

BEHAVIORAL HEALTH LEADERSHIP INSTITUTE

Community Health Worker Toolkit

Featuring a special focus on mental and substance
use disorders within primary care

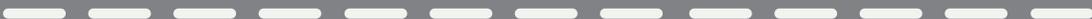


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Welcome!

This Community Health Worker toolkit is to carry with you while you are out in the community to provide information and support as you work or as a reference at your desk. It will remind you of what you learned in your trainings. There is also extra information for topics related to mental health and substance use disorders. When you are out in the community or preparing for your day, you can use this Toolkit to answer specific questions that might come up in your work.

The Toolkit includes general information sections related to being a community health worker {CHW}. The reason there is a lot of information about mental health and substance use disorders is because many of your clients might need help in these areas even though you are seeing them because of other health problems. Also, there might be times when the information will provide helpful hints to use when working with your clients, even if they don't have a specific mental health or substance use diagnosis.

This Toolkit will not work as a substitute for training. This Toolkit can serve as an aid or a guide but the best source for help and information is your team. Always ask for help or information if you are not sure of something.

Behavioral Health Leadership Institute wishes you the very best in your work and hopes that this Toolkit is helpful. If you have any suggestions about making the Toolkit better or any concerns about the Toolkit, please write directly to: chw.bhli@gmail.com.

NOTE: In this Toolkit, the word “patient” will be used to refer to the people with whom you are working.

The words “you” or “your” will be used to refer to YOU as the Community Health Worker.

Thank you.



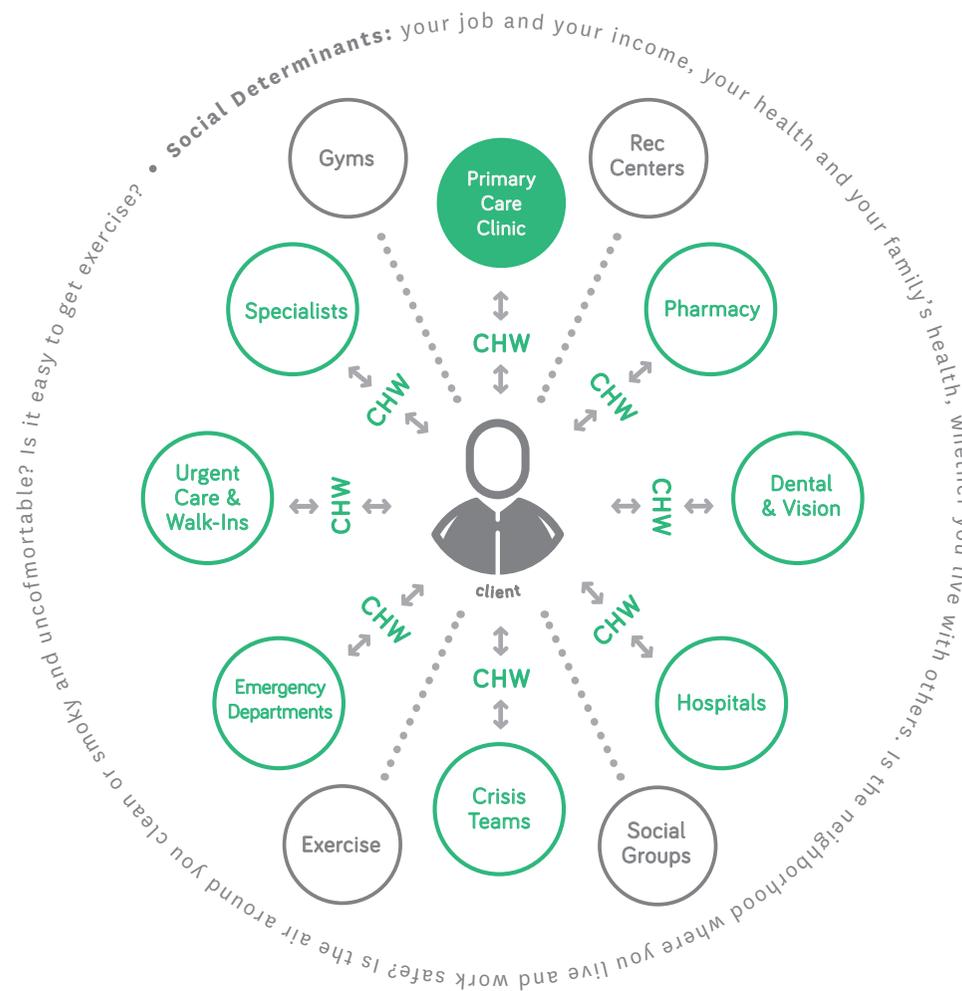
Community Health Worker Role

Community Health Workers build relationships to improve individual and community health.

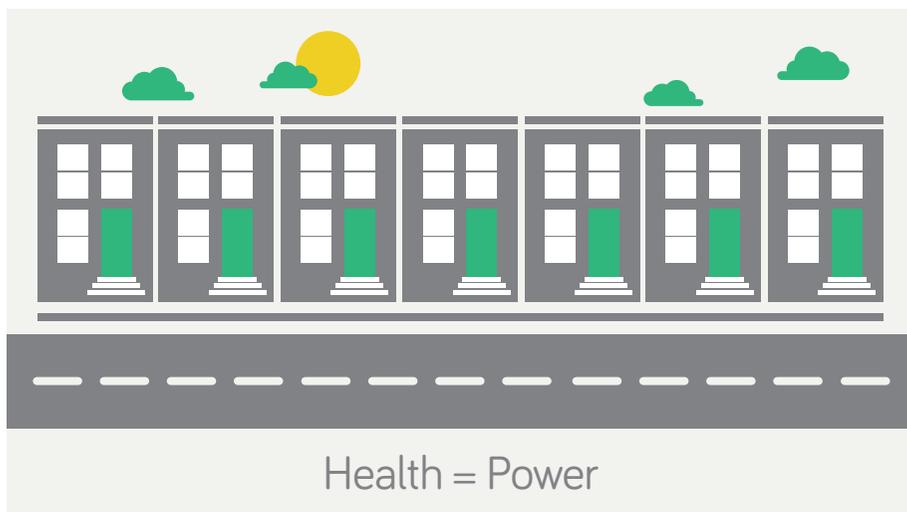
Every single success you will have as a community health worker will depend on your success in building relationships. Relationships between you and the patient, you and the clinical team, you and other partners necessary to service the needs of your client or you and the community are all important. Your skills for this job include being able to actively listen, create connections and communicate effectively.

Your specific roles and duties will change depending on your exact job. However, no matter what your specific tasks, you will always be the connection between health care providers and your clients. Your job is to be a supporter, an interpreter of what the medical professionals are saying, a teacher and an extension of the health care team. In some jobs, you will be going to people's homes and sitting with them to see how things are going while you check on what problems they might be having. Sometimes you might be talking with them about their health plan and what they need to do to stay healthy or in recovery. All specific tasks and duties will be described and directed by your employer. It is most important to remember that you are a "promoter" of health. You are not trained to give treatment. You are expected to ask questions when you are not sure of your role. If the patient asks you something that should be answered by a health care professional, then tell him or her that you need to ask the doctor or nurse. Your role is incredibly important and it is equally important that you do ONLY what you are trained to do as a CHW. For everything else – consult your team or employer.

Understanding the Healthcare System



A health care system is made up of many parts all of which together affect the health of each individual and of the population as a whole. The diagram above is meant to illustrate some of the most common pieces of a health care system. The circle is important to show that each of these pieces is part of a whole and that only when the parts are working together is health improved. Each of these parts has an effect on all the others. As shown, the CHW helps to pull all of these parts together and is essential in working with the client to make it work.



People, Community, Places and Health: What Can You Do?

Lots of things people do affects their health. Eating lots of fruits and vegetables, not smoking cigarettes and drinking fewer than two alcoholic drinks a day is good for health. But where people live, who they live with, their neighbors, whether they are rich or poor, and how they fit within the larger community also make a difference.

Living in a neighborhood without sidewalks or in a neighborhood with lots of crime means that people will walk less and get less exercise. They might not feel safe walking around. A healthy diet including lots of fruits and vegetables, getting exercise and reducing or eliminating harmful behaviors such as smoking are all important to staying healthy. Discrimination and racism are stressful and can cause many mental health and other health problems. Therefore, to improve the health of the population living in these conditions (the population health), there need to be changes to improve income and environment as well.

As a community health worker, you can't change this alone. However, you can help teach your clients about these ideas and invite them to participate in groups to help improve their situation. In the meantime, it is most important to help your clients be in charge of trying to change what they can control on their own. Encourage them to walk someplace instead of driving or taking the bus or to use stairs instead of elevators. Drink water instead of soda or sweetened drinks and save money too. Eat fruit instead of a fruit drink. Take a group to the farmer's market where good produce is often cheaper than at the store and it is much fresher.

Social Determinants

This is a term used by professionals who work in the fields of health, the environment, social services and policy. It means that what is happening around you affects your life, your health, your moods and your ability to move forward.

DETERMINANTS INCLUDE SUCH THINGS AS:



Your job and your income



Your health and your family's health



Whether you live with others



YOUR NEIGHBORHOOD

Is there an active, supportive community or is it isolated?
Is there a lot of crime around you or your family? Are you worried daily about crime? Are you worried about violence?

