



Link Study Curriculum

Virtual Version

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Table of Contents

Link Study Description, Purpose, and Objectives	2
Training Agenda.....	3
Welcome and Training Overview	4
Using Zoom	5
Introductory Ice Breaker – Speed Networking.....	6
Housekeeping and Group Agreements	7
Introductory Slides	9
Language Matters Exercise.....	11
Handout 1: Language Matters.....	13
Teach Backs: Family Planning and Substance Use Disorders 101.....	15
Topics to be Covered in Teach-Back Presentations.....	16
Facilitator Tool: Additional 101 Talking Points	17
Video and Discussion	18
Intersections Presentation.....	20
Strengthening Communication: Talking About Sensitive Topics.....	22
Handout 2: Strengthening Communication - How Do You Feel About....?	25
Integrating Screening and Referrals	26
Handout 3: Person-Centered Care Approaches	32
Handout 4: Essential Sexual Health Questions Flow Chart.....	33
Handout 5: Substance Use Disorder Small Group.....	34
Handout 6: Birth Control Method Options.....	35
Handout 7: Family Planning Small Group.....	36
Handout 8: CAGE-AID Questionnaire.....	37
Handout 9: Substance Use Screening Pocket Card	38
Role Playing.....	39
Handout 10: Role Play Scenarios.....	41
Handout 11: Role Playing Observation Checklist.....	43
Action Planning.....	44
Handout 12: Action Planning.....	46
Exercises and Icebreakers	48
Day 2 Ice Breaker – Three in Common	48
Day 1 Closing Exercise.....	49
Final Closing Exercise	50
Handout 13: Individual Action Plan.....	51

Link Study Description, Purpose, and Objectives

The Link Study will develop and test an educational cross-training intervention to improve collaboration and coordination of services among family planning (FP) and substance use disorder (SUD) providers. The intent of the cross-training is to improve overall quality of care and to ensure that both FP and SUD providers have the skills and self-efficacy necessary to effectively screen and refer their clients.

Study Purpose

- To increase SUD screenings and referrals in FP clinics and increase FP screening and referrals within SUD services
- To increase linkages between FP services and substance use treatment and recovery support services
- To increase participants' ability to provide person-centered care for men and women of child-bearing age with opioid use disorder and other SUDs.

Training Learning Objectives

- Describe terms, acronyms, and basic information used in the family planning (FP) and substance use disorder (SUD) fields.
- Evaluate their own readiness and comfort level with discussing important and sensitive FP and SUD issues.
- Articulate the relationship between FP and SUDs and describe overlapping issues in both fields.
- Use person-centered techniques and tools to initiate conversations and engage more effectively with clients.
- Identify potential areas of change within their organization and formulate a plan for integrating screening and referrals.

Training Agenda

This outline reflects the suggested order of the training. However, depending on the amount of time provided and how those sessions are divided over days and hours, the order may have to be shifted to accommodate.

5 minutes	Welcome and Training Overview	Power Point Slides 1-5
5 minutes	Using Zoom	Power Point Slide 6
10 minutes	Introductory Ice Breaker – Speed Networking	Power Point Slide 6
10 minutes	Housekeeping and Group Agreements	Power Point Slide 8
10 minutes	Introductory Slides	Power Point Slides 9-13
20 minutes	Language Matters Exercise	Power Point Slide 14
70 minutes	Teach-backs: FP 101 and SUD 101	Power Point Slides 15-25
40 minutes	Video and Discussion	Power Point Slide 26
30 minutes	Intersections Presentation	Power Point Slides 27-51
20 minutes	Strengthening Communication: Talking About Sensitive Topics	Power Point Slides 52-55
60 minutes	Integrating Screening and Referrals	Power Point Slides 56-74
40 minutes	Role Playing	Power Point Slides 75-77
45 minutes	Action Planning	Power Point Slides 78-81
10 minutes	Closing Activity – Individual Action Plans	Power Point Slides 82

Welcome and Training Overview

Purpose

Welcome everyone to the training, provide overview of the project.

Time Needed

5 minutes

Materials and Handouts

- PPT slides 1-5
- Handout Package

Instructions

- Welcome everyone.
- Have each trainer introduce themselves and their background.
- Provide a brief overview of the training and review the agenda and handout package.
- When going through the overview of the training and reviewing the agenda, set the state for the action planning that will happen later in the day (or in the next session). For example, "Keep in mind that all of these activities will lead to you working out the processes at your own agency in the action planning at the end of the day. Creating these processes, both at your own agency and between agencies, is the end goal of the training."

Using Zoom

Purpose

Provide an overview of the Zoom Platform

Time Needed

5 minutes

Materials and Handouts

- None

Instructions

Use this time to provide a quick orientation to the Zoom platform features that will be used during the training to include:

- Demonstrate how to turn audio and camera off and on.
- Point to the participant box that will allow them to see the names of all participants. Demonstrate the use of the reaction buttons at the bottom of the participant panel (i.e. yes, no, like, dislike) and ask each person to click one.
- Demonstrate the use of the chat box by asking each person to type their name and pronouns into the box, to be sure everyone knows how to use it.
- Tell participants that they can put questions in the chat at any time.
- This would be an ideal time to introduce your producer. Explain that he or she will be working behind the scenes to keep things running smoothly.
- Let participants know that if the training is hit by a “zoom bomber” or if we run into unresolvable technical problems, everyone will be removed from the room and training participants will be emailed a new meeting link within 5 minutes.

Introductory Ice Breaker – Speed Networking

Purpose

To provide an opportunity for all participants to meet each other in a rapid and fun online speed-networking format.

Time Needed

10 minutes

Materials and Handouts

- None

Preparation

- Work with producer to identify process for rapid movement of participants between breakout rooms.

Instructions

- Describe the activity to participants. Give participants details about timing so they aren't overwhelmed.
- Work with your producer to send two participants to each breakout group.
- They will have 2 minutes to introduce themselves, give their job's role and one fun fact before the producer rotates them to a new partner.
- The producer will send a timing reminder mid-way through each breakout – let participants know that this will be coming and can be used as a prompt.
- Once everyone has been introduced, the producer will return everyone to the main Zoom room.

Wrap Up & Key Points

- Reflect on the diversity and vast experience and knowledge in the training and explain that this training will build on that knowledge.
- Remind participants that the trainers are not the experts, but more here to facilitate and enhance collaboration between organizations that are experts in their field.

Housekeeping and Group Agreements

Purpose

- Provide an overview of the training and offer time for breaks, as needed.
- Facilitate the development of group agreements to ensure a safe and supportive training environment.
- Offer the concept of a Parking Lot.

