

Training Manual

Health Training Module for Peer Support Outreach Workers

BOSNIA REVISION

Tuzla, Bosnia-i-Herzegovina

October, 2006



Health Training Schedule

<i>Day 1: New Policies & Protocols</i>				
TIME		TOPIC	ACTIVITY	FACILITATOR
8:30 - 9	30 min	Opening events: Welcome and Introductions, Rules for communication	Introductions	Cameron
9 – 9:30	30 min	Warm up Exercise/Icebreaker	Exercise	Marci
9:30 – 9:45	30 min	Review of Training Agenda	Explanation & Discussion	Sacira
9:45 - 10:30	30 min	Pre-test	test	Amira
10:30 - 10:45	15 min	Break		
10:45 – 11:45	45 min	The New Health Policy	Explanation & Discussion	Cameron
11:45 – 12:30	60 min	Direct Assistance for Health & Basic Needs	Explanation & Discussion	Marci
12:30 - 1:30	60 min	Lunch		
1:30 – 3	90 min	The SF-36: What It Is & How It Works	Explanation & Discussion	Marci
		Exercise: Taking the SF-36 (<i>participants take the SF-36 to see how it works; scores will be presented on Day 2</i>)	Group Exercise	
3 – 3:30	30 min	Confidentiality Issues	Lecture & Discussion	Sacira
3:30 - 3:45	15 min	Break		
3:45 - 5	75 min	Introduction to the Three Categories and the Five Basic Responses to Common Health Problems	Explanation & Discussion	Amira

<i>Day 2: Recognizing and Responding to the Survivor's Health Problems</i>				
8:30 – 8:45	15 min	SF-36 results returned		Marci
8:45 - 10:30	105 min	Recognizing and Dealing with a Medical Emergency	Lecture & Discussion	Cameron
10:45 - 11:30	45 min	Recognizing and Dealing with Infections	Lecture & Discussion	Marci
10:30 - 10:45	15 min	Break		
11:30 – 12:30	60 min	Serious Infections: Gangrene	Lecture & Discussion	Sacira
12:30 - 1:30	60 min	Lunch		
1:30 – 2:30	60 min	Serious Infections: Osteomyelitis		Amira
2:30 – 3:30	60 min	Exercise: Team competition	Group Exercise	Amira
3:30 - 3:45	15 min	Break		
3:45 – 5:00	120 min	Recognizing and Dealing with Chronic Pain	Lecture & Discussion	Cameron

<i>Day 3: Evaluating the Survivor's Health</i>				
8:30 - 9:30	60 min	Using the Health Screen to Assess a Survivor's Physical and Mental Health	Lecture, Discussion & Demonstration	Marci
9:30 - 10:30	60 min	Role-playing Practice Sessions: The Physical Health Screen	Role Play & Discussion	Sacira
10:30 - 10:45	15 min	Break		
10:45 - 11:45	60 min	Role-playing Practice Sessions: The Physical Health Screen	Role Play & Discussion	Amira
11:45 - 12:30	45 min	Communicating Effectively With Health Practitioners	Lecture & Discussion	Cameron
12:30 - 1:30	60 min	Lunch		
1:30- 3:30	120 min	Recognizing a Mental Health Emergency	Lecture & Discussion	Marci
3:30 - 3:45	15 min	Break		
3:45 - 5	75 min	Role-Play Exercise		Sacira

<i>Day 4: Planning for the Survivor's Health</i>				
8:30 – 9:30	60 min	Diabetes: What It Is, What It Does How Diabetes is Detected & Treated How to Adhere to Treatment & Prevent Problems		Amira
9:30 – 10:30	60 min	Substance Abuse – Drugs and Alcohol	Lecture & Discussion	Cameron
10:30 – 10:45	15 min	Break		
10:45 – 11:30	45 min	Substance Abuse - Smoking		Sacira
11:30 – 12:30	60 min	HIV/AIDS	Lecture & Discussion	Marci
12:30 - 1:30	60 min	Lunch		
1:30 – 2:30	60 min	Health-Related Objectives in the IRAP: Objectives and Activities Related to Recovering and Staying Healthy	Lecture & Discussion	Amira
2:30 - 3:30	60 min	Exercise: How to Write Health-related IRAP Objectives	Problem-solving Exercises	Cameron
3:30 – 3:45	15 min	Break		
3:45 - 5	75 min	Problem-Solving Exercises	Group Exercises	Marci

Day 5: Addressing Health Issues				
8:30 - 10:30	120 min	Role-playing Practice Sessions		Sacira
10:30 - 10:45	15 min	Break		
10:45 - 12:30	105 min	Summary and closure of training: Main Points on Evaluating and Helping Survivors Deal with Health Problems	Lecture & Discussion	Amira
12:30 - 1:30	60 min	Lunch		
1:30 - 2	30 min	Post-test & Written Evaluation	test	Cameron
2 - 2:30	30 min	Wrap-Up & Comments	Discussion	Marci
3 - 3:30	30 min	Graduation	Graduation	All facilitators

SESSION TIMES:

Morning I:	8:30 – 10:30	120 min
Break:	10:30 – 10:45	15 min
Morning II:	10:45 – 12:30	105 min
Lunch Break:	12:30 – 1:30	60 min
Afternoon I:	1:30 – 3:30	120 min
Break:	3:30 - 3:45	15 min
Afternoon II:	3:45 – 5:00	75 min

DAY 1 (Morning):	10
Preparation	10
Opening events: Welcome, Introductions [30 min]	10
Warm up Exercise/Icebreaker [30 min]	10
Review of Training Agenda [30 min]	11
HANDOUT #1: LEARNING OBJECTIVES	12
Pre-test [30 min]	14
15-minute break	14
The New Health Policy [45 min]	14
HANDOUT #2: LSN’S HEALTH CARE POLICY	15
HANDOUT #3: HOW LSN EVALUATES A SURVIVOR’S HEALTH	16
Direct Assistance for Health and Basic Human Needs [60 min]	17
HANDOUT #4: DIRECT ASSISTANCE FOR HEALTH	18
Lunch break	19
DAY 1 (Afternoon):	20
The SF-36: What It Is & How It Works [90 min]	20
HANDOUT #5: SF-36 HEALTH SURVEY	21
Exercise: How to take the SF-36	22
HANDOUT #6: THE SF-36	23
Confidentiality Issues [30 min]	27
HANDOUT #7: WHERE SHOULD THE FIRST CONTACT FORM BE COMPLETED?	28
15-minute break	29
Outreach Worker Responses to Survivor Health Conditions [75 min]	29
HANDOUT #8: OUTREACH WORKER RESPONSES TO SURVIVOR HEALTH CONDITIONS	31
DAY 2 (Morning):	34
SF-36 Results Return [15 min]	34
Recognizing and Dealing with a Medical Emergency [105 min]	34
HANDOUT #9: MEDICAL EMERGENCIES	35
15-minute break	37
HANDOUT #10: THE OUTREACH WORKER’S RESPONSIBILITIES TO A SURVIVOR WITH A LIFE-THREATENING HEALTH CONDITION	38
Recognizing and Dealing with Infections [45 min]	40
Serious Infections: Gangrene [60 min]	40
HANDOUT #11: SERIOUS INFECTIONS	41
HANDOUT #12: GANGRENE	44
Lunch break	46
Day 2 (Afternoon)	47
Serious Infections: Osteomyelitis [60 min]	47
HANDOUT #13: OSTEOMYELITIS or INFECTION OF THE BONE	48
Exercise: Team competition – Medical Emergencies and Infection [60 min]	50
15-minute break	51
Recognizing and Dealing with Chronic Pain [120 min]	52