IMPORTANT QUESTIONS

- Is the area you live or work safe?
- Is the air you live or work in clean or is it smoky or uncomfortable?
- Can you go somewhere easily for recreation or exercise?
- Is it easy to shop for healthy, nutrient-rich food near where you live?

It is important to know about these types of facts to understand what impact they have on your clients (or yourself).

While moving might not be possible, it is important to be aware of these issues and help your client improve the things they can. Also, it is important to understand that they cause a great deal of stress and help them to use tools to reduce stress.



What Is a Health Care Team?

WHAT IS A TEAM?

In most instances, a CHW will be a member of a health care team. Each team will have different members depending on the location where you work and the purpose of the team. In most cases, a health care team will include at least one medical professional such as a physician, nurse, nurse practitioner, licensed clinical social worker and substance use counselor. Many teams include someone from each of these fields and also have a case manager who is trained to coordinate services and also work directly with clients. When you are hired, you will learn who is on your team and how your team operates.

YOUR ROLE ON A TEAM

Each person on the team will have a specific role related to their particular job. This role should be clearly defined by the team. If you are not sure, you should ask.

HOW A TEAM WORKS

In addition to the specific roles, the team itself has a job. That is to provide a safe place to operate as a unit with the goal of providing the best services for the client. Every member of the team must be able to communicate in the meeting and share comments and concerns and questions. The team meeting is a place to work together to create the best solutions and to provide support for each member. You have a role to play as a team member and the team will not perform at its best unless you are an active participant: to share ideas about your clients and any issues, to provide feedback, to provide suggestions for improvements, to ask questions so that you can do your work better or to ask questions about concerns related to your clients or your work. Team discussions are private and confidential unless a decision is made by the whole team to share information. Discussions in the team are good but once a decision is made by the team, it is important to support it and make it work.

REMEMBER

Your team is your support and a team that functions well will provide the best services.

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Treatment Plan and Keeping Appointments

One of the most important jobs you have is helping the patient understand and follow the treatment plan given to them by the medical team. It might tell them what medications to take and when, and also when to schedule return appointments. As you learned in your training, you should go over the plan with the medical team so that you understand it. Then you will be better prepared to help your patient understand and follow the plan. If there are parts that the patient is not comfortable with, you can help them explain that to the medical team and help communicate so that a plan is developed that works.

Scheduling and keeping doctors' appointments is very important to continued health. This is a skill that the patient might not have. You can help them in this skill so that they are organized with date, time and transportation. If they have children at home, you might want to remind them to arrange for childcare if possible.

You might want to talk to your team about ways to help your patient learn to pay attention to and follow the treatment plan.



Communication Skills

How to listen so that you build a strong relationship, provide support, provide motivation and build trust.

1. Listen actively: See explanations below.
2. Slow down: when explaining something complicated, don't rush, repeat in different ways, stop to make sure the client is understanding.
3. Be clear and concise.
4. Assure client that you are aware of the need for privacy and show that you care about the client's privacy and safety.
5. Do not judge.
6. Be aware of verbal and non-verbal body language, gestures and facial expressions are key.
7. Be aware of tone and voice. Self-check once in a while.
8. Use open-ended questions when trying to understand or get information.

HOW TO BE AN ACTIVE LISTENER AND OBSERVER

1. **Give your undivided attention:** nod, say yes or nod to show understanding.
2. **Reflect back:** listen and then paraphrase to make sure you understand. Reflect back facts and feelings.
3. **Listen** and look for emotions behind the statements and whether words agree with emotions.
4. **Emphasize** positive statements you hear and emphasize strengths.



Motivating the Client

Help motivate the client towards positive changes.

1. Have client identify behavior that is not in their best interest.
2. Identify what can be changed.
3. Listen for emotions behind the statements and question whether words agree with those statements.
4. **Emphasize positive statements you hear and emphasize strengths. Be encouraging.**
5. Develop a plan.
6. Decide first step and help make it happen if client is ready.
7. Continue to use these positive strategies: progress might be slow and will slide back. Be patient and start over.



Working With Older Patients

When you are working with a patient who is elderly and/or frail, there are special needs to consider. How is their mood? You are a very important link for them to the team and to the community outside. This is especially true if they are unable to leave their home easily. Be patient and kind. Getting older is not for the faint of heart – having a companion by your side is a great help.

Falls: For people who are frail, there is always a danger of falls. It is good to check their living situation for loose rugs, clutter or other items that might cause a fall. Make sure there are lights at night in case they need to get up to go to the bathroom.

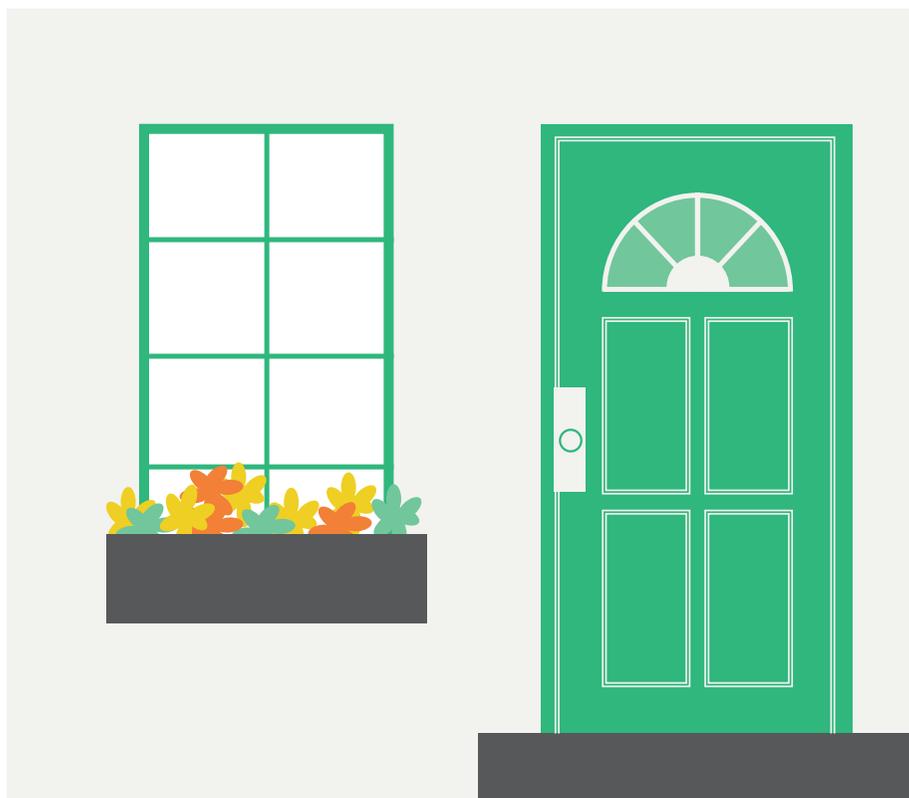
Dizziness: When talking to them, remember that some of the medications they take might make them dizzy. Always discuss this and check on side effects so that you can tell the team.

Swelling: Check for swelling especially around the ankles. This could be a symptom of some serious health problem.

Emotions and Depression: Always discuss how they are feeling. Depression is common among older adults and can be hard to identify. People may be depressed and not know it. Instead, they might just stop eating, not want to get dressed, lose energy and be easily irritable. If someone is depressed then they might get more confused. Their eating habits may change and they may not sleep well. This can be serious. If concerned, ask your team about having a list of questions to ask to help identify whether someone is depressed.

Memory: It will also help to try little mental checks to make sure that they are not confused or having new memory problems. There are questions that are helpful and your team might give you a little checklist to use in conversation.

Medicines: Elderly patients often have many different medicines to remember. Check on whether they are taking their medicines correctly. When we get older, the medicines have different effects and it is very important to make sure that they take what they should, when they should. Always ask how the medicine makes them feel. Help organize the medicine so they remember to take it. The team can help provide a kit to help organize the medicines.



Home Visits

A productive and respectful home visit builds trust with clients and aids in creating healthier communities.

If you are going to someone's home you need to be aware of and respect:



Your safety



Their privacy

Always knock on the door, request permission to come in and wait to be let in.

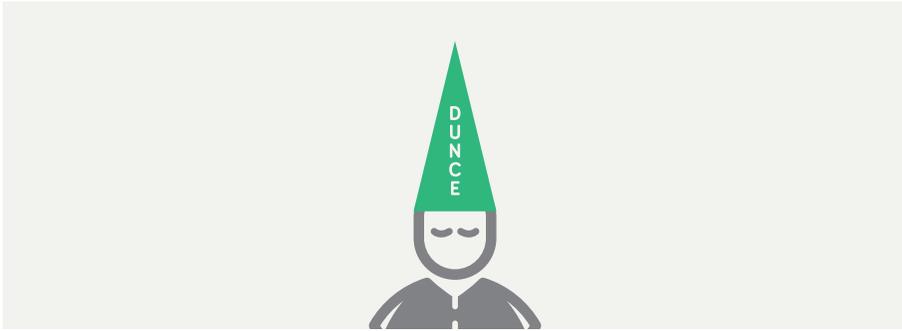
If you have any concerns at all, do not enter. Call your team.

