eyes of Love?

Teachback:

Say: Thank you for sharing so much with me. Summarize conversation.

Ask: What struck you most about our conversation today? What will you take away?

Conversation B

Stigma and Self Care

Goal:
Help the client think through the connection between stigma and how we care for ourselves, especially around health.

If your client is dealing with substance use

Say: Sometimes it's not other people who stigmatize us. We can start feeling like these assumptions about addiction are true. We "buy into" what people around us are saying and feeling.

Ask: What do you think about that? How does your addiction change your view of yourself, your abilities, or your future?

Say: People may feel shame about things they've done in the past when they were using, or about ways they interacted with providers when they were high, etc. For many people, this feeling of shame and fear of being judged is a major barrier to getting care.

Ask: How might your feelings about your addiction get in the way of your getting counseling, taking medication, or other services?

Are there providers you avoid or times you feel uncomfortable being honest about your use/recovery with your provider? How do you manage that and still get the care you need?

If your client has mental health issues

Say: Sometimes stigma can cause a sense of shame inside us that affects the way we behave in ways that we might not even notice ourselves.

When people experience stigma, they might:

- Feel alone, isolated, or unloved
- Hide parts of themselves from others and avoid close relationships
- Feel hopeless (like they can't pursue dreams and goals)
- Feel powerless (like they can't change their illness or the limits it puts on their lives)
- Not take good care of themselves because they feel like they're not worth it (stop taking medication or going to counseling because they feel like they are "no good" or "too crazy" as a person)
- Allow others to treat them badly (because they think they don't deserve better because of their mental health issues)

When you experience stigma, it may help to remember that you are a person of value who does not deserve to be mistreated. You are not your diagnosis—you are a person with great qualities who happens to have a mental health issue.

Activity 1: My Strengths

Goal:
Help the client see their own strengths

Say: With all the negative attitudes about people who use drugs/have mental illness, it's easy to forget all the good things about who you are.

Ask: Can we make a list together of some good things about you?

Say: List some ways you are a good person or you feel proud of yourself, including small things. You can name general qualities (like being smart or a good friend) or specific actions (like helping a neighbor with a problem).

If client gets stuck, ask: What would someone you trust say to you that would help you feel better when you're upset? CHW could also give some examples from their experience with this client.

CHW will write these down (pictures are optional) and invite the client to put it somewhere it can be a support (in wallet, on fridge, beside bed).

Ask: What is it like for you to recognize some of your strengths?

How can we together help you remember these and focus more on them?

Activity 2: Stones of Stigma

Say: Sometimes we don't realize the weight that negative attitudes about drug users or people who struggle with mental health have on us.

Ask: Are you open to an activity to help you think about this issue?

Instructions:
Put marbles or stones in patient's hands and have her name every harsh judgment of addiction and/or mental illness you can think of. If the client gets stuck, you can add some common ones (ie: drug users all lie or steal, drunks can never get better, people who panic are crazy, if you're depressed you just need to get over it and stop making excuses). After you've collected a handful, remove a marble for each one: "take the weight off".

Ask: How do these judgments make you feel?

How do they impact your life now?

What are some ways you can "take the weight off"?

Conversation C

Disclosure

Goal:
Help the client to think through the pros and cons of openly sharing her struggles with people in her life.

NOTE: This conversation may feel more natural to have with someone about mental illness, but you can also substitute addiction/relapse to a client who is working on disclosing to someone in her life.

Say: One way some people find to deal with stigma is to talk openly about their mental health issues with trusted people in their lives. Being honest with another person about your issues is sometimes called "disclosure".

My goal today is NOT to push you to tell anyone anything you don't feel ready to, but to think and talk about the benefits to you of being open and to practice what you might say the day when you feel ready.

Ask: How do your feelings about your mental health issues get in the way of your getting counseling, taking medication, or getting other services for your problem?

Tell me some of the reasons you haven't shared your diagnosis before. What do you think about these?

Who in your life do you feel might be a person to support you in your diagnosis? How would you tell them? How do you think they would react?

Activity 1: "Sharing my Diagnosis" Role Play

Instructions:
Introduce a role-play in which CHW plays a friend who shares their mental health diagnosis with the client for the first time. The client will respond in real time, with how she might actually react to this news.

Ask: How did you feel listening and learning this information?

How did you decide what to say?

How do you think the friend felt when you responded?

How might you have felt if someone responded like this to the news of your diagnosis?

Then, ask your client to role-play disclosing her diagnosis to a trusted friend or family member, played by the CHW. Challenge your client to answer their questions and share information.

Discuss the role-plays with the client. Together, think about which things are important to share with a friend and how you might react to different responses.

Discuss the possibility of the client actually telling a trusted support person. Think together about the following disclosure plan.

DISCLOSURE PLAN

Who:

Why:

When:

How:

Where:

What key info to share:

Fears/risks:

Reasons to share:

Teachback:

Say: Thank you for sharing so much with me. Summarize conversation.

Ask: What struck you most about our conversation today?
What will you take away?

STRESS RESPONSE

Priority

Use this topic with:

Clients who deal with stress, particularly anxiety issues, who are interested in learning more about the biology of the body's response

Goals:

- To help your client understand what is going on in his body when he experiences stress, depression, or anxiety
- Help your client see his challenges with stress as normal and biological, not as a sign of illness or deficiency

Before the session, review:

- Basics of how the **Stress Response** works
- The script for the guided relaxation and how to demonstrate the belly breathing practice

Topic Overview:

- **Conversation A:** The Fight-or-Flight Response
  - Activity 1: Guided Relaxation
  - Activity 2: Interrupting Stress Brainstorm
- **Conversation B:** Stress Hormones and Mental Health
  - Activity 1: Stress Management
  - Activity 2: Breathing Practice—Belly Breathing

Conversation A

The Fight-or-Flight Response

Goal:
To learn about the fight-or-flight response and understand how it relates to the client's experience of stress and mental health symptoms

Say: Think back to a time in the last couple of weeks when you were startled or scared.

Ask: What started you feeling like that?

What went through your mind?

How did you feel physically? Emotionally?

What changes did you notice in your body (breathing, heart rate, muscles, or sweating)?

Say: The fight-or-flight response is your body's natural reaction to a possible threat, like what our caveman ancestors might have run into while going out for a hunt. They had to be ready to chase down the animal they were hunting—or run away if it charged them. So their bodies had to be ready to react quickly to stay alive—muscles tense, breathing deepens, and the heart pumps blood faster to help them run away if they needed to or stay and fight a wild animal!

Though our society is not dangerous in the same way today, we still have this physical reaction to stress, which can be good and bad. These responses are in everyone's body to help us survive and are normal physical reactions to a dangerous situation.

To understand the fight/flight reaction better and get some ideas about how to work with it, let's talk about what's going on in your body.

The fight-or-flight response is part of your body's balance between two parts of your nervous system called the sympathetic nervous system that controls the "stress response", and the parasympathetic nervous system that controls the "relaxation response".

TWO NERVOUS SYSTEMS

Sympathetic nervous system:

- A set of circuits in your nervous system that plays a big role in the "fight or flight" response
- Controlled by a part of your brain called the hypothalamus
- Brain sends signals down through the spinal cord to the heart, the blood vessels, the digestive system, and glands (such as sweat glands)

What happens:

- Heart rate speeds up so your heart can pump more blood
- Blood to your skeletal muscles increases (the muscles that help you move your arms and legs to run away!)
- Tiny airways in your lungs open up more, so more air can circulate and get more oxygen to your blood
- Blood flow to your skin, digestive system, and inner organs decreases
- Digestive system slows down (who needs to digest if your life is in danger?)
- Sweating increases (to cool down the body that's releasing all this energy and keep us from overheating)
- Body churns out adrenaline (aka epinephrine), the major stress hormone

How does all this help you survive?

- Instead of spending energy on digesting food, your body is getting ready to run, defend itself, and keep you alive

Parasympathetic nervous system:

- Part of your nervous system that is also called the "rest and digest" system
- Also controlled by the hypothalamus (part of the brain)
- Brain sends signals down the spinal cord to the heart, digestive system, glands, etc.

What happens:

- Heart rate slows
- Movement increases through your digestive system
- Release of oxytocin (makes you feel happy and relaxed)
- The systems that get dialed down during the stress response slowly return to normal (immune system, hormones etc)

How does this promote the "rest and digest system"?

- Instead of spending energy on facing threats, your muscles relax, and your body stops sweating and moves food through your digestive system.

ANALOGY: Imagine a racecar at the start line. Stress response is like pumping gas through your system: engine revs up, car is ready to take off as soon as you take your foot off the brake, wheels are spinning faster. Relaxation response is a little like putting on the brakes and taking your foot off the gas: engine slows down, car is idling in place

EXAMPLES

Lions on the hunt

- When preparing to hunt, their "fight or flight" system is activated
- Muscles tense, high energy, heart rate up
- Ready to chase down and attack anything that looks tasty
- After the hunt, the "rest and digest" system is activated
- Heart rate slows down, blood goes back to the stomach and intestines
- They are ready to eat their food, digest, and rest

Gazelles being hunted

- When they sense lions nearby, they have to decide whether to try to hide or run away
- After they escape, they can go back to relaxing and grazing

How does this relate to mental health issues?

- In anxiety disorders, the body has the fight-or-flight response to ordinary, non-dangerous situations
- Phobias: whatever triggers the phobia can cause this response
- Social anxiety: situations where you think you might be observed and judged, like speaking or eating in public
- Panic attacks: whatever triggers your panic attacks
- PTSD: reacting to things that remind you of the traumatic event

- The problem is, we're often having the fight-or-flight response when our lives are not actually in danger! (CHW NOTE: Choose an example of something that the client is *not* afraid of, but that other people might be—elevators, heights, closed spaces, insects, having blood drawn, dogs, the number 13, flying, bridges, etc.)

- That's a lot of stress on the body, to be constantly preparing for a threat.

Say: You may have noticed that an animal, after a stressful event like being chased or almost getting hit by a car, will run around and shake. They naturally know how to get all those built-up stress chemicals in their bodies out: by moving.

Many people find it helps a lot to physically release tension through movement, including exercise, physical work, sexual activity, or play.

Ask: What kind of physical activity do you think might help you when you're stressed?

Say: Another reaction to a real or imagined danger is called flow: when our attention of mind, body and breath are focused, we can act with courage to move, speak, act, or ask for help so that we can survive. You can grow to be more "in the flow" with time and practice. It's important to find ways to release the stress and return to a calm or neutral center.

Activity 1: Guided Relaxation—Body Scan

NOTE: While doing this exercise with your client, do your best to speak slowly and calmly, to give the client time to observe himself, and give him space if he's a bit uncomfortable at first. You can do the exercise together once you're familiar with it.

Say: Relaxation exercises can help reduce your body's reaction to stress and move you into a state of "flow".

Ask: Are you interested in trying out a guided relaxation with me today?

Instructions:
Invite the client to do the following:

- Close your eyes and sit comfortably in your chair.
- First take a few long, deep breaths. Notice your breathing slowing down.
- Notice how it feels to breathe. Notice how the air is moving in your body: deep/shallow, fast/slow, round/flat? Breathe deeply into the belly and feel it expand like a balloon.
- Notice how your body feels.
- Notice your heart beat. How is it changing?
- With each breath, imagine releasing some of the tension in your muscles, like wringing the water out of a wet towel. Start with your neck, then your shoulders, then your arms, then your hands, then your back, then your legs, then your feet. If your muscles are tight, try to imagine them going loose and soft.
- Notice how your hands and feet feel and the temperature of your body. When you are ready, you can open your eyes.

Ask: How do you feel? What was that like?

Say: The changes you were noticing were the relaxation response.
Your heart rate and blood pressure were slowing down.
The blood vessels in your skin were relaxing. This allowed more blood to get to your skin, warming up your fingers and toes.

You can do this exercise yourself at times when you feel yourself getting stressed and your body starting to speed up. The more you do it, the easier it gets to start this relaxation response and calm your whole body down.

Activity 2: Interrupting Stress Brainstorm

Instructions:
CHW will be brainstorming conversation with the client some specific ways to break out of the stress response. At the end, CHW will write down at least two specific action steps that the client agrees to try and give a copy to the client.

Say: The idea is to use the relaxation response when you're stressed, to bring down the physical effects of stress.

Ask: What are some times when you might feel stressed and could benefit from the relaxation response?

Identify some specific situations that might come up in the next week when you could try a relaxation exercise to help you feel better.

When do you think the stress could be so high that you wouldn't be able to do the relaxation exercise?

One key is to identify when you reach the "point of no return"—and try to do the relaxation exercise before you reach that point. How do you know if you're getting close to the point of no return? Can you give yourself a timeout and try to do a relaxation exercise then?

Another key is to practice the relaxation exercise beforehand. Just like sports or driving, the more practice you have with the relaxation response, the easier it is to do in a stressful moment. Can you think of three times in the next week when you can practice relaxation exercises, even if for only five minutes at a time?

What steps would you like to take before our next visit to practice interrupting stress?

Teachback:

Say: Thank you for talking to me about _____. Summarize conversation.

Ask: What did you learn from our conversation?

What did you find useful or meaningful about this conversation?

How would you summarize what we talked about today?

Do you have any other questions?

Conversation B

Stress Hormones and Mental Health

Goal:
To help your client understand the long-term effects of stress on the body and think about ways to manage these effects.

Say: Think back to a time when you felt very stressed for a long time (weeks or even months).

Ask: How did your body feel?
Did you find yourself getting sick more often?
How were you doing emotionally?

Say: You may have been feeling what happens when the stress response gets out of control, a.k.a., "chronic stress".

[Briefly review the material from the Fight-or-Flight Response conversation if necessary.]

STRESS HORMONE

Use only with clients with high health literacy/level of interest

Say: This half of your body's response to stress involves the stress hormone cortisol.

What does cortisol do?

- Temporarily increases your body's ability to make glucose, the sugar that is the fuel for all the cells in your body, including brain and muscles
- Breaks down protein and fat (so that the liver can use them to make glucose)
- Causes your fat cells to use less glucose, so that the glucose is available to the rest of your body
- Decreases inflammation

- Weakens your immune system
- Increases blood pressure (to get blood to brain and muscles for immediate survival)

In the short term, this biological response helps you cope with stress (such as a fight-or-flight situation). Your body has sugar ready to feed your brain and muscles for action. It's not using its energy for other things. But in the long term, it's not good for your health.

- Blood sugar remains high.
- High blood pressure over time can lead to other health problems (stroke, heart attack, etc.)
- Immune system is weakened, so you get sick more easily.
- Wounds heal more slowly.
- Reduces amount of key hormones (growth, thyroid function and reproductive):
    - Fewer reproductive hormones can cause a reduction in fertility and sex drive!
    - Low thyroid can cause feelings of cold, fatigue, and depression, as well as weight gain
    - Low growth hormone prevents the building of healthy bones and lean muscle and many people gain weight and feel depressed.

Say: Chronic stress can create physical problems and mental health problems like depression!

Ask: What do you think about that?

FOR CLIENTS WITH MORE BASIC HEALTH LITERACY

ANALOGY: Broken car alarms. If you hear your car alarm go off, you jump into action and maybe scare off a would-be car thief. This is similar to the effect of short-term stress. But if car alarms are constantly going off around the neighborhood, you tune them out. Even if you're not aware of them, it takes some of your body's energy to ignore them. On some level they're still annoying, making you feel cranky and lose your concentration. In a similar way, ongoing or long-term stress affects you even if you think you've gotten used to it.

Ask: What do you think about that?

Say: Let's talk about how this relates to mental health issues.

We know that the stress system is thrown off by depression and chronic stress. Your body may be producing too many stress hormones and/or not responding to them properly. Either way, chronic stress or depression (or other mental health issues) will likely cause health problems down the line if they're not addressed.

No medications exist now to put this system back in order. Recognizing when you have stress and finding strategies to manage it is your best bet!

Activity 1: Stress Management

Say: Let's talk about some way you might want to handle the stress in your life.

Ask: Are you open to having that conversation today?

Instructions:
Client will write this information down on separate sheets of paper.

1. Name sources of stress in your life.

2. List two ways each one might have affected your health.

3. Divide them into two columns: those that are in your control and those that are not.

- For those that are at least partly in your control, list steps that you could take in the next few weeks to reduce those stressors.
- For those that are not in your control, think about what you can do to reduce their effect on you. Examples: Timeouts. Self-care activities. Mindfulness meditation. Relaxation exercises. Activities where you can help others.

4. Come up with an action plan for stress in the next week or two. You may want to refer to Wellness 101 p. 55, Attitude is Powerful p. 189, and Spiritual Coping p. 199 for more detailed ideas about positive coping with stress!

Activity 2: Breathing Practice—Belly Breathing

Say: Deep breathing can stop the stress response in its tracks! Since your breath is always with you, it's a great tool to energize, calm, and balance you. You can learn to breath from the belly (instead of upper chest, as we do under stress) to deepen and slow breath and breathe through the nose (instead of the mouth), which helps to warm and filter air and relax the nervous system.

Ask: Are you interested in learning a simple breathing practice with me today?

CHW can demonstrate the breathing first and then slowly say the instructions as the client tries out breathing in this way. It can be done seated or lying down, whatever the client prefers.

Instructions:
Close your eyes, if that feels comfortable, or just let your eyes relax and look down to the floor. Place one hand on belly, one hand on chest. As you inhale, feel the belly rise; as you exhale, feel the belly draw back to the spine. You're not trying to force the breath; rather, you're letting it slowly get deeper. Imagine your belly is a balloon: expanding with the inhale, emptying with the exhale. Pause after Inhale and Exhale. Repeat for at least 10 breaths. Notice how your breath changes and how your body feels. If it feels good, you can practice for longer.

- If you want to energize, breath in and hold it for a few seconds, exhale through mouth.
- If you want to calm down, breath out and hold it for a few seconds, inhale through nose.
- Try taking 3–5 of these deep, slow belly breaths when you're upset, losing your temper, or need to get perspective and think clearly.

Ask: How did that feel?

What changed in your body or mind?

How could you imagine using this breathing exercise in your life?

Teachback:

Say: Thank you for talking to me about _____. Summarize the conversation.

Ask: What did you learn from our conversation?

What did you find useful or meaningful about this conversation?

How would you summarize what we talked about to a friend?

Do you have any other questions?

WELLNESS 101

Priority

Use this topic with:

- Clients who express interest in non-medical ways to cope with mental health/ substance use.
- Clients who are feeling stuck or hopeless about getting better—a change to a Wellness perspective can help.
- Clients who expresses distrust or frustration with traditional care.
- Clients who strongly value independence and are looking for things they can do on their own to feel better.

Goal:

To explore non-medical ways to improve mental health/support recovery including learning Wellness tools, improving self-care, changing perspective, and using complementary therapy.

Topic Overview:

- **Conversation A:** What is Wellness Anyway?
- **Conversation B:** Self-Care
  - Activity 1: Small Acts of Self-Care
  - Activity 2: I Deserve...
- **Conversation D:** Body Care
  - Activity 1: My Barriers
- **Conversation D:** Holistic Therapies
  - Activity 1: Try it Out
  - Activity 2: Discuss with Your PCP

NOTE: Research summarized in this section is taken from the LIFE (Learning Immune Function Enhancement) Curriculum, created by Shanti, a community based organization in San Francisco, CA. A basic reading list on Wellness, including useful websites, is included at the end of this section.

Conversation A

What is Wellness, Anyway?

Goal:
To introduce your client to the basics of the Wellness Perspective.

Say: Research over the past 30 years on healing confirms a strong connection between our physical, psychological, social and spiritual health. The nervous, endocrine and immune systems are affected by our thoughts, attitudes, beliefs, behaviors and relationships. Our body, mind and spirit are connected and affect each other.

Ask: What have you heard about Wellness/holistic health?

What Wellness activities are you already doing or interested in trying out?

What has your past experience been like?

Any doubts or concerns about Wellness activities?

Ask: What is the difference between Health and Wellness?

Listen and reflect back the client's ideas.

Share these key points in your own words:

Health:

- Not being sick
- Varies from day to day
- May feel out of our control (depends on heredity, past choices, medications etc.)
- May depend on "experts" like doctors or counselors to maintain

Wellness:

- More than the absence of illness.
- Actively promoting your own happiness and well-being by caring for your mind, body, emotions, and spirit.
- It's an outlook, as well as personal actions taken throughout your life.
- We can prevent some illnesses with a healthy lifestyle (decent diet, rest, exercise, balance, stress-relief, safe environment, etc.) and actively promote our health and improve our thinking, physical and mental health, and spirit.

- To become and stay well we need self-awareness, motivation, information and support.
- You don't need to be totally "pure" in body, mind, and spirit to be well. You can strive for moderation and be kind to yourself in the process. Imagine balancing attention and care for your whole self: work/play, effort/ease, reflection/action, and focus on yourself/others.

Things that are an important part of the Wellness perspective:

Compassionate self-awareness, self-care, *social support,* **positive communication & collaboration** with physical & mental health providers, *spirituality in any form*, **helping others**, creating personal meaning and purpose in life, acceptance of **change**, *hope* and **love**.

Immune system:
A strong immune system can reduce the chances of getting sick, decrease the time it takes to heal, and decrease the risk of illness. Self-care, optimism and social support all support a strong immune system, while self-neglect, pessimism and isolation weaken the immune system. We can tap into our natural healing capacity with physical, mental and spiritual practices.

Ask: What do you think about the idea of Wellness?
What activities/attitudes contribute to your Wellness?
How do you feel when you're well?
What are you responsible and in control of?
What is out of your control and responsibility?

Teachback:

Say: We covered many areas of Wellness. Thanks for your spirit of exploration and experimentation.

Ask: What most helped you to see the connection between your mind, body and spirit?

What will you take from our conversation today?

Conversation B

Self-Care

Goal:
To introduce client to the philosophy and practices of Self-Care to improve health and foster a sense of empowerment.

Note: If your client has a history of trauma or has difficulty coping, consider asking his care team and your supervisor whether it makes sense to have some of these conversations. You may want to avoid intense retelling of painful experiences and suggest the client discuss them with a mental health clinician.

Say: It's not just up to our care team, our friends and family, or a Higher Power to take care of us. How we care for and treat our own selves plays a huge part in how healthy and happy we are. In this section, we will talk about small, practical things we can do to be kinder to ourselves and some of the good reasons to do so.

Ask: What do you already know about self care?

How do you take care of yourself now?

Share this information in your own words:

- Wellness is rooted in self-care—how you treat yourself every day. It includes your actions, how you talk to yourself, your belief and thoughts. We all have negative and positive habits—ways we are used to thinking about and relating to ourselves. No matter where we go and what happens to us, we are always there and can learn to be a friend to ourselves in any situation.

- Self-care is based on self-awareness, self-respect and a feeling of deservedness. Even if you didn't grow up feeling this way, you can learn to relate to yourself with caring any time in your life. Self-care doesn't mean you do it all alone; it's a base of empowerment, from which you can ask for guidance and support, and accept conditions outside your control. The good news is that you have power to contribute to your own health and happiness!

- All your thoughts, attitudes, actions and emotions, everything you take into your system (food, drink, medicine, recreational drugs, drama, sounds, visuals) has an effect on you. Self care is both making good choices about what you bring into your life and learning to cope better with the challenging things you can't get away from.

- Self Care is a life-long practice. It's called "practice" for a reason: it gets easier with time and consistent effort. Strive for balance, not perfection! Looking at barriers or blocks to positive behavior change is also an important part of self-care.

Ask: What do you think of all that?

Say: We all have beliefs, attitudes and behaviors that risk and some that support our health. You can maximize the positive effects and minimize the negative effects in many ways. Even small changes can have a noticeable positive effect. Together let's look at some concrete ways to increase your self-care.

Activity 1: Small Acts of Self-Care

Goal:
To recognize what the client is already doing well for self-care and build on it.

Instructions:
Once each day, write down a few things you have done that day to care for yourself. You can also choose 1-2 new things to try. Write your small acts on a post-it, place where you regularly notice (mirror, fridge), both to remind you and support you.

Examples:
I praise myself. I reach out to others when I feel isolated. I drink lots of water every day. I take time to reflect and be quiet. I walk whenever I can. I pray when I feel scared. I smoke less often. I let myself take naps. I do something I enjoy every day.

Share:
Simple Wellness Practices handout and choose 2 things to try before the next visit.

CHW will check back in to see how it's going.

Simple Wellness Practices

1. **Get moving:** some exercise or fresh air daily (take a walk, swim, dance, go to gym, yoga class). Regular exercise helps us manage mood, weight, & energy level. Even a 15 minute stroll can help us feel less stressed & more grounded.
2. **Spend quiet time in nature:** go to the park, beach, woods or if you can't get there, go to a quiet place in nature during meditation. Put some pictures of places you love somewhere you'll see them daily so you can remember them when you're feeling stressed.
3. **Plan a weekly "fun" activity:** go with a friend or family member. Find free fun things to around town or have folks over for dinner or a game night.
4. **Practice gratitude:** think of 3 things that you feel grateful for everyday upon waking or before bed. Notice how you feel when you appreciate the good things you already have.
5. **Body care:** Try acupuncture, massage, or hot tub soak for relaxation. We hold our stress in our bodies! Many places have affordable services if you work with a student or trainee.
6. **Pray:** When you feel tempted to worry about a person/situation in your life, prayer may be helpful. This does not need to be "religious" but instead a way of releasing the fear to a "Higher Power" & developing trust that things will work out ok. Focus on wishing well to the person/problem rather than building up stressful feelings or sit in quiet reflection.
7. **Help someone else:** volunteer, help a friend, show kindness to a stranger on the bus. Often the simple act of recognizing we have much to offer or that another person is struggling with something we are not helps us feel better & appreciative of what we have.
8. **Ask for help & graciously receive it:** This takes courage! We all sometimes have a hard time taking help (or recognizing that we need it). Give someone the gift of being able to help you. It usually feels good to the other person & gives us a big boost, as well as brings us closer in the connection.
9. **Do something you love that brings you joy every day:** It could be something different & simple every day: a bubble bath, talk with a good friend, cook a meal you enjoy, buy a fancy coffee, work in the garden, listen to favorite music, good sex, take a nap.
10. **Honor yourself:** We all have limitations & amazing strengths. Notice what you're good at & what you like about yourself & focus on it a few minutes daily. Smile at yourself in the mirror!
11. **Express yourself:** write in a journal, draw/paint/sing, or do something creative as a way to express your feelings & get yucky stuff out of your system.
12. **Build community:** consider participating in a group that's meaningful to you (AA, church, sports team). Spending time with people you enjoy & with whom you share values/interests helps us feel more connected & supported as we face life stressors.

Activity 2: I Deserve...

Goal:
To increase client's sense of worth and practice self-compassion.

Instructions:
Client will write three short, sweet statements beginning with "I deserve"... something you really want/need (wellness, peace, care, clarity, etc.). Client can write them on a piece of paper and decorate it to hang somewhere he will see it regularly. He may also choose to memorize the phrases and say them to himself a few times daily.

Examples:
I deserve to feel loved. I deserve to be healthy and happy. I deserve to live free from violence. I deserve to like my body. I deserve to live a long life. I deserve respect from the people around me.

Say: Self-care is about empowering yourself to take positive steps toward wellness.

It begins with self-respect and a feeling that you are worthy of being healthy and whole.

Ask: Which of the self-care ideas from the handout appeals to you?

Would you be willing to pick one to practice until we see each other again?

Which one will it be?

Say: As Mother Theresa says: Do small things with great heart! Be good to yourself, accept some setbacks, take time to reflect and learn and keep on moving towards your best self.

Teachback:

Say: Thank you for talking to me about _____ [summarize the conversation].

Ask: What did you find useful or meaningful about this conversation?

How would you summarize what we talked about today?

Any other questions?

Conversation C

Caring for Your Body

Goal:
To think and talk together about simple, practical ways the client can improve how he cares for his body, including changing sleep, diet, and exercise.

Say: Dealing with mental health and/or substance use impacts both body and mind. Taking good care of your body can really help with improving mental health and supporting recovery. I'd like to talk together today about 3 really important aspects of taking care of the body: sleep, exercise, and eating.

Ask: For you, what does taking care of your body have to do with your recovery/overall well-being?

How are you doing currently with your sleep?

How does exercise fit into your life?

Tell me about your current eating habits.

What goals do you have in any of these areas?

NOTE: CHW can review all sections of this conversation or skip to areas of greater interest to the client. If your client is already knowledgeable about body care/healthy habits, you may want to skip to Activity #1: My Barriers to figure out where he is getting stuck.

SLEEP

Say: Sound sleep and rest are important to self-care. They help us maintain a positive outlook, cope with stress, manage pain, heal, and improve energy, concentration, motivation and appreciation.

Mental health issues as well as drug use and entering recovery can all impact our sleep and feelings of being rested and well. For example, people dealing with depression often have trouble sleeping or sleep too much without feeling rested. Someone who is giving up drinking every night before bed may have trouble falling asleep without the alcohol to calm them down.

Ask: Tell me a little bit about your sleeping habits.

What's your routine? Any challenges? What's working well?

Read over the Tips handout together, if client identifies any issues with sleep.

TIPS FOR BETTER SLEEP:

1. No caffeine after lunchtime.
2. Avoid taking naps longer than 20 minutes during the day.
3. Don't do anything but sleep and have sex in your bed (ie: read, watch TV, talk on the phone).
4. Create a bedtime routine that's calming and the same every night (ie: brush teeth, listen to quiet music, write down something you're grateful for)
5. A cup of warm milk or chamomile tea or a warm bath/shower (not too hot) can be relaxing before bed.
6. Stay off the computer and smartphone for at least 2 hours before bed. The lighting in some technology can affect our natural sleep cycle.
7. If you share space with other people (big family, staying at a hospital or treatment program), try earplugs and/or a sound machine to block the noise and give you a sense of privacy.
8. If you wake up in the night, you can try meditation or prayers, gentle stretching, or listening to quiet music to help you go back to sleep.
9. Surround your bed with objects or images that make you feel safe/happy—pictures of loved ones, favorite places, etc. Some people find having a special pillow or blanket they take with them brings a sense of well-being and helps them sleep wherever they are.
10. Many people find getting at least 20 minutes of vigorous exercise (walking, running, dancing, swimming, biking etc. enough to make you sweat and raise your heart rate) 3 or more times per week helps them sleep much better.
11. Massage, acupuncture, and energy work (like reiki) can all help relieve tension and support the body resting more fully and deeply.
12. Some people use herbal sleep aids to rest—valerian and melatonin are both available over the counter and safe for many people to use short-term. Ask your doctor for more information.

Ask: What do you think of these ideas?

Which one would you like to try in next few weeks to improve your sleep?

For some people, their sleep/bedtime routine is closely connected to a partner or to sex. These suggestions can work whether you're alone or with someone else, but are there changes you would make to any of these based on sex or a partner being involved?

EXERCISE

Say: Exercise is important to self-care. Benefits include strength, flexibility, energy, balance, detoxing through sweating, a calmer nervous system, better sleep and rest.

Ask: What's your relationship to exercise?

What kind of movement do you enjoy?

Tell me about past successes with making exercise a regular part of your life.

What are your challenges with exercise?

Say: There are so many ways to exercise—something for everyone.

Basic: walking, cleaning the house, gardening, gentle sports (golf, pool, bowling)

Moderate: power walking, swimming, weight-lifting, moderate sports (baseball, volleyball, ping-pong), yoga.

Vigorous: bike riding, running, dancing, active sports (basketball, tennis, soccer), hiking

The key is to find a kind of exercise you like and stick to it—ideally 3 times per week for at least 20 minutes, and enough that you break a sweat. When you're getting started, even 5 minutes a few times a week can be a good start. Even simple free things like taking the stairs or walking to the bus stop add up over time.

Why Exercise?

- Increases energy
- Promotes restful sleep
- Helps stabilize blood sugar
- Helps maintain a healthy weight
- Can increase stamina, flexibility, and strength
- Can reduce symptoms of depression and anxiety
- Releases endorphins (natural feel good chemicals)
- Increases immunity and can prevent disease
- Helps calm the nervous system
- Often gives more energy (particularly if you're depressed)
- Increases coordination, grace, and body awareness
- Can be positive social outlet (going to the gym with friends)
- Can be positive alone time (walking in the park in the sun)

Ask: What do you think of these exercise benefits?

Are you interested in making a plan to increase your exercise in the next month?

Exercise plan:
Client chooses one specific activity to commit to for the next 2 weeks, for at least 10 minutes 3 times per week. CHW can join the client for this exercise or simply check-in about it regularly. If the plan is going well, increase the amount and frequency of the exercise every few visits; if not, together create a new plan.

HEALTHY EATING

Say: A balanced diet and plenty of water is essential to self-care.

Ask: What's good about how you're eating now?

What part of eating healthier is the hardest for you?

Tell me about a time you were eating really well—what was going on in your life? What were you doing differently? What motivated you? How did you feel?

Review the information on the following pages in your own words.

SMALL CHANGES FOR A HEALTHIER DIET:

Cut down refined sugars (desserts, soda, candy, sugar packets in your coffee): They contribute to weight gain, mood swings, and energy crashes. Try to drink water instead of soda one meal per day, substitute a piece of fresh fruit for candy 3 times per week, limit dessert to 3 times per week.

Cut down canned/processed foods: Prepared foods are loaded with salt, chemicals and often sugar and fat to give them taste—these ingredients are bad for our health over time. Limit meals that are frozen, instant, or fast food to only once per day. Cook a big, fresh meal once or twice a week and eat the leftovers for lunches

Add more whole grain: switch to brown rice, whole grain tortillas or bread, high fiber cereals.

Add some fruits and veggies: throw an apple in your purse for a snack, cut up some carrots, peppers, or cucumbers with your lunch, make a fruit salad for dessert.

Add some lean protein: whole beans (not refried), hummus, fish (not fried), sliced turkey, tofu, eggs, and soy milk are all good sources of protein which help you feel full and have energy all day. Some nuts and cheese are also high in protein, but need to be eaten in small portions because they have a lot of fat.

Eat mindfully: Eat slowly, sitting down. Chew a lot. Breathe and put down your silverware between bites. See, smell, taste, and enjoy your food. Try to avoid eating while doing something else (watching tv, talking on the phone)—we tend to eat more and enjoy it less when we're distracted. When you give eating your full attention, you generally feel more full and satisfied.

