

**The Link Study Curriculum: An In-person Training and Facilitation Guide for Sexual & Reproductive Health and Substance Use Treatment Providers.**

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Table of Contents

[Link Study Description, Purpose, and Objectives 2](#_Toc80966614)

[Training Agenda 3](#_Toc80966615)

[Welcome and Training Overivew 4](#_Toc80966616)

[Introductory Icebreaker 2](#_Toc80966621)

[Housekeeping and Group Agreements 3](#_Toc80966627)

[Language Matters Exercise 6](#_Toc80966639)

[Handout 1: Language Matters 8](#_Toc80966646)

[Teach Backs: Family Planning and Substance Use Disorders 101 10](#_Toc80966647)

[Topics to be Covered in Teach Back Presentations 11](#_Toc80966654)

[Facilitator Tool: Additional 101 Talking Points 12](#_Toc80966657)

[Video and Discussion 13](#_Toc80966658)

[Intersections Presentation 15](#_Toc80966666)

[Strengthening Communication: Talking About Sensitive Topics 17](#_Toc80966673)

[Handout 2: Strengthening Communication - How Do You Feel About….? 19](#_Toc80966682)

[Integrating Screening and Referrals 20](#_Toc80966683)

[Handout 3: Person-Centered Care Approaches 25](#_Toc80966691)

[Handout 4: Essential Sexual Health Questions Flow Chart 26](#_Toc80966692)

[Handout 5: Substance Use Disorder Small Group 26](#_Toc80966693)

[Handout 6: Birth Control Method Options 26](#_Toc80966694)

[Handout 7: Family Planning Small Group 26](#_Toc80966695)

[Handout 8: CAGE AID Questionnaire 27](#_Toc80966696)

[Handout 9: Substance Use Screening/MI Pocket Card 28](#_Toc80966697)

[Role Playing 29](#_Toc80966698)

[Handout 11: Role Playing Observation Checklist 32](#_Toc80966713)

[Action Planning 33](#_Toc80966714)

[Handout 12: Action Planning 35](#_Toc80966723)

[Final Closing Exercise 37](#_Toc80966724)

[Handout 13: Individual Action Plan 38](#_Toc80966728)

[Evaluation 39](#_Toc80966729)

[Openings, Closings, and Icebreakers 40](#_Toc80966732)

[Suggested Closing– Day 1 40](#_Toc80966733)

[Suggested Day 2 Ice Breaker: Three in Common 41](#_Toc80966737)

# 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 FP and SUD fields.
* Evaluate the provider’s 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 the provider’s 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.

**Tuesday, September 28**

|  |  |  |
| --- | --- | --- |
| 11:30 – 11:40 | Welcome and Training Overview | Power Point Slides 1-5 |
| 11:40 – 12:00 | Introductory Icebreaker | Power Point Slide 6 |
| 12:00 – 12:10 | Housekeeping and Group Agreements | Power Point Slide 7 |
| 12:10 – 12:20 | Introductory Slides | Power Point Slides 8-12 |
| 12:20 – 12:50 | Language Matters Exercise | Power Point Slide 13Handout 1 |
| 12:50 – 1:00 | Break |  |
| 1:00 – 3:00 | FP 101 and SUD 101 Teach backs | Power Point Slides 14-24 |
| 3:00 – 3:40 | Video and Discussion | Power Point Slide 25 |
| 3:40 – 4:10 | Intersections Presentation | Power Point Slides 26-50 |
| 4:10 – 4:20 | Strengthening Communication: Talking About Sensitive Topics | Power Point Slides 51-54Handout 2 |
| 4:20 - 4:30  | Closing Day 1/Prepare for Day 2 |  |

|  |  |  |
| --- | --- | --- |
| 9:00 – 9:15 | Welcome Back, Debrief, Icebreaker |  |
| 9:15 – 10:15 | Integrated Screening and Referrals  | Power Point Slides 55-73Handouts 3-9 |
| 10:15 – 10:50 | Role Playing | Power Point Slides 74-76Handouts 10-11 |
| 10:50 – 11:00 | Break |  |
| 11:00 - 11:50 | Action Planning | Power Point Slides 77-80Handout 12 |
| 11:50 – 12:00 | Closing Activity – Individual Action Plans | Power Point Slides 81Handout 13 |
| 10 minutes | Evaluation |  |

#

# Welcome and Training Overivew

### Purpose

Welcome everyone to the training and provide an overview of the project.

