

De-Escalation in the Workplace



OBJECTIVES

At the end of this unit, participants will be able to:

- Describe the causes and correlates of aggressive behavior among patients.
- Identify safe options to prevent and manage patient aggression.
- Demonstrate skills in evaluating and assessing efforts of staff in managing aggressive patients and situations.
- Demonstrate adaptive effective options for enhancing therapeutic client interactions (ways to de-escalate a client).



INSTRUCTIONS

1. See individual slides and notes for lecture details.
2. Wrap up. In working with clients and helping them manage their needs and wants, it is important for CHWs to also have time for self-care. Share the hand out self-care assessment. Give participants 10 minutes to review and complete. Ask for volunteers to share how they engage in self-care activities.



Related C3 Roles

Providing coaching and support

Related C3 Skills

Professional skills and conduct



Method(s) of Instruction

Lecture, small group discussion

Facilitator's note: This module should be facilitated by a skilled professional, preferably a facilitator with a licensed clinical degree (MSW, psychology, counseling) with experience in direct service with clients, especially clients who have substance use or mental health disorders.



Estimated time

60 minutes



Key Concepts

De-escalation, verbal and physical aggression, aggression, de-escalation strategies, action responses.



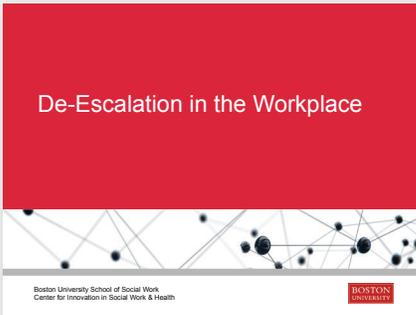
Materials

- Computer with internet access and projector
- PowerPoint slides

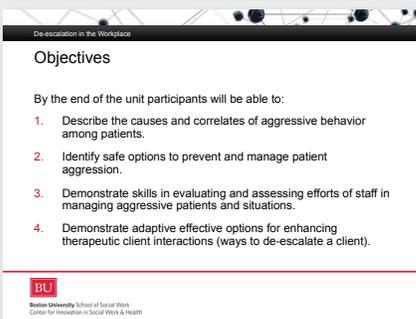
Handout

- Self-Assessment Tool: Self-Care

De-Escalation in the Workplace



SLIDE 1



SLIDE 2

Review the objectives.

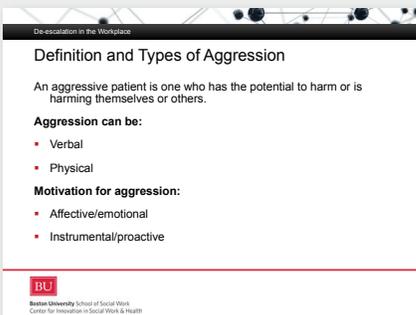


SLIDE 3

From this picture we can see that this man is displaying an aggressive facial expression.

Let's define: What is aggression?

We know it when we see it, but what is it exactly?



SLIDE 4

When we look up the definition of aggression we can find many meanings.

According to Wikipedia, aggression is overt, often harmful, social interaction with the intention of inflicting damage or other unpleasantness upon another individual. It may occur either in retaliation or without provocation.

For the purpose of this session we will define an aggressive patient as one who has the potential to harm or is harming themselves or others.

In humans, aggression can be verbal or physical. I suspect at one time or another many of us has experienced aggression from someone we have been in contact with.

As humans there are many motivations for aggression. Think about the following motivations:

- Affective/emotionally-triggered: when we experience feelings of anger and frustration we are unable to control our affect and lose control.
- Instrumental/provocative: our motivator is to maintain order to achieve a goal or positive outcome in a controlled way.

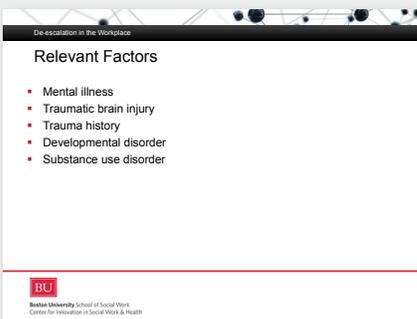
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SLIDE 5

Let's look at this picture, how would you interpret what is going on in this picture? Clearly she is frustrated by what she is reading or feels like she has lost control and literally pulling her hair out.