Time Needed

10 minutes

Materials and Handouts

- Pre-developed Padlet

Preparation

- Review facilitator guide to be prepared to discuss group agreements.
- Develop a group agreement Padlet
- Develop a Parking Lot Padlet

Instructions

- Note built-in breaks in the agenda (if included), but remind participants about self-care and that they can turn off their cameras/take breaks as needed.
- Encourage participants to remain on camera as often as possible to ensure engagement and interaction.
- Work with the participants to develop a set of Group Agreements. These agreements help create an open and respectful environment where participants feel safe to share their perspectives, ideas, and feelings.
- In advance, create a Padlet page for Group Agreements. Post the link the Padlet in the chat box and ask participants to follow that link.
- Ask participants to suggest some Group Agreements and record on the Padlet page. One trainer can facilitate the conversation while the other trainer sorts and organizes the Padlet responses.
- Here are a few examples of Group Agreements to offer to the group, if needed.
 - Everyone is given a chance to participate. More talkative members of the group should give space for quieter participants to engage and share.
 - Respect each other's opinions, even if we disagree.
 - Avoid judging others.
 - Information shared in the training should be confidential.
 - Use headphones if they will not be in a room alone.
 - Mute yourself if/when you're not speaking
- Confidentiality is a common group agreement/ground rule that may come up. And while it is well suited for a confidential group such as a support or therapeutic group, it's important for the facilitators to note that we cannot guarantee confidentiality. And that, while we want to create a safe

and transparent environment, we also want to set realistic ground rules regarding confidentiality.

Instead, ask participants to:

- Protect confidentiality
- Don't share private information publicly.
- Don't share anyone else's name.
- Share what information IS important to your other team members and professional networks.

This information is important and the work you're doing is critical.

- The facilitator might also suggest that the group agreements include a commitment to learning and growing. Acknowledge that participants may be using language that is new to them or learning a new concept or approach. Remind each other to be helpful and patient as others learn and use unfamiliar concepts, terms, and language.
- Before proceeding, ask if all participants can support the Group Agreements. Ask participants to either provide a Zoom reaction or type their response in the chat box.
- Save the Padlet link and post the link in the chat in case the group needs to refer back to the agreements.
- Finally, explain to participants that there may be topics or issues that we don't have time to explore or discuss in-depth. Explain that we will be developing a Parking Lot in Padlet to track those items to ensure that some follow up occurs.

Introductory Slides

Purpose

To offer a brief overview and common definitions of family planning and substance use disorder we'll be using in this training.

Time Needed

10 minutes

Materials and Handouts

- PPT slides 9-13

Preparation

- Review PowerPoint slides to be able to effectively cover the terminology in easy to understand language.
- This should provide a simple, high-level overview of the topics. The detailed information will come during the teachbacks.

Instructions

- Tell participants that they will be learning mostly from each other during their teach-backs on their work and their organizations. However, the purpose of these first slides is to get everyone on the same page to make sure everyone is using the same definitions when discussing family planning and substance use disorders.
- Review Introductory slides. Introduce the concepts as common, overarching terms about SUD and FP care that are important to know upfront. The following talking points will be helpful:
 - Throughout the day you will be learning from each other through teach-backs on your work and your organizations, but these introductory slides will help make sure everyone is on the same page and using the same definitions when discussing family planning and substance use disorders.
 - Family planning is defined as “the ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births.”
 - Family Planning is an all-encompassing term for sexual health, reproductive health, and well-being.
 - Family planning includes both reproductive health and sexual health and is guided by the principle of informed choice, also known as reproductive autonomy.
 - Substance use disorder (SUD) is a disease that affects a person's brain and behavior and leads to an inability to control the use of legal or illegal drugs or medication (including alcohol).
 - SUD is a diagnosis based on evidence of impaired control, social impairment, risky use, and pharmacological criteria.
 - This training is aimed at reaching folks with an untreated SUD, not those who are using a drug as prescribed (under a provider's supervision).

- SUD is the preferred term in the substance use field; however, addiction is still commonly used among providers and clients.
- We will use the term “client” instead of “patient” throughout this training.
 - The word client was adopted by the behavioral health field with the idea that instead of a patient who needs a clinician to offer treatment, a client seeks the assistance of a counselor.
 - You should feel comfortable using the term that resonates with you.

Language Matters Exercise

Purpose

To discuss terms and acronyms used in the family planning and substance use disorder fields that are important to be familiar with, and terms that shouldn't be used.

Time Needed

20 minutes

Materials and Handouts

- Pre-designed Padlet
- Handout 1: Language Matters
- PPT slide 14

Preparation

- Create the Language Matters Padlet
- Review common terms in the Trainer Resource Guide

Instructions

- Explain to participants that in their respective fields there are a lot of very specific terms which are used that would be important for the other agency to know. Even common words or phrases can have different meanings for people working in different fields. Because of this, we want to take a little time to get familiar with some of these terms.
- Ask participants to use the Language Matters handout to write down terms or acronyms from their field that others may not be familiar with. Ask them to also note some terms from their field that others should avoid using.
- Share the Padlet link with participants and ask them to list their terms in the prepared categories. Be sure to use your co-facilitator to help.
- Ask the participants to type examples of terms that are used in their field and are important for the other organization to know. Encourage participants to also include terms that are not appropriate to use.
- The trainer who is not facilitating this session can begin sorting the responses into common themes or categories while participants are adding them. She may also want to color code those that should not be used.
- Go through some of the terms in groups. Ask the participants to briefly explain the terms, if needed and if time permits.
- If specific/detailed questions and discussions come up, ask participants to hold them until the end of the activity, if time permits, or put them in the Parking Lot Padlet to discuss at a later time.

Wrap Up & Key Points

- Ask the participants why they think we did this activity and how might it be helpful for them to learn each other's professional language.

"Language can reinforce stigma or empower people—as providers, we are in positions to use language that is empowering."

- Discuss the importance of language and why we need to share specifics by saying something like: *“The people we serve in our respective agencies will be better able to make appropriate decisions about their health when they are provided the information they need in a language that they are able to understand. We have to first understand that language ourselves in order to be able to share it with our clients.”*
- Remind participants that this is about our professional use of language. Clients may still use terms that we find dated or inappropriate, but we should not correct or shame them for their language of choice or for how they may identify.
- Encourage them to add to their handouts/list of terms as we go through the training.

Common FP Terms

Family planning
 LARCs
 Natural family planning
 Emergency contraception
 Depo
 IUD/IUC
 Title X (10)
 Abortion
 Gag Rule
 Fertility awareness
 STIs/STDs
 340 B
 LGBTQIA2s+
 Pansexual/Bisexual
 Genderqueer
 Agender/Asexual
 Reproductive Autonomy

FP Terms to Avoid

Infected
 The clap
 Clean/Dirty
 Lazy
 Resistant
 Rich/Poor women

Common SUD Terms

Substance misuse
 Substance use disorder (SUD)
 Opioid use disorder (OUD)
 Alcohol and other drugs (AOD)
 Addiction vs. Dependence
 Neonatal abstinence syndrome (NAS)
 Neonatal opioid withdrawal syndrome (NOWS)
 Medications for addiction treatment (MAT)
 Injection drug use (IDU)
 Person with a SUD/mental illness
 Recovery/Person in recovery/person in long term recovery
 Peer recovery
 Return to use
 Screening, Brief Intervention, and Referral to Treatment (SBIRT)
 Protective

SUD Terms to Avoid

Addict
 Clean/Dirty
 Crack babies
 Addicted infant
 Alcoholic
 Drug addict
 Drug habit
 Relapse
 Substance/drug abuse
 Abuser
 User
 Injection drug user
 Lazy

Teach Backs: Family Planning and Substance Use Disorders 101

Purpose

The purpose of the session is to provide participants with basic and important information about FP and SUDs.