Choose a colorful plate: the green of spinach, orange of sweet potato, red of tomato, purple of eggplant, brown of rice, yellow of sweet peppers, beige of chicken—a mix of colors is usually a healthy, balanced meal.

Eat the less-healthy foods you like in moderation: if you love ice cream or fried pork, you don't have to give it up. Let yourself have a small portion once a week or once a month—and enjoy it!

Drink water: it's free and so good for skin, digestion, joint health, and the nervous system, and it flushes stress hormones. Drinking water before a meal helps

us feel full so we don't overeat. Also, many people are dehydrated without knowing it, which makes them feel tired and eat when they're actually thirsty. Ideally, drink eight 8 oz glasses of water per day. If you don't like the taste of plain water, try adding a slice of lemon or brew some herbal iced tea (add caffeine-free tea bags to water and let it steep 3 hours or overnight in the fridge)

Talk with a professional: if you plan to change your diet, run it by your PCP or a nutritionist to make sure the changes you're making are right for you, especially if you're dealing with other health problems (like diabetes or high blood pressure).

Eating plan:
Client chooses one specific eating change to commit to for the next 2 weeks. CHW will check-in at the next visit about how it's going. If the client is feeling good about the change, add another healthy eating habit to try; if not, create a new plan together.

Activity 1: My Barriers

Say: Many of us know a lot of this information about how to take care of our health, but find it hard to actually do these things.

Ask: What wellness-related things you know you "should do" end up being hard to follow through on?

What do you think gets in the way?

Instructions:
Brainstorm a list of the client's specific barriers to wellness.

It can include:

- habits (" I always smoke in the morning when I have my coffee")
- beliefs ("healthy food is expensive and doesn't taste good")
- fears ("I'm worried if I go to the gym, people will stare at me because I'm overweight")

The client will choose two that feel either most important or easiest to tackle. For each barrier, come up with two action steps the client can take to overcome that barrier. Client will agree to try those steps before the next visit and CHW will check in about how it went.

Teachback:

Say: Thank you for talking to me about _____ [summarize the conversation].

Ask: What did you find useful or meaningful about this conversation?

How would you summarize what we talked about today?

Any other questions?

Conversation D

Holistic Therapies (aka Complementary Therapies)

Goal:
Explore the range of holistic therapies available and discuss how they can be integrated into the client's care plan.

Say: Seeing a primary care doctor and taking medications are a big part of Western medicine. However, mainstream medicine can't heal or cure many health issues. That's why many people turn to holistic therapies, to go alongside their other treatment. For example, people go to acupuncture to manage the side effects of medications or do yoga to manage stress when they're feeling anxious or when counseling isn't enough.

There are many **healing techniques you can practice yourself** or with friends, such as breathing, prayer, meditation, singing, visualization, affirmation, journaling, yoga, walking, poetry, etc. Others require that you **work with a trained professional**, like a massage therapist, yoga teacher, or herbalist.

You can **blend both worlds** to get the care that is best for you.

Say: There are many practices and therapies to explore by yourself or in a group. Let's look at this list together.

TREATMENT NAME	WHAT IT IS	WHY PEOPLE LIKE IT	WHERE TO FIND IT
Massage	Physical touch of a licensed professional on either skin or clothed body.	Relaxing! Releases pain and toxins, improves circulation and immune function, and reduces stress.	Massage centers, yoga studios, spas, gyms, massage schools.
Acupuncture or Acupressure	Applying tiny needles or magnets to points on the body to heal illness and promote health	Gentle and relaxing. No side effects. Often effective with problems western medicine can't cure.	Community health centers, Acupuncture or holistic health clinics, community centers
Retreats	Can be residential or where a group of people gather to explore a practice in depth	Like a vacation but with learning new things and community! A good way to de-stress.	Retreat centers including Kripalu, Omega, Esalen, etc.
Chinese Herbs	Usually done with acupuncture, herbologist will create a personalized herbal medicine (made from plants) for your issues.	Often effective with problems western medicine can't cure.	Acupuncture clinics and holistic health centers
Tai chi or qi gong	Ancient Asian practice: Repeating series of slow, flowing movements coordinated with breath	Calms and focuses the mind, strengthens body, and increases flexibility and agility.	Movement studios, videos/YouTube
Energy work (Reiki)	No-touch session to move energy and releases blockages in the body.	Relaxing, gentle, healing, benefits mental and physical health.	Holistic health center, private practice
Meditation	Practice of clearing the mind by focusing on breath while sitting or walking	Improves focus, creates calm, reduces stress.	Buddhist centers, Hospitals/health centers, audio recordings.
Yoga	Originally from India, combines physical movements with breath for stretching and strengthening the body and calming the mind. Research shows its benefit for managing depression and anxiety!	Increases flexibility, coordination, and strength and promotes mental and emotional calm and evenness. Strengthens immune system and helps with sleep.	Yoga studios, gyms, local YMCAs or community centers.
Guided relaxation	Listening to a calm voice guide you into a state of relaxation	Counters the stress response and offers an experience of relaxation	Audio recordings, often part of yoga classes

Ask: Which ones are you interested in trying out? Why?

Activity 1: Try it Out

Instructions:
This month, choose one holistic therapy you are curious about to explore. You can try to learn more about it or actually go try it out.

Ideas:

- Look at websites or go to the library to find local groups or centers.
- Explore talks, workshops and groups to learn more about complimentary therapies.
- Try a walking group, free acupuncture, journal class, reiki circle, spiritual practice, or Chinese herbs.
- Notice people who seem healthy and positive and ask them what they do to stay well.

Say: When we come back together next time, we will discuss how it went.

Affordable Holistic Care

Say: Many of these treatments are costly. Usually with some planning and creativity, you can find some that are accessible to you.

TIPS FOR GETTING COMPLEMENTARY CARE ON THE CHEAP:

- **Barter (trade your skill/time for the service)**. Many practitioners will trade a class or session for something you can offer (like volunteering at the yoga studio, hanging fliers to promote their work, or referring paying friends/family to them).

- **Work with students/teachers in training**. Many studios have an affordable "community class" and often massage students have to work on people for free as part of their studies.

- **Check with your health plan**. Many health insurance plans will pay for preventative and/or complementary treatments with a referral from your primary care doctor. Call your insurance company or check their website and see what's covered.

- **Work your angle**. Many places offer discounts for students or seniors, others have free services for people with other illnesses like cancer or HIV, and some offer scholarships to low-income people and to increase diversity. Find out about discounts/resources available for your specific situation.

- **Consider group treatment**. If you're willing to get your service in a group format, it is often much cheaper. For example, group acupuncture can be as little as $15 for an hour of treatment.

- **Check local community center**. Practitioners who are passionate about serving people with low to moderate income often teach at community centers, health centers or schools for much lower cost. Check your community bulletin board and see what's out there.

- **Find a holistic treatment program**. Many treatment programs for mental health and substance use have seen the research on the benefit of complementary treatment and are now including them at hospitals and rehabs. Choose a treatment program that offers yoga, meditation, acupuncture detox, or other services that appeal to you.

- **Ask your doctor**. Community health centers are beginning to offer wellness services to their patients free or at low cost. Ask your PCP or clinic social worker what's offered that might benefit you.

- **Research online**. New resources come up often, and the web is a great way to find them. Do a Google search at the library or ask your CHW for help locating local services.

Activity 2: Discuss With Your PCP

Say: It's a good idea to talk with your care team when you add new therapies into your treatment.

Ask: Are you open to talking with your providers about holistic treatment on your next visit?

Instructions:
Client will check in with primary care and mental health providers to see if a complementary therapy would impact their current treatment. A PCP may also be able to make referrals to free/low cost holistic therapies. Make a list of questions to ask, information to share, and any referrals needed.

Teachback:

Say: Thank you for talking to me about _____ [summarize the conversation].

Ask: What did you find useful or meaningful about this conversation?

How would you summarize what we talked about today?

Any other questions?

Wellness Resources

General Wellness Websites:

www.drweil.com: diverse resources on Wellness, especially diet and healing tools for specific medical issues from a doctor with expertise in holistic health

AHHA.org: American Holistic Health Association site with unbiased Wellness information on diverse topics

holistichealthlibrary.com: "Your Alternative Resource for Wellness", article on many health topics from a Wellness perspective

www.addictionrecoveryguide.org/holistic/: Great listing of holistic tools and resources for folks in recovery or trying to manage their drug use better.

soundstrue.com: Big selection of audio-books from well known teachers on Wellness

Innersource.net: information and resources about Energy Medicine from practitioner Donna Eden

Thrivingnow.com: clearinghouse for books and online resources on Wellness and healing, especially Emotional Freedom Technique (EFT or tapping)

Yoga Resources:

Peggy Cappy "Yoga for the Rest of Us": gentle yoga designed to inclusive of different kinds of bodies and levels of fitness, **http://www.peggycappy.net/**

Rudy Peirce "Gentle Kripalu Yoga": Gentle yoga cd and dvd from a master teacher, accessible to most levels of health,: **http://rudypeirce.com/**

Chair yoga: for folks who want yoga's benefits but aren't able to stand for long periods of time or get up and down from the floor. **http://www.yogajp.com/gentleyoga.html** and **http://agelessyoga.org/yoga_for_seniors.html**

Amy Weintraub "Yoga for Depression": Kripalu yoga tailored to help improve the physical, emotional, and psychological impact of depression, **http://yogafordepression.com/section/audio/**

Books on Wellness/Healing:

Buddha's Brain: The Practical Neuroscience of Happiness, Love, and Wisdom. By Rick Hanson

Waking the Tiger: Healing Trauma: The Innate Capacity to Transform Overwhelming Experiences. By Peter A. Levine and Ann Frederick

Healing through the Dark Emotions. By Miriam Greenspan

Heart of Hope. By Kay Pranis and Carolyn Boyes-Watson (peacemaking circles to develop emotional literacy, promote healing, and build healthy relationships)

Houses of Healing. By Robin Casarjian (written for folks who are locked up and ex offenders returning home)

Anatomy of the Spirit: The Seven Stages of Power and Healing. By Carolyn Myss

Wellness Leaders to Watch:
Look for their many books, audio-books, lectures, and videos

Holistic Doctors: Jon Kabat Zinn, Deepak Chopra, Wayne Dyer, and Christine Northrup

Meditators: Pema Chodron, Jack Kornfield, Dalai Lama, Thich Naht Hanh, and Sharon Salzberg

STAGES OF CHANGE

Optional

Use this topic with clients who struggle with:

- shame and feeling judged about their use
- finding motivation to make changes
- past failures at recovery
- mixed feelings about reducing their use

Goals:

- Introduce clients to the Stages of Change Model and explore their own readiness for change
- Help develop a common language with the client to talk about the change process
- Help "normalize" the client's experience so she understands that other people have similar feelings and challenges when it comes to change
- Empower the client to observe and name their level of readiness for change **without judgment** through this model

Before your session, review:

- The Stages of Change Model (including the specific stages and examples of each)
- Key behavior change concepts: gradual small change, relapse is normal, etc.
- Make sure your client knows that you'll support/accept them whatever "stage" they are at

Topic Overview:

Conversation A: A Model of Change

- o Activity 1: Readiness Ruler
- o Activity 2: Drawing the Stages
- o Activity 3: Change Talk

Conversation A

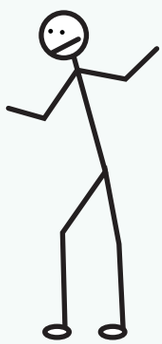
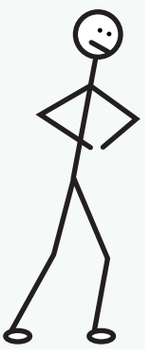
A Model of Change

Say: The "Stages of Change" framework describes the steps most people go through when making a change. Although it might not fit your situation perfectly, it can be a useful tool to talk about your experience in making a change.

Ask: What have you heard about the Stages of Change? Are you interested in learning more?

Review the key points in your own words:

- Making a change in how you live can be a long and challenging process in which you need to be motivated to make a change and have support from others.
- Everyone has some kind of change they want to make in their life, and everyone has failed at sticking to changes they have made (ie: losing weight, quitting smoking, exercising regularly, drinking less, etc.)
- The six stages that people cycle through are called: Pre-contemplation, Contemplation, Preparation, Action, Maintenance, and Relapse.

Pre-contemplation	Contemplation	Determination /Preparation	Action	Maintenance	Relapse/ Recycle
					
		0–3 months	3–6 months	Over 6 months	
No: Denial	**Maybe: Ambivalence**	**Yes, Let's Go: Motivated**	**Doing it: Go**	**Living It**	**Start Over: Ugh!**

1. **Pre-contemplation**—"Not even thinking about it." When someone doesn't think there is a problem in their lives and has no plans to make change.

2. **Contemplation**—"I'll do it someday." When someone acknowledges there is a problem but isn't ready or sure that they want to make a change.

3. **Preparation** (Also called "Determination")—"Taking steps." When someone is planning to make a change soon and starting to take steps to make the change.

4. **Action**—"Doing it." When someone starts changing his or her behavior.

5. **Maintenance**—"Sticking with it." When someone has stuck with the change they've made for more than six months.

6. **Relapse—**"Falling off." When someone returns to the old behaviors that they were trying to change. Relapse is a normal, expected stage of behavior change!

Review the pictures with your client including these key points:

- The Stages of Change Model encourages you to think about making **change as a cycle.** The stages don't necessarily go in order and you may start at any stage.

- You can be in **different stages about different behaviors**. For example, I might be in **Pre-contemplation** about managing my diabetes better but in **Action** about stopping smoking cigarettes.

Ask: What do you think of this model? How does it fit with your experiences in the past?

Say: Think of a time you decided to change a behavior or started doing something new (even something little).

Ask: How did you decide it was time to make a change? Was it your idea or someone else's, and if it was someone else's idea, how did that go?

What helped support you while you were thinking about changing? What worked for you once you started making the change?

What made it hard for you to keep up the change? What did it feel like when you went back to the behaviors you were trying to stop? What helped you or would have helped you to get started again?

Activity 1: Readiness Ruler

0	1	2	3	4	5	6	7	8	9	10
Not Ready			Unsure			A little ready			Very ready	

Say: A readiness ruler is a tool we sometimes use to start talking about how ready we are to make a change.

Ask: Would it be okay to if we tried using it together?

On a scale from 1-10, with 1 being not ready at all and 10 being completely ready, how ready are you to change your [X] use?

Why did you choose [#] and not a lower number?

What Stage of Change do you think you're in?

If the client chooses a number under 4 [usually a sign that he is in the pre-contemplation stage]: "It sounds like making a change in your [X] use isn't a big priority for you right now. Tell me some good things about your current use. Is there anything else in your life you're considering making a change around?"

If the client chooses a number between 4 and 6 [usually a sign he is ambivalent]: "It sounds like you are on the fence about making a change. What would be some good and not so good things about making the change?"

If the client chooses a number above 6 [usually a sign he is ready to make a change]: "It sounds like you're thinking about making a change. What are things that make you so motivated to make this change?"

Say: Thank you for doing this activity with me. What did you think about that? What did you like/not like about it?

Activity 2: Drawing the Stages of Change

Instructions:
Ask your client to draw what the different stages mean to him in terms of his substance use. Ask him to think about different points in his life when he has been at those stages of change. How did he feel at those points?

Activity 3: Change Talk

Say: Think about someone in your life who is thinking about making a change in his substance use. It could be a friend, family member, or someone you know socially.

Ask: What kind of change is this person thinking about making? What do you think this person would say about his use at each stage of change?

Instructions:
Go stage by stage, and have the client pretend to be the friend and say a few sentences about where he's at or role play what the friend might say. At each stage, ask: how ready do you think this person is to make a change?
For example:

- **Pre-Contemplation:** "I love heroin and how it makes me feel. I'm not going to quit."
- **Contemplation:** "I know I should quit and I want to, but just not right now."
- **Action:** "One day each week, I'm going to take a different route so I can stay away from that corner where my dealer hangs out."
- **Maintenance:** "I have been participating in a needle exchange program for the past 6 months and have cut down my use to twice a week"
- **Relapse:** "I started partying again almost every night and have been sharing needles with strangers I party with"

Teachback:

Say: We talked about a lot today, and I really got to learn a lot about you. Thank you for sharing so much with me. Summarize conversation.

Ask: What struck you most about our conversation today?

What will you take away from this conversation?

What would you tell a friend about the Stages of Change?

UNDERSTANDING DEPRESSION

Optional

Use this topic with:

- Clients who have been diagnosed with depression or another MH issue where depression is part of the problem (ie: bipolar disorder, bereavement)
- Clients who have not been diagnosed but seem to be struggling with the symptoms of depression

If your client isn't sure if he's depressed but you suspect he might be, gently explain that if this information doesn't apply to the client himself, he can share the information with someone in his life. Your goal is to build client's knowledge about depression and decrease any sense of shame that might be a barrier to care.

This topic will help the client to:

- Better understand the diagnosis and treatment of depression
- Develop effective coping strategies for depression

Before the session, review:

- Depression symptoms, treatment options and coping strategies.

Topic Overview:

- **Conversation A:** What is Depression?
  - Activity 1: Real Life Examples
- **Conversation B:** What Causes Depression?
  - Activity 1: Breathing Practice—Breath of Joy
- **Conversation C:** Treatment Options
  - Activity 1: Treatment Roadmap
  - Activity 2: Kindred Spirits

Conversation A

What is Depression?

Goal:
To better understand the definition of depression and major symptoms and to explore your client's experience with depression

Ask: Have you ever been down, blue, or felt stressed?

If yes, ask your client some of these questions in your own words:
What do you call it?

What is/was it like for you?

What does it feel like when you are down, blue or stressed in your body/in your mind?

When did you get diagnosed or first start feeling this way?

How does it affect your life?

If no, ask:
Who among your friends and family has been depressed or gotten help when they were feeling down?

What was their experience that they shared with you or that you observed?

Say: Some people call these kinds of feelings "depression."

Ask: Would it be okay if we talk a little more about depression and how people deal with it?

If no: Your client may not be ready to talk about his depression yet. If there is another diagnosis/issue she is willing to talk about, start with that conversation. If not, consider whether your client might be willing to look at Wellness topic.

Say: Everyone feels blue or down once in a while, but about one in every 20 Americans experience depression. Depression is a very common, treatable, medical illness than can affect anyone.

Assessment:

Ask your client some of the following open questions in your own words:

What do you know about depression?

What do you think makes depression different from being down or sad once in a while?

Share the following information with your client in your own words:

Clinicians in mental health use a guide (called the DSM-V) to help them understand people's mental health. Depression is a medical disorder affecting your thoughts, feelings, physical health, and behaviors. People with major depression experience a number of symptoms all day, nearly every day, for at least two weeks.

To officially get diagnosed with Depression you need to have 5 things from this list, including either #1 or #2.

Symptoms	What it looks like
1. Depressed mood	Feeling emotionally sad, empty, angry, or hopeless.
2. Markedly diminished interest in usual activities	Not interested in the things you used to enjoy
3. Significant increase or loss in appetite or weight	Changes in how much you want to eat or changes in your weight
4. Insomnia/hypersomnia	Having trouble sleeping or sleeping too much
5. Psychomotor agitation/retardation	Either feeling hyper or "on edge" or feeling really slow in your mind/ body
6. Fatigue or loss of energy	Feeling tired or low energy all the time
7. Feelings of worthlessness or guilt	Feeling no good or guilty about things you've done or not done
8. Difficulty with thinking, concentrating, or making decisions	Trouble thinking, paying attention, or making decisions
9. Recurrent thoughts of death or suicide	Thinking a lot about dying or even killing yourself

Depression is not a character flaw or a sign of personal weakness.

Depression isn't just feeling "down in the dumps". It is more than feeling sad following a loss or feeling stressed; it impacts many parts of our life.

Depression can affect our mood, how we feel about ourselves, and our sleep, motivation, energy, appetite, and concentration, as well as how we interact with others.

Ask: Which of the symptoms of depression sound familiar to you?
What might make you think a friend has depression?

Activity 1: Real Life Examples

Say: I have a few stories of people who deal with depression. Sometimes it's helpful to think about real examples to understand the things we discussed.

Ask: Would you like to read the stories to yourself or would you like me to read them aloud?

1. Jessica is a 40 year-old woman who has a history of a brain tumor and seizures. Ever since she was diagnosed and treated for her illness, she has not been able to work, and feels very lonely at home while her grown children work. She has had a lot of headaches and stomachaches and sleeps a lot during the day, with no energy or appetite. She also complains of feeling slowed down.

2. Antonio is a 35 year-old man who feels angry and irritable, and loses his temper a lot at his wife and 10 year-old son. He has not been sleeping well, feels edgy all the time, and finds himself frustrated with his co-workers.

When client has finished...

Ask: Both of these people are "depressed." What do you think about that?
How does it square with your own experience?

Teachback:

Say: Thank you for talking to me about depression and common symptoms.

Ask: What did you learn from our conversation?
How would you summarize what we talked about today?
Do you have any other questions?

Conversation B

What Causes Depression?

Goal: To learn about the biological/physical causes of depression

Say: Some people think "I'm crazy" or "Something is wrong with me," but it's important to recognize that depression is a treatable medical illness, similar to diabetes or high blood pressure.

Ask: Would it be okay if we talk about what we think is happening in the body when we feel depressed?

Assessment:

Ask your client some of the following open questions in your own words:

What do you think causes depression?

Why do you think some people have issues with depression and some people don't?

Share the following information with your client in your own words:

Important chemicals in the brain (called neurotransmitters) can affect a person's mood. People with depression may have an imbalance of these chemicals. Some of them you may have heard of, such as Serotonin or Norepinephrine.

These kinds of imbalances may happen naturally or in response to stress. These brain chemicals affect our feelings of wellbeing, energy levels, and ability to sleep, eat, and focus. Many people who take medications, start counseling, or increase physical exercise to rebalance these chemicals end up feeling better.

Ask: What do you think about all that? What do you think is happening inside someone's body when he is depressed?

Activity 1: Breathing Practice—Breath of Joy

Say: Because depression happens in your body, often doing something physical can help you feel better, even for a little while.

Ask: Would you be open to learning a breathing practice you can use when you're feeling low-energy to lift your mood and energy?

Instructions:

Breath of Joy (done standing)
This breathing practice can be very energizing—it helps with waking up and getting moving if you feel depressed. Many people say it makes them feel happy for no reason (more oxygen to the brain can lift the mood).

This breath is 3 quick inhales through your nose first then a louder exhale through the mouth. Try it a few times and see how it feels. Then add the movements: with relaxed arms and soft knees (slightly bent) you inhale with both arms in front, inhale with arms to the side and back, inhale with arms overhead, and exhale while relaxing forward over your knees into a forward bend. Come up to stand and do the breath again.

You may want to blow your nose before you start just to be safe. Start slowly and stop if you get dizzy. You can speed up to get your heart pumping. Repeat 12–20 times and pause hanging over your legs. Keep your knees bent and slowly roll up to standing. Close your eyes and notice how you feel.

Ask: What was that like? How do you feel? What changed from how you were feeling before?

Say: You can do this breath anytime you need a boost of feeling good—when you wake up in the morning, when you feel stressed, or when you're trying to get motivated to take care of yourself, like preparing to go to the doctor.

Teachback:

Say: Thank you for talking to me about what causes depression.

Ask: What did you find useful or meaningful about this conversation? How would you summarize what we talked about today?

Conversation C

Treatment Options

Goal: To learn about treatment options and discuss coping strategies

Say: Some people think, "I will always feel this bad," but many people with depression can start to feel better in a few weeks with the right treatment.

Ask: Would it be okay if we talk about things people do to deal with their depression?

Assessment:

Ask your client some of the following open questions in your own words:

What experiences do you have with treatment for depression?

What do you think can help your depression?

Share the following information with your client in your own words: The good news is you have many options to choose from! Most people find a combination of different treatments helps them get better.

Counseling: Many people have found that talking with a counselor about their problems can be very helpful.

Medication: Medications called antidepressants can help to correct the imbalance of chemicals in your brain.

Holistic Approaches: Many people find adding regular physical exercise, changing to a healthier diet, participating in wellness activities like meditation/prayer/massage/acupuncture, volunteering to help others, and seeking support from trusted people in their lives can all help to fight depression.

You may choose to do one of the following activities with your client:

Activity 1: Treatment Roadmap

Materials: paper, pens

Say: Sometimes it can be helpful to make or draw a map of what your experience has been with treatment. It's like creating a roadmap of where you have traveled in trying to get better to help you plan for the future.

Instructions: Draw a timeline of the different treatment experiences you have had. Start with the very first one you can remember. This can be in a doctor's office, a hospital, taking medication, or on your own (quitting cold turkey). Try to draw or write down words about what each treatment experience felt like to you. How do you feel like it helped? What happened after treatment?

When client has finished…

Ask: What was this activity like for you?
What did you like and not like?

Activity 2: Kindred Spirits

Materials: paper, pens, magazines, gluestick

Say: Sometimes it's helpful to think about the people in our lives and in the world who we feel close to because we share big experiences.

Instructions: With client, make a collage of names of friends, family, and others (public figures) the client can identify with because of their experience with depression and overcoming adversity. Put in quotes why the client identifies with that particular person.

When client has finished…

Ask: What was this activity like for you?
What did you like and not like?

Teachback:

Say: I learned a lot about your experience with depression today. I was really struck by [summarize prior good and/or bad experiences, fears, hopes].

Ask: What did you learn from our conversation?
What did you find useful or meaningful about this conversation?
What might be a realistic next step for dealing with your depression?

UNDERSTANDING ANXIETY

Optional

Use this topic with:

- Clients who have been diagnosed with any type of anxiety (panic, phobias, generalized anxiety, etc.)
- Clients who seem to be struggling with the symptoms of anxiety

This topic will help the client to:

- Better understand the diagnosis and treatment of anxiety
- Develop effective coping strategies for anxiety

Before the session:

- Review anxiety symptoms, treatment options, and coping strategies
- Review the real life examples of anxiety
- Practice teaching the Ocean-sounding breath

Topic Overview:

- **Conversation A:** What is Anxiety Anyway?
- **Conversation B:** What Causes Anxiety?
  - Activity 1: Real Life Examples
- **Conversation C:** Anxiety Treatment
  - Activity 1: Breathing Practice—Ocean-sounding Breath
  - Activity 2: My Personal Medicine

*NOTE: If your client isn't sure if she's anxious but you suspect she might be, be **gentle** and explain that while this may not apply to the client herself, she could share the information with someone in her life. **Your goal is to build the client's knowledge about anxiety and decrease any sense of shame that might be a barrier to care.***

Conversation A

What is Anxiety Anyway?

Goal:
To better understand the definition of anxiety and major symptoms

Ask: Have you heard the term anxiety before?

What does it mean to you?

Have you ever been anxious or freaked out?

If yes, ask your client some of these questions in your own words:
What do you call it?

When did you start having these symptoms?

How does it affect your life?

If no, ask:
Who among your friends and family has had anxiety or gotten help when they were feeling anxious?

What was their experience that they shared with you or that you observed?

Say: It sounds like you know a lot about anxiety.

Ask: Would it be okay if we talk a little more about anxiety and how people deal with it?

If no: Your client may not be ready to talk about her anxiety yet. If there is another diagnosis/issue she is willing to talk about, start with that conversation. If not, consider whether your client might be willing to look at Wellness 101 p. 55.

Say: Anxiety is a normal human emotion that everyone experiences at times. Many people feel afraid or nervous when faced with a problem at work, before taking a test, or before making an important decision.

Having an anxiety disorder is different. Anxiety disorders can cause such distress that it limits a person's life. Anxiety can become a medical disorder when it affects your thoughts, feelings, physical health, interactions with others, and behaviors for at least six months.

Ask: Would it be okay if we talk about different kinds of anxiety disorders and their symptoms?

What do you know about anxiety?

What do you think makes anxiety different from being nervous or afraid once in a while?

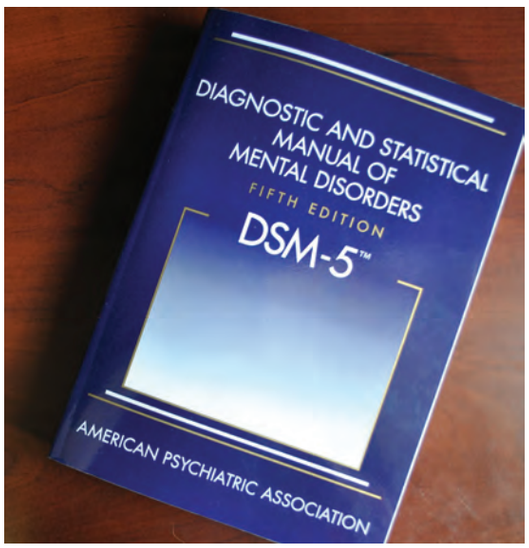
NOTE: Your goal here is not to diagnose the client or have the client diagnose herself. You are trying to build knowledge about what anxiety looks and feels like. Bring questions about diagnosis to the client's care team (PCP, therapist, psychiatrist).

Share the following information in your own words:

People experience anxiety differently. Some people can feel a lot of physical symptoms in their bodies (headaches, stomachaches, dizziness) when they are feeling nervous and don't see these symptoms as a mental health problem.

Symptoms vary depending on the type of disorder, but general symptoms include:

- Feelings of nervousness, fear, unease, and even panic
- Uncontrollable, obsessive thoughts (ie: worrying over and over that you forgot to turn off the stove)
- Repeated thoughts or flashbacks of traumatic experiences (ie: remembering in detail when your son was shot)
- Nightmares
- Ritualistic behaviors, such as repeated hand washing
- Problems sleeping
- Cold or sweaty hands and/or feet
- Shortness of breath
- Palpitations
- Trouble being still and calm
- Dry mouth
- Numbness or tingling in the hands or feet
- Nausea
- Muscle tension (ie: headaches, stomachaches, neck/shoulder pain)
- Dizziness



Mental health professionals use a guide (called the DSM-V) to help them understand people's issues. In this book, they describe several kinds of anxiety disorders.

After reading the chart on the previous page, ask:

What do you think about all that?

Which of the symptoms or anxiety disorders sound familiar to you?

What might make you think a friend has an anxiety disorder?

DIAGNOSIS	DESCRIPTION
Panic Disorder	Feeling terror that shows up suddenly and repeatedly with no warning (a "panic attack") Symptoms include sweating, chest pain, palpitations (irregular heartbeats), and a feeling of choking, which may make the person feel like she is having a heart attack or "going crazy."
Obsessive-Compulsive Disorder (OCD)	Constant thoughts or fears that cause you to perform certain rituals or routines, often multiple times a day. The disturbing thoughts are called obsessions, and the rituals are called compulsions. An example is a person with an unreasonable fear of germs who constantly washes his or her hands.
Post-Traumatic Stress Disorder (PTSD)	After a traumatic event, such as a sexual or physical assault, the unexpected death of a loved one, or a natural disaster, someone with PTSD often 1) has lasting and frightening thoughts and memories of the event 2) can feel "hyper-vigilant" (being constantly tense and "on guard) 3) can be easily startled or frightened by noises or other loud sounds 3) experiences nightmares or re-experiences the event in flashbacks 4) tends to be emotionally numb (trouble feeling)
Social anxiety disorder (social phobia)	Overwhelming worry and self-consciousness about everyday social situations. The worry often centers on a fear of being judged by others, or behaving in a way that might cause embarrassment.
Specific phobias	Intense fear of a specific object or situation, such as snakes, heights, or flying. The level of fear is usually inappropriate to the situation and may cause the person to avoid common, everyday situations.
Generalized anxiety disorders	Excessive, unrealistic worry and tension, almost all the time, even if there is little or nothing to provoke the anxiety.

Teachback:

Say: Thank you for talking to me about different kinds of anxiety disorders and symptoms of anxiety.

Ask: What did you learn from our conversation?

What did you find useful or meaningful about this conversation?

How would you summarize what we talked about today?

Do you have any other questions?

Conversation B

What Causes Anxiety?

Goal:
To learn about the biological/physical cause of anxiety

Say: We don't know exactly what causes anxiety, except that anxiety disorders are **not the result of personal weakness**, a character flaw, or poor upbringing.

Anxiety is a **normal physical & emotion response to a threat**, which has helped the human race survive the dangers of living on this planet. The problem happens when we start to react with fear to situations that aren't actually dangerous.

Anxiety disorders are likely caused by a **combination of factors**, including changes in the brain and environmental stress

Ask: Would it be okay if we talk about what we think is happening in the body when we feel anxiety?

Assessment:

Ask your client some of these open questions in your own words:

What do you think causes anxiety?

Why do you think some people have issues with anxiety and some people don't?

Share the following information in your own words:

Anxiety disorders may be caused by **chemical imbalances** in the body. Studies have shown that extreme or long-lasting stress can change the balance of chemicals in the brain (such as serotonin) that control mood. Many people with anxiety disorders have changes in brain structures that control memory or mood. (For clients who want to know more about the biology, see Brain Chemicals p. 181)

Anxiety disorders **run in families**, so they can be inherited from parents, like hair or eye color. A specific trauma or significant life event (like a rape, witnessing violence, or the sudden death of a loved one) may trigger an anxiety disorder in people who have an inherited tendency towards anxiety.

ANALOGY: OVERSENSITIVE SMOKE ALARM

Parts of our brain have certain alarm bells to tell us something is wrong. These alarms tell our brain and body to prepare by increasing our alertness, our heart rate, and our feelings of nervousness to get ready to run or gear up for a fight.

This response can save our lives if something really bad is about to happen. But sometimes these alarms become oversensitive from our negative experiences, and can go off at a small thing or nothing at all.

Imagine a smoke detector that has gotten too sensitive, and goes off when you are cooking. The alarm is supposed to tell us when there is a real fire, but now goes off whenever you are making toast! An anxiety disorder is similar.

This alarm doesn't help you know when there is a real fire, and instead can be irritating or upsetting, with noise and the hassle of trying to shut it off. Some brands of alarms are wired differently than others, so some are more likely to malfunction.

