This chapter provides six activities and three assessments for training community health workers (CHWs) to conduct an initial interview with a new client who may be interested in a particular program, service, or research study. These interviews may be the first contact that a client has with an agency and the CHW’s first opportunity to develop a positive connection with that individual or family.

This guide corresponds to, and is meant to be used with, Chapter 8, “Conducting Initial Client Interviews,” of *Foundations for Community Health Workers, Second Edition.*
CHAPTER AT A GLANCE

Conducting Initial Client Interviews

Training CHWs to conduct initial interviews is an iterative process that typically unfolds over the course of a four-month semester at City College of San Francisco (CCSF). It is important for learners to have multiple opportunities to practice key concepts and skills by participating in role plays and other learning activities.

This guide is meant to be used when teaching or training Chapter 8 of Foundations for Community Health Workers, Second Edition. We have included step-by-step activities for key sections, not the entire chapter. We recommend reading Chapter 8 in Foundations, as the textbook provides more material, as well as a deeper explanation of concepts, related to the activities in this guide.

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>LEARNING OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACTIVITY 8.1: CASE STUDY: OVERVIEW OF AN INITIAL INTERVIEW (80–90 MINUTES)</strong></td>
<td></td>
</tr>
</tbody>
</table>
| This is a multi-part client case study activity that asks learners to apply key concepts related to conducting an initial client interview. Case study with small group discussions in three parts
Includes:
- Learner Handout 8.1 A: Case Study of Arnold Winters | Discuss and apply key concepts and skills for client interviewing to a case study scenario.
Identify and explain key responsibilities for the beginning, middle, and end of an interview. |
| **ACTIVITY 8.2: WELCOMING A NEW CLIENT ROLE PLAY (60 MINUTES)** |  |
| This activity provides learners with an opportunity to discuss and practice how to greet a new client. Role play in groups of three
Includes:
- Learner Handout 8.2 A: Welcoming a Client Role Play Cards | Explain the importance of the first meeting with a new client.
Discuss positive and negative approaches to greeting a new client.
Demonstrate a client-centered approach to greeting a new client. |
| **ACTIVITY 8.3: ECOLOGICAL MODEL (50–60 MINUTES)** |  |
| This activity provides an opportunity to practice identifying a new client’s health risks using the framework of the ecological model to encourage students to consider a client’s risks and assets within their broader social and political context. Small-group brainstorm using a case study
Includes:
- Learner Handout 8.3 A: Ecological Model
- Learner Handout 8.3 B: Case Study of Sammy | Apply the ecological model to analyze the factors that influence a client’s health.
Discuss the significance of using an ecological approach to promoting the health and welfare of clients. |
## CHAPTER AT A GLANCE (continued)

### Conducting Initial Client Interviews

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>LEARNING OUTCOMES</th>
</tr>
</thead>
</table>
| **ACTIVITY 8.4: PRACTICING A STRENGTH-BASED APPROACH TO INTERVIEWING (60 MINUTES)** | ➤ Demonstrate how to conduct a strength-based interview.  
➤ Identify their own health-related resources and strengths. |

This activity provides learners with an opportunity to reflect upon the value of conducting a strength-based interview, and to practice conducting part of an initial client interview.

Small group discussion in pairs

*Includes:*

- Learner Handout 8.4 A: Form for Strength-Based Assessment

<table>
<thead>
<tr>
<th>ACTIVITY 8.5: A CASE STUDY ON CONFIDENTIALITY AND A ROLE PLAY ON CONFIDENTIALITY, PARTS 1–2 (60 MINUTES)</th>
<th></th>
</tr>
</thead>
</table>
| **Activity 8.5: Part 1, A Case Study on Confidentiality** | ➤ Explain confidentiality guidelines, including HIPAA.  
➤ Identify common mistakes in maintaining a patient’s confidentiality.  
➤ Demonstrate how to explain confidentiality policies to a new client. |

This two-part activity provides learners with an opportunity to review key concepts about confidentiality, including the Health Insurance Portability and Accountability Act (HIPAA).

Part 1 is composed of a large group discussion and a small group activity to review a case study and identify errors that a CHW makes in protecting the confidentiality of a patient.

*Includes:*

- Learner Handout 8.5 A: Find-the-Errors Confidentiality Story
- For the Trainer 8.5 A: Client Intake Form

**Activity 8.5: Part 2, A Role Play about Confidentiality**

Part 2 of this activity provides learners with an opportunity to practice how to explain confidentiality to a client.

Small group brainstorm
Conducting Initial Client Interviews

### ACTIVITY

**ACTIVITY 8.6: ROLE PLAY DEMONSTRATION TO PRACTICE NOTE-TAKING SKILLS (50 MINUTES)**

This activity provides learners with an opportunity to practice taking notes and to accurately document client information during an initial interview.

Video and documentation worksheet

*Includes:*

- Learner Handout 8.6 A: Client Intake Form
- For the Trainer 8.6 A: Client Intake Form

- Demonstrate taking notes to accurately document client information during an initial interview.
- Discuss note-taking challenges and better practices.

### TRAINING WITH VIDEOS FROM CHAPTER 8 OF FOUNDATIONS

Chapter 8 of the textbook includes two videos showing a CHW working with a client that highlight different aspects of conducting client interviews and two interviews with CCSF faculty.

### ASSESSMENT

#### ASSESSMENT 8.1: CASE STUDY ASSESSMENT

Learners are provided with a case study and seven questions to answer related to conducting initial client interviews.

This assessment may be administered as an in-class or take-home exam.

- Answer key

#### ASSESSMENT 8.2: REFLECTIVE WRITING ON INITIAL INTERVIEWS

Learners are asked to write a brief personal reflection about their experiences as a client during initial interviews.

- Standard rubric

#### ASSESSMENT 8.3: NOTE-TAKING ASSESSMENT

Learners watch a short role play or portion of a video and document key client information on an intake form. This quiz is based on a similar in-class training activity (Activity 8.6).

- Answer key
**ACTIVITIES**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTIVITY 8.1</td>
<td>Case Study: Overview of an Initial Interview</td>
<td>334</td>
</tr>
<tr>
<td>ACTIVITY 8.2</td>
<td>Welcoming a New Client Role Play</td>
<td>342</td>
</tr>
<tr>
<td>ACTIVITY 8.3</td>
<td>Ecological Model</td>
<td>346</td>
</tr>
<tr>
<td>ACTIVITY 8.4</td>
<td>Practicing a Strength-Based Approach to Interviewing</td>
<td>351</td>
</tr>
<tr>
<td>ACTIVITY 8.5</td>
<td>Part 1, A Case Study on Confidentiality</td>
<td>356</td>
</tr>
<tr>
<td>ACTIVITY 8.5</td>
<td>Part 2, A Role Play on Confidentiality</td>
<td>365</td>
</tr>
<tr>
<td>ACTIVITY 8.6</td>
<td>Role Play Demonstration to Practice Note-Taking Skills</td>
<td>368</td>
</tr>
</tbody>
</table>

*Training with Videos from Chapter 8 of Foundations* | 379
Activity 8.1

80–90 MINUTES
It can also be facilitated as three 25–30 minute activities.

MATERIALS NEEDED
- Copies of “Learner Handout 8.1 A: Case Study of Arnold Winters” (included at the end of this activity). As an alternative, you may wish to develop your own three-part case study.

TRAINER PREPARATION
- Review Chapter 8.
- Review your own responses to the case-study activities (in preparation for large group discussion).

LEARNER PREPARATION
- Ask learners to read Chapter 8.

LEARNING OUTCOMES
After this activity, learners will be able to:
- Discuss and apply key concepts and skills for client interviews to a case-study scenario.
- Identify and explain key responsibilities for the beginning, middle, and end of an interview.

Case Study: Overview of an Initial Interview

This activity is a multi-part client case study that asks learners to apply key concepts related to conducting an initial client interview. This activity works well as a review of the information from Chapter 8. This case study is in three parts, corresponding to the way that Chapter 8 describes the beginning, the middle, and the end of an initial interview.

We recommend facilitating this as a closed-book activity, or one in which the learners do not consult the textbook. This assists them to internalize key concepts and to express them in their own ways.

1 Introduction
Tell learners that they will be discussing a client case study in small groups. They will be asked to discuss a series of questions and to describe how they would work with the client during the beginning, middle, and end of an initial interview.

Assign learners to small groups of three to five participants, and distribute Part 1 of the case study.

2 Small Group Discussion: The Beginning of the Interview
Ask participants to carefully review the case study and do their best, as a group, to answer the questions provided, applying concepts and skills from Chapter 8. Ask for one member of each group to volunteer to record key concepts expressed during the discussion.

Circulate among small groups during the activity to offer any additional guidance, as necessary.

3 Large Group Debrief
You may select several questions or all of them for the large group discussion, drawing on your observations of the small groups at work. If you observed a group struggling to answer a particular question, we recommend addressing this issue with the large group. Leave
Case Study: Overview of an Initial Interview  (continued)

room for the participants to share any outstanding questions or concerns that arose during their small group discussion.

**TIP** It is important for learners to practice and model CHW skills in trainings. It is also valuable for learners to observe trainers modeling CHW skills, in addition to practicing the skills themselves. Be prepared, if necessary, to model your own responses to the case study questions.

4 Small Group Discussion: The Middle of the Interview

Distribute Part 2 of the case study to all learners and ask them to review it and do their best to answer the discussion questions. Note that Part 2 of the case study includes more information than either Parts 1 or 3, and learners may need more time for discussion. Circulate among small groups, listening for their understanding of key concepts and noting examples for the large group discussion.

5 Large Group Debrief

Debrief the small group work as in Step 3. Emphasize questions or topics that are not yet clear to learners. Refer to Chapter 8 for key concepts to emphasize related to the middle of the interview.

If the learners don’t adequately address the question of how to respond to Arnold when he discloses his history of incarceration, we encourage you to address this topic. Talking points may include these:

- The importance of not doing or saying anything that will appear as a judgment of Arnold as a person with a history of incarceration.

- Careful consideration of the language used. For example, words such as convict, ex-con, felon, or offender are likely to offend or convey disrespect to your client and harm your professional working relationship. Disrespectful labels may also have a negative impact on Arnold’s desire to seek further services at the clinic where you work, and even with other service providers.

- The importance of demonstrating interpersonal warmth and your unconditional positive regard for Arnold.

- The importance of “leaning into” this part of Arnold’s story, and the risks of “leaning away” by, for example, trying to change the topic or demonstrating that it makes you uncomfortable. One way of leaning into this part of Arnold’s story is to ask him more about it. For example, you might ask, “How did incarceration impact your health?” or “How has your experience been so far after coming home from prison?” Trust that Arnold will tell you or give you cues about his willingness and comfort level with sharing more with you. If he doesn’t want to talk further, accept this, and don’t continue to
Case Study: Overview of an Initial Interview  (continued)

raise the topic. Leave room for the participants to share any outstanding questions or concerns that arose during their small group discussions.

6 Small Group Discussion: The End of the Interview
Distribute Part 3 of the case study for all learners to review and ask them to discuss the questions provided.

7 Large Group Debrief
Debrief the small group work with all learners, as in Step 3. Emphasize questions or topics that learners may be uncertain of or struggling with.

OPTION One option is to ask for volunteers to do a role-play demonstration. One learner will play Arnold Winters, and another will play the role of the CHW. The CHW will demonstrate how to guide the end of the interview session. Prompt the learner playing the CHW by asking, “What do you want to say to Arnold to close the interview in a way that supports his well-being?”

Possible areas to emphasize include these:

- How to provide a client-centered referral (additional information is provided in Chapter 10, “Care Management”).
- How to close the interview in a client-centered manner that includes thanking the client for his time, assessing outstanding questions and concerns, summarizing key information learned, and reviewing next steps (such as an appointment with a physician or referral to a diabetes management group).

8 Reinforcement
This is an opportunity to provide additional guidance for how to conduct a client-centered interview with a new client. If learners have demonstrated a strong ability to discuss and explain key concepts, your summary may be quite brief and should recognize and affirm their knowledge and skills. On the other hand, if learners are still uncertain about key concepts, they may require more guidance from you.