Time Needed

- 15 minutes for presentation on FP 101
- 15 minutes Q&A FP 101
- 15 minutes for presentation on SUD 101
- 15 minutes Q&A SUD 101
- 10 minutes Facilitator Talking Points/Follow-up

70 minutes total

Materials and Handouts

- Facilitator 101 Talking Points
- PPT slides 15-25

Preparation

- Facilitators should review prepared talking points if the teach backs don't cover all the key components.
- Work with the sites to tailor the supplemental slides, if needed.
- Work with the producer to determine which slides will need to be shared.

Instructions

- Offer an overview of the session. In this project, The trainees are the experts in their respective fields. This section gives them the opportunity to share their knowledge and expertise with the others.
- Explain how this will be important information to learn to ultimately create an effective referral process between the two agencies (which will be discussed in more detail during the action planning).
- Give each group 15 minutes to present and then 15 minutes of Q and A.

Wrap Up & Key Points

- Reflect on 1-2 things they each learned during this session.
 - What may be similar about the populations or services they provide?
 - What are some of the differences?

Topics to be Covered in Teach-Back Presentations

Family Planning 101 - Key Points

- Overview of your agency & the population you serve
- What is family planning?
- Services your organization provides
- Local impact of unmet need for contraceptive care including statistics, issues, and challenges (with data provided by us, as needed)
- Local laws (with data provided by us, as needed)
- Confidentiality and informed consent in your setting
- Reproductive autonomy
- The most important thing you want the SUD team to know about your work
- How SUDs are currently addressed at your agency, if at all
- How to make a referral to your organization

Substance Use Disorder 101 - Key Points

- Overview of your agency & the population that you serve
- What is the continuum of recovery services?
- What can treatment/recovery look like (in other words, describe the various paths to recovery)?
- Services your organization provides/community provides
- Local trends and disparities (with data provided by us, as needed)
- Local laws (with data provided by us, as needed)
- Confidentiality and informed consent in your setting
- The most important thing you want the FP team to know about your work
- How FP is currently addressed at your agency, if at all
- How to make a referral to your organization

Facilitator Tool: Additional 101 Talking Points

Once both agencies have conducted their teach-back session, be sure that the following key points have been covered.

Family Planning

- Family planning is voluntary, person-centered, and non-coercive.
- Family planning services include:
 - Contraceptive services
 - Pregnancy testing and counseling
 - Preconception health services
 - Basic infertility services
 - STI and HIV testing, treatment, prevention, and counseling
 - Breast and pelvic examinations
 - Cervical cancer screening
 - Abortion
 - Other preventive services (e.g. HPV vaccination)
- There are a range of contraception options available. Clients are offered counseling on all available methods and considerations for each (Reference birth control options handout).
- Reproductive autonomy is central to family planning.
- Reproductive autonomy is having the power to decide and control contraceptive use, pregnancy, and childbearing.
- Local demographic data, local laws, and confidentiality laws (to be developed and tailored prior to each training).

Substance Use Disorders

- Substance use disorder (SUD) is a disease that affects a person's brain and behavior and leads to an inability to control the use of legal or illegal drugs or medication (including alcohol).
- People can misuse medications such as opioids, benzodiazepines, sleep aids, and stimulants.
- Opioids are a class of natural, synthetic, and semi-synthetic drugs that interact with opioid receptors on nerve cells in the body and brain to relieve pain. Opioids include heroin, synthetic opioids such as fentanyl, and pain relievers such as OxyContin, Percocet, and Vicodin.
- There are many paths to recovery from substance use disorder. Some examples include mutual aid groups, such as AA or group therapy, medications for addiction treatment (MAT), and peer-based recovery supports.
- Local demographic data, local laws, and confidentiality laws (to be developed and tailored prior to each training).

Video and Discussion

Purpose

- To hear firsthand from people who are in, or working towards, recovery about their challenges and successes obtaining family planning services while struggling with substance use.
- To increase awareness about how clients' encounters impact how they seek and access services

Time Needed

40 minutes

Preparation

- Watch the video to prepare for how participants may respond to the facilitation questions below.
- Consider your own thoughts and reflections on the video to better guide the discussion.

Materials

- Video
- PPT Slide 26

Introduction

Use the following language to introduce the video: What does it feel like to struggle with substance use AND have family planning needs? How does the work you all do intersect and impact the lives of your clients? Four people graciously offered to share their journeys with us. <Play video>

Group Discussion

- Facilitate a group discussion by asking for initial reactions. You can also follow up with questions such as:
 - What did you think of the video? What resonated with you most?
 - Did the stories track with what you thought you were going to see? What surprised you?
 - Have you seen these stories before in your own clinic/practice? Why do these experiences matter?
 - Does hearing from these people change your perspective on how you will provide services/care to clients?
 - All of the participants received access to treatment or testing only while incarcerated or through the criminal justice system. What do you think about this?
 - How do you think Christine's perinatal and postpartum care could have better met her needs?
- If no one has a comment – consider sharing your own thoughts/impressions of the video.
- For example, say, "The first time I watched this video, I was struck by Brandee's story and how much her journey may have shifted if her SUD was identified earlier. She was seeking permission to drink during pregnancy. This could have been a warning sign for her provider, very early on, but instead, it was missed.



Facilitator's Choice

You may choose to share the full video or individual stories based on time available and trainee knowledge and group dynamics.

- If anyone asks questions about their individual stories, redirect them to why this matters. For example, “Why does this matter? These things have important outcomes, including some that we didn’t even see in this video (children with disabilities, trauma) and missing an opportunity for an intervention can have long lasting consequences.”
- Acknowledge the vulnerability and responsibility of providers. For example, you can say, “It can be hard/awkward/nerve-wracking to ask these questions, even if you know they should be asked.”

Wrap Up

- Reflect on (and summarize) key takeaways from the video and the group discussion.
- Reiterate how providing person-centered care, without stigma or judgement, and/or increased screening and referrals from each organization here in the room can have a direct impact on a client’s life. “As you can see from the video....”
- Note that this training will help give participants the tools to address the needs of future people like Brandee, Esther, Trent, and Christine.