In all visits with your client, you must continue to establish a relationship. Remember the purpose of the visit that day and prepare in advance for what you want to do/see/learn while there. Most importantly, you will always be most successful if you have good communication skills so that you can learn how your client is doing and help them move towards recovery and positive change.

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What Is Stigma?

People with mental illness often experience rejection, fear, avoidance or discrimination from the people around them. These negative beliefs and thoughts are called Stigma. Stigma makes it harder for people experiencing a mental illness to get a job or make friends. Stigma can also affect the family members of people experiencing a mental illness causing family problems. When people experiencing a mental illness come to believe these negative attitudes and beliefs they can feel embarrassed or ashamed about themselves, the result is Self-Stigma. Self-Stigma can cause people to hide symptoms from loved ones or treatment providers and cause people to avoid seeking treatment for their mental illness. Both Stigma and Self-stigma make the lives of people suffering from mental illness more difficult and make it harder for them to get necessary mental health treatment.

Tools for Reducing Stigma

There are several ways we can help reduce the stigma associated with mental illness.

People are not a disease. When talking about someone experiencing mental health symptoms be careful to talk about them as people first, not as a disease. For example don't call someone a "schizophrenic," say "person diagnosed with schizophrenia."

Talk about person's strengths not just their symptoms. We often focus on mental health symptoms that people are experiencing such as sadness, anxiety or hearing voices and forget the strengths people have. Talk with clients about their goals, hopes and dreams, not just the mental health symptoms that they are experiencing.

Help educate our community. As a community health worker other people will seek out your advice and counsel. You can use these opportunities to help confront stigmatizing beliefs. For example you can point out that people with mental illness are not more likely to be violent or dangerous than anyone else.



Respecting Differences: Sensitivity to All Cultures

Many of us belong to different groups. Usually these groups include people who are similar to us. We either share interests, or ethnic or racial background and/or religion. Sometimes we define ourselves by our groups or by our backgrounds. Some are groups we choose to join and some are groups that are based on outside factors such as our race, income or where we were born. Either way, we develop a culture or way of behaving that is related to our group. We might share customs, or beliefs or certain language that we understand but others might not. For example, in Native-American tribes it is not polite to walk up to someone's house and knock. Instead, you are supposed to wait a little distance from the house and stay until you are noticed and invited to approach. If you do not know this, you might accidentally offend them. If you do know, then it is respectful to follow the custom.

As a community health worker, you might share many of the cultures and customs of the people you work with from your community. However, there might be some who live in your community but who have different customs or beliefs. It is important that you try to learn what they are. The most important thing is to always have respect and try to understand. This same level of respect is also important when working with members of your team and others you work with. Similarly, people should be respectful to you. If you feel that someone is offensive or does not understand, it is good to explain the issue to them.

Language is very, very important. For example, one person might have a mental illness but does not want to be described as a mentally ill person. Instead, he might want to be described as a person who has a disease that is mental illness. This might not seem important, but to that person it is extremely important. He wants to be seen as a regular person who has many different interests and passions just like everyone else. He does not want to be defined or labeled just because he has an illness. It is always important to be sensitive and respectful even with language.

We all want respect for our groups and our beliefs. When working with people from other groups it is important to recognize that all people want that level of respect for their cultural groups and beliefs. Often it is easy to respect our differences but sometimes it is a challenge to maintain that respect. When interacting with people that are different from us, it is important in our role as community health workers to be respectful of those differences and to work with our clients to improve their health in ways that are consistent with their culture and beliefs.

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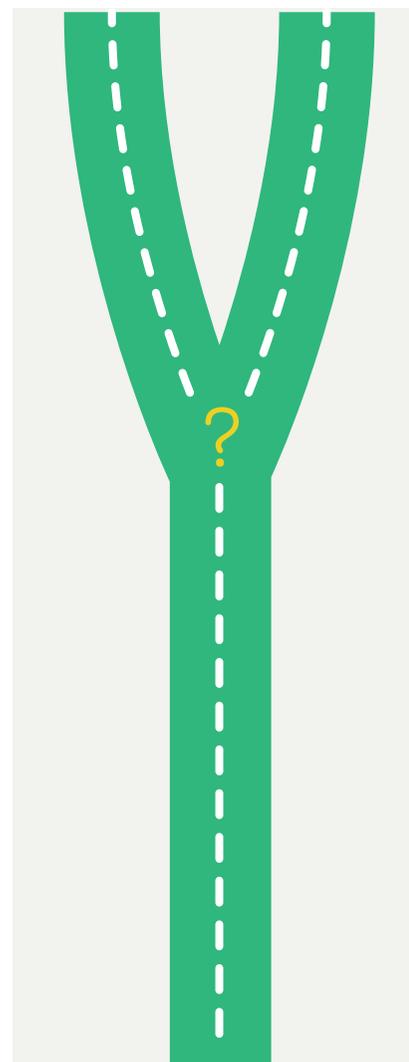
Recovery: Motivating Change

Recovery is the process of becoming whole and healthy. It is taking action to recover hope, to recover wellness, to recover joy, to recover a happy and productive life, to recover your family and friends and community.

It is a process that goes up and down, backwards and forwards but with a goal towards moving in a positive direction. Recovery is often used as a goal for those with mental health and substance use disorders. In your training, you will have learned the principles of recovery and stages of change. The information below will help apply those to your work with your clients.

The Stages of Change [SOC] model on the next page, is one way to understand the process of changing behavior to achieve a goal. Change is good but can be very difficult. SOC is a way to think about how to support your patient during the process.

Stages of Change



1. PRE-CONTEMPLATION STAGE



Client: Denies the problem.

What you do: Encourage them to consider the short and long term consequences of their behavior.

2. CONTEMPLATION STAGE



Client: Feels uncertain and has conflicting emotions. They're aware of the risk and the potential benefits of changing.

What you do: Continue to provide help in weighing the pros and cons and provide encouragement in ability to change. Help find a way to break through barriers.

3. PREPARATION STAGE



Client: expresses readiness to begin process: This is the first active stage. Begin trying small changes and collecting information about change and recovery.

What you do: Encourage them to write down their goals, prepare a plan of action, and make a list of motivating statements.

4. CHOOSE ACTION STAGE



What they do: They're ready to take direct action toward achieving a goal! They need clear articulated goals and a specific long term plan of action.

What you do: Give them praise for any positive action taken toward the first steps and provide continued encouragement. Think about rewards for success and continue to reinforce their plan of action. Regularly review their motivations, resources and progress.

5. MAINTENANCE & RELAPSE PREVENTION



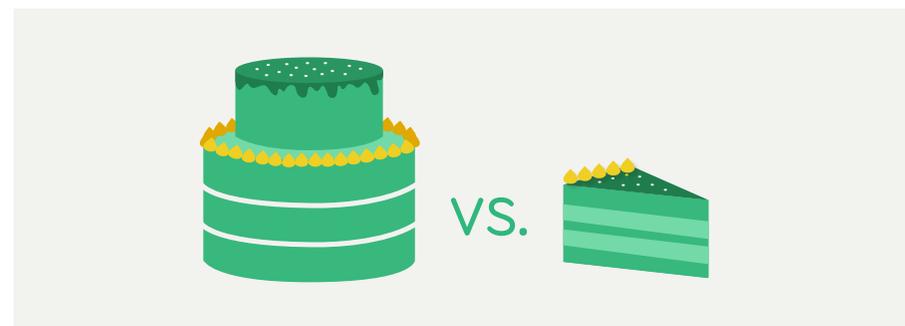
Client: focuses on creating new patterns of behavior and avoiding. Try to help them stay away from places that trigger habits.

What you do: Help them learn to incorporate their new behaviors into their long-term identities, goals and activities.

Be aware: Relapse is common. Use relapse to help reinforce lessons and move back to recovery plan. Do not give up and continue to provide support for success. Help make the next recovery last longer.

REMEMBER

These are guidelines. Most people go back and forth through the stages and some stages may last a long, long time. Many people go through the whole cycle several times before achieving longer lasting recovery. Addiction is a stubborn foe. Do not give up on them and help them understand so that they do not give up on themselves. Each step will move them closer to the destination and they will learn and benefit through the journey.



Harm Reduction

Main Points:

- Harm reduction is a set of strategies to reduce the negative affects of drug use.
- Harm reduction provides supports to allow people to make decisions about their own lives.
- Using harm reduction strategies is an excellent tool in engaging people wherever they are in their lives.

Harm reduction emphasizes the importance of reducing harmful behaviors around drug use. There are many health-related harms associated with drug use, including contracting HIV or Hepatitis C, abscesses, and overdose. There are also many potential legal and social harms of drug use, including incarceration, violence, and homelessness. Harm reduction recognizes that it is possible to reduce harm even while a person is continuing to use drugs. Strategies may include using less drugs, sniffing instead of injecting, never sharing needles, only using needles once, or not using drugs at all. Harm reduction is an excellent way to engage people who may not want to stop doing drugs all together, but want to take steps to get healthier. Supporting others to make any positive change in their lives is a powerful tool for engagement and support.

A major value of harm reduction is respecting people's choices and wishes for their own health. In harm reduction, it is often stressed that people are experts in their own lives. Some people may identify drug use as their primary health concern, while others may identify their housing situation as their primary concern. Supporting them in this process helps build their confidence and self-esteem. Harm reduction stresses the importance of letting individuals identify their own priorities in order to brainstorm solutions. Not all problems have one solution! And many people know what works best for them, even if their solutions aren't 100% risk free.



