



Uplifting Maternal
Mental Health

Trainer's Manual



**Training for Community Health Workers
to Identify, Support, Educate and
Refer Clients with Maternal Depression**

A Project of



CAI

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Uplifting Maternal
Mental Health

Introduction



Cultural beliefs and stigma surrounding mental health care, in addition to barriers such as time, insurance, and transportation have led to widespread disparities in care for maternal depression. The pandemic has not only led to increased rates of depression, especially for mothers, but has also worsened racial disparities. It is estimated that 1 in 10 women experience maternal depression. However, Black and Latina women are twice as likely as white women to experience postpartum depressive symptoms.

The effects of maternal depression not only impact women's emotional well-being, but also their physical health and their unborn babies or infants' long-term health. Depression during pregnancy is associated with less prenatal care, increased pregnancy complications, increased risk for use of alcohol and tobacco, and low birth weight for babies.

During infancy, maternal depression can interfere with bonding, which can lead to less play, less talking, and less breastfeeding. In many communities, cultural beliefs and stigma surrounding mental health care can make it challenging for some women to seek out care when they experience symptoms of maternal depression. Often, minority women tend to not feel seen or heard by their healthcare providers and may be reluctant to access services.

As members of the communities they serve, community health workers (CHWs) are in a unique position to build trust and address barriers to seeking care for maternal depression. A CHW may be the bridge to services, in addition to being a trusted support to provide reassurance.

This training prepares participants with the necessary skills to be able to recognize and respond to “red flags” or warning signs for potential mental health issues. These skills, including communication, observation, and normalizing discussions of maternal depression with all clients, are critically important to overall maternal health of the community.

Training Overview



Target Audience

Community health workers (CHWs), home visitors, and case managers working with pregnant and parenting clients on an ongoing basis.

Trainers

Uplifting Maternal Mental Health trainers are supervisors of CHWs, home visitors, and case managers. Trainer supervisors will not only facilitate this training but can also provide follow-up support and professional development training to reinforce and strengthen the knowledge and skills that participants gain during the training.

Training Length

Two 3-hour sessions (6.5 hours recommended to accommodate breaks)

Training Modality

Face-to-face (in person)



NOTE: This training can be delivery by a trainer remotely (Zoom) if required. See “Adapting for Remote Delivering” on page 10 for more information.

Number of Participants

Minimum: 4

Maximum: 30

Training Delivery

The Uplifting Maternal Mental Health curriculum is packaged in order to give agencies and supervisors flexibility in how often the training is delivered. The sessions can be offered in a variety of ways. They can be held over the course of one, two, three, or four days. They can be conducted on different days within one to two weeks, for example, or back-to-back on a single day.

It is recommended that this training be delivered in-person, however the training can be conducted remotely if needed. Throughout the Trainer's Manual you will find instructions for modifications that can be made to deliver this training in a remote environment.

Room Set-up

For in-person trainings, the ideal room set-up is to place chairs in a U-shape (semi-circle) or O-shape (circle) to encourage participation. If desks or tables are available, small groups of 4 to 6 participants per table is also an effective room set-up.



Goal and Objectives



Goal

This training program will support community health workers (CHWs)* in recognizing and responding to signs of maternal depression by building skills in communication, advocacy, and empowerment. Building on the strong trusting relationships CHWs have with clients, enhanced skills gained from this training will help to reduce stigma and improve the accessibility of mental health services.

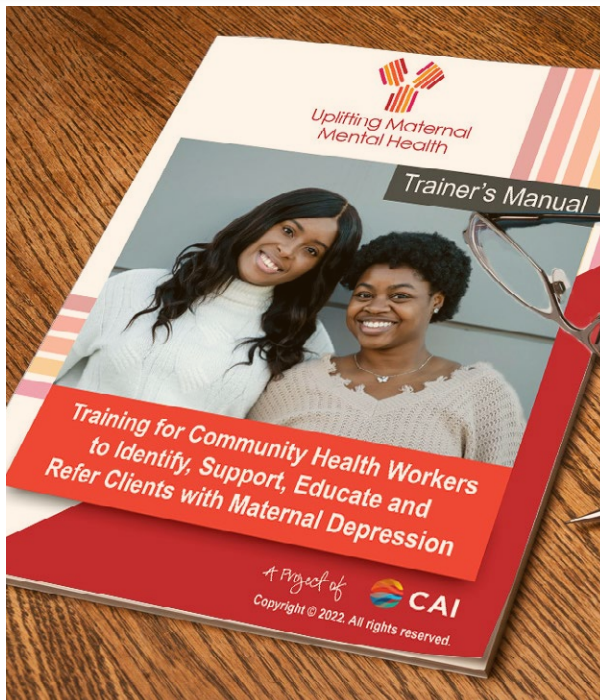
*Community health workers refer to non-licensed community-based health professionals who work with perinatal clients over time, including Healthy Start home visitors, case managers, care coordinators and navigators, promotoras de salud, Early Head Start staff, and countless other titles.

Objectives

As a result of this training, participants will be able to:

- ⦿ Practice client-centered communication skills to build rapport and support clients
- ⦿ Analyze beliefs that arise when talking about maternal depression with clients
- ⦿ Practice crafting educational messages about maternal depression

How to Use This Manual



Training Manual Structure

Each training session has the goal, agenda, and materials listed on the first page. Step-by-step instructions on how to conduct each activity of the session follows. The talking points listed throughout this manual are intended as a guide, not a script. It is recommended that facilitators present the information in a way that is accessible and relevant. You may choose to have some notes in front of you, but should not feel compelled to read straight from the manual. If you are delivering the training in Spanish, it will be necessary to prepare your talking points in advance.

Trainer's Notes

There will be notes throughout the session guides addressed to trainers that highlight key considerations for facilitating certain activities. These will look like the following:

Trainer's Note:

Producer's Notes

This training is written to be delivered in a face-to-face, in-person setting. When activities need to be altered for live, remote delivery (e.g. Zoom), a special staff role of "Producer" is necessary. Producers are generally additional staff members with technology skills including launching polls, screen sharing, placing participants in breakouts, and assisting with audio and video concerns. The modified instructions will look like the following:

Producer's Note:

Producers should also review the Remote Compendium Guide ([page 47](#)) for more instructions on how to use the features of the video conferencing software (e.g. Zoom) during the different activities of the training. Disregard Producer notes if the training is being conducted in-person, and hide or skip slide 4 with Zoom instructions.

Timing of Activities

The timing of each activity is approximate. Some activities may take slightly more or less time depending on the group and setting.

Delivering the Training with Fewer Than 4 Participants

The activities in this training have been designed for groups of 4 to 30 participants. However, this program can be conducted with a group of less than 4 participants or even one-on-one. If there are only between 1 and 3 participants, group activities should not be skipped. Instead, facilitators should review each session and modify the activities to accommodate the smaller group. For example, some activities can be conducted as a group (or one-on-one) discussion as opposed to breaking up participants into small groups to do the activity.

Materials



Equipment:

- ✓ Laptop or computer with microphone and camera
- ✓ Projecting device
- ✓ Projector screen
- ✓ PowerPoint slides

Trainer's Materials:

- ✓ Trainer's Manual
- ✓ Newsprint
- ✓ Markers
- ✓ Tape

Participant Materials:

- ✓ Handouts (see page 51 of the Trainer's Manual for a full set)

Adapting for Remote Delivery



If delivering this training face-to-face is not possible, you may need to consider adapting the training for live remote delivery.

For a remote adaptation, it is important to consider

✓ **Video Calling Platform**

If this training is delivered remotely, you need to use a video conferencing platform. Zoom is the recommended platform. If Zoom is not available, Microsoft Teams, Webex, GoToMeeting, or another platform that your agency approves can be used. The platform needs to allow you and participants to turn on your video cameras so you can more effectively engage with one another. The meeting platform should also allow you to share your screen so you can show the PowerPoint slides and video clips used in the training, as well as launch these polls and be able to assign participants to breakout rooms.

✓ **Remote Compendium Guide**

Activities may need to be adapted for live, remote delivery (Zoom). The Remote Compendium Guide, beginning on [page 47](#), is provided with this training package on using Zoom to facilitate trainings effectively and can be found in the Appendix.

✓ **Video Calling Equipment**

Ensure that both you and the participants have access to the required equipment, which is headphones; a device like a computer, tablet, or phone to meet on; a webcam; and a good internet signal.

✓ **Participant Materials**

It is also important to mail or email the participants the handouts that you'll refer to in the training at least 1-2 weeks before the training. These are located in the Handouts, [beginning page 51](#).

Session 1: Agenda

Welcome and Introductions	10 minutes
Ice Breaker	30 minutes
Maternal Depression Overview	20 minutes
Engagement and Building Rapport	35 minutes
BREAK*	15 minutes
Relate/Don't Relate Activity	40 minutes
Review & Practice of Observation Skills	20 minutes
Review & Practice of Normalization	20 minutes
Closing	05 minutes

*After every 1.5 hours of instruction, give a 15-minute break to allow participants to stretch and step away. You may choose to add extra breaks, which will adjust the timing.

**Total: 195 minutes
(3 hours and 15 minutes)**

Session 2: Agenda

Warm-up	10 minutes
Review & Practice of Open-Ended Questions	15 minutes
Review & Practice of Affirmations	20 minutes
Review & Practice of Reflective Listening	20 minutes
Crafting Educational Messages	25 minutes
BREAK*	15 minutes
Putting It All Together: Role Plays	60 minutes
Self-Care: Gratitude Journal	20 minutes
Resources and Closing	10 minutes

*After every 1.5 hours of instruction, give a 15-minute break to allow participants to stretch and step away. You may choose to add extra breaks, which will adjust the timing.