Ask: What do you think about the broken smoke alarm idea?

What do you think is happening inside someone's body when she is experiencing anxiety?

Activity 1: Real Life Examples

Goal:
For clients who aren't sure what anxiety really looks like or if it applies to them, this activity can illustrate the idea in a more clear way, through people's stories.

Say: I have a few stories of people who have different anxiety disorders. Sometimes it's helpful to think about real examples to understand the things we discussed.

Ask: What do you think about hearing some specific examples?

Would you like to read the stories to yourself or would you like me to read them aloud?

1. Luisa is a 25 year-old mother of two who has gone back to college. She has PTSD after surviving being raped as a teenager and has trouble sleeping due to nightmares and fear. Growing up in Puerto Rico, she remembers her mother was often nervous and would have to go to church every day to pray to prevent bad things from happening to the family. Her mom would sometimes panic and have to stay closed up in her room for days. It seems like anxiety disorders may run in Luisa's family.

2. Jayvon is a 40 year old African American man who lives alone. He is diagnosed with social anxiety and gets very uncomfortable around other people. When he goes to family events, he drinks a lot because otherwise being there is too uncomfortable. He is worried people will tease him about his weight and the fact that he is single and unemployed. He hasn't talked to his doctor about this problem because he knows he's not crazy and doesn't need medications.

"Sometimes her children take her to the ER, but they can't find anything medically wrong"

3. Marie is a 70 year old Haitian grandmother. She has panic attacks sometimes riding the bus, which feels like a heart attack: she gets sweaty with a racing heart and chest pain. Sometimes her children take her to the ER, but they can't find anything medically wrong. She used to get afraid like that when things got violent in Port Au Prince where she grew up. Now, she never knows when she might start freaking out, and it's worse because she can't control it.

When Client has finished, Ask:

What do you think about these stories?

How do they remind you of your life or someone you know?

Anything surprise or interest you?

Teachback:

Say: Thank you for talking to me about different kinds of anxiety disorders and symptoms of anxiety.

Ask: What did you learn from our conversation?

What did you find useful or meaningful about this conversation?

How would you summarize what we talked about today?

Do you have any other questions?

Conversation C

Anxiety Treatment

Goal:
To learn about treatment options and discuss coping strategies

Say: There are many options for dealing with anxiety, and everyone has a different preference.

Ask: Would it be okay if we talk about things people do to treat their anxiety?

Assessment:

Ask: What experiences do you have with treatment for anxiety?

What do you think can help your anxiety?

Share the following information in your own words:

Medications

- Medications can help control anxiety and even prevent anxiety symptoms.
- Anti-anxiety medications can help right away when someone is feeling very anxious. Some meds can be relaxing, so some people worry about feeling numb, dopey, slowed down. While meds might have these side effects at higher doses, they usually don't at the doses that help anxiety. Some people worry anxiety medicines can be addictive. Used in the short-term, these medicines can be helpful and usually people do not become addicted.
- Certain antidepressants can help reduce or prevent anxiety in the long term. Antidepressants work to correct the imbalance of chemicals in the brain for depression, and they have been shown to help people with anxiety as well. These brain chemicals affect our feeling of well-being, energy levels and our ability to sleep, eat, and focus. With medication, the levels of these chemicals are re-balanced, and we may feel better.

Counseling

- Many people have found it helps to talk about their problems with a counselor. For anxiety disorders, certain types of therapy such as Cognitive Behavioral Therapy (or CBT, in which the person learns to recognize and change thought patterns and behaviors that lead to troublesome feelings) or focusing on relaxation techniques can be helpful.

- For some, both taking medications and going to counseling can be very helpful. In addition, there are a lot of things we can do ourselves to help us relax and lower our anxiety.

Holistic Approaches:

- Many people find adding regular physical exercise, changing to a healthier diet, participating in wellness activities (meditation, prayer, massage, acupuncture, etc.), volunteering to help others, and seeking support from trusted people all help to manage anxiety.

Activity 1: Breathing Practice—Ocean-sounding Breath

Say: Because anxiety happens in our physical body, learning to relax the body can be helpful. Doing some special breathing can help, because you can do it anywhere and often feel calmer quickly.

Ask: Are you open to learning a relaxing breathing exercise today?

Say: This breath, called "Ocean-sounding Breath" is wonderful for warming up and calming down the body and the nervous system. It is very helpful for clearing out the head if your thoughts are racing. You can do it quietly anytime, anywhere if you feel yourself starting to get worried, to help stay calm and focused.

CHW will explain the instructions slowly and demonstrate for the client:

Imagine you are trying to fog up an imaginary mirror in front of you. Notice the sound when you breathe (like an ocean sound or Darth Vader) and feel the muscles in the back of your throat tighten up a little. Do this a few times through your mouth and when you feel comfortable with it, try to keep the sound going as you breathe through your nose.

When you next breathe in with the ocean sound, raise your arms above your head until the palms touch. Take the whole inhale to reach the arms up and the whole exhale to bring them back to your sides. Repeat for at least 10 slow breaths and return to your regular breathing. Notice how you feel.

Ask: What was that like?

How do you feel now?

What changed?

Say: You can use this breath (with or without the arm movements) to help calm yourself anytime you start feeling nervous and as part of your morning or bedtime routine just to practice enjoying a relaxed feeling in your body.

Activity 2: My Personal Medicine

Say: Let's think together about simple things that have been helpful for you when you do feel anxious or stressed. That way, when a stressful event comes up, you can use these tools to handle it better.

Ask: What do you do in your life that makes you feel happy and calm?

How often do you get to do those things?

Instructions:
Use the worksheet below to list/draw with the client things she can do (take a walk, get a cup of tea, etc.) when she feels overwhelmed or stressed. Have the client choose two things she would like to try in the next week if she feels anxious and agree to check back in about how that went.

WHAT I LIKE TO DO NOW FOR MY ANXIETY	THINGS I'D LIKE TO TRY FOR MY ANXIETY IN THE FUTURE	GOAL FOR NEXT VISIT
Example: Take a walk around my block	Example: Practice relaxation tools	1. Take one walk when I am feeling jittery 2. Try relaxation exercises once at bedtime when I can't sleep
1.		
2.		
3.		

When Client has finished, Ask:

What was this activity like for you?

What did you like and not like?

Teachback:

Say: I learned a lot about your experience with anxiety today. I was really struck by [summarize prior good and/or bad experiences, fears, hopes].

Ask: What did you learn from our conversation?

What did you find useful or meaningful about this conversation?

What would you want to tell a friend about anxiety?

What do you think might be a specific and realistic next step for you to manage your anxiety symptoms?

POST-TRAUMATIC STRESS DISORDER (PTSD)

Optional

Use this topic with:

- Clients with a diagnosis of PTSD or those you suspect may be suffering from PTSD
- Clients with past trauma who seem very affected by it

Goals:

- To better understand how your client experiences life with post-traumatic symptoms
- To help him understand what the diagnosis means and treatment options

Before the session:

- Review the definition of PTSD, symptoms, and chart of treatments. You may want to practice explaining PTSD to a co-worker until you feel comfortable sharing the information in your own words.
- Brush up your active listening skills.
- Remember your goal is not to discuss the details of the trauma, which could make your client feel worse.
- Review “Tips for Talking about PTSD”.
- Practice leading the Guided Relaxation and Breathing Practice.

Topic Overview:

- **Conversation A:** PTSD 101
  - Activity 1: PTSD Details Checklist
- **Conversation B:** Me & PTSD
  - Activity 1: Social Support
  - Activity 2: Breathing Practice—Alternate Nostril Breath
  - Activity 3: Guided Relaxation—My Safe Place
- **Conversation C:** Treatment Options
  - Activity 1: Making Treatment Decisions

Tips for talking about PTSD

Ask for permission to discuss this topic. Establish safety and affirm confidentiality.

Talking about a traumatic event can trigger strong reactions or symptoms. It is safer to avoid asking about details of the trauma unless your client volunteers them. Let your client know that your goal is not to make him re-live or remember the trauma. You want to know if the trauma caused problems that are affecting your client's quality of life. If your client wants to talk about the trauma, actively listen using your MI skills. If the conversation gets intense, let him know that talking to a licensed clinician might help.

Look out for any signs that your client is getting uncomfortable talking about the trauma or the symptoms: Does he seem worried or irritable? If you notice signs of discomfort, reassure the client. Remind him that he does not need to talk about anything that he does not want to discuss. Use a relaxation exercise if that seems helpful.

Maintain an attitude that is

- **Low-key: calm and relaxed**
- **Empathetic**
- **Accepting**
- **Nonjudgmental**

If your client senses that you are uncomfortable talking about the topic, he also may feel uncomfortable talking about it. Pick the right moment for both of you to have this conversation.

Conversation A

PTSD 101

Goal:
To figure out if it might be useful and safe to talk about PTSD with your client, and help your client understand what PTSD is and how it can affect him

Use this topic with:

- People who have had a past traumatic experience but do not seem to be very affected by it. Use caution because talking about the trauma could be upsetting for them or trigger symptoms.
- People who seem to have a lot of fear because of past bad experiences, even if they have never talked about it. Again, be careful to make sure that discussing the trauma will not be a trigger for them.

Skip this topic with:

- People whom you do not suspect of having PTSD or past traumas.
- People who are very reluctant to talk about the past or PTSD or who get very upset talking about these issues.

Ask: Have you ever been told you have PTSD, or post-traumatic stress disorder?

If not, ask: Have you ever wondered if you have PTSD?

If not, say: Sometimes people who have experienced a very traumatic event—car accidents, assaults, abuse, war—can be very affected by it emotionally, even months or years later. This could be called post-traumatic stress disorder, or PTSD. Sometimes I talk to people about it to help them figure out if they are affected by the past in this way.

Say: My goal is not to upset you by talking about bad events from the past but to help you understand if they are affecting you and get help if you want.

Ask: May I share some information about PTSD with you?

Depending on how much the person knows about PTSD, explore any of the following boxes or tables: Definition of PTSD and diagnostic criteria and PTSD by the numbers

After you review the boxes, **ask** the client:

- What do you think about that?
- How does it fit with your experiences?
- Do you have any questions? (Write a list for the client's mental health provider if CHW can't answer them)

Activity 1: PTSD Details Checklist

Say: To get a better handle on what PTSD is, I'd like to share with you the different symptoms someone with PTSD might have.

Ask: Are you open to this activity today?

Instructions:
Together with the client, check off each symptom that applies to the patient on this form.

WHAT DOES PTSD LOOK AND FEEL LIKE?

In PTSD, you have a very strong reaction to a traumatic event (or events) for a long time afterwards, which creates challenges in your life.

Trigger: Something that can remind you of a trauma and/or set off PTSD symptoms

Trauma: An event where you experienced or witnessed a serious threat to someone's life or health or safety. Some people may experience multiple or repeated traumas.

- ❑ Seriously affects your life or emotional health for at least 1 month
- ❑ Causes symptoms from each of the following groups
  - ❑ Re-experiencing the trauma
  - ❑ Having nightmares about the event
  - ❑ Having flashbacks (acting or feeling as if the event were happening again)
  - ❑ Having unwanted memories come back to you
  - ❑ Feeling extremely upset or emotional when you are reminded of the event
  - ❑ Having physical symptoms when you are reminded of the event
- ❑ Avoidance
  - ❑ Avoiding people, places or things that remind you of the event
  - ❑ Avoiding thoughts, feelings or conversations about the trauma
  - ❑ Feeling emotionally numb or flat
  - ❑ Feeling you don't have a normal future
  - ❑ Blanking out on some important memory of the event
  - ❑ Feeling detached or distant from other people
  - ❑ Losing your interest or enjoyment in things, or no longer doing important activities
- ❑ Hyperarousal
  - ❑ Having trouble falling or staying asleep
  - ❑ Being irritable or having outbursts of anger
  - ❑ Having trouble concentrating
  - ❑ Always being on guard
  - ❑ Being easily startled
- ❑ Negative feelings and thoughts

PTSD BY THE NUMBERS

PTSD is more common than you may think. About 7% (one in fourteen) to 12% (one in eight) of adults in the U.S. will have PTSD at some point in their lives.

Women are more likely to develop PTSD than men. Women are four times as likely as men to develop PTSD after a traumatic event.

PTSD usually—but doesn't always—appear soon after the trauma. Most people who will develop PTSD experience symptoms within the first six months after the traumatic event. But one-fourth will not be significantly affected until six months or more after the trauma.

It is hard to say how long PTSD will last. One-third of people will get better within one year. One-third of sufferers may still have symptoms 10 years later.

Conversation B

Me & PTSD

Goal:
To understand how PTSD affects your client's life, to help him make sense of the experience, and to strengthen his ability to cope with triggers and symptoms

Instructions:
You are listening actively to understand your client's experience, help him assess if PTSD is a real problem, and come up with useful coping strategies. This discussion may show your client that talking about PTSD does not have to be upsetting—it can focus on empowering aspects like managing triggers.

NOTE: Remember that some people with post-traumatic symptoms may not realize that they are experiencing the aftereffects of trauma. You may be the first person to help them see that they are not "weird" or "crazy" or "abnormal."

Ask some of these open questions in your own words:

- How does your past experience affect you now?
- How do you cope with triggers?
- How do you calm yourself down when you feel upset or tense or sad?
- Who or what helps you calm down?

Activity 1: Social Support

Map out your client's support system and strengths (see Social Support Activity in Managing My Health p. 123)

Activity 2: Breathing Practice—Alternate Nostril Breath

Say: Many people find learning a special breathing exercise can help them calm down when they are dealing with symptoms of PTSD like feeling anxious or having trouble sleeping.

Ask: Are you interested in learning a calming down breathing exercise?

Say: This relaxing breath can be used to **calm down** before bed, cool down and soothe when you're upset, or be a gentle way into meditation or prayer. It's supposed to **balance** out the two sides of the brain and settle the energy in the body.

Instructions:
Start with a few rounds of slow, deep belly breaths. Your left hand will stay resting in your lap **the whole time**. To begin, rest the index and middle finger of your right hand against your palm—the other fingers point up. Try to let both arms and shoulders stay relaxed if you can. Your right hand will do all the work. Using the thumb gently close off the right nostril and breathe in through the left. Release the right nostril, close off the left nostril and breathe out through the right. Inhale on the right with the left nostril closed and exhale on the left side. Repeat this pattern at least 6 times on either side. If you get lost, just remember you switch nostrils after the inhale. You can do more if you like how it feels. Pause and notice how you feel.

Teachback:

Say: Thank you for your willingness to try out this new practice.

Ask: What was that like? How did the breath change how you feel?

Activity 3: Guided Relaxation—My Safe Place

Goal:
To help the client have an experience of feeling safe and relaxed and to teach the practice of guided relaxation for the client to use in future moments of stress.

Say: Feeling stressed out or afraid can become a normal part of someone's life after a trauma. You can teach your body how to relax, with some practice, even if you don't normally feel that way.

Ask: Are you interested in trying out a relaxation activity with me today?

NOTE: Guide this activity with client at a time/place where there is quiet & privacy. If CHW is not comfortable leading the relaxation, they can listen to an online recording with the client.

Instructions:
Sit or lie down in comfortable position. CHW guides this activity slowly, in a calm voice, with lots of pauses. It will take 10-15 minutes.

Say, in your own words:

Let's take a few slow deep breaths. If you feel comfortable you can close your eyes or take a soft gaze towards the floor, letting your eyes relax. Invite your body to get calmer and your mind to slow down....Breathing in, the belly expands, breathing out it empties out completely. Let's do this 6 more times.

Now imagine in your mind's eye a place you love to go. It can be someplace you've been or someplace you have only imagined. It could be a cozy kitchen or a beautiful spot in the woods by a pond or a favorite spot in childhood. Let it be someplace you like and feel safe. Don't worry if nothing comes to mind right away—take your time, you can't do this wrong.

When you have the place in mind, go there in your imagination. What sounds do you notice?....Any smells?....What do you see?... How does your body feel in this place? Let yourself walk around and take in this place you love to be. Notice your breathing... Soak in this place like a sponge....If you believe in a Higher Power, you can invite that presence to be with you here...Asking for blessing for yourself & those you love...

As you move around, find an object—maybe a shell or a rock, something from this safe place. Pick it up and hold it in your hand or your pocket to take with you.

As you're ready take one last walk around your place...When you're ready, say goodbye. Remember you can come back here anytime you feel stressed... Bring your attention back to your breath. Breathe in and out a little more deeply. Feel yourself sitting here in this room...When you're ready, gently open your eyes.

Ask: What was that like?

How did you feel?

Where did you go?

What did you learn about what makes you feel safe?

How might you use this exercise in your life?

OPTIONAL: Client can draw or collage that place and put the image somewhere they will see it regularly (fridge, beside the bed) as a reminder of safety.

Say: We have the power to calm ourselves and build safety for ourselves, even if we haven't had it provided much in our lives. If you feel scared or stressed, go to your safe place and let yourself be comforted. It gets easier and quicker to relax in this way with regular practice.

Teachback:

Say: Thank you for your willingness to try out this new practice.

Ask: What was your experience like? What did you like and not like?

If you were going to explain this practice to a friend, what would you say?

How can you imagine using this in your life?

Conversation C
Treatment Options

Goal:
Provide information on ways to treat or manage PTSD symptoms and help your client make decisions about treatment

Say: Although it may feel hard to believe, the symptoms of PTSD really can get much better—or even go away completely—with treatment.

Ask: What do you think about how PTSD can get better?

What have you heard about treatments for PTSD?

May I share information about treatments for PTSD?

CHW and the client can look over the treatment chart on the next page together, focusing on the areas where the client is most interested or has questions.

TREATMENT CATEGORY	TYPE OF TREATMENT	ABOUT THE TREATMENT	EXAMPLES
Psychotherapy		Counseling is considered the best place to start for PTSD treatment.	
	Exposure therapy	Patients are gradually exposed to reminders of the trauma in small doses. Over time, the reminders become less upsetting. Exposure can be through imagination or in real-life safe situations.	A person who has PTSD after a car accident may imagine getting in a car, then sitting in a parked car, and eventually working up to going for a drive.
	Cognitive processing	Patients consider whether they have unhelpful beliefs related to the traumatic event. Through therapy, they try to change those beliefs.	"I deserve to be hit because I am bad." ⇨ "No one deserves to be hit." ⇨ "I am not bad." ⇨ "So-and-so hit me because of his/her own issues."
	Eye movement desensitization and reprocessing	While doing exposure therapy, patients also perform a series of rapid eye movements. May help re-pattern the brain and reduce the power of traumatic memories.	
	Art therapy	Working to process the trauma and handle symptoms by using visual art, music, or movement to express and heal.	Client might create a collage of negative memories and burn it up to release pain.
	Somatic therapy	By understanding and releasing the emotions held in the body, somatic therapy can help with deeper healing and practical management of physical symptoms.	Sessions may use stretching, movement, or safe touch in combination with counseling to heal the whole person.
Medications	Anti-depressant medications	The first-line medication treatment. Two SSRI medications are approved for PTSD, and there is good evidence that certain other SSRIs or SNRIs work for PTSD.	Sertraline (Zoloft), paroxetine (Paxil)
	Anti-psychotic medications	Sometimes used to boost or "augment" the effect of another medication. Still being studied; not officially approved by the FDA for PTSD; can have significant side effects.	Quetiapine (Seroquel)
	Medication for nightmares	This blood pressure medication seems to interrupt the "fight or flight" chemicals that your body releases when threatened. It may reduce nightmares.	Prazosin

	Mood stabilizers	Still being studied for PTSD; none are officially approved by the FDA for PTSD.	Lamotrigine (Lamictal), topiramate (Topamax), tiagabine (Gabitril)
	Benzodiaze-pines	Not well studied in PTSD. Can feel calming, but do not treat the main symptoms of PTSD. Can be addictive for some people. There is concern that giving these medications right after a traumatic event could raise the risk of developing PTSD later.	Lorazepam (Ativan), clonazepam (Klonopin), alprazolam (Xanax)
	Other medications	A number of other medications are used "off-label" (without specific FDA approval for PTSD, though they may be OK'd for other illnesses).	Mirtazapine, imipramine, phenelzine
Holistic Treatments			
	Meditation	Learning to sit still and steady the mind by focusing on the breath can help a person remain calm and not react when triggered.	Most towns have meditation centers where you can learn to practice for free with an experienced teacher.
	Yoga	Gentle to vigorous stretching with full breathing releases tension and helps person to relax and let go.	You can try yoga at local studio, YMCA, or health center or practice at home with a DVD.
	Breathing exercises	Simple breathing exercises can calm the nervous system to prevent panic, improve sleep, and help with managing stress and fear in the body.	See specific breathing exercise in this curriculum to try on your own or with your CHW

For more on Holistic Treatment, please refer to the Wellness chapter p. 55.

Ask: What do you think about all those treatment options?

What do you think might help you?

Which of the options, if any, are you willing to try?

Activity 1: Making Treatment Decisions

Instructions:
Ask some of the following questions in your own words. You are trying to help your client think about these issues and prepare him to make decisions about seeking treatment.

- How much are your symptoms bothering you day-to-day?
- What would life look like if your symptoms were better?
- Even though nothing can undo the past, it's possible that it will become easier to manage its effects on you.
- What has worked for you in the past?
- What has not worked for you (in terms of treatment) in the past?
- What would make it hard to get treatment?
- Who would be safe people to ask about treatment?
- How can you make it safer to talk about your symptoms?
- What would you want to get out of treatment?

PREPARING TO TALK WITH YOUR HEALTH CARE PROVIDER

Check off the boxes next to your symptoms on this list.

- ❑ Seriously affects your life or emotional health for at least 1 month
- ❑ Causes symptoms from each of the following groups
  - ❑ Re-experiencing the trauma
  - ❑ Having nightmares about the event
  - ❑ Having flashbacks (acting or feeling as if the event were happening again)
  - ❑ Having unwanted memories come back to you
  - ❑ Feeling extremely upset or emotional when you are reminded of the event
  - ❑ Having physical symptoms when you are reminded of the event
- ❑ Avoidance
  - ❑ Avoiding people, places or things that remind you of the event
  - ❑ Avoiding thoughts, feelings or conversations about the trauma
  - ❑ Feeling emotionally numb or flat
  - ❑ Feeling you don't have a normal future
  - ❑ Blanking out on some important memory of the event
  - ❑ Feeling detached or distant from other people
  - ❑ Losing your interest or enjoyment in things, or no longer doing important activities
- ❑ Hyperarousal
  - ❑ Having trouble falling or staying asleep
  - ❑ Being irritable or having outbursts of anger
  - ❑ Having trouble concentrating
  - ❑ Always being on guard
  - ❑ Being easily startled
- ❑ Negative feelings and thoughts

Have these symptoms made it difficult to do things like getting chores done at home, getting along with other people, or doing your work?

Not at all difficult
Somewhat difficult
Very difficult
Extremely difficult

Write down your questions.

1)
2)
3)

Write down your goals for treatment.

1)
2)
3)

Write down your fears or concerns about treatment.

1)
2)
3)

Teachback:

Say: We talked about a lot today. [Summarize conversation.]

Ask: What is the most important thing for you in what we talked about today?

What have you learned about ways to cope with PTSD?

How can we make it safer for you talk about this with me or your health care providers in the future?

What do you want your next step to be?

MANAGING MY HEALTH

Priority

Use this topic with:

- Clients whose "issue" is impacting their daily life
- If the client is clear about the harm/risk and already motivated, you may want to jump ahead to the Harm Reduction chapter and do some goal setting. If the client is uncomfortable or not ready to talk openly in this way, go back and re-do some of the rapport-building conversation, like "Me & My Mental Health" p. 13 or "Why Me?" p. 19

Goals:

- To identify and understand how a client's behaviors related to his substance use and/or mental health issues impact his health, relationships, and self-care
- Explore the client's perception of his behaviors and how those behaviors may impact the client and others
- Assess the client's level of awareness about both benefits and harm from his mental health issue/drug use as well as readiness to make change
- To build comfort in client and CHW in talking honestly about difficult topics
- To identify and build on existing social support

Before the session, review:

- How ready your client is to honestly discuss his drug use behavior and mental health related behaviors
- Using Motivational Interviewing Skills (non-judgment and OARS especially)

NOTE: This is NOT a problem solving session for the client—the point is to help the client observe how this issue operates in his life now without judging himself. Our goal is to increase awareness and capacity to talk openly about an area where there is often shame. As a CHW you model this respectful, open attitude!

Topic Overview:

- **Conversation A:** Me & My Behavior
    - Activity 1: Impact of My Behaviors
    - Activity 2: Day of Freedom
    - Activity 3: Feedback from a Trusted Friend
    - Activity 4: Health Change Plan
- **Conversation B:** Social Support
    - Activity 1: Support Mapping

Conversation A

Me & My Behavior

Goal:
Assess the scope of and client's perception of symptoms and how he perceives his mental health or substance use's impact on himself and others

NOTE: Substance use and mental illness both affect the whole person, and every part of someone's life: from obvious ways (like being locked up for drug possession) to more subtle ones (feeling isolated from family due to depression). It can be helpful for CHW and client to talk together about the client's own behaviors related to his "issue" and ***observe non-judgmentally*** *the impact they have, positive and negative, on their daily life.*

Introduction

Say: Let's think together about the ways that your mental health issues and/or substance use affects the rest of your life, in good ways and hard ways. My goal is for us both to better understand specific ways these things impact your quality of life.

Ask: Are you open to having this conversation with me today?

CHW is using active listening skills and reflecting back what the client says (see Motivational Interviewing Basics p. 283 for more details).

Activity 1: Impact of My Behaviors

Goal:
Help client and CHW better understand what the client **normally does** when mental health symptoms or the desire to use/active use come up and how those behaviors affect different areas of the client's life.

Instructions:
See the tool below and write out or draw a picture about how the mental health symptom or desire to use impacts each area of your life, positively and negatively. Fold the paper in half and first fill out the positive ways. When finished, turn the paper over and write/draw the negative ways your symptoms impact your life.

Ask: So when you feel (depressed, anxious, like you want to use), how do you act? How does that affect your relationships, for example?

CHW and client together can complete the worksheet on the following page that maps the effect on each area of life.

Say: Open the paper and look at the two sides.

Ask: What did you notice? What surprised you?

What areas do you see where you are coping well already?

How many of these negative and positive effects have to do with you and how many impact other people?

In what areas do you feel most motivated to think about making a change?

Relationships:

Health:

Wellbeing:

Finances:

Work/school:

Daily activities:

Self Esteem:

Other:

Activity 2: Day of Freedom

Say: "Imagine a day without symptoms or use!" It could be based on what life was like before this issue was a big deal or something you might imagine for your future, but assume that you could magically make the issue go away.

Ask: How would your day be different?

How would you be different? What do you imagine?

What do you like best about what you see?

How does thinking about a day of freedom change your perspective on your current Mental Health/drug use?

Activity 3: Feedback from a Trusted Friend

Say: Pick one person in your life whom you love and trust who knows you pretty well. It could be a family member, friend, or even your doctor or CHW. Imagine sitting with them and ask them to tell you kindly and without any preaching how they see your use/mental health issue impacting your life.

Ask: What would they say are the best and worst things about it?

What has your mental health issue/substance use given you and what has it taken away?

What do you think about that?

What might it be like to ask the person in real life?

Activity 4: Health Change Plan

Say: Think about three barriers that your use/mental health issue creates to taking good care of your health.

For example: Missing appointments. Maybe you are anxious and have trouble sleeping, and you drink to help you relax. When you finally fall asleep at 4 am, you're hung over and can't wake up for a 9 am doctor's appointment. You miss a lot of appointments this way, and your team is worried.

CHW can name some of these others if client can't come up with any:

- Depression makes me feel worthless so I don't bother to take my meds to stay healthy;
- When I smoke crack, I have unprotected sex and have gotten STDs;
- When I feel panic, I isolate from friends and feel ashamed and alone, which makes my panic worse.
- I get forgetful when I smoke weed and end up being late to work and forgetting things I was supposed to do with my family, and people get frustrated with me.

Say: From your three barriers, let's choose one that either matters more or feels more doable (client chooses) and together make a change plan about it.

Complete the Change Plan Worksheet on the following page.

Ask: What was that activity like for you?

Teachback:

Say: I learned a lot about you today. I was struck by _____ (summarize keys points you heard from the client). Thanks for being so open with me.

Ask: What was one of the important things we talked about today?

How would you tell a friend about our conversation?

What will you take away from our talk today?

Change Plan Worksheet

The change I want to make is:

The most important reasons why I want to make this change are:

I plan to do these things to accomplish my goals:

Specific action:

When?:

Other people could help me with change in these ways:

Person:

Possible ways to help:

These are some possible obstacles to change, and how I could handle them:

Possible obstacle to change:

How to respond:

I will know that my plan is working when I see these results:

Conversation B

Social Support

Goal:
To identify and build on client's existing social support network

Say: Social support is essential for good mental and physical health. Speaking your truth to a trusted person builds confidence, as you are believed, validated, and supported. People with strong positive social connections have lower rates of inflammation, as well as less depression and anxiety.

It's important to ask for guidance when you need it. You may find support from family, friends, a faith group, recovery community, or professionals, like a CHW or counselor. Remember that you are not alone; all of us struggle and need help to change and heal over time.

Ask: Who in your life knows about your issues?

What do they know? What don't they know?

What other support people do you have in your life?

How do they support you?

Are you open to mapping out your support network with me today?

Activity 1: Support Mapping

Goals:
To help the client to identify their network of supports and to identify gaps.

Instructions:
Complete the following social support worksheet together. CHW will encourage the client to think broadly about who in his life is a support and how. The list can include professionals like a doctor, family/friends, online community, etc.

Once the map is done, ask:
What do you think about this network of support?

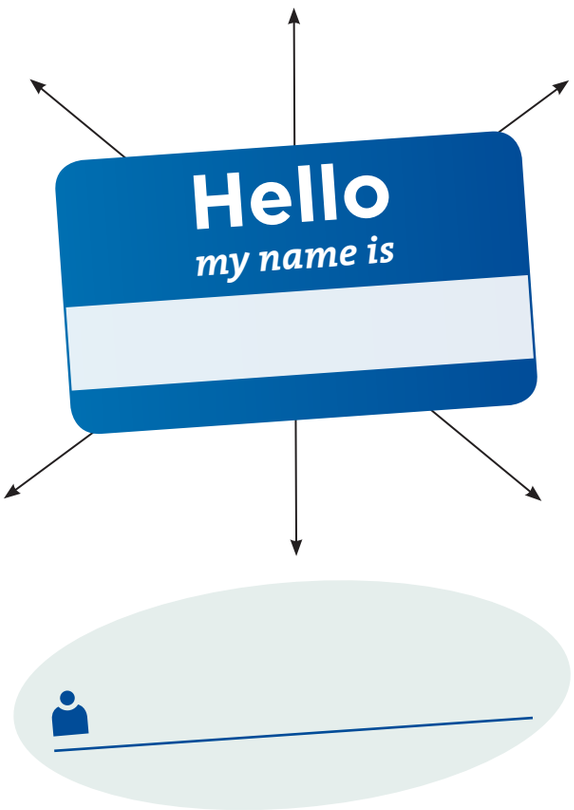
In what areas do you feel like you need more and where are things good as they are?

Who on this list might you reach out to now or when things are hard?

Are there people you'd like to be more connected to you could add here as potential supports, as relationships you might like to grow?

My Network of Social Supports

Family, friends, medical providers, social services, community services



Teachback:

Say: I learned a lot about you today. I was struck by _____

(summarize keys points you heard from the client). Thanks for being so open with me.

Ask: What was one of the important things for you that we talked about today? Any next steps?

READY FOR TREATMENT?

Priority

Use this topic with:

- Clients who are considering mental health treatment
- Clients who have had mixed experiences with treatment
- Clients who may have had challenging experiences in treatment but want to learn more

Goals:

- To help your client learn about mental health treatment options, consider which ones might be right for him, plan to make smart decisions, and learn ways to make treatment work better.
- Assess your client's readiness for treatment

Before the session, review:

- Treatment charts
- Myths and misconceptions about treatment
- Active listening skills!

Topic Overview:

- **Conversation A:** My Treatment Experiences
  - Activity 1: Feelings About Treatment
- **Conversation B:** Treatment Myths
  - Activity 1: Mental Health Trivia—Fact or Fiction
- **Conversation C:** Deciding About Treatment
  - Activity 1: Higher Self Drawing
  - Activity 2: Who's Really Talking
  - Activity 1: Treatment Decision Worksheet

Conversation A

My Treatment Experiences

Goal:
To understand your client's experience with mental health treatment and beliefs and feelings about treatment. This will help you decide whether there are any knowledge gaps to address and which topics to discuss.

Say: Have you ever been treated for a mental health problem?

If yes, ask: How was your experience with treatment?

If no, ask: Do you know anyone who has gotten treatment for mental health? What was his or her experience like?

Ask: How do you feel about getting mental health treatment?

Instructions:
Our goal is not to "correct" client's beliefs or challenge their fears but to listen respectfully and more fully understand where the client is coming from.

Listen for:

- Stigma and shame. "I'm embarrassed." "I don't want other people to know."
- Fears or concerns. "It's dangerous." "I'm afraid of _____." "I don't like telling my story to new people."
- Barriers. "It's inconvenient." "It's expensive." "I don't have time." "I'm not crazy." "I don't want to end up in the hospital."

Ask: How do you think people get better from mental health issues? What has worked for you in the past or for people you know?

Share these points in your own words:

There are many different kinds of treatment:

- Medications
- Psychotherapy (different kinds)
- Self-management techniques (relaxation, exercise, etc.)
- Other (light therapy, electroconvulsive treatment, etc.)

Even if a specific treatment does not work for you, others may!
We can discuss each of the main treatment types in future visits.

Activity 1: Feelings About Treatment

Help your client explore his hidden feelings and fears about mental health treatment.

Ask your client, "Think of 5-10 words or images that come to mind when you think of 'mental health treatment.'"

On a piece of blank paper write down the words or draw the images.

For each of those words, explore why your client thought of that word, what it means to them personally. Listen in particular for anything that has to do with feelings or emotions, fears, or beliefs about treatment.

What can you learn from your client's beliefs and ideas about mental health treatment?