### Time Needed

10 minutes

### Materials and Handouts

* Poster paper
* Packet of handouts
* Name tents and/or name tags
* Markers
* Post-it notes on each table
* Sign in sheets
* Laptop, LCD projector, screen
* Sample name tent
* PPT slides 1-5

###

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### Instructions

* Welcome everyone.
* Have them sign-in on the sign-in sheet.
* At their tables, have them make name tents with the following information. Ensure trainers also do this for themselves which can serve as a model for the rest of the participants:
	+ Name
	+ Name of their organization
	+ Type of organization they work for (FP or SUD)
	+ Title/Role in organization
* Have each trainer introduce themselves and their background.
* Provide a brief overview of the training and review the agenda.

When going through the overview of the training and reviewing the agenda, set the stage 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.”

# Introductory Icebreaker

### Purpose

Offer participants an opportunity to get to know each other.

### Time Needed

25 minutes

### Materials and Handouts

* PPT slide 6

### Instructions

* Group participants in pairs with someone who is NOT from their own organization. Inform participants they will be introducing their partners so they should pay close attention and take notes, if it’s helpful.
* In pairs, each participant should introduce themselves and do the following:
	+ Tell your partner one thing that you love about your job.
	+ Tell your partner one challenge in your job that you recently overcame or solved.
	+ Tell your partner about your expertise that you bring to this specific training.
	+ Tell your partner about your dream vacation.
* Once both partners have introduced themselves, ask participants to introduce their partners to the entire group by sharing what they heard.

### Wrap Up & Key Points

* Reflect on the diversity and vast experience and knowledge in the room 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 two 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.

### Time Needed

10 minutes

### Materials and Handouts

* Poster paper
* Markers
* PPT slide 7

### Preparation

Review facilitator guide to be prepared to discuss group agreements.

### Instructions

* Note built-in breaks and lunch but remind participants about self-care and that they can step out to take breaks as needed. Be sure to share the location of restrooms and water.
* Write the words “Parking Lot” at the top of a piece of poster paper. Tell participants that sometimes things come up that are either outside the scope of the training or that can and will be addressed at a later time. These issues can be recorded in the Parking Lot to ensure that they are not lost or forgotten.
* 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.
* Ask participants to suggest some Group Agreements. Record on poster paper.
* 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.
	+ Keep all cell phones on vibrate mode and step out of the room if you need to take a call.
* Confidentiality is a common group agreement/ground rule that may come up. 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. 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.
	+ Not share private information publicly.
	+ Not 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.

# 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 8-12

### Preparation

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

### 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 up front. 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 FP and SUD.
	+ FP 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.”
	+ FP is an all-encompassing term for sexual health, reproductive health, and well-being.
	+ FP includes both reproductive health and sexual health and is guided by the principle of informed choice, also known as reproductive autonomy.
	+ 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

30 minutes

### Materials and Handouts

* Poster paper
* Markers
* Post-it notes on each table
* Handout 1: Language Matters
* PPT slide 13

### Preparation

* Write at the top of 3 pieces of poster paper:
	+ FP Terms
	+ SUD Terms
	+ Terms to Avoid
* Post the 3 pieces of poster paper around the room.

### 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 the participants to write examples of terms that are used in their field and are important for the other organization to know. Encourage participants to also write terms that are not appropriate to use. Write one term per post it note.
* Have participants come up and post them on the appropriate poster paper around the room.
* Work with a co-trainer to group the terms together on poster paper.
* Go through some of the terms in groups. Ask the participants to briefly explain the terms, if needed and if time permits. Encourage them to use the worksheet to write down the terms and definitions.
* A list of potential terms is included below as reference for the facilitator.
* If specific/detailed questions and discussions come up, ask participants to hold them until the end of the activity, if time permits, or to put them in the Parking Lot to discuss at the end of the day or 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 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 handsouts/ list of terms as we go through the training.

|  |  |
| --- | --- |
| Common FP TermsFamily planning LARCsNatural family planning Emergency contraceptionDepoIUDsTitle X (10)AbortionGag RuleFertility awarenessSTIs/STDs340 BLGBTQIAPansexual/BisexualGenderqueerAgender/Asexual Reproductive Autonomy | FP Terms to AvoidInfectedThe clapClean/DirtyLazyResistant Rich/Poor women  |
| Common SUD TermsSubstance misuseSubstance use disorder (SUD)Opioid use disorder (OUD)Alcohol and other drugs (AOD)Addiction vs. DependenceNeonatal abstinence syndrome (NAS)Neonatal opioid withdrawal syndrome (NOWS)Medication assisted treatment (MAT)Injection drug use (IDU) Person with a SUD/mental illnessRecovery/Person in recovery/Person in long term recoveryPeer recoveryReturn to use Screening, Brief Intervention, and Referral to Treatment (SBIRT)Protective | SUD Terms to AvoidAddictClean/DirtyCrack babies Addicted infantAlcoholic Drug addictDrug habit RelapseSubstance/drug abuseAbuserUserInjection drug userLazy |