**Total: 195 minutes
(3 hours and 15 minutes)**

Session 1



Materials

- ✓ Laptop, projecting device, and screen
- ✓ PowerPoint slides
- ✓ Newsprint
- ✓ Markers
- ✓ Video links:
 - ▶ The Monkey Business Illusion video: https://www.youtube.com/watch?v=IGQmdoK_ZfY
 - ▶ Normalization video: <https://vimeo.com/703005604/ddf3dd5aeb>

INSTRUCTIONS

Trainer's Note

The training is meant to not only build the knowledge and skills of participants but also to help them learn how to engage their perinatal clients and establish a trusting relationship. Engagement and relationship building begins the moment the participants walk in the door for the session.

Individually greet participants, smile, and thank them for coming to the session. During this first session, and all sessions, it is very important that you demonstrate a positive tone and body language to build trust and comfort with participants, ensuring they feel engaged, and to model the engagement skills that this training seeks to build.

ACTIVITY 1

Welcome and Introductions (10 minutes, Slides 1-8)

➤➤ STEP 1

Introductions

- Welcome Participants to the Training Program.
- Trainers introduce themselves, and professional interests related to maternal health/mental health.

Producer's Note

Display Zoom instructions slide.

➤➤ STEP 2

Review Group Agreements

- Display the Group Agreements slide.
- Explain that the group agreements build an atmosphere in which everyone can feel comfortable and gain as much knowledge and experience as possible.

➤➤ STEP 3

Develop Group Agreements as a Group

- Write "Group Agreements" at the top of newsprint.
- ✓ **Share the following:**
 - Group agreements are shared agreements that describe what we expect from ourselves and what we expect from our group members in order to create an environment that feels safe and where everyone is able to learn as much as possible.
- Suggest the following group agreements if they do not come up:
 - Assume good intentions – Everyone is coming in with different experiences and opinions, and the more we can be open to everyone, the more we all can learn from each other.

- Stories stay, lessons leave – Please don't share any personal information shared by others during this training but we do encourage you to share the content from the training with those around you.
- Keep side conversations to a minimum – If something's not clear to you, it's probably not clear to others, so please let us know!
- Step up, step back – Give everyone a chance to share their thoughts.
- Have fun! – This program is designed to be interactive and engaging, so please participate and have fun with it.
- Check with the participants to be sure that they agree on the group agreements, and make any changes as needed.

Trainer's Note

Keep this newsprint and hang it up on the wall before each session you deliver so it is there for reference. Refer to group agreements as required to reinforce them and encourage behavior that creates a safe learning environment.

Producer's Note

Type in the agreements on the slide that the participants are providing.

➤➤ STEP 4

Review Goals, Objectives, and Session 1 Training Agenda

- Review the training goal and objectives.
- Review Session 1 Agenda.

ACTIVITY 2

Icebreaker (30 minutes, Slides 9-13)

➤➤ **STEP 1**

Explain the Role of CHWs

- ✓ **You might share the following, according to your participants' needs and roles**
 - Community health workers (or CHWs) go by many names depending on the type of organization they work for, the population they work with, and the multifaceted components of their job.
 - Each role is unique, just as community health workers are unique in their approach to health education, promotion, and care navigation. The following is a list of ways in which community health workers differ from other healthcare professionals:
 - Expertise is based on shared life experience (and often culture and community) with people served.
 - Rely on relationships and trust more than on clinical expertise.
 - Do not provide clinical care.
 - Relate to community members as peers rather than purely as clients or patients.
 - Can achieve certain results that other professionals cannot.
 - CHWs have a broader scope of practice than what will be mentioned in this training.
 - For the purposes of this training, however, we'll focus on a CHW's scope of practice, referred to as the "Formula for Success", in addressing maternal depression.

➤➤ **STEP 2**

Set up the Icebreaker Activity

- Tell participants that they are going to do an icebreaker activity so everyone in the room can get to know one another.

➤➤ **STEP 3**

Conduct Icebreaker Activity

- Display the icebreaker prompts slide.
- Ask participants to turn to the person sitting next to them for the activity.
- **Say the following:**
 - You will have an opportunity to talk to each other about the importance of CHWs.
 - We would like you and your partner to each answer the following statements, which are also on the slide in front of you:
 - I became a CHW because...
 - Something I do in my work that is important is...
 - The personal qualities I bring to the job are...
- After ten minutes, call time.

Producer's Note



Place participants into breakout rooms in pairs and set timer for ten minutes. Place 3 discussion prompts in chat.

➤➤ STEP 4

Large Group Report Out

- **Ask:** What are some things you do that are important?
- Elicit responses and respond to what participants are saying.
- **Ask:** Did you hear things from your partner that you never considered?
- Elicit responses and respond to what participants are saying.

➤➤ STEP 5

Process the Activity

- **Ask:**
 - How was it to talk with someone about this?
 - How does this help set the tone for our work together in these two training sessions?

Trainer's Note

If you are training fewer than 5 participants, consider omitting pairs and have a larger group discussion, using these questions as a guide.

ACTIVITY 3

Maternal Depression Overview (20 minutes, Slides 14-22)

»» STEP 1

Introduce True/False Activity

- **Say:**
 - In the first online learning module, you were provided with an overview of what a community health worker needs to know about maternal depression so that they can better identify, support, educate and refer clients appropriately.
 - You reviewed a lot of information in that module, and we want to refresh your knowledge about maternal depression.
 - The next activity is a True/False activity with 7 statements. When the statement appears on the slide, show me a thumbs up if you think the answer is true and thumbs down if you think the answer is false.

»» STEP 2

Display True/False Slides

- Display each slide one by one. Read each statement out loud and wait for participant responses and remind participants to show you a thumbs up if they think the statement is true and thumbs down if they think the statement is false.
 - ① **Maternal depression usually occurs within the first couple weeks after giving birth.**
 - Give participants as much time as needed to show their answers. You may wish to acknowledge when there is a lot of agreement or disagreement before providing the correct answer.
 - Click the mouse to reveal the correct answer and brief rationale on the slide for question 1: **FALSE**, maternal depression can occur anytime during pregnancy or the first year postpartum. Baby blues is a milder form that affects as much as 80% of women in the first few weeks.
 - Read the answer out loud and then share the following additional information:
 - Baby blues is a term used to describe the worry, sadness, and tiredness many women experience after having a baby. Maternal depression is different because it is usually more intense and can last significantly longer.
 - Display the next slide and question
 - ② **Non-Hispanic Black women and Hispanic women are more likely to report maternal depression than white women during and after pregnancy.**
 - After all participants answer, click to reveal the correct answer on the slide for question 2: **TRUE**.
 - **Discuss and share the following:**
 - Non-Hispanic Black women and Hispanic women are more likely to report maternal depression during and after pregnancy. They are also less likely to be diagnosed and treated for maternal depression compared with white women.
 - Cultural beliefs and stigma surrounding mental health care, in addition to barriers such as time, insurance, and transportation have led to widespread disparities in care for maternal depression.

- In many communities, cultural beliefs and stigma surrounding mental health care can make it challenging for some clients to seek out care when they experience symptoms of maternal depression. Often, people of color tend to not feel seen or heard by their healthcare providers and may be reluctant to access services.
- Display the next slide and question:
 - ③ **Maternal depression impacts a mother’s and infant’s physical and mental health, but does not impact older children.**
- After all participants answer, click to review the correct answer and brief rationale: **FALSE**. Maternal depression can impact the entire family, from relationship problems to developmental delays and behaviors.
- **Share the following:**
 - Maternal depression can impact both a mother and her child’s physical, mental and psychological growth.
 - Effects for mothers include:
 - Less prenatal care during pregnancy
 - Increased risk for use of substances
 - Difficulty bonding with infant
 - Relationship problems with other family members
 - Effects for infants include:
 - Higher rates of preterm birth and low birthweight
 - Developmental delays (sleep and feeding patterns, cognitive skills)
 - Lower breastfeeding rates
 - Infant behavior (fussing, crying)
- **Display the next slide and question:**
 - ④ **It is unsafe to treat maternal depression with medication if mothers are breastfeeding.**
- After all participants answer, click to review the correct answer and brief rationale: **FALSE**. While some medications may not be safe while breastfeeding, there are many safe and effective treatments available for maternal depression.
- **Share the following:**
 - There are many misconceptions about the safety of medications while breastfeeding. Effective and safe depression treatment can include a combination of medication therapy, counseling, and referrals.
- **Display the next slide and question:**
 - ⑤ **Symptoms of maternal depression may include overwhelming fatigue or exhaustion, negative thought patterns, and difficulty sleeping.**
- After all participants answer, click to review the correct answer: **TRUE**
- **Ask participants the following:** “What other symptoms do you all remember learning about in the modules?”
- Answers may include changes in mood, less interest or pleasure in activities a mother usually enjoys, changes in appetite, inability to concentrate, think clearly or make decisions, thoughts of harming self or baby.
- Display the next slide and question:
 - ⑥ **Maternal depression is caused solely by hormonal changes during and after pregnancy.**
- After all participants answer, click to review the correct answer and brief rationale: **FALSE**. When a mother has little or no support, this can complicate and/or worsen symptoms of maternal depression.