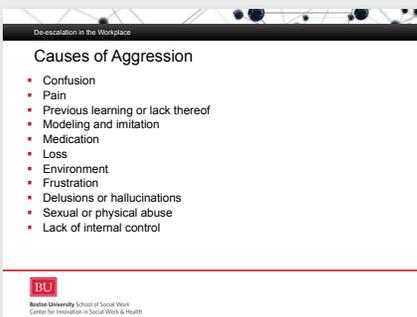
Ask participants if they have ever become so frustrated they thought about engaging in or engaged in aggressive behavior.



SLIDE 6

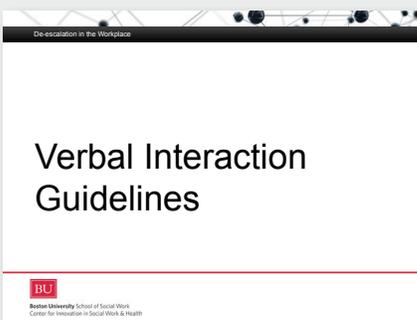
There are many factors that can cause people to become aggressive, especially if people we work with have:

- Mental illness
- Traumatic brain injury
- Trauma history
- Developmental disorder
- Substance use disorder



SLIDE 7

Review the slide.



SLIDE 8

We will now learn ways to manage verbally aggressive situations.

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Show Respect and Model Calm Interactions

Examples:

- Forward lean
- Good eye contact
- Lower tone of voice
- Keep your promises
- Use correct pronouns
- Be the calm you want to see

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To help manage verbally aggressive situations the following are examples of how you can use both non verbal and verbal language to decrease the situation when working with clients. It is helpful to lean forward, make good eye contact, lower your tone of voice, and keep your promises.

Examples:

- Explain what you can do and what is permitted in the facility.
- Reframe what the client is sharing with you to ensure understanding "Are you saying that . . . ?"
- Remain calm, reassure you patient that you are there to help.
- Reframe what you are hearing: "So the problem is . . . ? You are concerned that . . . ? This is upsetting you because. . . ."
- Ask the client: "How have you handled this before? Was anyone able to help you with you problem before? What will help in this situation? When this happens we usually. . . ."

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Explain Your Role and Explain the Rules

Examples:

- Explain what you can do
- What is permitted in the facility



"As a community health worker I can't change your doctor, but the clinic does have a process that will allow you to request a new provider. If you like I can help you with that process."

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SLIDE 10

Sometimes it is helpful to explain what your role is and how you might be able to help the client. If there are policies you are to follow in the workplace regarding managing an escalating situation, please explain to the client what can and can not happen. Ask for help from your co-workers as needed so you receive help to manage the situation.

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Listen, Take Your Time, Restate Your Understanding of the Situation

Example: "From what you're telling me....Did I get that right?"



"Does that sum it up? Did I miss anything?"

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If you are meeting with a client, take the time to listen to what the client is saying to you, and restate what you hear to ensure understanding and guide potential ways to help the client. Clients get frustrated with things they do not understand, so be the one to get it right.

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Do not Allow Yourself to be Induced into Their Emotional State

Examples:

- Know your own triggers
- Use self soothing and grounding techniques
- Keep in mind it's not about you
- Reassure your patient that you are there to help



Keep calm and take the "I" out of the equation

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SLIDE 12

Be careful as sometimes we can get caught up in an aggressive situation.

Review the slide.

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Form an Agreement with the Client about the Issue, Validate the Difficulty

Examples:

- "So the problem is.....Did I get that right?"
- "You are concerned that...."
- "This is upsetting you because....."

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SLIDE 13

At times clients want acknowledgement of the challenges they experience that cause their frustration.

Be sure to ask questions to ensure understanding of the challenge they are experiencing such as:

"You are concerned that. . . ."

"This is upsetting you because. . . ."

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Explore Options

Examples:

- How have you handled this before?
- Was anyone able to help you with your problem before? What will help in this situation?
- When this happens we usually...."

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Clients are resilient. Many times they have experienced other frustrating situations that lead to their aggressive responses.

Explore options with them to see how they can manage the situation.

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Bridge to the Next Person or Activity

Examples:

- "I'll check on _____ for you but I may not have an answer today."
- "I think the doctor is still waiting for you I'll walk you over so that you can check in with her."

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Verbal Response Options

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We will now look at strategies to manage a verbally aggressive situation.