HANDOUT #14: EVALUATING AND MANAGING CHRONIC PAIN	53
HANDOUT #15: WHAT YOU SHOULD KNOW ABOUT PAIN MEDICATIONS	56
HANDOUT #16: PHANTOM LIMB PAIN	57
HANDOUT #17: PAIN IN THE RESIDUAL LIMB	61
Exercise: [75 Min]	63
DAY 3 (Morning)	64
Using the Health Screen to Assess a Survivor’s Physical and Mental Health [60 min] ...	64
HANDOUT #18: HOW TO DO THE HEALTH SCREEN	65
Role-playing Practice Sessions: The Physical Health Screen [120 min]	68
15-minute break	69
Communicating Effectively With Health Practitioners [45 min]	70
HANDOUT #19: COMMUNICATING EFFECTIVELY WITH HEALTH PRACTITIONERS	71
Lunch break	72
DAY 3 (Afternoon)	73
Recognizing and Responding to Mental Health Emergencies [120 min]	73
HANDOUT #20: RECOGNIZING AND RESPONDING TO MENTAL HEALTH EMERGENCIES	74
15-minute break	77
Exercise [75 min]	78
Day 4 (Morning)	79
Diabetes: What It Is, What It Does, and How It is Detected and Treated [60 min]	79
HANDOUT #21: DIABETES	80
Substance Abuse (Drugs & Alcohol, [60 min]	84
Discussion Exercise: How to get a stubborn donkey to move.	84
HANDOUT #22: HOW TO HELP THE STUBBORN DONKEY RECOVER FROM DRUGS, ALCOHOL OR SMOKING	85
HANDOUT #23:FAMILY DRINKING SURVEY	89
HANDOUT #24: ALCOHOL ABUSE AND ALCOHOLISM	91
HANDOUT #25: WHAT THE OUTREACH WORKER SHOULD DO IF A SURVIVOR IS HAVING TROUBLE WITH ALCOHOL	93
HANDOUT #26: DRUG ABUSE AND DRUG ADDICTION	96
15-minute break	98
Substance Abuse (Smoking) [45 min]	98
HANDOUT #27: SMOKING	99
HANDOUT #28: HOW TO QUIT SMOKING	101
HIV/AIDS [60 min]	102
Exercise: <i>The COULD or WILL NOT Balloon Game</i>	104
HANDOUT #29: What is HIV/AIDS?	106
Lunch break	110
DAY 4 (Afternoon)	111
Health-Related Objectives in the IRAP: Objectives and Activities Related to Recovering and Staying Healthy [60 min]	111
HANDOUT #30: HOW TO WRITE HEALTH-RELATED IRAP OBJECTIVES	112
Important Points to Remember when writing Health-Related Objectives:	112

Exercise: How to Write Health-related IRAP Objectives [60 min] 115
15-minute break 115
Problem-Solving Exercises [75 min]..... 116
DAY 5 (Morning) 118
Role-playing Practice Sessions: Health Issues During Peer Support Visits [120 min]... 118
Summary and Closure: Main Points [105 min] 120
**HANDOUT #31: MAIN POINTS ON EVALUATING AND HELPING SURVIVORS
DEAL WITH HEALTH PROBLEMS..... 121**
Lunch break 124
DAY 5 (Afternoon)..... 125
Post-test & Written Evaluation [30 min] 125
Wrap-Up & Comments (Discussion) [30 min] 125
Graduation [30 min] 125
COURSE EVALUATION FORM 126

DAY 1 (Morning):

Preparation

Materials and Equipment for this Module:

- Colored markers, pens, pencils, colored paper
- Small basket
- Flip chart & paper (or whiteboard with markers & eraser)
- LCD projector
- Tape
- Training binders with schedule
- Notebooks
- Blank name tags or pyramid name signs
- Scissors, hole puncher, stapler

Opening events: Welcome, Introductions [30 min]

Objectives: By the end of this session participants will:

1. Familiarize each instructor and participant with everyone else involved in the training.
2. Establish rules for good communication.
3. Define the participants' expectations.

Rules for Communication

Instructor: We are going to have a lot of discussion during the next five days. In order to communicate well in these discussions, we need to observe certain communication rules such as:

- Listen to and respect comments made by others.
- Be on time: We start at 8 am, 15 minutes for breaks, and 60 minutes for lunch.
- Ask questions if you don't understand.
- Turn off cell phones.

What other communication rules do you suggest we follow?

Write the communication rules on a flip chart page and post them on the wall where they can be observed during the entire course.

Warm up Exercise/Icebreaker [30 min]

Procedure: [TO BE DEVELOPED]

Review of Training Agenda [30 min]

Procedure: Instructors, facilitators and participants review the week's agenda by reading it through and answering questions.

HANDOUT #1. LEARNING OBJECTIVES

At the end of this training you will be able to:

1. List LSN's overall health goals and the methods that Outreach Workers and Social Workers use to achieve those goals at the network level.
2. Explain LSN's policies in regard to health issues, the types of health issues that we can address, and actions that can be taken to assist Survivors with health problems.
3. Define Direct Assistance and explain how it relates to the Individual Recovery Action Plan (IRAP).
4. List the types of goods and services that can be purchased with Health Direct Assistance and with Basic Human Needs grants.
5. Describe the SF-36 including what it is, how it works, when to use it, and how it measures the Health Sector Objective.
6. Explain the importance of privacy and the need for confidentiality during the First Contact Interview and the Initial Interview, and list ways of ensuring privacy during interviews.
7. Categorize health conditions by the Three Categories of health problems, list the Five Basic Responses and explain how and when to apply them.
8. Define 'Medical Emergency', identify the signs and symptoms that would be considered a health emergency, and describe how an Outreach Worker should respond to them.
9. List the signs and symptoms of infection, including serious infections such as gangrene and osteomyelitis, and describe what can happen if a serious infection is not treated.
10. Describe the relationship between depression and chronic pain and list the most effective responses to a Survivor with depression and pain.
11. List causes and treatments for chronic pain, including the most commonly used types of pain medication, and briefly describe the differences between them.
12. List some simple rules for preparing for a visit to a health facility, describe techniques for getting information from medical personnel, and list ways of responding if a Survivor believes that he or she has been unfairly treated.
13. Identify potential mental health emergencies and outline country-specific response strategies for dealing with them.

14. Be familiar signs and symptoms of diabetes, know what can happen if diabetes is not treated and understand the importance of helping Survivors adhere to a treatment protocol.
15. Be familiar signs and symptoms of alcohol and drug abuse and dependence and describe ways of helping a Survivor quit or reduce his or her dependence on alcohol, drugs, or smoking.
16. Explain how HIV/AIDS is transmitted and not transmitted and how to prevent it from spreading.
17. Describe some of the communication skills necessary to perform a good Health Screen, how the Health Screen should be done and what difficulties may arise.
18. Explain what SMART objectives are and describe how to construct them in formulating health-related objectives.

Pre-test [30 min]

15-minute break

The New Health Policy [45 min]

Objectives: By the end of this session participants will be able to:

1. List LSN's overall health goals and the methods that Outreach Workers and Social Workers use to achieve those goals at the network level.
2. Explain the way in which Social Workers and Outreach Workers will apply the Health Screen.
3. Explain LSN's policies in regard to health issues, the types of health issues that we can address, and action that can be taken to assist Survivors with health problems.

Instructor: LSN has developed an overall Health Policy to help the Networks make decisions and respond to the health problems of Survivors. LSN wants to make it clear to all staff, to Survivors and their families, to donors, and to other organizations that we do not provide health care, we only help Survivors obtain access to health care and information about health. The purpose of the Health Policy is to describe the health issues that LSN can respond to, and clarify LSN's responses to those issues. Always remember that LSN aims to empower Survivors to gain control over their health care throughout their lives. There are five sections to the policy:

1. Links and Referrals to deal with health problems
2. When LSN will respond directly to a Survivor's health care needs
3. What to do if the appropriate health services are not available in the Outreach Worker's work area
4. Health care advocacy
5. What LSN can do for Survivors outside of LSN's geographic area.

Let's read the policy and discuss any questions you may have.

HANDOUT #2: LSN'S HEALTH CARE POLICY

LSN works to support the recovery of Survivors through complementary interventions in the areas of health¹, economic opportunity and social empowerment. In the health sector LSN helps Survivors to regain and maintain their physical and emotional health by relying on existing health care providers, to whom Survivors are linked or referred for needed health services. LSN's Peer Outreach Workers are trained to help Survivors obtain appropriate health care, understand their health problems, and learn what they can do to recover and stay healthy. LSN aims to empower Survivors to gain control over and manage their health care throughout their lives.²

The purpose of this Health Care Policy is to set LSN's priorities, responsibilities and limitations in meeting Survivors' health needs and enabling them to become active citizens in their communities. In addition, this policy helps ensure that resources are used effectively and efficiently. Specifically, this health policy provides a framework for Networks to respond to Survivors' health needs, including life-threatening health conditions.

LSN will develop the skills and systems necessary to implement the following Health Policy:

1. LSN will link and refer Survivors to timely and appropriate services, within the existing health care system.³ Special attention is paid to identifying Survivors who have life-threatening health conditions and linking them to emergency care.
2. LSN considers local health or rehabilitation service providers as partners and does not seek to supplant or compete with them.
3. If a Survivor's health needs require an intervention not available in the Outreach Worker's work area, the Outreach Worker will consult the Social Worker. The Social Worker may seek out appropriate health care services and if possible link the Survivor accordingly.
4. LSN will advocate for Survivors when care is substandard and will provide guidance to Survivors on ways in which they can obtain equal access to adequate health care which is their right.
5. LSN is committed to providing assistance to Survivors who reside within the Network's designated operating areas. For those living outside of LSN's operating area, only those Survivors who have life-threatening conditions will be linked to appropriate local services.

¹ In all LSN documents "Health" refers to physical health, emotional well being and rehabilitation.