Environmental factors, stressful events, and mental health history can also increase risk of developing maternal depression.

- **Share the following:**

- Maternal depression does not have a single cause. Research suggests that maternal depression is caused by a combination of genetic and environmental factors. Life stress (for example, demands at work or experiences of past trauma), the physical and emotional demands of childbearing and caring for a new baby, and changes in hormones that occur during and after pregnancy can contribute to the development of perinatal depression. In addition, women are at greater risk for developing maternal depression if they have a personal or family history of depression or if they have experienced depression with a previous pregnancy.

- **Display the next slide and question:**

⑦ **Maternal depression increases the risk of substance abuse, like alcohol and tobacco.**

- After all participants answer, click to review the correct answer: **TRUE**

- **Share the following:**

- The postpartum period comes with permanent lifestyle and biological changes. Many women struggle to adapt and cope to this new phase of their lives, and there is an increase in substance abuse among women with maternal depression.
- Another thing to consider is that pregnant and postpartum women face barriers to accessing substance use treatment and recovery services. Few treatment programs are willing to accept pregnant women, and pregnant and parenting women face other obstacles to accessing treatment such as low economic status, exposure to intimate partner violence and trauma, stigma associated with substance use during pregnancy, a greater incidence of co-occurring mental disorders, and the likelihood that the woman is the primary caretaker. Pregnant and postpartum women may also fear consequences, such as being reported to child protective services or losing custody of their children if they seek treatment, which may mean detailing thoughts of harming oneself or one's child to a medical professional or program.

Producer's Note 

Poll questions should be set up in advance when you create the Zoom meeting. See the Remote Compendium Guide for instructions.

➤➤ STEP 3

Debrief the Activity by Asking

- What did you think about these facts?
- Were there any facts that surprised you? If so, which ones?

➤➤ STEP 4

Close the Activity

- **Tell participants:**

- The knowledge you have about maternal depression is going to be extremely helpful in your work as you identify clients exhibiting signs or symptoms, as well as supporting and educating clients about maternal depression.
- During this training, you will use this information to create educational messages which will be woven into conversations in a way that is client-centered and culturally appropriate.

ACTIVITY 4

Engagement & Building Rapport (35 minutes, Slides 23-29)

»» STEP 1 Introduce Activity

- **Share the following:**
 - Next, we will review engagement and rapport building with your clients.

»» STEP 2 Introduce Client Engagement

- Ask participants the following questions in a large group brainstorm, allowing 2-3 minutes per question.
- Write answers on a large piece of newsprint as participants respond.
 - What is engagement?
 - How do you feel when someone sees you and acknowledges you as an individual?
 - How do you feel when another person seems to dismiss you like you're invisible or faceless?



NOTE:
If the group has already answered this question in previous discussion, feel free to skip.)

»» STEP 3 Explain Engagement

- **Share the following:**
 - Engagement helps establish trust. It begins before the appointment (preparation/reviewing record) and continues throughout the appointment.
 - It is important to encourage active involvement of the client through:
 - Dialogue
 - Information exchange
 - Listening
 - Feedback
 - Engagement is a continuous process. It's not one and done.
 - CHWs must keep their eye on signs of maternal depression at every encounter. When you actively engage your client, it may be easier for you to notice when something does not feel right.
- Ask the following large group discussion question, and allow 2-3 minutes for the group to brainstorm:
 - How do you engage with clients for the first time, and keep them engaged over the course of time that you are working with them?

➤➤ STEP 4

Introduce Rapport

- **Ask participants:**
 - What is rapport?
 - Why is building rapport with clients so critical to this work, and how is it done?
 - How do you build rapport?
- Allow 2-3 minutes per question to brainstorm.

➤➤ STEP 5

Explain Rapport

- **Share the following:**
 - Sometimes people don't share everything when you first meet them. It is not expected that clients will open up and share personal details upon first contact.
 - Rapport is a connection or relationship with someone else, and the ability to communicate well with them. Building rapport is the process of developing that connection with someone else. Having rapport with clients is crucial for maintaining engagement and building trust.
 - You can engage and build rapport with clients by:
 - Using people's preferred names
 - Making eye contact, depending on cultural norms in the community
 - Introducing yourself
 - Asking about the clients' life and how they're feeling
 - Asking about the client's pregnancy or baby
 - Smiling
 - Remembering personal details

➤➤ STEP 6

Process the Discussion by Asking:

- What is challenging about engaging with clients and building rapport?
- Why is this skill particularly important when talking about maternal depression?
- Name some reasons why maternal depression requires such sensitivity and trust between a community health worker and a client?
 - Possible answers include:
 - Stigma
 - Embarrassment
 - Concerns about what the CHW might do with this information
 - Concerns that others might find out

BREAK (15 minutes, Slide 30)

ACTIVITY 5

Relate/Don't Relate Activity (40 minutes, Slides 31-38)

»» STEP 1

Introduce the Activity

- Write “Relate” and “Don’t Relate” on two pieces of newsprint and hang each on opposite sides of the room.
- **Share the following:**
 - One of the barriers to raising the issue of maternal depression with clients is our own personal set of beliefs, which come from a variety of sources, including our values, culture, and community.
 - This next activity will give us an opportunity to explore these beliefs.
 - We will read out a scenario. Then, you will be asked to stand up and walk to either the “Relate” or “Don’t Relate” newsprint, depending on whether you relate to the scenario or you don’t relate to the scenario. Then for each scenario we’ll have you share why you answered the way you did.
 - There are no right or wrong answers. The important thing is to be aware of your thoughts. These scenarios may bring up some personal reactions. We strongly encourage working through challenges and being uncomfortable for the sake of learning and growth, but at any time if you feel too overwhelmed, you can speak to me.

»» STEP 2

Conduct the Activity

- Display the first scenario on the slide and read it out loud.
 - ① Your client Kristyna has always been friendly and upbeat in your visits, even right after she came home from the hospital with her baby a month ago. When you visited yesterday though, Kristyna was like a different person. She was less talkative and mentioned how hard it was for her to keep track of what day it was because she’d barely slept. You waved it off initially, because, what new mother isn’t exhausted with a one-month-old baby? Now you’re wondering if this was a mistake. Relate or don’t relate?
- Give participants 30 seconds to 1 minute to decide if they “Relate” or “Don’t relate” to the scenario, reminding them to go to the corresponding piece of newsprint placed at one end of the room. This is a “forced choice” activity, so instruct participants that they must not remain in the middle of the room or choose to remain “undecided”.
- Ask participants to share why they answered the way they did. You might ask participants why someone else might answer relate or don’t relate, to give them some degree of anonymity.

Trainer’s Note

Keep in mind the attitudes/beliefs that may come up during the discussion. For example:

Attitude/belief: What mom isn’t exhausted after she has a baby?

As CHWs you see a lot of clients who probably appear to be tired. It’s possible that at times, we let an attitude or belief that all new moms are going to be exhausted get in the way of recognizing that a client might be experiencing something more serious.

- Repeat the steps above for the next 5 scenarios.
- ② When you did the intake for Carmen when she was 3 months pregnant and asked some questions about mental health, she was very defensive. Now you're seeing her again when her baby is 4 weeks old and you notice that she is low-energy and shares that she has been crying non-stop for the past week. You want to ask her some further questions to figure out what's going on but you're afraid she'll get defensive again. Relate or don't relate?

Trainer's Note 

Highlight the attitudes/beliefs that come up during the discussion. For example: Attitude/belief: Bringing up conversations about maternal depression is uncomfortable and possibly triggering; I'd rather avoid it.

It's normal to want to avoid conversations about maternal depression because it may be uncomfortable for us or because we don't want to make our clients discuss potentially painful subjects, but it's important to pay attention to symptoms of maternal depression and remember your responsibility as a community health worker is not to shy away from challenging topics. In fact, findings suggest that discussing maternal depression can be experienced as a positive thing, rather than a negative thing.

- ③ Sasha has two children under the age of 5 and is expecting her third baby in a few weeks. You know she experienced maternal depression with her first two babies. Sasha is well informed about maternal depression and has mentioned various books and websites about the topic in some of your sessions. Clearly she knows a lot so you don't feel the need to bring it up. Relate or don't relate?

Trainer's Note 

Keep in mind the attitudes/beliefs that come up during the discussion. For example: Attitude: My client is so smart and reads a lot of books. She knows herself and I think she has this under control. We may hold biases about clients based on their appearance, lifestyle, and other characteristics.

It's always a good idea to normalize conversations about maternal depression and speak with clients openly and honestly. Ask how they are feeling and what sorts of support systems they have, especially if they have experienced a history of maternal depression.

- ④ Your client Angelica marked "no" on her intake assessment when asked about any mental health history. She is an easy client who is always on time for appointments and she never forgets to call you back. Four weeks later, you bring up the topic of mental health and she shares that she's been dealing with depression for the past two months. It's hurtful that she's been keeping this from you and you're wondering why she lied. Relate or don't relate?

Trainer's Note 

Keep in mind the attitudes/beliefs that come up during the discussion. For example: Attitude: My client should tell me everything at the intake otherwise they're lying. How am I supposed to know if they don't tell me things?

We can never know exactly what another person is thinking. Perhaps Angelica never received a diagnosis, or did not consider her experience important enough to make note of on an assessment. Perhaps she was worried about the consequences of answering the assessment a particular way. There may be several reasons, including language, perception, or client beliefs and attitudes that CHWs should consider when talking with clients. Intake assessments are just one way of collecting information.

