Healthy Colon, Healthy Life

Intervention Training Manual

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Training Schedule

Session	Time	Topic	Content
1	3 hours	Overview of Project, Colorectal Cancer Screening and Community Health Advisor Role	Introduction Overview of colon cancer Role of CHA Stages of change Practice role play exercise
2	4 hours	The Counselor's Role and Counseling Techniques	Review of stages of change Barriers to screening Principles of interviewing Tour of GI suite
3	4 hours	Tracking Participants and Record Keeping	Tracking participants overview Initial contact procedures
4	6 hours (3 sessions total)	Role Playing and Practice	Role playing Review record keeping
5	1 hour (per session)	Check-in and Problem Solving	Periodic check-in conducted every month (or at the discretion of the project manager)

Detailed Outline of Training Sessions

OVERVIEW

The telephone counseling component of Health Colon, Healthy Life (HCHL) is designed to be delivered by community health advisors (CHA). Community health advisors are typically members of the target community who may have some experience in counseling community members about health topics. They are trained for approximately 20 hours using didactic coursework, role-plays, and practice counseling sessions.

Intervention trainees: The community health advisors.

Intervention recipients: Latino and Vietnamese patients at primary care clinics.

Goals of training:

- To prepare community health advisors to carry out the HCHL telephone counseling protocol with intervention fidelity
- To increase awareness of multiple aspects of issues related to colorectal cancer screening and barriers to colorectal cancer screening
- To develop skills and create confidence around issues related to CRC screening and barriers to CRC screening

SESSION 1: Overview of Project, Colorectal Cancer Screening and Community Health Advisor Role (Approximately 3 hours)

Learning Objectives:

1) To provide an overview of the project
2) To develop proficiency in colorectal cancer screening and options for screening
3) To understand the role of a community health advisor in promoting CRC screening
4) To be able to determine an individual's "readiness" for screening
5) To understand some reasons why patients may not receive screening

Agenda:

Led by Program Manager

I. Introduction of the project "*Healthy Colon, Healthy Life*"

A. Aims of the Study (conducted by Dr. Judith Walsh and team from UCSF)
B. Design of the project
   Baseline survey
   Randomization to 3 groups (2 Intervention and 1 Control)
      1. Culturally tailored brochures (give out samples)
      2. Brochures plus tailored telephone counseling
      3. Usual care
   Follow-up Survey

II. Colon Cancer Screening (given by Program Manager) (see Appendix "Healthy Colon, Healthy Life slideshow")

A. Overview of Colon Cancer and its importance for Vietnamese and Latinos
B. Review of current Colon Cancer Screening Recommendations
C. Overview of Colon Cancer Screening (CRC) Tests
   Fecal Occult Blood Test (FOBT)/Fecal Immunochemical Test (FIT)
   Sigmoidoscopy
   Colonoscopy
   Barium Enema
D. Tour of the GI Suite by a gastroenterologist; go over the sigmoidoscope and the colonoscope; review patient experience from check in to check out to give counselors and idea of what the process is like for patients
E. Introduction to some of the barriers to screening and barriers previously identified in Latino and Vietnamese populations
F. CRC Screening Myths/misperceptions
G. Small group discussions with Program Manager to ask questions, get clarifications, go over key points

III. **Community Health Advisors (given by an experienced CHA)**
(an experienced CHA is someone who has experience doing telephone counseling and has experience working with people in his or her community)

A. General role (Assist, support and advise participants)
B. Importance (key intervention, especially when high barriers)
C. Skills (interpersonal, persistence, enthusiasm, record keeping)
D. Role of CHA in "***Healthy Colon, Healthy Life***"
    i. The role of the CHA is to conduct telephone counseling

IV. **Stages of change (in cancer screening) Implications for Advising Participants (include scripts/examples) (led by Program Manger) (see Appendix "Stages of Change Scripts")**

A. General description of what stages of change are and the implications on screening
    1. Pre-contemplation (I and II)
        i. Precontemplation I- You have never thought about getting tested for colon cancer
        ii. Precontemplation II- You have heard of colon cancer testing, but you don't have any plans to get tested
    2. Contemplation (I and II)
        i. Contemplation I- You have thought about having a colon cancer test and are planning to have one
        ii. Contemplation II- You have had a colon cancer test in the past and are overdue for your next one
    3. Relapse- You have had the test in the past, are now due, and you are not planning to have a colon cancer test in the future
    4. Action- You have had at least one colon cancer test and you plan to have the next one on schedule
    5. Maintenance- You have had at least two colon cancer tests on schedule