² **Direct Assistance** may be used to assist Survivors to obtain needed care. Direct assistance is material support (not in the form of cash) provided by LSN to active Survivors to meet critical health, environmental, or economic needs.

³ **Links** are when an Outreach Worker and/or a Social Worker accompany a Survivor to a health care facility and acts to ensure that the Survivor receives adequate and timely medical attention.

Referrals are when an Outreach Worker recommends that a Survivor seek medical attention from a particular provider or facility.

HANDOUT #3: HOW LSN EVALUATES A SURVIVOR'S HEALTH

LSN evaluates a Survivor's health by administering the **Health Screen** and the **SF-36**.

The **SF-36** is a health survey designed to measure health status and changes in how a person feels about their health. It is given to Survivors during the initial interview, at one year or mid-point in LSN's work with a Survivor, and again during the exit interview. It is a 36-item questionnaire designed to measure health status, treatment outcomes, perceived changes in physical and social functioning, bodily pain, energy, vitality and psychosocial well-being from the Survivor's perspective.

The Health Screen is intended to help Social Workers and Outreach Workers identify serious, life-threatening health problems. It will be applied to all Survivors during their first contact with LSN, whether they reside in an LSN work area or not, before they become LSN Active Survivors. Only Social Workers and Outreach Workers will administer the Health Screen, and it should be completed in a single interview. If LSN first meets a Survivor in the hospital the Health Screen will NOT be administered during the first contact interview because emergency problems will have been addressed by the hospital staff.

If a life-threatening health condition is identified during the Health Screen, the first responsibility of the Social Worker or the Outreach Worker is to link the Survivor to an appropriate health care provider and to offer support and education specific to the Survivor's needs.

The Health Screen consists of two parts:

The Physical Health Screen evaluates amputation-related injuries and other significant illnesses that the Survivor may have, especially any health-related concerns that might possibly be life-threatening. If possible, the physical evaluation section of this screen should include visual inspection of the residual limb. If the Social Worker or Outreach Worker determines the Survivor could have a **life-threatening concern** they should link the Survivor to an appropriate health care provider immediately. Once the Physical Health Screen has been completed, the Mental Health Screen is administered.

The Mental Health Screen is given to determine whether the Survivor may have a serious mental or emotional problem that would interfere with Peer Support and/or present a threat to the safety of the Survivor or others. If a **potentially life-threatening situation** is identified, the Survivor should be linked to the appropriate health care facility, health care provider, or an appropriate community agency as soon as possible, preferably accompanied by a family member or a friend.

Direct Assistance for Health and Basic Human Needs [60 min]

Objectives: By the end of this session participants will be able to:

1. Define Direct Assistance.
2. Explain how Direct Assistance relates to the Individual Recovery Action Plan (IRAP).
3. List the types of goods and services that can be purchased with Health Direct Assistance.
4. List the types of goods and services that can be purchased with Basic Human Needs grants.

Instructor: LSN is in the process of finalizing a Direct Assistance Protocol that all Networks will follow. This protocol is not yet finalized but it should be in the next few months. Therefore, when we discuss Direct Assistance for Health and Basic Human Needs please remember that some details of implementation may change but the purpose of Direct Assistance will not. Once the Direct Assistance Protocol is finalized it will be shared with you.

Distribute and review the Direct Assistance Handout. After reviewing the handout discuss the following with participants.

- Do you see anything very different from what you are currently doing in terms of Direct Assistance? If yes, what are the changes and how will it affect your work in:
 - Health
 - Basic Human Needs
 - Emergency Situations
- Does anyone have an example of requesting Emergency Direct Assistance? Please tell us about this experience.
 - What was the emergency situation?
 - How did you pay for the services? Was it a difficult process to receive and then pay for the services? How much did it cost?
 - How long did it take to receive the services?
 - What was the final result?
- Is there anything in this protocol that you disagree with? If yes, what?

HANDOUT #4: DIRECT ASSISTANCE FOR HEALTH

* DRAFT * DRAFT * DRAFT *

Direct Assistance is economic support distributed in the form of goods (prosthetics, food, tools, fabrication material, sales stock) and services (training, education) by LSN to Survivors receiving peer support from an **LSN Outreach Worker**. The purpose of Direct Assistance is to help LSN Active Survivors meet a self-identified objective as stated in the Individual Recovery Action Plan, thereby enabling the Survivor to progress in their personal recovery process. Direct Assistance is applied when all other possible means of reaching those objectives has been determined to be impossible or insufficient. Direct Assistance is one of the activities to reach LSN's Health Sector Objective at the Survivor level.

Direct Assistance for Health

When reasonable attempts to link or refer Survivors to health related services are unsuccessful, and there is no option of support from families, local associations, local authorities and other organizations, Direct Assistance grants may be used to purchase the following types of goods and services:

- Crucial but non-emergency health and rehabilitation services
- Emergency medical treatment
- A maximum of 3 months of life-preserving medication and basic routine health related monitoring devices such as glucose testing equipment and supplies (a valid prescription note from a physician required)
- New mobility devices as well as repair or replacement of damaged mobility devices
- Transportation to health and rehabilitation services

With the exception of emergency medical treatment, **Outreach Workers** need to demonstrate that the above goods and services are essential inputs toward achieving Survivors' clearly identified Individual Recovery Action Plan objectives. During the two years of LSN assistance concerted efforts will be undertaken at the survivor, organizational, and systems levels to enable Survivors to afford those types of goods and services in the future without LSN support.

Direct Assistance Grants related to Basic Human Needs

Direct Assistance grants may also be used to provide critical temporary assistance to Survivors who are unable to meet their basic needs, to enable them to make progress towards achieving their recovery objectives. In cases where there is documented proof that reasonable attempts to link or refer Survivors to appropriate organizations are unsuccessful and there is no option of support from families, local associations, government agencies and other organizations, Direct Assistance grants may be used to purchase the following types of goods and services:⁴

- Emergency material needs (food, clothing, blankets, heating materials)

⁴ LSN will not support the purchase of land and housing construction.

- Minor housing repairs
- Minor works to make Survivors' dwellings and sanitary facilities accessible in accordance with a Survivor's type of disability
- Time-limited assistance for recurrent costs such as utility and rent payments
- Limited assistance in the area of basic household appliances
- Assistance with funeral expenses for the families of deceased Survivors
- Time-limited assistance with school fees and school supplies for Survivors' children

In sum, the purpose of Direct Assistance grants is to assist Survivors in accessing goods and services that are crucial to their physical, emotional, economic and social recovery, as opposed to providing humanitarian relief. For both Health and Basic Human Needs related Direct Assistance grants it is crucial that:

- (i) They are clearly linked with recovery objectives included in Survivors' Individual Recovery Action Plans (IRAPs);
- (ii) They purchase goods or services of satisfactory quality at reasonable cost;
- (iii) Criteria applied in reviewing Direct Assistance grant proposals are transparent;
- (iv) Survivors have no other options for meeting health- and basic human needs crucial to attaining recovery objectives;
- (v) Organizational and systems level solutions are pursued concurrently;
- (vi) Potential negative consequences on both Survivors and their communities such as inequity, disempowerment, dependency, and circumventing or substituting available resources are avoided.

Emergency Direct Assistance

In life-threatening situations the Social Worker will be the first point of contact for an Outreach Worker. If the Social Worker approves the Outreach Workers plan to handle the emergency case the Social Worker will seek immediate financial approval from the Director without having to go through the Direct Assistance Review Committee. In all cases of Emergency Direct Assistance standard LSN forms must be completed as soon as possible, and the case should be reported *post facto* at the next scheduled Direct Assistance Review Committee meeting.

LSN will also provide support to Survivor's dependents in emergency health related situations if the Survivor is not able to meet these needs themselves.

Lunch break

DAY 1 (Afternoon):

The SF-36: What It Is & How It Works [90 min]

Objectives: By the end of this session participants will be able to:

1. Explain the Health Sector Objective for the Survivor level.
2. Describe how the SF-36 measures the Health Sector Objective.
3. Describe the SF-36 including what it is, how it works, and when to use it.
4. Practice using the SF-36 by taking the test.

Instructor: **Everything we will cover in the next 5 days directly relates to the Health Sector Objective. The Health Sector Objective defines LSN activities and all our activities must help us reach the objective.**

Write the **Health Sector Objective** on flip chart paper and post on the wall where it can be observed and referred to during the entire training. Underline the three parts of the objective in different colors and discuss each part.