Case Study: Alex

The following is a case study on harm reduction. As you read this paragraph, as yourself in what risky behaviors is this person engaging? How can clients reduce their harms?

Alex is a 35-year-old male who identifies as gay, and often exchanges sex for drugs or money in Baltimore. He injects both heroin and cocaine. He is homeless and has been sleeping in an alley near a fire station.

What are some of the risky behaviors that Alex is engaging in?

How can he reduce their harms?

RISKY BEHAVIOR

Exchanging sex for drugs or money

HOW TO MAKE RISKY BEHAVIORS SAFER

- do not have sex for drugs or money
- always use condoms when having sex
- have sex with fewer people

Injecting heroin or cocaine

- stop using heroin and/or cocaine
- inhale drugs nasally (snort) instead of injecting them
- only inject one drug
- always use new needles when injecting
- use heroin and/or cocaine fewer times per day

Sleeping in an alley

- try to find more permanent housing
- sleep in a shelter
- sleep in a warm abandoned house
- sleep in a tent city

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Mental Illness

A mental illness is a condition or disorder that affects a person's thinking or mood. The illness may affect the way a person relates to others. It might make it hard to function in daily life – for example, to work, or cook and eat correctly. Each person will have different experiences, even people with the same diagnosis.

There are many different types of mental illness. They are often divided into serious mental illness and other types. Serious mental illness lasts for longer than a year and has very powerful symptoms that make it difficult to function. Serious mental illness includes: schizophrenia, bi-polar disorder and severe depression. Often, serious mental illness includes psychosis. Psychosis means a break from reality.

It is very difficult to diagnose a mental illness. Only a medical professional should try to diagnose the disorder. It is important for you to know something about mental illness but you should not try to diagnose it. Remember to always report any behavior or conversations that concern you to your team. Remember too that underneath the symptoms is a person who deserves compassion and respect. They have a disorder that affects their behavior.

CAUSES

A mental health disorder is usually not the result of just one event. Research suggests that there are many causes and sometimes there are causes that work together and create the disorder. Genetics, what you inherit from your parents, environment and lifestyle combine to influence whether someone develops a mental health condition. A stressful job or home life makes some people more susceptible, as do traumatic life events like being the victim of a crime.

TREATMENT

Treatment for mental illness includes a combination of medications, therapy and support from peers and the community. Depending on how severe the illness is, it might be necessary for the patient to be in a hospital for some time or to visit the emergency department when in crisis. As a CHW, your role will be to support the patient, remind them to take their medications if they have them and help them communicate with their physician, psychiatrist or social worker. Make sure that you understand what their problems are and then, if you see any symptoms getting worse, you can communicate that to your team. If you have any questions, please make sure to communicate with your team.

Serious Mental Illness: Schizophrenia

WHAT IS IT?

Schizophrenia causes people to lose touch with reality or to live as if there is a filter between them and what is real. It affects how a person thinks, feels and acts. "Someone with schizophrenia may have difficulty distinguishing between what is real and what is imaginary; may be unresponsive or withdrawn; and may have difficulty expressing normal emotions in social situations." Symptoms often include hallucinations or delusions. A hallucination can be something heard that is not real, typically someone misinterpreting something that is perceived or experienced, or something seen that is not real. To the person experiencing it, it seems completely real. Through mixed up signals, the brain is telling them that someone is talking to them or that they are seeing a monster in front of them. You might have seen people talking to themselves, or yelling or acting very strange and wondered what was wrong. Someone hearing noises or seeing visions gets very confused. Imagine you are in a room with lots and lots of noise and you are trying to listen for your mother's voice but you can't figure out which one it is. It is hard to listen for what is real. Or, imagine a very intense and real nightmare that you can't wake from.

Because of these symptoms, it is hard to function and get through your daily life. Sometimes, the person is so confused and it is so difficult to think, that they develop delusions. A delusion is like a story that is not real but when the person is experiencing a delusion it seems very real to them. It is because their brain is creating a different world for them. This makes it harder to function in the real world. Medication and therapy help someone live and function in the community. A person with schizophrenia is usually treated by a psychiatrist and also works with a therapist and others to help them in their daily lives.

CAUSE

The cause of schizophrenia is unknown and there might be many causes. It can be caused by genetics, brain chemistry or even a sparked by a viral illness or infection.

Bipolar Disorder

WHAT IS IT?

The word “bipolar” refers to two poles: very high and very low. It is like being on a very scary roller coaster. The low is called depression and the high is called mania. When in a manic state, the person thinks they are very powerful and can do anything. They can’t sleep. They are irritable and not rational. When they are low, it is a serious depression. Bipolar disorder can be very difficult to identify, even for mental health professionals. Often, it is diagnosed as depression because people are first seen when they are in the depressed state. The most important thing is for you to try to understand the term, be aware of symptoms and to talk with your team about any concerns. There are medications used to treat this disease but often it is hard to keep it in control. Just like schizophrenia, sometimes when in a serious episode there might also be delusions – the person might think they are powerful enough to fly for example.

Psychosis

WHAT IS IT?

Psychosis describes a situation where there is a complete break from reality. It can be the result of a mental illness, see above, or sometimes it is a reaction to a medication, an allergy or a very traumatic event. Someone who is experiencing psychosis is in crisis. They must be seen immediately by a medical professional.

Major Depression

WHAT IS IT?

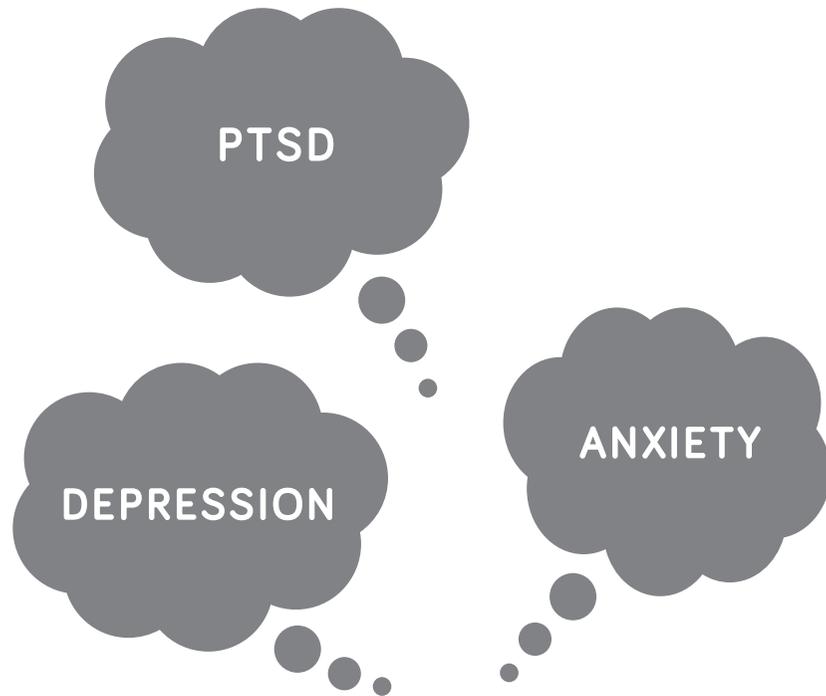
Depression can be mild, moderate, severe or at times even having periods of severe with psychosis. [See next section on depression in the community.] In some people depression lasts so long and gets so bad that it changes to a more serious illness. For example, when it gets so bad that the person can’t get out of bed, or doesn’t eat, or is very irritable or aggressive or just not functioning or when they have hallucinations as described below. This can be treated but might require treatment in a hospital. Medication and other treatment might be necessary. If you suspect depression at all but especially if it gets more severe, report this immediately to the clinical team. If the person is experiencing hallucinations, they must be seen immediately. If you are concerned about suicide, then call 911.

Severe depression can include psychotic symptoms such as hallucinations. Voices you hear in your head reflect your mood and can be very negative. They might be such statements as: “you are a terrible person,” “You are a worthless person and making life worse for others.” It is as if they are hearing other people saying this to them. Imagine hearing these voices saying these bad things over and over. It is hard to try to remember that the voices are not real. It is hard to pull yourself out of the darkness.

06

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Depression

WHAT IS IT?

Depression is an illness that is caused primarily by a brain dis-function or chemical imbalance. This illness creates changes in mood and often also has impacts on how someone feels physically. Depression is more than sadness. It is the absence of hope. In the words of a sufferer: Depression is a black cloak that traps and paralyzes those who suffer and creates turmoil and despair. It is a constant companion always dragging you down. It might be triggered by a certain event but it is a disease that lasts far beyond that trigger. It is an illness and needs to be treated. People who are depressed show different kinds of symptoms. Not everyone is exactly the same. All disease shows itself differently in different people.

TREATMENT

Depression can be treated. Treatment includes therapy with a professional and sometimes medication. It might take time for the treatment to work and it might have to be changed several times. It is very important to keep tabs on how your client is feeling and communicate with the team.

In addition to formal treatment there are other things that can help your client feel better. Exercise is terrific – it is hard to get started and keep it up but it is important just to get out there and get moving. Take a walk or run or put on music and dance. It will help. Eating right is very important as well. The healthier you are, the better you can heal and recover.