Intersections Presentation

Purpose

- To understand the relationship between FP care and care related to SUDs. More specifically, to delineate the need for person-centered FP when struggling with substances, and the need for clients to be asked about SUDs when seeking FP.
- To understand overlapping issues in both fields, specifically MAT/MOUD as the evidence-based standard of care, including during pregnancy and while breastfeeding, and the impact of SUDs during pregnancy and the postpartum period.
- To recognize that clients seeking FP and SUD services face similar issues around trauma, stigma, medical mistrust, and ambivalence when seeking services. Person-centered care in this context requires adjusting the approach according to clients' needs and recognizing that there's not a one-sized-fits-all solution.

Time Needed

30 minutes

Materials and Handouts

- PowerPoint Slides 27-51

Preparation

- Review PowerPoint slides and talking points to be able to effectively cover the research in easy to understand language.
- Review the facilitator tips in the Trainer Tips and Resources to prepare to deal with difficult conversations that may arise during this exercise.

Instructions

- Tell the group that we're going to explore the intersection of family planning care and care related to SUDs. In this section we will examine some data and context related to this intersection and discuss some of the issues our clients may face including trauma, stigma, medical mistrust, and ambivalence.
- Work with the producer to share slides that include context on intersection of FP/SUDs, the need for person-centered FP when struggling with substances, the need for clients to be asked about SUDs when seeking FP, and other barriers to care. **Additional information can be found in the notes section of these slides.**
- Review slides on MAT/MOUD, untreated OUD/SUD in pregnancy, and the critical role of postpartum care for women with SUD.
- Remind participants about the importance of providing person-centered care and respecting someone's reproductive autonomy. For example, when we discuss pregnancy and women with SUD, we are not saying that women with SUD shouldn't get pregnant, but rather optimize their care (by



Facilitator's Choice

For slide 32, facilitators may choose to first ask participants to brainstorm barriers to providing integrated care for both clients and/or providers before showing them the slide details. Or, they may show slide and ask if there are other barriers not listed.

providing evidence-based treatment, care, and support). **Additional information can be found in the notes section of these slides.**

- Pause and allow participants to share their own experiences with these concepts. You can ask them to share verbally or ask them to put their thoughts and experiences in the chat box.
- Discuss similarities and differences between FP services and services related to SUDs with the group. Ask for clarifying questions for those examples in which we're unfamiliar.
- Introduce the definitions of trauma, stigma, medical mistrust, and ambivalence.
- Ask participants to brainstorm some ways that each of these issues may impact family planning services and/or SUD services, including if they saw any examples of this in the video. Ask participants to share their examples with the group either verbally or through the chat box.
- Share slides outlining various examples of trauma, stigma, medical mistrust, and ambivalence related to both FP care and care for SUDs. **Additional information can be found in the notes section of these slides.**
- Open-up the floor and give time for participants to share lived experiences or examples from their work that relate to trauma, medical mistrust, stigma, and ambivalence.
- This might be another time to draw participants back to the video and ask them to discuss other examples they saw in the video, if they are not readily sharing their personal experiences.
- The trainers might also want to be prepared to share an experience if there is limited or no dialogue during this time.

Wrap Up

- To close out session ask how these issues may impact screening, referrals, and services?
- Some participant responses might include:
 - a. Clients may be hesitant to disclose information about their substance use problems because they are afraid of being judged or being incarcerated.
 - b. Similarly, clients may be unwilling to disclose information about sexual behaviors.

Strengthening Communication: Talking About Sensitive Topics

Purpose

- To help participants evaluate their own readiness to discuss important and sensitive issues with diverse clientele.
- To increase awareness about different kinds of client encounters or circumstances that might be difficult or uncomfortable for participants.
- To discuss participants' ability to talk with clients about family planning and substance use, and their feelings about doing so.

Time Needed

20 minutes

Materials and Handouts

- Handout 2: How Do You Feel About...?
- PPT slides 52-55
- Pre-developed Padlet

Preparation

- Review the handout and the facilitator tips to help you prepare for how you might respond to challenges dealing with sensitive topics that participants may bring up.
- Set up a Padlet for anonymous sharing at the end of the exercise

Instructions

- Introduce the activity by saying: This activity will give you a chance to think about and share how you feel about discussing a variety of sensitive topics. The idea is not to make anyone feel badly or wrong. Instead, the goal is to provide an opportunity to find out which of these topics you feel capable (with the knowledge and experience to do so) and/or comfortable discussing, and then practice how to talk about them. Ideally, talking about sensitive topics can help us find ways to better provide person-centered care to our clients and strengthen our communication skills.
- Have participants pull out the handout *How Do You Feel About...?*
- Instruct participants to read all the statements on the handout and, for each topic, put a check in each column if the statement at the top reflects their own feelings.
- Tell participants that this document is for their own reflection and any sharing will be voluntary.
- Encourage participants to take note of which statements are challenging for them.



Facilitator's Choice

This exercise might be done just before and after a break. Participants can take time to review the statement and be prepared to discuss after the break.

- Ask the group if anyone wants to volunteer to discuss which statements were easy and which statements were challenging.
- Ask why some topics may be easier than others.
- Ask if anyone willing to share some of their observations about their own experience doing the activity? Any surprises?
- Ask if there are any participants who want to share something they plan to do to help them become more comfortable with a topic or statement that was challenging for them?

Some Responses or Suggestions Can Include:

- *Know your triggers* – one purpose of this activity is to help identify triggers in order to be aware and begin addressing them. Ask participants about their triggers.
- *Shadow experienced colleagues* that have expertise in addressing the topics that you don't feel comfortable talking about. Talk with them about your concerns and discomforts and ask for suggestions on how to address those concerns/discomforts.
- *Create case studies/scenarios* that deal with your areas of inexperience and/or discomfort and practice role-playing with expert colleagues or at staff meetings.
- *Work on body language, word choice, and the tone of the voice* which are key in providing complete, accurate, and unbiased information to clients. Your tone can influence a client's comfort level and decisions. It is vital that tone remain neutral; approval or disapproval should not be conveyed to the client. Share examples of verbal and non-verbal communication that reflect a person's "tone."
- In extreme circumstances, staff may need to identify a co-worker who can handle the most difficult issues so that a graceful exit from the counseling session can be made. Due to staffing issues, transferring a client due to personal feeling cannot happen frequently, so staff need to be able to work with a variety of situations.

Key Points

- It is OK to feel conflicted.
- Talking about these topics and your feelings about them helps increase comfort.
- Understanding why we ask clients about these topics helps increase knowledge and comfort.
- Identify resources and people at the agency that can help you increase your confidence, comfort and skill when discussing sensitive topics with clients.
- Speaking to clients of other cultures or in other languages about sensitive topics can be an additional challenge. Seek cultural supports and translators to help address those topics and improve your own comfort and understanding.
- Staff need to be able to address clients' concerns in a professional way without embarrassment. It is impossible not to have reactions and judgments, but it is critical that staff be professional and separate personal values from professional interactions.
- Your sensitivity and respect in discussing these topics will impact rapport and trust with the client.