# Handout 1: Language Matters

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| **Family Planning** |
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| **Common Substance Use Disorder Terms** |
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# Teach Backs: Family Planning and Substance Use Disorders 101

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### Purpose

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

### Time Needed

30 minutes to work together to create teach back activities

30 minutes for presentation on FP 101

10 minutes Q&A FP 101

30 minutes for presentation on SUD 101

10 minutes Q&A SUD 101

10 minutes Facilitator Talking Points/Follow-up

***2 hours total***

### Materials and Handouts

* Poster paper and markers (enough for both groups)
* Handout: Topics to be Covered in Teach Backs
* Facilitator 101 Talking Points
* PPT slides 14-24

### 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.
* Break up participants into 2 groups: a FP provider group and a SUD provider group. Give each group poster paper, markers and other materials as needed.
* Instruct them to prepare a 30-minute, basic presentation covering their respective key points. Explain that they can use visual aids, PowerPoint slides, skits, role-play, case studies, poster paper, or other interactive ways to share their information.
* Have the groups work together for 30 minutes and give them 10-minute, 5-minute, and 1-minute warnings.
* Have the groups take turns presenting their 30-minute 101 sessions. After each presentation, assist with facilitation of questions and concerns, do an overview of the key points discussed, and, if needed, fill in any information that may have been left out.
* Facilitators should highlight resources and identify future training needs if organizations need additional information. Make a note of these in the Parking Lot.
* Share additional information regarding local demographic data, local laws and confidentiality laws if not covered by the presenters (to be developed and tailored prior to each training).

###

### Wrap Up & Key Points

* Reflect on 1-2 things each provider learned during this session.
	+ What may be similar about the populations or services they provide?
	+ What are some of the differences?
* Slides 18-23 can be used, if necessary, after the teach backs. They cover some basic information that might have been missed by the presentations. If all points were covered, it is not necessary or required to use these slides.

# 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**

* FP is voluntary, person-centered, and non-coercive.
* FP 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**

* 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 OxyContin, Percocet and Vicodin.
* There are many paths to recovery from substance use disorder. Some examples include mutual aid groups, such 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 toward 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

* Laptop, LCD projector, screen (with speakers)
* Video
* PPT Slide 25

### 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? Three 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?

Facilitator’s Choice

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

* + 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.”
* 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 Medication Assisted Treatment (MAT)/Medications for Opioid Use Disorder (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 the client’s needs and recognizing that there’s not a one-sized-fits-all solution.

### Time Needed

35 minutes

### Materials and Handouts

* PowerPoint Slides 26-50

### 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 FP 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.

Facilitator’s Choice

For slide 30, 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 the slide and ask if there are other barriers not listed.

* 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 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.
* 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.
* 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. Depending on the energy of the group, it may be helpful to pause after each concept and allow time for processing.
* 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:
	1. Clients may be hesitant to disclose information about their substance use problems because they are afraid of being judged or being incarcerated.
	2. 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 FP and substance use, and their feelings about doing so.

### Time Needed

20 minutes

### Materials and Handouts

* Handout 2: How Do You Feel About…?
* Pens
* PPT slides 51-54

###

### Preparation

Review the handout and the facilitator notes to help you prepare for how you might respond to challenges dealing with sensitive topics that participants may bring up.

### 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.
* Instruct participants to pair up with someone from a different agency.
* In pairs, have them discuss which statements were easy, which statements were challenging, and to share with each other why certain statements were challenging (only sharing what they chose to share).
* Return to the larger group and facilitate a group discussion by asking questions such as:
	+ How was this activity for you?
	+ Is anyone willing to share some of their observations about their own experience doing the activity? Any surprises?
	+ Which were the hardest things to talk about and why?
* Ask participants to share something they plan to do to help them become more comfortable with a topic or statement that was challenging for them. Seek responses from everyone if there is time or just a few responses and jot them on poster paper.