REMEMBER

Depression is *not* the same as being sad. People who are depressed are not being lazy when they don't get out of bed or don't get dressed or don't get their children dressed. These are symptoms and behaviors caused by the illness. Depression is also not the same as mourning a death or serious illness. It is expected and normal to be sad at those times and the client needs to be supported through those events. They might need the help of a counselor or a therapist too. However, if this sadness becomes serious, someone stops eating or sleeping for example, then it might be that the sad event triggered a longer lasting depression. Either way, it is good for the client to talk with a mental health professional.

Do not underestimate depression. It affects not only the person who is depressed but their family and their children. Children with depressed mothers are at serious risk of learning disabilities and, later in life, of serious disabilities including difficulty learning, substance use disorders and mental health problems. It is very important that parents with depression be treated so that the children are not affected.

SYMPTOMS INCLUDE:

- Major changes in sleeping or eating patterns
- Sadness and lack of hope
- Failure to find joy in things you liked to do before
- Anxiety
- Irritability and lashing out
- Inability to accomplish daily tasks
- Extreme tiredness

WHEN TO GET IMMEDIATE HELP:

Risk of suicide. If your client talks about killing themselves and has a plan about how they will do it. Get help immediately.

Post-Partum Depression

WHAT IS IT?

Postpartum depression refers to a depression that occurs after a woman has a baby. It can appear any time from birth through the first year. It often occurs during the first three months. In some women, when the baby is born, their body has physical changes that lead to this disease. If a woman has postpartum depression with one child, there is a good chance it will happen again with her next child.

This is not the same as mild sadness or “baby blues”. Instead, it is full-blown “depression” and can range from mild to very severe.

All postpartum depression needs to be treated. When a mother is depressed, she is not able to care for her baby or other children. She will be very tired and unable to feel or express joy. She will not be able to take care of herself. She probably won't realize that she is sick. She may not be able to connect with her baby or bond with her baby. When this continues, it can lead to serious impacts on the baby. She is not lazy or just sad, she is sick and needs treatment. It is very important that you help her understand that there are chemical, hormonal and/or physical changes that can cause depression.

When children are neglected by their parent, they can have delays in developing. Sometimes, even though the mother gets better, there are lasting impacts on the child.

Postpartum depression can be treated with medication and therapy.

SEVERE POSTPARTUM-DEPRESSION

When it is very severe, then it can include psychotic episodes and can include hearing voices that are very dangerous. If someone shows signs of severe depression, you should immediately call your team. It is possible that the mother will need to be hospitalized or receive other intensive treatment services to get over the crisis.

REMEMBER

After a woman has a baby, it is important to check in and make sure that all is going well.

Check for signs that the mother is not sleeping or eating right, that she does not seem to be able to care for the baby or take joy in the baby or her other children. Listen to hear if she is expressing negative thoughts and has no energy. If you observe these symptoms, talk to your team about your concerns.

Explain to your patient that this is bad for her and her baby so it is important to get treatment. If she is hearing voices or seems disconnected from reality, get help immediately.

Anxiety

WHAT IS IT?

Everyone has times they are worried or “anxious” about something. The anxiety disorder is when someone has an unreasonable and/or unexplained fear that affects their ability to go about their daily life. It can be about something specific like a fear of insects or a fear of going out or it can just be general. There is mild anxiety or it can be so severe that the person does whatever they can to avoid it – like when someone does not leave their house anymore.

PANIC ATTACKS

A panic attack is a very sudden and unexpected event that is usually experienced by someone with anxiety. It creates physical symptoms such as a racing heartbeat and trouble breathing. Your brain is sending distress signals and chemicals are racing. Often someone might think they are having a heart attack and go to the emergency room. There are medications to take. Also it is helpful, especially before it gets very serious, to breathe deeply and be guided to stay calm. If you are with someone when they have a panic attack, stay calm and try to keep them calm. Call your team for help and support. It might be necessary to go to the emergency room.



PHOBIAS:

Phobias and other anxiety disorders: There are many different types of anxiety disorders that we are not discussing here. For example, when someone has a fear that is severe it keeps them from engaging in a normal activity. If someone has agoraphobia it might be they are deathly afraid of going; others may have strong fear of having a social interaction. There are treatments for anxiety and phobias - if you suspect any problems, refer to the team for referral to a therapist for treatment.

Trauma/PTSD

WHAT IS IT?

Trauma is an event or experience that is intense, painful, frightening or tragic. It can be sudden or on-going. It can be something obvious such as an attack or a major accident. Trauma includes actions like neglect, abandonment, bullying, poverty, or a combination of any of these things.

There are different types of trauma. A few that are most important to the population you will be visiting are:



IMPERSONAL TRAUMA

Random events, sometimes called “acts of God”. These include things like illness, accidents and natural disasters.



INTERPERSONAL TRAUMA

Not accidental but deliberately caused by one or more people. This category includes abuse, neglect, assault, violence etc. Actions can be by a stranger or someone known to the victim. They can happen one-time only or occur repeatedly.



IMPERSONAL TRAUMA CUMMULATIVE/LIFELONG/ CONTINUOUS COMPLEX

Refers to trauma that is repeated and overlapping. This can result when people live in situations that contain a series and variety of trauma-type events that are intense and continuous.

Trauma can be day to day. People experiencing poverty and loss daily live in a trauma environment.

IMPACT OF TRAUMA

No matter the type, trauma can have both immediate and long lasting effects.

Symptoms can be continuous or they can disappear and resurface. Usually there is a “trigger” that causes the symptoms to re-appear.

PTSD (POST TRAUMATIC STRESS DISORDER)

Some people who experience trauma develop PTSD. PTSD is when someone who experienced trauma in the past develops serious problems in the present. Symptoms include nightmares, anxiety and flashback. These symptoms can happen over and over. They make it difficult to function. PTSD can lead to serious problems.

REMEMBER

Not all trauma results in a diagnosis of PTSD or other trauma-related disorders. Many adults can recover from a trauma in a short time with good support. However, when trauma is repeated there is more damage. Also, when trauma occurs in childhood, there is a much greater chance of developing a trauma-related disorder. Trauma related disorders are often hard to discover. Anything you learn in discussions with your client that reveals possible earlier trauma, should be shared with the treatment team. Do not try to diagnose on your own.

There is a definite connection between trauma and addictions. There is also a strong connection between trauma and depression.

TREATMENT

If your client is diagnosed with a trauma-related disorder, make sure that you discuss with your clinical team the best ways to interact with the client. Learn how you can support them. Try to understand the triggers that create a crisis. Note all triggers in the crisis plan.

Your role as eyes and ears is especially important when working with a client with a trauma-related disorder. Make sure to report any concerns or changes in behavior to your team.

A trauma disorder is sometimes hidden. If you learn about past events that sound troubling, report this to your team. If you witness behavior that worries you or might be a symptom of trauma, then report your concerns to the team. Your client might have a trauma-related disorder.

Your support will be essential to help your clients.

WHEN TO GET IMMEDIATE HELP

Suicide is always a risk if someone has a trauma-related disorder. Listen and observe carefully. Again remember to get help immediately:

- If the person has a plan.
- If the plan has specifics that defined and immediate.

ADVERSE CHILDHOOD EXPERIENCES (ACEs)

The CDC has determined that the stress from specific adverse childhood experiences—ACEs like abuse (physical, sexual and emotional), neglect, and household dysfunction—can lead to neurological changes in a child’s brain causing impairment with learning, memory and self-regulation. Children with ACEs are also more likely to develop a mental disorder or substance abuse problems as adults.

The following treatments can alleviate the effects of ACEs:

- Yoga
- Mindfulness & Meditation
- Deep Breathing Exercises



Substance Use Disorders: Summary

WHAT IS IT?

Addiction is a disease, a disease that affects the brain. It is caused by a combination of factors including genetics (what is inherited from parents), environment, disease and injury. Images and studies show changes contributing to the way the brain works in individuals who have substance use disorders. These changes can remain long after individuals have stopped using drugs. Substance use disorders refer to when someone uses substances and has impaired functioning, such as problems functioning at work because of the substance use, has withdrawal when not using, or craves using the substance.

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Substance use disorders refer to when someone uses substances and has impaired functioning, such as problems functioning at work because of the substance use, has withdrawal when not using, or craves using the substance. When someone is addicted, their brain and other physical changes make it harder and harder to stop using. And, their bodies require more of the drug to get the good feeling because of these physical changes. This is a long-term disease and it gets worse as time goes on.

People might begin to use drugs or alcohol for a variety of reasons. These

include depression, trying something out, better athletic performance pressure from friends or just curiosity. Sometimes when people are depressed or anxious, they use alcohol or drugs to self-medicate. Some people have a personality that encourages taking risks and not worrying about the consequences. However, for people who are at risk for the disease, it then becomes almost impossible to stop and the body and brain ask for more and more. Some drugs, like heroin or other opioids are more likely to cause a disorder. Once the body and brain are used to the drug, then they want more and it is painful and difficult to stop.

Being at risk is like when one person has a gene that means that when they eat a lot of sugar, they will get diabetes—they are at risk, but their friend can eat a lot of sugar and never get sick. This might be a tendency you are born with. Not everyone who drinks will develop the disorder of alcoholism. Once you have it though, just like someone with diabetes, you can treat it and take control.

Some drugs, like heroin or other opioids like painkillers are more likely to cause an addiction disorder.