Depending on earlier discussions, you may choose to emphasize some of the following concepts:

- You only have one chance to make a first impression, and the initial interview may be it. This first encounter can determine whether or not a client decides to participate in your program’s services and whether they return for a second meeting with you, and it may even influence whether or not the client feels confident in seeking out services from other providers in the future.
Case Study: Overview of an Initial Interview  (continued)

- Demonstrate your interpersonal warmth in a way that is authentic to who you are. Don’t adopt a false professional persona.
- Stay curious and engaged throughout the session as you listen and learn who the client is.
- Do your best to make the client feel welcomed and valued.
- Don’t rush through the interview. Take your time. Don’t let your concerns about completing the interview form undermine your ability to listen (“Big Eyes and Big Ears”).
- Leaving time for the client to talk about their main concerns is more important than finishing the intake or interview form.
- Learn how to multitask, to be aware of time, and to keep the interview moving as you listen and document key information.
- Lean in if a client chooses to disclose something highly significant and perhaps emotional.
- You won’t have the answers to all questions that clients may ask you (none of us do). You can always say, “I don’t know, but I’ll do my best to find out,” or “I don’t know, but that is something that the doctor (or social worker, or nurse) should be able to help you with.”
CASE STUDY: ARNOLD, PART 1

You are a community health worker at the West Side Clinic. The clinic provides comprehensive primary health care for low-income patients.

Today you are meeting with a new client, Arnold Winters, to conduct an initial interview. Mr. Winters is hoping to be accepted as a patient and to receive ongoing primary health care at the clinic. For the purposes of this case study, please assume that Mr. Winters qualifies for Medicaid coverage that will pay for his treatment at the West Side Clinic.

Mr. Winters seems anxious when you first meet him in the waiting room. You notice that he keeps scanning the room and the clinic as you bring him to an interview room. At first, he has difficulty maintaining eye contact with you. Mr. Winters takes off a well-worn pair of gloves and keeps turning them over in his hands and looking down.

After you introduce yourself, he says, “You can call me Arnold. Mr. Winters still sounds like my father to me.”

When you ask him what brings him to the clinic today, he says, “Well, my health is not so good right now, and I guess I should see a doctor. My blood pressure has been pretty high, and I need to get it down. My friend Richard said that this was a good place to go, and it’s close to where I’m staying, so, you know, I thought I’d give it a try.”

Discussion Questions:

1. As a CHW, what are your primary goals for the interview with Arnold (what do you hope to achieve)?
2. How will you introduce yourself to Arnold?
3. What will you do and say to begin to establish a positive rapport with Arnold?
4. How will you explain the content and purpose of the initial interview and obtain informed consent to proceed with the interview?
5. How will you explain confidentiality and its limits?
6. What questions or concerns do you have related to the client’s health or how you will facilitate this initial interview?
As you talk further with Arnold Winters, he begins to share more information and to look up and maintain eye contact. Based on your observations, the questions that you ask, and the comments you share, you learn the following information:

- Mr. Winters is 52 years old and African-American.
- Mr. Winters was recently released from prison. He is in the early stages of reestablishing his life, including finding a place to stay, finding employment, and rebuilding relationships with family, friends, and community.
- Arnold is divorced and has two daughters and three grandchildren.
  
  “My kids, basically they gave up visiting me in prison. I’d been in and out so many times, you know, I think they just kind of got tired of all the promises I made and broke. I understand they’re angry, but how do I, you know, just even start to make things right? What am I supposed to do? I want to know my grandkids. I want to... I want to know my family again.”

- He is staying in his cousin's garage.
  
  “Maybe it's not the best long term, but I'm grateful. Most of my family, they don't want anything to do with me. So I try not to push it, you know, going inside for meals and showers and such. I don't want to wear out my welcome, and I know his wife isn't so happy to have me there too long.”

- He is mostly eating at Temple Church.
  
  “I get a hot meal once a day at Temple Church up on Oak Street. They also give me some groceries from their pantry, and I have a little cooler and a hot plate in the garage. Lots of cup-of-soup and macaroni-and-cheese.”

- He is not working yet. Arnold doesn't have much of a formal work history but he is eager to work.
  
  “Mostly I worked in what you could call the underground economy. My friend Enrique is trying to get me into the hotel restaurant where he works. I told him I'd wash dishes, I'd clean, I'll do anything.”
His blood pressure is uncontrolled. The last time it was taken, at the free clinic, it was 150/115. He is running out of his medications and has been taking pills every other day to "stretch them out."

“It got bad in prison with that food and no exercise, and, um, solitary. So I’m trying to turn that around. I’ve been walking everywhere, which isn't hard, ’cause I don’t have any money anyway, and I’ve done some weights over at Enrique’s. I’m trying to eat better, but you know, for now, I pretty much eat what the Church gives me.”

Discussion Questions:

1. How and when will you gather demographic information from Arnold? How will you explain the need to document this information, and which questions might you start with?

2. How will you take notes to document the information that Arnold shares with you? How will you describe your documentation, and its purpose, to him?

3. How will you assess and determine what the client's key concerns and priorities are? What have you learned, from the case study, about Arnold's concerns and priorities?

4. What will you do and say to build rapport with Arnold? How will you respond when Arnold tells you about his recent release from prison?

5. How will you work with Arnold to identify his internal and external resources? What have you learned from the case study about Arnold's resources?
Learner Handout 8.1 A: Case Study of Arnold Winters (continued)

**CASE STUDY: ARNOLD, PART 3**

After about 40 minutes, Arnold has answered most of the initial interview questions, and he asks you, “So, am I gonna be accepted as a patient here? Can I get to see one of doctors today and maybe get some more blood pressure pills?”

Arnold also says, “Yeah, I'm interested in learning more about that place that helps families like mine work stuff out, you know, reunification. I'm willing to try anything to get a better relationship with my kids.”

Finally he says, “I needed to come in today, but I didn't want to be here, if you know what I mean. After the care I got—more like didn't get—in prison, I didn't know what to expect. But, you really helped me today so, you know, I wanted to say thank you.”

**Discussion Questions:**

1. **Time management.** For the purposes of this case study, let’s assume that you have already spent 40 minutes with the client but have only completed about 50 percent of the initial interview questions. What will you do to manage your remaining 10–15 minutes with this client?

2. **Next steps.** How will you review key decisions made during the session along with the next steps for you and for Mr. Winters?

3. **Culturally relevant referrals.** What type of referrals might you want to offer to this client? How will you offer the referrals? How will you check to see if the client is interested in the referral?

4. **Client concerns.** How will you check in with Mr. Winters to see if his primary concerns have been addressed during the session?

5. **Thanking the client and scheduling a follow-up appointment.** What will you say as you thank the client for his time? How will you schedule a follow-up appointment? What additional information might you want to share with the client at this time?
Activity 8.2

Welcoming a New Client Role Play

This activity provides learners with an opportunity to practice and discuss how to greet a new client for the first time.

Please note that this role play is done in small groups of three, and a key feature is that the learner playing the client receives background information that is not shared with the CHW and vice versa.

1 Introduction

Explain to learners that they will observe and participate in role plays about how to welcome a new client and establish a positive rapport. This is an opportunity for them to apply concepts and skills already covered in previous trainings and their reading from Chapter 8 of *Foundations*.

Divide learners into teams of three and ask each team to decide who will play the following roles: client, CHW, and observer.

Pass out the cards with information about the role-play scenario, and ask learners to carefully read it. Distribute different cards to team members as follows:

- Give the card with background information about the client *only* to learners playing the roles of client and observer.
- Give the card with background information about the CHW *only* to the learner playing the role of CHW.

Part of what works about this role play is the surprise that the learner playing the client may feel when the CHW does not offer a warm and professional first greeting. At the same time, the learner playing the CHW may be surprised to learn how anxious the client is about the first meeting.
Welcoming a New Client Role Play (continued)

2 Role Play in Groups of Three, and Small Group Debrief
Tell learners that they will have just a few minutes to role play the initial greeting. Ask them to begin the role play from the moment that the client enters the exam or meeting room. It shouldn’t take more than 2 to 3 minutes for this role play to demonstrate key barriers to a welcoming and client-centered greeting. Don’t let the role play go on too long, as it may begin to lose its power and focus.

Interrupt the learners and ask them to take a few minutes to debrief after their role play. We recommend posting these guidelines and questions for debriefing the role play on a PowerPoint slide or writing them on a flip-chart paper or a white board. Have them answer the following questions, in this order:

1. The client debriefs first. What happened in this role play? How did the CHW do? What was it like for you playing the role of this client?
2. The observer reports what they noticed in the role play. What happened? What did you observe about the CHW’s practice? What were the moments of engagement or disconnection? How might the CHW’s practice impact this client?
3. The CHW discusses their experience of the role play, including what they did well, and what they could improve or do differently next time. As this is a counter role play (a role play that intentionally includes unskillful or problematic practices), the learner playing the CHW can also reveal the background information that they received on their card.

Circulate among the small groups, listening for content, keeping learners on task, and ensuring that all three participants have a chance to share their feedback. After 5 to 7 minutes, if necessary, remind the group to leave room for the learner who played the CHW to talk. If the CHW has not yet had a chance to report, ask groups to make time now.

3 Large Group Discussion
Ask learners to share what they learned in small groups. Prompting questions include:

- Was the counter role play a surprise for the learner who played the role of the client? Was this a realistic scenario (do service providers really make these kinds of mistakes)?
- What are some of the potential harms associated with not greeting a new client warmly and professionally?

4 Demonstration Role Play in Groups of Three, and Small Group Debrief
Ask learners to do the same role play again, staying in the same roles. Tell the learners who are playing the CHWs that in this role play, you want them to do their best to demonstrate a client-centered greeting of this new client.
Welcoming a New Client Role Play *(continued)*

Give the groups about 3 to 4 minutes to role play the initial greeting for a second time. Circulate among the groups, noting good practice examples to discuss later on. Call time, and ask the small groups to debrief about the role play once more, using the same posted discussion questions from Step 3. Again, as necessary, draw learners’ attention to time and make sure that they leave room for all three group members to share their ideas.

### 5 Large Group Discussion

Ask small groups to report back on the key lessons that they identified in their discussion and to brainstorm their recommendations for how to provide an effective client-centered referral. Prompting questions include:

- As CHWs, what are your primary goals when greeting a new client?
- What do you want to remember to say and do during the first meeting to begin to develop a positive rapport with the client?

### 6 Reinforcement

Take a few minutes to reinforce key aspects of greeting a new client in a client-centered way, drawing on content from Chapter 8 and the ideas shared by learners. Key messages to reinforce may include the following:

- First impressions matter, and so does the way in which we greet a new client. From the moment you make eye contact you are beginning to build rapport, or to undermine it.
- Keep in mind that some clients may feel anxious about a first appointment. They may carry with them a memory of past encounters with health or social service professionals that were hurtful in some way. They may be worried about how the CHW and the agency will respond to them because of stigmatized identities or behaviors such as addiction, a history of incarceration, or their identity as transgender or as an undocumented immigrant.
- As the CHW, be your authentic warm self. Greet clients like you would a valued guest to your home. Smile. Introduce yourself. Ask what name they would like you to call them.
- Don’t rush the process. Make sure the client has a chance to express their primary concerns and outstanding questions.

**TIP** Don’t forget to highlight and reinforce some of the good practices that you observed during the second role play.
FOR LEARNERS PLAYING THE CLIENT AND THE OBSERVER ONLY

Client Z is meeting with the CHW at the local community clinic for the first time. Z hasn't been practicing safer sex consistently and is worried about possible exposure to sexually transmitted infections (STIs). Z isn't comfortable talking about sex and feels somewhat embarrassed and uncertain of how to raise these concerns with the CHW. Z's anxiety about possible infection has become so significant that Z is willing to take a risk and talk with the CHW. Still, Z is very worried about how the CHW will respond.