Wrap Up

At the end of the activity ask the following:

- We want to hear from you about which areas you feel like you may want some follow-up training and/or more information on – topics that you don't feel like you have the experience or comfort level to talk about with clients.
- To maintain privacy, set up a Padlet, in advance, where participants can type these topics or concerns anonymously.

Handout 2: Strengthening Communication – How Do You Feel About...?

To better serve your clients, you need to feel comfortable discussing a variety of sensitive topics with clients AND have the ability to provide care to a variety of clients. The following exercise will help you evaluate your own readiness to discuss important issues with your diverse clientele who come to you with a wide range of needs. **Instructions:** For each of the 20 topics listed, put a check in the column(s) that reflect your feelings. Notice which statements are more challenging for you.

TOPIC	<i>I have enough information to talk about this topic with a client.</i>	<i>I have enough experience to talk about this topic with a client.</i>	<i>My own values will <u>not</u> prevent me from talking about this topic with a client.</i>	<i>I feel uncomfortable with this topic.</i>
Substance use disorders including opioids and other illicit substances				
Substance use screening				
Sexual activity and sexual history				
Contraceptive methods and method efficacy				
STI & HIV information				
Safer sex and risk reduction strategies				
Harm reduction strategies for substance use				
Pregnancy and pregnancy desires				
Abortion				
Neonatal Abstinence Syndrome (NAS) and Neonatal Opioid Withdrawal Syndrome (NOWS)				
Medications for Addiction Treatment (MAT) or Medications for Opioid Use Disorder (MOUD)				
Ambivalence (client not ready for or ambivalent to change)				
Breastfeeding				
Intimate partner violence (IPV)				
Trauma-informed care				
Medical mistrust				
Informed Consent				
Community resources around family planning and other sexual health services				
Community resources and laws around substance abuse and substance use disorders				
Confidentiality laws				

Integrating Screening and Referrals

Purpose

- Review and discuss person-centered care and motivational interviewing (MI) techniques and tools
- Review and practice FP and SUD screening tools and referrals
- Practice strategies for initiating conversations and using person-centered care and MI techniques to connect and engage more effectively with clients

Time Needed

5 minutes for an overview

15 minutes to review person-centered care skills and MI principles

30 minutes for small group work

10 minutes for large group discussion

60 minutes total

Materials and Handouts

- Handout 3: Person Centered Care Approach
- Handout 4: Essential Sexual Health Questions
- Handout 5: Substance Use Disorder Small Group
- Handout 6: Birth Control Method Options
- Handout 7: Family Planning Small Group
- Handout 8: CAGE-AID Questionnaire
- Handout 9: Substance Use Screening Pocket Card
- PowerPoint Slides 56-74

Preparation

- Review person-centered counseling and MI techniques & tools in depth.
- Familiarize yourself with the tools the agencies may already be using.

Instructions

Overview – 5 minutes

- Introduce the handouts.
- Offer an overview of this section.
 - We will identify strategies for initiating conversations to connect and engage more effectively with clients; review and use person-centered and motivational interviewing (MI) techniques and tools; and review and practice FP and SUD screening tools and referrals.
- Acknowledge the experience among training participants in dealing with sensitive issues, difficult conversations, and tricky questions.
- Also, acknowledge that not all staff will be conducting in-person screenings. However, being familiar with communication techniques, as well as what services are being provided is important for all staff across the agency. Research has shown that client outcomes improve when all staff have the skills and knowledge necessary to meet client needs.

- Remind participants that we spent time discussing issues related to trauma, medical mistrust and stigma and the importance of language to help prepare ourselves to use motivational interviewing and non-judgmental, client-centered skills to engage and connect. How you ask questions and interact with clients is as important as what you ask and say.
- Remind participants that they will have time later in the day (or in another session, depending on the training schedule) to discuss and coordinate action planning to put practice into process.

Review Person-Centered Care and MI Principles and Skills – 15 minutes

- Remind participants that screening goes beyond simply asking the questions.
- Acknowledge that everyone in the room is likely already experienced in navigating complex topics and conversations, but that it is important to cover some of those critical skills in this training.
- Share that we will be focusing on person-centered skills and motivational interviewing techniques to supplement their skills building around screening.
- Share slides and review person-centered care, shared decision-making, motivational interviewing principles and stages of readiness for change.

Person-Centered Care

- Review person-centered care principles on the slide.
- Share the following:
 - Screening goes beyond simply asking the questions. How you ask questions and interact with clients is as important as what you ask and say.
 - Person-centered care is about developing a treatment plan or plan of care *with* the client (not *for* the client) that fits what they are able, ready and willing to do. It includes kindness, respect, and cultural competency.
 - Unless clients value treatment goals, they won't work toward progressing them. From a motivational standpoint, you should understand what your clients' goals are and what they value in life. It is usually best to start where your clients are, with what is important from their own perspective.
- Review the person-centered communication slides. Discuss why person-centered communication is important.
 - With respect to contraceptive counseling specifically, studies have shown that what methods providers talk about and how they talk about them are also associated with what choose.
 - Studies have also found that communication influences satisfaction with the method.
 - But also, we have to remember it is not just about contraceptive outcomes, but also about the inherent ethical mandate of providing quality, person-centered care.
- If time allows, you might draw the participants back to the video and ask "How would receiving person-centered care have made a difference to our video participants? "

Shared Decision-Making

- Discuss the concept of shared decision making by suggesting the following:
 - Another way to provide person-centered care is to involve your client in the decision-making process. This means listening to your client's needs, preferences, life circumstances and coming up with a joint plan for moving forward.

- Research has shown that this is essential to establishing a positive relationship. And, in fact, by investing in the beginning and building rapport, we see increased rates of continuation, satisfaction, more favorable health outcomes, and lower demand for health care resources.
- Most of you may intuitively do this. But, many of us also think we're doing this and, in fact, are not. A 2016 study of FP clinicians found that only 65% greeted their patient warmly; created intimacy with small talk in 45% of visits, and asked open-ended questions in 43% of visits. All of us can do better.
- Share the video in Slide 63.

Motivational Interviewing

- Discuss the following related to Motivational Interviewing (MI).
 - Remind participants that MI is only one example of a person-centered care technique. It is an approach that we will use as an example in this training.
 - MI is based on the premise that motivation is the key to change.
 - The approach encourages behavior change by helping clients accept, validate, and explore any issue that they are ambivalent about – and then build motivation.
 - Motivation-enhancing approaches are associated with successful referrals, when needed.
- Discuss MI as a technique in which you become a helper in the change process and express acceptance of your client (building rapport).
- Acknowledge that MI is only one approach to person-centered care, and one should not assume that clients are necessarily seeking to change their behaviors.
 - MI is:
 - A very powerful tool to connect and engage with the person that you are assessing
 - It can dramatically improve how you connect and engage with your client on any issue that an individual expresses ambivalence about
 - A method that could be related to a variety of health issues- such as changes in diet, cigarette smoking, substance use choices, HIV testing, using condoms, and birth control.
 - an approach that uses the client's *own* reasons for change as motivation.
 - Reiterate that, while we want to reinforce change, it's important not to ignore the barriers to change and not all clients are necessarily seeking change
- **Additional information can be found in the notes section of these slides.**

Stages of Readiness for Change:

- Review the stages of readiness for change slide. To meet the client where they're at, you need to recognize what stage they are in. There are five stages:
 - **Precontemplation** is the stage at which there is no intention to change behavior in the foreseeable future. Many individuals in this stage are unaware or under-aware of their problems."
 - **Contemplation** is the stage in which people are aware that a problem exists and are seriously thinking about overcoming it but have not yet made a commitment to take action. Many people in this stage can be described as ambivalent. They want to decrease their substance use, but are not yet ready to cut back. Or they may be considering methods to prevent STIs, but are not yet ready to do so.