BRAIN CHANGES

Addictive drugs can cause brain changes that last for a long time even after the person stops taking the drugs or drinking. That is why people sometimes go back to using the drugs or alcohol. Their brain/body continues to crave the substance. These cravings can cause great pain and discomfort. It is necessary to be aware of continued cravings and if someone starts to use again, early treatment will help them back to health.

Sometimes, because of the changes to the brain, even being near a place, or people or experiencing an event will remind the body/brain of what it wants and that will create an urge to use again -craving. People can be trained to be aware of these cues.

TREATMENT

Depending on the substance, there are different types of treatment that work. Each type is different and in the next pages, treatment for several types of substance use disorders is described. For all SUDs counseling and support groups will help in recovery as will staying healthy. Getting healthy and well makes it easier to fight the addiction.

REMEMBER

A person with a substance use disorder can take control and recover. It is difficult and a life-long challenge but it works.

When someone relapses, it is not the end - it is a new beginning. This illness can last a long time, maybe even for life.

Alcohol Use Disorder

Problem drinking that becomes severe is given the medical diagnosis of “alcohol use disorder” or AUD.

A unique feature of alcohol is that it is legal to drink and readily available. This creates extra burdens but reduces criminal charges related to alcohol.

WHAT IS IT?

If a person has a problem controlling their use of alcohol:

- It controls them, they need a drink rather than wanting a drink
- They drink at times they should not like when they are driving, or working or reading to their children.
- It affects their health, their personal relationships, their families and their work.
- As it gets more serious, then they can experience symptoms like shaking even when they are not drinking.
- A person with a serious alcohol disorder has a chronic disease. It will get better and sometimes worse (relapse). It is important to look for signs of relapse so the person can get treatment quickly before a serious situation develops.

WHAT IT DOES TO THE USER

- At low levels of drinking, the user becomes slightly high, feels more free and loose, does things that they might not do if not drinking
- At moderate levels of alcohol use the user might become drowsy or get angry and aggressive or abusive
- As levels of drinking increase, the effects of alcohol also increase, and can lead to problems with memory and coordination
- Alcohol overdose symptoms include

drowsiness, slurred speech, nausea, vomiting and problems breathing

MEDICAL EFFECTS

Long term effects include liver disease, high blood pressure, brain damage and maybe serious memory loss, problems walking. The possibility of developing certain cancers is increased by drinking.

SOCIAL/LEGAL EFFECTS:

- It is not legal to drink and drive. Driving while intoxicated is a serious crime.
- Drinking impacts the life of families and friends.
- Drinking while pregnant has serious health impacts on the fetus.

TREATMENT

- Treatment includes going to a program for detox – that means cleaning out the body.
- Medicines are available to treat severe withdrawal and to prevent tremors and seizure while in detox.
- The patient should remain in treatment with a doctor as well as therapy and attending recovery groups after detox and consider medicine for treatment. These decisions should be made with the doctor and therapist.

WHAT IS A STANDARD DRINK IN THE UNITED STATES?

A standard drink is equal to 14 grams (0.6 ounces) of pure alcohol. Generally, this amount of pure alcohol is found in:

- **12 ounces** of beer (5% alcohol content).
- **8 ounces** of malt liquor (7% alcohol content).
- **5 ounces** of wine (12% alcohol content).
- **1.5 ounces** or a “shot” of 80-proof (40% alcohol content) distilled spirits or liquor (e.g., gin, rum, vodka, whiskey).

<http://www.cdc.gov/alcohol/faqs.htm#standDrink>



Substance Use Disorders: Cocaine powder and “crack” cocaine

WHAT IS IT?

Cocaine is a drug that can be snorted, smoked or injected. What does it do? Cocaine makes someone feel energetic and “up”. It is like being very “revved up”. The physical effects include racing heartbeat, raised blood pressure and feeling high. People on cocaine sometimes do things that are dangerous to themselves or others because of the change in reality they experience while on the drug. Cocaine use may also cause more severe problems such as agitation, heart attack, stroke, very elevated body temperature and breakdown of muscles.

WHAT HAPPENS WHEN YOU STOP USING COCAINE?

When stopping use of cocaine, regular users may experience depression, be extremely tired and have trouble sleeping.

TREATMENT

There are currently no medicines that help with reducing cocaine use.

Individual and group therapy, including cognitive behavioral therapy and attending support groups, can be used to treat cocaine use disorders.

Opiates and Opioids: What Are They?



PAIN > PRESCRIPTION > HEROIN

Opiates are a drug. They can come from a plant or be manufactured in a lab. They include heroin and medical painkillers like morphine. Codeine and oxycodone (for example, OxyContin(R)) are opioids. We will use the term opiate in this toolkit because it includes all of these drugs. The painkillers are legal when used by a doctor to treat pain. Sometimes the patient becomes addicted to the painkiller and when the prescription ends, starts using it as a street drug or turns to heroin. Heroin is illegal.

HOW THEY ARE USED:

Opiates can be swallowed, snorted or injected.

As the use becomes more serious and the disorder progresses, most users begin to use needles (IV use). IV use adds to the problems because used or “dirty” needles can infect the user with HIV/AIDS, hepatitis, and other serious diseases. Opiate effects include pain relief, decreased breathing and feeling high.

- When addiction occurs, the person must spend most of the time trying to make sure they get the next dose or “fix” in order to get the desired “high” and avoid withdrawal.

- Withdrawal is miserable, often compared to “the super flu” but it is not life threatening. Also, if there are other medical problems the user may need medical care during withdrawal. It lasts from three to 10 days. However, there could be complications. It is good to be under supervision of a professional.

OVERDOSES:

- Overdoses are common and life threatening. They occur because the addict does not know what strength they have bought or because they have developed tolerance and want a better “high”.
- Overdose is a serious complication, characterized by depressed level of consciousness stopping breathing. Overdose can be treated with naloxone.
- If the addict is very sleepy and has constricted pupils, they need medical attention to prevent death from overdose.

TREATMENT

There are medicines available for treatment including buprenorphine and methadone. Medicine treats the changes in the brain that lead to craving. [See section on Medication treatment] Long-term treatment with medicine, especially in combination with support groups and therapy is considered very effective. Clients should discuss treatment options with a healthcare treatment provider.

Medication for Opiate Addiction

WHY MEDICINE?

There are medicines available that are very effective in treating the disease of opiate addiction. The opiates change your brain and this makes it very difficult to get permanently better without medicine that treats the brain. Some people might get better without medicine, just like some people recover from other illnesses without treatment.

For most people however, rich or poor, young or old, strong or weak, the medical evidence is very strong. Without medicine it is very difficult to stay healthy. The opiate changes the chemistry and structure of the way a person’s brain works. If you stop taking it, your brain needs something else or it sends out signals that create a physical need for the opiate. This has nothing to do with willpower or inner strength.

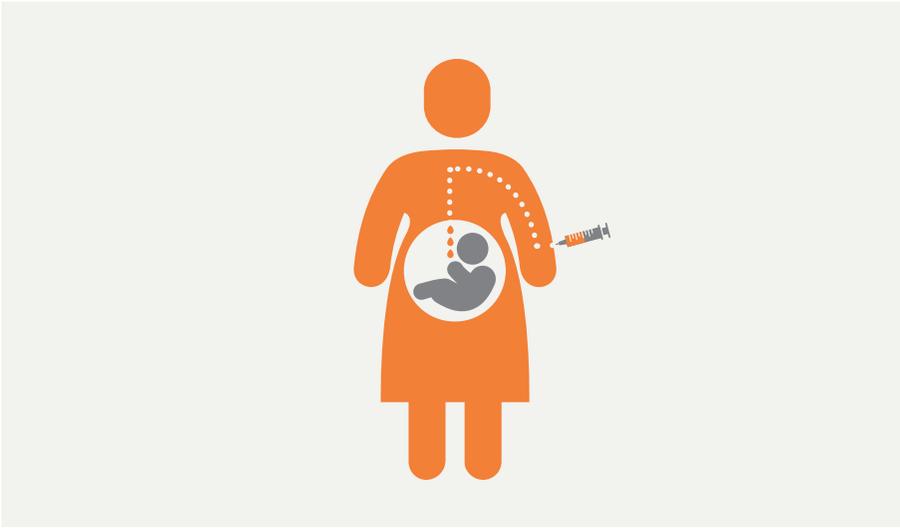
If you have diabetes or a heart condition, you will probably need to take medicines for the rest of your life to treat it. The same is true for opiate addiction. We are very lucky that these medicines are available and are very effective. They work. It is important for you to help someone with an opiate addiction to talk with a doctor about treatment. Once they are on the treatment, it is up to you to help them understand that they need to continue.

You also are a link for educating the community about why medicine is so important to recovery. Support the patient in becoming part of a recovery community and attending meetings while also taking medication and perhaps getting therapy. Addiction is a very powerful disease. The patient needs a lot of support to recover. You are their support and their link to the team in this process.

SUMMARY

Using heroin or other opiates creates changes to the brain. These changes must be treated with medicine.

The two medicines that work are buprenorphine/suboxone and methadone. Because of the changes in the brain from the disease, it might be necessary to take the medicine for many years or even the rest of your life. The best support is to take the medicine and be part of a supportive community.