### 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 your privacy, write down topics/areas on a piece of paper and drop it in this box.

# 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 have enough information to talk about this topic with a client.*** | ***I have enough experience to talk about this topic with a client.*** | ***My own values will not prevent me from talking about this topic with a client.*** | ***I feel uncomfortable with this topic.*** |
| 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 55-73

###

### Preparation

* Review person-centered counseling and MI techniques and tools in depth.
* Familiarize yourself with 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 MI techniques and tools; and review and practice FP and SUD screening tools and referrals.
* Acknowledge the experience in the room 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 MI 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 – 20 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 MI techniques to supplement their skill building around screening.

Share slides and review person-centered care, shared decision-making, MI 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 clients choose.
	+ Studies have also found that communication influences satisfaction with the method.
	+ 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/patient in the decision-making process. This means listening to your client’s needs, preferences, and life circumstances and coming up with a joint plan for moving forward.
	+ Research has shown that this is essential to establishing a positive relationship. 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 61.

***Motivational Interviewing***

* Discuss the following related to 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.
		- A way to 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 change slide. In order 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 SU, 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.
	+ **Preparation** 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:

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.

* + **Pre-contemplation:** “My substance use is not having a negative impact on my life, so I see no reason to stop” or, “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.”

***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: the 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 – 40 minutes

* Split into two groups—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 providers 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.

* 1. Decide what is best for your practice by considering ease of administration, workflow, client acceptance, and cost.
	2. 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, and
	+ 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 providers 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 the group to be on the lookout for any language that can sound like stigma or coercion.
* Ask for any immediate questions.
* Break up in pairs and have each dyad practice each element of the screening and referral process incorporating MI techniques to have an effective, nonjudgmental conversation. These elements include:
	1. Starting the conversation and introducing the topic,
	2. Implementing the screening tool, and
	3. Making the referral.
* Ask participants about their agency protocol for people 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:
	1. What will be the biggest challenge in integrating these screening questions and follow up discussions? What will be the easiest?
	2. When would be a good time to integrate screening?
* Acknowledge challenges.
* Discuss how we’ll be coming together tomorrow to 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 | * 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 | * 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 | * 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 | * 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 | * 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 subtances like marijuana.

|  |  |  |
| --- | --- | --- |
| Questions | Yes | No |
| 1. Have you ever felt that you ought to **cut down** on your drinking or substance use?
 |  |  |
| 1. Have people **annoyed** you by criticizing your drinking or substance use?
 |  |  |
| 1. Have you ever felt bad or **guilty** about your drinking or substance use?
 |  |  |
| 1. Have you ever had a drink or used substances first thing in the morning to stead your nerves or to get rid of a hangover (**Eye-Opener**)?
 |  |  |

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/MI Pocket Card

See accompanying PDF

# Role Playing

### Purpose

Practice integrating screening in a client-centered way

### Time Needed

40 minutes

### Materials and Handouts

* Handout 10: Role Playing Scenarios
* Handout 11: Role-Playing Observation Checklist (extra copies)
* PPT Slides 74-76

### Preparation

* Practice both role-playing scenarios 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?
* Have participants get into small groups of three people per group and give each group the handout of role-playing scenarios.
	+ Remind participants that they should practice introducing the topic, screening, intervening, and referring.
* Ask two participants to role play one of the scenarios and have the third 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

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 her 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 her 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 him 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 her to a FP clinic

#

# Handout 11: Role Playing Observation Checklist

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

# 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 77-80

### 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 identity 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.
* Say, “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.”
* Share, “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 to 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 to do you anticipate? |

# Final Closing Exercise

### Time Needed

10 minutes

### Materials and Handouts

* Handout: Individual Action Plan
* PPT Slide 81

### 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. Use the following prompts:
	+ - I will start
		- I will continue
		- I will stop
* Ask for volunteers to read at least one element aloud.
* Thank them all for their effort, energy, and participation.

# Handout 13: Individual Action Plan

I will start \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I will continue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I will stop \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Evaluation

### Time Needed:

### 5 minutes

Provide five minutes for participants to complete their evaluations.

# Openings, Closings, and Icebreakers

# Suggested Closing: Day 1

### Time Needed

15 minutes

### Materials and Handouts

PPT Slide 73

### Instructions

* Bring the full group back together.
* 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.

# Suggested 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

* PPT Slides 74-76

### Instructions

* Welcome everyone to day two. Review the agenda.
* Split the participants into groups of three.
* 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 8 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 people they care for in their professional work.