- ⑤ Vivi, your client for about 5 months now, complains all the time about how unhappy she feels, how hard it is to make friends where you both live, and how nothing ever works in this city. You've scheduled five different appointments with mental health staff and she has missed all of them. How does she expect me to help her if she doesn't want to help herself? Relate or don't relate?

Trainer's Note 

Keep in mind the attitudes/beliefs that come up during the discussion. For example: Attitude: My client needs to talk to someone else about her depression. She's not doing enough to get help.

Inform participants that the referral is only as good as the client is ready for it. This client may be experiencing depression and it could be preventing her from leaving her home or getting to appointments. Perhaps she does not have reliable transportation or a predictable work schedule. It may be that the client simply is not ready for a referral. Consider your role in identifying, supporting, and educating clients.

- ⑥ Leticia is a young client of yours who shares that she has used marijuana her whole life to manage her depression. You are having a hard time working with her because you think this is wrong.

Trainer's Note 

Keep in mind the attitudes/beliefs that come up during the discussion. For example: Attitude: I don't agree with the way my client is taking care of herself.

Our personal values are separate from our professional values. You may not believe that marijuana is a good coping strategy, but your role includes supporting and educating clients regardless of the personal decisions they make for themselves.

Producer's Note

This activity should be done using polling. The poll responses should be set up in advance when you create the Zoom meeting. See Remote Compendium Guide for instructions.

»» STEP 3

Large Group Discussion

- **Instruct participants to return to their seats and then ask:**
 - How did this feel to have to choose “relate” or “don’t relate?”
 - What are some of the other beliefs or attitudes that might get in the way of community health workers supporting clients with maternal depression?

ACTIVITY 6

Review & Practice Observation Skills (20 minutes, Slides 39-43)

»» STEP 1

Introduce Observation Skills for Identifying Maternal Depression

- **Share the following:**
 - Observation may seem like an obvious skill when you're trying to identify symptoms of maternal depression, but it's not always so straight-forward.
 - Observation is the action or process of observing something or someone in order to gain information. Being able to observe and gather information is important because it's the basis of communicating well.
 - Improving your observation skills allows you to "listen" with more than just your ears and make better decisions. It also enhances your ability to interact with others and to respond in an appropriate manner.
 - As you learned in Module 3, sometimes clients exhibit verbal cues that could offer some clues about how they're feeling. But often, clients say what they think you want to hear rather than being completely honest, because they know they may be judged.
 - Other times, clients offer some non-verbal cues about how they're doing. These can look very similar to cues you might see with an exhausted new mother who isn't experiencing maternal depression, so it's important to scratch beneath the surface and make note of other cues you're seeing and/or hearing.
 - You should always talk to your supervisor if you're concerned about anything you're noticing.
- **Ask:**
 - What are some non-verbal cues you recall or can think of that might indicate that a client is experiencing maternal depression?
- Elicit responses and respond to what participants are saying. If participants do not share the following cues, you might share:
 - Red puffy eyes
 - Emotional outbursts, such as crying, anger, irritation, or agitation
 - Disengaged from baby or other family members, being withdrawn from conversation
 - Being unable to fulfill responsibilities or care for oneself
 - Increased sleep or not sleeping enough
 - Changes in body language (walking or moving more slowly)
 - Not eating, eating more
 - Increased substance use
 - Engaging in self-harming behavior

»» STEP 2

Introduce the Video

- **Say:**
 - Everyone has experienced a time where they "missed" something while on their phone, at work, at home, driving, cooking, etc. Observation, attention, and focus are inter-related skills. In the video we are about to watch, you will have a chance to test your focus and see how well you can pay attention.

- I am going to play a short video and I want you to count the number of ball passes made by the people wearing white shirts as the video begins.

➤➤ STEP 3

Show the Video

- Play The Monkey Business Illusion video https://www.youtube.com/watch?v=IGQmdoK_ZfY

➤➤ STEP 4

Process the Video by Asking

- What did you notice? Did you see the gorilla?
- Did you notice any of the other changes (the curtain changed color, and one of the players in a black shirt left the game)?
- How does this relate to your work with clients?

ACTIVITY 7

Review & Practice Normalization (20 minutes, Slides 44-52)

➤➤ STEP 1

Conduct Lecturette on Normalization

- **Share the following:**
 - Normalization is one of the most important skills you can use to build trust and rapport with your clients.
 - It's important to normalize your client's feelings or concerns to put them more at ease. Before offering education, support, or especially referrals, we need to normalize any concerns that were just shared.
 - Normalizing assures a person that they are not alone, that others have felt the same way, and that how they feel is normal.
 - Women sometimes experience a cycle of shame or guilt after giving birth. When women experience maternal depression, they can feel overwhelmed, paralyzed, or feel like they aren't able to cope. These feelings lead to a cycle of guilt and shame for feeling buried or feeling like a bad mother.
 - Other times, women have had negative or even traumatic experiences with the healthcare system and they may not feel that sharing concerns with a provider or clinician will help them in any way.
 - Some examples of normalizing statements are:
 - I've heard that from other clients.
 - In my experience, many people feel like you do in the postpartum period.
 - I've talked with a lot of folks who are struggling with that lately.
 - It's common for people to feel sad during their pregnancy.
 - Many people feel that way after giving birth.
 - What you're feeling is pretty common. Thanks for sharing.
- Answer any questions that may come up

➤➤ STEP 2

Introduce Normalization Video

- **Say:**
 - We're now going to watch one video that includes two versions of the same conversation between a CHW and a client to demonstrate how normalization can positively impact the care our clients receive.
 - The first conversation doesn't use normalization, while the second does.
 - Pay close attention to see if you can notice where the normalization is used and how it impacts the conversation.

➤➤ STEP 3

Show the Video

- Play the Normalization video: <https://vimeo.com/703005604/ddf3dd5aeb>

➤➤ STEP 4

Debrief the Video by Asking

- What are your reactions to these two conversations?
- What stood out to you?
- What are you taking away?

Trainer's Note

Be sure to mention the differences between the two videos:

Tara, the client, received a mini lecture in the first conversation. More blame was placed on her for not trying long or hard enough, and she was never asked whether she wanted a referral in the first place.

In the second conversation, the CHW normalized that Tara wasn't alone, as well as acknowledged that Tara knew what she was talking about ("firsthand experience"). The CHW was able to go further with the conversation and ask in a client-centered way what had helped Tara in the past.

➤➤ STEP 5

Practice Normalization as a Large Group

- **Say:**
 - Now let's practice normalization together as a group using short scenarios.
- Call on a participant to read scenario #1 on the slide.
 - Participant will read:
 - "I thought this was going to be so much easier the second time. I was just a teenager when I had my first baby, I barely knew what I was doing."
- **Ask:**
 - What is a normalizing statement that you might say to this client?

Trainer's Note

Assist participants as needed to come up with a suitable normalizing statement as a large group. An example could be: "A lot of people assume the second baby will be easier."

- **Call on a participant to read scenario #2 on the slide:**
 - Participant will read:
 - "It's so lonely being home all day with a newborn. I thought I'd be able to bring him to friends' places or just pop him in the stroller and go about my business, but he cries non-stop if he's not eating or sleeping, to the point where I don't even like going out with him."
- **Ask:**
 - What is normalizing statement that you might say to this client?

Trainer's Note



Assist participants as needed to come up with a suitable normalizing statement as a large group. An example could be: “A lot of moms I speak with feel kind of overwhelmed by the transition.”

- **Share the following:**
 - Normalization is not as easy as it sounds. Be careful not to ignore warning signs of potentially dangerous behaviors, or make clients feel that their experience is healthy just because it is common.
 - Normalizing something does not mean that you agree with it. Normalizing only further shows your clients that you deeply care about their thoughts and experiences.

➤➤ STEP 6

Close the Activity by Asking

- How do these observation and communication skills help build rapport and maintain engagement with your clients?
- Elicit reactions and respond to what participants are saying.

ACTIVITY 8

Closing (5 minutes, Slides 53-56)

➤➤ **STEP 1**

Conduct a Large Group Discussion

- **Ask:** What is one take away from today that you will incorporate into your work with clients?

➤➤ **STEP 2**

Ask if Participants Have Any Questions

- Ask if they have questions, and answer questions appropriately.

➤➤ **STEP 3**

Explain What Session 2 Will Be About

- **Share the following:**
 - Now that we know more about maternal depression and stigma, in the next session, we will practice using client-centered communication skills to craft educational messages for clients.

➤➤ **STEP 4**

Thank Participants and Close the Session

- Thank participants for coming to the session and for their participation.
- Remind participants of the date and time of the next session.

Trainer's Note

The design of this training allows for some flexibility in how many days a trainer will complete all sessions. If this point in the training curriculum marks your stopping point for the day, you may close the day however you see fit. If not, continue on into the next session.

Session 2



Materials

- ✓ Laptop, projecting device, and screen
- ✓ PowerPoint slides
- ✓ Video links
 - ▶ Reflective Listening: <https://vimeo.com/703005575/de555be89b>
 - ▶ Crafting Educational Messages 1: <https://vimeo.com/703036095/87c9aa1901>
 - ▶ Crafting Educational Messages 2: <https://vimeo.com/703036080/c9c2c5077b>
- ✓ Newsprint
- ✓ Markers

ACTIVITY 1

Warm-Up (10 minutes, Slides 57-61)

➤➤ **STEP 1**

Welcome Participants

- Welcome participants back to Session 2.
- Ask them how they are doing, respond appropriately.
- Review group agreements from Session 1.
- Review Session 2 Agenda.
- Conduct a warm-up icebreaker. Ask an icebreaker question such as:
 - What's one food you might bring to a potluck that everyone would immediately know was your dish?
- Elicit responses and respond to what participants are saying.