“To improve Survivors’ health-related quality of life within two years”

- **To improve:** get better, progress, move forward
- **Health-related quality of life:** how a person feels about their physical and mental health over time
- **Within two years:** the time limit for individual Survivors to work with LSN

Instructor: **According to this objective, LSN is committed to improving Survivors’ health-related quality of life. Many factors contribute to a person’s health related quality of life. What do you think are some of these factors?**

Possible answers might include:

- Mobility
- Pain
- Support from family and friends
- General health
- Attitude
- Energy
- Acceptance

Instructor: **We now know and understand the new Health Sector Objective. The next step is to understand how we will measure progress towards this objective. LSN will be using a tool called the SF-36. LSN will begin using the SF-36 in 2007 after the database is in place and the Social Workers and Outreach Workers have received additional training.**

HANDOUT #5: SF-36 HEALTH SURVEY

What is the SF-36?

The SF-36 is a multi-purpose, short-form 36-question health survey. It is designed to measure health status and changes in physical and social functioning including pain, energy, vitality and psychosocial well-being from the Survivor's perspective. It is a generic measure and can be used on all ages and include all diseases. The SF-36 also measures changes over time. This will help LSN track progress of each Survivor's perceived physical and mental health during their time with LSN.

Health concepts measured by the SF-36	
PHYSICAL HEALTH	Physical functioning
	Role limitations due to physical health
	Bodily pain
	General health perceptions
MENTAL HEALTH	Vitality
	Social functioning
	Role limitations due to emotional problems
	Mental health

When does LSN use the SF-36?

The SF-36 is given to Survivors during the initial interview, at one year or mid-point in LSN's work with a Survivor, and again during the exit interview.

Who administers the SF-36?

Only Outreach Workers and Social Workers will administer the SF-36.

Exercise: How to take the SF-36

Procedure:

- Distribute a blank SF-36 Survey Form. Tell participants they are free to take notes or write questions on this survey.
- Remind participants that this is only an introduction to the survey and they will receive detailed training later.
- Remind participants that they will NOT begin using the SF-36 until the database is in place and they have received additional training.
- Discuss and review each question. During this review participants will answer the questions based on their personal experience. If they would like to know their scores they should write their names on the survey. All scores will be kept confidential. However, if they are concerned about confidentiality they need not turn in their form. For those who had their survey scored, the results will be returned the next day.

HANDOUT #6: THE SF-36

We will insert the appropriate language version here so the network will not have to translate.

Health Survey (SF-36)

Today's Date: _____

Name: Last: _____ First: _____ Date of Birth: _____

This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.

Please answer these questions by "check-marking" your choice. Please select only one choice for each item.

1- In general, would you say your health is:

1. Excellent 2. Very good 3. Good 4. Fair 5. Poor

2- Compared to ONE YEAR AGO, how would you rate your health in general NOW?

1. MUCH BETTER than one year ago.
2. Somewhat BETTER now than one year ago.
3. About the SAME as one year ago.
4. Somewhat WORSE now than one year ago.
5. MUCH WORSE now than one year ago.

3- The following items are about activities you might do during a typical day. **Does your health now limit you** in these activities? If so, how much?

Activities	1. Yes, Limited A Lot	2. Yes, Limited A Little	3. No, Not Limited At All
a) Vigorous activities , such as running, lifting heavy objects, participating in strenuous sports?	1. Yes, limited a lot	2. Yes, limited a little	3. No, not limited at all
b) Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?	1. Yes, limited a lot	2. Yes, limited a little	3. No, not limited at all
c) Lifting or carrying groceries?	1. Yes, limited a lot	2. Yes, limited a little	3. No, not limited at all
d) Climbing several flights of stairs?	1. Yes, limited a lot	2. Yes, limited a little	3. No, not limited at all
e) Climbing one flight of stairs?	1. Yes, limited a lot	2. Yes, limited a little	3. No, not limited at all
f) Bending, kneeling or stooping?	1. Yes, limited a lot	2. Yes, limited a little	3. No, not limited at all

**Health Training Module for Peer Support Outreach Workers
Bosnia, October 2006**

g) Walking more than a mile ?	1. Yes, limited a lot	2. Yes, limited a little	3. No, not limited at all
h) Walking several blocks?	1. Yes, limited a lot	2. Yes, limited a little	3. No, not limited at all
i) Walking one block?	1. Yes, limited a lot	2. Yes, limited a little	3. No, not limited at all
j) Bathing or dressing yourself?	1. Yes, limited a lot	2. Yes, limited a little	3. No, not limited at all

4- During the **past 4 weeks**, have you had any of the following problems with your work or other regular activities *as a result of your physical health*?

	Yes	No
a) Cut down on the amount of time you spent on work or other activities?	1. yes	2. No
b) Accomplished less than you would like?	1. yes	2. No
c) Were limited in the kind of work or other activities?	1. yes	2. No
d) Had difficulty performing the work or other activities (for example it took extra effort)?	1. yes	2. No

5. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

	Yes	No
a) Cut down on the amount of time you spent on work or other activities?	1. yes	2. No
b) Accomplished less than you would like?	1. yes	2. No
c) Didn't do work or other activities as carefully as usual?	1. yes	2. No

6. During the **past 4 weeks**, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

1. Not at all 2. Slightly 3. Moderately 4. Quite a bit 5. Extremely

7. How much **bodily pain** have you had during the **past 4 weeks**?

1. None 2. Very mild 3. Mild 4. Moderate 5. Severe 6. Very severe

8. During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)?

**Health Training Module for Peer Support Outreach Workers
Bosnia, October 2006**

1. Not at all

2. A little bit

3. Moderately

4. Quite a bit

5. Extremely

**Health Training Module for Peer Support Outreach Workers
Bosnia, October 2006**

9. These questions are about how you feel and how things have been with you **during the past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the **past 4 week** ...

	1. All of the time	2. Most of the time	3. A good bit of the time	4. Some of the time	5. A little of the time	6. None of the time
a) Did you feel full of pep?	1. All of the time	2. Most of the time	3. A good bit of the time	4. Some of the time	5. A little of the time	6. None of the time
b) Have you been a very nervous person?	1. All of the time	2. Most of the time	3. A good bit of the time	4. Some of the time	5. A little of the time	6. None of the time
c) Have you felt so down in the dumps that nothing could cheer you up?	1. All of the time	2. Most of the time	3. A good bit of the time	4. Some of the time	5. A little of the time	6. None of the time
d) Have you felt calm and peaceful?	1. All of the time	2. Most of the time	3. A good bit of the time	4. Some of the time	5. A little of the time	6. None of the time
e) Did you have a lot of energy?	1. All of the time	2. Most of the time	3. A good bit of the time	4. Some of the time	5. A little of the time	6. None of the time
f) Have you felt downhearted and blue?	1. All of the time	2. Most of the time	3. A good bit of the time	4. Some of the time	5. A little of the time	6. None of the time
g) Do you feel worn out?	1. All of the time	2. Most of the time	3. A good bit of the time	4. Some of the time	5. A little of the time	6. None of the time
h) Have you been a happy person?	1. All of the time	2. Most of the time	3. A good bit of the time	4. Some of the time	5. A little of the time	6. None of the time
i) Did you feel tired?	1. All of the time	2. Most of the time	3. A good bit of the time	4. Some of the time	5. A little of the time	6. None of the time

10. During the **past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)?

1. All of the time
2. Most of the time.
3. Some of the time
4. A little of the time.
5. None of the time.

11. How TRUE or FALSE is **each** of the following statements for you?

	1. Definitely true	2. Mostly true	3. Don't know	4. Mostly false	5. Definitely false
a) I seem to get sick a little easier than other people?	1. Definitely true	2. Mostly true	3. Don't know	4. Mostly false	5. Definitely false
b) I am as healthy as anybody I know?	1. Definitely true	2. Mostly true	3. Don't know	4. Mostly false	5. Definitely false
c) I expect my health to get worse?	1. Definitely true	2. Mostly true	3. Don't know	4. Mostly false	5. Definitely false
d) My health is excellent?	1. Definitely true	2. Mostly true	3. Don't know	4. Mostly false	5. Definitely false

Thank you!

Confidentiality Issues [30 min]

Objectives: By the end of this session participants will be able to:

1. Explain the importance of privacy during the First Contact Interview and the Initial Interview, and the need for confidentiality.
2. List ways of ensuring privacy during interviews.
3. List ways of safeguarding a Survivor's confidentiality.

Confidentiality

Instructor: LSN routinely collects and keeps detailed information on Survivors. This information, contained in LSN reporting forms, is collected and kept primarily by LSN Outreach Workers and Social Workers. Keeping this information private is an important part of the Outreach Workers and Social Workers job.

Open discussion on confidentiality:

- Why is it important to keep Survivors information private?
- What are some possible consequences of information being shared with the wrong people?
- Has anyone been asked to release personal information on a Survivor? Who asked? Why? What happened?