Substance Use Diagnoses & Pregnancy: Special Considerations

Main points:

- Substance use during pregnancy can lead to a range of negative effects on pregnant women, unborn fetuses and newborn babies.
- Pregnant women who are using large amounts of substances should not quit on their own, but should seek medical care. Sudden withdrawal can cause harm to the fetus or miscarriage.
- All pregnant women should seek early prenatal care whether or not they are using substances.
- Women who do not want children can talk to their doctor about taking precautions to not get pregnant.

Substance use, including alcohol, cigarettes and illicit drugs, during pregnancy can cause a range of negative issues for pregnant women, unborn fetuses and newborn babies. Often, when a woman finds out she is pregnant, she naturally makes healthier decisions, including cutting back on or quitting alcohol, cigarettes and illicit drugs. Women who are unable to cut back or quit these activities may have a substance use disorder.

The most important thing a woman can do for herself and her fetus is to get early and regular prenatal care. This is extremely important, even if she is continuing to engage in substance use. Women who use substances and get prenatal care have better birth outcomes than women who use substances and don't get prenatal care. Therefore, it is important to encourage a pregnant woman to see a doctor or midwife early in their pregnancy, whether or not she is abstaining from all substances. She should also be encouraged to be honest with her doctor or midwife about her substance use. This will increase the chances that she gets appropriate care for her condition.

If a woman wants to stop using substances during her pregnancy, she should talk to a medical professional instead of quitting on her own. Sudden withdrawal from opiates (such as heroin, methadone, oxycontin and other prescription pain medicines) or alcohol can lead to harm to the fetus or miscarriage. Substance use disorder treatment programs can help a pregnant woman safely reduce or quit substance use.

Depression can appear or increase during pregnancy causing more cravings for release. Getting treatment for both depression and substance use will keep you and your baby healthier. You deserve the best and you and your baby deserve the chance to be happy and healthy.

Remember, pregnancy can mean many different things for different women. Depending on where a woman is in her life, pregnancy can be exciting, overwhelming, or stressful. Substance use is often a coping mechanism for stress, depression and anxiety, and a pregnant woman with a substance use disorder requires support—not judgment—as she seeks to improve the health of herself and her fetus.

If a woman is using substances and does not currently want to have children, she has many options for controlling when and how many children she has. A doctor or nurse can help women explore their options for preventing pregnancy. These options may include birth control pills, injections (such as Depo Provera), or long-acting reversible contraception (such as an intrauterine device or implant). Many women with substance use disorders think that they cannot get pregnant because they don't get their period. This is not true, and all women who do not want to get pregnant should take appropriate precautions.



Drug Overdose

Main points:

- Drug overdoses can be prevented, and people who overdose can survive.
- Risk factors for overdose including recently getting out of prison, drug treatment, and/or mixing substances.
- Some drugs you buy on the street might be mixed with another drug creating a dangerous situation
- If a person overdoses on opiates, receiving Naloxone could save their life.
- Everyone who uses opiates should carry Naloxone with them when they are using.
- Education without judgment is extremely important to prevent overdose even if your patient decides to continue drug use. People who live to see another day have hope for a future.

Drug overdose is one of the leading causes of accidental death in the United States. More people die from drug overdose than car accidents. When working with people with a history of drug use, it's important to remember that witnessing or surviving drug overdose is common and can be incredibly traumatic. The good news is, drug overdose can be preventable and survivable.

People are at higher risk for overdose if they have not used drugs for an extended period of time. This may include people coming out of a drug treatment program and people coming out of prison. For people in these situations, their tolerance is lower, and they cannot return to using the same amount of a drug that they used before. Using too much of a drug when your tolerance is low can lead to overdose.

Mixing different types of drugs can also increase a person's risk for overdose. For example, mixing opiates (such as heroin, methadone, oxycotin and other prescription pain medicines) with benzodiazapenes (such as Valium, Xanax, Klonopin, Ativan and Ambien) or alcohol can greatly increase someone's chances of overdosing.

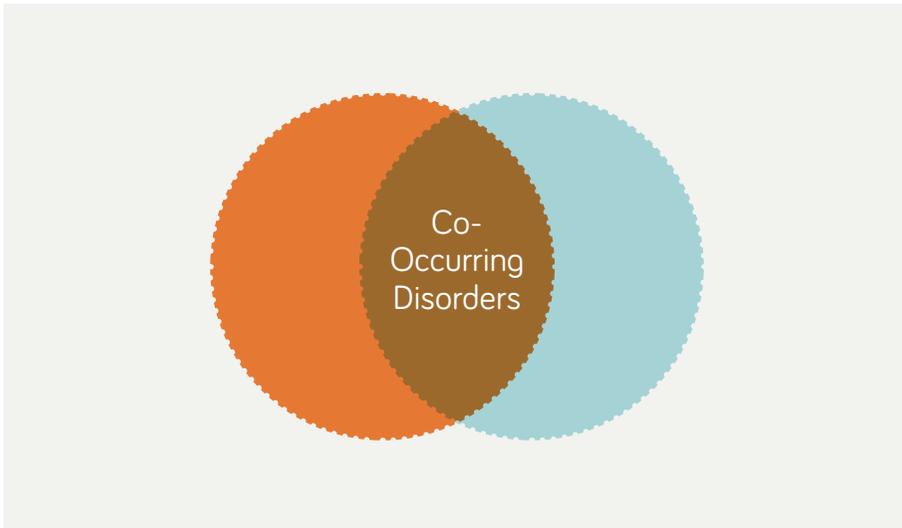
A person who continues to use drugs can still reduce the likelihood of overdose by doing the following:

- If they have been in prison or drug treatment and they choose to start using drugs, they should always use a lesser amount at first. This may include doing a "tester hit" to make sure they know the strength of the drug.
- If possible, they should avoid mixing drugs and buy from a reliable source.

For people who use opiates, using the drug Naloxone can reverse an overdose and save a life. Naloxone, also known as "Narcan", can be injected into a muscle or sprayed into a nose to block opiates . Naloxone can be prescribed by a doctor and is often available through community-based programs or local health departments. If your patients or someone you know uses opiates, it is important to carry Naloxone at all times— you could save a life! You should also educate them about the risk of overdose and the need to carry Naloxone.

YOU CAN SAVE A LIFE

Someone who is beginning to overdose with opioids can be treated with Naloxone. If you can get trained and act quickly, you can save a life. Learn about overdose and treatment.



Co-Occurring Disorders:

Co-occurring simply means happening at the same time. If you catch a ball while running, then the catching and the running are co-occurring activities. If you have a cold and heart disease, then you have co-occurring health problems. When you have more than one thing going on at once, each one affects the other. Therefore, to get healthy, you must not only try to treat the cold, but you must see how the cold is affecting the heart problem and treat the two health conditions at the same time. Otherwise, there is a danger that one will get worse because of the way that you treat the other. Also, if you only treat one and ignore the other, then you run the risk that neither one will get better. For example, if your heart problems are causing you to get very tired, you might stop exercising, you might stop eating well and you will get more rundown. When you are rundown, you have a greater chance of getting infected. Therefore, when you are not treating the heart problem, you are more likely to get colds and flu. When you have colds and flu, this is not good for your heart condition. And, so it goes, round and round in a downward spiral.

Substance use disorders and mental health disorders often co-occur, like in the example above. Many people who have one also have the other at the same time. And, often, one leads to the other or makes it worse. For example, someone who has depression and feels really bad sometimes begins to use alcohol as a way to feel better. This is called self-medication. Sadly, this can lead to alcoholism and

things only get worse from there. It is very important to understand and treat all of these problems in your patients at the same time so that they can become healthy and strong.

A person can have many health problems that co-occur. People with substance use disorders and mental health disorders often have serious medical problems too. It is very important to treat every individual as a whole person not as a bunch of different problems. Health will improve only by treating a person in this way. Treating all things together is called “integrated” care or treatment. Your role as a CHW is to work with your clinical team to be their eyes and ears. It doesn’t do any good to fix a broken leg if the person bleeds to death from cuts while the doctor fixes the leg. Sometimes, it isn’t easy to see that the leg and the bleeding are happening at the same time. It isn’t easy to see that someone is so depressed that they are not taking their heart medication. That is where you come in!

- “Co-occurring” means happening at the same time
- Many people with substance use disorders also have mental health disorders and vice versa
- Sometimes, one disorder causes the other or makes it worse.
- Often people with mental health and substance use disorders have other physical health problems or diseases too.
- It is important to treat these problems together. This is called “integrated” and “holistic” treatment.
- Integrated and holistic treatment helps your patient become healthy and strong.