Interpret this information as you wish in order to create the role of Z. This client can be of any gender identity, sexual orientation, ethnicity, and cultural background that you choose.

FOR THE LEARNER PLAYING THE CHW ONLY

You are having a rough day! You didn't get much sleep last night due to worry about a personal matter. A couple of hours ago, you received some very difficult-to-hear critical feedback from your supervisor. You are tired, frustrated, worried about your job, and finding it difficult to concentrate.

In this first role play, the CHW does not do a good job of welcoming this new client. Make this role play realistic—don’t play the worst CHW in the history of the world! Demonstrate the typical sorts of things that a CHW who is experiencing significant stress at work and at home might do. For example, act more shut down than you normally would; be less warm and friendly. Forget to introduce yourself, and don't smile. Because you are a bit distracted, your body language doesn’t communicate that you are highly interested in the client.

Interpret this your own way.
Activity 8.3

80–90 MINUTES

MATERIALS NEEDED
- Copies of “Learner Handout 8.3 A: Ecological Model” (included at the end of this activity)
- Copies of the “Learner Handout 8.3 B: Case Study of Sammy” (included at the end of this activity)
- Four different colors of paper (or colored sticky notes), tape, and markers, enough for each student

FACILITATOR PREPARATION
- Draw a large version of the ecological model (included at the end of this activity in Learner Handout 8.3 A) on a whiteboard, chalkboard, or on two or more large pieces of flip-chart paper taped together and attached to the wall.
- Cut the colored paper (if using) in half. Students will use the paper to write down a list of factors that contribute to and affect the client’s health status.

LEARNING OUTCOMES
After this activity, learners will be able to:
- Apply the ecological model to analyze the factors that influence a client’s health.
- Discuss the significance of using an ecological approach to promoting the health and welfare of clients.

Ecological Model

This activity provides an opportunity to practice identifying a new client’s health risks using the framework of the ecological model. The purpose is to encourage students to consider a client’s risks and assets within their broader social and political context. Using the ecological model will guide CHWs to develop a more complete understanding of a client’s health status, and using this model can also mitigate tendencies to blame the patients for their health conditions.

1 Introduction

Introduce the learning activity and explain its purpose. Explain that learners will be working in small groups to identify and analyze factors that may influence the health status of a new client. This exercise is an opportunity for CHWs to apply the ecological model to their work with individual clients.

Distribute copies of the client case study to all learners (you can also project the case study to the entire class using an LCD or overhead projector). Ask for a volunteer to read the case study aloud to the class. Ask the group if they would like to clarify any of the information in the case study. This is not an opportunity for the trainer to discuss the case but simply to explain any of the information provided (language, terms, or concepts) that isn’t clearly understood by the participants.

2 Small Group Discussion

Divide learners into four groups. Draw their attention to the depiction of the ecological model provided. Assign each group a different level of the ecological model and a different color. Hand each group colored paper that corresponds to their level (for example, red for individual factors, blue for family, green for neighborhood, and yellow for society).

Give students 5 minutes to identify key factors from their assigned level of the ecological model that may
Ecological Model (continued)

influence Sammy’s health status. Ask them to write out as many of these factors as they can on the colored pieces of paper provided, with one factor for each piece of paper.

3 Group Report Back

At the end of 5 minutes, ask each group to take turns approaching the board and taping their key factors in the appropriate circle or level (individual factors within the circle representing the individual, and so on). Ask each group to briefly present their ideas to the large group, and answer any outstanding questions about the factors they have identified. At the end of this step, the board (or wall) should be filled with pieces of colored paper representing an ecological analysis of the factors that influence the client’s health.

If you are using the case study about Sammy, students may identify the following types of factors that influence his health status:

- **Family and peers.** Relationship with his uncle. Recent fight with his father. Social isolation.
- **Neighborhood and community.** Lack of public transportation. Lack of access to resources like green spaces and healthy food. Exposure to gunshots and killings.
- **Society.** Lack of effective policies to prevent handgun violence. Lack of investment in supportive services for survivors of trauma. Lack of investment in infrastructure and services—transportation, green spaces, access to healthy food—in poor communities.

If you notice that a significant factor has not been presented, prompt the group (for example, “What about Sammy’s neighborhood? Is it a safe place to live? How might this affect his health?”).

4 Large Group Debrief

Facilitate discussion by posing questions to the large group. The goal is to facilitate a dynamic discussion about the full range of factors that influence our health, and the significance of using an ecological model to conduct a thorough health interview with new clients.

- Which of these factors do you think are most significant in terms of influencing Sammy’s health status?
- Which factors might you miss if you don’t take this broad picture into account as you conduct your interview with Sammy?

These factors may include Sammy’s current social isolation, the gun violence in his community, and his related flashbacks and post-traumatic stress symptoms.
Ecological Model (continued)

- What value might this type of ecological interview have in terms of supporting the health of clients?
- What types of questions might you ask Sammy in order to learn about the full range of ecological factors that may influence his health?
- What information about Sammy’s health would you miss if the interview focused only on individual health factors?

We also recommend that you facilitate discussion by removing one or more pieces of paper with key factors from the levels of community or society and ask participants the following questions:

- How might the interview and your work with this client be impacted if you did not assess any of the neighborhood- or society-level health factors?
- How might your work with Sammy be affected if you didn’t assess for or take into consideration this variable? For example, remove the piece of paper representing the murder of Sammy’s son or the gunshots and killings in Sammy’s neighborhood.

5 Reinforcement

This is an opportunity for learners to summarize key lessons learned and any outstanding questions that may remain. You may ask:

- What are the most important take-away lessons from this activity?
- What key questions remain regarding interviewing and the use of the ecological model?
- How might your understanding of the ecological model inform how you conduct an initial interview with a client?

If learners don’t fully answer these questions, you may wish to emphasize the following points:

- The value of using an ecological model in order to conduct a more comprehensive and accurate assessment of the factors that influence a client’s health
- The limitations of focusing only on the individual factors that influence a patient’s health, and the risks of unintentionally blaming the patient for their illness
- The value of the ecological model in assisting clients to consider a broad range of factors—including those largely outside of their control—that influence their health
Learner Handout 8.3 A: Ecological Model

Activity 8.3

Society  Community  Relationships  Individual
Activity 8.3

Learner Handout 8.3 B:
Case Study of Sammy

Consider the case of Sammy, a 31-year-old Vietnamese man.

Four years ago, Sammy's 5-year-old son, Trang, was killed in a drive-by shooting. In the aftermath of his son's murder, Sammy and his wife divorced, and she moved to small town in another state. Sammy has been suffering from depression and post-traumatic stress ever since.

Sammy took disability leave from his job as a mechanic for a county transportation agency but was unable to return to work when his disability benefits ended. Ten months ago, Sammy had an argument with his father and was kicked out of his father’s house. They haven't spoken since.

Sammy moved into the back room of his uncle's small apartment in a different neighborhood. He has been having difficulty sleeping, has gained weight, and has developed uncontrolled high blood pressure. He doesn’t engage in regular exercise, and in addition to the meals that his uncle makes, he eats primarily at a fast food restaurant one block from the apartment.

Sammy's uncle lives in an area that lacks reliable public transportation and is isolated from parks, grocery stores, and other key resources. The neighborhood has a number of nonprofit agencies that provide a range of social services. The neighborhood has been the site of multiple gunshots and one fatal shooting in the past six months. Sammy is often too agitated to sleep, and when he does, he has dreams about his son. Loud noises leave him stressed and anxious. Sometimes he doesn’t leave the apartment for days at a time.

Sammy wants to reestablish a good relationship with his father and the rest of his family, many of whom live in his father's home. He stays in regular contact, by phone, with his sister and her daughter, his niece, and his grandmother. Sammy wants to create a better life but is struggling at the moment. He wants to get back to work, rebuild his independence, and improve his health.
Practicing a Strength-Based Approach to Interviewing

This activity provides learners with an opportunity to reflect on the value of conducting a strength-based interview and to practice conducting part of an initial client interview. Learners work in pairs to guide each other in identifying a health goal and the resources (or strengths) that may support them in meeting their goal.

Introduction

Tell learners that they will work in teams of two to practice conducting a strength-based interview. Emphasize that learners should not play the role of a fictional client; instead, they should reflect on their own life to identify an authentic health goal as well as key internal and external resources that will support them in reaching their goal. In this sense, we are asking them to walk in the shoes of clients participating in an initial interview.

In order to participate productively in this learning activity, learners should be able to discuss the concepts of a strength-based approach to working with clients, and internal and external health resources. These topics are addressed in the sections of the Foundations textbook identified in the Trainer Preparation section of this activity. The most detailed description of internal and external health resources is provided in Chapter 12, which covers stress management and self care.

Depending on how recently the concept has been addressed in their training, learners may benefit from a quick review. One approach is to ask learners to summarize their knowledge in response to questions such as:

- How do you describe the strength-based approach in just 15 seconds?
- What are some common external health resources?
- What are some common internal health resources?

As needed, provide additional information to clarify these topics.
**TIP The Elevator Explanation.** We often use this strategy of asking learners to explain key concepts in 15 to 60 seconds, or in the length of an elevator ride. It encourages them to focus on the key messages of a particular concept and provides immediate feedback on their understanding of the topic.

** Interviews in Pairs**

Assign learners in teams of two. We recommend assigning learners to work with people who they do not already know well (breaking up, as desired, the seating patterns or cliques that may have formed during the training). Provide each pair of learners with two copies of the strength-based interview form.

Learners will take turns conducting part of an initial interview. The learners who go first will ask their partners to identify a health goal. This should be an authentic goal—something that the learners hope to change or achieve (such as increasing exercise or flexibility, eating a healthier diet, reducing blood pressure or stress, and so on). It should also be something that they are comfortable disclosing and discussing in the training environment.

The next step is to identify key internal and external resources that may support the learners in achieving their health goal. For learners who are guiding their partners, this is an opportunity to practice how to ask questions that assist clients in identifying health goals and resources. It is also an opportunity to demonstrate effective body language and to document key information on the interview form.

Circulate among pairs as they participate in the learning activity, observing and responding to questions that may arise. After 7 to 10 minutes, ask the pairs to switch roles and complete a brief interview of the other partner.

** Small Group Debrief**

Ask learners to remain in their pairs to debrief the strength-based interview activity. Provide questions to guide their discussion. Circle the room to observe each group, if possible, noting common themes to be shared during the large group discussion. Sample discussion guide questions include the following:

*For learners identifying their own health goals and resources.*

1. What was it like to talk about your strengths or key health resources?
2. Did you learn anything new about your health resources?
3. Which of the strengths that you identified do you feel will play a particularly significant role in allowing you to reach your health goal?
4. How may reflecting on your own strengths in this activity assist you in developing your skills in working with clients?
Practicing a Strength-Based Approach to Interviewing (continued)

For learners playing the role of CHW.

1. What did you learn about the process of guiding another to identify a health goal and key resources to meet that goal?
2. What did you learn about how to ask clients about their strengths, including what language to use?
3. Was it hard at times to stay focused on strengths instead of problems or weaknesses? What encouraged you stay focused?
4. How well did you listen and take notes at the same time? What did you learn that might assist you in taking notes more effectively in a professional setting?

Large Group Discussion

Reconvene the large group and guide discussion by posing questions such as these:

- What did you learn about your own strengths and health resources?
- What did you learn about how to support clients in identifying their own resources?
- What value might this type of strength-based interview have for the professional relationship between a client and CHW?
- What value does the strength-based approach have for a client's health?
- How will you incorporate the strength-based approach into your work with clients?

We recommend focusing part of this large group discussion on the question of how, specifically, to guide a strength-based interview. Provide learners with the chance to share the language they used to ask each other about health resources. This is an opportunity to distinguish between less- and more-effective ways of engaging clients.

Consider asking learners if anyone is willing to share an example of an internal or external resource that played an important role in promoting their own health, or the health of a family member, friend, or client.

TIP We encourage you to share stories about your own professional experiences working with clients to identify and build on their strengths and resources.