Trainer's Note

This is a very adaptable activity, so if there are any ice breakers or opening activities you like to bring to trainings, please use them.

ACTIVITY 2

Review & Practice of Open-Ended Questions (15 minutes, Slides 62-68)

»» STEP 1

Introduce the Activity

- **Say:**
 - The next section provides an opportunity to do some critical thinking and apply additional communication skill concepts to real life scenarios.

»» STEP 2

Conduct Lecturette on Open-Ended Questions

- **Share the following:**
 - In your role as staff, you are well versed in client-centered communication skills. You already use them every day to build trust and connect with your clients, and we've discussed how observation skills can help to support communication with our clients.
 - We want to find out how a client is doing, especially if you've observed something about your client that raised a red flag, so that you can tailor information to be most relevant for them. Using open-ended questions throughout the interaction is a helpful way to have more engaging conversations.
 - As a reminder, open-ended questions are those that cannot be answered with a yes/no response and are a safe way to begin a conversation. They invite a client to share information without being put on the spot, allowing for a comfortable exchange of information.

 - Open-ended questions typically begin with who, what, how or tell me.
 - What...
 - When...
 - How...
 - Can you explain...
 - Tell me about...
 - Help me understand...
- **Ask:** What are some examples of open-ended questions you have used with clients to understand more about their mental health?
- Elicit examples, write them on newsprint, and make any suggestions if the examples provided need to be rephrased. Some examples that may help get the group started are:
 - How are you managing everything with the new baby?
 - How have you been feeling as you near your due date?

»» STEP 3

Discuss Benefits of Open-Ended Questions

- Ask participants to reflect on the benefits of open-ended questions.
- **Ask:** In your work, how is asking open-ended questions so powerful when you're talking about maternal depression?
- Record responses on newsprint (optional).

- **Possible responses may include:**
 - Starting with an open-ended question can put the client at ease
 - It helps it feel like a conversation rather than an interrogation
 - It provides much more information to work with than a closed-ended, yes or no question
 - It helps us make sure we fully understand what the client already knows

➤➤ STEP 4

Conduct Lecturette on Probing

- **Share the following:**
 - Sometimes you need to tease out a bit more information, even after asking an open-ended question. Probing questions ask the client to think deeper and enable them to talk freely.
 - An example of a probing question is:
 - “When you said you felt like you weren’t yourself these days, tell me more.”

➤➤ STEP 5

Conduct Open-Ended Questions Puzzle Activity

- **Say:**
 - We’re going to be playing a game similar to the Wheel of Fortune. For every correct answer provided to the question, “What are some open-ended questions you might use with clients to get a sense of how they’re doing and feeling?” we will uncover a letter on the slide to help you solve the puzzle.
 - For example, you could ask, “How are you feeling since we last talked?”
- **Ask:**
 - What are some open-ended questions you might use with clients to get a sense of how they’re doing and feeling?
- Wait for participant responses and acknowledge correct answers with enthusiasm. For each correct response, click the mouse to reveal a new letter.
- If participants are stuck, provide an example as a trainer, and reveal a piece of the puzzle.
- After 9 clicks, all consonants will be revealed on the animated slide. You may call upon participants to ask if anyone can solve the puzzle. The last click (#10) will reveal the solved puzzle, which reads, “Uplifting Maternal Mental Health.”

ACTIVITY 3

Review & Practice of Affirmations (20 minutes, Slides 69-77)

»» STEP 1

Review Affirmations

- **Say:**
 - Next, we will review affirmations, which are when you recognize and acknowledge the strengths or positive characteristics about a client.
 - Some examples of affirmations might be:
 - “You are doing such a good job taking care of your baby.”
 - “It’s clear you really care about your health.”
 - “It’s impressive that you’re getting out of bed and making such an effort to stay healthy.”
- **Ask:**
 - What can affirmations do for you and the relationship with your client?
- Record responses on newsprint (optional).

Trainer’s Note

If participants do not share the any ideas, you might also share:

- Clients will feel at ease sharing personal information.
- Affirmations can build a client’s sense of confidence to make positive changes. Your belief in the client’s ability to learn and grow can influence their decision to accept support.
- When clients are affirmed, they are uplifted and more open to hearing the message you want to share.
- Affirmations can help establish feelings of nonjudgment, respect and empathy.
- An affirmation must always be genuine and never condescending or exaggerated.

»» STEP 2

Practice Affirmations Activity

- Distribute the Affirmations Practice handout to participants.
- **Share the following:**
 - I will read a scenario and ask you to point out the strength the client has shown and give a sample affirmation.
 - Then you will go into your groups and practice. Then we will come back for a large group report out.
- Display practice slide and read out loud:
 - “I’m so over this pregnancy and now my doctor just put me on bedrest. I don’t know what I’m going to do. Every time I try to Google ways to stay as healthy as possible for these last weeks before the baby comes, I just get overwhelmed.”
- Ask participants to share what they think is the client’s strength here.
 - For example, they might say “Googling health tips”
- Ask participants to share a sample affirmation they could say to the client.
 - For example, “It’s amazing you’re trying to do so much to keep you and your baby healthy.”

➤➤ STEP 3

Breakout Activity

- Place participants into pairs or trios (depending on group size)
- Display the following two scenarios and ask participants to brainstorm what strength of the client was apparent, and what affirmation they might use.
 - Scenario 1: “I thought this was going to be so much easier the second time. I was just a teenager when I had my first baby, I barely knew what I was doing. This time I feel like I’m paying so much more attention to her feeding schedule, but it’s not always perfect because I’m so exhausted.”
- **Possible answers might include:**
 - Client’s strength: Paying attention to her baby’s feeding schedule.
 - Affirmation: “It’s impressive how attentive you are to the feeding schedule.”
 - Scenario 2: “It’s so lonely being home all day with a newborn. I thought I’d be able to bring him to friends’ places or just pop him in the stroller and go about my business, but he cries non-stop if he’s not eating or sleeping, to the point where I don’t even like going out with him. The only thing I’ve managed to do is keep the apartment sort of clean. Now and then I talk to my sister and that’s been great.”
- **Possible answers might include:**
 - Client’s strength: She has been able to keep her apartment clean and maintain communication with her sister, a source of support.
 - Affirmation: “You care a lot about having a clean home for your baby.”
OR “It’s impressive you’ve made time for your sister. You must really recognize what you need.”
- After six minutes, call time.

Producer’s Note

Place Affirmations Practice PDF in chat. Place participants into breakout rooms in pairs or trios (depending on group size) and set timer for six minutes.

➤➤ STEP 4

Large Group Report Out

- Ask 2 -3 participants to share their responses. Respond to what participants are sharing.

➤➤ STEP 5

Process the Activity by Asking

- How was it to practice affirmations?
- How might affirmations help someone feel supported and empowered?

ACTIVITY 4

Review & Practice of Reflective Listening (20 minutes, Slides 78-84)

»» STEP 1

Review Reflective Listening

- **Share the following:**
 - Reflective listening is when you repeat back to someone what you think they are trying to tell you. This can include the content, the feeling and/or the meaning that has been expressed.
 - Next, we will watch a video showing reflective listening in action.

»» STEP 2

Show the Video

- *Play the Reflective Listening video:* <https://vimeo.com/703005575/de555be89b>

»» STEP 3

Process the Video by Asking

- What stood out to you?
- How did reflective listening help to support this client?

Trainer's Note

Acknowledge that each reflection was an invitation for the client to share more, or clarify if needed, and it allowed the client to be heard.

»» STEP 4

Practice Reflective Listening Activity

- Ask participants to turn to the person sitting next to them for the activity.
- **Explain the activity:**
 - You and your partner will take turns describing a challenging situation you have had with a client. Here is the catch, if you are the person listening, you are only allowed to reflect back what the other person is saying. You are not allowed to ask additional questions, change the subject, agree/disagree, argue about the person in question etc., you are only allowed to reflect.
 - Remember, this is practice. It's okay to get stuck. Feel free to stop, try again, say pause or do-over. Have fun with this practice.
 - After two and a half minutes you and your partner will be prompted to switch.
 - After five minutes, we will come back as a large group to discuss.

Producer's Note

Place participants into breakout rooms in pairs and set timer for five minutes. After two and a half minutes send a message telling participants to switch.

»» STEP 5

Large Group Debrief

- **Ask participants:**
 - How did that go practicing reflective listening?
 - How might reflective listening help someone feel supported and empowered?
- Record responses on newsprint (optional).

»» STEP 6

Process Communication Skills Activities by Asking

- How might these skills of open-ended questions, affirmations, and reflective listening help you in having real and authentic conversations about maternal depression with clients? What are you taking away that you might use more of in your work with clients?