Teachback:

Say: Thank the client for sharing. (Summarize the key points from what you heard.)

Ask: What was important or meaningful for you in our talk today?

Conversation B

Treatment Myths

Goal:
To explore your client's fears and barriers to treatments and to share relevant information if/when your client is ready to receive it.

Before the session:
Review your client's responses to Conversation A about experiences with/beliefs about treatment.

Say: There are a lot of myths about mental health treatment floating around out there.

Ask: Can you think of any examples where someone told you something about mental health treatment, and you later found out it was completely wrong?

If yes, discuss; if no, go to the Myths Activity.

Activity 1: Mental Health Trivia—Fact or Fiction

Instructions:

1. Make this into a fun game: Fold over the next page at the line, so that the "answers" are hidden. Go through the beliefs one by one, asking your client if each belief is true or false. Then unfold the boxes to reveal each answer as you discuss it. The client gets points for every right answer or alternate with them asking you.

2. You can also just read it over together and discuss. The goal is to review the information together in a non-threatening way that will make it easier for the client to remember.

Common Belief	True or False
You can get addicted to psych meds	Mostly false. Only a few psych meds can be addicted, and they are regulated by the government.
If you are feeling better, you don't need to take your medications.	False. Even after you start to feel better, you need to keep taking your meds. If you stop too soon, the symptoms could come back faster. Some people may need to take medications for years.
Psychiatric medications will make you gain weight	It depends. Only some medications and not all psych meds cause weight gain. Some meds actually are likelier to cause weight loss. Also, the effects are very individual; some people lose weight on a medication that caused a friend to gain weight.
"Natural" and herbal medications are safer than prescription medications	False. While some herbal treatments may have fewer side effects, any medication that can treat a brain disorder could have side effects as well as benefits. For example, the herbal medication St. John's Wort acts on the same brain chemicals that medications like Prozac affect. It can cause some similar side effects and interact with other medications. The other problem is that "natural" medications often aren't regulated as much as standard medications.
Even if the meds I have already tried have not worked, other meds can work for me.	Generally true. For many people, it may take a couple of tries to find the most effective medication. Sometimes it means tweaking the dose and timing. Sometimes it may require taking a combination of medications. In some cases, it means that someone should reevaluate your diagnosis—perhaps you're not getting treated for what's actually wrong.
Medications will turn you into a zombie	Not if prescribed correctly. While some medications are sedating (meaning they make you feel tired, sleepy, or slowed), your prescriber does not want you walking around feeling this way. If you feel like a zombie or flat with your medications, tell your prescriber. Your prescriber can work with you to change doses or find medications that work better for you.
Counseling takes years	False. Some kinds of counseling last only a few months. Other kinds may take longer. It depends on the kind of therapy and the problems you are working with.

If I am not happy with the way my therapy is going, I should talk to my therapist instead of stopping treatment.	True. Sometimes your therapist may change the kind of therapy you are doing. Sometimes the problem you are experiencing in therapy is related to other problems in your life, and talking about the therapy issues may help you work out those other life problems.
Talking to a therapist is different from talking to a friend	True. With a friend, you may feel you can't say certain things because you don't want to hurt his feelings. Or you may feel you have to talk about your friend's problems more than your own. In contrast, your therapist is there just to talk about you. Your therapist has received training in how not to take what you say personally. He has learned techniques for treating specific symptoms or disorders that might be affecting you.
If you want to get mental health treatment, you have to see a "shrink"/ psychiatrist	False. A primary care doctor or nurse practitioner can prescribe medications for straightforward cases of depression or anxiety. However, if those treatments don't work, or if you have a more complicated mental health issue, you may be referred to a psychiatrist.

Teachback:

Say: We talked about a lot of common beliefs about mental health treatment. Some of the things you already knew were _____ [summarize]. It sounds like some other things were surprising to you, like _____ [summarize].

Ask: What were the most interesting things you learned?

Conversation C

Deciding About Treatment

Goal:
To help your client reach a decision about whether to seek mental health treatment.

Target audience:

- Clients not in mental health treatment but have mental health issues (diagnosis or symptoms)
- Clients in treatment for a mental health issue who are thinking about changing or stopping services

Introduction:
Review past discussions about your client's mental health and thoughts about treatment.

Say: You've told me that you think _____ about getting mental health treatment for yourself. Would you like to talk more about how to figure out if treatment is worthwhile for you?

Ask: First, how do you think your mental health symptoms getting in the way of your life?

Say: One thing that separates a psychiatric "disorder" from normal emotions or reactions is that a disorder causes "clinically significant distress or impairment in functioning."

Impairment in functioning: What does this mean?

You are having problems carrying out important activities, such as:

- taking care of yourself (bathing and dressing yourself, feeding yourself, keeping your place clean).
- carrying out your work or job
- keeping up important relationships (with family or friends)

It's affecting your health and medical care.

- E.g., someone with depression might have trouble motivating himself to go to doctor's appointments, or finding the energy to go to physical therapy or do exercise.
- E.g., someone with PTSD or social anxiety might feel too afraid to go to appointments or meet new members of his health care team.

> *NOTE: Sometimes people think that because they're still able to "do what they have to do," there's no problem. But they may say that they're not as productive as usual, that they have to put in a lot more effort to get things done, or that they're getting by with the bare minimum—for example, keeping the apartment clean but not as nice as they usually do. These are all hints that the illness may be keeping them from functioning at 100%.*

Causing significant distress: what does this mean?

The symptoms upset the client.

This is not very specific, but helps with deciding what needs treatment.

> *NOTE: Listen for phrases like:*
> *"Everyone feels like this."*
> *"Lots of people have worse problems than I do."*
> *"I'm still able to ____ and ____, so I'm managing."*
>
> *Statements like these may hint that your client is "minimizing" his symptoms (playing down or not recognizing how serious they are) or "normalizing" them (thinking that the way he feels is normal and therefore shouldn't be treated).*

Ask: Next, how worthwhile is treatment for you now? What are some good things and not so good things?

Should they or shouldn't they?

Say: Because most of us deal with stress and difficult situations in our lives, it can be hard to decide when a issue is serious enough to need treatment. Let's talk about these two cases to get a clearer picture of what a "mental health issue" might look like.

Example #1

Nicole is a single working mom with two young kids. Because of the economy, her workplace cut her hours last year, and since then, money has been tight. On top of that, her father's health has been getting worse, and he may have to go into a nursing home. Nicole is the main person taking care of him, which is exhausting. For the past few months, she's been feeling really tired: after she vacuums or does the dishes, she needs to sit down and take a break. She can't keep the house as clean as she usually does. She's having trouble sleeping too: tossing and turning until 4 am and then can't go back to sleep. Nicole also notices that she's not focusing well at work: She has caught herself making some mistakes counting money and has had to go back and redo work. She's worried that her boss will notice and cut her hours more. She finds herself snapping at her kids, and then she feels guilty about being a bad mother and not doing enough.

What is going on with Nicole?
She may have major depression. She is bothered by at least five symptoms that you see in depression: feeling irritable (or depressed), not sleeping well, feeling tired, having trouble concentrating, and feeling bad about herself. These symptoms have been going on for several weeks, and they are causing problems in her day-to-day life (impairing functioning).

Could Nicole benefit from treatment?
Probably yes. Nicole's symptoms are causing problems with her job, housework, and family. Also, her symptoms have gone on for several months, not just a few days.

Example #2

Robert had a tough life growing up with an alcoholic father who used to beat Robert and Robert's mother and sisters. Other things happened that Robert hasn't told anyone about and doesn't like to think about. Recently, Robert almost got beat up by someone who was after one of his neighbors. Since then, he can't sleep, he's been having nightmares about people chasing him, and he can't stop thinking about the bad things that have happened to him. He gets really tense every time he walks by his neighbor's door. It's gotten to the point that he has to check two or three times before he feels safe going out the door.

What is going on with Robert?

It may be post-traumatic stress disorder (a mental health clinician would need to see if he has more symptoms and how much they are getting in the way of his life).

Could Robert benefit from treatment?

Possibly. He is struggling, and his fears and tensions may be starting to cause problems in his life (like making it hard for him to leave the house). If these symptoms continue to cause problems for him, he may want to get treatment, such medications and/or therapy) to feel less tense or have fewer nightmares.

Is it the illness talking or you?

Sometimes your mental health issue may actually get in the way of treatment. For example, someone with depression might feel very down and think nothing will ever help. Or someone with anxiety might feel too afraid of medications or therapy to try either one. If you find yourself wanting to refuse treatments that your health care team or your loved ones strongly recommend, ask yourself: is it the illness talking or is it you? When is it your illness talking?

Say:

- Think about the reason(s) you have not wanted to try treatment in the past.
- Is that related to one of the symptoms that you're trying to treat?
- If it were this symptom talking, what would it say?
- How can you tell the difference between your truth and the voice of your illness?

Usually the illness says things that are harsh, discouraging, black and white, that make you feel small and powerless, and that will keep you stuck. When you listen to your illness talking, you feel worse.

Your voice of wisdom is usually kind, encouraging, hopeful, and respectful towards you and your struggles. When you listen to this voice, you feel more powerful and capable of taking small steps towards feeling better.

Activity #1: Higher Self Drawing

Draw a picture of your illness and one of your true self side by side. Color it in and write the words that each one would say to you.

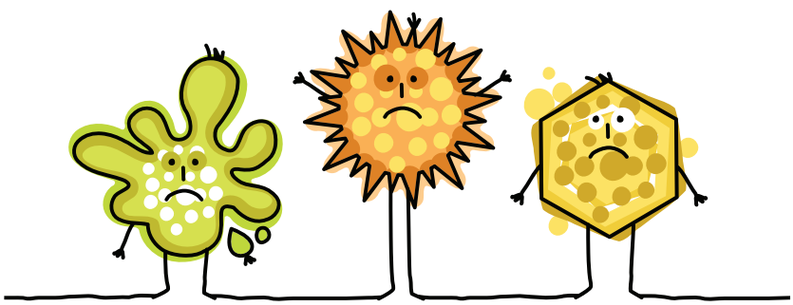
Come up with a sentence you might say to your illness when its voice is strong to quiet it down and put you back in charge. It could be something like: "I don't believe you", "I am not going to listen to you anymore," or "Thank you for your perspective, that's enough."

From the drawing, choose 1 sentence you really like that your true self might say to encourage you. It could be something like, "You can do this," "You're doing great," or "I'm so proud of the steps you have taken to get better!". Write it on a piece of paper and keep it somewhere you will see it often (fridge, wallet, bedroom mirror).

Activity #2: Who's Really Talking?

Say: Let's go through your list of reasons for not wanting to try mental health treatment. Do they fall in any of the below categories?

If it is your illness talking and not you:
Think about this example: if you had an asthma attack and you were feeling short of breath, would you decide you were feeling too sick to go to the doctor's office or emergency room? Or would you say, I *need* to go to the doctor and get treatment?



Diagnosis	Symptom	What it might say
Depression	Low energy	"I'm too tired." "I don't have the energy." "It takes too much effort." "It's too hard." "I just can't get up in the mornings."
	Low interest/ motivation	"I don't want to do it." "I can't motivate myself to do it." "I just don't feel up to meeting a new doctor/ therapist."
	Pessimism or hopelessness	"It won't work for me." "Nothing can make things better." "Talking about everything that's going wrong will make me feel worse."
	Poor concentration	"It's just too much to think about." "It's so complicated to make all those calls and find someone who can see me."
	Indecisiveness	"I can't decide what I should do." "I can't decide which treatment to try." "I can't decide whom to see."
	Feelings of being slowed down	"It takes me so long to get ready that I can't make appointments on time."
	Insomnia	"I didn't sleep well last night, so I'm too tired to go to appointments today." "I need to catch up on sleep because I didn't sleep well last night."
	Sleeping too much	"I missed my intake appointment because I overslept." "I can't make afternoon appointments because I need to nap."
	Low self-esteem/ feelings of worthlessness	"I don't deserve to feel better." "I'm wasting my doctor's time."
Anxiety	Excessive worry, worry that is hard to control, worry about many different subjects	"I'm worried that the treatment will _____." "I'm afraid that _____." "What if _____?"
PTSD	Fear, avoidance	"I'm afraid of going out of the house." "I'm afraid of meeting new people." "I don't want to talk about the past because it makes me feel worse."
	Negative feelings/ beliefs	"What's the point? I don't have a future anyway."

Ask: What did you think of the idea that sometimes it's the illness talking?

How does this affect how you think about getting treatment?

How will you handle it when your illness is talking and trying to get you off track?

Activity #3: Treatment Decisions

Instructions:
Work with your client to fill out the chart on the following page. The client may choose to share this with their care team or a new provider on the first visit.

Say: It can be helpful to think through fears, questions, and goals you may have before you get ready to follow-up on treatment.

Ask: Are you open to filling out this worksheet together today?

Ask: What, if anything, surprised you about your answers to those questions? What do you think about your readiness to start treatment now?

Teachback:

Say: We talked about a lot of common beliefs about mental health treatment. Some of the things you already knew were _____ [summarize]. It sounds like some other things were surprising to you, like _____ [summarize].

Ask: What were the most interesting things you learned?

Say: I learned a lot about how your mental health affects the rest of your life. [Summarize effects on life functioning.] I also learned about your reasons for and against getting treatment [summarize]. Thanks for talking with me.

Ask: What will you take away from our conversation today?

What did you like and not like about what we talked about?

What do you think your next step will be for working on your mental health?

What fears and questions do you have about mental health treatment?	How could you get these fears and questions answered/addressed?
How have your symptoms gotten in your way or affected your day-to-day functioning?	How could life be different if your mental health symptoms were treated?
What would be your short-term goals of getting treatment?	What would be your long-term goals of getting treatment?

MENTAL HEALTH TREATMENT OPTIONS

Priority

Goals:

To help your client learn about the different types and levels of mental health care available for diverse needs.

Before the session, review:

- Map of providers and their roles
- "What is counseling?" information
- Chart of types of treatment

Topic Overview:

- **Conversation A:** Levels of Care & Treatment Team
  - Activity 1: My Treatment Team
- **Conversation B:** Making Your Treatment Team Work for You
  - Activity 1: Improving Communication Brainstorm
  - Activity 2: Who Can Help?
- **Conversation C:** Counseling (aka: Therapy)
  - Activity 1: Making Therapy Work

Conversation A

Levels of Care & Treatment Team

Goal:

To review the levels of care available for mental health issues and understand the roles of key players on the Treatment Team

Say:

For people who have received mental health treatment before:

What kinds of mental health treatment have you received? In what kinds of settings (e.g., clinic, hospital, home visits)? Have you participated in more intense programs or been in a hospital for mental health issues? How was your experience in treatment?

If your mental health gets worse, what do you know about the treatment options that are available to you?

For people who have never been in mental health treatment:

Do you know anyone who has received any kind of mental health treatment?

If so, what kind? In the hospital, in a clinic, in a program?

What did they have to say about it?
What did they think about the treatment?

What do you know about the settings where mental health care is offered?

Treatment Map:
Look over the map and read it together

Outpatient treatment:

- Psychopharmacology- medication for psychiatric symptoms
- Psychotherapy (individual, group, family/couples; home-based counseling) various types of talk therapy. Examples include CBT, hypnosis, EMDR, expressive art therapy
- Urgent care: Clinic designed for same day non-emergency care- for problems that can't wait for a few days (ie: ear infection or UTI, high fever, allergic reaction, asthma attack), usually open some evenings and weekends.
- Emergency Department: part of the hospital designed for potentially life-threatening issues too serious for urgent care (gunshot wound, seizures, broken arm, etc.) and that cannot wait for regular business hours.

Partial hospitalization program (day program) short- or longer-term day treatment, sometimes located at a psychiatric hospital. Can include individual psychotherapy, group therapy, psychopharmacology, and case management services OR crisis stabilization: a temporary short-term inpatient stay to stabilize people with severe psychiatric symptoms, including thoughts of suicide or homicide.

Inpatient hospitalization:
short term stay for acute psychiatric needs such as severe depression, suicidal thoughts, auditory or visual hallucinations, delusions, and other crises.

Ask: Have you gone to any of these places to get treatment? What was your experience like?

Say: There are so many different kinds of providers involved, it's easy to get confused. To get the best care, it really helps to know what different people's roles are. I'd like to talk with you today about who's who in the treatment world.

Ask: Are you open to talking about the different kinds of providers?

15 Providers

1. Visiting nurses: Help short-term with medications and other medical needs, often after a hospitalization.

2. Home health aides: Help with self-care or home care tasks that a person can't carry out due to health issues

3. Community health workers: Accompany patients through care and advocate, support, relate.

4. Case managers: Typically help with finding resources and coordinating care. Manage patient's social service needs as they relate to the patient's illness, including helping them with housing issues, paying bills, finding transportation, insurance issues etc.

5. Care managers: Generally nurses, or others who coordinate care, assist in follow up after hospitalizations, ED visits, a medication change, or to schedule procedures. Offered by telephone, in clinic and occasionally in the home.

6. Social Workers: Helps with case management and/or provides counseling for problems such as depression and anxiety by offering individual, family, or group therapy.

7. PACT teams (Program for Assertive Community Treatment): Comprehensive treatment for people with serious mental illnesses, highly individualized services offered directly to consumers (not referrals or case management). PACT recipients get the multidisciplinary, round-the-clock staffing of a psychiatric unit at their own homes and in the community.

8. Department of Mental Health: Offers many of these services for people with more significant mental health issues who have been hospitalized for mental health issues.

9. Psychiatrist: Doctor specializing in mental health. Can prescribe psych medications; often works together with a therapist or primary care physician and sees patients briefly but on a regular basis.

10. Primary Care Doctor: A client's main doctor. The person you see for annual check-ups, when you're sick, etc.

11. Spiritual/Pastoral Counselor: A counselor based in a religious tradition—will provide counseling and support based on spiritual values.

12. Therapist: Can be a social worker or other type of mental health clinician. Will often see patients on a weekly basis in an office.

13. Pharmacist: Fills prescriptions at a pharmacy. May also be able to help with special packaging to make doses easier to remember or explain potential side effects.

14. Trusted support (friends and family): Can provide an essential shoulder to lean on, people to laugh with, etc.

15. Peer Advocate: A "peer" usually means someone who has the same challenges or diagnosis as the client and who can speak from their own experience.

Ask: Which of these services are you using now?

Which ones have you used in the past?

What was most/least helpful?

Activity 1: My Treatment Team

Instructions:
Complete the chart on the next page together and refer to the list of providers on the previous pages to make sure you've included all the important players.

- Work with patient to identify all of the providers who help her with maintaining her health. Encourage creative thinking about anyone who is involved in providing support or help.
- Make sure contact information for each provider connected to your patient is listed in the Contact Information Chart. Add any missing providers who have been omitted and encourage your patient to reach out to them with questions or concerns
- Talk about any referrals you might suggest to additional providers

Ask: How are they connected, and who works together? How much do they know about each other?

How could it help you if your team communicates with each other?

What services does/could each of them provide?

What do you like most and least about each member of your team?

What do you need from your treatment team? Who could help you with those things? [make a list]

Are there other things your treatment team could do for you?

What is *your* role in the treatment team?

Teachback:

Say: Thanks for talking with me today about levels of care and the treatment team. I was struck by [summarize key points].

Ask: What did you learn from our conversation?

What did you find useful or meaningful about this conversation?

How would you sum up what we talked about today?

Contact Information

	Name	Relationship	Phone Number	Location
Primary Care Providers				
Other Care Providers				
Community Support Services				
Other Supporters				

Personal Support

Name	Relationship	Phone Number	Location

Emergency Contact

Name	Phone #

Conversation B

Making Your Treatment Team Work for You

Goal:
To help the client learn how to get the most from the treatment team
Ask the following questions and fill in any gaps in your client's understanding.

Say: Let's talk first about communication and confidentiality.

Ask: Can the members of your treatment team talk to each other?

If they're at different clinics or hospitals, they may need your written permission to talk about your health or treatment with other providers.

If they're at the same clinic or hospital, generally they do not need your written permission. (It's as if they're a single provider unit.) But if you have concerns, it is good to talk to them about it.

In Massachusetts, the Department of Public Health has a Prescription Monitoring Program. If your prescriber or pharmacist is signed up, he/she has access to your prescription history for the past year.

Ask: Can the members of your treatment team talk to your friends or family?

In general, they need your written permission to talk about your health or health care with other people in your life.

Exceptions (and even then, only what is necessary for your care or what is required):

- If it's an emergency situation (immediate risk to you or someone else)
- If there is some legal requirement (for example, if a court or the public health department requires it)
- If a child's safety is endangered (in Massachusetts, health care providers are legally required to report if there's evidence of this)

On the other hand, your friends and family do not need your written permission to give your treatment team information.

People sometimes worry what people are saying "behind their back." But a good provider will always consider the source of the information.

Risk: Often one member of your treatment team may not know what other providers are doing. It's very important for you to do your best to update them about what is going on with your other providers, particularly about changes in your treatment.

Activity 1: Improving Communication Brainstorm

Goal:
Help your client think of ways to improve communication between different providers.

Ask: How can you improve your communication with your providers?

Listen to the client's ideas and discuss together the options below.

- Write down questions in advance
- Keep a medication list to show all your providers
- Keep a copy of the treatment team "map" the client made, with phone numbers
- Bring your CHW to visits with you, if you're part of the program
- Decide who should be your health care proxy (the person who makes health care decisions for someone if they are too sick mentally or physically to do it themselves)

Ask: What do you think about these ideas?

Which of them would you like to try out?

Activity 2: Who Can Help?

Goal:
Think of issues that might come up for your client and help her think through who on her treatment team could help.

Instructions:
With each of the following examples, ask your client to role play the conversation with a member of her treatment team. The client will play herself and the CHW will be the provider.

Examples:
1) You are having a panic attack. Who can you call for help? (Possible answers: trusted friend/family; therapist; others?)

2) You have been having trouble sleeping and lie in bed feeling sad and hopeless. Who can help? (Possible answers: CHW; therapist; primary care provider; psychiatrist; social worker; others?)

3) Your psych meds are making you gain weight and you want to stop taking them. Who can you talk to? (Possible answers: psychiatrist, primary care provider; others?)

4) You have been hearing voices when you're alone, but you're afraid to tell anyone because you don't want to get sent to a hospital. Who can help? (Possible answers: CHW, primary care provider; therapist; psychiatrist; others?)

5) You keep forgetting to take your evening medications and it's making you feel strange. Who can help? (Visiting nurse; care manager; others?)

Ask: What was it like to practice those conversations?

Teachback:

Say: Thanks for talking with me today about working with your treatment team. I was struck by....[Summarize key points of the conversation].

Ask: What did you learn from our conversation?

What did you find useful or meaningful about this conversation?

How would you sum up what we talked about today?

Conversation C

Counseling (aka: Therapy)

Goal:
To help your client understand the different kinds of counseling and figure out how to make the most of them.

Use this conversation with:

- Clients currently in therapy
- Clients not in therapy that want information to help them make informed decisions about starting, or who are thinking about switching to a different kind of counseling.

Ask: What do you call it when you go talk with someone about your problems?
Use the client's term (counseling, therapy, etc) throughout the conversation.

If your client is in counseling, ask:

- Do you feel it is helping you?
- What works for you about it?
- What doesn't work for you about it?

If your client is thinking about starting counseling, switching therapies, or adding a different kind of therapy, ask:

- What questions do you have about psychotherapy?
- What information would help you figure out what to do?
- What are the pros and cons that you see?

Understanding Psychotherapy

For clients who are new to counseling or hesitant, look over the handout together and talk about it.

WHAT IS COUNSELING?

1. It's not just for "crazy people", "rich people", "people who can't handle their lives on their own", "white people", or "people not like me." Anyone who's ready can benefit from counseling.

2. You don't need to be having a crisis or a breakdown to go to therapy.

3. Ordinary people go to counseling to better deal with the normal stress of life, from issues with family, work, or school to life transitions (like a job change, moving, or a death of a loved one).

4. Unless you're in immediate danger of hurting yourself or someone else, a counselor will not send you to the hospital or share private information about you without your permission.

5. A counselor is a good listener who doesn't judge your thoughts, feelings, or choices, and cares about you just as you are. They aren't there to give you advice, but instead to guide you towards making healthy choices for yourself and working out the places in your life where you feel stuck.

6. You don't have to talk about bad things that happened when you were a kid—unless you want to. Most counselors can focus on your life now and help you cope with it in a way that reduces drama and increases happiness.

7. Counselors have all different kinds of personalities and ways of working with people. There are as many different types of therapists as there are pizza toppings—and we all have our personal preferences. If someone offers you Hawaiian pizza and you're a vegetarian, hold out for the veggie special! Find someone you feel comfortable with, and know it may not be the first person you meet with.

8. You and your counselor may disagree. Ultimately, it's your life and you get to decide what's right for you. People who do well in counseling learn how to have respectful, productive disagreements with their counselor. It's ideally a safe space to practice working out differences that we will have at some point with all the people in our lives.

Ask: What do you think about that?

Present the key points in your own words:

1. There are many different kinds of counseling. Here are some of the ways in which therapy can vary:

    a. Individual, couples/family, groups

    b. Structured v. open-ended. In more structured therapies, you may have homework and exercises (like practicing a coping strategy, or filling out a worksheet to examine your thinking). In more open-ended therapies, you may do more talking, and your therapist speaks up to ask questions, make observations, or suggest ways to make sense of your experiences.

    c. Examining the past v. the present

    d. Focused on emotions, thoughts, or behaviors (or any combination of them)

2. Therapy can have different goals:

    a. Building coping skills

    b. Overcoming a specific fear

    c. Changing your thinking

    d. Coming to terms with the past, or understanding past patterns so that you don't repeat them

    e. Improving relationships with self and others

Read the list on p. 163-166 with the client, and focus on therapies that your client is considering or has tried.

Making counseling work for you!

Ask: If you're in counseling now, can you tell me about it?

What's important to you in picking a therapist?

What are your priorities for getting help now?

How will you know when you find someone you can trust?

Choosing the right therapist:

Someone you feel comfortable with early on

Someone who speaks your language

Someone who can answer your questions respectfully

Someone who listens well

Someone who has skills/experience with issues that are important to you

Someone who takes your insurance

Some people have a gender preference or would like to work with someone from their own background (ie: a lesbian seeing an LGBT therapist, someone who is Puerto Rican seeing a Latino therapist).

Trust your gut! If you don't click with someone, keep looking. The relationship is the key to the healing.

Ask: What can you do if you are not happy with your therapy? How can you make it work better?

Activity 1: Making Therapy Work

Say: Unfortunately, going to counseling can't fix all of a person's problems. It often takes hard work and time for things to get better. How you approach the counseling can make a big difference in how effective it is.

Ask: Would you be open to talking about some common challenges people have in therapy and ideas for how to handle them?

Instructions:
CHW will read the challenge to the client and ask for her thoughts about what to do. Then, CHW can fill in ideas from the suggestions. Together, discuss what would make sense for the client.

Challenge #1: I want to quit therapy and it's hard to talk to my counselor about it

Suggestion: Push yourself to talk to your therapist if you feel "stuck" in therapy, think you have different goals, or think you might benefit from a different type of therapy. Your therapist might be able to try different techniques, or refer you to a more appropriate kind of therapy.

Therapists have training in how to talk with clients who are unhappy with therapy. They are less likely to take it personally the way a friend or family member might.

Challenge #2: My life is a mess and I want advice from my counselor on what to do!

Suggestion: Truthfully, only you can "fix your life". Many people feel they want someone who will give them guidance. But usually the advice someone else gives you isn't as good as the solution you come up with yourself. Counseling is about learning to make good choices for yourself, with your counselor as a support person.

Put in some effort. The more you put into it, the more you get out of it. It may help to work on your therapy goals in between sessions: doing homework or exercises between visits or reflecting on what you have learned in therapy and thinking about ways to change your behavior based on this. (Of course, discuss whatever you're doing with your therapist.)

Challenge #3: A friend suggested I go to a group, but I'm afraid of talking in a group and don't want all those people in my business.

Suggestion: Don't dismiss the idea of group therapy too quickly. After starting groups, many people say they learn a lot from their fellow group members and appreciate their support. Remember, you don't have to talk if you don't want to. Often people find speak up to give support or encouragement to another group member. Sometimes they may find it helpful to share a past experience—for example, telling another person how they dealt with a family conflict.

Challenge #4: I have had three counselors already and none of them helped me. I think it's time to find someone new.

Suggestion: Give it time. Therapy does not work as fast as medications, but it does work. It may even help prevent mental health problems from coming back as soon. Try not to keep changing counselors. If you find yourself switching therapists often, it may be better to stop and talk about what makes you want to switch than to get into a similar cycle with a fourth therapist.

If there is a problem in your therapy, discuss it with your therapist. Sometimes it's just a matter of getting your goals to match. Other times, the problem that is making you want to quit/switch may be related to other problems or patterns in your life.

Say: Thanks for doing this activity with me.

Ask: What did you learn about how to make therapy work?

What ideas would you share with a friend or maybe use in your life?

Teachback:

Say: We talked a lot about your expectations of/experience with counseling. [Summarize what client said.]

We reviewed a lot of material on different kinds of therapy and ways to make it work for you. Do you have any questions about this? Do you have any thoughts about what kinds of therapy might be helpful for you?

For clients currently in counseling, ask: Any thoughts about how to get more out of your ongoing therapy?

TYPE OF COUNSELING: COGNITIVE BEHAVIOR THERAPY

Particularly good for: Almost all mental health issues, including depression and anxiety

What it involves: Focuses on the connection between emotions, thoughts, and behaviors. Tries to change emotions by changing ways of thinking and behaving first.

How long it takes: 12-20 weeks for depression, on the longer side for anxiety

Example: Patient E realized that when her youngest son didn't want to eat the dinner she cooked last night, she got upset because her automatic thoughts were, "I'm not a good mother" and, "I can't do anything right, not even make dinner." She was able to tell herself that, "I may not be a perfect cook, but I do a lot of other things well, like read to him at night and teach him to be a good person.

Pros: Good for people who want to focus on the present or who approach their feelings more analytically.

Cons: Less focus on the past or emotions.

TYPE OF COUNSELING: EXPOSURE THERAPY

Particularly good for: Certain anxiety disorders such as phobias, obsessive-compulsive disorder, and post-traumatic stress disorder

What it involves: A behavioral therapy that uses gradual exposure to upsetting things to decrease anxiety around those things.

How long it takes: Variable

Example: Patient S, who has a fear of elevators, practices going into one little by little by first imagining being in one, then waiting at an elevator bank, then getting in (and getting out) quickly, then taking it for longer and longer rides.

Pros: Highly effective for these anxiety disorders.

Cons: People may be afraid to try it. Or they may not want to do assignments outside of therapy sessions.

TYPE OF COUNSELING: DIALECTICAL BEHAVIOR THERAPY

Particularly good for: Borderline personality disorder; self-harming behavior or suicidal thinking. Also being studied for depression.

What it involves: A structured kind of cognitive-behavioral therapy that focuses on regulating emotions and tolerating distress.

How long it takes: Variable

Example: Patient M learns skills for mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness. She uses them when she is upset with her aunt for talking about her behind her back—first to calm her anger, then to decide how to talk with her aunt.

Pros: Good for people who are struggling to manage intense emotions or thoughts about suicide or self-injury

TYPE OF COUNSELING: PSYCHODYNAMIC THERAPY

Particularly good for: A wide range of conditions and symptoms, including depression, anxiety and personality disorders.

What it involves: Focuses on previous life experiences, most often from childhood, and patterns of relationships or behaviors

How long it takes: A year or more

Example: Patient G talks about the conflicts he gets into with one particular coworker. He realizes this coworker pushes his buttons because he reminds him of his bossy and critical father. The next time he sees that coworker, he tries to react to what the coworker is saying instead of the ways in which the coworker sounds like his father.

Pros: Good for people who want to explore past experiences and their effect on the present, or who like more open-ended talking.

Cons: Takes a long time. Some people are not interested in talking about the past or about emotions.

TYPE OF COUNSELING: SUPPORTIVE PSYCHOTHERAPY

Particularly good for: Most mental health issues

What it involves: Reinforces ability to cope with stressors

How long it takes: Variable, as long as client is experiencing stressors and symptoms

Example: Patient S talks about her worries about being able to live on her own after a nervous breakdown. Her therapist helps her remember ways in which she has been independent in the past and plan strategies for some of the things she is worried about, like feeling lonely.

Pros: Good for people who are dealing with present crises or problems and/or do not have the time/interest to explore patterns of thinking or past experiences

Cons: Does not address underlying patterns of relationships or thoughts.

TYPE OF COUNSELING: GROUP THERAPY

Particularly good for: Groups can be tailored for a variety of specific diagnoses or problems.

What it involves: Can be structured (cognitive-behavioral therapy: CBT) or open-ended (psychodynamic)

How long it takes: Several months for structured groups, longer for open-ended

Example: In a structured CBT group, members might work through an exercise on identifying and reframing unhelpful thoughts. In psychodynamic groups, discussion is more open-ended, though the group leader may ask questions or speak up to make sure the group atmosphere remains helpful and safe.

Pros: Many people find they feel supported by their group. They may learn from other group members. Additionally, psychodynamic groups allow you to look at your interactions with other people.

Cons: Some issues may be difficult to bring up in groups (e.g., trauma)

TYPE OF COUNSELING: COUPLES OR FAMILY THERAPY

Particularly good for: Any sort of relationship issues (such as increased conflict or communication) or family systems issues

What it involves: Gives couples or families a safe place to talk and look at patterns, roles, communication, and other potential problem areas in their behaviors and relationships

How long it takes: 12 to 20 sessions, or as long as is needed

Example: Patients D and L, a married couple, talk about their rocky relationship in the last few years. The therapist points out communication patterns that appear during their sessions. L and D try to understand why those patterns happen, and they practice skills to improve their communication.

Pros: Allows people to work on relationship issues with the other person(s) present, in contrast to individual issues.

Can provide a more neutral or safe forum to discuss issues that cause a lot of conflict or emotion.

Cons: Either both members of the pair or multiple members of the family must be willing to participate. Does not replace individual therapy.