Outreach Workers responsibilities:

- Outreach Workers will keep LSN forms in a safe place not accessible to the public (where possible forms should be kept locked).
- Outreach Worker will never share personal information on a Survivor with anyone but the Social Worker. The one exception to this would be in the event of a medical emergency, the Outreach Worker may disclose medical information about the Survivor to a health professional, if it is relevant to the Survivor's treatment.
- Outreach Worker will refer all data/information requests to the Social Worker.
- When discussing individual cases with anyone but the Social Worker, Outreach Worker will not use names.
- When collecting and writing Survivor Stories the Outreach Worker will ask the Survivor for permission to share their story and collect a release signature.
- When taking photographs of Survivors the Outreach Worker will ask the Survivor for permission to use this photograph in promotional materials.
- Outreach Worker will maintain a trusting relationship with the Survivor including respecting their privacy.

HANDOUT #7: WHERE SHOULD THE FIRST CONTACT FORM BE COMPLETED?

It is important that you select a location where the Survivor feels comfortable. However, there should be as much privacy as possible, to avoid interruptions and to guarantee that you are getting honest and complete answers to your questions. You should explain that you are going to ask questions about the Survivor's health and medical care, and ask the Survivor what location he or she would prefer.

Best choices for places to fill out the First contact Form:

The Survivor's Home: This is probably the best choice if the house is not full of family members, if at least partial privacy can be arranged, and if the Survivor is comfortable talking to you there. If the Survivor's children, parents, spouse, other family members or neighbors are around and seem likely to interfere with the interview, you may have to ask them courteously to give you some time alone with the Survivor. In a few cases, the Survivor will want family members to be present, but if they begin answering questions directed at the Survivor, you must make it clear that you are seeking information from the Survivor only. It is common for people to ask a spouse or parent to confirm information about medical care, and that is acceptable, especially if the family member has participated in the Survivor's care. Some family members can provide useful input during the interview.

The Outreach Worker's or Social Worker's Office: This may be a good choice if a reasonable degree of privacy can be guaranteed. The interview should be in a room that can be closed off for at least an hour, without phones ringing or people entering unexpectedly. The person completing the First Contact Form needs to focus their attention on the Survivor during the interview to get the most complete and accurate information.

Public places such as parks, bars, marketplaces, cafés or restaurants are not usually good choices because they are noisy and you may be interrupted. Remember that you may wish to ask the Survivor to show you his or her residual limb or the site of other trauma or discomfort, and this would be inappropriate in a public place, where the Survivor is less likely to give you sensitive details about his or her personal life.

Rules for Choosing Where to Complete the First contact Form:

1. Survivor is comfortable
2. Few or no interruptions
3. Not too noisy, dusty or dark
4. No one is listening who shouldn't be listening

15-minute break

Outreach Worker Responses to Survivor Health Conditions [75 min]

Objectives: By the end of this session participants will be able to:

1. Categorize health conditions by the Three Categories of health problems.
2. List the Five Basic Responses to health problems and explain how and when to apply them.

Instructor: In this section of training you will be introduced to the Three Categories of Health Problems (as defined by LSN) and the appropriate responses to these categories. This is an introduction to the categories and responses which we will be discussing in greater detail when we begin learning about specific health related problems often seen in the Survivors with whom we work. We will begin with the Three Categories of Health Problems. What are the most common health problems you see in your work?

Write the participants response on flip chart paper.

LSN has categorized these common health problems into three Categories. These categories are:

Category I. Conditions directly related to landmine /UXO injury or amputation but not imminently life-threatening

Category II. Conditions suspected of being imminently life threatening, whether related to landmine/UXO injury or amputation or not

Category III. Conditions not related to amputation or landmine/UXO injury and not imminently life-threatening

Write the Three Categories on flip chart paper and review with participants (these should be written out in advance of the session). After reviewing the Categories return to the list of most commonly seen health problems and ask participants to categorize them. We do not expect a complete list of common health problems or perfect categorizing at this point but it will give the facilitators a good idea of the level of health knowledge of the participants.

Instructor: LSN primarily focuses on Categories I and II. Health conditions in Category III are typically outside of LSN's scope of work.

When responding to these health conditions, LSN uses Five Basic Responses. We will review these responses now and discuss them more in depth when we review specific health conditions. From your experience, what do you think are these Five Basic Responses?

Ask participants what they think these Five Basic Responses might be. When a participant answers correctly, have them write the answer on a piece of colored paper. These pieces of paper will be taped in a circle on flip chart paper titled Five Basic Responses. The circle

symbolizes how the Five Basic Responses are connected and how we almost always use more than one response when working with Survivors.

HANDOUT #8: OUTREACH WORKER RESPONSES TO SURVIVOR HEALTH CONDITIONS

THREE CATEGORIES OF HEALTH CONDITIONS

- Category I.** Conditions directly related to landmine /UXO injury or amputation but not imminently life-threatening
- Category II.** Conditions suspected of being imminently life threatening, whether related to landmine/UXO injury or amputation or not
- Category III.** Conditions not related to amputation or landmine/UXO injury and not imminently life-threatening

FIVE BASIC RESPONSES TO SURVIVORS HEALTH CONDITIONS

1. **Link/Refer Survivor to Local Services:** The Outreach Worker accompanies the Survivor to a health service and ensures he/she receives professional care (link), or recommends that a Survivor seek health care from a particular provider or facility (refer).
2. **Teach & Monitor:** The Outreach Worker provides information on health issues (such as the SLL pamphlets) and teaches the Survivor how to prevent and manage their health problems.
3. Provide **Psychosocial Support:** The Outreach Worker listens to, counsels and supports the Survivor and involves family members, friends and/or Social Support Groups.
4. Provide **Adherence Support:** The Outreach Worker provides reminders, information and encouragement to assist the Survivor in adhering to a medically prescribed treatment program.
5. Provide **Locally Developed Information:** The Outreach Worker provides pamphlets (such as the Surviving Limb Loss pamphlets) or other sources of culturally appropriate information in the Survivor's language.

Outreach Worker Responses to Survivor Health Conditions

Category	Problem	Response
I. Conditions directly related to landmine /UXO injury or amputation but not imminently life-threatening	I <ul style="list-style-type: none"> ▪ Skin breakdown on residual limb ▪ Skin infections ▪ Soft tissue infections 	Clean & change dressing Teach & monitor Link/refer to local services
	I Contractures (prevention)	Stretches, exercises, positioning Teach & monitor Refer to local services for old contractures
	I Mobility issues	Teach & monitor Crutch training, info on use of wheelchair, and some aspects of prosthetics
	I Mild to moderate mental health problems	Provide Psychosocial support Teach & monitor Link/refer to local services
	I Substance abuse	Link/refer to local services Provide psychosocial support Teach & monitor Adherence support
	I Diabetes	Adherence support Teach & monitor on: - Foot care - Diet
	I Pain of any type	Provide Psychosocial support Teach & monitor Link/refer to local services
	I Visual or auditory impairment	Teach & monitor Link/refer to local services
	I Gangrene	Link to local services
	I or II Osteomyelitis	Link/refer to local services Adherence support
II. Conditions suspected of being imminently life threatening, whether related to landmine/UXO injury or amputation or not	II Severe mental health problems including suicidal intent, violent behavior and psychosis	Provide psychosocial support Link to local services
	II All conditions reasonably suspected to be life threatening	Link to local services
III. Conditions not related to amputation or landmine/UXO injury and not imminently life-threatening	III Other health problems	Teach & monitor Provide locally developed information Refer to local services

DAY 2 (Morning):

SF-36 Results Return [15 min]

Recognizing and Dealing with a Medical Emergency [105 min]

Objectives: By the end of this session participants will be able to:

1. Define 'Medical Emergency'.
2. Identify the signs and symptoms that would be considered a health emergency.
3. List the six major health emergencies and how an Outreach Worker should respond to them.
4. Explain in detail the Outreach Worker's responsibilities when a Survivor has a medical emergency.

Instructor: When you do the Health Screen or during your visits to Survivors, you may encounter a Survivor with a health problem that is serious and needs immediate medical attention. You don't have to be a professional health worker to recognize that someone requires immediate care.

An Outreach Worker has the responsibility of seeing that any Survivor with a serious health problem is linked to a medical professional to receive the attention they need. However your responsibilities to an Active Survivor are to see that the problem is resolved and that efforts are made to prevent it from happening again. You should take the emergency into consideration when helping the Survivor develop his or her Individual Recovery Action Plan (IRAP).

For Survivors who are not active because they are not eligible for LSN services, you are only responsible for seeing that the Survivor receives medical attention at a health care facility. Follow-up depends on the Outreach Worker's interest in the case, but LSN is not obligated to provide any further services if the Survivor is not active.

Now we are going to discuss the most common medical emergencies that might be revealed during the Health Screen, and possible situations that could occur when visiting a Survivor who has a health problem. We are not going to talk very much about First Aid, which is a separate topic. You have been given reference materials that have information on First Aid. We will address ways that you can help someone with a serious health problem until they can get professional care.