ACTIVITY 5

Crafting Educational Messages (25 minutes, Slides 85-91)

»» STEP 1

Introduce Educational Messages

- **Share the following:**
 - A large part of your role is providing your clients with education and support. Now, we'd like to spend a little bit of time helping you prepare to share bits of information about maternal depression in a conversational way. We call these bits of information, "educational messages." Here are some helpful tips on how to share information/educational messages:
 - Keep it simple, short, and to the point.
 - Giving a lot of facts can be overwhelming.
 - Limit what you share to 1 or 2 bits of information at a time, making sure that what you share is directly related to the concerns your client has expressed.
- **An example of an educational message is:**
 - "Health experts recommend children younger than 2 have no media use or screen-time, and children older than 2 be limited to no more than one or two hours of media use per day."
- Ask, what might be the benefit of sharing information in this way?
- Elicit responses and respond to what participants are saying.
 - Possible responses may include:
 - Small pieces of information are more easily understood.
 - Seem less overwhelming/intimidating
 - Easily repeated to others
 - Do not necessarily convey, "sides," only factual information, which may help a person resolve uncertainty.
 - Will feel like a comfortable exchange and not a forced lecture.
- **Say:**
 - The goal is to think of yourself as a guidepost, a trusted source who can provide accurate and up-to-date information for your clients.

»» STEP 2

Introduce the First Animated Video

- Share that you will be playing a video example of a conversation, in which a normalization and an educational message has been woven into the conversation seamlessly.
- State that a well-woven educational message should be hardly noticeable.

»» STEP 3

Show the Video

- Play the Crafting Educational Messages 1 video: <https://vimeo.com/703036095/87c9aa1901>

➤➤ STEP 4

Debrief the Video

- **Ask:**
 - What do you think about that conversation between Alisha and her home visitor?
 - What communication skills did you notice the home visitor use?
 - What educational messages did the home visitor share with Alisha?
- Record responses on newsprint (optional).

Trainer's Note

You may want to add:

In this very gentle way, the home visitor was able to share with their client Alisha that maternal depression is quite common and there are some coping techniques available, while still normalizing their feelings. She also wove in some messaging about symptoms, explaining that you don't need to experience all of them for it to be considered maternal depression. The home visitor could have said that Alisha was wrong, that the symptoms Alisha was experiencing could be symptoms of maternal depression. But, instead of making the client feel insecure or dumb for recognizing these things (especially since this is a completely legitimate concern!) She was able to provide accurate information and let Alisha decide what she wanted to do with it.

We saw how the home visitor started with a normalization right away, wove in some education about symptoms, returned to another normalization in a way that could lead to further education and supportive coping measures.

(Note: This is only an example, conversations may not follow any kind of pattern)

➤➤ STEP 5

Introduce the Second Animated Video

- **Share the following:**
 - We're going to watch a second conversation between a home visitor and her client. You'll see affirmation, an open-ended question, and reflective listening take place while the home visitor also manages to include some education about maternal depression fairly effortlessly.

➤➤ STEP 6

Show the Video

Play the Crafting Educational Messages 2 video: <https://vimeo.com/703036080/c9c2c5077b>

➤➤ STEP 7

Debrief the Video by Asking

- What do you think about that conversation?
- What communication skills did you notice the home visitor use?
- What educational messages did she share with her client?
- Record responses on newsprint (optional).

➤➤ STEP 8

Process the Videos by Asking

- What do you think about sharing educational messages like these within a conversation with clients?

Trainer's Note

You may want to add:

This time the home visitor engaged the client right away using an affirmation and reflective listening. The educational message was around self-care, and resources about getting more rest were provided.

Educational messages woven gently into a conversation feel less like an interrogation, keep the conversation going longer, and respect the client and their needs and relationships, and in some cases, what kind of information they're willing to receive.

BREAK (15 MINUTES, SLIDE 92)

ACTIVITY 6

Putting It All Together (60 minutes, Slides 93-102)

➤➤ STEP 1

Introduce the Activity

- **Share the following:**
 - As the training comes to a close, we want to give you a chance to practice through roleplay to put your skills into action.
 - There are 2 case scenarios presented in this activity. Ideally, you and your partner will have a chance to complete both role play scenarios so everyone has an opportunity to implement the skills of the community health worker.
 - The goal is to have participants practice the skills from this training, including engagement and rapport building, client-centered communication skills, and raising the issue of maternal depression with clients.
 - It is okay to stop, pause, do-over. This is a safe training space to try out new phrasing and new skills.

➤➤ STEP 2

Conduct Role Play Scenario #1

- Distribute the Roleplay Scenarios handout to participants.
- Ask participants to turn to the person sitting next to them for the activity.
- Display role play scenario #1 slides.
- **Say the following:**
 - Between you and your partner, decide who will play Role A, the CHW and who will play Role B, the client.
 - The CHW will attempt to bring up a conversation about maternal depression
 - You will have 5 – 7 minutes to roleplay.
- After 5 – 7 minutes, call time.

Producer's Note

Place participants into breakout rooms in pairs and set timer for ten minutes. Place scenario #1 prompt in chat.

➤➤ STEP 3

Large Group Debrief

- **Ask the following:**
 - For those of you who played the role of Deidre, the CHW, what did you do that you felt helped to open up the conversation?
 - For those of you who played the role of the Brittany, the client, what did the CHW do that was helpful to hear?
- Elicit responses and respond to what participants are saying.
- Record responses on newsprint (optional).

➤➤ STEP 4

Conduct Role Play Scenario #2

- Display role play scenario #2 slides.
- **Say the following:**
 - Within your pair, you will now switch roles. The person who played the role of the CHW will now play the role of the client and vice versa.
 - Once again, the CHW will attempt to bring up a conversation about maternal depression.
 - You will have 5 – 7 minutes to roleplay.
- After 5 – 7 minutes, call time.

Producer's Note

Place participants into breakout rooms in pairs and set timer for ten minutes. Broadcast a chat message at the halfway mark to let people know how many minutes they have left. Place scenario #2 prompt in chat.

➤➤ STEP 5

Large Group Debrief

- **Ask the following:**
 - How did the second roleplay go?
 - For those of you who played the role of Monica, the CHW, what did you say or do to support Stefania?
 - For those of you who played the role of the Stefania, the client, what did Monica say that was helpful or effective?
- Elicit responses and respond to what participants are saying.
- Record responses on newsprint (optional).

➤➤ STEP 6

Self-Reflection Handout

- Distribute the Self-Reflection handout to participants.
- **Share the following:**
 - This is a quick self-reflection exercise where you will reflect on the skills you used as you played the role of the CHW.
 - Select one skill that you would like to continue to work on.
- After five minutes call time.

Producer's Note

Place Self-Reflection PDF in chat.

ACTIVITY 7

Self-Care Gratitude Journal (20 minutes, Slides 103-105)

➤➤ STEP 1

Discuss Burnout Prevention

- **Ask the following:**
 - What does burnout mean to you?
 - How would you know you were experiencing burnout?
- Record responses on newsprint (optional).
- Explain that self-care is one way of preventing burnout.
 - Burnout is a problem resulting from stress, including workplace stress, that has not been successfully managed. It is characterized by feelings of energy depletion or exhaustion, or negative feelings related to one's job and even coworkers and clients.
 - It's important to speak to your supervisor when you feel close to burnout.
 - There are many coping techniques you can use to help manage stress before it leads to burnout.

➤➤ STEP 2

Introduce Gratitude Journal

- **Share the following:**
 - Practicing gratitude can make you feel more relaxed and grounded, and it also can improve your ability to care for others and to stay committed to your values that you hold deep.
 - You will have ten minutes to complete the journal.
- Distribute the Gratitude Journal handout to participants and review as a group.
- After ten minutes, call time.

Producer's Note

Place Gratitude Journal PDF in chat so participants can reference it later. During the training, participants can journal on a blank piece of paper or notebook unless they have received hard copies of the handout in advance.

ACTIVITY 8

Resources and Closing (10 minutes, Slides 106-112)

➤➤ **STEP 1**

Provide Resources on Maternal Depression and Mental Health

- Distribute the Resources on Maternal Depression and Mental Health handout to participants.
- Display resources slides.
- **Share the following:**
 - These are organization specific resources that you should share with your clients.

Producer's Note

Place Resources on Maternal Depression and Mental Health PDF in chat.

➤➤ **STEP 2**

Conduct a Large Group Discussion

- **Ask:** What's one new skill or concept that you will bring to your work with clients?
- Elicit responses and respond to what participants are saying.
- Record responses on newsprint (optional).

➤➤ **STEP 3**

Ask if Participants Have Any Questions

- Ask if they have questions, and answer questions appropriately.

➤➤ **STEP 4**

Thank Participants and Close the Session

- Thank participants for coming to the session and for their participation.
- If using an evaluation, provide clear instructions for participants to access, and complete evaluations.

Appendix




Remote Compendium Guide

We recommend using Zoom as your platform for remote delivery of this training. Please visit support.zoom.us for the most up to date information on Zoom features.

- ✓ Sharing Screen
- ✓ Creating Polls
- ✓ Launching Polls
- ✓ Breakout Rooms
- ✓ Sharing Documents in the Chat

Sharing screen

When conducting the training over Zoom, either the Producer or Trainer will need to share their screen with the PowerPoint slides. To begin screen share:


1. Click **Share Screen**  located in your meeting controls.
2. Select one of these screen share options:
 - a. Share your entire desktop
 - b. (RECOMMENDED) Share specific application windows. Select the PowerPoint slide show window to share only the slides

Throughout the training, the Producer or Trainer will need to play videos, either embedded in the slide deck or via YouTube. Before playing a video, please enable these features, located in the bottom-left corner of the screen share window:

1. **Share sound:** If you check this option, any sound played by your computer will be shared in the meeting.
2. **Optimize for video clip:** Check this if you will be sharing a video clip in full screen mode. Do not check this otherwise, as it may cause the shared screen to be blurry.