PSYCH MED ADHERENCE

Optional

Use this topic with:

Clients who have experience taking psychiatric medications or are considering starting meds.

Goals:

- Explore how your client views their medications and provide accurate information about how to get maximum benefit from psych meds
- Explain the importance of adherence and assess your client's barriers to it

Before the session, review:

- Myth and Fears about Psych Meds
- "Making the Most of Meds" box
- Appendix A p. 291 ("Psychiatric Medication Charts").
- Details about adherence
- The interactive activities in this chapter

Topic Overview:

- **Conversation A:** Psych Meds 101
- **Conversation B:** More About Meds
- **Conversation A:** What is Adherence?
  - Activity 1: Medication Fear Clouds
  - Activity 2: Medication Blooms

Conversation A

Psych Meds 101

Say: Have you ever taken medications for a mental health issue, like depression or anxiety? These medications are usually called psychiatric medications or "psych meds" for short.

If yes, ask some of these questions:

What was that like for you?

How did they help? How did they not help?

What are some of your fears about taking the medicines?

If a client answers no, ask:

Who do you know that has taken medications?

What have you heard about taking meds?

Share the following points in your own words:

Similar to treatments for diabetes or high blood pressure, medications for depression and anxiety need to be taken regularly as directed for them to work best.

Benefits of some medications can be felt immediately; however, for other medications, it may take a few weeks for you to feel their benefits, since they help boost levels of your brain's own chemicals, which takes time.

Many people stop their medications because of side effects. Talking openly with a trusted doctor about side effects can help them understand how best to adjust your medications.

If your client does not have a good understanding of her diagnosis, write a list together of the client's questions to discuss with her mental health team or with your supervisor.

Say: So there's a lot of misinformation floating around out there about psych meds.

Ask: Have you heard any of these? What do you think about the myth?

Read through the myths together, ask what the client thinks, and share the information respectfully.

- **"I can handle this myself if I only try harder"**
  Taking medications for depression or anxiety is not a sign of personal weakness.

- **"Something is wrong with me"**
  Depression and anxiety are treatable medical illnesses, like diabetes or high blood pressure. With the right treatment, people can feel better soon.

- **"These medications will change my personality or make me numb"**
  These medicines are designed to help specifically with mood, sleep, energy, and appetite, and do not have significant effects on people's personality and ability to feel emotions.

- **"I'm worried about weight gain and side effects"**
  Some medications can cause side effects. It is important to talk with your doctor about what side effects can happen so you can address them if they come up.

- **"These medications are addictive."**
  Although some psychiatric medications can be habit-forming, most are not.

Ask: What do you think about these myths and the information?

Teachback:

Say: Thanks for talking with me today about psych meds.

Ask: What was interesting to you in what we talked about today?

How would you summarize what we talked about today?

Any other questions?

Conversation B

More About Meds

Say: Now that we have talked about some the of the basics of psych meds, let's dive into some more details.

Ask: Are you interested in talking more about psych meds today?

Present the key points in your own words:

Medications can be sorted by how they work in the body (or their chemical structure).

- E.g., SSRIs work on the brain chemical serotonin. They all affect how serotonin gets into cells. (See the Brain Chemicals chapter on p. 181 for more details.)
- Medications that work the same way tend to work for similar problems and cause similar side effects.

Medications also can be sorted by the symptoms they treat.

- E.g., depression, anxiety, psychotic symptoms

A psych med may work for more than one diagnosis.

- Don't get worry about whether a drug is an "antidepressant" or an "anti-anxiety med." It may work for both problems.
- Don't stress about whether the drug label says it is for your illness or not. It may be similar to other meds that work for your illness (the company that makes it might not have applied to the government for permission to say it works for that disorder).

How do meds work?

Say: Scientists do not totally understand how psych meds work, just as they do not completely understand what causes mental health issues. That said, most psych meds affect brain cells or brain circuits. A few meds have quick effects on symptoms, but most meds seem to take days to weeks to work.

See the Brain Chemicals chapter on p. 181 for more detailed information.

Remember that if one medication doesn't work for you, others might.

Meds can act as a "jump-start" to help you get more out of therapy and self-management.

Making meds work for you

Review the key points in your own words

Start low, go slow

Psych meds often cause temporary side effects when you start them. These side effects may not be as severe if you take a lower dose while you are getting used to the medications.

Increasing the doses slowly gives your body a chance to get used to the medication.

For most meds, you need to take them every day (no skipping doses on days when you feel better). Only a few meds are to be taken "as needed."

It's like the difference between headache medications and cholesterol medications. You take most headache medications only when you have a headache. Cholesterol meds, however, must be taken regularly.

You need to give them time (2-8 weeks typically to see some effect). You may see additional improvement after that.

If symptoms do not improve, your prescriber may keep increasing the dose gradually. The goal is to get your symptoms into "remission," meaning that you have almost no symptoms.

If you have any problems, it is best not to stop taking meds on your own. Tell your prescriber—he/she may be able to work with you to address the problem. Your provider can't help you if he/she doesn't know what's going on. Also, most psych meds should not be stopped cold turkey; you may feel temporarily worse (including more depressed) if you do. Some people get serious side effects from suddenly stopping medications.

You may need to continue the medications for a long time after symptoms get better—often 6-18 months for depression and longer for illnesses that seem to go away and then come back.

Teachback:

Say: Thanks for talking with me today about psych meds.

Ask: What was interesting to you in what we talked about today?

How would you summarize what we talked about today?

Any other questions?

Conversation C

What is Adherence?

Goal:
Now that we have talked about some the of the basics of psych meds, let's dive into some more details.

Introduction/Assessment:

Ask: Have you heard of the term "adherence"? What does it mean to you?

If yes, say:

It sounds like you know a lot about medications, and the term adherence. Is it ok to talk a little more about what we know about psych meds and how to take them?

Share the following information in your own words:

1. What is Adherence?

Adherence comes from the word adhere which means to stick to or stay with something. Adherence is:

- Taking the appropriate number of pills the right number of times per day
- Taking the pills at the same time every day
- Taking the pills the right number of hours apart
- Taking the pills according to dietary instructions
- Following instructions in terms of mixing pills and other substances

2. Why is adherence important?

Say: Important chemicals in the brain (called neurotransmitters) affect a person's mood. People who have depression or anxiety may have an imbalance of these chemicals, such as serotonin. When we take medications, the levels of these chemicals are re-balanced, and we may feel better.

Many of these medications (such as antidepressants) take a few (3–6) weeks to build up high enough levels in our bodies to help with re-balancing these chemicals to help people feel like their usual selves.

It is important that you continue to take the medication exactly as the clinician prescribed even if you feel better. If not, a few things can happen when you skip a dose:

- You can experience side effects as the levels of medication changes in your body
- The medication is not as effective as it could be, since the level of medication is lower than if you took every dose regularly.

Metaphor: Watering plants. Medications need to be taken regularly, just like plants need to be watered regularly. If we don't water plants regularly, they won't grow well and they'll shrivel up. If we water them after not having watered them in a while, then either the soil will be too hard and the water won't get through, or the water could make the roots rot.

3. What should you tell your doctor or mental health clinician?

Say: Because these medications can affect people in different ways, it is helpful to tell your doctor as much as you can about your experience with medications, including any side effects that you are having, so they can help adjust the dosages and types of medications accordingly. It is often helpful to write questions and thoughts down so that you have a list to bring in with you. The kinds of things to share with them include:

- Any questions—none are too big or too small—you have about your medicines
- Any good effects you have noticed from the medications, including how it is helping your mood, energy, appetite
- Any side effects (bad effects) you have noticed from the medications
- Any problems you have with taking medications (timing, frequency, cost). With this information, your doctor can understand what you are dealing with so they can adjust the dosage of your meds or consider other medicines with fewer side effects.
- Take a look at the forms below as a tool to prepare for a visit with your mental health provider to get the most out of your visit. The second form can be used after the appointment so you & your CHW stay organized on follow-up steps.

Pre-Visit Form

Patient ID: _____

Doctor/Provider:_____

Date: _____

Time: _____

Location: _____

How to get there?

❑ PTI ❑ The Ride ❑ MBTA ❑ Family/Friend ❑ Other

Is the CHW Accompanying? ❑ Yes ❑ No

Will you need an interpreter? ❑ Yes ❑ No

Questions and Answers

Q:

A:

Q:

A:

Q:

A:

Post-Visit Form

Before you leave your appointment, make sure you ask...

Do you need any medications refilled this month?

Your next appointment

Date: _____

Time: _____

Location: _____

What did you talk about with your provider during this appointment?

Were any changes made to your medications? ❑ Yes ❑ No
If yes, please list them:

Were any tests done or ordered? ❑ Yes ❑ No
If yes, please list them:

Activity 1: Medication Fear Clouds

Say: Sometimes before or even while we are taking medicines, it is helpful to understand our worries about what we're taking, or planning to take. Then we can work together to get information to understand those fears.

Instructions:
Ask client to map out on a page their fear/barriers/what they've heard that makes them concerned about medicines. Group them by theme in "clouds." (Examples: worries about side effects, worries that medications will change their personality, etc.)

Using these "clouds," address those concerns together. You can put a "sun" next to the cloud with information that might help address the fear. Try these examples:

- Side effects: some medicines have side effects but talking with your doctor can help you find the right medication and dosage for you
- Changes in personality: medications are designed to target specific symptoms, not your overall personality

If there are concerns that you do not know the answers to, make a list of questions to share with their doctor at the next visit.

Activity 2: Medication Blooms

Say: Sometimes it helps to think back to the meds we've tried to understand what was helpful or not for each symptom. This can help us as we move forward with treatment.

Instructions:

- First list all of the medications that the patient has tried. For each, draw a "seed" representing the medication.
- Draw a flower with petals and leaves on a stem (like a daisy) and ask the client to reflect on the "good" and "bad" effects of medications.
- Put the "good" effects in each of the petals, and the "bad" effects in each of

the leaves. Compare the different "blooms"—some may seem more appealing (ie more petals than leaves) than others.

- Discuss the client's perception of these medications after laying out the "good" and "bad" effects.

Teachback:

Say: I learned a lot about your experience with medications today. I was really struck by_____ (summarize prior good and/or bad experiences, fears, hopes).

Ask: We talked about a lot about medications today. What did you think about the idea of adherence? How did the different aspects match your personal experience? What's one thing you'll take away from our conversation?

BRAIN CHEMICALS

Optional

Use this topic with:

Clients who know the basics about depression and would like a deeper understanding of how chemicals work in the brain and how antidepressant medications fit in.

Goals:

- Reduce stigma and increase mental health literacy: sharing the basic science can help a client see her mental health issue as **biological** instead of as a character flaw.
- Empower the client and help her feel more informed when talking with ***providers***.

NOTE: Because this content may be complex and new to everyone having this conversation, take it slow, allow time for questions, and be ready to refer further questions to a trusted provider.

Before the session, review:

- What serotonin is and how it works
- The electricity metaphors (practice putting them in your own words)

Topic Overview:

- **Conversation A:** Understanding Depression
- **Conversation B:** Holistic Coping
  - Activity 1: Teach a Friend

Conversation A

Understanding Depression

Say: I'd like to talk with you about how depression affects the body and brain. Some parts of depression are clear to the medical community and some of them are still mysterious, like many things that affect our bodies and minds.

Ask: What do you think about learning some more about brain chemistry?

Review the key points in your own words:

1. What is serotonin?
Serotonin is a kind of neurotransmitter, a type of chemical that helps relay signals from one area of the brain to another.

> *METAPHOR: Serotonin is like the wiring between electric poles that send electricity between a power plant and your home.*

Although serotonin is made in the brain where it does most of its work, serotonin is also found in our digestive system and in blood.

2. What role does serotonin play in our health?
Serotonin helps to relay messages from one area of the brain to another and affects our emotions and body a lot. This chemical helps manage our:

- mood
- appetite
- sleep
- memory and learning
- temperature regulation
- sexual desire and function
- some social behavior

Serotonin can also affect the functioning of our cardiovascular system, muscles, and endocrine system (hormones).

3. What is the link between serotonin and depression?
We don't know for sure if:

- Life stressors cause the body to produce less serotonin, leading to depression or
- Some people (due to heredity or having different biology) just make less serotonin and their depression is simply biological and not related to life events or external stressors.
- Both factors may play a role.

Say: Let's say you are dealing with a recent death in your family, the loss of a job or relationship, or other difficult life transitions that bring sad feelings—all of these issues may decrease the serotonin your body makes. Many people find that taking medication short-term to boost their serotonin levels in a hard time will be enough, in combination with counseling and/or lifestyle changes, to feel better. Additionally, sometimes it's enough to take medication until the body can start making enough of its own serotonin again for the person to feel better.

When we take antidepressant medications known as SSRIs (selective serotonin reuptake inhibitors), such as Celexa, Lexapro, Prozac, Paxil and Zoloft, they increase serotonin levels and help kick off the production of new brain cells, which can help depression to lift.

Antidepressant medications that work on serotonin levels—SSRIs and SNRIs (serotonin and norepinephrine reuptake inhibitors)—are believed to reduce symptoms of depression, but we still don't understand exactly how they work. We have two general theories about serotonin and depression:

A. Serotonin Imbalance: Many researchers believe that an imbalance in serotonin levels may influence mood in a way that leads to depression.

METAPHOR: If serotonin is the wiring that carries an electricity signal from the power plant (one part of the brain) to your home (another part of the brain), then problems with wiring parts can affect your ability to get working electricity in your home.

Possible problems include:

- Low brain cell production of serotonin (not enough wiring between the poles)
- Lack of receptor sites to receive the serotonin that is there (not enough wiring from poles into your house)
- Inability of serotonin to reach the receptor sites (loose or damaged wiring)
- Shortage of the chemical from which serotonin is made (not enough of the metal to make the wiring).

If any of these problems happen, researchers believe it can lead to depression, and other mental health problems including obsessive-compulsive disorder, anxiety, panic, and anger issues.

B. Serotonin as a growth source: Another idea is that depression happens when stress reduces the brain's ability to produce new brain cells, which then decreases the levels of serotonin in our brain. Less serotonin then reduces the production of brain cells, so it creates a vicious cycle.

METAPHOR: The factory that makes the wiring and electric poles needs its own electricity to work. If the electricity to the factory is cut, say during a storm, then we can't make enough wiring and electric poles, and the whole system shuts down.

But if we can restore the electricity to the plant with another source of power, such as a generator, then we could make more wiring and electric poles again and fix the wiring to the factory.

It's tricky because we can only measure the amount of serotonin in the blood, not in the brain, and scientists aren't sure whether they are the same. There is no simple blood test to measure your serotonin and make an easy diagnosis of depression, though we do know that the levels of serotonin in the blood are generally lower in people who suffer from depression.

METAPHOR: Although we can tell when the wiring is cut (no electricity), it can be hard to notice when you need to fix or replace the wires until you notice the power is out in your house!

4. What is the link between serotonin and anxiety?
Since serotonin is a brain chemical that affects our mood and emotions, different levels of serotonin also have an effect on our anxiety. More serotonin in our brains has been shown to make people feel less anxious and more happy, content, and comfortable with themselves.

5. What is serotonin syndrome?
SSRI antidepressants are generally considered safe. However, a rare side effect of SSRIs called "serotonin syndrome" can happen when levels of serotonin in the brain get too high. Less than 1 person in 1,000 who are taking these medications will get this syndrome. It happens most often when you take two or more drugs that affect serotonin levels, when you first start a medication, or when you increase the dosage.

METAPHOR: If too much electricity flows through a wire, like in a power surge, we can overload the wiring and start a fire. If we plug in too many appliances into an electrical outlet, the outlet overheats.

Symptoms can occur within minutes to hours and generally include restlessness (feeling edgy), hallucinations (seeing or hearing strange things other people aren't seeing or hearing), rapid heartbeat, increased body temperature and sweating, loss of coordination (clumsiness), muscle spasms (muscle tension), nausea, vomiting, diarrhea, and rapid changes in blood pressure (blood pressure going too high or too low).

Although not common, it can be dangerous and you should let your doctor know right away if you are experiencing these symptoms.

Teachback:

Ask: What do you think about all that information about serotonin?

What will you take away from this conversation?

How would you summarize what we talked about to a friend?

Conversation B

Holistic Coping

Say: Medications are not the only way to improve the symptoms of depression/anxiety. Though researchers don't understand exactly how some of these holistic practices improve brain chemistry, they do seem to help with reducing mental health symptoms.

Ask: Are you interested in learning a little bit about some different things you can do on your own to feel better?

Share information in your own words:
Some simple, recommended things you can do to improve your mental health include:

- **Getting regular sleep:** at least 8 solid hours for adults. For tips on better sleep, see the Sleep section p. 62
- **Meditation/Yoga:** Both of these tried and true practices activate the "relaxation response", the body's system for calming down and feeling good. For more on how it works, see Stress Response p. 41. They both can help support restful sleep, healthy eating, a strong flexible body, and a sense of peace inside. For more on yoga/meditation, see Holistic Chart p. 71, Body Scan p. 46, Mindfulness p. 215, and My Safe Place p. 115.
- **Vigorous physical activity:** Regular exercise releases endorphins, the body's natural pleasure chemicals. Breaking a sweat and getting your heart rate up for at least 20 minutes three times per week has helped many people feel less anxious and/or depressed.
- **Breathing practice:** Learning breathing for relaxation and energy is a simple, free way to calm the body and help lift a difficult mood. Breathing practices are integrated into many sections, they are: Belly Breathing p. 52, Breath of Joy p. 87, Ocean-sounding Breath p. 102, and Alternate Nostril Breath p. 114.
- **Diet changes:** What we eat can impact our mood a whole lot. Certain ingredients, like caffeine and sugar, can make anxiety worse. Many people find eating a lot of processed foods or heavy carbohydrates makes them feel more tired, worn out, and depressed. You may want to see a nutritionist for eating advice for your specific issues or talk to friends who may have had some luck improving their mental health by improving their diet. See Healthy Eating p. 66 for more details.

Activity 1: Teach a Friend

Say: Imagine you are talking with a friend who just got diagnosed with depression.

Ask: What could you share with him about the brain chemistry that might be helpful?

In your own words, can you explain to him what serotonin does? What happens if you don't have enough?

How would you explain the whole electricity and wiring metaphor to him?

Aside from taking medication, what else can he do to feel better?

Practice having this conversation with CHW being the friend and client being the expert.

Teachback:

CHW will summarize key points of the conversation.

Say: Thank you for talking with me today.

Ask: What struck you most about our conversation today?

What will you take away from this conversation about brain chemicals?

Any more questions/action steps?

ATTITUDE IS POWERFUL

Optional

Use this topic with:

Clients who can recognize that some aspect of how they are looking at their lives is unhelpful and have some willingness to consider changing parts of their outlook.

Note: This topic may not be productive for clients with serious mental health issues or an extremely fatalistic or self-blaming view. It is best used with clients who have shown some ability to be self-reflective and have a baseline of stability. You want to be careful not to convey the message that your client's problems will go away if he just changes his attitude. Practice the conversations with your supervisor or an experienced co-worker before you try to use it with clients.

Before the session, review:

- Locus of control (teaching content for Conversation A)
- The many activities

Topic Overview:

- **Conversation A:** Locus of Control
  - Activity 1: Gratitude Jar
- **Conversation B:** Gaining Perspective
  - Activity 1: New Perspective
  - Activity 2: Survival Skills
- **Conversation C:** Cultivating Optimism
  - Activity 1: Optimism Practices

Conversation A

Locus of Control

Goal:
To empower client to look at his life situation differently

> *"Watch your thoughts for they become words. Watch your words for they become actions. Watch your actions for they become habits. Watch your habits, for they become your character. And watch your character, for it becomes your destiny! What we think we become."*
>
> —Margaret Thatcher

Introduction:

Say: Many things in life are totally outside our control, but we do have a choice about how we think about and respond to the things that happen to us. I'd like to talk today about some ways to cultivate a positive attitude that might make it easier to cope with life's challenges.

Ask: What do you think about that?

Assessment:

Ask: How much do you or does anyone control their own destiny?

Why do you think things in life happen as they do?

How much power do any of us have to change the direction of our lives?

Share this information in your own words:

Locus of control (or attribution style) is your belief about whether what happens depends on what you do (internal control) or on events outside yourself (external control). At times, you may believe it's all you, or all outside forces. Sometimes you may view it as a combination. What you believe about how much power you have in shaping your own life may be influenced by your gender, culture, and religion, as well as family beliefs.

Locus of control can have an impact your self-esteem, motivation, expectations, and risk-taking behavior, and even on the actual outcome of your actions. There are three more extreme ways of looking at control that can make mental health and addiction issues worse:

1. Internal ("This problem is because of me")

This outlook can be a problem when used in the extreme. It is healthy to take responsibility for your life and accept that your attitude, speech, and actions contribute to what happens. However, there are conditions, dynamics, and events outside your control that influence what happens to you. No one, including you, is solely responsible for what occurs in your life.

2. Stable ("It will always be a problem")

This outlook is defeating. It ignores the fact that life and all of us are changing all the time. The only real constant is change. A more useful outlook is 'One day at a time'. Mistakes are opportunities to learn, with a chance to make amends and try again.

3. Global ("This problem will affect everything")

This outlook can feel overwhelming. It causes the sense that a personal weakness or mistake in one area of your life will affect/infect every other area. It is more helpful to see that everything happens in the moment and in a particular context. It can be contained, learned from, and shifted.

Research has shown that most people overestimate the lasting effects of good or bad events, of joy or sorrow. We can recover and get back to middle ground relatively quickly. Clearly, our coping skills, ability to find contentment from within, and support systems are all very important.

Activity 1: Gratitude Jar

Goal:
Focus on what is already working in one's life and cultivate a sense of gratitude

Say: Many people find that "counting their blessings" or "adopting an attitude of gratitude" makes them feel happier with their life. It's not about denying or covering up the hard things, but instead focusing on the good things that are already present so they can grow.

Ask: Would you be interested in trying out a gratitude practice?

Instructions:
Write down one thing every day you are grateful for, or three things that are going well each week to develop a habit of appreciating the good.

Say: Let's create a "Gratitude Jar", a container you decorate and keep in a safe place to hold all the good things you write down. You can open it and read some of these things when you feel sad, share it with your CHW or a trusted friend, or save it until the end of the year to remember the joys.

If the client is interested, use part of the visit to draw/collage/paint a Gratitude Container together. Bring a shoebox, coffee can, or glass jar, as well as art supplies, including markers, rubber cement/glue sticks, magazines, and paints. The client then decorates the vessel with colors or images that make him smile.

Teachback:

Say: Thank you for your willingness to try out this activity.

Ask: What was your experience like?

If you were going to explain this activity to a friend, what would you say?

How can you imagine using this in your life?

Conversation B
Gaining Perspective

Goal:
Help client practice taking a more positive, less judgmental perspective on who he is, where he's been, and what is possible in his life.

Say: Many of us are our own worst enemies. We have a habit of thinking negatively about who we are and what we can do. We may often judge or criticize ourselves and not participate fully in our communities and relationships because underneath we don't feel so great about who we are.

Ask: Changing your attitudes and behaviors will take time. You don't have to go "cold turkey" but can ease out of habits. You can take small steps, experiment, cut down on unhealthy habits, and develop new positive habits.

It is possible to break long patterns. Mental focus and intention can change your brain patterns, and cells in your body regenerate. You can't erase the past; you can recreate yourself. Your future can be different from your past. You are always changing, learning, and growing.

Ask: Would you be willing to try an activity to maybe get some fresh perspective on where you're at in your life now?

Activity 1: New Perspective

Say: Look back to one year ago, then five years ago. Draw a timeline of important experiences, events, relationships, and insights.

Ask: What was different about you or your life?
How have you grown or changed in this time?
What have you done that you feel proud of?

Say: Sometimes trying on a new point of view can help us respect ourselves more and remember our successes along with our failures.

Activity 2: Survival Skills

Say: You have tremendous strength and probably have lived through challenging experiences in your life. Remember a painful time you experienced and survived, and which caused you to really learn something.

Instructions:
Draw a picture, create a collage or use word/symbols to express this learning.

Ask: What does this picture mean to you?

What did you learn from that hard time?

How can that learning help you now in your life?

Teachback:

Say: Thank you for your willingness to try out this activity.

Ask: What was your experience like?

What did you like and not like?

Conversation C

Cultivating Optimism

Goal:
To recognize negative thoughts and practice trying out a more positive outlook

> *"Our life is shaped by our mind, for we become what we think."*
>
> —The Dhammapada, teachings of the Buddha (E. Easwaran's translation)

Say: Our beliefs can get in the way of positive progress. Have you found yourself saying or thinking any of these?

- The damage is already done.
- My effort is too little or too late.
- I don't have the stability, support, or energy to change.
- I just can't change.
- I don't know if I'll be able to stick with a new behavior.
- I'll relapse.
- I'll get discouraged and disappointed in myself or disappoint my caregivers.
- There are no guarantees that I'll be healthier or happier by changing my behavior.

Ask: What else do you say or think that gets in the way? Can you say the reverse of each statement, or find a way to accept the statement and continue to make the changes you want?

Example:
Original sentence: I am too afraid to make a change.
New version: I am too afraid not to make a change! Or I'm afraid now and willing to try making a change anyway.

CHW can write down or repeat back re-phrased sentences.

Ask: What was hard about that? What was easy?

You can make small shifts in your beliefs and attitudes and take small actions to change habits.

Activity 1: Optimism Practices

Goal:
Increase ability to think positively

Say: Optimism boosts immunity. You don't need to be optimistic all the time, but it's a healthy default. You can be open to possibilities and opportunities, keeping eyes, ears, and heart open.

Instructions:
CHW will explain the three ways to "reframe" a negative thought. Then the client can choose a hard thought they have and try changing it. CHW can write down the new thought or simple reinforce it by saying it back to the client.

1. Balance negative and positive:
Whenever I catch myself saying something pessimistic about my life or myself I will balance it with a positive statement, even if I don't totally believe it yet.

Examples:
"I am always going to feel so depressed" becomes "I believe I can feel better." Or "I'm not strong enough to ever stop drinking" becomes "I can make small changes in my drinking that can improve my health."

2. Flipping It Over:
When I feel down, pessimistic, or despairing, I will imagine a leaf and flip it over to see if there is a spark of hope on the other side.

Examples: "I feel so isolated like no one cares about me" becomes "I appreciate how independent I can be."
Or "I'm not strong enough to deal with all this anxiety" becomes "I am strong because I've survived this anxiety for years."

3. Affirmations:
I will learn to create an affirmation, a positive active statement based in the present.

Examples: I breathe slowly and deeply into this moment. I eat healthy foods to enjoy good energy. I set an intention each morning. I count my blessings each night.

Ask: What do you think about these practices? Which one appeals to you and why?

Say: If you find this way of re-framing your thoughts helpful, you may want to look into Cognitive Behavioral Therapy (CBT), a counseling approach that focuses on changing negative thoughts to support positive change and increased happiness.

Teachback:

Say: Thank you for talking to me about _____ [summarize the conversation].

Ask: What did you find useful or meaningful about this conversation?

How would you summarize what we talked about today?

Any other questions?

SPIRITUAL COPING

Optional

Use this topic with:

- Clients who name religion or spirituality as something that matters to them. It can be helpful to explore these resources for coping.
- Clients who may be spiritual and not realize it, or who CHW thinks might benefit from using spiritual resources to manage their health.

Before the session, review:

- Key terms (religion, spirituality, spiritual practice)
- Spiritual Coping Tips

Topic Overview:

- **Conversation A:** Spirituality 101
- **Conversation B:** Spiritual Coping
  - Activity 1: Spiritual Autobiography
  - Activity 2: Stigma and My Faith Community
  - Activity 3: Sharing Practice

Note: Try having Conversation A with all your clients. If a client is neither spiritual nor religious, you may skip Conversation B. If you get the sense that beliefs from their faith tradition of origin are a barrier to their recovery, you may want to skip ahead to Activity #1: Stigma and My Faith Community and just do that.

Conversation A

Spirituality 101

Goal:
To define "spirituality" and related concepts to make the conversation accessible to clients with a wide range of beliefs and experiences

Assessment:

Ask: What does the word "spirituality" mean to you?

How is it different than religion?

Do you have to believe in God/Higher Power to be spiritual?

Share these key points in your own words:

Spirituality: a broad term for the personal experience of something greater than oneself. There are no set beliefs, groups, or centers. It's the individual person's sense of meaning in the world, and there are as many ways to be spiritual as there are people!

Some Different Ways of Being Spiritual:

- Walking in the woods because it helps someone feel peaceful and more connected to all living things
- Making art because it helps someone feel open to creativity and the Creator
- Cooking a meal and sharing it with community because doing so involves giving and receiving love
- Singing because it melts fear and opens someone's heart to joy

Religion: An organized group that has shared beliefs, rituals, traditions, leaders, and usually a physical place people gather. Usually, you have to join and agree to follow the teachings. Examples: Christianity, Islam, Hinduism, Judaism.

Spiritual practice: An activity, typically done every day, that clears the mind and heart and brings one closer to God/Higher Power/Love. Examples: prayer, meditation, yoga, dance, singing, gratitude, blessing others, making amends, etc.

God/Higher Power: What you call the things you believe in that are bigger than you. Examples: Higher Power, God, Love, the Universe, Mother/Father, Creator, Goddess, Great Spirit, Truth, Allah, the Mystery. People often get hung up on the words, but in terms of spirituality, you can call it whatever you like. You don't have to believe in God to be spiritual.

Ask: What do you think about all that?

How is spirituality part of your life now? In the past?

What word do you use to talk about something greater than yourself?

Teachback:

Say: Thanks for having this conversation with me today.

Ask: What will you take away from our conversation? Any more questions?

Conversation B

Spiritual Coping

Say: I'd like to talk with you about how spirituality/religion fit into the way you deal with your mental health issues and/or substance use. Often, these important tools and supports can get forgotten when we're talking about treatment and recovery from a more medical point of view.

Assessment:

Ask: Are you open to talking about your spirituality?

If yes, ask:

How does your view of God/Spirit fit in with your issues?

What brings you comfort spiritually?

What role do you think your spirituality plays in recovery/healing?

What spiritual resources are already part of your life?

Share these key points in your own words:

Spiritual Coping Tips

Find a spiritual advisor you can trust: It could be a clergy member, chaplain, spiritual director, holistic counselor, or community member. Ideally, you choose someone you can talk with openly about your mental health and/or substance use issues. Meet regularly and get support.

Cultivate a daily practice that connects you to Spirit: It doesn't matter what it is as much as that it feels right to you and that you do it regularly. Examples: prayer, meditation, yoga, Bible study, chanting/choir, sacred music, painting, time in nature, journaling, silence. Ideally set aside at least 10–15 minutes every day when you wake up or at bedtime to do your practice.

Find a spiritual community: It could be in AA, church/temple/sangha, or a group of like-minded friends that get together. Being in community can lift us up when we feel down, strengthen our prayer/practice, and help us from feeling alone.

Do one thing every day that feeds your soul: What is that thing that lights you up and brings you joy no matter what else is happening in your life? If you're not sure, think back to a time when you felt really connected, happy, or open-hearted, and see if you can remember what brought on those good feelings. For some people it's playing with kids, listening to a favorite singer, or making soup from a favorite recipe. Find the time—you're worth it!

Share your spiritual life with loved ones: It can help a lot to talk openly with the trusted people in your life (including your CHW) about how God/Higher Power/Love is working in your life. With practice, you can talk about your experience, even with people of different faiths, without judgment or conflict. Many people find that the sense of being connected and supported by Spirit gets stronger when it is shared respectfully with others.

Get some inspiration: there are wonderful teachers everywhere, whether you hear them live, in a book, or on the internet at the public library. You might read a new spiritual book (the library has many), listen to a podcast, or listen to an online talk, and invite a friend and visit a new church/temple/meditation center/etc.

See Wellness 101 p. 55 for a list of online resources.

Ask: Which of these ideas is the most interesting to you to try out? (Client can commit to trying one of the tips in the next month and CHW will check back in about it).

How can we include your spirituality in our regular visits?

Activity 1: Spiritual Autobiography

Say: Understanding your own spiritual journey can be a powerful support for coping better with mental health and substance use challenges.

Ask: Are you interested in thinking more deeply about how spirituality/religion fit into your life?

Instructions:
Client will write, draw, or narrate their spiritual journey, whatever feels most comfortable. This can be done on a CHW visit or as "homework" to look over together on a future visits.

Questions for reflection:

What tradition did you grow up in?

What have been some of your most powerful religious/spiritual experiences?

What spiritual practices have been important in your life? Which ones are important now?

What were major turning points in your spiritual life?

How have your spiritual beliefs/values changed in your life?

How has your relationship with God/your Higher Power changed?

What role does your faith play in your life now?

Who have been some spiritual mentors or supports?

CHW should listen actively and thank the client for sharing this personal story.

Activity 2: Stigma and My Faith Tradition

Say: Many people get great support from their faith community, but sometimes they teach things that make us feel uncomfortable or judged. If you're not part of a faith community now, you can think about the faith you were raised in.

Ask: What messages have you heard in your community about substance use? About mental health?

How open are you about your mental health or substance use issues with your faith community?

What teachings from this community are most helpful to you?

What teachings are hard for you?

Instructions:
On one side of a piece of paper, make a list or drawing of the teachings from your faith tradition about mental health, substance use, or both. Circle the ones you love and put an X beside the ones that are hard for you. On the other side of the paper, make a list or draw what you choose to believe instead or a positive message you want to hold on to.

Ask: What was this activity like for you? What did you learn about yourself and your faith tradition?

Activity 3: Sharing Practice

NOTE: If CHW's faith or personal beliefs make this activity uncomfortable, they can choose not to do it. Please remember the goal is not to convert or try to change each other, but to learn more about their spiritual coping tools and deepen the relationship by sharing in practice together.

Say: I'd like to learn more about the spiritual practices that are already part of your life.

Ask: What do you do regularly that helps you feel more connected to God/ Higher Power/the thing that you believe in? Would you be willing to share that with me?

Instructions:
CHW can join the client in an activity that is spiritually meaningful to the client. It might be prayer, Bible-reading, meditation, yoga, listening to music, a nature walk, watching an online talk from a wise teacher, or making art. If a religious holiday in their faith is coming up, they could share some of the traditions for that celebration.