Reinforcement

This is an opportunity to emphasize key aspects of the strength-based approach. Try to build on prior training sessions and conversations by emphasizing different aspects of the strength-based interview.

This is also an opportunity to distinguish between less and more effective ways of assessing a client’s strengths. For example, it may be less effective to ask a general question such as, “What are your strengths?”
Practicing a Strength-Based Approach to Interviewing (continued)

It may be more effective to ask more focused questions such as:

- What are the key relationships in your life that support your health?
- What knowledge and skills do you already have that might assist you in promoting your health (or, more specifically, managing your high blood pressure)?
- Can you tell me about a time in your life when you were able to face and manage a difficult challenge?

These questions are more likely to elicit details about the clients’ key health resources.

Additional concepts that you may wish to reinforce include the following:

- Try to be aware of your own tendencies to focus primarily or exclusively on a client’s challenges and the resources that may be lacking. Every client has strengths, and a balanced approach that recognizes and builds on these strengths can support clients to better manage their own health.

- It is difficult for some clients to recognize their own strengths for a variety of reasons, including cultural norms. Identifying strengths may be difficult for clients who have not experienced much positive reinforcement in their lives, for clients with a significant history of trauma and loss, and for clients who are facing especially challenging life and health issues, such as a recent diagnosis of cancer or HIV. In these cases, you need to gently guide clients to reflect on, identify, and build on their own strengths and resources.

- It may be best to initiate an in-depth discussion of strengths and resources after a degree of rapport has been built with a new client. This will increase the chances that the clients will share details about their life’s accomplishments, their knowledge and skills, their relationships, and other resources.

- Strength-based assessment is not a one-time occurrence. A skilled and client-centered CHW will find other key moments in which to ask clients to reflect on their strengths. These times may include moments when clients are feeling overwhelmed or doubting their own capacity for change, or when they forget about a particular resource that you think may be relevant to the question or challenge at hand.
CLIENT INTAKE FORM (BLANK)

Directions: Please fill out only today’s date, your names, and the sections for your client’s health goal(s) and key health resources.

Date: ________________________________

Name of the CHW: ____________________________________________

Client name (Last, First, Middle): ____________________________________________

Health goal(s): ____________________________________________

________________________

________________________

________________________

Key health resources (internal and external) that will help the client to promote their health:

________________________

________________________

________________________

Internal resources: ________________________________

________________________

________________________

External resources: ________________________________

________________________

________________________
Activity 8.5

**Part 1, A Case Study on Confidentiality**

This two-part activity provides learners with an opportunity to review key concepts about confidentiality, including Health Information Portability and Accountability Act (HIPAA) rules. Part 1 of this activity includes a large group discussion and a small group activity to review a case study and identify errors that a CHW makes in protecting the confidentiality of a patient.

CHWs have a legal and ethical duty to understand and enforce confidentiality policies to protect clients, as well as the agency they work for.

1. **Introduction**

   Explain that this is an opportunity for learners to review key components of confidentiality policies and to clarify any outstanding questions or concerns. It is essential to the success of their careers as CHWs that they be able to clearly explain confidentiality policies to the clients and communities they work with and that they be able to enforce policies to maintain the privacy of client-patient information.

2. **Review**

   Start by asking learners to share their own understanding of confidentiality and its limits based on their reading and prior experience. The following questions may prompt this review:
   - What is confidentiality, and what is its purpose?
   - What is HIPAA, and how does it relate to confidentiality?
   - Who (or what parties) may benefit or be harmed by confidentiality policies?
   - What are the potential harms of failing to ensure confidentiality?
Part 1, A Case Study on Confidentiality  (continued)

- What are the limits of or exceptions to confidentiality?
- Under what circumstances may you have to report client information to your supervisor or a third party such as the police?

Be sure to clarify and add information, as necessary, so that learners have a clear understanding of the topic. Information about confidentiality is provided in Chapter 7. Key messages to share may include these:

- CHWs have both an ethical and legal responsibility to protect the privacy of client-patient information.
- Maintaining client-patient privacy is essential to maintaining the trust of communities served by an agency. Without confidentiality, people are much less likely to disclose highly personal and potentially stigmatizing information about their identities, behavior, and health conditions.
- Failing to protect confidentiality can do harm to the clients and their families, as well as to the reputation of the CHW and the program and agency they work for.
- All employers should have clearly written confidentiality policies and protocols for CHWs to follow and forms for clients to review and sign. In all health care settings, these forms will include HIPAA forms. HIPAA is a federal law requiring health care agencies to protect the privacy of patient information.
- CHWs may be asked to explain confidentiality policies to patients and clients and to review those policies over time.
- CHWs can share specified information with other providers or agencies only with the client’s express written permission. The client and both providers must sign a release-of-information form that typically details what information can be shared among providers for a specified time period.
- If there is a potential for harm of the client or others, CHWs will be responsible for reporting it to a supervisor and possibly to a third party such as the police or child protective services.

3 Find-the-Errors Confidentiality Story

Tell learners that they will have about 5 minutes to work in pairs to review a case study. Their task is to identify and circle all instances in which the CHW may have breached or broken the client’s confidentiality.

Pass out the Find-the-Errors Confidentiality case study about a CHW named Janice. Ask learners to read through the case study together and circle any places where the client’s confidentiality may be inappropriately compromised or broken.

Before the activity ends, ask learners to count the number of errors that they identified in the case study.
Large Group Discussion

Ask small groups to report the number of errors that they identified in the case study. Write these numbers on the board. There is likely to be a range of between three and ten errors. Ask pairs of learners to share, one pair at a time, an example that they found of a breach of the patient’s confidentiality. As each example is shared, facilitate a large group discussion by posing questions such as these:

⦁ Do you agree that Janice made a mistake here in protecting the client’s information?
⦁ Why do you think Janice may have done this?
⦁ What could she have done differently in these situations?

Note that we intentionally included six errors in the case study. They are all noted in the attached “For the Trainer” copy of the Janice case study (immediately following the activity).

Finally, you may ask learners:

⦁ Can you think of other ways that a CHW might fail to protect the confidentiality of client information?
⦁ How can a CHW who is working with clients who come from the same community protect their privacy?
⦁ Why do you think Janice may have done this?
⦁ Do you agree that Janice made a mistake here in protecting the client’s information?

Reinforcement

This is an opportunity to reinforce key messages about confidentiality, and to correct any outstanding misunderstandings among learners. Key messages to reinforce may include these:

⦁ Maintaining confidentiality is both an ethical and a legal duty.

Failing to protect the privacy of patient information can place many parties at risk. Most importantly, failing to protect the privacy of patient information can place the client at risk. Releasing private information to others may compromise the way that others view the client, change the nature of relationships, and even pose risks for discriminatory treatment.

CHWs may face disciplinary action, including the loss of their job and damage to their professional reputation. CHWs who break client confidentiality can also be sued and may be liable for civil judgments and financial penalties.

The program and agency where you work may also be harmed. Breaking a client’s confidentiality may seriously damage the agency’s reputation in the community. The agency may also be liable for legal penalties and fines.

Failing to protect the privacy of patient information can place many parties at risk.

Finally, you may ask learners:

⦁ Can you think of other ways that a CHW might fail to protect the confidentiality of client information?

Note that we intentionally included six errors in the case study. They are all noted in the attached “For the Trainer” copy of the Janice case study (immediately following the activity).
Part 1, A Case Study on Confidentiality (continued)

- Confidentiality must be maintained inside and outside of the workplace. This is especially important for CHWs who work with clients who come from the same community.

- Be careful if and how you greet clients in the community. Perhaps the best policy is to not initiate a greeting with clients outside of work and to leave it up to them to acknowledge you or not. You may want to discuss this with your clients in the workplace so that they understand that you are trying to protect their privacy. You can ask them how they want to handle the situation of meeting outside of the agency. This is particularly important if you know that you are likely to encounter clients in the community because you go to the same church or live on the same block, for example.

- Let learners know that you (or your colleagues) will provide additional training on how to explain confidentiality policies to clients and how to make a mandatory report if you suspect that a client or another is at risk of potential harm.
CASE STUDY: JANICE AND CONFIDENTIALITY

Carefully read the following case study about a CHW named Janice. Please circle any places in the case study in which Janice may have failed to protect the patient's confidentiality.

Write the number of mistakes that Janice made related to confidentiality here: 

Janice completed her CHW certification last year and was thrilled to be hired by the City Department of Public Health. She works at a clinic based in her own neighborhood with patients who are struggling to manage chronic conditions.

On Monday, Janice met with Tasha who is living with chronic arthritis and depression. Janice has worked with Tasha for the past three months. They know each other from the neighborhood and Janice is friends with Tasha’s cousin and her family. Tasha is doing well overall. She is managing her arthritis more effectively, her symptoms have improved, and she is able to engage in day-to-day physical activities. Tasha recently started therapy for depression with a mental health counselor who was referred by Janice.

Janice reminds Tasha of the clinic’s confidentiality policy and asks her to sign off on the clinic’s recently updated HIPAA form. Tasha confirms her understanding: “Yeah, I understand, I’ve signed that form so many times now. I appreciate that you all keep things private.”

Tasha tells Janice that since her arthritis is under better control, the pain has decreased, and she is more able to do daily activities; her depression is also better. “I haven’t had one of those real bad spells of mine in, well, a long time. You remember? That was when you hooked me up with a therapist.”

Tasha asks Janice to speak with her mental health counselor, Ms. Simmons. “I think, because, you know, you both talk to me about my health, that she wants to be able to coordinate or something. Will you mention to her how well I’m doing with my arthritis?” Janice agrees to talk with Ms. Simmons and explains that Tasha will need to sign an interagency agreement permitting both providers to share information about Tasha’s health with each other.

Janice opens the door to call out to a colleague who assists with administrative tasks at the clinic: “Hey George, could you get me one of those interagency agreements? I’ve got to talk to someone at the Esther Daniels Family Center.”
While they are waiting for George to drop off the necessary form, Janice asks Tasha: “So you like working with Dr. Simmons? You feel like you're making progress in terms of managing the depression?” Tasha explains that she still feels a bit overwhelmed and sad sometimes, but the symptoms aren't as extreme. “They aren't getting in the way as much, dragging me down and keeping me from my life, you know?”

George comes into the counseling office to hand Janice the paperwork. Janice and Tasha each sign the interagency agreement, and Janice puts the form into Tasha's patient file. “I'll send this over for Ms. Simmons to sign later this afternoon. Once both agencies have copies on file, then we can touch base.” The file has her full name and patient ID printed on the outside tab.

At the end of their meeting, Janice walks Tasha out to the waiting room to say goodbye. It is almost lunchtime, and there is just one family waiting to be called for a next appointment. As Tasha leaves, Dr. Patel, Janice's supervisor comes through the exam room.

“Dr. Patel, do you have a moment?” Janice asks.

“Not right now, but I have a cancellation at 4pm. Will that work for you?”

Janice replies: “That will work great. I just need to consult with that patient's therapist, and I've never done that before, so I just want to review it—you know, what I can say, and what information I should ask for.”

“See you at 4:00 pm. Bring the patient file with you.”

Janice rushes to leave so that she can drop by her favorite deli before heading over for a meeting at the City Department of Public Health. She dumps her bag and Tasha's file on the front seat of her car and rushes into the deli to get in line. Inside, Janice runs into her friend Delia (Tasha's cousin). They hug, and Delia says “It's been too long! I haven't seen you in ages. Are you coming around for the block party? Tito's band is gonna play again!”

Janice says, “I hope so. I just saw Tasha at the clinic today, and she reminded me about the block party. Should I bring my brownies?”

After work, Janice meets her husband and son at a local restaurant. As she enters, she notices that Tasha is also there with a group of girlfriends. Janice stops by Tasha's table quickly to say hello—“Hi Tasha, good to see you!”—on her way to join her family.
For the Trainer 8.5 A: Find-the-Errors Confidentiality Story

CASE STUDY: JANICE AND CONFIDENTIALITY

Carefully read the following case study about a CHW named Janice. Search for and circle any mistakes that Janice made in maintaining confidentiality.