Creating Polls

Polls should be set up in the Zoom meeting prior to the training.

1. Sign into the Zoom website on your internet browser.
2. In the navigation menu, click **Meetings**.
3. Click the topic of your scheduled meeting. If you do not have a scheduled meeting, schedule a meeting.
4. Scroll to the bottom to find the **Polls/Quizzes** tab.
5. Click **+ Create** to begin creating the poll.
 - a. If advanced polling and quizzes is enabled, you will have two options: Poll and Advanced Polls and Quizzing.
6. Select **Poll**.
7. (Optional) Select the **Add to Polls/Quizzes library** check box.
 - a. After your poll is created, it will be saved to a library where you can access it for other meetings. This is useful if you plan to run the training again in the future.
8. Click **Next**.
9. Click **Untitled Poll** to change the name of this poll.
10. Click the question area to edit the following details:
 - a. Click the **Untitled Question** area to enter the text of the polling question. If the entire text does not fit in the character limit, shorten as necessary and instruct the Trainer to read the full text off of the slide when the Producer is launching the polls.
 - b. To the right of the name of the polling question, you will see a drop down menu to select the type of question. Select **Single Choice** (poll participants can select only one of the provided answers) for the polls in this training.
11. Click on the blank for each choice to enter an answer for participants to select from.
12. Click the  button to access the following options:
 - a. **Allow participants to answer questions anonymously:** Poll participants can choose to have their answers associated with themselves or to provide answers to the poll anonymously.
 - b. **Add to Polls library:** Your created poll will be saved to a poll/quiz library, where you can access and reuse your poll again for future meetings. You can go to “Meetings > Polls” to view this item.

13. Click **Save**.

For this training, please create each question as a **separate poll**. Once you have saved one question, click **+ Create** to create a new poll for the next question.



Launching Polls

During the meeting, the Producer will launch polls when the training reaches the appropriate slide.

1. In the meeting controls, click the **Polls** button.
2. At the top of the polling window, select the poll you would like to launch
3. Click **Launch**.
 - a. The participants in the meeting will now be prompted to answer the polling questions. The host will be able to see the results live.
4. Once you would like to stop the poll, click **End Poll**. We recommend giving participants about 30-45 seconds to respond.
5. Click **Share Results** to share the results to the participants in the meeting. Be sure to share the results after polling to discuss the group's responses.

Breakout Rooms

The Producer will need to place participants in breakout rooms at a few points in the training. To create breakout rooms during the meeting, follow the instructions below.


1. Click **Breakout Rooms** .
2. Select the number of rooms you would like to create, and how you would like to assign your participants to those rooms:
 - a. **Assign automatically**: Let Zoom split your participants up evenly into each of the rooms.
 - b. **Assign manually**: Choose which participants you would like in each room.
3. Click **Create**.
4. Your rooms will be created but will not start automatically. You can manage the rooms prior to starting them by following the instructions below.
5. After creating the breakout rooms, click **Options** (on Windows) or the gear icon  (on macOS) to view additional breakout rooms options.
6. Check any options that you would like to use for your breakout rooms. We recommend the following:
 - a. **Automatically move all assigned participants into breakout rooms**: Checking this option will move all participants into the breakout rooms automatically. If this option is unchecked, the participants will need to click **Join** to be added to the breakout room.
 - b. **Auto close breakout rooms after () minutes**: If this option is checked, the breakout rooms will automatically end after the configured time. Be sure to adjust the timing here to reflect the time given for each breakout room.
 - c. **Notify me when the time is up**: If this option is checked, the host and co-hosts will be notified when the breakout room time is up and will be given the option to keep rooms open longer if desired.
 - d. **Set Countdown timer**: If this option is checked, the participants will be given a countdown of how much time they have left before being returned to the main room.
 - e. (Optional) **Allow participants to return to the main session at any time**: If this option is checked, the participants can move back to the main session from their meeting controls. If this is disabled, they need to wait for the host or co-host to end the breakout rooms.

We find it useful to allow participants to return to the main session if they have questions or need assistance.

Follow the steps below to assign participants to rooms or click **Open All Rooms** to start the breakout rooms.



1. To assign participants to your rooms, select **Assign** next to the room you wish to assign participants to and select the participants you want to assign to that room. Repeat this for each room.
2. Once a participant has been assigned (manually or automatically), the number of participants will show in place of the **Assign** button.
3. After manually or automatically assigning participants to rooms, you can rearrange the participants. Participants who are not assigned to breakout sessions will remain in the main meeting when the rooms are started. Hover over the participant or room for these options:
 - a. **Move to** (participant): Select a room to move the participant to.
 - b. **Exchange** (participant): Select a participant in another room to swap the selected participant with.
 - c. **Delete Room**: Delete the selected room.
 - d. **Recreate all Rooms**: Deletes existing breakout rooms and allows the host/co-host to create new ones.
 - e. **Add a Room**: Add another breakout room.
 - f. **Open All Rooms**: Start the rooms. All assigned participants will be moved to their respective rooms after confirming the prompt to join the breakout room. If allowing participants to choose their own room, they can open the list of rooms and choose which to join. The host, or co-host that launched the breakouts and the original host, will be left in the main meeting until manually joining one of the rooms.

During the breakout rooms, participants and host can communicate in the following ways:

- **Broadcast Message to All:** (Host and co-hosts) Enter your message and click Broadcast. The message will now appear for all participants in breakout rooms.
- Participants in breakout rooms can request that the meeting host join their meeting by clicking **Ask for Help** .
- The host will be prompted to join the room where the request originated from. Click Join Breakout Room to join the room.

Sharing Documents in the Chat

Throughout the training, the Producer will be expected to share PDF documents in the chat so that participants can view and reference them. This can be done in two ways depending on you and your organization's preferences.

1. Use the Zoom Filesharing feature. Please note that you or your organization may need to enable this feature via **Settings**.
 - a. Click **Chat** .
 - b. Click  **File**, then click **Your Computer** to send a local file.
 - c. When the file is sent, participants will see a notification and can click the file to download. Once downloaded, they can click the file again to open it.
2. Create a filesharing link via Google Drive, OneDrive or other platforms in use at your organization to share documents as a link that can be copy/pasted into the chat.

Handouts



- ☐ **Affirmations Practice**
- ☐ **Roleplay Scenarios**
- ☐ **Self-Reflection**
- ☐ **Gratitude Journal**
- ☐ **Resources on Maternal Depression and Mental Health**
- ☐ **Práctica de Afirmaciones**
- ☐ **Juego de Roles**
- ☐ **Autorreflexión**
- ☐ **Diario de Gritud**
- ☐ **Recursos**

Affirmations Practice

Scenario #1

“I thought this was going to be so much easier the second time. I was just a teenager when I had my first baby, I barely knew what I was doing. This time I feel like I’m paying so much more attention to her feeding schedule, but it’s not always perfect because I’m so exhausted.”

Client’s effort or strength: _____

Affirmation: _____

Scenario #2

“It’s so lonely being home all day with a newborn. I thought I’d be able to bring him to friends’ places or just pop him in the stroller and go about my business, but he cries non-stop if he’s not eating or sleeping, to the point where I don’t even like going out with him. The only thing I’ve managed to do is keep the apartment sort of clean. Now and then I talk to my sister and that’s been great.”

Client’s effort or strength: _____

Affirmation: _____

Roleplay Scenarios

Scenario #1

ROLE A: Deidre (CHW)

You are a Community Health Worker and one of your clients, Brittany Jones, had a baby named Colton about three weeks ago. Yesterday, when you visited Brittany, you left very concerned. She looked very tired but told you she is sleeping a lot. She tells you that the baby is a lot of work and that she just can't seem to enjoy him at all. You remember early in the pregnancy, Brittany shared with you that she feels "blue" from time to time. It has been that way since she was a teenager. The more you think about Brittany, the more worried you are becoming. You are going back for another home visit today and want to ask some open-ended questions to see if you can get a handle on what's going on with Brittany.



ROLE B: Brittany (Client)

Your name is Brittany and you are twenty-three years old. You just had your first baby, Colton, about three weeks ago. Your boyfriend, Marcus, lives with you but he is often gone working two part-time jobs. Since the baby was born you have been very, very tired. You knew it was going to be a lot of work, but you did not anticipate feeling so spent all the time. You barely have the energy for the baby, so you have not been taking a shower, doing laundry or much else around the house. You sleep when the baby sleeps. You can remember feeling in a funk during your teenage years and some of those feelings are starting to come back. You are sure this will pass in a few days and you will get your energy back. Hopefully Marcus can pick up a little more at home until then.

Scenario #2

ROLE A: Monica (CHW)

Your client Stefania, 18, enrolled in case management services this month, in part to apply for health insurance. She just learned that she is 15 weeks pregnant. As you talk with Stefania, she starts to tear up while explaining that her boyfriend usually uses a condom, but not every time. She had not planned to get pregnant before finishing school, and now she's worried she will have to drop out. Her family does not know this yet. She has not been sleeping or eating much since she discovered she was pregnant.



ROLE B: Stefania (Client)

You are Stefania, an 18-year-old student who just learned that you are 15 weeks pregnant. This was not part of your life plan. You and your boyfriend Tariq used to be really good about using condoms, but lately he has been more spotty about it. You've been together for almost two years and nothing ever happened, so this pregnancy was a shock. For about 2 weeks now, you have barely eaten or slept. Just thinking about telling your parents and your grandmother, you feel sick to your stomach with dread.