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Clarification

A question beginning with, "Do you mean that..." or "Are you saying that..." plus a rephrasing of the patient's message.

- **Purpose:** To encourage the patient to elaborate, to check out accuracy, or to clear up vague, confusing messages.
- **Example:** Do you mean that you became upset and confused when you were not able to see the doctor?"

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At times when a client becomes verbally aggressive and you want to de-escalate the situation, there are several verbal responses that can be used, such as clarification.

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Paraphrase

Rephrasing the content of the client's message.

- **Purpose:** To help the client focus on the content of his or her message, to highlight content when attending to emotion is premature or self-defeating.
- **Example:** "You are angry because you could not see the doctor and it took 1½ hours on the bus."

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Reflection

Reflecting the emotional part of the patient's message.

- **Purpose:** To encourage expression of feelings, to have patient experience feeling more intensely, to help to become more aware of the feelings that dominate, to help the patient discriminate accurately among feelings.
- **Example:** "It sounds like you are feeling frustrated and angry because you are trying to do the right thing."

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Summarization

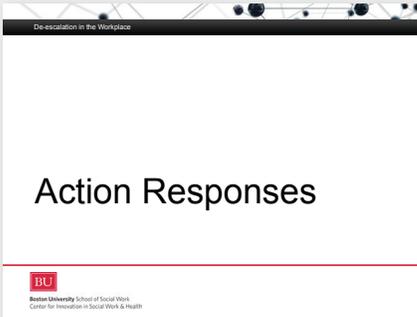
Two or more paraphrases or reflections that condenses the patient's message.

- **Purpose:** To tie together multiple elements of messages, to identify a common theme or pattern, to interrupt excessive rambling, to review progress.
- **Example:** "So you are angry because you made every effort to keep your appointment and want to be well..."

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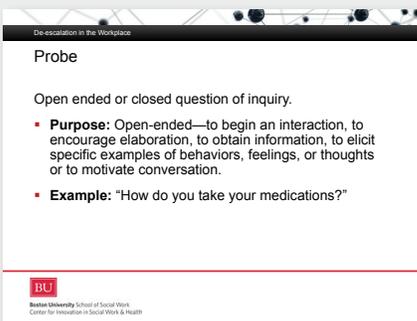
SLIDE 20

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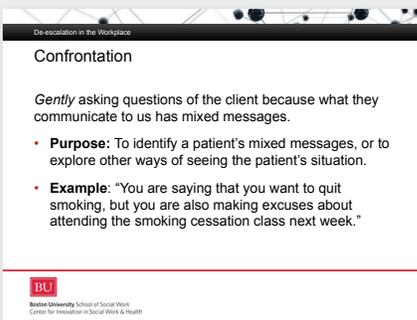
SLIDE 21

Let's take a look at a few additional action responses.



SLIDE 22

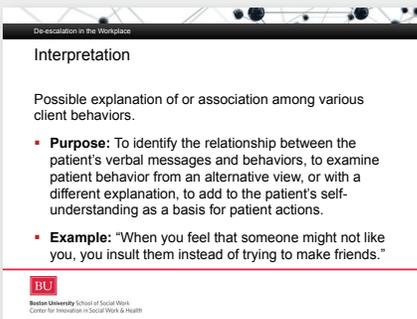
Review the slide.



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We may *gently* ask questions of the client because what they communicate to us has mixed messages.

Review the slide.



SLIDE 24

Review the slide.

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Information Giving

Verbal communication of data or facts.

- **Purpose:** To identify alternatives, to evaluate alternatives, to dispel myths, or to motivate patient to examine issues that may have been avoiding.
- **Example:** "Would it help if we _____?"
"Some people relax when they do deep breathing."

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Special Considerations: Verbal Aggression

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Next, we will review some special considerations related to verbal aggression.

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Agreeing

- **Purpose:** To show the client that you can see their point.
- **Example:**
 - Client: "I want to be involved in deciding what HIV medications to take. I am the one who has to take them not him."
 - CHW: "You are right, you have to commit to taking the medicines everyday. Let's plan to meet together with your doctor to understand what medication options are available for you."

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Apologizing

- **Purpose:** To diffuse a potential argument.
- **Example:**
 - Client: "You think I am selling the bus passes you give me to get to my appointments for cash!"
 - CHW: "I am sorry you think that. Please know that I am here to help with any barriers that prevent you from making your appointments. I am here to help if you with other resources you may need. How can I help?"