NOTE TO TRAINERS: Text highlighted in **bold italic underline** indicates that Janice may have placed the patient’s confidentiality at risk. Text highlighted in ALL CAPS indicates that Janice has done a good job of explaining or protecting the client’s confidentiality.

Janice completed her CHW certification last year and was thrilled to be hired by the City Department of Public Health. She works at a clinic based in her own neighborhood with patients who are struggling to manage chronic conditions.

On Monday, Janice met with Tasha who is living with chronic arthritis and depression. Janice has worked with Tasha for the past three months. They know each other from the neighborhood. Janice is friends with Tasha’s cousin and her family. Tasha is doing well overall. She is managing her arthritis more effectively, her symptoms have improved, and she is able to engage in day-to-day physical activities. Tasha recently started therapy for depression with a mental health counselor who was referred by Janice.

JANICE REMINDS TASHA OF THE CLINIC’S CONFIDENTIALITY POLICY, AND ASKS HER TO SIGN OFF ON THE CLINIC’S RECENTLY UPDATED HIPAA FORM. Tasha confirms her understanding: “Yeah, I understand, I’ve signed that form so many times now. I appreciate that you all keep things private.”

Tasha tells Janice that since her arthritis is under better control, the pain has decreased and she is more able to do daily activities; her depression is also better. “I haven’t had one of those real bad spells of mine in, well, a long time. You remember? That was when you hooked me up with a therapist.”

Tasha asks Janice to speak with her mental health counselor, Ms. Simmons. “I think, because, you know, you both talk to me about my health, that she wants to be able to coordinate or something. Will you mention to her how well I’m doing with my arthritis?” JANICE AGREES TO TALK WITH MS. SIMMONS AND EXPLAINS THAT TASHA WILL NEED TO SIGN AN INTERAGENCY AGREEMENT PERMITTING BOTH PROVIDERS TO SHARE INFORMATION ABOUT TASHA’S HEALTH WITH EACH OTHER.

Janice opens the door to call out to a colleague who assists with administrative tasks at the clinic: “Hey George, could you get me one of those interagency agreements? I’ve got to talk to someone at the Esther Daniels Family Center.” [Janice doesn’t need to...
disclose which agency her client is working with. The Esther Daniels Family Center is a mental health agency, indicating that the client is receiving services for a mental health issue, which, unfortunately, is sometimes still a source of stigma.

While they are waiting for George to drop off the necessary form, Janice asks Tasha: “So you like working with Dr. Simmons? You feel like you’re making progress in terms of managing the depression?” [The door to the office is still open. This does not provide the client with the necessary privacy to discuss her health and her life.] Tasha explains that she still feels a bit overwhelmed and sad sometimes, but the symptoms aren’t as extreme. “They aren’t getting in the way as much, dragging me down and keeping me from my life, you know?”

George comes into the counseling office to hand Janice the paper work. [George does not need to see or meet this client who is now associated with the release-of-information paperwork.] Janice and Tasha each sign the Interagency Agreement, and Janice puts the form into Tasha’s patient file. [This is good practice. The form has been signed and put away in the client file, not left out for others to see.] “I’ll send this over for Ms. Simmons to sign later this afternoon. Once both agencies have copies on file, then we can touch base.” The file has her full name and patient ID printed on the outside tab.

At the end of their meeting, Janice walks Tasha out to the waiting room to say goodbye. It is almost lunchtime, and there is just one family waiting to be called for a next appointment. As Tasha leaves, Dr. Patel, Janice’s supervisor comes through the exam room.

“Dr. Patel, do you have a moment?” Janice asks.

“Not right now, but I have a cancellation at 4pm. Will that work for you?”

Janice replies: “That will work great. I just need to consult with that patient’s therapist, and I’ve never done that before, so I just want to review it—you know, what I can say, and what information I should ask for.” [Janice’s statement may reveal to others that “that patient”—someone who was just in the waiting room—is seeing a therapist. This is private information that should not be revealed directly or indirectly to others. Janice should not have held this conversation with the physician in the waiting room.]

“See you at 4:00 pm. Bring the patient file with you.”

Janice rushes to leave so that she can drop by her favorite deli before heading over for a meeting at the City Department of Public Health. She dumps her bag and Tasha’s
file on the front seat of her car [The patient file should not have been taken out of the office, or left in plain view in the front of the car. Either error could result in private information being inadvertently and inappropriately revealed to others.]

and rushes into the feli to get in line. Inside, Janice runs into her friend Delia (Tasha's cousin). They hug, and Delia says “It’s been too long! I haven’t seen you in ages. Are you coming around for the block party? Tito's band is gonna play again!”

Janice says, “I hope so. I just saw Tasha at the clinic today [This is private information. It could put Tasha in an awkward position if the cousin tells someone else or asks Tasha, “So, what were you doing at the clinic today? Janice said you were there.”], and she reminded me about the block party. Should I bring my brownies?”

After work, Janice meets her husband and son at a local restaurant. As she enters, she notices that Tasha is also there with a group of girlfriends. Janice stops by Tasha's table quickly to say hello—“Hi Tasha, good to see you!”—on her way to join her family. [Don’t greet patients in public. Let them approach you if they want to say hello. By indicating we know them, we leave patients open to a potentially awkward situation or a breach in confidentiality. For example, Tasha's friend might ask: “Who was that?” or “How do you know her?” This puts the patient in the uncomfortable situation of revealing personal information, lying, or trying to avoid a disclosure.]
Part 2, A Role Play on Confidentiality

Part 2 of this two-part activity provides learners with an opportunity to practice how to explain confidentiality to a client.

1 Introduction

Tell learners that they will be working in pairs to practice how to clearly explain confidentiality policies to a new client. Ask learners to brainstorm key steps to explaining confidentiality. These key steps for a CHW to follow may include the following:

- Introduce or review confidentiality policies at the beginning of a session with a new client.
- Explain that you and your agency have a legal obligation to protect the privacy of the client’s information. Review or explain the HIPAA law and forms, as necessary (this may already have been covered by front desk or reception staff).
- Tell the client that you cannot share information about them with others—such as other service providers—without them first signing a permission form.
- Clearly explain that there are a few exceptional circumstances in which the agency cannot protect the privacy of the client’s information. If you or the agency learn that the client is at risk of harm from themselves or another party, or that a minor is at risk of harm, you have an ethical and legal duty to immediately report that information to a third party such as the police, child protective services, or adult protective services.
- Check with the client to ensure that they have understood the confidentiality policy and its limits. The best way to do this is to ask the client to share their understanding of the policy with you.

2 Practice in Pairs

Assign learners to teams of two, and let them know that they will have 10 to 15 minutes to practice...
Part 2, A Role Play on Confidentiality (continued)

explaining confidentiality as they would to a new client. Each team will take turns playing the role of a new client and the role of the CHW. The learner in the role of the CHW will practice explaining confidentiality and its limits in their own words, checking for the client’s understanding and answering any questions. Ideally, they should be able to explain confidentiality in 2 to 3 minutes. After the first learner finishes explaining confidentiality, the partner will provide feedback on the following topics:

⦁ Aspects of confidentiality that were clearly explained
⦁ Information about confidentiality that was not clearly explained
⦁ Any information about confidentiality that was omitted
⦁ Any questions about the accuracy of the information provided about confidentiality

As always, circulate among learners during this activity, listening to their practice and offering encouragement, as appropriate.

3 Large Group Discussion

Facilitate a discussion about what they learned from the activity. Here are some suggested questions to guide the discussion:

⦁ How did your practice go?
⦁ What mistakes did you make?
⦁ What aspects of confidentiality are most difficult to explain?
⦁ What did you learn that you will practice when working with clients in a professional setting?
⦁ What outstanding questions do you have about confidentiality and its limits?

4 Video Demonstration and Discussion

Show the video titled: “Confidentiality: Role Play Demo, Foundations” (2:34) (http://youtu.be/odhpz7iLWfc). This short video shows a CHW explaining confidentiality to a new client. After you show the video, ask learners to share their opinions of the demonstration. Questions might include these:

⦁ What did you like about the way that the CHW explained confidentiality?
⦁ Would you incorporate any of this demonstration into your own practice?
⦁ Do you have any critical feedback about the demonstration video? Is there any aspect of the demonstration that you would not want to incorporate into your own practice (and, if so, why)?
Part 2, A Role Play on Confidentiality (continued)

**OPTION** Another option is for the trainer to do their own demonstration of how to explain confidentiality to a new client.

5 **Reinforcement**

Take a few minutes to discuss any aspects of confidentiality that may require reinforcement. Highlight and reinforce some of the good practice standards that learners demonstrated in the role play. Let learners know that they will have a future opportunity to practice mandatory reporting.

*On the job, and during your internships, ask your supervisor to clearly explain your mandatory reporting responsibilities. Under what circumstances must you break confidentiality to report client information to another party? What steps must you take in these circumstances? Who should you report to first? What forms should you use?*

*In many circumstances you will be asked to report risks of harm to an immediate supervisor who will then make a formal report to a third party (likely an outside agency) such as the police or adult protective services. In other employment settings, you may be asked to make the report directly to the third party agency.*

Remind learners that you will return to this topic later on in the course of their training and that learners will have an opportunity to practice how to respond when a client discloses an imminent risk of harm to themselves or another person.

**TIP** Don’t forget to highlight and reinforce some of the learners’ good practices that you observed during the activity!
## Activity 8.6

### Role Play Demonstration to Practice Note-Taking Skills

This activity provides learners with an opportunity to practice taking notes and to accurately document client information during an initial interview.

The trainer will recruit a partner to do a role play demonstration in front of the class. Learners will carefully observe and listen to the role play and do their best to document key information shared by the client using a sample form. We suggest that you repeat this activity twice, using the same role play and client information, and then check the accuracy of the information documented by learners. Finally, you can facilitate a discussion about the process of documenting client information.

### 1 Introduction

Explain to learners that this will be an opportunity to practice taking accurate notes during an initial client interview. They will watch a short role play between a CHW and a client and be asked to accurately document key information reported by the client using a sample intake form.

Ask learners to share their ideas about the types of information they want to accurately listen for and document on a clinic or agency form. As they share their responses, record them on a white- or blackboard or flip-chart paper. Typically, key client information falls into categories such as the following:

- Identifying information, such as the client's legal name, date of birth, and address
- Basic demographic data, such as the client’s ethnicity, sex and gender identity, sexual orientation, and family status (Do they have a spouse or partner or children?)
- Health insurance status

If CHWs are working in a health care setting, they or a colleague will be asked to document the client’s insurance status. If the client has current insurance, the name and number of the insurance policy will be

### Materials Needed

- “For the Trainer 8.6 A: Role Play Scenario for Note-Taking Activity” (included at the end of this activity)
- Copies of “Learner Handout 8.6 A: Client Intake Form” (included at the end of this activity)
- “For the Trainer 8.6 B: Client Intake Form” (included at the end of this activity)

### Trainer Preparation

- Review information on documentation in Chapter 8.
- Review “For the Trainer 8.6 A” and ask a colleague or former student to participate in the role play with you. You may wish to practice the role play before the training session.

### Learner Preparation

- Ask learners to review information on documentation in Chapter 8 before this training session.

### Learning Outcomes

After this activity, learners will be able to:

- Demonstrate taking notes to accurately document client information during an initial interview.
- Discuss note-taking challenges and better practices.
Role Play Demonstration to Practice Note-Taking Skills (continued)

recorded in their chart (in a clinical setting, this information is typically documented by the front desk or reception staff).

- Existing (previously diagnosed) health conditions
- Current medications and other treatments
- Current health signs and symptoms
- Priority health or social concerns
- Key resources
- Key risk factors
- Health goals and actions (an action plan)
- Referrals
- CHW/provider notes

Next, distribute blank copies of the client intake form (included at the end of this activity) to all learners. Take a few minutes to review the form and the different types of client data so that learners will recognize the type of information to listen for and document.