Health Indicators

 Blood Pressure

 Cholesterol

 Swelling

 Weight

 Care Plan

 Disease Management

Tools to Improve Health

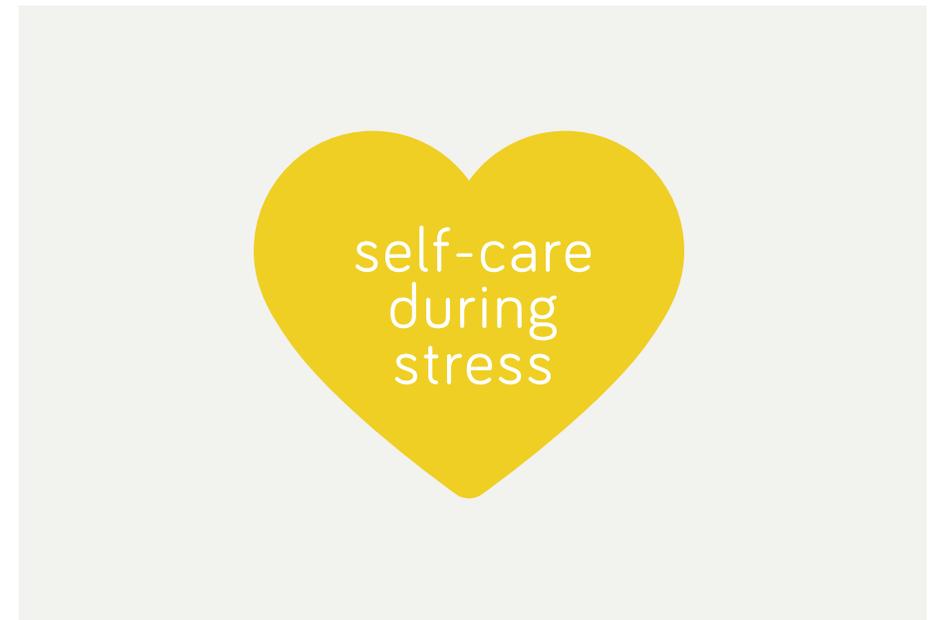
 Nutrition

 Exercise

 Yoga

 Meditation

 Routines



Stress Identification & Management

WHAT IS STRESS?

Stress is a physical and emotional reaction that people experience as a result of changes, challenges and/or demands in life. Stress is a normal feeling.

CAUSES OF STRESS

Stressed can be caused by both positive and negative changes, challenges and/or demands in life. Causes of stress are different for each person. Some causes of stress include moving, starting a new job, having a baby, money problems, losing a job, death of a loved one, having an illness, problems at home, and problems at work.

SYMPTOMS OF STRESS

Neurological: headaches, nervousness, irritability, anger, forgetfulness, lack of energy, and trouble sleeping

Cardiovascular: fast heartbeat and elevated blood pressure

Gastrointestinal: upset stomach, stomach aches, diarrhea, constipation, weight changes

Musculoskeletal: frequent aches and pains

EFFECT OF STRESS

Over time high levels of stress places individuals at higher risk of heart disease, high blood pressure, diabetes, obesity, mental health problems including depression and anxiety, chronic pain, skin problems, and a lowered immune system.

STRESS MANAGEMENT

Nutrition: Eat a balanced diet with fresh fruits and vegetables, whole grains, fat free or low fat milk, lean meats, poultry, fish, beans, eggs, nuts, and low in saturated fats, trans fats, cholesterol, salt, and added sugars.

Physical Activity: Engage in physical activity 3-4 times a week for at least 30 minutes. Always check with the healthcare provider regarding what type of exercise is right for the client. Physical activities can include walking, running, biking, swimming, and playing sports. Workout with a buddy.

Relaxation: Relaxation techniques include guided imagery, listening to music, deep breathing exercises, and practicing yoga. Sleep 7-8 hours every night. Listen to your body when it tells you to slow down. Engage in activities and hobbies.

Social Support: Talk with a friend. Engage in healthy activities with friends and family. Discover and/or engage in your own spirituality.

As a Community Health Worker, you can be trained to give a stress reduction class.

Stress is...

“Stress can be caused by good things or bad things. I am taking a math class to pass the GED and that is good but learning math makes me very nervous and creates a lot of stress. Also, getting a job is good but can create a lot of stress, or getting married, or having a baby.”

“Stress is something that is always with me. I am always worried and anxious.”

“Stress about my life or my family makes me very nervous and makes me feel sick. Sometimes I take a drug or drink so that I can calm down and forget about my problems.”

“Stress is my life.”

08 Crisis and Urgent or Emergency Situations

56 How Do I Recognize a Crisis?

How Do I Recognize a Crisis?

There might be a time when you call your patient or go to visit them and you sense that something is very wrong. Your team will have procedures to follow in case of emergency. You should have those procedures with you and always follow them. When you have patients with a mental illness and/or substance use disorder, there are some types of crisis that might occur. You should discuss these with your team in advance so that you are ready. Heroin overdose and suicide are special situations that should be discussed.

HEROIN OVERDOSE

See OVERDOSE section, earlier in this Toolkit for explanation. If your training included training to treat a heroin overdose make sure you always have your Naloxone kit with you. From time to time go over the training so that you will be calm if you need to use your kit. IF you have not received training and your patient has a history of opioid/heroin use, then call 911 immediately if you see that they are having any trouble breathing.

SUICIDE RISK

If you are worried that someone might be thinking about suicide, and if they have a plan on how to do it then you should call your team and 911. If they are talking about suicide at all, call your team immediately.

HAVE A PLAN

Go over with your team what you should do if there is a crisis. Make sure you always have a card with you that has the numbers you will need to call. The plan from the team should say who to call and when. You should always have another member of the team that you can contact. If you have a patient who is at risk for a crisis, or you are worried about that, make sure that you discuss this in team meeting. Write down for that patient what might cause (trigger) a crisis and what can help that patient during a crisis. Keep that with you at all times. It can go into this Toolkit. If you have a plan and are prepared you can stay calm.

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Self-Care: Tips for Preventing Burnout

Talking to people about their physical and mental health can be very stressful. Burnout is when you feel emotionally exhausted. It's important that you take some time to care for yourself every day, so that you don't become too tired to care for others. What makes *you* feel like your strongest self emotionally?

After work take a few minutes to separate and prepare for being at home with your family. Here are a few tips for self-care and stress relief:

4-7-8 DEEP BREATHING EXERCISE

Breathe in deeply for four seconds. Hold your breath and count to seven. Count to eight while exhaling. Repeat as many times as you want.

LISTEN TO MUSIC

Play your favorite album. Get zen by listening to a soothing song or put on something you can move to and have a dance party for one!

YOGA & MEDITATION

Regular yoga practice and mindfulness strengthens the connection we have to our bodies and to our minds. Just ten minutes of yoga or meditation a day can make you feel more centered and focused. If you have a smartphone, give one of these a try:

- **Baptiste Power Vinyasa Yoga With Kinndli** (Yoga Podcast)
- **Headspace** (Mindfulness App)

HOT SHOWERS & BATHS

Taking a hot shower or bath, especially ones with scented oils like peppermint, can help reduce your blood pressure after a long day.

HUMAN CONTACT

A simple hug from a loved one has huge physical and emotional benefits. Try to get at least three good hugs a day!

PLAY WITH A PET

Quality time with our furry friends are great for stress relief.

GO FOR A WALK

Taking a walk when it's nice outside is a great way to unwind and reflect upon your day.

SPEND TIME WITH MOTHER NATURE

Spending time around plants and trees has been proven to make people happier.

Glossary

Note: The following terms are used in the CHW Toolkit and have certain meanings. The Glossary gives definitions to ease understanding in the Toolkit. Not everyone agrees on the exact definition but this is how these terms are used in the Toolkit.

Primary Care: Primary care means basic health care. It refers to taking care of the medical needs of a patient at the beginning and then continuing to care for the patient and link them to special medical treatment as needed. The primary care physician is concerned with the health of the whole person. It refers to the first point of contact for medical treatment and the continuing point of contact. Primary care is not specialized for a particular part of the body or a particular disease. Instead, primary care is basic care for the medical needs of a person.

Somatic Health: The term "somatic" is sometimes used to distinguish diseases of the body from diseases of the mind. It is not always clear if there is such a distinction but the term is still used.

Behavioral Health: Behavioral healthcare is an umbrella type term and refers to a continuum of services for individuals at risk of, or suffering from, mental, behavioral, or addictive disorders. This term is typically used to refer to both mental illness and substance use disorders.

Nurse Practitioner: A Nurse Practitioner is a nurse who has completed an advanced graduate program and is certified to perform certain medical functions independently/ without need for supervision by a doctor.

Neurology/Neurological: a branch of medicine studying the diseases and disorders of the nerves and the nervous system. This includes the brain.

Mindfulness: This refers to a state of mind where one focuses on the moment, focuses on what they are doing. Mindfulness doesn't include judging those actions but means being aware of them, not doing something without thinking. Paying attention to what one says and does. People say it is "living fully in the moment" or working to "have a special awareness." There are different types of "mindfulness" programs or trainings.

Cognitive Behavioral Therapy (CBT): CBT is a type of formal treatment often used to treat certain addictions or mood disorders. It is done by licensed therapists trained in this treatment. It usually is short-term with a certain amount of sessions during which the patient learns to understand how certain thoughts affect their behavior and how to use their thoughts to change their behavior in a positive way.

Craving: Craving is an intense, urgent longing for a particular object or thing. A craving can range from more to less intense. It can become so intense that it is almost impossible to ignore. It can be physical and mental or emotional.

Drug Withdrawal: This refers to the serious physical and mental symptoms that occur when a person with an addiction seriously reduces or stops taking the drug to which they are addicted.

Drug Tolerance: Certain drugs like alcohol and opioids create a "tolerance". This means that a person needs to take more and more of that drug to achieve the same affect. The body becomes "resistant" to the drug and so it requires more, a larger dose, to get the same "high".

Thank You.

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