HANDOUT #9: MEDICAL EMERGENCIES

DEFINITION: A medical emergency is a health problem that, if it is not treated quickly, will cause death or severe injury. Some emergencies must be treated within minutes, others within hours, but in all cases the longer treatment is delayed, the greater the threat to life.

SIGNS AND SYMPTOMS THAT WARN OF A POSSIBLE MEDICAL EMERGENCY:

The following are signs and symptoms that MAY suggest a serious health problem:

1. Difficulty breathing
2. Bleeding (internal or external)
3. Loss of consciousness (the person cannot be woken)
4. Severe pain (especially in the chest, head or abdomen)
5. Convulsions
6. High fever

How to Detect a Medical Emergency

1. Difficulty Breathing

The most serious life-threatening medical emergencies are the ones that interfere with a person's ability to breathe. If a person stops breathing they will die or suffer permanent brain damage within 5 minutes.

Evaluation: Difficulty breathing is associated with several illnesses, such as asthma, pneumonia, or heart conditions. If the difficulty breathing starts suddenly, it is more serious than if it comes on gradually over weeks or months. Sudden difficulty breathing, especially if it is associated with chest pain, can be a sign of a heart problem. Breathing problems that get worse over time are less serious because the body adapts to them.

Response: If the Survivor has not been treated for the problem then they need to visit a health professional as soon as possible. If they have lived with the condition for some time they will know if it is getting worse, and usually will have some way of alleviating their distress. If breathing suddenly becomes difficult, it is important not to frighten the person. Instead, explain the situation calmly and get them to a health service as rapidly as you can.

2. Bleeding

The second most serious life-threatening condition is bleeding of any kind. Even a small amount of bleeding, if it continues without stopping, can eventually make a person weak and can make other problems worse. Severe bleeding, internal or external, can cause someone to go into shock and kill them within minutes.

Evaluation and Response: If someone is bleeding from a wound, the bleeding can usually be controlled by pressing a clean thick cloth (or your hand if there is no cloth) directly on the wound. Keep pressing until the bleeding stops. This may take 15 minutes or sometimes an hour or more. This type of direct pressure will stop the bleeding of nearly all wounds—sometimes even when a part of the body has been cut off. Use a tourniquet on an arm or a leg only if bleeding is severe and cannot be controlled by pressing directly on the wound. Be careful to avoid contact with blood, which can transmit the HIV virus if the person bleeding has HIV. You can put a plastic bag over your hand if no rubber gloves are available, or you can ask the person bleeding to put pressure on the wound, if they are conscious and able to do so.

Bright red blood in urine, vomit or feces, or coming from a bodily opening (nose, ears, anus, or vagina) is a sign of internal bleeding. Bleeding from the vagina of a pregnant woman can mean that the pregnancy is in danger. Anyone with signs of internal bleeding must be taken to a health care facility as soon as possible.

3. Loss of Consciousness

Evaluation: When someone cannot respond to words or cannot be awakened, they are unconscious. There are many things that can cause someone to lose consciousness. The most serious causes are those that affect breathing, the heart, and the circulation of blood.

Response: When a person loses consciousness and cannot be woken again, the most important things to look for are breathing and bleeding, as above. Look at their chest to see if they are breathing, and make sure the mouth and throat are clear so that they can breathe normally. If the person is bleeding, try to stop the flow of blood with pressure (see above). The person should be placed resting on their side (not on their back) until they can be treated by a health professional. Never give anything by mouth (including water or medication) to a person who is unconscious.

4. Severe Pain

Pain in itself is a warning sign, but it is often associated with serious health problems. Sudden severe pain, especially one that the person has not had before, suggests a medical emergency. The location of the pain can help you tell what the problem is. We will discuss chronic pain later in the week.

Evaluation: The most serious types of pain are chest pains, abdominal (belly) pains and headaches. Chest pain associated with difficulty breathing suggests a lung problem or a heart condition. Pain in the abdomen, especially if associated with vomiting or diarrhea, may be due to poisoning, appendicitis, or an intestinal infection like cholera or dysentery. In a woman, abdominal pain may be related to a pregnancy, or sometimes an infection of the uterus. Severe headaches may also result from internal bleeding inside the skull. Pain in the back or joints, while distressing, is a less urgent medical condition that is rarely life-threatening.

Response: Severe pain in the chest, abdomen or head should be treated as a medical emergency and the person should be taken to a health care facility as soon as possible.

5. Convulsions or Seizures and Epilepsy

Evaluation: We say a person has a seizure when he suddenly loses consciousness and makes strange, jerking movements (convulsions). Convulsions come from a problem in the brain. In small children common causes of convulsions are **high fever** and **severe dehydration**. In very ill persons, the cause may be **meningitis, cerebral malaria, or poisoning**. A person who often has convulsions may have **epilepsy**. In pregnant women convulsions can threaten the life of the unborn baby, especially if the woman has swelling of the hands and feet.

Epilepsy causes convulsions in people who otherwise seem fairly healthy. Convulsions may come hours, days, weeks, or months apart. In some persons they cause loss of consciousness and violent movements. The eyes often roll back. In mild types of epilepsy the person may suddenly 'blank out' for a moment, make strange movements, or behave oddly. Epilepsy is more common in some families (inherited). Or it may come from brain damage at birth, high fever in infancy, or tapeworm cysts in the brain. Epilepsy is not an infection and cannot be 'caught'. It is often a life-long problem.

Response: When a person is having a seizure:

- ◆ Try to keep the person from hurting himself: move away all hard or sharp objects.
- ◆ Put nothing in the person's mouth while he is having a seizure—no food, drink, medicine, nor any object.
- ◆ After the seizure the person may be dull and sleepy. Let him sleep.
- ◆ If the child has a high fever, lower it at once with cool water.
- ◆ Send for medical help.

6. High Fever

Evaluation: Fever is not an illness, but it is a sign of many illnesses. Fever is usually a response to an infection. A very high fever (over 40° C) can cause a person to lose consciousness or to have convulsions (seizures), especially children. A fever of over 40° C is a medical emergency.

Response: The immediate response is to keep the person cool by removing clothing or blankets and bathing them with cool water. If they can drink, they should drink water or rehydration solution. A breeze or a fan is a useful way to bring down a fever. Aspirin or paracetamol will also bring down a fever and relieve pain.

15-minute break

HANDOUT #10: THE OUTREACH WORKER'S RESPONSIBILITIES TO A SURVIVOR WITH A LIFE-THREATENING HEALTH CONDITION

If a Survivor reveals a health problem the Outreach Worker considers to be life-threatening, the Outreach Worker should be prepared to link the Survivor to a health care provider or facility as soon as possible, even if the Social Worker cannot be reached. The Outreach Worker is then responsible for the following:

1. To Help the Survivor Make Informed Decisions:

- Inform the Survivor that he or she has a health condition that needs to be immediately addressed.
- The Outreach Worker should inform the Survivor how LSN is prepared to assist them (see the Health and Basic Needs Section of the Direct Assistance Protocol) and discuss the options for care. The Outreach Worker should determine in conjunction with the Survivor which local health care service is appropriate to address the Survivor's health condition. Each network should create a list of health care providers so that each Outreach Worker knows exactly what options exist.
- The Outreach Worker should help the Survivor understand his/her health coverage or insurance and rights in terms of health care.
- The Outreach Worker and the Survivor should agree on a course of action. The Survivor has the right to refuse medical or health intervention. If the Survivor is not capable of discussing options for treatment, the Outreach Worker should try to communicate with family members. Any matters not easily resolved in this manner should be referred to the Outreach Worker's supervising Social Worker.

2. To Accompany the Survivor to the Health Facility and Follow His/Her Progress:

- The Outreach Worker will go with the Survivor as soon as possible to the designated health care facility and remain with the Survivor to ensure he/she is seen by a health care provider.
- If the Survivor needs to spend the night in a hospital or clinic, the Outreach Worker can, if necessary, assist in keeping the family informed of the Survivor's condition and discharge.
- The Outreach Worker must request permission from their supervising Social Worker to pay for transportation to/from the service provider, or for the cost of emergency treatment. The Outreach Worker must obtain receipts.

At all steps of this process the Outreach Worker must notify and talk with their supervising Social Worker. The Outreach Worker should document any changes in the Survivor's condition, and include whether or not the link was successful (see Follow-up Form).

3. To Assist the Survivor's Recovery by Providing Information and Support:

- The Outreach Worker and Survivor will need to take the emergency health problem into consideration when developing the IRAP objectives.

- The Outreach Worker should keep the Survivor informed on prevention and self-care and make sure the Survivor knows how to seek professional treatment.