- **The Preparation stage** can be considered the information gathering and planning stage. The preparation stage is the most important. Fifty percent of the people who attempt behavior change and skip this stage will revert to former behaviors within 21 days, according to Prochaska in his book, *Changing for Good*.
- **Action** is the stage in which individuals modify their behavior, experiences, or environment. Action involves the most overt behavioral changes and requires considerable commitment of time and energy. During the action stage, one implements the plans developed and uses information gathered in the preparation stage.
- **Maintenance** is the stage in which people work to avoid reverting to their previous behaviors and consolidate the gains attained during action.
- Ask: “What might these stages look like for a family planning client?” and “What might these stages look like for a SUD client? ”
- Answers might include the following, for example:
 - Pre-contemplation: “My substance use is not having a negative impact on my life, so I see no reason to stop.” “I’m not planning to get pregnant, but if it happens, it happens.”
 - Contemplation: “I want to stop using but I don’t know how” or “I want to protect myself from STIs, but I have a hard time negotiating condom use.”
 - Preparation: “I plan to cut back to using only 3 times per week” or “I think I want to get pregnant in the next year.”
 - Action: “I am ready to go to rehab. Can you help me?” or “I want to get access to effective contraception.”
 - Maintenance: “I have not used in 60 days, but I need help managing my triggers” or “I am using condoms every time I have sex.”



Facilitator's Choice

For this section, facilitators may choose to ask participants to answer the question for each stage or to simply allow the participants to give some examples.

Person-Centered and Motivational Interviewing Tools and Skills

- Discuss the five basic skills listed in the handout:
 - Ask open-ended questions
 - Practice reflective listening
 - Encourage self-motivational statements
 - Affirm (positive characteristics that support change)
 - Summarize statements
- Walk through a few statements that participants may encounter in their respective settings. Ask the group to suggest how to respond using the skills that they just learned. Suggested statements to use:
 - “Using helps calm me down and allows me to be more patient with my kids.”
 - “I just need a little bit to get me through the day, it’s not like I’m using when at work.”
 - “I don’t want to use birth control right now because I’m afraid of gaining weight.”
 - “Sex is just more fun without a condom.”
- There are tools that can be used to help you recognize what phase your client is in: readiness ruler and decisional balance exercise. The pocket card handout you received in your packet includes both of these tools for easy reference.
- **The notes section of these slides describes the tools and their use.**

Small Group Work – 30 minutes

- Split into two groups via zoom breakout rooms—one group of FP providers and other SUD providers.
- One trainer will help guide each group.

Family Planning Group:

- Briefly review the concept of Screening, Brief Intervention, and Referral to Treatment (SBIRT).
 - Explain how the Brief Intervention (the BI in SBIRT) follows the screening. This means that the provider engages a client focusing on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- Discuss how “referral to treatment” (the RT in SBIRT) can be referrals to the SUD specialists in the room and/or include ongoing follow up and counseling in FP care given the readiness of client to seek treatment (or not).
- Discuss how they might introduce the topic of substance use and when they might use the screening tools.
- **Facilitator note – This step will need to be tailored for each training depending on if and what screening tool they are already using.**
- Discuss how screening for substance use (using the CAGE-AID tool or another tool of their choice) can be integrated into their practice in various ways. Remind participants that this will be discussed in more detail during action planning.
 - a. Decide what is best for your practice by considering ease of administration, workflow, client acceptance, and cost.
 - b. Consider placing the questions within a larger preventive healthcare screening. Research shows that this helps to reduce any perceived stigma about the questions and decrease clients’ anxiety.
- Review the CAGE-AID screening tool and protocol.
- Ask for any immediate questions.
- Ask for volunteers and practice each element of the screening and referral process, incorporating person-centered and MI techniques to have an effective, nonjudgmental conversation. The elements include:
 - Starting the conversation and introducing the topic
 - Implementing the screening tool
 - Conducting the brief intervention
 - Discussing the referral
- Refer participants to the Substance Use Screening pocket card. This may be helpful to consider while practicing the screening and referral process.

Substance Use Disorder Group:

- Discuss how they might introduce the topic of family planning/sexual health and when they might incorporate the Essential Sexual Health Questions.
- Review Essential Sexual Health Questions Flow Chart.
- Highlight birth control method chart for information about which they may want to become familiar.
- Discuss how best to refer clients to family planning providers in the room. Remind participants that this will be discussed in more detail during action planning.
- Remind the group to be on the lookout for any language that can sound like stigma or coercion.

- Ask for any immediate questions.
- Ask for volunteers and practice each element of the screening and referral process incorporating MI techniques to have an effective, nonjudgmental conversation. These elements include:
 - a. Starting the conversation and introducing the topic
 - b. Implementing the screening tool
 - c. Discuss the referral
- Ask participants about their agency protocol for women who see SUD services while pregnant. Their organization likely already has a protocol that they can share. If not, they may want to address this issue during action planning.

Large Group Discussion- 10 minutes:

- Come back together as a large group to discuss:
 - a. What will be the biggest challenge in integrating these screening questions and follow up discussions? What will be the easiest?
 - a. When would be a good time to integrate screening?
- Acknowledge challenges.
- Discuss how, later in the training, we will also have an opportunity role play various scenarios so that folks can practice these new skills/tools, as well as to create action plans to decide where in our processes we can best integrate these screening questions.