V. **Practice Exercise: Stages of Change Role Play (All participants)**

A. Exercise (activities – not cancer screening) (see Appendix "Stages of Change Scripts", "Stages of Change Roleplay" and "Participant Personal Profile")

B. **Role play: Use participant personal profiles with stages of change**
Examples:
1) A 65-year-old woman who is a contemplator and has barriers "Test is too expensive" and "Good health is out of my hands"
2) A 50-year-old man who is a pre-contemplator and has barriers "Colon cancer not likely" and "I feel fine so I don't need to get tested"
3) A 60-year-old woman who is in relapse and has barriers "I don't

need to get tested because I don't have any symptoms" and "People with cancer survive if they were meant to be"

VI. **Review and Question and Answer Period (All participants, ~ 20 minutes)**

Appendix Materials:

1) Healthy Colon, Healthy Life slideshow
2) Stages of Change Scripts
3) Stages of Change Role Play
4) Participant Personal Profile

SESSION 2: The Counselor's Role and Counseling Techniques (Approximately 4 hours)

Learning Objectives:

1) To understand various types of barriers to CRC screening, including those that are setting specific
2) To learn principles of telephone etiquette
3) To develop skills and techniques for motivational interviewing

Agenda:

Led by Program Manger and experienced CHA

I. Review of stages of change
   A. Pre-contemplation (I and II)
      i. Precontemplation I- You have never thought about getting tested for colon cancer
      ii. Precontemplation II- You have heard of colon cancer testing, but you don't have any plans to get tested
   B. Contemplation (I and II)
      i. Contemplation I- You have thought about having a colon cancer test and are planning to have one
      ii. Contemplation II- You have had a colon cancer test in the past and are overdue for your next one
   C. Relapse- You have had the test in the past, are now due, and you are not planning to have a colon cancer test in the future
   D. Action- You have had at least one colon cancer test and you plan to have the next one on schedule
   E. Maintenance- You have had at least two colon cancer tests on schedule

II. Barriers to Colorectal Cancer Screening (gone over by Program Manager- teach about scripts and how to use them) **(see Appendix "Barrier Scripts")**
   A. Medical care access barriers to screening
      i. Insurance
      ii. Income
      iii. Transportation
      iv. Language/communication difficulties
   B. Knowledge Barriers to Screening
      i. Not thinking one is it at risk for CRC
      ii. Not aware of tests or screening guidelines
      iii. Not aware of the benefits of screening
   C. Attitudes and Beliefs as Barriers to Screening
      i. Fear

ii. Perceived risk
iii. Faith/fate/cancer fatalism
iv. FOBT screening test barriers
v. Sigmoidoscopy/colonoscopy test barriers
vi. Other health problems as barriers

III. Principles of interviewing (including Motivational Interviewing and Principles of Telephone Etiquette) - Done by experienced CHA **(see Appendix "Motivational Interviewing", "Guidelines for Calling Participants","Effective Communication Skills", "The Telephone Personality" and "Telephone Etiquette")**

IV. Tour at clinic GI suite followed by lunch at clinic (goal was to familiarize CHAs with what the participants actually experience)
Discuss barriers specific to clinic at clinic visit

Appendix Materials:

1) Barrier Scripts
2) Motivational Interviewing
3) Guidelines for Calling Participants
4) Effective Communication Skills
5) The Telephone Personality
6) Telephone Etiquette

SESSION 3: Tracking Participants and Record Keeping (Approximately 4 hours)

Learning Objectives:

1) To learn principles of contacting participants
2) To review counseling techniques
3) To provide an overview of record keeping and review use of forms

Agenda:

Led by experienced CHA

I. Tracking Participants; Overview

A. Preparation for contact
B. Initial contact
C. Counseling
D. Record-keeping
E. Follow-up contacts

II. Initial Contact Procedures

A. Preparation
   a. Identify stage and barriers
      1. identification of the stage is based on completion of the Baseline Survey and based on participant responses **(see Appendix "Algorithm for Identifying Stage of Change" and "Sample Excel Sheet")**
   b. Locate appropriate scripts and other resources
      1. see the Stage of Change and Barrier within the Telephone Counseling Scripts *(located with the program materials file)*