Teachback:

Say: Thanks for having this conversation with me today.

Ask: What will you take away from our conversation? And more questions?

WELLNESS 102

Optional

Use this topic with:

- Clients who show an active interest in learning about things they can do on their own to improve their health and well-being.
- Clients who enjoyed the Wellness activities throughout the curriculum and/or in the Wellness chapter.

Goal:

To offer an overview of the benefits of specific wellness practices and give the client an opportunity to try the ones that seem meaningful

Before the session, review:

All the activities in the chapter, to get comfortable explaining and leading each practice on a visit. Because this topic is heavily practice-based, CWH should practice with a co-worker or supervisor before sharing the tools.

Topic Overview:

- **Conversation A:** Tools for Wellness
  - Activity 1: Laughter as Medicine
  - Activity 2: Acts of Kindness
  - Activity 3: Forgiveness
  - Activity 4: Metta/Loving Kindness Meditation
  - Activity 5: Mindfulness

NOTE: The goal here is for the client to try out different kinds of Wellness practices as an experiment and with an open mind to see what his experience is like. Chances are, he will love some of them and not enjoy others, and that is totally ok. The CHW's role is to teach the practices, model an attitude of curiosity and openness, and check-in about them non-judgmentally to figure out with the client what kinds of tools help him feel better. Ideally, try one of these on each visit or choose one the client particularly likes and do it as a regular part of visits.

Conversation A

Tools for Wellness

Ask: We can all take an active part in our own healing. Taking medications, going to counseling, and building trusted support systems can all be part of getting better. But a big piece of making a positive life change is learning new habits.

In this section, we will learn more tools for Wellness that you can use on your own to promote your health. When we start new behaviors, it can slowly change how we think and feel and change the chemistry of our brains. You will like some of these more than others, but the goal is to try them out with an open mind and see how it goes.

Assessment:

Ask: What kind of practices are you already doing?

Are you open to learning a new practice today?

From this list, what practices appeal to you? (CHW can give a quick overview of each)

Activity 1: Laughter as Medicine

Say: Laughter creates hormones called endorphins, which are our natural painkillers. Laughing improves immune function, lowers blood pressure and burns calories. You may lose weight and weightiness at the same time.

Because laughter involves both the mind and the body, it's hard to laugh and do anything else—including worry or get distracted. It brings you right into the present moment.

There's even a practice called "Laughter Yoga" where people get together regularly in a group and make each other laugh for no reason.

Ask: What in your life makes you smile?

What makes you laugh?

How could you build those things more regularly into your life?

Instructions:
Client chooses one laughter-causing thing to do each week. CHW will check back in and see how it went.

Suggestions: Read a comic book, watch a funny movie, let yourself play, take care of some silly kids you enjoy, do something that makes you laugh.

Activity 2: Acts of Kindness

"Be kind, for everyone you meet is fighting a hard battle." —Anonymous

Say: Altruism is doing something for another person without expectation of recognition, reward, or return. It is proven to boost your immunity and raise dopamine levels (a feel-good hormone). Sometimes it's easier to care for others than to take care of ourselves, and many of us find joy and a sense of purpose in service. Often, just seeing another person's struggle can help us feel less alone and keep our problems in perspective.

Ask: What are you already doing in service to others?

How does helping feel to you?

How important is it to you to be altruistic?

How open are you to trying out a practice of service?

Say: In the next week, use the chart to write down the small acts of kindness you have done for others, including your friends or family members. The point is not to get the approval of others or any appreciation, as that is outside our control, but to enjoy the good feelings that come with helping. The goal is to do one small act of service each day.

Say: When I see you next week we will talk about how this felt.

Sample Check-in Questions:

- How did it feel to do these things for others?
- What did it make you think about your own openness for support or acts of kindness?
- What did doing these things make you think about yourself?
- How did doing the acts make you feel about your own struggles?
- Is this something you want to continue? What would it look like?

Consider these practices:

- This week I will look for and give myself credit for the small acts of kindness that I offer.
- I will consider volunteering my time, energy, and skills in an altruistic effort.

Person	Act of kindness	Their response	How it made you feel

Activity 3: Forgiveness

Say: Forgiveness of ourselves and others can release a tremendous amount of pain. Compassion inward to yourself and outward to others is healing. When we take responsibility for our missteps and forgive ourselves, as well as others, we free up all that energy to be happy and present in our lives. Forgiveness can also help loosen the grip of addiction and/or mental suffering in our lives.

Ask: Is there something you have done in your life that you regret and have not been able to forgive yourself for? What would it be like to believe the statement below?

"I can redeem myself and forgive myself for harmful actions toward others and myself."

Say: Ho'oponopono is an ancient Hawaiian practice of reconciliation and forgiveness.

It's just a few simple sentences: "I love you. I'm sorry. I forgive you. Thank you."

You can say the words to yourself or in your mind to another person you feel hurt by to help release the grudge.

People who have done this practice regularly report powerful effects—often the anger or sadness you hold in may rise up to be healed and then fall away. Don't worry if you experience strong feelings doing this practice—that's normal and means it's working.

If there's someone in your life you don't feel ready to forgive, no pressure! You can't force it, but instead start with yourself and maybe someone you feel more open towards.

For a week, practice saying these statements to yourself three times out loud when you wake up and before you go to bed. If you like how it feels, you can do it more often. Notice what comes to your mind/heart as you say them or afterwards. You can also say them in your mind to another person, if you feel that you would like their forgiveness.

CHW will check in with the client at the next meeting to see how the "forgiveness experiment" went.

Teachback:

Say: Thank you for your willingness to try out this new practice.

Ask: What was the practice like for you?

How was it different saying it to yourself versus to another person?

What feelings, if any, came up as you tried forgiveness?

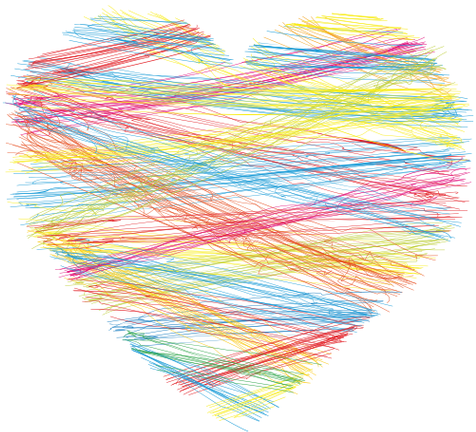
What connection does this have to your mental health/recovery?

Activity 4: Metta/Loving Kindness Meditation

Say: Meditation is a practical way to calm your mind and body and connect to something greater than yourself. For thousands of years, many cultures and religious traditions around the world have practiced different forms of meditation or mindfulness. It's kind of like housecleaning for our brain—a way to clear out the junk and keep things clear and healthy.

Loving Kindness Meditation, or Metta, is the Buddhist practice of wishing well toward yourself and all beings. It's a way to connect to your own heart and turn the energy you normally use worrying about yourself and your loved ones into a positive blessing.

Research suggests that Metta improves vagal function (the vagus nerve runs between the brain, heart, and gut, and regulates heart rate, breath, glucose, inflammation, emotion, attention, and behavior). When your vagus nerve is doing well, all the systems it's connected to work better and you often feel better as a result.



CHW explains the practice and does it together with client the first time at a visit. The whole practice typically takes about 10 minutes but can vary depending on the client's need.

Instructions:
First imagine someone you love, living or dead, sitting in front of you. Silently say these phrases to them 3–5 times (or more), wishing them well:

"May you be happy, May you be peaceful and at ease, May you be free from suffering."

Next, try saying the phrases to yourself. (This is easy for some, harder for others).

Then, first bring to mind someone you casually connect with and say the phrases to them.

If you're feeling brave, say them to the image of someone you're having conflict with.

Finally, say them for all beings (plants, animals, the ocean, the Earth, etc.).

Try this meditation at wake-up and bedtime for one week and notice how it impacts you. If you like it, practice more often. You can use these exact words or your own.

Teachback:

Say: Thank you for your willingness to try out this new practice.

Ask: What was your experience like?

What did you like and not like?

If you were going to explain this practice to a friend, what would you say?

How can you imagine using this in your life?

Activity 5: Mindfulness

Say: Our attention is powerful. Mindfulness is a way to focus our attention on what's happening right now. It can help us feel more awake, grounded, and peaceful. The goal isn't to change where we're at, but simply notice what's happening in our minds and bodies without judging any of it.

You can do anything mindfully by just paying attention: washing the dishes, waiting for the bus, eating a meal, taking a walk. It's about doing one thing at a time with your whole self. Many people find that when they are present in and aware of what's going on in the moment, they enjoy life more.

Ask: What do you think about that? Are you interested in trying out a basic mindfulness practice?

Instructions:
CHW can read the following script very slowly with lots of pauses or put it in their own words.

Say: Sit in a chair in a way your body can be relaxed. Take a few deep breaths and let your shoulders soften and let go of tension. You can close your eyes or leave them open, whatever's more comfortable.

First, bring your attention to the space around you. What do you hear? Notice any smells. What temperature is the air on your skin? Notice the light.

Next, check in with your body. Notice any place that feels tense or sore… and any place that feels warm and relaxed. Send your breath to any of the tight places.

Now notice your thoughts: is your mind full, empty, or in between? How fast or slow are your thoughts going? Is your mind focused or fuzzy or in between?

Bring your attention to your breath. Where can you feel it in your body? Maybe your nose, your chest, or the back your throat. How deep or shallow is it? Are you breathing into the front, back, or sides?

Finally, see what you are feeling. Peaceful, sad, tired, angry? Whatever is there, just notice it without trying to change it.

We'll sit like this together for a few minutes. Just notice what's happening inside and around you. If you get distracted, bring your attention back to your breath. Feel it moving in and out.

Just watch what is happening. And watch as it changes.

Slowly, take a few deeper breaths and when you're ready, open your eyes.

Ask: What was your experience like?

What did you notice?

What did you like and not like?

If you were going to explain this practice to a friend, what would you say?

How can you imagine using this in your life?

Say: You can use mindfulness in your daily life, no matter what you're doing. Paying attention like this gets easier the more you practice. Thanks for trying out mindfulness with me.

MY USE FROM THE INSIDE OUT

Priority

Use this topic with:

All clients with substance use issues, early in building the relationship.

Goals:

- Better understand how client experiences daily life with her drug of choice
- Through active listening, understand client's relationship with her substance
- Build trust, rapport, and comfort in having honest, non-judgmental conversations about substance use

Before the session, review:

- Active listening techniques
- The list of open questions for assessment below

Topic Overview:

- **Conversation A:** Me & My Substance Use
  - Activity 1: My Use Mapping
  - Activity 1: My Use Collage
- **Conversation B:** Hopes and Challenges
  - Activity 1: Vision Board

Conversation A

Me & My Substance Use

Say: Every person's experience of their substance use is unique. I'd like to understand from your point of view what this experience is like and how it is impacting your life.

Ask: Would it be ok to talk a little bit about your *drinking/smoking/use of X drug?*

Say: I'm not here to judge you, but to understand who you are and what you're dealing with a little better so I can be a good advocate. If there's anything I ask that you don't understand or seems too personal, let me know and we can skip it.

Assessment:

Ask your client some of the following open questions in your own words:

Tell me about the first time you got drunk/high. How old were you, did you like it, who were you with, what was happening in your life? What was that experience like?

How do you talk about getting high and what do you call the drug? [e.g., getting f*cked up, MJ, happy pills; CHW should use client's own words for her drug]

What does it mean to you? What do you like best about using?

What drugs have you ever tried? Which did you like best and least?

Tell me a little about your family history with drinking and drugs (who used, how much, how long, what consequences?).

Tell me a little bit about your use. On a good day, how much do you use, how often, with whom, and how does it feel? What about a bad day?

Are there songs, books, or characters on TV/movies that really capture or reflect how you feel? [Invite client to play the music or watch a bit of the show together]

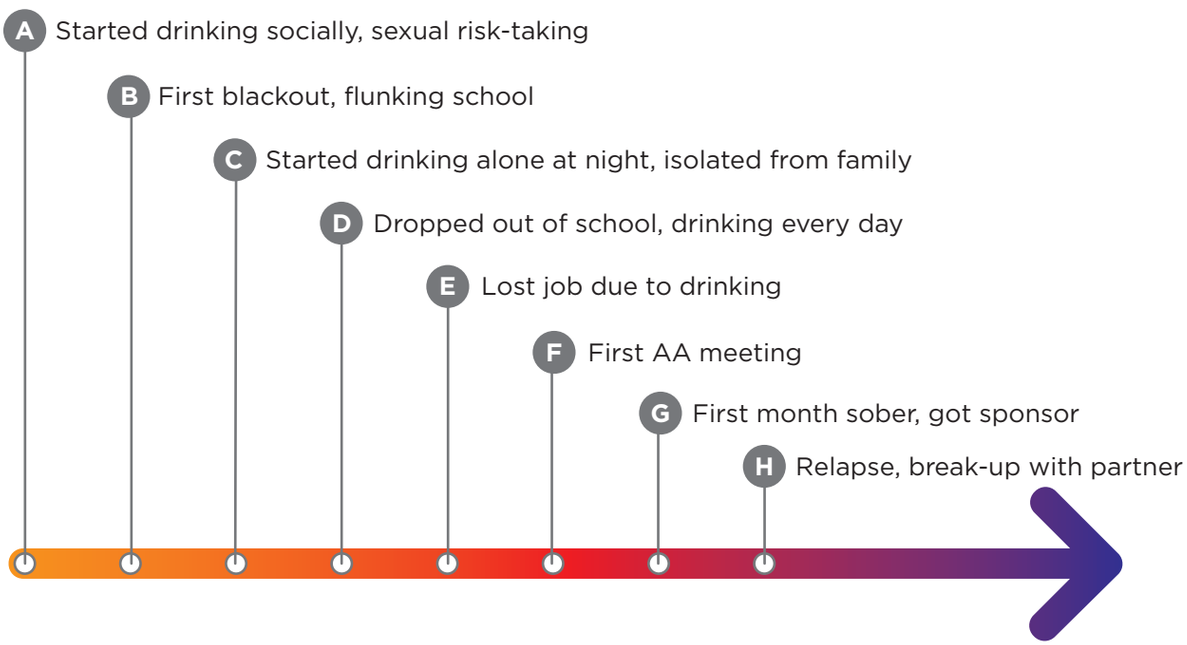
Instructions:
Choose one of the art activities below. If the client is particularly interested, you can do the other on a future visit.

Say: Many people find it helpful to put this stuff down on paper as a map or picture that tells the story. It's a way to express and make sense of your own story and to communicate it to people you trust.

Ask: What do you think about trying one of these activities?

Activity 1: My Use Mapping

Instructions:
Draw a timeline or web of how this substance has impacted your life, including diagnosis date, symptoms, impact on self, hospitalizations, impact on family/ friends, impact on work.



Activity 2: My Use Collage

Instructions:
Using magazines, a glue stick, and scissors, create a collage of what your typical day of using this drug feels like.

Ask: What was this activity like for you? What did you learn about yourself and your drug of choice?

Teachback:

Say: Thank you for talking to me about _____ [summarize the conversation].

Ask: What did you find useful or meaningful about this conversation?

How would you summarize what we talked about today?

Any other questions?

Conversation B

Hopes and Challenges

Goal:
To discuss the challenges related to drug use and explore possible recovery and support methods

Say: I want to understand more about your experiences with recovery—what's worked and where you've gotten stuck in the past.

Ask: Would it be okay if we talk about some of your challenges and hopes with substance use and recovery?

Ask your client some of the following open questions in your own words:

Challenges:

- Can you remember the first time you felt like you needed to lie about your use? What happened?
- Why do you think you got so into this drug?
- Have you ever tried quitting? When and why? How did that go?
- What's the longest you've stopped using since you started? What helped you stay clean/sober?
- What are some of your triggers (things that make you want to use)? For some people it can be stress, family problems, health issues, being in certain places or with certain people, feeling depressed or worried.
- What does the word "addiction" mean to you? What about more judging words like "junkie," "wino," "stoner," or "crackhead"?
- What are some of your fears about your use?
- What are some bad things that have happened related to your use?
- What do you think about taking medication or getting treatment for your use?

Share the following information with your client in your own words:

We live in a culture that judges substance use and shames people who use. **Stigma is a HUGE barrier** for users seeking help, and everyone needs to find their own way to work through it.

People use alcohol and drugs for many different understandable reasons. The body gets addicted, and that can make it hard to quit even when you want to. Understanding both the benefits and bad effects of using can help you make healthier choices that fit with your goals and values.

Understanding your own experience (triggers, symptoms, what helps, identifying support people in your personal life and on your care team) **is essential** to self-acceptance and recovery. The goal is to live your best life with this set of issues!

You get to decide if/when to cut down or quit and how to handle your use, with the support of people you trust, including family, friends, Higher Power, your CHW, medical team, etc.

My role as a CHW is to be a nonjudgmental ally and advocate to work together on the goals that you set. Honesty, respect, and trust going both ways will make this relationship work!

Say: It's really important that we talk about your hopes for your future. That's what keeps many people going when the day-to-day challenges of recovery get hard.

Ask: Can we talk a little bit about your dreams today? (Ask some of the questions below in your own words.)

What do you believe about recovery/how people get better?

Who/What motivates you to stay healthy? How?

Tell me about your hopes for your future. How has your drug use changed that?

Who/what helps you in the hard times?

How can I be a support to you?

Activity 1: Vision Board

Materials:
Construction paper, scissors, magazines, glue sticks, markers

Say: Many people find it helpful to create a picture of their hopes and dreams for the future. That way you can get clear about what's important to you and remember those things every time you see your collage.

Some people believe that giving positive attention to the vision of the life you want helps to create it.

Ask: Are you open to making a vision board with me today?

Instructions:
Client can cut images from magazines, draw, or write words that represent their hopes. She will glue them to the construction paper to create a vision board. It can be about her life in general or focus on the area of health/recovery. CHW can watch or create their own collage alongside the client.

Once client is done, ask:

Can you tell me a little bit about what this picture means to you?
Which hopes are especially important?
How did it feel to do this activity?

Teachback

Say: Thank you for talking to me about _____ [summarize the conversation].

Ask: What did you learn from our conversation?

What did you find useful or meaningful about this conversation?

How would you summarize what we talked about today?

Do you have any other questions?

ADDICTION AND THE BRAIN

Priority

Use this topic with:

- Clients who are actively using or in recovery and want to understand the biology of addiction better
- Clients who have a high level of health literacy

Goals:

- Help client better understand how drugs/alcohol affect the brain and why some people develop addiction
- Increase client empowerment and decrease shame and self-blame for their use

Before the session, review:

- Details of how drugs change the brain
- Key terms (addiction, tolerance, etc.)
- The metaphors (wrong glasses, running with broken leg, etc.)

Topic Overview:

- **Conversation A:** What is Addiction?
    - Activity 1: Mapping My Addiction

Conversation A

What is Addiction?

Assessment:

Say: Today we're going to talk about the ways that drugs and alcohol affect the brain.

Ask: Would it be okay if we discussed some of this information and how it might be connected to your experiences?

Ask: What do you know about how drugs affect the brain?

Have you ever thought about why you became addicted?

Who in your family has drug or alcohol problems?

Ask: What have you heard about how addiction works in the brain?

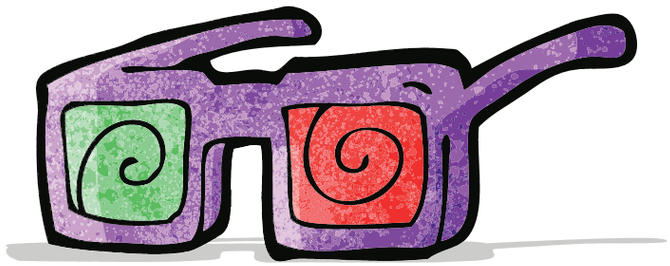
Not everyone who uses alcohol or drug is addicted. We think of substance use a continuum with people who use socially/once in a while on one end and people who use heavily or every day at the other. Addiction is when you need the substance to function in your life, to feel normal (physically and emotionally), and when you do things with bad consequences to get the substance (lie, steal, hurt self or others).

Medical professionals understand addiction is a chronic brain disease, which causes a person to continue to use drugs despite bad consequences.

It is called a "brain disease" because over time **drug use actually changes the way the brain works**. We know these changes happen because we can see them with special kinds of brain scans.

- Drugs change the parts of the brain that we need to make decisions, make memories, learn, and control our behavior.
- These changes can affect a person's ability to resist using drugs.

METAPHOR: Imagine you put on a friend's glasses who has terrible vision. Everything looks different! You need to get groceries, so you try walking to the store, but things are blurry and look farther away than they really are. It's hard enough to figure out how to get there, but once you're there, you're not sure about the food you meant to buy. It's hard to find everything on your shopping list, and you keep forgetting what you've already picked up. You do the best you can, and when it comes time to pay you accidentally drop your coins everywhere and can't see to pick them up. By this time, you have a headache and everyone in the checkout line is frustrated with you.



Drugs are like the bad glasses, messing up the parts of your brain you need to control your behavior, learn new skills, and make decisions. Just like it would be hard to get your groceries with the wrong glasses, it is very hard to get sober on your own without important parts of your brain working right.

Ask: What do you think about all that?

Why might this make it difficult to stop using?

Say: The parts of the brain that addiction can mess up are the same parts we need to make tough decisions and exercise our willpower!

METAPHOR: Imagine you have a broken leg and are in a cast. Even if you use all your "willpower", you won't be able to run very quickly.

Say: The parts of the brain that addiction can mess up are the same parts we need to make tough decisions and exercise our willpower!

Say: The brain manages the body's functions, as well as our emotions, our thoughts, and how we act.

Drugs can change important parts of the brain and change how you think, feel, and act.

The brain communicates by sending messages from one brain cell to another through chemicals. These chemicals tell you when it's time to eat, sleep, and have sex—all the things that "reward" your body and keep you alive and healthy.

Drugs are also chemicals. The way they work is by hijacking the way brain cells normally send and receive "reward" messages, tricking the brain into sending a message it didn't mean to send. That causes you to have the same kind of sensation you usually get when you're hungry, but this time the message is that you need to use drugs.

Metaphor: Imagine a stranger called you on the phone pretending to be your friend and asked you to do something for them. If the person sounded just like your friend and you couldn't tell the difference, you might do what they asked. Drugs can work like that stranger, tricking the brain into doing something.

Ask: How have you seen drugs tricking people's brains into doing things?

Ask: What have you heard about why drugs make people feel good?

What have you heard about dopamine, a chemical in our brains?

Some drugs can cause the brain to release a large amount of normal chemicals. One of these chemicals is dopamine.

When the brain releases dopamine you feel pleasure. This happens when you do enjoyable things like eat something delicious or spend time with someone you love. Tasty chocolate—>>release of dopamine—>>good feeling.

Drugs cause higher than normal levels of dopamine in the brain. This makes using drugs feel very good and makes people want to keep using them. If the brain gets used to that higher level of dopamine, when you stop using, the normal amount of dopamine that used to feel good doesn't feel so good anymore.

Metaphor: The difference between the normal amount of dopamine that is released and the large amount a drug can make the brain cells release is like the difference between someone whispering something in your ear or shouting it.

Ask: Does this sound familiar?

What things in your life are pleasurable aside from using? How do those things feel different when you're using vs. when you're sober?

Tolerance: After a while the brain gets used to more dopamine and it doesn't have the same effect. So rather than feeling great and getting high when you use, you might just feel normal. Because of this you may need to use more and more of a drug to get the effect or high that you used to feel.

Metaphor: Imagine if you were doing pull-ups. After a while someone comes along and starts lifting you up each time you do the exercise. Over time your muscles will get used to having the help and will get weaker. If all of a sudden that person isn't there to boost you up, your arms are no longer strong enough to do a pull-up on their own.

Ask: What have you heard about how families and genetics affect your likelihood of having an addiction?

Genetics:
Genetics is how parents pass along certain traits to their children.

- Diseases like heart disease, diabetes, and some types of cancer run in families. Addiction can also run in a family.

- But genetics are only part of the reason why someone will get sick; lifestyle and experiences are also important.

- If everyone in your family had had a heart attack, you would be more likely to have a heart attack as well. But what you eat, whether you exercise, if you smoke, and whether you get the right medical care all affect whether you actually develop heart disease. The same is true for addiction. About half of the possibility that someone will develop addiction is because of genetics, and the rest is related to what experiences someone has. Experiences like physical and sexual abuse, stress, parenting, whether friends are using drugs, and how old someone is when they first try drugs or alcohol all effect whether someone will develop addiction.

Ask: What do you think about that?

What do you know about things you might have inherited from family members, whether it's addiction or other illnesses?

Explore your client's personal experience with some of these topics.

Ask: Why do you think that some people develop addiction?

Have you ever tried to use your willpower to not use drugs or alcohol? What was that like for you?

Activity 1: Mapping My Addiction

Materials:
Paper, markers/colored pencils, magazines, scissors, glue stick.

Say: We learned today that both genetics and experience can affect whether someone develops addiction, but it can be different for every person. I am interested in learning about what things you think might have been part of the reason for you.

Say: Let's try making a collage/drawing. Place yourself at the center and place all the different things you can think of that might have made you vulnerable to addiction around you. This might include a family member who had addiction issues and passed on those genes, traumatic experiences you had, or being around friends that were using.

Together, look at the picture.

Ask: What do you think about this?

How does this change your view on your addiction?

Teachback:

Say: We talked about a lot of complicated stuff today.

Ask: How would you sum up our conversation?

What was interesting or meaningful to you?

How would you explain addiction to a friend?

HARM REDUCTION 101

Optional

Goal:

Help the client build knowledge of Harm Reduction (HR) as a philosophy of care and for personal risk reduction.

Assessment:

Ask your client if they've heard of Harm Reduction and if so, what it means to them. For clients who already know a lot, this conversation may not be needed. You just want to confirm you're using the same concepts and definitions. For clients who want to learn more, proceed with the topic.

Before the session, review:

The Harm Reduction philosophy and how it can help people stay safer and make small, manageable changes in their lives.

Topic Overview:

- **Conversation A:** Harm Reduction 101
    - Activity 1: Reduce that Harm!
    - Activity 2: Safer Drinking

Conversation A

Harm Reduction 101

Say: I'd like to make sure that we're on the same page when we talk about your health and making positive changes.

Ask: What have you heard about Harm Reduction?

If client is well-schooled in HR:

Say: Can you tell me your view of it to make sure we understand each other?

It may be useful to give examples (ie, needle exchange, switching from injecting to snorting, using bleach kits), and to contrast HR with abstinence-only approaches of care. Thank the client, and move on to one of the conversations about specific HR strategies, if appropriate.

If client doesn't know much or wants to learn more about HR:

Say: Harm Reduction is an approach to care designed to reduce the negative affects of high-risk activities, including substance use, unsafe sex, and other risky behaviors. HR focuses on small, incremental change rather than expecting a person to quit all risky activities at once.

HR is different from abstinence-only treatment, which generally require clients to stop all drug use before entering a program.

Review the list "What Harm Reduction Means" with your client (on following page).

Ask: What are some of the things you like about an HR approach?

What are some things that might not work well for you?

What are some possible pluses and minuses of abstinence-based programs?

Think about your care team now. Who do you think uses a HR approach? Who doesn't? How does that work for you?

Ask: In thinking about treatment options you've seen in the past, did they use HR or abstinence-based models?

Teachback:

Ask: If you had to explain HR to a relative who had never heard of it, what would you say?

What Harm Reduction Means

HR is:

- Provider meets each person where they are
- Together, client and provider set reasonable, mutually agreed-upon goals and collaborate on meeting them as a team
- Provider recognizes the client's strengths as well as barriers, and encourages change
- Together the team sees structural/social/economic barriers as well as individual barriers (a person's individual choices are only part of the whole picture of what they've experienced in their life)
- Provider and client remember progress can be made even if barriers don't go away
- Provider's role is to motivate, educate, encourage, accompany, and support. Also, to redirect, give constructive criticism, and model positive behaviors.
- Provider and client both understand that there is a broad spectrum of use, from severe abuse to total abstinence.
- The goal is to improve the quality of life and well-being of the individual and the community.
- Success is measured not only by abstinence, but also by the reduction of death, sickness, crime, and suffering.

HR is NOT:

- Being judged as a bad person or deserving of negative consequences because of behavior
- Being blamed without taking into account other influences, such as housing or trauma
- Not allowing the full spectrum of possibilities for improvement
- Staying within the provider's comfort zone (not talking openly about sex, drugs, and violence)

Activity 1: Reduce that Harm!

Say: Harm reduction started in the substance use field, but is now applied to all kinds of risky behaviors. It's a way of thinking—we look creatively at the small, realistic ways someone can change for the better in any situation. We put aside any moral judgment of the behavior and focus on what could make a practical difference in the quality of someone's life. Often when people don't feel ashamed, they are more motivated and able to make real change.

Here are some examples:

- Rather than saying people should stop speeding so we have fewer car accidents, harm reduction asks people to use seat belts.
- Rather than saying people should stop smoking cold turkey to prevent cancer, harm reduction encourages people to smoke less and use nicotine gum or a smoking cessation program if they try quitting.
- Rather than saying people should stop having sex unless they are married to prevent pregnancy and sexually transmitted infections (STIs), harm reduction suggest people have safer sex by using condoms, choosing lower risk sexual activities, and being tested regularly for HIV and other STIs.

Here are some common behaviors. For each one, let's brainstorm the risk/possible harm and two ways we could reduce the harm to help the person be safer.

Behavior	Risk	HR ideas
Being very overweight and not doing anything about it.	Health problems like heart disease, diabetes, arthritis, etc; social stigma/discrimination; not feeling good about oneself; no energy/stamina for daily activities	Make one positive change in your diet. Start walking 15 minutes 3 times per week. Talk with a counselor about working on your barriers to health.
Not taking medications regularly	Meds stop working; symptoms get worse; need to go to the hospital.	Reward self for taking each dose by doing something you enjoy. Set a goal to miss only x doses each week.
Sex work/ prostitution	Getting HIV/STIs; getting arrested; possible violence.	Use condoms as much as possible. Work only with clients you know or someone can vouch for. Call a friend before and after each visit to protect safety.
Yelling at or hitting others when angry	Losing job or housing; losing friends; starting fights; risk of arrest.	Practice ways to calm down when angry (counting, walk away, go to bathroom), bring a buddy who can talk you down.
Skipping school	Having to repeat a grade; truancy officer involved; getting expelled; no work/college opportunities.	Switch to a school that's a better fit. Ask a friend to help hold you accountable for showing up. Pick one good thing about school and focus on that to motivate you.
Staying with an abusive partner	Getting badly hurt; depression/ emotional pain; harm to kids; getting killed.	Create a safety plan to use if things get dangerous. Talk with a DV counselor. Share your feelings with one trusted person.
Eating sugar when you're diabetic	Diabetic coma; damage to feet and eyes if sugar is uncontrolled; feeling down and uncomfortable .	Cut down sweets to once per day. Eat regular meals with sweets at the end. Choose sugar-free snacks.
Not leaving the house when depressed	Feeling more depressed; social isolation; losing job/friends.	Invite someone you trust over to visit. Commit to going to one appointment outside the home every week.

Say: You can see how this way of looking at things could apply to a lot of situations in our lives. Can you see any place in your life HR might help?

Activity 2: Safer Drinking

Say: Drinking is a great issue to apply harm reduction to because it's a part of many people's lives and has a lot different harms that go with it.

Together let's brainstorm all the ways we can think of for someone to drink more safely.

CHW writes list of client ideas, then shows client list of "Tips for Safer Drinking." (next page).

Ask: Are any of these ideas you never thought of before? Which ones do you like the best?

Teachback:

CHW will summarize conversation.

Say: Thank you for talking with me today

Ask: What struck you most about our conversation today?

What will you take away from this conversation?

If you were going to explain HR to a friend, what would you say?

Brainstorm action steps, if needed.

31 Ways to Reduce the Risks of Drinking

1. Designated driver
2. Switch to less concentrated alcohol
3. Drink slowly, drink water
4. Drink with others
5. Eat as you drink/don't drink on an empty stomach
6. Take public transport/ cab
7. Drink what you know (knowing how it will impact you)
8. Protect your drink (from potential spiking)
9. Set a drink limit for the night
10. Know drug interactions (street and scripts)
11. Smoke weed instead (for liver issues)
12. Reduce amount of drinking or # of days you drink
13. Choose a drink where you can taste the alcohol
14. Use breath spray to protect your job
15. Go to AA, even if you're still drinking
16. Meet some quality sober people
17. Experiment with a day/week/month without drinking
18. Bring a "safety buddy" (friend who will keep you out of drunk fights)
19. Drink at home to avoid brawls
20. Drink away from home to prevent family conflict
21. Talk to a trusted person about your drinking
22. Think about pros/cons of your drinking
23. Keep exact track of how much you drink (just for your own info)
24. Plan budget/$ for your drinking and stop when it runs out
25. Find other social outlets
26. Think of a safe activity that makes you feel as good as drinking and do it
27. Take a turn being designated driver for someone else
28. Ask a trusted friend, "What am I like when I'm drinking?"
29. Carry snacks (nuts, fruit, etc) in case there's no food where you're drinking
30. Chew gum in between drinks to take a break
31. Be active to work it off—dance, take a walk, stretch

HARM REDUCTION STRATEGIES

Priority

Goals:

- Help the client brainstorm practical and realistic strategies for risk reduction, keeping in mind their stage of change as a guide.
- Increase knowledge of different drug-related harms and tools for increasing safety (ie: preventing overdose, reducing Hepatitis C transmission).