Recognizing and Dealing with Infections [45 min]

Objectives: By the end of this session participants will be able to:

1. List the signs and symptoms of infection
2. Describe what can happen if a serious infection is not treated
3. Explain infection prevention to Survivors
4. Identify serious infections such as gangrene and osteomyelitis
5. Know when to link and refer for serious infection

Instructor: We will now go into detail about the serious health problems we often see in Survivors. The first of these is infection. We will discuss the definition, signs and symptoms, and prevention of infection. We will also review the life threatening infections gangrene and osteomyelitis. A PowerPoint presentation with photographs of infected wounds will be used to show the Outreach Workers what they should look for. The second half of the PowerPoint presentation is an exercise (see below for details).

Serious Infections: Gangrene [60 min]

HANDOUT #11: SERIOUS INFECTIONS

Definition

Infection is defined as the process by which infection-causing germs⁵ enter an open site in the body and multiply, resulting in disease. Normally, the skin protects the body from allowing infection-causing germs to enter. Any wound, sore, or break in the skin provides an opening through which infection-causing germs can enter.

Those with limb loss may get a sore on their residual limbs if their prosthesis do not fit properly, and rubs when they walk. They can also get sores like everyone else from scratched insect bites, cuts or burns. If a sore is cared for properly, it will usually heal without any problems. Some people with limb loss have peripheral neuropathy (lack of feeling in their hands, feet and residual limbs). For example, they can get sores because they can not feel a stone in their shoe or a burn from cooking.

An infection may be localized, which means it develops only in one place on the body, or it may spread throughout the body in the bloodstream. If the sore has not healed after seven days, and the signs of infection are getting worse, it is considered to be a serious infection.

What can happen if a serious infection is not treated?

Depending on what germ causes the infection, serious infection can turn into gangrene or osteomyelitis, both of which can be life-threatening. The Survivor may need to have a second amputation to remove the infected flesh or bone. The infection can also spread to the liver, the brain, the heart, or other organs and cause disease or death.

Prevention

The first step is to prevent sores from starting. This can be done by examining the residual limb to make sure it is not rubbed by the prosthesis, by monitoring the feet to make sure they are not rubbed by shoes and not injured by stones or thorns (See SLL pamphlet on Diabetes and Vascular Disease for more information).

Keep all wounds clean with soap and water and dry bandages. If a sore gets started, take care of it to prevent bacterial infection. (See SLL pamphlet on Infection Prevention for more information)

Sign and Symptoms

A wound is infected if:

- it becomes **red, swollen, and hot**
- **It is painful,**
- it has **pus,**
- or if it begins to **smell bad.**

The infection is spreading to other parts of the body if:

- it causes **fever,**

⁵ The term 'germs' is used to refer to the microscopic bacteria, viruses, fungi, and protozoa that can cause disease.

- there is a **red line above the wound**,
- or if the **lymph nodes become swollen and tender**. (Lymph nodes—often called ‘glands’ — are little traps for germs that form small lumps under the skin when they get infected)

WARNING: If the wound has a bad smell, if brown or gray liquid oozes out, or if the skin around it turns black and forms air bubbles or blisters, this may be gangrene⁶. Seek medical help fast.

If these signs and symptoms last for more than 7 days, and are getting worse, the infection is serious.

Diagnosis and Treatment

- A trained doctor or nurse should examine the sore to determine what treatment is needed.
- The person will probably be given antibiotics, usually in pill form but sometimes, when an infection is very bad, by injection. The antibiotics will fight against the infection and should prevent it from spreading to other parts of the body.
- The doctor or nurse will clean the sore and may put an antibiotic ointment and a bandage on it. They should teach the Survivor how to keep it clean.
- If the infection has gotten beyond the serious stage and become gangrene or osteomyelitis, other treatment will be required (see LSN handouts on these diseases).

Recovery

If a serious infection is caught in time, it should heal without complications. If not, more serious diseases like osteomyelitis, gangrene, kidney disease and heart disease can follow.

LSN Outreach Worker Response

If the Survivor has or thinks s/he may have any of the signs and symptoms described above, the outreach worker should ask to look at the affected site.

1. Look at the site (being careful not to touch any liquid coming out of the site), and observe the following:

- a) Swelling, redness, a hot area
- b) Pain (as reported by the Survivor)
- c) Red streaks coming away from the sore
- d) Pus coming out of the sore; especially important if the pus is brown or gray or smells bad

2. If the Survivor seems to have any of the above signs and symptoms:

- a) **Link** the Survivor to Local Services as soon as possible. Explain to the Survivor that they have signs and symptoms of a serious medical problem and advise them that they need to see a medical provider as soon as possible. Do not tell the Survivor they have a serious infection because symptoms could be coming from something else. Do

⁶ Refer to handout Gangrene for detailed information.

- not alarm the Survivor unnecessarily, but tell them the situation could be very serious. Request Direct Assistance as appropriate.
- b) **Teach & Monitor:** Provide information on infection related issues (such as the SLL pamphlets) and teach the Survivor how to prevent and manage these problems. If appropriate, offer the Survivor the SLL pamphlet “Infection Prevention” to help care for the sore, and “Diabetes and Vascular Disease” to help prevent future sores.
 - c) Provide **Psychosocial Support:** Answer any questions that you can. Tell the Survivor that you want to help him/her to get medical treatment. Listen to, counsel and support the Survivor. Where possible involve family members, friends and/or Social Support Groups.
 - d) Provide **Adherence Support:** Visit the Survivor regularly (if an Active Survivor) after the Survivor is treated. Provide reminders, information and encouragement to assist the Survivor in adhering to a medically prescribed treatment program.
 - e) Provide **Locally Developed Information:** When possible provide pamphlets (such as the Surviving Limb Loss pamphlets) or other sources of culturally appropriate information in the Survivor’s language.

HANDOUT #12: GANGRENE

Definition

Gangrene means decay or death of a part of the body. Gangrene can be caused by infection, swelling, injury, or diseases that are long-lasting (chronic) and that worsen over time (degenerative) such as diabetes. There are three major types of gangrene: dry, moist (wet), and gaseous. The presence of any type of gangrene is a medical emergency.

What can happen if gangrene is not treated?

If the infection, swelling, or disease that caused the gangrene is not stopped, either with medications or by amputation of the affected area, the person can die. If the cause of the gangrene is treated successfully with medication or by amputating the affected part, the person can recover. Once infection has spread through the blood stream, however, the infection is very difficult to stop.

Who is most likely to get gangrene?

Gangrene can occur after a trauma, after surgery, and even spontaneously. People who have problems with their blood's circulation are more likely than others to get gangrene.

Prevention

- People with blood circulation problems may lose feeling in their feet and hands. When this happens, they may not notice or pay attention to small cuts or sores and these can become seriously infected. For this reason, people with loss of feeling in their hands, feet, or residual limbs should take special care to protect them, because of the risk of infection that can come from even a minor injury.
- Fast and complete treatment of any cut, scratch, break in the skin, or infection is highly recommended. A medical professional may need to remove infected skin to prevent the spread of bacteria that could cause more infection.
- Use of antibiotics before and directly following surgery has been shown to significantly reduce the rate of infection.

Signs and Symptoms of Dry Gangrene:

- In the early stage, dry (and wet) gangrene can be suspected from the presence of a red line on the skin that marks the border of tissue that is dying.
- As the tissue begins to die, dry gangrene may cause pain, or may not, especially in people who have lost feeling in the affected area.
- At first, the area becomes cold, numb, and pale. Later, it changes color to become brown, then black. Dead tissue will gradually separate from healthy tissue and fall off.

Signs and Symptoms of Moist (wet) Gangrene and Gas Gangrene:

- Gas gangrene usually occurs in muscle tissue (under the skin), not skin tissue. In moist or gas gangrene, the body parts will feel heavy and then very painful. The pain comes from swelling which happens when liquid or gas builds up in the tissue.
- Pain from gas gangrene will be very strong for 1-4 days following the injury, although it can last as little as eight hours or as much as several weeks.
- The swollen skin may be blistered at first, then red, and warm to the touch before becoming bronze, brown, or black colored. In 8 out of 10 cases, one can hear crackling sounds from the gas bubbles that build up under the skin. The gas can also be felt, under the skin.
- In wet gangrene, the pus is very bad-smelling. In gas gangrene, there is no real pus, but there will be an almost "sweet" smelling watery liquid that leaks out.

Treatment

- The presence of any type of gangrene is a medical emergency. Treatment must be administered by a trained doctor or nurse and as quickly as possible.
- Surgical removal of the dead tissue may be necessary.
- With dry gangrene it may not be necessary to surgically cut off the affected part because it can be left to dry up and fall off on its own.

Outreach Worker Response

If the Survivor has or thinks s/he may have any of the signs and symptoms described above, the outreach worker should ask to look at the affected site.