Handout 3: Person-Centered Care Approaches

Person-Centered Skill	Try This
Ask Open-Ended Questions	<ul style="list-style-type: none"> • What are some of the pros and cons of your current substance use? • How is your chronic pain being managed? • What are your thoughts about having children? • How do you feel about using birth control? • What don't you like about the effects of drinking or substance use? • What do you do to protect yourself (and your partners) from STIs? • What are you and your partners doing to prevent pregnancy?
Practice Reflective Listening	<ul style="list-style-type: none"> • You've been struggling to get a good night's rest so you're taking a pain reliever to help you sleep. • It sounds like you're not happy with your current birth control. • What I hear you saying is that you want to be sure to avoid pregnancy while you are still using alcohol. Is that correct?
Encourage Change Talk	<ul style="list-style-type: none"> • In what ways have you thought of changing _____? • Tell me about a time before this problem emerged? How were things different? • If you had a magic wand that would make everything exactly as you want it, what would that look like? • It sounds like you're ready to _____. What do you think about that? • Tell me more about how you see that change happening.
Affirm	<ul style="list-style-type: none"> • I can see this is concerning to you. • That is a really great question. • You are clearly interested in taking care of yourself. • Thank you for sharing and being honest with me. Substance use isn't a moral failing, it's a medical condition we can address together. • I know you didn't come here today to talk about your substance use, so I think it is great that you are willing to talk to me about it.
Summarize Statements	<ul style="list-style-type: none"> • It sounds like {insert use of substance, e.g. drinking beer} has been part of your life for a long time. • If you are concerned about your substance use, I am here to help connect you to supportive resources. • It sounds like you are concerned about your substance use but are not sure if you'd like to address this yet. Do I have that right? • You would like some help dealing with your substance use and are hopeful we can figure out something that will work for you and your family. • You are concerned about your health and your risk for STIs, and it sounds like you want to make some changes.

Handout 4: Essential Sexual Health Questions Flow Chart

See accompanying PDF

Handout 5: Substance Use Disorder Small Group

See accompanying PDF

Handout 6: Birth Control Method Options

See accompanying PDF

Handout 7: Family Planning Small Group

See accompanying PDF

Handout 8: CAGE-AID Questionnaire

When thinking about substance use, include illegal substance use, the non-medical use of prescription medications, and the use of legal substances like marijuana.

Questions	Yes	No
1. Have you ever felt that you ought to cut down on your drinking or substance use?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have people annoyed you by criticizing your drinking or substance use?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever felt bad or guilty about your drinking or substance use?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had a drink or used substances first thing in the morning to steady your nerves or to get rid of a hangover (Eye-Opener)?	<input type="checkbox"/>	<input type="checkbox"/>

One or more "yes" responses indicates a possible substance use and a need for further evaluation.

This tool was developed by Richard Brown, MD and Laura Saunders at the University of Wisconsin.

- Brown RL, Rounds LA. Conjoint screening questionnaires for alcohol and other drug abuse: criterion validity in a primary care practice. *Wis Med J.* 1995;94:135-40.
- Hinkin CH, Castellon SA, Dickson-Fuhrman E, Daum G, Jaffe J, Jarvik L. Screening for drug and alcohol abuse among older adults using a modified version of the CAGE. *Am J Addict.* 2001;10:319-26.

Handout 9: Substance Use Screening Pocket Card

See accompanying PDF

Role Playing

Purpose

Practice integrating screening in a person-centered way

Time Needed

10 minutes to review key concepts and introduce the role plays

5 minutes for facilitator role play

5 minutes for large group discussion

20 minutes for small group practice

40 minutes total

Materials and Handouts

- Handout 10: Role Playing Scenarios
- Handout 11: Role-Playing Observation Checklist (3 copies)
- PPT Slides 75-77

Preparation

- Practice the trainer role-playing scenario with co-facilitator
- Review the Role-Playing Observation Checklist

Instructions

- Briefly review key person-centered and motivational interview skills before role playing.
 - Remind participants that they should think about what they have learned about person-centered communication and motivational interviewing, screening and brief intervention when doing role plays and providing feedback.
- Introduce the handouts.
- Facilitators will role play an initial scenario.
- As a large group, discuss:
 - What went well? What did not?
 - What would you say differently?
 - What resources would you make available to the client?
 - What would be your next step?
- Use Zoom breakout rooms to split participants small groups of three people per group (these groups will be determined in advance of the training, in coordination with your producer). Remind members to use the role play scenario handout and observation checklist.
 - Remind participants that they should practice introducing the topic, screening, intervening, and referring (depending on the scenario).
- Ask two participants to role play one of the scenarios and have the 3rd person offer feedback using the observation form. Switch roles so that each person has an opportunity to play the provider, the client, and the person providing feedback. **Trainers do not participate in these small group practice sessions.**

Wrap Up & Key Points

If time allows, after all groups have had time to role play, ask for volunteers to go through one of the scenarios in front of the whole group. While this pair is role playing, a facilitator should make note of what and how questions were asked, what resources were offered, etc. Ask for feedback from the larger group and thank the volunteers. Offer a prize to the volunteers if available.

Handout 10: Role Play Scenarios

Trainer Scenario

You work in an agency providing SUD recovery services. Shelby is your client. She is still actively using Percocet and consuming alcohol daily but is seeking your support for recovery services. She tells you that she might be pregnant. She and her husband are actively trying to conceive, but he is not fully aware of the extent of her substance use. How do you proceed?

Family Planning Front Desk Staff Scenario

You are a front-desk staff person at a family planning clinic. You receive a call from Shannon. She is seeking an emergency appointment. Her speech is slurred, and her thoughts seem to be disorganized. She tells you that she needs to come in ASAP for emergency contraception and birth control because she “can’t be pregnant again.” However, she is having trouble committing to an appointment time. She keeps asking if you have childcare for her children during her appointment. Role play this scenario with an end goal of getting her an appointment and/or asking if she’d like to talk to the nurse triage on duty.

Practice:

- Greeting client
- Using simple, clear language
- Showing empathy and practicing reflective listening
- Addressing her concerns and summarizing information
- Referring her to a nurse on duty and/or scheduling an appointment

Family Planning Scenario #1

You work in a family planning clinic. During the initial intake for Erica, she tells you that she had a positive home pregnancy test. She is looking for a confirmatory pregnancy test and prenatal services. Erica reports that she does not use any recreational drugs, however, she reports that she still takes medication for pain from a car accident two years ago. How do you proceed?

Practice:

- Using simple, clear language
- Showing empathy and practicing reflective listening
- Asking if she’s under a doctor’s supervision for medication
- Performing the CAGE-AID screening tool
- Conducting a brief intervention
- Offering resources and/or referring them to a BH clinic

Family Planning Scenario #2

You are seeing Michaela to renew her birth control prescription. As you walk through her medical history, she mentions that she sometimes gets high with friends, but that it’s “no big deal.” How do you proceed?

Practice:

- Showing empathy and practicing reflective listening
- Asking open-ended questions
- Performing the CAGE-AID screening tool
- Conducting a brief intervention
- Offering resources and/or referring them to a BH clinic

SUD Front Desk Staff Scenario

You are a front-desk staff person at a SUD clinic. You receive a call from Sam. They are seeking an emergency appointment because they have recently started using again and need support. Their speech is slurred, and their thoughts seem to be disorganized. They are having trouble committing to a next step and keep asking if you have childcare available. Role play this scenario with an end goal of getting them in contact with a staff member or emergency support services.