Self-Reflection

Directions: Check off the following items as you reflect on the role plays.

Crafting and Framing Messages

Did you:

- ✓ Frame educational messages in a way that felt natural and effortless?
- ✓ Use language that works for the community you are serving?
- ✓ Adopt a non-judgmental attitude and neutral stance?

Client-Centered Communication Skills

Did you:

- ✓ Speak clearly?
- ✓ Listen to what the client was saying and use active listening (e.g. eye contact, pay full attention to what the client is saying, use verbal cues to show you are listening)
- ✓ Demonstrate an awareness of the client's nonverbal communication?
- ✓ Use open-ended questions throughout the conversation?
- ✓ Normalize feelings and experiences related to pregnancy and parenting?
- ✓ Affirm the client's strengths or efforts?
- ✓ Reflect back information the client shared?

Comments:

Gratitude Journal

3 things that you feel grateful for and appreciate about your life.

3 things that you take for granted but are actually very thankful for.

3 things that you appreciate about yourself.

3 things that you feel grateful for about your present experience.

3 people who had a significant and positive experience on your life.

Create a brief thank you message to those 3 individuals.

Resources on Maternal Depression and Mental Health

National Resources:

- PSI (Postpartum Support International) Helpline: 800-944-4773
Text in English: 800-944-4773/Text en Español: 971-203-7773
<https://www.postpartum.net/>
- NAMI (National Alliance on Mental Illness):
<https://www.nami.org/home>
- SAMHSA (Substance Abuse and Mental Health Services Administration):
<https://www.samhsa.gov/find-help/national-helpline>
Help line in English/Español: 1-800-662-HELP (4357)

BIPOC People and Mental Health:

- Black Female Therapists:
<https://www.blackfemaletherapists.com/>
- SEEMA (Find a Muslim mental health professional):
<https://www.seemamentalhealth.com>
- Melanin and Mental Health Directory:
<https://www.melaninandmentalhealth.com/how-do-i-find-a-therapist/>
- Latinx Therapy:
<https://latinxtherapy.com/therapist-search/>
- Ayana Online Therapy for Marginalized and Intersectional Communities
<https://www.ayanatherapy.com>
(offering phone or video calls, texting, unlimited and anywhere)
- National Queer and Trans Therapists of Color Network:
<https://nqttcn.com/en/>
- Asians Do Therapy:
<https://asiansdotherapy.com/>
- Inclusive Therapists:
<https://www.inclusivetherapists.com/>
- South Asian Mental Health Initiative & Network:
<https://samhin.org/>
- BEAM (Black Emotional and Mental Health Collective):
<https://beam.community/about/>

Práctica de afirmaciones

Escenario #1

“Pensé que esto iba a ser mucho más fácil la segunda vez. Era solo una adolescente cuando tuve a mi primer bebé; apenas sabía lo que estaba haciendo. Esta vez siento que estoy prestando mucha más atención a su horario de alimentación, pero no todo es perfecto porque me siento exhausta”.

La fortaleza de la cliente: _____

Una afirmación: _____

Escenario #2

“Me siento muy sola estando en casa todo el día con un recién nacido. Pensé que podría llevarlo para visitar a mis amigos o simplemente ponerlo en la carriola y ocuparme de mis asuntos, pero llora sin parar si no está comiendo o durmiendo, hasta el punto en que ni siquiera me gusta salir con él”. Lo único que he logrado hacer es mantener el apartamento relativamente limpio. De vez en cuando hablo con mi hermana, lo que ha sido genial”.

La fortaleza de la cliente: _____

Una afirmación: _____

Juego de Roles

Escenario #1

ROL A: Deidre (Trabajadora de salud comunitaria)

Una de tus clientes, Brittany, tuvo un bebé hace unas tres semanas, a quien llamó Colton. Ayer, cuando visitaste Brittany, te fuiste de la visita con mucha preocupación. Parecía muy cansada, pero te dijo que está durmiendo mucho. Te dice que el bebé es mucho trabajo, y que parece que no puede disfrutarlo en absoluto. Recuerdas que al principio del embarazo, Brittany compartió contigo que se siente melancólica de vez en cuando. Esto le ha sucedido desde que era adolescente. Cuanto más piensas en Brittany, más te preocupas. Hoy irás nuevamente a su casa para otra visita domiciliaria, y quieres hacerle algunas preguntas abiertas para ver si puedes entender lo que le está pasando.



ROL B: Brittany (Cliente)

Te llamas Brittany y tienes veintitrés años. Acabas de tener a tu primer bebé, Colton, hace tres semanas. Tu esposo, Marcus, vive contigo, pero pasa mucho tiempo fuera de casa con dos trabajos de medio tiempo. Desde que nació el bebé has estado muy, muy cansada. Sabías que iba a ser mucho trabajo, pero no anticipaste sentirte tan agotada todo el tiempo. Apenas tienes energía para el bebé, por lo que no te has duchado, no has lavado la ropa ni has hecho mucho en casa. Duermes cuando el bebé duerme. Recuerdas que durante la adolescencia a veces te sentías deprimida, y has comenzado a experimentar nuevamente algunos de esos sentimientos. Estás segura de que esto pasará en unos días y que recuperarás tu energía. Esperas que Marcus pueda hacer un poco más en la casa hasta entonces.

Escenario #2

ROL A: Monica (CHW)

Tu cliente Stefania, de 18 años, se inscribió en los servicios de gestión de casos este mes, en parte para solicitar un seguro médico. Acaba de enterarse que tiene 15 semanas de embarazo. Mientras hablas con Stefania, empieza a llorar cuando te explica que su novio generalmente usa condón, pero no siempre. No había planeado quedar embarazada antes de terminar la escuela, y ahora le preocupa tener que abandonarla. Su familia aún no lo sabe. No ha dormido ni comido mucho desde que supo que estaba embarazada.



ROL B: Stefania (Cliente)

Eres Stefania, una estudiante de 18 años, y recién te enteraste que tienes 15 semanas de embarazo. Esto no era parte de tu plan de vida. Tú y tu novio, Tariq, usaban condón prácticamente todo el tiempo, pero últimamente él ha sido más despreocupado al respecto. Llevaban casi dos años juntos y nunca había pasado nada, así que este embarazo fue un shock. Has comido y dormido muy poco en las últimas dos semanas. El miedo de solo de pensar en decírselo a tus padres y a tu abuela hace que se te revuelva el estómago.

Autorreflexión

Instrucciones: Marque los siguientes elementos a medida que reflexiona sobre los juegos de roles.

Crear y enmarcar mensajes

Reflexione:

- ✓ ¿Enmarcó mensajes educativos de una manera que se sintiera natural y sin esfuerzo?
- ✓ ¿Usó un lenguaje que funciona para la comunidad a la que sirve?
- ✓ ¿Adoptó una actitud sin prejuicios y una postura neutral?

Habilidades de comunicación centradas en el cliente

Reflexione:

- ✓ ¿Habló claro?
- ✓ ¿Escuchó lo que decía la cliente y usó la escucha activa (por ejemplo, contacto visual, prestó toda su atención a lo que decía la cliente, usó señales verbales para mostrar que está escuchando)?
- ✓ ¿Demostró conocimiento de la comunicación no verbal de la cliente?
- ✓ ¿Utilizó preguntas abiertas a lo largo de la conversación?
- ✓ ¿Normalizó sentimientos y experiencias relacionadas con el embarazo y la crianza de los hijos?
- ✓ ¿Afirmó las fortalezas o los esfuerzos de la cliente?
- ✓ ¿Reflejó la información que compartió el cliente?

Comentarios:

Diario de Gratitud

Escriba tres cosas por las que se sienta agradecido y que valore sobre su vida.

Identifique tres cosas que da por sentadas pero por las que realmente está muy agradecido.

Identifique tres cosas que valore de usted mismo.

Escriba tres cosas por las que se sienta agradecido acerca de su experiencia actual.

Identifique a tres personas que hayan tenido un impacto significativo y positivo en su vida.

Elabore un breve mensaje de agradecimiento para esas tres personas

Recursos

Recursos nacionales:

- Línea de ayuda de PSI (Postpartum Support International):
en inglés: 800-944-4773 / en español: 971-203-7773
<https://www.postpartum.net/>
- NAMI (Alianza Nacional Sobre Enfermedades Mentales):
<https://www.nami.org/home>
- SAMHSA (Administración de Salud Mental y Abuso de Sustancias):
<https://www.samhsa.gov/find-help/national-helpline>
Línea de ayuda en inglés/español: 1-800-662-HELP (4357)

Recursos para la comunidad BIPOC:

- Black Female Therapists:
<https://www.blackfemaletherapists.com/>
- Directorio de Melanin and Mental Health:
<https://www.melaninandmentalhealth.com/how-do-i-find-a-therapist/>
- Latinx Terapia:
<https://latinxtherapy.com/therapist-search/>
- SEEMA:
<https://www.seemamentalhealth.com>
- Terapia en línea de Ayana para comunidades marginadas e interseccionales:
<https://www.ayanatherapy.com>
- National Queer and Trans Therapists of Color Network:
<https://nqttcn.com/en/>
- Asians Do Therapy:
<https://asiansdotherapy.com/>
- Inclusive Therapists:
<https://www.inclusivetherapists.com/>
- South Asian Mental Health Initiative & Network:
<https://samhin.org/>