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Playing Dumb

- **Purpose:** To buy time, gather information, and help the client to focus.
- **Example:**
 - Client: "My case manager did not submit my application for emergency utility assistance because she thinks I spent my SSDI check on a T.V."
 - CHW: "I don't know anything about this. Tell me more."

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Avoid Trying to Reason and Explain

- **Purpose:** If your client has sensory distortions or cognitive delays due to a developmental disability, traumatic brain injury, or the effects of trauma.
- **Example:**
 - Client: "Dr. Lee doesn't believe that I've been taking my medications because I'm not virally suppressed after taking my meds faithfully for the past 6 months."
 - CHW: "I don't understand it, but I believe you. Let's meet with the doctor to get a better understanding."

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Back Away

- **Purpose:** To help diffuse the situation, let time heal.
- **Example:**
 - Client: "I got suspended from my job yesterday because you did not get the doctor to give me the medical excuse for not going to work."
 - CHW: "I need to cool down a bit. I'll get my supervisor to help you."

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Special Considerations

Physical aggression

- Step back
- Use care in body language
- Be alert
- Get help
- Act defensively

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Unfortunately there are some situations where clients do become physically aggressive and our goal is to manage our safety. There are certain strategies to keep yourself safe:

- **Step back:** Do only what has to be done, such as food, and getting medications. If you try to intervene with normal activities you are increasing the risk to you and your patient.
- **Use care in body language:** Be sure to approach you patient from the front. Do not turn your back. Give the patient plenty of space. Use a calm tone of voice and reduce the stimuli around the person.
- **Be alert:** If an aggressive episode has happened it will most likely reoccur. Be prepared.
- **Get help:** Working in a team is most effective.
- **Act defensively:** Almost anything can be used as a weapon. Remain alert and aware of possible scenarios in the aggressive episode.

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Case Example

- Mary is a 33 year old trans woman with a significant trauma history. She is diagnosed with PTSD and she has some cognitive delays due to the a traumatic brain injury she sustained when she was assaulted several years ago.
- Each time Mary comes to the office she seems calm at first, but then starts yelling at the receptionist if she has to wait longer than 15 minutes.
- Sometimes the receptionist is able to get her to calm down, but often times Mary is asked to leave.

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Ask for a volunteer to read the case example.

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Polling

In this example, what things would you want to consider in addressing Mary's aggression?

1. Mary's trauma history. Is the environment making her feel unsafe? Is her aggression a means by which she attempts to regain safety?
2. Mary's cognitive needs. Does Mary perceive time the same way? Does time seem to slow down or speed up? Does she feel overwhelmed at her appointments?
3. Gender responsiveness. Is the environment affirming her gender identity and is she being respected?

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Read the question.

Ask for a volunteer to reach each point.

Ask participants to comment on each point.

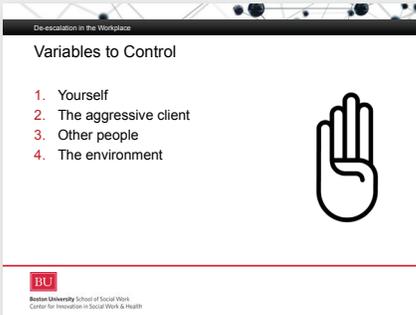
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Managing the Situation

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Let's look at additional ways to manage difficult situations.



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Four variables to consider when managing a challenging situation are:

Yourself

Emotionally: Maintaining composure as exhibited by tone of voice, rate of speech, use of force and body language.

Physically: In your use of your hands and feet, body posture, and position in relations to others.

The aggressive client

Verbally: Through empathy, redirection, offering alternatives, providing reassurance, or setting a limit.

Physically: Using the least restrictive option necessary to prevent or avoid injury during emergency situations.

Other people

Patients in the area may be scared, frightened, or angry. For their safety and to prevent further escalation, it might be best to have them leave the immediate area.

Staff coming upon the scene after the incident is under way need to be briefed on the on the situation and given directions (calling for help, offering assistance, etc.)

The environment

The environment should be free of dangerous items. Be aware of any object that may be used as a weapon.

If a patient needs space to wander allow that space. If a patient becomes upset being in a small room, allow them to access larger rooms.