2 Large Group Discussion, Taking Accurate Notes without Bias or Assumptions

Before the role play demonstration begins, talk with learners about the quality of information that CHWs are expected to record for the programs and agencies they work for. What is most important to emphasize is the CHW’s ethical and professional duty to accurately record information about clients and communities without bias or assumptions. Documenting assumptions, interpretations, or judgments about a client’s health, behaviors, or identity could result in harm to the client, such as an incorrect diagnosis or treatment of a health condition or discriminatory treatment.

The information that CHWs are expected to document will include the following:

- Information based on statements made by a client. What information do they share with you? What concerns and questions do they express? Record this information as the client states it, without adding any of your own ideas or values.
- Information based on your direct observation, such as something that the client does (uses their inhaler) or shows you (client brought current prescriptions for asthma medications with them).
- Plans or decisions made. Record if the client develops a plan (such as an action plan to manage their health) or agrees to take certain actions (such as making an appointment with a physician or social worker within your agency, or making an appointment with a different agency or program).

Some forms will also include a space for you and other providers to share your own questions, concerns, or other information that you may wish to follow up on with the client in
Role Play Demonstration to Practice Note-Taking Skills (continued)

future appointments or discuss with your colleagues or supervisor. This may include, for example, notes about possible referral resources to discuss with the client, or questions about medications that you need to refer to a nurse or physician.

3 Role Play and Note-Taking Practice

Make sure that each learner has a blank copy of the client intake form and a pen or pencil to document information.

Do a brief role play demonstration of no more than 3 minutes in front of learners. This should be a role play in which a CHW meets with a client for the first time to assess their key health or social concerns. For the purposes of this role play, skip over the very initial introduction and discussions about confidentiality. During the role play, the person playing the role of client (we recommend that the trainer takes on this role) should use the role play scenario provided at the end of this activity (or a different scenario) to answer questions posed by the CHW.

OPTION As an alternative to doing a role play demonstration, you may wish to use one of the video resources from the Foundations textbook, such as a role play showing a conversation between a CHW and a client. Show the video, and ask learners to do their best to accurately document any information shared by the client on the client intake form.

Provide learners with a few additional minutes, after the role play demonstration (or video) ends, to complete their note-taking.

4 Large Group Discussion

Focus this discussion primarily on the process of taking notes by posing questions such as these:

- How well did you document this client’s information? Were you able to catch key pieces of information that they shared?
- What challenges did you face in documenting the client’s key information?
- What approaches or techniques assisted you in documenting key client information?
- Did any questions arise about which information to document? Did any questions arise about adding assumptions or interpretations to the information shared by the client?
- What risks or problems may result if you do not accurately document client information?

Review the following concepts if learners haven’t addressed them:

- It can be challenging to accurately document all of a client’s information, especially if they are talking quickly or quietly, if the type of information is unfamiliar to you, and if you do not have a lot of experience completing the client intake form.
Role Play Demonstration to Practice Note-Taking Skills

(continued)

- Sometimes you may not hear or understand what the client says. When this happens, your responsibility is to respectfully interrupt the client to clarify and accurately document their information.
- You have an ethical duty to accurately document client information. Inaccurate information can pose serious risks to the health of the client and to your agency. For example, inaccurate information about the client’s health or medications could result in medical errors or the progression of illness. Inaccurate recording of a phone number or e-mail address could delay or prevent timely communication with the client. Inaccurate information about income or health insurance could result in problems with client eligibility, enrollment, or payments.

Remind learners that this training activity is an opportunity to develop their note-taking skills. With practice, they will accomplish the following:
- Become more familiar with what types of information to listen for and to document on commonly used forms.
- Understand where to document key information on the form provided.
- Be able to look at and listen to the client as they record their notes.
- Be able to confidently and respectfully interrupt clients to clarify key information.

5 Second Note-Taking Practice

Do the same role play (or show the same video) for a second time. Ask learners to use the same form, now partially filled out with their notes from the first practice session. The task is to listen once again, to do their best to accurately document key information shared by the client, and to correct any documentation mistakes they made during the first practice session.

6 Large Group Discussion

Facilitate discussion among learners by posing questions such as these:
- Was it easier to write down the client’s information the second time you listened to the video interview?
- What did you do better this time?
- Did you catch mistakes that you made during the first practice session?

Next, check the information documented by learners for accuracy. Compare their work to the information provided in the trainer’s copy of the client intake form (or the notes from your own client interview guide).

Continue to facilitate discussion by posing questions such as these about the information shared by the client.
Role Play Demonstration to Practice Note-Taking Skills (continued)

- What information provided by the client do you think is particularly important for understanding her current health status? Here are some examples:
  - Luciana’s current level of stress and worry about her son Paulo.
  - Her depression and asthma medications. She seems to be missing some doses of her main asthma medication and using her rescue inhaler too often.
  - Increased asthma symptoms and difficulty breathing.
  - The fact that she manages multiple priorities including parenting, work, and college.
  - Her relationship with her sister Manuela. This relationship seems like a great resource. They help each other out and share responsibilities.

Large Group Discussion

Ask learners to consider how they might work with this client in the future by posing questions such as the following:

- What information that the client shared will you hope to learn more about during a second appointment? Possible examples include these:
  - More information about Luciana’s asthma symptoms.
  - More details about her medications management—what is she taking, is she taking it correctly, and has she talked with a clinician about this?
  - Her concerns about Paulo and the type of assistance she is looking for.
  - Her level of stress and how she manages it.

- What questions would you ask this client if you had the opportunity? Examples include the following:
  - What sort of help do you want regarding your son Paulo?
  - How is your son’s situation affecting you and your health?
  - Can you tell me what medications you take each day, and when?
  - When are you using the rescue inhaler, and how often?
  - Have you ever had an asthma attack that was so bad that you couldn’t breathe or needed to go to the emergency department?
  - Can you tell me what you do, Luciana, to manage your stress? What helps you to feel less stressed when you are facing challenges?
  - Can you tell me more about what you are studying at college and about becoming a community health worker?

Reinforcement

Take a few minutes to discuss any aspects of note-taking that may require reinforcement, building on the ideas of learners and information from Foundations and other sources.
For the Trainer 8.6 A: Role Play Scenario for Note-Taking

The following sample scenario may be used for a role play for this note-taking activity. Before the training session, ask a colleague or former student to work with you and to take on either the role of the CHW or the client in this role play.

The goal here is to present a short (just a 2-to-3-minute-long) role play between a CHW and a new client in which the client shares some key information about her identity, health condition, and key priorities. Remember that this role play will be done twice (as similarly as possible) in front of learners to help them practice note-taking skills, and that the client should share the same information, in the same way, during both role plays!

If you don’t use the client scenario presented here, we still recommend that you develop a written script to help ensure that the same information is presented during both role play demonstrations.

CLIENT SCENARIO: LUCIANA BECKER

Demographic Data: Luciana Becker is 42 years old. She was born in Brazil but became an American citizen 10 years ago. Luciana, like many Brazilians, is multi-ethnic. She speaks English and Portuguese and some Spanish and German. Luciana is the divorced mother of two teenage sons. She shares an apartment with her sister Manuela and Manuela's 9-year-old daughter, she works part-time at Walmart, and she takes classes in the evenings at a local community college.

Health Insurance: Luciana qualifies for affordable health insurance for her family and pays a small premium monthly.

Existing Health Conditions and Medications: Luciana has chronic asthma and depression. She takes Advair for her asthma—one puff in the morning and one at night. She also has a rescue albuterol inhaler that she is only supposed to use for emergencies (when she has more acute trouble breathing). Luciana takes bupropion for her depression (one 150 mg pill a day). She has been taking bupropion for five years and it helps her to better manage her depression.

Luciana takes her medications regularly, but sometimes she forgets to take two puffs a day of Advair. She is only supposed to use the albuterol for emergencies, but increasingly, she relies on it each day.

Current Priorities: Luciana is worried that her oldest son, Paulo, is increasingly depressed and is skipping school. Luciana doesn’t know what to do. “He won’t talk to me. Just shuts himself off in his room.” Her main priority is to get help for Paulo.
In addition, Luciana's asthma symptoms seem to be getting worse, and she notices that she is using her rescue inhaler more at night and when she is rushing to or from the bus on her way to college or work.

**Key Resources:** Luciana has a close relationship with her sister Manuela, with whom she shares an apartment. They support each other and help to raise each other's children, sharing duties such as shopping and cooking.

Luciana has been taking classes at the local community college. She wants to earn her associate's degree and is newly enrolled in a community health worker certificate program. She is excited to find a career option that she is really interested in, and she hopes that after she completes her certificate, she can find a full-time job as a CHW and stop working at Walmart.
Learner Handout 8.6 A: Client Intake Form

RIVER CITY HEALTH CENTER, CLIENT INTAKE FORM

Date: ____________________

Client name (Last, First, Middle): ________________________________

Address: ______________________________________________________

Best contact information (e-mail, cell, or home phone): ______________

Date of birth: ______ Gender: ______ Ethnicity: ______________

Family status: __________________________________________________

Employment status and profession: ________________________________

Annual individual _____ or household _____ income:____________________

Health insurance: Yes _____ No ______

Insurance name and policy number: ________________________________

Previously diagnosed health conditions: _____________________________

________________________________________________________________

Medications and other treatments: _________________________________

________________________________________________________________

Primary health concern(s): ________________________________________

________________________________________________________________

Health goal(s): __________________________________________________

________________________________________________________________

Health action plan: Client will take the following action(s):_____________

________________________________________________________________

Specify frequency, duration, and location of actions as appropriate:________

________________________________________________________________
For the Trainer 8.6 A Client Intake Form (continued)

Health risk factors: ____________________________________________________________

________________________

Key health resources (internal and external) that will help the client to promote their health: ____________________________________________________________

Internal resources: __________________________________________________________

________________________

External resources: __________________________________________________________

________________________

Referrals provided: __________________________________________________________

________________________

Other notes: _________________________________________________________________

________________________

________________________

________________________

________________________
For the Trainer 8.6 B: Client Intake Form

RIVER CITY HEALTH CENTER CLIENT INTAKE FORM

Date: ________________

Client name (Last, First, Middle): Becker, Luciana ________________________________

Address: _____________________________________________________________

Best contact information (e-mail, cell or home phone): ______________________________

Date of birth: _________ Gender: Female Ethnicity: Brazilian/German

Family status: Divorced with two teenage boys. Eldest boy is named Paulo

Employment status and profession: Part-time at Walmart

Annual individual _____ or household _____ income: ____________________________

Health insurance: Yes ___ X ___ No _______

Insurance name and policy number: ______________________________________

Previously diagnosed health conditions: Asthma and depression

________________________________________________________________________

Medications and other treatments: Advair and albuterol for asthma, bupropion for depression, dosage unknown

Primary health concern(s): Oldest son, Paulo, seems depressed, is not going to school. Also, Luciana’s asthma symptoms are getting worse.

Health goal(s): _________________________________________________________
For the Trainer 8.6 B: Client Intake Form  (continued)

Health action plan: Client will take the following action(s): ____________________________

Specify frequency, duration, and location of actions as appropriate:

_________________________________________________________________________________

Health risk factors: Increased shortness of breath and use of rescue inhaler.

Challenges of working, raising a family, and going to school.

Stress and worry about her son Paulo. Living on one income.

Key health resources (internal and external) that will help the client to promote their health are: ____________________________

Internal resources: Commitment to her family.

Self-management of her chronic health conditions.

Ability to juggle multiple responsibilities as a parent, worker, and student.

Doing well in college and has a new career goal to find work as a CHW.

External resources: Having a strong connection with her sister. Raising their children together.

Having an apartment and a part-time job.

Going to community college and doing very well academically. Having a vision for a new career as a community health worker. Speaking several languages.