B. Contact participant **(see Appendix "Greeting Script", "Development of a Log Book Protocol", "Follow-up Call Log")**
   1. Telephone
   2. Persist: # attempts, contact persons; other channels
   3. Greeting and introduction: who the CHA is, where CHA is calling from, why CHA is calling, informed consent
   4. Clearly distinguish telephone counseling from telephone survey
   5. Verify/record data, make changes and corrections
   6. Counsel client (advise, educate toward goals)
      a. Paraphrase or read scripts
      b. Provide information and assistance

7. Schedule next contact

C. Schedule next contact
   a. Inform participant of next contact if possible
   b. Schedule next contact on tracker card
   c. Indicate on tracker card your plan for the next contact

D. Follow-up Contact (all will get multiple follow up calls: when should this happen)

Reasons for follow-up:
Finish the initial contact process (advising and assisting)
To see if she got a referral or made an appointment
Remind person of upcoming appointment
See if he/she kept her appointment
Provide some information
- I said I would get information for you and this is what I found out
Prepare for closing conversation
Reminder of how client can reach you
Cell phone: Spanish (phone #) and Vietnamese (phone #)
- These are numbers that participants can call with any questions and is checked about twice a week by Program Manager
Good-bye

E. Practice Exercise
   a. Prepare for contact
   b. Attempt contact
   c. Complete Client Personal Profile (CPP) and page 1 Client Counseling Report (CCR)
   d. Counsel based on Stage of Change and identified barriers
   e. Schedule next contact-tracker card

FORMS, RECORD KEEPING AND RESOURCES
(see Appendix "Participant Personal Profile" and "Client Counseling Report")

A. Case Assignment
   i. **Participant Personal Profile (PPP**) generated for each person
   ii. **Client counseling report (CCR**): computer generated with specific barriers. Each barrier that was reported in the baseline survey will be listed with an appropriate "Script Code"
   iii. Interviewer notes: completed after an interview

iv. Tell the person that you want to talk with him/her about CRC screening and answer any questions, provide any assistance which is needed

B. Pre-printed data verification (prior screening tests: including whether or not up to date or overdue or never had)
   i. verify with participant that all answers are correct
C. Advising and Assisting (Counseling Scripts: we have them for all the stages of change and for all the barriers. Counselor is encouraged to establish rapport and talk with the patient. She will start by talking with the patient and asking him/her if he/she has had any problems with getting CRC screening. In addition, she will try to touch on all the barriers mentioned by the patient at her baseline survey.
D. PROTOCOL:
   a. Assignments will be given by CHA supervisors
   b. Program Manager (or designated delegate) will meet with counselors weekly
   c. Protocol for turning in completed client counseling reports

Appendix Materials:

1) Participant Personal Profile
2) Greeting Script
3) Client Counseling Report
4) Follow-Up Call Log
5) Development of a Log Book Protocol
6) Algorithm for Identifying Stage of Change
7) Sample Excel Database

SESSION 4: Role Playing and Practice (Approximately 6 hours; 3 sessions total)

Learning Objectives:

1) To increase confidence and get feedback on counseling skills

Agenda:

Led by Program Manager and experienced CHA

I. Role-playing using Participant Personal Profiles (again practice good and bad role plays; good and bad counseling skills) **(see Appendix "Stages of Change Role Play" and "Role Playing and Role Playing Practice")**
II. Review record keeping, protocol and any housekeeping issues
   a. Counselors again practice going through entire procedure with Program Manager or others who know what CRC is
   b. Counselors make appointment with the Program Manager or experienced CHA to call them over the phone to role play and gain telephone practice
III. Review Other Appendix Items
   a. Cheat Sheet
   b. Emergency Situation Protocol
   c. Abnormal FOBT Follow-up Protocol

Appendix Materials:
1) Stages of Change Role Play
2) Role Playing and Role Playing Practice
3) Cheat Sheet
4) Emergency Situation Protocol
5) Abnormal FOBT Follow-up Protocol

SESSION 5: Periodic Check-in (Approximately 1 hour per session)

Learning Objectives:

1) To review role of CHA
2) To identify challenges encountered when counseling participants/patients
3) To described strategies to address specific challenges encountered when counseling participants/patients

Agenda:

Led by Program Manager and experienced CHA
(see Appendix "Check-in and Problem Solving")

I. Review the role of CHA
II. CHA feedback
    a. Each CHA is given an opportunity to share with group (other CHAs) and project leaders their experience with counseling patients
III. Strategies to addressing challenges encountered when counseling participants/patients

Appendix Materials:

1) Check-in and Problem Solving