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Things to consider in managing yourself in the difficult situation:

- Self-care
- Calming and grounding techniques
- Knowing your limits, strengths, resources
 - Refer to proper services or experts through supervision, Employee Assistance Programs
- Understanding of trauma
- Clothing and appearance—sometimes how you dress could be triggering to your clients.
- Body language and movement—understand how your body language, your stance, or sudden movements can be triggering to the situation.

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The Client

- History of past aggression
- Demographics (including body size and strength)
- History of past trauma
- Type of drug used
- Mental health status



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Things to consider in managing the client in the difficult situation:

- History of past aggression—do you know if your client has a history of past aggression? If not, read their medical records or collaborate with team members who may have worked with the client previously.
- Demographics (including body size and strength)
- History of past trauma
- Type of drug used
- Mental health status

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Other People

- How does witnessing aggression affect others?
- Is it possible to have them relocate?
- Are witnesses causing aggression to escalate?



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Things to consider in managing other people in the difficult situation:

- How does witnessing aggression affect others?
- Is it possible to have them relocate? Maybe it is best to be in an environment that is less triggering for the client or maybe with others who can help you de-escalate the situation.
- Are witnesses causing aggression to escalate? Again this is a situation where the environment you are in with the client can hurt or help the situation you are trying to manage.

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Environment

- Layout, lighting, access to exits
- “Could that be used as a weapon?”
- Staffing
- Availability of back-up or security staff
 - Use code word. Example: “Nine!”
- Trauma-informed organization
- Community settings:
 - Client’s home
 - Public spaces



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Things to consider in managing the environment where the difficult situation is being played out:

- Layout, lighting, access to exits—review your physical environment.
- Are there materials or items in the space where you think “Could that be used as a weapon?”
- Staff: Are there too many people in the room? Do the people in the room have a position that could be threatening to the client?
 - Availability of back-up or security staff
- Use code word, example “Nine!”
- Trauma informed agency
- Community settings:
 - Client’s home
 - Public spaces

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Phases of an Aggressive Incident

1. Preparation
2. Intervention
3. Documentation
4. Processing
5. Monitoring



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Review the slide.

There are 5 phases to an aggressive incident.

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Preparation

The best way to reduce aggression is to prepare:

- Know yourself
- Know your client
- Know your resources

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Intervention

- Body language
- De-escalation skills



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The intervention phase has two parts:

- Body language. From this picture one could say that this figure is closed to whatever others are saying. We see his arms are folded and there is no eye contact as indicated by his closed body language.
- De-escalation could be difficult.

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Intervention: De-escalation

- Simply listening
- Distracting the other person
- Re-focusing the other person on something positive
- Changing the subject
- Use humor (sparingly) to lighten the mood (be very careful with this!)
- Motivating the other person
- Empathizing with the other person
- Giving choices
- Setting limits

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There are certain strategies that can be applied to support de-escalating a heightened situation.

Review the slide.

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Intervention: De-escalation

Communication and empathy barriers:

- Pre-judging
- Not listening
- Criticizing
- Name-calling
- Engaging in power struggles
- Ordering—telling the client what to do
- Threatening
- Minimizing what the client says
- Arguing

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On this slide we can see that occasionally we as providers may make choices that do not support de-escalation. We want to ensure that we are communicating in ways that support empathy. Here are some pitfalls to avoid.

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Documentation, Processing, Monitoring

Documentation

Incident forms—agencies must have a policy in place to manage difficult situations and forms that can be used to explain the situation and solution.

Processing

Who processes/reviews the incident forms? Forms must be reviewed to ensure understanding of the situation and opportunity to learn and better manage future situations.

Monitoring

Agency staff must participate in annual training to ensure that they are prepared to manage challenging client situations and are clear on the agency policy and procedures.

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Additional phases of the incident beyond managing the situation include the following.

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Working in Teams

- Teams of two to three people works best. One person working alone is at a major disadvantage. Teams larger than three may cause additional confusion.
- Procedures for working as a team include non-physical and physical elements.

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It takes support from our team to help mitigate difficult situations.

If there is potential for a client to become verbally or physically aggressive, it's always best to have teams prepared to manage the situation. At some institutions a designated statement over the telephone/PA system might state: "Mr. Quickly is needed in room 9". . . . this would alert members of the team to respond to a staff person managing a difficult situation. I'm sure many of your institutions have these crisis policies in place. Be familiar with the policy at your institution.