Referrals provided: ____________________________

_________________________________________________________________________________

Other notes: ____________________________

_________________________________________________________________________________
Training with Videos from Chapter 8 of Foundations

In addition to the videos that accompany the activities in this guide, we have developed videos that accompany Chapter 8 of the textbook. We encourage you to use these videos as training resources. The videos highlight key concepts and skills CHWs need to conduct initial interviews or assessments with new clients and you may use them to facilitate discussion about these concepts among learners.

At CCSF, we show the videos in our CHW certificate courses. The students feel more free to critique and discuss the video role plays because they are not the actors. As they discuss the role plays, they enhance their ability to analyze and explain key concepts for client-centered practice. We often show these videos right before we ask students to participate in their own role play scenarios and then ask them to demonstrate the same client-centered skills.

All of these videos can be found on the Foundations YouTube channel (www.youtube.com/channel/UCKSB1-LQsSfsRp24Q9W2Jlw) and are described in the Video Directory included in the appendix of the textbook.

Videos for Chapter 8 show CHWs working with clients; the videos highlight different aspects of conducting client interviews:

- Confidentiality, a demo role play
- Taking notes, a demo role play

When we show video demonstrations of CHWs working with clients, we tend to use the plus/delta (+/Δ) framework to guide discussions. Very briefly, the +/Δ framework (described in “Training Techniques”) asks learners to identify and discuss positive examples of CHW practice in role plays or videos as well as suggest areas for improvement. The delta symbol (Δ) represents change. For example, you may pose the following types of questions to generate discussion:

- What happened in this role play?
- What did the CHW do well in terms of supporting this client (+)?
- What could the CHW have done differently to better support the client (Δ)?

Also, we provide two video interviews with CCSF faculty on the following concepts explained in Chapter 8:

- Strength-based practice
- Welcoming a client
The video interviews can be used to facilitate discussion, as well, by posing questions such as these:

- What were the central messages conveyed in this interview?
- How might these concepts be helpful to your work as a CHW?
- What additional information do you want to highlight about this topic?
We have included a selection of assessments that cover important skills for this chapter. There is not an assessment for every activity or for every learning outcome in this chapter. We encourage you to adapt these or add any other assessments from your own resources.

**ASSESSMENT 8.1:** Case Study Assessment .......................... 382
- Learners are provided with a case study and seven questions to answer related to conducting initial client interviews. This assessment may be administered as an in-class or take-home exam.

**ASSESSMENT 8.2:** Reflective Writing on Initial Interviews .......................... 387
- Learners are asked to write a brief personal reflection about their experiences as a client during initial interviews.

**ASSESSMENT 8.3:** Note-Taking Assessment .......................... 390
- Learners watch a short video interview with a new client and document key client information on an intake form. This quiz is based on a similar in-class training activity (Activity 8.6).
CASE STUDY EXAM

Your Name: ______________________________________________

Date: ______________________________________________

Please carefully read the attached case study about a client named Guo Jiang. (Chinese individuals use their last name first, then their first name, so Guo is his last name and Jiang is his first name.) You will have ______ minutes to respond to the seven questions posed, applying client-centered concepts and skills related to conducting an initial interview with a new client. Write your answers in the space provided or on a separate document with each answer numbered (1, 2, 3, and so on). Please note that this exam is worth ______ points.

You are a CHW at City Clinic. The clinic provides comprehensive primary health care services to low-income and uninsured clients.

You met with a new client named Guo Jiang for the first time today. He came into the clinic to be screened for HIV and other sexually transmitted infections (STIs). His tests—including an HIV antibody test—are negative (this is good news: there is no sign that Jiang has any STIs). The nurse practitioner referred Jiang to talk with you in greater detail about his health.

Jiang is 19 years old, Chinese, and gay. He came out in high school and faced a lot of bullying that negatively affected his self-esteem and his ability to build relationships with others. Jiang’s family is not supportive of his “lifestyle” and asked him to leave their home when he turned 18. Jiang moved in with an aunt who doesn’t understand or accept his sexual orientation but leaves him alone to do what he wants. Jiang feels angry with his family but isn’t surprised by their response. He wants a better relationship with them but isn’t sure how to move forward. He said, “Our culture doesn’t accept being gay so well. Maybe they just need time?”

Jiang is taking classes at a local community college and feels much more comfortable there than he did in high school. He is more confident in his identity as a gay man and is making more friends. Recently, he has become close friends with Brianne, a young woman he met in one of his classes. He feels like he can tell her anything. Jiang is discovering that he is a good student (he didn’t do well academically in high school). He is taking computer and graphic design classes and is excited to find something that he enjoys and is good at. Now he hopes to earn a degree and find a career doing something with art and computers.

Jiang is self-conscious about his appearance. He feels that he is too short and too heavy to be considered attractive by other men. Twice in the past three months, Jiang got drunk or high (methamphetamine) and had unprotected sex. In the moment, he was happy to be the focus of someone’s sexual attention and didn’t worry about using condoms. He regrets these
Case Study Assessment (continued)

experiences now. He’d really like a boyfriend, someone he really likes: “Just someone nice and funny, you know; someone who is good for me.” Brianne tells him, “Don’t do anything stupid just for sex. Wait until you meet the right guy—someone really sweet, like you.”

Jiang is relieved to test negative today, especially for HIV antibodies. He says, “I don’t want to be back in this situation of having to worry about getting HIV or something else, you know?”

Case Study Questions

1. Determine goals.
   ◦ Identify at least two primary goals for the interview with Jiang (What do you hope to achieve?).

2. Build rapport.
   ◦ Describe what you will do and say to build rapport with Jiang.
   ◦ How will you respond when Jiang tells you about how his family reacted when he told them that he is gay?

3. Identify client concerns and priorities.
   ◦ How will you determine what the client’s key concerns and priorities are? What might you say?
   ◦ What information does the case study provide about Jiang’s leading concerns and priorities?

4. Identify client strengths and resources.
   ◦ How will you work with Jiang to identify his internal and external resources? What might you say?
   ◦ What information does the case study provide about Jiang’s resources?

5. Provide culturally relevant referrals.
   ◦ What types of referrals might you want to offer to this client? How will you offer the referrals? How will you check to see if the client is interested in the referrals?

6. Use open-ended questions.
   ◦ Share two open-ended questions that you would ask Jiang, and explain why you would ask these questions. What is their purpose? How do they support a client-centered approach?

7. End the interview.
   ◦ Identify and explain three tasks that you would perform as part of ending the interview.
Case Study Assessment (continued)

CASE STUDY EXAM

Answer Key for Trainers

This assessment may be assigned as either an in-class or a take-home exam. We recommend providing learners with at least 40 minutes to complete this as a closed-book, in-class exam. For a take-home exam, provide students with the date and time when the exam is due, and directions for how to submit it (for example, in person during the next training session, or by e-mail). Although learners may use course materials in completing the take-home exam, emphasize that you wish for them to answer each question in their own voices, as they would when working with a client, and not to copy the ideas of others.

Determine how many points this exam or assessment will be worth, depending on whether or not you will be grading this assessment. Below, we have provided an answer key to use in reviewing the work of learners, if you wish.

Please note that acceptable answers may vary from trainer to trainer. We are including our version of what the correct answer may be to these questions, but feel free to adjust this answer key to fit your unique situation.

Case Study Questions

1. Determine goals.
   - Identify at least two primary goals for the interview with Jiang (What do you hope to achieve?).

   Goals may include welcoming the client to your agency or program; establishing a positive initial rapport or connection; reviewing program eligibility requirements; obtaining informed consent; assessing the client’s primary concerns and goals, health risks, and resources; and determining next steps for the client, such as enrolling in primary health care or a more specific program or service.

2. Build rapport.
   - Describe what you will do and say to build rapport with Jiang. How will you respond when Jiang tells you about how his family reacted when he told them that he is gay?

   A warm and professional welcome assists you in building rapport; it can include a clear and friendly introduction, expressing pleasure in meeting the client, asking what name the client wants to be called (for instance, in our case study, Mr. Guo or Jiang), asking how they are doing and what their primary goals and concerns are, responding directly and clearly to questions, and generally expressing interest in the client’s life and health.
The CHW should indicate interest or concern when Jiang reports that his family kicked him out of their house when he told them that he is gay. This is likely to be a significant event in Jiang’s life and should not be ignored. The CHW’s response could include asking an open-ended question such as, “How have you been coping with their response?” or “How did their response affect you?” or saying something like, “I am so sorry that your family wasn’t able to support you, Jiang.”

3. Identify client concerns and priorities.

   How will you determine what the client’s key concerns and priorities are? What information does the case study provide about Jiang’s leading concerns and priorities?

   Ask open-ended questions such as “What are your primary concerns today?” or “What can I help you with?” or “What are your main goals for your health?”

   Jiang’s leading concerns and priorities include being tested to find out if he has any sexually transmitted infections, including HIV. Jiang doesn’t want to put himself at risk for contracting HIV again. Jiang wants to improve his relationship with his family. He wants to earn a college degree and find a career doing something with art and computers. He also wants a boyfriend; someone he really likes.

4. Identify client strengths and resources.

   How will you work with Jiang to identify his internal and external resources? What information does the case study provide about Jiang’s resources?

   Ask open-ended questions designed to identify these resources including close relationships, goals, knowledge, skills, past successes, and values. These questions can include, “What do you know about sexually transmitted infections? What do you know about safer sex? Have you used condoms in the past? What are your current interests and goals? Do you have someone in your life who you can confide in or talk to about personal issues? How are you feeling about these recent sexual experiences? What do you hope for in terms of future sexual or romantic relationships?”

   Jiang has many strengths and resources. These include his friendship with Brianne, his aunt, succeeding as a student at a local community college, his interest in art and computers, feeling more comfortable with himself, going to the clinic to be tested for STIs, his willingness to talk with the nurse practitioner and the CHW, his desire for a closer relationship with his family, his desire for a serious relationship with a nice partner, and so on.
Case Study Assessment (continued)

5. Provide culturally relevant referrals.
   ○ What type of referrals might you want to offer to this client? How will you offer the referrals? How will you check to see if the client is interested in the referral?

   Possible referrals may include referrals to a social organization or a support group for young gay men, perhaps a group that focuses on the needs of Asian or Chinese men. Jiang may benefit from an opportunity to talk with others about the rejection he has experienced from his family and from finding a place to establish friendships with other gay men.

   Before offering a referral, check with Jiang to see if he is interested in learning more about the type of resource. You could start a question with, “Jiang, would you be interested in learning more about __________?”

6. Use open-ended questions.
   ○ Share two open-ended questions that you would ask Jiang and explain why you would ask these questions. (What is their purpose? How do they support a client-centered approach?)

   There are many different options here such as open-ended questions that provide Jiang with an opportunity to further reflect on and explore issues that he has already identified. These may include questions about his family, his sexual experiences, the type of relationship he would like to have, and so on. Talking about these issues may allow Jiang to better understand his experiences and values and to make decisions about future actions and behaviors.

7. End the interview.
   ○ Identify and explain three tasks that you would perform as part of ending the interview.

   These could include any of the tasks identified in Chapter 8 for the end of the interview, or suggestions from class discussions or other readings. Examples could be summarizing key information shared by Jiang, including any health plans or next steps; providing and reviewing referrals; asking if Jiang has any outstanding questions or concerns; thanking Jiang for coming in for STI screening and for talking with you; and scheduling a follow-up appointment.

GUIDELINES FOR GRADING

One way of grading this assignment is to weight each question equally. For example, you might assign each question a possible total of 10 points. The total possible points to be earned are 70 (or 7 * 10). In this case, a passing score of 70 percent would be 49 points.

Letter grades could be assigned as follows: A = 63–70 points; B = 56–62 points; C = 49–55 points; D = 42–48 points; F = 41 points or less.
Reflective Writing on Initial Interviews

Your Name: ____________________________

Date: ____________________________

A reflective writing assignment: Reflect on initial interviews or first appointments with a new client.

Your assignment is to write a brief paper (no more than two single-spaced pages) on the topic of initial client interviews, drawing on your own experience as a client and service provider. Don't forget to incorporate key concepts from your CHW training, including concepts addressed in the Foundations textbook and other resources.