Before the session, review:

- Your Motivational Interviewing skills—nonjudgmental active listening is essential for this conversation to work. Many clients already have strategies they use to keep themselves safe—give credit for positive changes they've already made and build from there together.
- The "Safer Use" Appendix B p. 297 for detailed information about how different drugs effect the body and ways to reduce risk for specific drugs and methods of use. If you find it useful, you can use these tables directly with the client

Topic Overview:

- **Conversation A:** Exploring My Use
  - Activity 1: My Current Use
- **Conversation B:** Overdose Prevention
  - Activity 1: Setting Safety Goals
- **Conversation C:** Safer Injection
  - Activity 1: Planning Change

Note: If the client would like more information, check out "Getting Off Right", a practical and comprehensive guide for safer use from the Harm Reduction Coalition: http://www.berkeleyneed.org/resources/getting_off_right_manual.pdf

Conversation A

Exploring My Use

Goal:
To better understand client's current drug-related risky behaviors

Note to CHW: Because there are legal and interpersonal consequences for talking openly about illegal drug use, make sure you have solid trust with the client before getting into this topic. If they are uncomfortable with writing things down, you can do this activity verbally. Remind them about confidentiality and your role as a non-judgmental helper. You may also agree to rip up the paper at the end of the session to protect privacy.

Say: Today, I'd like to talk about safer ways to use.

Ask: Are you open to talking a little bit about your current use with me?

If client answers no, ask if you can revisit the conversation another time, or ask what they know about ways people can keep themselves safe. They can talk about friends or family if they're not ready to talk about themselves.

If yes, share these key points in your own words:

- At different times people might feel more or less motivated to change their substance use.
- It can be helpful to think about how motivated you are at a given moment to make sure your goals are realistic and achievable.
- Even if you're not planning to quit your use, you can take steps to protect yourself.
- There are many strategies available to try and be safer when you use.

Activity 1: My Current Use

Ask: On a typical day in the last few weeks, how much are you using and how often? Who do you use with?

Try to get a sense of the patterns and details of their use. You can fill out the list below together; (if using words isn't comfortable, divide a piece of paper into sections and drawing these details with stick figures):

I use when: *(what feelings/events trigger use?)*

I use with: *(which people?)*

I use at these locations: *(at home? Where else?)*

I use what: *(which substances? How much? What determines what you use, ie uppers versus downers?)*

I use how: *(technique, equipment, sharing. For example, with injecting: Where do you get your needles/syringes; what do you use for cottons; do you share needles, cottons, or cookers; do you do skin prep; do you cook; what kind of water do you use.)*

I spend: *(how much money do you spend buying drugs or equipment?)*

Once the sheet is filled out, ask

What do you think about that?

What do you feel good about or comfortable with about your current use?

What worries or concerns do you have about what might happen when you use?

If client has concerns, move to Conversation B (Overdose Prevention) or C (Safer Use) to discuss strategies to avoid the things that they are worried about.

Ask: Can I share some information about some of the things you are concerned about?

If client has no concerns,

Ask: What concerns do your friends have about their use?

If client still has no concerns,

Say: Some of my clients are concerned that they might overdose, get infected with HIV or hepatitis from sharing needles, or do things when they are high that they regret later, like spending too much money or getting into fights.

Ask: Can we talk about any of those things?

If client says yes,

Ask: What do you already know about what you could do to be safer when you use?

Teachback:

Say: Thank you for being open with me about your use. [Summarize conversation]

Ask: What struck you most about our conversation today?

What will you take away?

Conversation B

Overdose Prevention

Goal:
To assess what the client knows about overdose risk and share information about how to respond to prevent death.

Ask: Have you ever seen someone overdose? What was that like? What did you do?

Ask: What might cause someone to overdose? What are some signs of an overdose?

Note: If this content doesn't apply to the client, explain that it's good information to know to protect other people from overdosing. You can go over it more briefly or skip this section.

Key Points:
Drugs like opioids (heroin, Percocet, oxycontin), benzos (valium, klonopin, xanax), and alcohol cause breathing to slow down and eventually stop the heart. Signs that someone is overdosing include very slow or no breathing, blue lips or fingertips, and slow or no pulse.

Drugs like cocaine/crack and amphetamines (meth, crystal, speed) cause the heart to go very fast and can cause seizures or heart attacks. Someone may have chest pain, start shaking, and then collapse.

Mixing drugs significantly increases the risk of overdose.

Mixing depressants (like benzos) with opioids or alcohol most increases the risk of overdose.

Speedballing (mixing cocaine and heroin) also increases the risk of overdose.

Ask: What can people do to decrease risk of overdosing?

In general it's safest to use one drug at a time. If mixing, use less of each drug. If mixing with heroin, use heroin first to get a sense of how high you are before drinking or taking pills.

Ask: What have you heard about what to do if someone is overdosing on an opioid (Heroin, Percocet, Oxycontin)?

If you are worried someone might be overdosing try to wake them up by talking to them and doing a sternal rub (rub your knuckles on their breast bone).

If they don't react, call 911! Start rescue breathing—give two breaths every 5 seconds. If you have Narcan (overdose reversal medicine, usually free from local needle exchange or methadone/suboxone program), give a squirt in each nostril and continue rescue breathing.

Ask: What things don't help someone who is overdosing?

Don't inject the person with water, milk, or other drugs.
Don't put them in an ice bath or slap them.
Don't leave them alone.

Activity 1: Setting Safety Goals

Ask the client to choose 2 specific things from the above list they are willing to do in the next month to prevent overdose for themselves or for friends. CHW will check-in with client about how it's going over the next few visits.

Teachback:

Say: Thanks for having this conversation today.

Ask: Tell me a little about what you now know about preventing an OD. What did you learn that might be useful?

What would you tell a friend you know is at risk of OD about this topic?

Any more questions?

Conversation C

Safer Injection

Goal:
To discuss options for safer drug use and together figure out what would be workable for the client.

Ask: How much is injecting drugs part of your life personally? Is it part of your life through friends?

Ask: What kinds of risks have you heard about coming from injecting drugs?

If client doesn't shoot up or doesn't want to talk about injecting, you can jump to the section below on snorting/smoking.

Key Points:
Injecting is the riskiest way to use drugs. If you can shoot up less or switch to a less risky way of using (smoking, snorting, pills), that can protect your health.

The main risks of injecting are getting infected with HIV/AIDS, Hepatitis C or B, or getting a serious infection from bacteria in the blood stream.

Infections in the blood:

Our skin is covered with bacteria. When a needle goes through skin that hasn't been cleaned into a vein it carries bacteria into the blood. Bacteria can also get into the blood from a syringe that isn't clean, an old cotton, or unsterile water. Bacteria can spread in the body and stick to organs like the heart valves (endocarditis), the brain, the kidneys, the eyes, or the liver. Bloodstream infections can be life-threatening. Endocarditis can be fatal and treatment may involve open-heart surgery.

Ask: What can you do to inject drugs more safely?

- Don't re-use needles
- Don't lick needles
- Wash your skin with soap and water before injecting,
- Use fresh cottons, syringes, cookers and sterile water.

Hepatitis:

Hepatitis B and C are viruses that live in blood that can be spread by sharing syringes, water, cottons, or cookers. Hepatitis can cause liver failure or long-term scarring of the liver, called cirrhosis. When the liver gets scarred it stops working very well. A normal healthy liver filters out waste products from the blood. When the liver starts to fail, toxins build up in the blood. People may develop yellowing of the skin and eyes, which is called jaundice. Once the liver stops working, people develop liver failure, and without a liver transplant, this leads to death.

What can I do?

- Don't share syringes, cottons, water or cookers.
- Get vaccinated against Hepatitis B.
- Get tested for Hepatitis C—there are new medications to get rid of the virus if you already have it.

HIV:

Human Immunodeficiency Virus (HIV) can be transmitted through bodily fluids (blood, semen, vaginal fluids, breast milk) during sex, pregnancy, and sharing works. This virus causes Acquired Immune Deficiency Syndrome (AIDS), a chronic disease that attacks the immune system. AIDS was once a death sentence and can now be managed long-term through medication and healthy lifestyle choices. While the stigma in being HIV+ has gotten less strong in some communities, living with this illness is extra complicated because ignorance and fear remain in some people's minds.

Here are some simple steps you can take to reduce your risk of contracting HIV (or transmitting it to a partner if you already positive) when you're using:

To Reduce the Risk HIV Transmission

Use only new syringes		
Don't share your syringes and works		
Do not inject	**Use less**	**Do a safe split**
Clean works with water or other liquids		
Use first	**Abstain from drug use**	
Disinfect with bleach	**Ask needle-sharing partners to get tested**	

Skin infections:

An abscess is an infection under the skin, which looks like a warm, red, painful bump on the skin filled with pus. Abscesses happen when bacteria get trapped under the skin. This can happen if you miss the vein, skin pop, don't clean your skin, or use a dirty needle. Some abscesses will drain on their own with warm compresses. If an abscess doesn't get better or if you have fevers, chills, or more redness around the bump, it probably needs to be drained and you may need antibiotics.

What can I do?

- Clean your skin and use a fresh needle for each shot.
- If possible, don't skin pop.

Muscling and skin popping:

Some people inject into a muscle or into the skin. People may do this because they can't find a vein or because they like the slower release of the drug. Muscling and skin-popping do not reduce the risk of infection. In fact, they allow germs to sit under the skin or in the muscle, which can cause abscesses or a deeper muscle or bone infection.

What can I do?

- Clean the skin
- Use fresh equipment

Snorting:

Snorting drugs can cause damage to the sinuses, like eating away at the flesh inside the nose and causing a hole inside. It can also cause infections of the sinuses or face with bacteria or fungus. Hepatitis C can also be spread through sharing of straws or other equipment.

What can I do?

- Don't share straws or equipment.
- Don't use dollar bills.
- Don't rack lines on a dirty surface.
- Rinse your nose with warm salt water.
- Go to the doctor quickly if you get a sinus infection.

Smoking:

Smoking drugs like crack, meth, and weed can all cause damage to the lungs. Inhaling deeply and holding your breath can cause your lung to collapse. Sharing pipes can spread Hepatitis C, especially if you have chapped lips.

What can I do?

- Don't share pipes.
- Use tape around the mouthpiece or a rubber mouthpiece to prevent burns.
- Use chapstick to protect your lips.
- Don't hold your breath after you inhale.

Activity 1: Planning Change

Readiness Ruler

0	1	2	3	4	5	6	7	8	9	10
Not Ready			Unsure			A little ready			Very ready	

Show client the Readiness Ruler above.

Say: This Readiness Ruler is a tool we use to help someone figure out how motivated they feel to make any positive change in their life.

Ask: If 1 means you're not ready to make any change in your use and 10 means you want to make a big change now, what number would you choose?

Based on the number they choose, place the client in a Stage of Change.

1–2: Precontemplation (or Relapse)
3–4: Contemplation
5–6: Preparation
7–10: Action

Say: There are lots of different strategies to stay safer while you're using. Let's come up with a list right now of all the ideas you can think of. Once we have a bunch, you can tell me which ones, if any, seem realistic to you.

Try to include all the strategies you can think of on this list, whether the client is ready to take this step or not, and then you can sort through it to see what feels workable. Write each item on an index card or small pieces of paper. Use the list below to fill in gaps or help get the client rolling in the brainstorm.

Safer Use Tips:
Protect Yourself, Protect Your Friends

- Use only with trusted friends and don't use alone
- Don't share needles, cookers, water, or cottons
- Use a new syringe, cotton and cooker for each injection
- If sharing needles, use bleach kits (rinse the needle and syringe 3 times with clean water, 3 times with bleach, 3 more times with clean water)
- Cook instead of doing a cold shot. Cooking dissolves particles, cooks out impurities and hopefully kills some bacteria. It does not cause any of the drug to evaporate.
- When choosing a cotton, use the small ones from the needle exchange, cotton balls or Q-tips over cigarette filters (which are dirty with mouth bacteria and can have fiberglass particles that get in your blood)
- Don't reuse cottons (bacteria and fungus can grow in them)
- Pick up safer injecting kits at your local needle exchange
- Don't lick your needles
- Clean skin before shooting with soap and water or an alcohol wipe
- Learn to use Narcan (overdose reversal medication) and carry it with you
- Use a less dangerous method (ie snorting instead of injecting)
- Do a tester shot
- If using after a period of being sober, use a smaller dose
- Teach friends to use Narcan
- Reduce sexual activity while using
- Think of other activities that give a "high"—walking to a favorite place, eating your favorite meal, listening to music—and try to replace substance use with this activity once a week. Plan when you'll do this alternate activity.
- Smoke cigarettes instead
- Make safety plans to avoid violence while high; share the plans with friends you use with and ask for their help
- Carry condoms anytime you're going to use
- Set a price limit for how much you're willing to spend and don't exceed it
- Only use what you receive from a trusted dealer
- Keep food and water around while using
- Keep your medicines in a keychain or pill fob you can bring with you
- Take medicines before leaving to use
- Avoid mixing substances
- Participate in peer-support groups: AA/NA
- Treatment options: residential treatment
- Treatment options: outpatient treatment
- Treatment options: Methadone/Suboxone

Arrange index cards on the table/floor. Ask client to order them so that the options that are realistic for someone on the lower end of the Readiness Ruler are on one end and the options for someone who is very motivated are on the other end (for example: "keep food/water around" might be at one end and "detox" might be at the other end).

Say: Since you placed yourself in (Contemplation, Action, etc), which strategies are best for you right now?

Have client choose 2–3 they're ready to adopt. Ask what the steps will be to achieve those strategies and when they're willing to start. Make sure to assess possible setbacks and how to address them. Make a plan together and agree to follow up at the next visit.

Ask: Which of these strategies might be a reasonable goal in three months? Six months? Which have you tried before?

Teachback:

Say: Thank you for sharing so much about your use and options for being safer.

Ask: What do you think about the Stage of Change we discussed?

What was useful or meaningful to you in what we talked about?

Any more questions?

SUBSTANCE USE TREATMENT

Priority

Use this topic with:

- Clients who are thinking about going to treatment
- Clients who have been to treatment and wonder about other options
- Clients with some readiness to make positive change around their substance use

Goal:

To better understand available substance abuse treatment options

Before the session, review:

Different types of treatment (including pros and cons of each) and medication chart

Topic Overview:

- **Conversation A:** Treatment Options
  - Activity 1: Treatment Charts
  - Activity 2: Treatment Map

Conversation A

Treatment Options

Introduction/Assessment:

Say: I'd like to learn about your experience of addiction treatment and what you already know about it.

Ask: Have you ever been treated for a drug or alcohol problem?

If yes, ask:

What type of treatment did you get?

What was that like for you?

What did you find helpful or unhelpful about the treatment you got?

If no, ask:

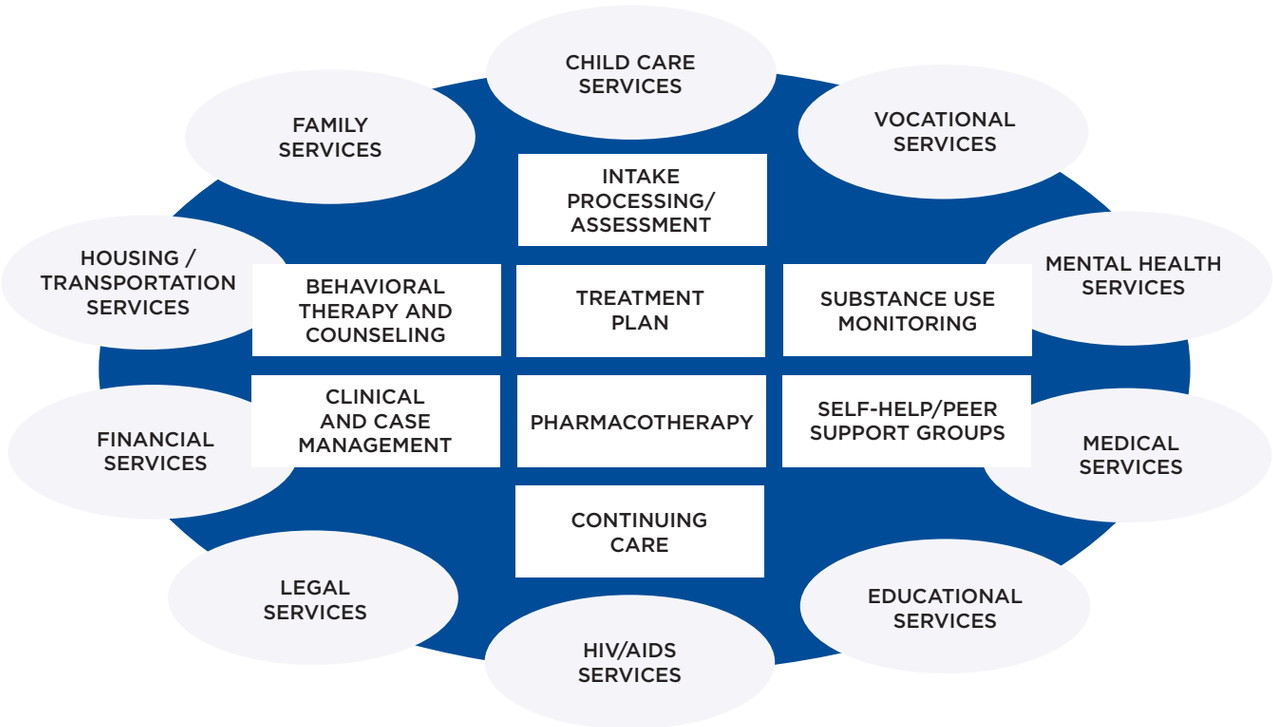
Have you ever known anyone who has been treated for a drug or alcohol problem? What have you heard about this kind of treatment?

Say: It sounds like you know a lot about treatments for drug and alcohol problems. Is it ok if I tell you about some other kinds of treatment?

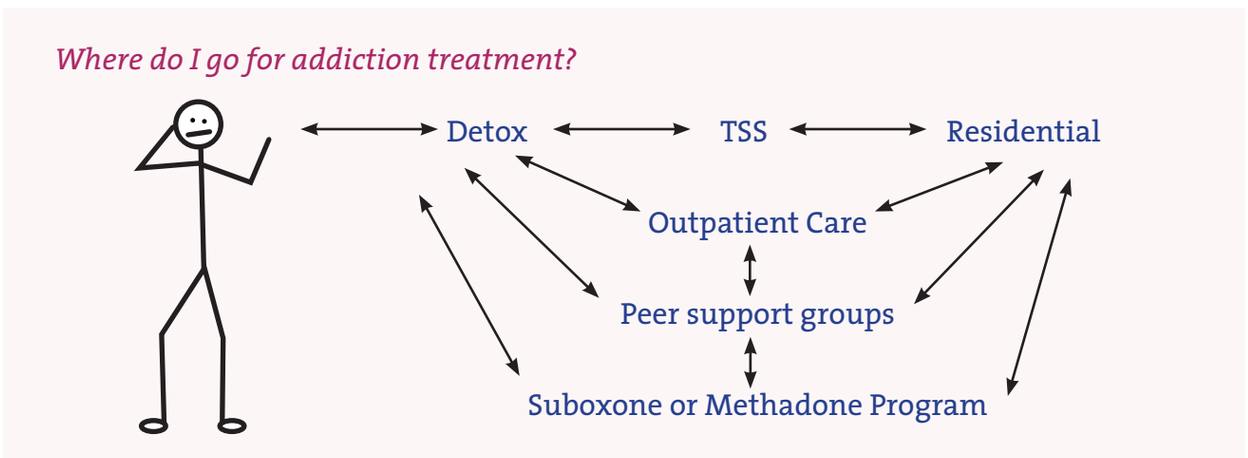
Share these key points in your own words:

- Addiction is a complicated but treatable disease.
- No one treatment is right for everyone.
- Just like other chronic diseases such as diabetes or high blood pressure, many people will need treatment for a long time. There is no quick fix solution.
- Relapse often happens, and just means that treatment needs to be restarted or adjusted.
- Medications are an important part of treatment for many people, especially when combined with counseling.
- Unfortunately, many treatment programs have waiting lists, which can be very frustrating for patients and their loved ones.
- Detoxification (detox) by itself does little to treat long-term drug addiction.
- Treatment does not have to be voluntary to be effective. Many people begin recovery through court-ordered treatment and get better!
- You can find local treatment programs at **http://findtreatment.samhsa.gov**.

Key point: To be effective, treatment needs to address the different needs that people have, not just their addiction. These include medical, mental health, social, legal, and employment needs.



Treatment Road Map: for more details on the types of treatment, see chart below



Key point: Most people combine different kinds of treatment in their recovery, or try different treatment options at different times. Figuring out what works for each individual takes trial and error.

Activity 1: Treatment Charts

Instructions:
Ask the client if she is interested in talking about medications and/or treatment. You can go over the chart box by box, jump to the areas that interest the client, or just review the kinds she doesn't already know about. Be thorough and tailor the review to your client's interests.

Circle the kinds of treatment/medication the client has already tried and put a star next to the kinds she is interested in learning more about.

Name	Description	Pros	Cons
Detoxification ("detox")	Short-term (3–7 days) Goal is to reduce or relieve withdrawal symptoms when someone first stops using. Often involves medications to make the withdrawal symptoms better. Detox is an early step in long-term treatment.	Safely manages the physical symptoms of drug and alcohol withdrawal. Is the first stage of addiction treatment. Detox can be the entry point into longer term treatment.	By itself, does not treat addiction. High risk of drug overdose immediately following detox, because a person's tolerance has gone down and going back to using the same drug amount will have a much stronger, and possibly life threatening effect.
Inpatient Rehabs	Usually refers to an inpatient detoxification and therapeutic support program. Lasts 1–2 weeks.	Provides a structured, sober environment, usually with intensive counseling and a therapeutic community.	Usually requires private insurance or being able to pay. Requires someone to be removed from his or her life, family, and job, which can be challenging.
Transitional Support Services (TSS), aka "holdings"	A short-term placement after detox to go while waiting for a bed in a residential treatment program.	Provides a structured, sober environment after detox. Caseworkers help arrange placement. Serves as a "bridge" between detox and residential rehabilitation.	Limited counseling or programs.

Residential Rehabilitation, Half Way or Sober Houses	Group homes where individuals can stay for 3–12 months. Therapy and twelve step groups are usually a part of the program.	Offers a safe, structured, alcohol and drug free therapeutic environment while newly sober person begins to re-engage in relationships, work, school etc.	Programs vary a lot. Some don't allow medications used to treat addiction. Can be difficult to get a bed. Relapse of other residents can be triggering.
Intensive outpatient program ("IOP")	3–5 days per week of individual and group counseling	Structured, intensive therapy. Usually both group and individual counseling incorporated.	Big time commitment, can be difficult if person has a job, childcare responsibilities etc.
Outpatient	Usually weekly, group and/or individual counseling	Less time commitment, more flexible schedule. Behavioral therapy can teach skills for managing cravings, preventing or dealing with relapse, improving relationships and communication. Group therapy can provide social support and skills to promote recovery.	May not be intensive enough and some people may require a higher level of care.
Peer Support groups: Twelve-Step (AA, NA)	People with similar experience help each other with recovery from addiction. Based on 12 guiding principles, which include admitting that one cannot control one's addiction and recognizing a higher power.	Provides a sober community and guidance for learning from the past and how to live a new life. Group offers social support. Experienced members "sponsor" new members. Available many times a day, in every city.	The spiritual aspect can be a turn-off for people who are not religious. Can be close-minded about medications used to treat addition. Does not offer professional support.
Peer Support: Smart Recovery	Peer support group based on a self-empowerment model, without any spiritual component.	Helpful for people who do not identify with the spiritual message of 12 Step groups. World-wide community with daily meetings, online message board, and chat rooms.	Meetings are smaller and harder to find than AA/NA. Does not offer professional support.

Medications for the treatment of drug and alcohol addiction

Name of medication	Indication	How does it work?	Pros	Cons
Methadone	Opioid (heroin, oxycodone, morphine etc.) addiction	Sticks to the same receptors in the brain as heroin or other opioids but has a much longer effect. Reduces craving. Above a certain dose "blocks" heroin.	Very effective. Clinic structure provides structure and counseling.	Have to go daily at first. Clinics are isolated to certain parts of a city. May be around other clients not doing well in recovery. It is possible to feel "high" on methadone and taking too much can cause overdose and death.
Suboxone (buprenorphine, subutex)	Same as Methadone	Sticks to the same receptors in the brain as heroin or other opioids. After reaching a certain dose there will be no more effect even if much more is taken ("ceiling effect"). Blocks heroin or other opioids from having an effect.	Equally as effective as Methadone. Can be prescribed by a doctor in a regular clinic. Once a person is stable on a dose, visits only occur every few weeks. Not having to go to a clinic every day makes it easier to work and have a regular life. On its own, Suboxone is hard to overdose on. Because of the ceiling effect, there is less of a "high."	Less structure than Methadone clinic. Must have health insurance. Only a limited number of doctors prescribe it. Overdose deaths have happened when Suboxone is taken with benzodiazepines (valium, xanax, klonopin, etc.)
Naltrexone (can be taken as a pill or given as a shot called "Vivitrol")	Opioid (heroin, oxycodone, morphine etc.) addiction OR alcohol addiction	Blocks the receptor that opioids bind to. This prevents any effect or high from heroin or other opioids. It also decreases the amount of enjoyment a person gets out of drinking, which can decrease craving for alcohol.	No risk of overdose, cannot be used to get high. The pill form can be prescribed by any doctor. Few side effects. Shot form is more effective and lasts for 1 month.	Not as effective as Methadone/ Suboxone for opioid addiction. Shot can only be given at special clinics. Cannot use any opioids (even pain meds) while on Naltrexone, so if a person needs surgery or develops pain this can be a problem.
Acamprosate (Campral)	Alcohol addiction	Believed to restore a chemical balance in the brain that helps people maintain sobriety from alcohol.	Can be prescribed by any doctor. Few side effects.	Must be taken three times a day, which can be hard to remember.

Disulfiram ("Antabuse")	Alcohol addiction	Blocks the way the body breaks down alcohol, which makes people feel sick if they drink alcohol	Can be prescribed by any doctor. Can be helpful for really motivated people who need to know that they "can't" drink. Can help someone develop a "habit" of not drinking.	If someone drinks while taking Antabuse they feel very sick. Patients with severe heart disease cannot take this medication and heart attacks and even death have occurred.

Say: Some people have an issue with people using medication to get off of drugs/alcohol. Some hard-line people in recovery say you're not "clean" if you're on methadone or a similar medication.

Ask: What do you think about taking medication as part of your recovery? Have you tried it before? What was it like?

Analogy: How medications like Methadone and Suboxone fit in treating of opioid drug addiction

Ask your client to imagine that she hasn't eaten in many hours and she is very hungry. Her stomach is growling, she has a headache, and she's feeling cranky. Then she is put in a room full of cheeseburgers and sandwiches, ice cold drinks, bags of snacks, and delicious cupcakes. Sitting in the room, starving, she is then told to sit for an hour and talk about her emotions and her past with a counselor.

Ask: How do you think you would feel? How well would you be able to focus on your counseling or medical appointments feeling that hungry?

Say: Probably not well! Now think about drug addiction. Withdrawal and the craving to use drugs is such a powerful, whole body feeling that people will go without sleep or food in order to get drugs.

The goal of methadone or suboxone is to take away the feeling of withdrawal (or dopesickness), craving, and the physical urge to use, and to free up the person so they can think about emotions, and what the roots of the addiction are. It's like letting that really hungry person eat first so that he/she can get the most out of therapy and take care of other health issues.

Activity 2: Treatment Map

Say: Sometimes it can be helpful to map your experiences with treatment. It's like creating a roadmap of the places to which you have traveled—to help you make sense of all you have been through and make plans for the future. What do you think about trying this?

Instructions:
Draw a timeline of all the different treatment experiences you have had. Start with the very first one you can remember: in a doctor's office, a hospital, jail or prison, twelve step groups, with medication, or on your own. Try to draw or write down words about what each treatment experience felt like to you.

- How did it help?
- How did you get into treatment?
- How ready did you feel to start?
- What was hard?
- What happened after treatment?
- How did you feel afterwards if you started using again?

Teachback:

Say: I learned a lot about your experience with treatment today. I was really struck by_____ (summarize prior good and/or bad experiences, fears, hopes). We talked about a lot of different kinds of treatment.

Ask: What did you think about these different kinds of care?

How would you summarize our conversation to a friend?

What did your learn from what we talked about?

SUBSTANCE USE PROVIDER TEAM

Optional

Use this topic with:

Clients in early to stable recovery and active users who are ready to talk about treatment. Not recommended for clients who are using and not currently motivated to think about recovery. Move instead to Harm Reduction sections for these folks.

Goal:

Understand the role of each member on the substance use provider team.

Key concepts:

Review the role of each member of the provider team before the session

Before the session, review:

- The role of each treatment provider
- The best answers for the "Who should I call?" activity

Topic Overview:

- **Conversation A:** Your Provider Team
  - Activity 1: Who Should I Call?
  - Activity 2: Working Together

Conversation A

Your Provider Team

Assessment:

Ask: What's your experience been working with providers for support around your recovery?

In your experience, who does what?

What has been helpful to you?

Say: Part of my job is to make sure all your providers are on the same page and that you go to the person who can best help you when something comes up. My hope in this conversation is that we can both get clear about who does what so we can make sure you get the best treatment available. Are you up for it?

Teaching content:
Review this material step by step, with extra time on the areas that are most interesting or relevant to the individual client.

Treatment/Provider team: The team is made up of all the people working together to help you handle your substance use in a healthy way. Care may include getting treatment for addiction or learning how to use in a less risky way. Team members are usually professionals with different types of knowledge and experience to help.

Roles: Each member of the team has special skills and role. They are called a team because they're all working together to help the client achieve her goals. The most important team member is the client!

Goals: The goals the client and provider team will work on depend on:

- What goals and level of motivation the client has
- How severe the client's substance use is
- The types of services or treatment she needs
- Whether she is on medication for addiction treatment

Members of the team:
The provider team will be tailored to the client's unique needs. For example, some clients may have a psychiatrist, while others may see a primary care doctor for medications. Some clients may go to a peer support group, like AA, and some may be on methadone and are cared for by the methadone clinic staff.

CLIENT: at the center of the team

COMMUNITY HEALTH WORKER (CHW):

- Serves as bridge between client and provider team—communicates with all providers to ensure everyone is on the same page
- Safe person for client to discuss hopes, fears, and options for treatment and recovery
- Slowly helps client build readiness for positive change

PRIMARY CARE DOCTOR:

- Can address client's overall health issues
- Can diagnose medical and mental health problems, including addiction
- Can answer questions about medical problems, explain medications, talk about side effects, discuss different treatments
- Can prescribe medications for medical and mental health problems
- Some primary care doctors prescribe medications that treat addiction, like Suboxone or Naltrexone

THERAPIST: Social worker, Mental Health Counselor, or Psychologist

- Listens and helps client work through problems by discussing feelings, concerns, stressors, family issues, and prior trauma
- Helps client problem solve about how to achieve his/her goals
- Discusses relapse prevention
- Helps client build tools for healthy living

PSYCHIATRIST:

- Makes and discusses mental health diagnoses
- Prescribes psychiatric medications and adjusts doses/types of meds
- Answers questions about mental health diagnoses and medications, including benefits and possible side effects
- Some psychiatrists prescribe medications that treat addiction, like Suboxone and Naltrexone

ADDICTIONS COUNSELOR:

- May also be someone in recovery
- Has a lot of experience working with people who have alcohol and drug problems and uses that experience to help client
- Discusses reasons for use, relapse prevention, tools for managing cravings

PEER SUPPORT GROUP MEMBERS (ex: twelve-step group members, sponsor)

- Peer support groups are made up of other people in recovery; an example would be AA or NA
- Offers support and shared experiences
- Provides a sober social network and way of life
- Creates structure
- Listens and talks through challenges

- Provides role modeling for people new to recovery

METHADONE CLINIC STAFF:

- Provides methadone for treatment of opioid addiction
- Daily check-ins about how client is feeling
- Addictions counselors often meet with clients as well

NURSE:

- Answers questions about medications and symptoms
- Provides medications
- Discusses concerns about health

Ask: What do you think about all these different providers?

Which ones, if any, have helped you in the past?

Are there any you know you don't want to work with?

Which ones do you think would be most helpful in supporting your recovery now or in the future? (CHW can make referral to this type of provider if client isn't already connected)

Activity 1: Who Should I Call?

Say: Even after you hear about what these team members do, sometimes it can be confusing to figure out who to talk to about different types of problems. To practice sorting that out, let's run through some different situations and figure out whom you might want to call first. How does that sound?

Instructions:
Help your client match the "problem" in the left column with the right provider in the right column. On the next page is an answer guide and explanations.

PROBLEM	TEAM MEMBER TO CALL
I need a refill of my medication	Primary care doctor
I heard there are medications that can help treat addiction and I would like to hear more about these treatment options.	Sponsor/peer support group member
I'm feeling lonely and find myself thinking about using	Therapist
I am on methadone, but I'm feeling really sleepy and think I need to lower my dose	Nurse
I've been thinking a lot about how my family and the difficulties I have been through in my past still affect me today and I want to talk about it	Psychiatrist
I am having side effects from my depression medication	Methadone clinic staff

Problem: I need a refill of my medication

Team member to call: Nurse

Nurses can refill medications and are the best first person to call!

Problem: I heard there are medications that can help treat addiction and I would like to hear more about these treatment options.

Team member to call: Primary Care Doctor

Your primary care doctor may be able to prescribe medication to treat addiction. He/she can help figure out which medications are right for you .You could also call your psychiatrist.

Problem: I'm feeling lonely and find myself thinking about using

Team member to call: Sponsor/Peer support group member

Calling your sponsor or someone from AA/NA can be a great first step when you notice yourself wanting to use. You can also call your counselor, therapist, primary care doctor, psychiatrist, or CHW. All team members would want to support you during a tough time!

Problem: I am on methadone, but I'm feeling really sleepy and think I need to lower my dose

Team member to call: Methadone clinic staff

Talking to the staff at your methadone clinic is best if you have any dose related questions.

Problem: I've been thinking a lot about how my family and the difficulties I have been through in my past still affect me today, and I want to talk about it

Team member to call: Therapist

Your therapist can help you talk through difficulties from your past and how they have affected you and to have better tools to handle challenges in the future.

Problem: I am having side effects from my depression medication

Team member to call: Psychiatrist

Your psychiatrist would definitely want to know if you are having side effects from depression meds. You could also call your nurse or primary care doctor.

Problem: I am scared to tell my medical team that I relapsed.