Practice:

- Greeting client
- Using simple, clear language
- Showing empathy and practicing reflective listening
- Addressing their concerns and summarizing information
- Referring them to a nurse on duty and/or scheduling an appointment

Substance Use Disorder Scenario #1

You are conducting an intake appointment for Evan, a transgender man. He tells you that he broke up with his long-term partner six months ago, and explains that, after the breakup, he joined Grindr, getting more and more into the “parTy and play” (or chemsex) scene. He reports that he has been doing this regularly throughout the past six months. How do you proceed?

Practice:

- Greeting client & maintain attentive posture
- Using simple, clear language; asking about terms for which you may be unfamiliar
- Showing empathy and practicing reflective listening
- Asking the essential sexual health questions
- Offering resources and/or referring them to a FP clinic

Substance Use Disorder Scenario #2

Your client, Rachel, who has been in and out of recovery tells you during a counseling session that the last time she used she blacked out and had sex with one of her “friends,” although she doesn’t remember what happened. She feels like it’s her fault that she had sex but really needs to tell someone she trusts. How do you proceed?

Practice:

- Showing empathy and practicing reflective listening
- Offering affirming statements
- Asking the essential sexual health questions
- Offering resources and/or referring them to a FP clinic

Handout 11: Role Playing Observation Checklist

Behavior	0	Notes
Greet and address client by name and uses preferred pronouns	0	
Maintains relaxed and attentive posture	0	
Uses simple, clear language. Avoids jargon.	0	
Uses screening tool correctly	0	
Asks client about feelings and shows empathy	0	
Practices reflective listening	0	
Avoids judging client	0	
Asks open-ended questions	0	
Summarizes statements	0	
Asks if client has questions	0	
Offers affirming statements to the client	0	
Conducts brief intervention	0	
Provides resources or referrals	0	

Action Planning

Purpose

- Identify a process for integrating screening and referrals between the FP and SUD organizations
- Clarify what resources are required/needed to support change
- Formulate a plan, including tasks and timelines, for integration

Time Needed

5 minutes for an introduction

20 minutes for small group work

20 minutes for large group discussion

45 minutes total

Materials and Handouts

- Handout 12: Action Planning
- PowerPoint Slides 78-81

Instructions

Introduction – 5 Minutes

- Share slide on importance of action planning. Remind participants that all the other aspects of the training were leading up to this.
- Acknowledge that today will only be the beginning of their action planning, as it takes time to develop a concrete plan and action steps.
- State that they have two broad goals:
 1. Develop or refine an internal plan and process for consistent SUD/FP screening for clients.
 2. Work with the partner agency to develop or refine a concrete plan and process for referring clients.
- Introduce the handout.

Small Group - 20 minutes

- Break the participants into small groups with their own agencies to address goal #1 - focusing on their screening process.
- One facilitator should work with each group.
- Start by having participants identify the current state of their screening process and any challenges with that process.
 - This work may be done in advance while preparing for the training. In that case, the facilitator can share her understanding of the current state and start the conversation from there.
- Have participants work together to identify the actions and resources needed to reach this goal.
- If time allows, they can also begin to identify roles, timeline, potential barriers, and next steps.

Large Group – 20 minutes

- Come back together as a large group to address goal #2 – developing/refining a concrete plan and process for referring clients.
- Start by having participants describe the current state of their shared referral process (if this already exists) and any challenges with that process. (This work may be done in advance while preparing for the training. In that case, the facilitator can share her understanding of the current state and start the conversation from there).
- If a current process for referral does not exist for the two agencies, ask them to identify what that process might look like.
- Have participants work together to identify the actions and resources needed to reach this goal.
- If time allows, they can also begin to identify roles, timeline, potential barriers, and next steps.

Wrap Up & Key Points

- Ask participants how they feel about integration and linkages. Address concerns or provide strategies that may alleviate their concerns.
- Note that additional online support and peer-interaction will be offered to address these issues.
- Integrating services is not an easy thing to do, at times staff may feel stretched. Our goal was to build on the amazing work that you are already providing by giving you a few more resources and tools. Remember that we are here to support your efforts.
- Also, the partnerships that you formed with the other agency will allow you to provide a fuller array of care and services to your clients and communities.
- **Facilitator Note:** Be sure to request a copy of their current plans or take good notes during the breakout session so we know where to begin working with them after the training.

Handout 12: Action Planning

Goal 1: Develop or refine an internal plan and process for consistent SUD/FP screening for clients.		
What actions need to happen to reach this goal?		
Action	Who	When
Action 1:		
Action 2:		
Action 3:		
Action 4:		
Action 5:		
Action 6:		
What barriers do you anticipate?		
What technical assistance needs do you anticipate?		

Goal 2: Work with the partner agency to develop or refine a concrete plan and process for referring clients

What actions need to happen to reach this goal?

Action	Who	When
Action 1:		
Action 2:		
Action 3:		
Action 4:		
Action 5:		
Action 6:		

What barriers do you anticipate?

What technical assistance needs do you anticipate?

Exercises and Icebreakers

Day 2 Ice Breaker – Three in Common

Purpose

To welcome everyone to day two of the training and create an opportunity to get to know each other further

Time Needed

15 minutes

Materials and Handouts

- None

Instructions

- Welcome everyone to day two. Review the agenda.
- Split the participants into groups of three in separate Zoom breakout rooms.
- Tell them that their objective in each small group is to find three things they have in common.
- These things in common can't be obvious such as age, gender, or hair color, rather things that they may not know about each other.
- One thing that they have in common must be professional or job related.
- After letting the triads converse for 5 minutes, ask them to share with the larger group.

Wrap Up & Key Points

- Reflect again on the diversity and experience in the room, but also note that they have much in common.
- Note that they are building new relationships based on their shared experiences and their commitment to meet the needs of the men and women they care for in their professional work.

Day 1 Closing Exercise

Time Needed

15 minutes

Instructions

- Acknowledge the amount of information shared and exchanged today.
- Thank the group for their energy, enthusiasm, and hard work.
- Describe plans for day two of the training and what time they should arrive.
- End the session with an *Appreciation Exercise*
 - Ask participants to name one person or one thing they appreciated today and why.
 - This exercise helps end the day on a positive note and can support building and facilitating relationships among the participants in the room.
- Share the Parking Lot Padlet, asking participants if they have anything else they'd like to add from Day One.

Final Closing Exercise

Time Needed

10 minutes

Materials and Handouts

- Handout 13: Individual Action Plan
- PPT Slides 82
- Pre-developed Padlet

Instructions

- Introduce the handout.
- Ask each participant to make an individual action plan. Remind the group that change happens one person at a time and ask them to think what changes they can make on an individual level in their work with their own clients based on their organizational action plans and what they've learned in the training.
 - I will start
 - I will continue
 - I will stop
- Ask for volunteers to read at least one element aloud.
- Share the Parking Lot Padlet one last time, asking participants if they have anything else they'd like to add and/or see addressed in the future.
- Thank them all for their effort, energy, and participation.

Handout 13: Individual Action Plan

I will start _____

I will continue _____

I will stop _____