This reflective writing assignment is due ______ and is worth ______ points. Clearly type or print your full name at the top of the assignment.

Please keep our grading or assessment rubric in mind as you write. For example, we are looking for you to respond directly and clearly to the questions asked, to demonstrate the ability to reflect on your own life experiences, and to link your reflection to key concepts and skills from the CHW training program.

Your paper should address the following three topics. The bulleted points are intended as questions that may guide your reflection. You are not required to respond to every bullet!

1. Welcoming and respecting clients

Reflect on and write about your own experiences as a client or customer. For example:
   - How well have service providers welcomed and respected you in the past?
   - What did these service providers do or say that made you feel welcomed and respected (or not)?
   - How did these experiences impact you?
   - What did these experiences teach you that you want to put into practice when you are welcoming a new client and conducting an initial interview?

2. Protecting a client's privacy

Reflect on and write about your own experiences and options related to confidentiality and privacy. For example:
   - Have you or your family had significant experiences in which a social service or medical professional did a good job—or a poor job—of protecting your privacy?
   - What is the significance of confidentiality for you and the communities that you hope to work with?
   - In what ways does privacy or the lack of privacy influence access to health and social services?
Reflective Writing on Initial Interviews (continued)

3. Applying a strength-based approach

Write about any significant experiences you may have had in which a service provider did a good or a poor job of acknowledging and valuing your strengths and internal resources. For example:

○ What was the impact of this experience?

○ What did it teach you that may guide or inform your work as a CHW?

Please clearly identify at least one of your key internal resources (something within you) and describe how this strength can support you in promoting your own health or becoming a successful CHW.

RUBRIC FOR ASSESSING OR GRADING REFLECTIVE WRITING ASSIGNMENTS

These assignments ask learners to reflect on their own life experiences and identities as they write about a specific public health topic or CHW competency area. At CCSF, we grade these assignments based on six different performance categories and each category is worth a number of points, all of which total 100. In each category, possible scores range from 0 to 20 points each. For us, a passing grade is generally 70 percent of possible points. Note that acceptable responses may vary from trainer to trainer. Feel free to customize this rubric if you wish.

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>EMERGING Less than 70%</th>
<th>SATISFACTORY 70–89%</th>
<th>PROFICIENT 90–100%</th>
<th>POINTS</th>
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</thead>
<tbody>
<tr>
<td>1. Responsiveness to the assignment</td>
<td>Paper does not respond to the questions and topics posed in the assignment.</td>
<td>Paper is partially responsive to the assignment.</td>
<td>Paper clearly addresses the main questions and topics presented in the assignment.</td>
<td>Weight these ___ /100</td>
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<td>2. Connections to key CHW and public health concepts and skills (such as client–centered practice)</td>
<td>Paper makes no connections to key training concepts and skills.</td>
<td>Paper makes limited or vague connections to key training concepts and skills.</td>
<td>Paper provides clear and relevant connections to key training concepts and skills.</td>
<td>___ /20</td>
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Reflective Writing on Initial Interviews  *(continued)*

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<thead>
<tr>
<th>CATEGORY</th>
<th>CRITERIA</th>
<th>POINTS</th>
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<td><strong>3. Clarity</strong></td>
<td><strong>EMERGING</strong> Less than 70%</td>
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<td></td>
<td>Paper is not well organized and the ideas presented are difficult to follow or understand.</td>
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<td><strong>SATISFACTORY</strong> 70–89%</td>
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<td>Greater clarity of organization or writing would strengthen this paper to the level of proficient.</td>
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<td></td>
<td><strong>PROFICIENT</strong> 90–100%</td>
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<td></td>
<td>Paper is well organized, clearly written, and easy to follow.</td>
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<td><strong>4. Use of evidence to support analysis and the ideas presented</strong></td>
<td><strong>EMERGING</strong> Less than 70%</td>
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<td></td>
<td>Paper does not present evidence to support arguments or ideas. Fails to properly cite the ideas of others. Plagiarism.</td>
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<td></td>
<td><strong>SATISFACTORY</strong> 70–89%</td>
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<td></td>
<td>Paper makes an incomplete or unclear connection between evidence and the writer’s point of view, ideas, or arguments.</td>
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<td><strong>PROFICIENT</strong> 90–100%</td>
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<td></td>
<td>Paper clearly presents evidence (including personal observations) to support the learner’s point of view, ideas, and arguments.</td>
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<td><strong>5. Self-reflection</strong></td>
<td><strong>EMERGING</strong> Less than 70%</td>
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<td>Paper fails to reflect on the writer’s own life experiences, study, or CHW practice.</td>
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<td></td>
<td><strong>SATISFACTORY</strong> 70–89%</td>
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<td>Paper shows limited self-reflection or application of insights to the work of CHWs.</td>
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<td><strong>PROFICIENT</strong> 90–100%</td>
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<td></td>
<td>Paper demonstrates reflection on personal experiences, cultural identity, and values, and how they apply to the work of CHWs.</td>
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<td><strong>6. Originality</strong></td>
<td><strong>EMERGING</strong> Less than 70%</td>
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<td>Paper closely repeats ideas from class or training, textbook, or assigned readings.</td>
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<td><strong>SATISFACTORY</strong> 70–89%</td>
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<td></td>
<td>Paper reframes ideas or analysis from class or training.</td>
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<td><strong>PROFICIENT</strong> 90–100%</td>
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<td></td>
<td>Paper presents an original analysis of the ideas of others or original ideas and perspectives.</td>
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| Total points                          | **EMERGING** Less than 70%    |            |
|                                       | **SATISFACTORY** 70–89%       |            |
|                                       | **PROFICIENT** 90–100%        |            |
| Total points                          |                               |            |

Suggested grading guidelines for reflective writing assignments are as follows: Satisfactory or Passing = 70 points or above

Letter grades are as follows: A = 90–100 points; B = 80–89 points; C = 70–79 points; D = 60–69 points; F = below 60 points.
Assessment 8.3 Note-Taking Assessment

This assessment can be used to evaluate the ability of learners to accurately document key client information. It builds on Activity 8.6 and is designed to provide learners with an opportunity to practice note-taking skills.

MATERIALS NEEDED

- “Role Play Scenario for Note-Taking Assessment” (included at the end of this assessment) or a video role play
  
  For example, you could use the first 4 minutes of the video role play from Chapter 9: “Safer Sex and Using a Motivation Scale, Role Play, Demo, Foundations.”
- Copies of “Learner Handout 8.6 A: Client Intake Form” (included after Activity 8.6)
- Answer key, with key data filled in (included at the end of this assessment)

ASSESSMENT

Tell learners that you will assess their ability to take accurate notes during a session with a client. They will watch a short role play demonstration (or a video role play) between a CHW and a new client, and will be asked to document key client information on a client intake form at the same time.

OPTION Instead of doing a role play, use one of the video role plays from Foundations (it doesn’t matter if it is a video that learners have already seen). Select a shorter video, or show no more than 4 minutes of a longer one. Note that if you do use a video, you will want to watch it yourself before the training session and document the information shared by the client. This will serve as a comparison when you are assessing or grading the documentation completed by learners.

NOTE TAKING

Distribute blank copies of Learner Handout 8.6 A (included at the end of Activity 8.6) to all learners. Make sure that they write their own name on top of the form. Conduct the role play (or show the video).

After the role play (or video), give learners an additional 5 minutes or more to transfer any notes that they may have taken to the client intake form. Collect the client intake forms from all learners, making sure that they have each written their name at the top of the form.
Note-Taking Assessment (continued)

ASSESSMENT OR GRADING GUIDELINES

We have provided a sample answer key at the end of this assessment. It provides accurate client information and provides suggestions for determining a passing or satisfactory performance or grade.

Don't forget to review your assessment or grading of assignments with learners. When you pass back their “graded” assessments, you can also distribute the marking guide that you used to assign grades and make time for learners to ask questions or express concerns.
Assessment 8.3 Role Play Scenario for Note-Taking Assessment

Here is a sample role play scenario that may be used for a role play for this note-taking assessment. Ask a colleague or former student to work with you and to take on either the role of the CHW or the client in this role play.

The goal here is to present a short (just 3-to-4-minutes-long) role play between a CHW and a new client in which the client will share some key information about his identity, health condition, and key priorities. Be sure to speak loudly throughout the role play so that all learners can hear you!

Do your best to keep to the information presented here. Don't rush to provide all of the information presented in the scenario, however. Provide it in a natural and organic manner during the role play in response to questions posed by the CHW (such as “What brings you in to the Center today?”).

If you don’t use this client scenario, we still recommend that you develop a written script to help guide you in assessing the quality and accuracy of what learners document on the client intake form.

CLIENT SCENARIO: MALCOLM HARRIS

Share the following information, to the extent that it is relevant, as you do the role play demonstration before all learners.

Demographic Data: Malcolm Harris is 24 years old, African-American and White. He identifies as gay and is currently single and dating. He shares an apartment with his older sister and three friends.

Malcolm is going to college part-time and hopes to become a nurse one day. He works for HOME, a non-profit that provides shelters, temporary housing, and case management services to homeless youth and young adults. Malcolm is very close with his sister and mother, but he is estranged from his father (they haven't spoken in several years).

Health Insurance: Malcolm receives health care through his employer.

Existing Health Conditions and Medications: Malcolm is in recovery from alcohol and substance use and is 18 months sober. He has no other outstanding health issues.

Current Priorities: Malcolm came in to get a free HIV antibody test and is referred to speak with a CHW. Malcolm is currently dating and hoping to find a new boyfriend because he really likes being in a relationship. Several times in the past several
months he has not used a condom during sex and he has been anxious about HIV. Malcolm last tested for HIV about a year ago and was negative.

Malcolm's boyfriend of nearly two years, Tomas, broke up with him recently, and Malcolm took it hard. He has been depressed and isolated a bit but is very proud that the breakup didn't cause him to start using drugs or alcohol again.
Assessment 8.3  Answer Key

Acceptable answers may vary from trainer to trainer. We are including our version of what the correct answer may be to these questions, but feel free to adjust this answer key to fit your unique situation.

Date: ______________________

Client name (Last, First, Middle): Harris, Malcolm

Address: ____________________________________________________________

Best contact information (e-mail, cell, or home phone): __________________________

Date of birth: _______ Gender: _Male_ Ethnicity: _African-American and White_

Family status: Single, no children

Employment status and profession: _Employed at HOME, a nonprofit, as a shelter manager_

Annual individual _____ or household _____ income: __________________________

Health insurance: Yes ___ x ___ No _______

Insurance name and policy number: ________________________________

Previously diagnosed health conditions: In recovery for alcohol and drug use.

Eighteen months sober.

Medications and other treatments: ________________________________

Primary health concern(s): HIV test

Health goal(s): ____________________________________________________

Health action plan: Client will take the following action(s): ________________________

________________________________________
Specify frequency, duration, and location of actions as appropriate:________________________
________________________
________________________

________________________
________________________

Key health resources (internal and external) that will help the client to promote their health:

Internal resources: *Eighteen months in recovery from drug and alcohol use. In college and pursuing a dream to become a nurse. Sustained good relationships with family. Desire to find a boyfriend. Concern about his health, HIV, and safer sex.*

External resources: *A full-time job with a local non-profit agency. Health insurance. Stable housing. A good relationship with his sister and mother.*

Referrals provided:
________________________
________________________
________________________
________________________

Other notes:________________________
________________________
________________________
________________________
________________________
GUIDELINES FOR GRADING OR ASSESSMENT

The purpose of this activity is to accurately document key information shared by the client. Keeping to a prepared script of client-information (or using a video role play) will greatly facilitate assessment or grading.

Our suggestion for grading is as follows: A = No more than one error in documenting key information; B = No more than two errors in documenting information; C = no more than four errors in documenting key information; D = no more than five errors; F = six or more errors in documenting information. An error includes documenting incorrect client information (such as stating that the client wants to be tested for hep C rather than HIV disease), and omitting key information (such as prior history of substance use).