Team member to call: CHW, Counselor or Sponsor

Your CHW, counselor, or sponsor are all great non-judgmental people who can hear your fears and help you find the courage to be honest with your treatment team.

Problem: I want to talk with a bunch of people on my team about changing my medication and the progress I'm making in my recovery.

Team member to call: CHW

CHW can communicate with all the players, share information, or set-up a team meeting where you all can talk and plan together

Activity 2: Working Together

Say: So my role as a CHW, there are a lot of different ways I can support you in your recovery. What we do depends on what is important to you.

Ask: Can we talk about some different ideas about how we might work together around your recovery?

Instructions:
Offer these scenarios and discuss which ones would be helpful to the client.

- Go to AA with you
- Visit a halfway house with you
- Call you while you're in treatment
- Help you role play a conversation about decreasing your dose with your methadone provider
- Help you find a therapist experienced with people in recovery
- Email medication information from your PCP to a detox
- Believe in you and remind you that drugs don't define who you are
- Listen and talk with you honestly and non-judgmentally about your hopes, fears, triggers, and support

- Help you set goals and make a weekly or monthly action plan for recovery that you feel comfortable with

Ask: Which of these things might be useful to you and why?

What else would you like your CHW to help with?

CHW needs to be clear about boundaries here and not promise what she cannot deliver (for example, some treatment programs don't allow visitors so CHW can't always agree to visit). If CHW herself is in recovery, it may not feel appropriate to go to AA with a client to protect personal privacy. When in doubt, discuss with your Supervisor or Clinical Supervisor.

Teachback:

Say: Thanks for talking with me today.

Ask: Any of these open questions:

What did you learn today that was interesting/surprising to you?

What was meaningful to you?

If you were going to tell a friend the "short version" of what we talked about, what would you say?

I GOT SOBER, NOW WHAT?

Priority

Use this topic with:

- Clients who are newly in recovery (less than 6 months) or recently relapsed and are getting back on track
- Clients who are actively using but highly motivated to move soon into recovery

Goals:

- Understand, normalize, and address the challenges of recovery
- Identify ways to make recovery easier
- Boost the client's ongoing motivation to stay in recovery

Before the session, review:

- Basic information about recovery

Topic Overview:

- **Conversation A:** Recovery 101
    - Activity 1: Role Models and Cautionary Tales
    - Activity 2: Healthy Coping: Past Success and Triggers

Conversation A

Recovery 101

Assessment:

Ask: Would it be ok with you if we spent some time today talking about your recovery or plans to begin recovery?

If yes, ask your client some of these questions in your own words:

- Where are you at with your recovery today? Tell me about a typical day in your life.
- How has that changed since last week? Last month?
- Who/what are your biggest supports? Biggest stressors?
- How can I support you in staying on track?

If this conversation reveals the client is still using heavily or feeling unmotivated to start recovery, you may choose to skip this topic and focus on harm reduction (reducing negative impact of current use, see Harm Reduction Strategies p. 241).

Say: For most people, recovery is challenging. It can help to remember lots of **what you're going through is normal** and millions of recovering people all over the world have been through it too and stayed in recovery.

Ask: Would it be okay if I share some things I've learned about recovery with you?

Share the following information with your client in your own words

Living without substances after years of use is like **starting over**. You rediscover who you are and recreate your life. For most people, it's a scary and exciting time. It can help to remember it's going to be hard sometimes so you don't get discouraged and beat yourself on the days it just feels bad.

Whatever the drugs were protecting you from may be right in your face. You may find freedom and joy having money, time, and energy not dedicated to getting high any more. Some people feel bored without the ups and downs of the drugs, and some may feel like teenagers, not quite sure how to be in the world. Researchers say your brain development stops at the age when you begin using alcohol or drugs heavily, so your substance-free brain has some catching up to do. **It's normal to feel strange, unsure, or more emotional.**

Relapse is part of the process. We don't change our habits all at once. Whatever once pushed you to use may still be part of your life—whether it's depression, family stress, being broke, or remembering hard things from your past. For most people, it's a slow process over time of learning to cope with the painful things in your life without using substances to numb yourself out.

If you pick up, try not to be harsh with yourself—that's what turns a slip up into a weeklong bender. If you do use, reach out as soon as you can to someone who won't judge you to help you get refocused as soon as possible. Falling down happens; the courage lies in **getting back up!**

Very few people can get clean and stay that way without support—that means **finding positive people** you can trust to talk with and actually sharing how you feel with someone regularly—your CHW, your doctor, a counselor, a friend or family member, someone from AA or church.

Ask: What do you think about the information we've discussed?

Choose one of the activities below per visit, according to the client's interest. You can also do both more briefly and give the client some homework (list making or drawing) to start from on the next visit.

Activity 1: Role Models and Cautionary Tales

Say: **1. Role Model:** Think of someone who's doing recovery well, someone who you respect. It could be someone you know personally or a famous person. Bring that person's face to mind and think about their life. What do you notice? What do they do with their time? How does what they say line up with what they do? If you knew them using, how have they changed? What can we learn from this person's successes?

2. Cautionary Tale: Think of someone who really struggled in recovery. Bring that person's face to mind and think about their life. What do you notice about their life? How do they spend their time? How do they act towards other people? How does what they say line up with what they do? What's important to them? What do you think keeps them stuck? What can we learn from this person's challenges?

Instructions:
Draw Your Recovery: Together let's make a list or draw a picture of the recovery you'd like to create for yourself.

What would you borrow from the Role Model?

What would you avoid from the Cautionary Tale?

What would you add that we haven't talked about yet (routine, supports, wellness activities, etc.)?

When client has finished...

Ask: What was this activity like for you?

What did you like and not like?

Activity 2: Healthy Coping: Past Success and Triggers

Say: Let's talk about your previous tries at recovery.

Tell me about your biggest success—how long, what motivated you, what kept you on track, what did you do differently than in your regular life? (If client can't think of anything, CHW can name successes she has seen in this client's life.)

Ask: Is there anything you did then that you can imagine helping you now? Let's write anything you can think of down together.

Let's choose two things from this list for you to put into action now, if you're ready. What can you do between now and when we meet next to move forward in your recovery?

Say: Let's talk about triggers. A trigger is something that happens—a feeling, event, place, or person—that starts you back on the path of using. Some people get triggered by going to the neighborhoods where they used to use, others by being around drunk/high people, fighting with a partner, or going through the anniversary of the death of a loved one.

Can you think of any things that make you want to use or did make you use in the past? Let's write down anything you can think of together.

Let's choose two things from this list and plan together: if this trigger event happens, what else you can do to calm/comfort yourself aside from going back to your substance?

When client has finished...

Ask: What was this activity like for you?

What did you like and not like?

Teachback:

Say: Thank you for talking to me about _____ [summarize the conversation].

Ask: What do you think about your recovery after our talk today?

What did we talk about that was meaningful to you?

What steps will you take before our next meeting to support your recovery?

DUAL DIAGNOSIS

Priority

Use this topic with:

- Clients who are trying to better understand how to cope with both mental health and substance use issue and have some readiness to make positive change

Goals:

- Help client to explore the relationship between substance use and mental health
- Understand the types of treatment available
- Learn the "self-medication" hypothesis and how it might apply

Before the session, review:

- Definition of dual diagnosis (co-occurring addiction and mental health issue)
- Treatment options

Topic Overview:

- **Conversation A:** Dual Diagnosis 101
    - Activity 1: Connecting the Dots
    - Activity 2: Pros and Cons List

Conversation A

Dual Diagnosis 101

Goal:
To talk through the bigger picture of dealing with dual diagnosis and how the client is coping with those challenges personally

Assessment:
To explore your client's understanding of dual diagnosis

Ask: Have you heard the term "dual diagnosis" before? What does it mean to you?

Say: Today I'd like to talk more about what dual diagnosis means and how to cope with it.

Ask: Is that okay with you?

If no, come back to this topic at a later date and focus on whichever mental health or substance use issues feel safer for the client to discuss now.

Say: Dual diagnosis is when people both use substances and have a mental health issue. It's very common, but many times these problems are treated separately in the medical system.

Ask: Would it be okay if we talk about what people do when they are dealing with both?

Say: Here's an example of someone who has a dual diagnosis.

CHW or client can read it out loud or silently together or CHW can summarize the case in their own words.

Sandra has been smoking crack for many years. She also survived physical abuse as a child and adult, and often feels very depressed and down. She says the crack helps distract her from the pain of her memories and from her shame about losing custody of her children. When she decided to try to stop using, she went to a drug treatment program near her apartment where they focused on triggers and avoiding her drug friends, and encouraged her to go to AA meetings.

However, whenever she tried to stop using, she would feel flooded with sad feelings and panic about all the bad choices she felt she had made, and she would eventually start using again because all those symptoms of mental illness were still there and not being addressed at the drug treatment program. Sandra needed a program that could help her manage multiple sides of her challenge: the abuse history, the depression, and the addiction.

Ask: What do you think about that?

Share the following information with your client in your own words

Often people "self medicate" by using drugs to temporarily manage mental health symptoms. For example, people might drink to manage feelings of anxiety or use crack to give them energy when they're depressed.

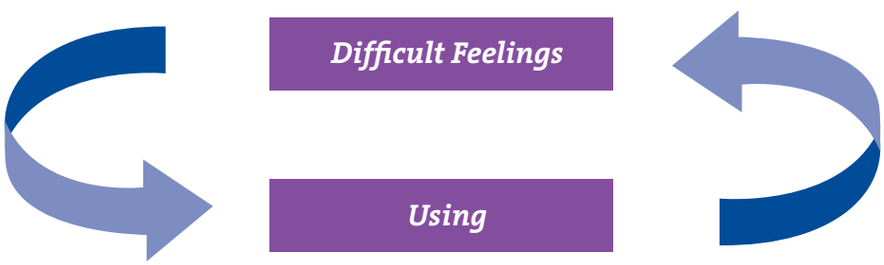
Sometimes the substance abuse occurs first, which over time can lead to emotional and mental problems: brain damage that can result from drug use; bad experiences people have or trauma they experience when they're using; getting used to using drugs/alcohol to manage emotional issues and losing the ability to face life in any other way can all trigger mental health challenges.

Dual diagnosis treatment means getting help at a facility that looks at both issues—the challenge of managing mental health symptoms and how substance use may be a way to cope with hard feelings and thoughts.

Many dual diagnosis centers require clients to completely stop using substances to try to understand and manage the mental illness without drugs. This treatment may work best for someone who is motivated to stop using entirely.

What does dual diagnosis look like?

Say: This picture is one way to look at the dual diagnosis cycle.



Ask: What do you think of this?

How might you draw it differently?

ANALOGY: Having mental health issues is like trying to swim in rough seas. It's hard to be steady and keep your head above water with such big waves.

Dealing with addiction is like trying to swim with all your clothes on and heavy shoes.

Either one of those things alone make it harder to swim and more likely you might drown. The swimmer gets more tired and overwhelmed than someone swimming on a calm sunny day (someone without mental health issues) or in just a swimsuit (someone without addiction issues). If you have a dual diagnosis, it's like trying to swim in a storm with all your clothes on.

Some programs say you have to deal with the substance abuse first—basically take off the heavy clothes so they can see how well you can actually swim.

What the swimmer needs is a life preserver—something to help you float until you can get out of the heavy clothes (addiction) and find a stable boat (treatment) or improve your swimming skills to deal with the choppy seas (mental health issues). Ideally dual-diagnosis treatment is a life raft—to help you get safe and stable enough to address both issues together.

Ask: When is the first time you can remember using drugs or alcohol to manage uncomfortable feelings or sensations?

How long have you been doing it?

What do you think might it feel like to tolerate those feelings or sensations without using?

What else has helped to manage these symptoms? [Examples: psych medications, therapy, groups, prayer, etc]

Activity 1: Connecting the Dots

Ask: Can we explore any connections between your mental health and substance use?

Instructions:
Write a list of possible symptoms of mental health someone might have.
Examples: anxiety, panic attacks, sadness, low energy, headaches, anger, etc.

Underline symptoms that you have experienced.

Think about the moments before you use, or before you take steps to use (call dealer, walk to a bar, etc)

Circle any symptoms you've felt just before using.

What happens to the symptoms after you use?
Example: If she was feeling anxiety, does she feel more relaxed?

When client has finished...

Ask: What did you notice about how your symptoms and your use are connected?

What was this activity like for you?

What did you like and not like?

Activity 2: Pros and Cons List

Say: Let's look together at some of the specific good things and not so good things about using substances to manage emotional issues.

Instructions:
Make a list with your client to compare the
Pros of Using to Manage Feelings (example: bad feelings go away for a little while, cheaper than therapy, long term habit, etc)

VS.

Cons of Using to Manage Feelings (example: hard to deal when they can't get drugs, other physical/life effects of substance use, can cause other symptoms to start).

When client has finished...

Ask: What do you notice about the lists you came up with?

Which are the best things on the pros list? Worst things on the cons list?

What, if anything, surprised you?

Teachback

Say: Thank you for talking to me about _____ [summarize the conversation].

Ask: What did you learn from our conversation?

What did you find useful or meaningful about this conversation?

How would you summarize what we talked about today?

Do you have any other questions?

If applicable, brainstorm action steps.

FOR CHW ONLY

Motivational Interviewing Basics

NOTE: This segment is for CHWs to review on their own or with their team as part of orientation, not use with patients directly.

> *"People are generally better persuaded by the reasons which they have themselves discovered than by those which have come in to the mind of others."* —Blaise Pascal Pensées

What is Motivational Interviewing (MI)?

MI is an outlook and set of tools that sees the clients as the agent of change in their own lives. We help the clients build their internal motivation to make behavior changes that are meaningful to them and will improve the quality of their life.

Motivational Interviewing is:

- **Client**-centered
- **Goal**-directed (focus on behavior change)
- Helps resolve **ambivalence** (having mixed feelings about a behavior; for example, wanting to quit smoking and wanting to smoke at the same time)
- Affirms client's **autonomy** (decisions and goals come from client; we support them in planning next steps)
- **Collaborative** (CHW and client work together as a team)
- **Elicits** client's intrinsic motivation and reasons for change

With MI, we're trying to have collaborative conversations about good health promotion with a shared agenda. How do we do that?

We do that by:

- Respecting patients as experts in their own lives
- Listening, not telling (even if we think the client is "wrong" or at risk)
- Using specific techniques/tools:
  - Silence: when in doubt, wait patiently and allow the client to tell you what's on their mind at their own pace.
  - **OARS**= **O**pen-ended questions, **A**ffirmations, **R**eflections, **S**ummaries

The CHW role is to be a nonjudgmental support by actively listening, asking helpful questions, offering positive feedback, and helping the client stay focused. The OARS are one practical, concrete way to do so.

OARS for CHWs

- **O**pen questions:

  What it is: A question that can't be answered with yes/no that invites the client to say more, from her own perspective.

  Examples: How do you feel about your treatment program? What is your experience taking meds in the past? How do you think cutting down on drinking might change your life?

  Instead of: "Don't you want to stop smoking?," ask "What are some reasons you might consider quitting smoking?"

  Why they're useful: For gaining richer information about what is truly going on for your client, hearing from the client's perspective, showing CHW is interested and nonjudgmental.

- **A**ffirmations:

  What it is: Offering specific praise, appreciation, or positive feedback to your client.

  Examples: You did a great job taking your meds this week! Thanks for asking such good questions about side effects during your psychiatrist appointment today. You have been so focused on your health and we got a lot accomplished in that visit.

  Why they're useful: Noticing and reinforcing what the client is already doing well, helping her develop a more positive view of self, building trust and rapport.

- **R**eflections:

  What it is: Repeating back what the person just said, either word for word or paraphrased; saying back the **heart** of what was said.

  Examples:
  Client: "I feel really uncomfortable talking to my doctor about my drinking."
  CHW Reply: "So it's hard to talk about drinking with your doctor."

  Or

  Client: "I don't see why I need to take meds—I tried them before and they didn't help at all!"
  CHW Reply: "You don't see the point in taking pills."

  Why they're useful: To ensure what you hear is what the client means, correct misunderstandings as you go, and help client clarify how they really think and feel in talking about it.

- **S**ummaries:

  What it is: Recap of what the client said, summing up the most important points she made.

  Examples:
  Client tells a long story about a bad experience in detox when she was a teenager, including details about an unsympathetic nurse and feeling like she was treated as a criminal.

CHW response: "Sounds like between the staff and the culture at that detox, you had a hard time in treatment back then."

Why they're useful: Emphasizes the key information, chance to clear up confusion, keeps everyone focused and the discussion moving towards goals.

The MI principles are simple, **but using them is an art form** that only grows with regular practice and solid training/supervision. We urge you to seek out MI training through your agency, local Health Department, or read more online. Here are some places to start:

1. MI Founders Bill Miller and Stephen Rollnick:

- Book: Motivational Interviewing, Third Edition: Helping People Change (Applications of Motivational Interviewing), by Miller and Rollnick.
- Bill Miller on YouTube: **http://www.youtube.com/channel/HCs50CVhbWlCU**
- MINT: training from the MI founders **http://www.motivationalinterviewing.org/**

2. Boston University School of Public Health's BNI/ART Institute:

- Provides various trainings on brief treatment, including the Brief Negotiated Interview (BNI), which is particularly useful with substance users. **http://www.bu.edu/bniart/**

3. General Online information:

- SAMHSA: **http://www.samhsa.gov/co-occurring/topics/training/motivational.aspx**
- Clearinghouse website: **http://www.motivationalinterview.org/**

FOR CHW ONLY

What is Psychosis?

For CHW education and awareness before starting to work with a client with psychosis (diagnosed or observed) or if an existing client develops psychotic symptoms.

When people talk about someone "going crazy", chances are they are talking about someone who has psychosis. Psychosis is a set of symptoms that compromise a person's ability to live in/be in touch with the "reality" most other people share. People become psychotic for many reasons, and usually have some of the following symptoms:

1. Hallucinations: hearing, seeing, tasting or smelling things that others don't Examples:

- Hearing voices that tell you to kill yourself because you're evil
- Being visited at night by a ghost that tells you to give away all your belongings and leave your home
- Smelling smoke and fire when nothing's burning and no one else can smell it.

Note: With any hallucinations, it is important to rule out a medical cause by consulting with the care team for possible testing. Olfactory hallucinations (smelling something that's not there) in particular can be warning sign for issues in the brain, so they should be brought to the client's medical team ASAP.

2. Delusions: believing something that seems "crazy" to others without any real evidence for it and often acting in dangerous or socially "inappropriate" ways as a result.

Examples:

- Believing you are Jesus reincarnated
- Believing your upstairs neighbor is breaking into your apartment at night to have sex with you
- Believing you can fly and jumping off a roof
- Believing the other men in your support group are trying to pick you up or assault you

3. Paranoia: strong fear that others are out to get you that is disproportionate to what's going on or has no evidence to support it.

Examples:

- Refusing to sign a release form because you think your doctor and CHW are conspiring together to get you arrested.
- Not answering the phone because you feel like people are spying on you to try to harm you in some way.
- Hiding your cash because you believe your sister who's your PCA is stealing all your money
- Not taking the subway because you feel like people are staring at you and judging you, and you feel ashamed.

Some people fully believe their psychotic symptoms and think the problem is that other people don't believe them, while others find the symptoms very upsetting and want them to go away.

We don't know exactly why people get psychotic. Some people seem to have organic brain issues that result in these symptoms, and there seems to be a genetic component as well (the issue runs in families). Some counselors believe that psychosis is the way a person's psyche protects her mind/body/spirit from experiences that are too painful to cope with in the conscious mind.

Many different mental health issues, from depression to PTSD, may have "psychotic features" which means the client is having some of the above symptoms occasionally.

Often people who deal with psychosis are socially isolated because their behavior may seem strange or frightening to others.

Some people have these symptoms as a result of using or withdrawing from drugs, which is called “substance-induced psychosis”. For people in this group, once they stop using and finish de-toxing, the psychotic symptoms go away.

Some people may have psychotic symptoms as a result of a medical condition (ie: AIDS dementia or Alzheimer’s) that impacts someone’s brain or from problems with medications (dose too high, bad med interactions). Usually with proper medical treatment, these symptoms improve or go away.

With more severe mental illness, like schizophrenia, the person may be psychotic most of the time and not be able to function in the world, manage daily living activities (like cooking and bathing), or recognize that their thoughts/behavior seem “crazy” to others.

How do we treat psychosis?

1. Medications: many people find that taking anti-psychotic meds regularly reduces symptoms or makes them go away altogether. These meds may have side effects (like weight gain or emotional numbness) so some clients don’t like taking them. Others like/feel comfortable with their symptoms and feel strange and not like themselves on medication (ie: an artist who finds her psychotic symptoms feed her creativity and feels stuck without them).

2. Counseling: for people with psychosis, counseling may focus on building up coping skills, managing the symptoms better, and developing safety so the person may be able to recognize their symptoms as a problem and work with them better.

Tips for Relating with a Psychotic Client:

Listen non-judgmentally: resist the temptation to argue with the client when they share their psychotic beliefs and experiences. Trying to convince someone that they are “out of touch” with reality will only create conflict. The best practice is to listen openly, respect your client’s perspective, and build trust over time.

Assess for safety: Some people become a danger to themselves or others when they are psychotic. If you have any doubts about your safety, leave or reschedule the visit. If you have concerns that the client might be suicidal or homicidal, follow-up with your supervisor promptly to assess if the mental health emergency team or the police would need to be called.

Look for moments of clear thinking and build on them: most people have days when their thinking is more clear and grounded. Keeps your eyes open for these windows of opportunity and do as much productive work together as possible when it happens.

Be in close communication with the client's mental health team: clients with psychotic symptoms can be a challenge to work with, even for the most seasoned professional. Managing their care can be complicated, so you want to ensure the care team is on the same page. You will also want to get consistent supervision from an experienced mental health professional to support having a safe and reasonable collaboration with this type of client.

Assess how much the client understands her symptoms: a client who sees her symptoms as a problem is more likely to seek out and benefit from treatment and have a better shot at improving her functioning. For a client who doesn't think she has a problem, often the best you can do is accompany her with kindness, respect, and good boundaries.

Watch for changes: If your client's functioning goes down dramatically or suddenly, it may mean there's a medical or medication issue going on. Be in touch with the client's medical team right away.

APPENDIX A

Psychiatric Medication Charts

A: Overview of Commonly-Used Psych Meds

B: Classes of Psych Meds

These charts are for CHW to review before the session, ideally in supervision or training with a mental health professional. There's no need to memorize the information, instead use it as a reference to learn more about a client's specific meds. For example, a client tell you they are taking Amatriptyline, CHW can look up its category, uses, and other useful information that will support their care of the client.

A. Overview of Commonly-Used Psych Meds

Medications	Indications/Uses	Examples	Special Notes
SSRIs (selective serotonin reuptake inhibitors)	Depression, anxiety disorders (including OCD and PTSD)	Fluoxetine, fluvoxamine, paroxetine, citalopram, escitalopram, sertraline	Fewer side effects than older antidepressants. Most side effects are temporary, happening only when the medication is being started and lasting a few days to a week or two. Sexual dysfunction may be a side effect with long-term use.
SNRIs (serotonin-norepinephrine reuptake inhibitors)	Depression, anxiety Some (duloxetine) are approved for certain kinds of pain (neuropathic pain, fibromyalgia).	Venlafaxine, duloxetine, desvenlafaxine	Potential for cardiovascular side effects.
NDRI (norepinephrine-dopamine reuptake inhibitors)	Depression, smoking cessation May be helpful for ADHD	Bupropion (Wellbutrin, Zyban)	Not associated with weight gain or sexual side effects.
TCAs (tricyclic antidepressants)	Depression, anxiety disorders. Some are used for ADHD. Some are useful for certain kinds of pain. May also be prescribed for sleep.	Amitriptyline, nortriptyline, desipramine, imipramine	Higher potential for side effects than SSRIs, SNRIs or NDRIs. Very dangerous in overdose.
MAOIs (monoamine oxidase inhibitors)	Depression, anxiety disorders	Phenelzine, isocarboxazid, moclobemide, selegiline	Need to follow special diet and avoid certain medications
Misc. antidepressants	Depression, anxiety	Mirtazapine	
Antipsychotics	Schizophrenia, psychotic symptoms Many are approved for bipolar disorder (usually manic phase, but some are also proven to help with depressive phase). A few have approvals as augmenting (boosting agents) in depression. Some are used off-label for particularly hard-to-treat cases of anxiety disorders such as OCD and PTSD	First-generation (aka "typical"): Haloperidol, chlorpromazine, moclobemide, perphenazine, fluphenazine Second-generation (aka "atypical"): Olanzapine, risperidone, quetiapine, ziprasidone, aripiprazole, lurasidone, paliperidone, iloperidone	Older ones may have more motor side effects. Newer ones generally have fewer side effects overall. However, they can have more metabolic side effects (e.g., weight gain, high cholesterol, insulin resistance).

Mood stabilizers	Bipolar disorder	Lithium, divalproex or valproate, carbamazepine, oxcarbazepine, lamotrigine	Many require periodic blood testing to monitor medication levels and/or side effects
Benzodiazepines	Anxiety, insomnia	Lorazepam, clonazepam, diazepam	Caution about potential to cause addiction or to develop tolerance and experience withdrawal symptoms All controlled substances (and providers sometimes require benzodiazepine "contracts"). Very dangerous in combination with alcohol.
Stimulants	Attention-deficit-hyperactivity disorder, narcolepsy Sometimes used off-label in depression	Methylphenidate (Ritalin, Focalin, Concerta, Methylin), amphetamine or dextroamphetamine salts (e.g., Adderall, Dexedrine)	Caution about cardiovascular side effects and potential to cause tolerance, withdrawal and addiction. Controlled substances; some providers may require "contracts" before prescribing these medications.
NRI (norepinephrine reuptake inhibitors)	ADHD	Atomoxetine (Strattera)	Low potential for abuse
Blood pressure medications used for psychiatric purposes	Some used in ADHD. Some used in PTSD. Some used for performance anxiety. Some used in pediatric populations.	Clonidine, prazosin Guanfacine Propranolol	Caution about increasing or decreasing dose too quickly (risk of too-low or too-high blood pressure)
Medications used off-label for anxiety		Gabapentin Pregabalin Antihistamines (diphenhydramine, hydroxyzine)	
Alternative/ complementary medications		St. John's wort (similar to SSRIs) SAMe Deplin Omega-3 fatty acids	Just because something is natural does not automatically mean it is "safe." They can have side effects and can interact with other medications.

B. Classes of Psych Meds

This table shows which classes of psych meds can be used for different disorders.

X means that the Food and Drug Administration (FDA) says that at least one medication in that class works for that condition.

(x) means that these medications are sometimes used informally by doctors to treat that condition.

Class of medication	Examples	Depression	Anxiety	PTSD	Bipolar disorder	Schizo-phrenia	ADHD	Insomnia
Antidepressants/anti-anxiety								
SSRIs	Citalopram (Celexa), escitalopram (Lexapro)	X	X	X				
SSRIs	Venlafaxine (Effexor), desvenlafaxine (Pristiq), duloxetine (Cymbalta)	X	X	(x)				
NDRIs	Bupropion (Wellbutrin)	X					(x)	
TCAs	Amitriptyline, clomipramine, doxepin, nortriptyline	X	X	(x)			(x)	(x)
MAOIs	Phenelzine (Nardil), tranylcypromine (Parnate)	X	(x)	(x)				
Misc.	Mirtazapine (Remeron)	X	(x)	(x)				(x)

Class of medication	Examples	Depression	Anxiety	PTSD	Bipolar disorder	Schizo-phrenia	ADHD	Insomnia
Antipsychotics	Aripiprazole (Abilify), haloperidol (Haldol), olanzapine (Zyprexa), quetiapine (Seroquel), risperidone (Risperdal),	X		(x)	X	X		
Mood stabilizers (including anticonvulsants)	Lithium, divalproex sodium (Depakote), lamotrigine (Lamictal)	(x)			X			
Benzodiazepines	Alprazolam (Xanax), clonazepam (Klonopin), diazepam (Valium), lorazepam (Ativan)		X		(x)			X
Blood pressure medications	Clonidine, prazosin, guanfacine, propranolol		(x)	(x)			X	
Other "off-label" medications used for anxiety	Gabapentin (Neurontin), pregabalin (Lyrica)		(x)	(x)				
NRIs	Atomoxetine (Strattera)						X	
Stimulants	Methylphenidate (Concerta, Focalin, Metadate, Ritalin), dextroamphetamine (Dexedrine)	(x)					X	
Sedatives/ hypnotics	Eszopiclone (Lunesta), ramelteon (Rozerem), zaleplon (Sonata), zolpidem (Ambien)							X

APPENDIX B

Safer Use: Drug Chart and Routes of Injections Chart

Table A: Drug Effects

This is a table of different drugs and the effects they have on your body. CHW can use this chart outside the session to build knowledge of risks and check your understanding of the impact of these substances. You can also look it over with the client, focusing on the drugs they use now or did in the past.

Ask: What do you think about this information?

For any drugs you or friends may have used, do any of these effects or risks surprise you?

How has your experience reflected or contradicted this list?

What do you think about the ideas for using your drug more safely?

Drug	How it's used	Effect	Risks	Safer Use
Opioids (heroin, oxycontin, morphine, dilaudid, fentanyl, percocet, vicodin)	Injected, swallowed (pills), inhaled (chasing the dragon), snorted	Slows down body functions like breathing Decreases pain Makes users sleepy ("nodding") Small "pinned" pupils. Constipation, nausea, itching	Overdose (slows down breathing) Infection (HIV, Hepatitis C, abscess, endocarditis) Addiction and withdrawal	Clean needles, syringes, water, cottons, cookers Don't share or reuse works Clean skin Don't lick needles Don't mix with other drugs Carry Narcan
Benzodiazepines (klonopin, xanax, valium etc.)	Swallowed, under the tongue, snorted, injected (rarely, fillers in pills make it difficult)	Slows down body functions including breathing Relieve anxiety Short term memory loss when using	Memory impairment. Overdose, especially when mixed with opioids or alcohol. Addiction and withdrawal.	Don't mix with alcohol or opioids
Cocaine (powder) or Crack (rock)	Snorted, smoked, injected	Stimulant Speeds up heart rate, blood pressure, and increases energy, concentration, and sense of pleasure.	Heart attack, stroke, seizure, dangerous heart rhythm, blood vessel damage, lung collapse. Addiction and withdrawal. Infection risk with injecting. Overdose	Don't' skin pop or muscle Don't mix Take test dose Don't share pipes or injecting works, or cover pipe stem with tape or rubber
Amphetamine (meth, speed, crystal)	Swallowed, snorted, smoked, injected	Stimulant Speeds up heart rate, blood pressure, and increases energy, concentration, and sense of pleasure.	Heart attack, dangerous heart rhythms, heart failure, stroke, psychosis, seizure, tooth decay. Malnutrition, dehydration. Infection risk with injecting. Addiction, "Crashing", overdose.	Don't' skin pop or muscle Don't mix Take test dose Don't share pipes or injecting works, or cover pipe stem with tape or rubber Remember to eat, sleep and drink water
Marijuana	Smoked, swallowed	Increased heart rate, bloodshot eyes, relaxation, euphoria, increased appetite, decreased reaction time, attention, judgment, and memory.	Memory impairment Lack of motivation Cough, bronchitis, severe fungal lung infection Hallucinations May increase risk of schizophrenia in vulnerable people Addiction	Don't drive while stoned Eat it instead of smoking it
Alcohol (wine, beer, liquor)	Swallowed	Relaxation, anxiety relief, sleepiness, impaired balance, judgment, and memory increased appetite	Liver scarring (cirrhosis) or failure, cancer, stomach and intestinal bleeding, heart failure Memory impairment Addiction Withdrawal	Don't drink and drive Don't mix with other drugs, especially benzos or opioids Don't take ibuprofen or Tylenol (increase risk of bleeding and liver failure)

Table B. Routes of Use Table

This table reviews the different ways people take drugs. CHW can use this table before the session to build knowledge about risk reduction related to different methods of use. You can also review it with the client, focusing on the ways that they get high and think together about safer options.

Ask: What do you think about that information?

How do you feel about these pros and cons to each method of use?

What changes, if any, are you willing to consider to reduce your risk?

Route	Types of drugs	Pros	Cons	Reducing risk
Injecting (intravenous, IV, mainlining)	Heroin, crushed pills, cocaine, crack (needs to be dissolved in acid), speed	Most intense high! Feel it quickly Economical (most bang for your buck)	Highest risk of infections: heart, skin, bones. HIV, Hep C, Hep B Highest risk of overdose	Clean needles, syringes, water, cottons, cookers Don't share or reuse works Clean Skin Don't lick needles Don't mix with other drugs Do a test shot Know your dealer Don't use alone Get Hep B vaccine
Muscling & Skin popping (injecting into a muscle)	Heroin, crushed pills, cocaine, crack (needs to be dissolved in acid), speed	Doesn't require veins Slower release	High risk of infection of skin, muscle, and bone when bacteria sits under the skin Cocaine can cut off oxygen to tissues	Clean skin carefully Use fresh, clean equipment Don't muscie cocaine
Snorting (sniffing through the nose)	Heroin (powder), cocaine, crushed pills, speed	Less risk of infection Doesn't require veins Can control amount easier	Nasal damage Sinus infections Hep C can be spread by sharing straws/ bills	Don't share straws or use dollar bills Rack lines on clean surface Rinse nose with warm salt water afterwards See doctor if sinus infection
Smoking	Heroin, cocaine, crack, speed, marijuana	Quick onset Less infection and overdose risk	Lung damage, collapsed lung, Hep C and infection can be spread by pipe	Don't share pipe or if you do cover stem with tape or rubber
Swallowing	Pills (opioids, benzos), speed, marijuana	No infection risk, less overdose risk, no vein or lung damage	Slower onset More expensive Riskier when mixing different drugs	Don't mix drugs, especially benzos and opioids
Booty bumping (anal use or "stuffing")	Anything you can inject	Almost as quick high as IV No veins needed Reduces risk of infection, abscess, and overdose	Some people don't like the idea May increase risk of anal cancer	Use clean equipment Remember to take needle off syringe first