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Working in Teams

Non-Physical Elements

- Male-female teams work best
- Get help whenever possible
- Negotiate—don't give in, but go half way
- Don't make promises you can't keep
- Don't lie to the person
- Avoid plays for power and control
- Distraction and redirection are good options
- Communicate
- Agree to disagree

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Here are some additional considerations for working in teams.

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If the situation becomes physical in a team consider the following.

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Working in Teams

Physical elements:

- Establish a leader
- Prepare environment, know your exits
- Stay out of close range
- Keep your stance (T Stance)

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Review the slide.

De-escalation in the Workplace

Summary

- Aggressive behavior is common in mental health and health care settings
- Incidents of aggression put you and the patient at risk
- Preparation is the best defense
- Good self-care and a trauma-informed environment can help manage the impact and reduce aggressive incidents
- Maintaining good verbal and physical communication skills will help reduce the likelihood of aggressive incidents and decrease the risk of injury when they do occur

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Self-Assessment Tool: Self-Care*

How often do you do the following?

	Frequently	Sometimes	Rarely	Never	It never occurred to me
Physical Self-Care					
Eat regularly (e.g. breakfast and lunch)					
Eat healthfully					
Exercise, or go to the gym					
Lift weights					
Practice martial arts					
Get regular medical care for prevention					
Get medical care when needed					
Take time off when you are sick					
Get massages or other body work					
Do physical activity that is fun for you					
Take time to be sexual					
Get enough sleep					
Wear clothes you like					
Take vacations					
Take day trips, or mini-vacations					
Get away from stressful technology such as Phones and email					
Other:					
Psychological Self-Care					
Make time for self-reflection					
Go to see a psychotherapist or counselor for yourself					
Write in a journal					
Read literature unrelated to work					
Do something at which you are a beginner					
Take a step to decrease stress in your life					
Notice your inner experience: your dreams, thoughts, imagery, feelings					
Let others know different aspects of you					
Engage your intelligence in a new area: go to a museum, performance, sports or other activity					
Practice receiving from others					
Be curious					
Say no to extra responsibilities sometimes					
Spend time outdoors					
Other:					



	Frequently	Sometimes	Rarely	Never	It never occurred to me
Emotional Self-Care					
Spend time with others whose company you enjoy					
Stay In contact with important people in your life					
Treat yourself kindly (supportive self-talk)					
Feel proud of yourself					
Reread favorite books, rewatch favorite movies					
Identify and seek out comforting activities, objects, people, relationships, places					
Allow yourself to cry					
Find things that make you laugh					
Express your outrage in a constructive way					
Play with children					
Other:					
Spiritual Self-Care					
Make time for prayer, meditation, reflection					
Spend time in nature					
Participate In spiritual gathering, community or group					
Be open to inspiration					
Cherish your optimism and hope					
Be aware of nontangible (nonmaterial) aspects of life					
Identify what is meaningful to you and notice its place in your life					
Sing					
Express gratitude					



	Frequently	Sometimes	Rarely	Never	It never occurred to me
Celebrate milestones with rituals that are meaningful to you					
Remember and memorialize loved ones who have died					
Nurture others					
Have awe-filled experiences					
Contribute to or participate in causes you believe in					
Read inspirational literature					
Listen to inspiring music					
Other:					
Workplace/Professional Self-Care					
Take time to eat lunch					
Take time to chat with co-workers					
Make time to complete tasks					
Identify projects or tasks that are exciting, growth-promising, and rewarding for you					
Set limits with clients and colleagues					
Balance your caseload so no one day is "too much"					
Arrange your workspace so it is comfortable and comforting					
Get regular supervision or consultation					
Negotiate for your needs					
Have a peer support group					
Other:					

*Adapted from Saakvitne, et. al. Transforming the Pain: A Workbook on Vicarious Traumatization, 1996.

Acknowledgements

This curricula draws from and is adapted from other training curricula for peer educators and community health workers, such as the Building Blocks to Peer Success (<https://ciswh.org/resources/HIV-peer-training-toolkit>) and the Community Capacitation Center, Multnomah County Health Department (<https://multco.us/health/community-health/community-capacitation-center>)

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This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U69HA30462 "Improving Access to Care: Using Community Health Workers to Improve Linkage and Retention in HIV Care" (\$2,000,000 for federal funding). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Suggested Citation:

Boston University Center for Innovation in Social Work & Health. (2019). A Training Curriculum for Using Community Health Workers to Improve Linkage and Retention in HIV Care. Retrieved from: <http://ciswh.org/chw-curriculum>



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