1. Look at the site, observe and ask about the following:

- a. Swelling, redness, a hot area
- b. Red line marking a swollen or painful area
- c. Crackling sound
- d. Bad smelling pus or sweet smelling watery liquid
- e. Cold, numb, pale area
- f. Unusual brown or black area
- g. Body part feeling very heavy, sometimes very painful
- h. Blistered area which becomes an unusual bronze, brown or black color

2. If the Survivor has or seems to have any of the above symptoms:

- a) **Link** the Survivor to Local Services as soon as possible. Explain to the Survivor that they have signs and symptoms of a serious medical problem and advise them that they need to see a medical provider as soon as possible. Do not tell the Survivor they have gangrene because symptoms could be coming from something else. Do not alarm the Survivor unnecessarily, but tell them the situation could be very serious. Request Direct Assistance as appropriate.
- b) **Teach & Monitor:** Provide information on infection related issues (such as the SLL pamphlets) and teach the Survivor how to prevent and manage these problems. If appropriate, offer the Survivor the SLL pamphlet "Infection Prevention" to help care for the sore, and "Diabetes and Vascular Disease" to help prevent future sores.

- c) Provide **Psychosocial Support**: Answer any questions that you can. Tell the Survivor that you want to help him/her to get medical treatment. Listen to, counsel and support the Survivor. Where possible involve family members, friends and/or Social Support Groups.
- d) Provide **Adherence Support**: Visit the Survivor regularly (if an Active Survivor) after the Survivor is treated. Provide reminders, information and encouragement to assist the Survivor in adhering to a medically prescribed treatment program.
- e) Provide **Locally Developed Information**: When possible provide pamphlets (such as the Surviving Limb Loss pamphlets) or other sources of culturally appropriate information in the Survivor's language.

Lunch break

Day 2 (Afternoon)

Serious Infections: Osteomyelitis [60 min]

Infection Identification PowerPoint Exercise: What do you see? After reviewing Serious Infection, Gangrene and Osteomyelitis begin the Power Point presentation. The first part of the PowerPoint Presentation shows example photographs of infection for discussion. The second part of the PowerPoint Presentation is an exercise.

Procedure: Place each participant's name in a bowl and draw to determine first, second, third, etc. If there are more participants than pictures replace the names in the bowl after the last is drawn and start again until all pictures have been reviewed.

Each participant will be asked to state the following:

1. What they observe in the picture. For example, "I see a wound with white pus surrounded by red skin"
2. What they think the problem is, if any. For example, "I think this is gangrene"
3. Whether or not what they see is an emergency.
4. Their response to this problem.

HANDOUT #13: OSTEOMYELITIS or INFECTION OF THE BONE

Definition

Osteomyelitis means infection of the bone. The infection that causes osteomyelitis usually starts in another part of the body and spreads to bone via the blood.

What can happen if osteomyelitis is not treated?

When a bone is infected, it produces pus, and an abscess may form in the bone or near it. The abscess can keep blood from reaching the bone. When blood cannot reach the bone for a long time, the bone actually dies. Osteomyelitis can last, off and on, for years. If the infection cannot be stopped, the bone may need to be amputated to save the person's life.

Who is most likely to have osteomyelitis?

People who have had an accident that smashes a bone, or a traumatic amputation, or who are diabetic, or who abuse intravenous drugs are more likely to get osteomyelitis. Bones that become infected may have been "prepared" for it, in a way, by the trauma, which explains why amputees are more likely than other people to have osteomyelitis.

Prevention

Fast and complete treatment of any infection is recommended. People who have high risk of osteomyelitis should see a doctor or nurse if they have signs of infection anywhere in the body. If someone has the symptoms of osteomyelitis, or if the symptoms remain even after treatment, it is important to see a doctor or nurse immediately.

Signs and Symptoms

Primary Signs and Symptoms:

- Pain in the bone
- Tenderness in infected area
- Local swelling, redness, and warmth
- Fever
- Nausea
- General discomfort, uneasiness, or ill feeling (malaise)
- Leaking pus through a wound in the skin

Diagnosis and Treatment

Only a trained healthcare professional can diagnosis the disease, by examining the person and testing their blood.

Treatment must be administered by a trained healthcare professional. At first, antibiotics are given by injection. Later, the antibiotics can be given by mouth. When the infection lasts a long time, it is usually necessary to surgically cut out dead bone tissue. Antibiotic treatment is continued for at least 3 weeks after surgery.

Outreach Worker Response

If the Survivor has or thinks s/he may have any of the primary symptoms (listed above), the outreach worker should ask to look at the Survivor's residual limb and ask the following questions:

1. **Observe/ask the Survivor the following questions:**
 - a. Do you feel pain in the bone of your residual limb?
 - b. Is your residual limb swollen (either the whole residual limb or parts of it)?
 - c. Is your residual limb red?
 - d. Does your residual limb feel warm to the touch?
 - e. Is there pus leaking through the skin of your residual limb?
 - f. Do you feel bad, have general discomfort, uneasiness or ill feeling (malaise)?
 - g. Have you noticed that you are using your residual limb less since you have had these symptoms?

2. **If the Survivor answers "YES" to any of the above questions:**
 1. **Link** the Survivor to Local Services as soon as possible. Explain to the Survivor that they have signs and symptoms that may mean they have a serious medical problem and advise them that they need to see a medical provider as soon as possible. Do not tell the Survivor they have osteomyelitis because symptoms could be coming from something else. Do not alarm the Survivor unnecessarily, but tell them the situation could be very serious. Request Direct Assistance as appropriate.
 2. **Teach & Monitor:** Provide information on infection related issues (such as the SLL pamphlets) and teach the Survivor how to prevent and manage these problems. If appropriate, offer the Survivor the SLL pamphlet "Infection Prevention" to help care for the sore, and "Diabetes and Vascular Disease" to help prevent future sores.
 3. Provide **Psychosocial Support:** Answer any questions that you can. Tell the Survivor that you want to help him/her to get medical treatment. Listen to, counsel and support the Survivor. Where possible involve family members, friends and/or Social Support Groups.
 4. Provide **Adherence Support:** Visit the Survivor regularly (if an Active Survivor) after the Survivor is treated. Provide reminders, information and encouragement to assist the Survivor in adhering to a medically prescribed treatment program.
 5. Provide **Locally Developed Information:** When possible provide pamphlets (such as the Surviving Limb Loss pamphlets) or other sources of culturally appropriate information in the Survivor's language.

Exercise: Team competition – Medical Emergencies and Infection [60 min]

This exercise is a simple competition to get the most correct answers. It is designed to review and reinforce the information covered in the Medical Emergencies and Infection sections of the training.

Procedure: Divide participants into two teams and have participants create a name for their team. The Facilitator will play the role of Game Show Host and ask questions to each group one at a time. If a group gets a question wrong the other group has the opportunity to answer. The team with the most correct questions at the end of the competition wins a prize.

Questions:

- 1. What is the definition of Medical Emergency?**
 - a. *A medical emergency is a health problem that, if it is not treated quickly, will cause death or severe injury*
- 2. Name 3 signs or symptoms of infection**
 - a. *Red, swollen, hot, painful, pus, bad smell*
- 3. If a person stops breathing they will die or suffer permanent brain damage within how many minutes?**
 - a. *5 minutes*
- 4. What it is called when a person loses consciousness and makes jerking movements?**
 - a. *Seizure*
- 5. Name one sign an infection is spreading to other parts of the body.**
 - a. *Fever, red line above the wound, or swollen and tender lymph nodes.*
- 6. True or False: A small amount of bleeding that does not stop is not dangerous.**
 - a. *FALSE*
- 7. If a wound has a bad smell and brown liquid oozes out when should you seek medical treatment?**
 - a. *Immediately*
- 8. Bright red blood in urine, vomit or feces is a sign of what?**
 - a. *Internal bleeding*
- 9. Name 2 important things to remember when a person is having a seizure.**
 - a. *Try to keep the person from hurting himself: move away all hard or sharp objects.*
 - b. *Put nothing in the person's mouth while he is having a seizure.*
 - c. *After the seizure the person may be dull and sleepy. Let him sleep.*
 - d. *If the child has a high fever, lower it at once with cool water.*
 - e. *Send for medical help.*
- 10. What is the immediate response to a very high fever (over 40° C)?**
 - a. *Keep the person cool by removing clothing or blankets and bathing them with cool water.*
- 11. Who is most likely to get gangrene?**
 - a. *People who have had a physical trauma, surgery or who have problems with their blood's circulation.*
- 12. True or False: A person with a very high fever (over 40° C) should never drink water.**

- a. *FALSE*
- 13. If someone is bleeding from a wound, how can you stop the bleeding?**
a. *Apply pressure directly to the wound*
- 14. Name one thing that can happen if a serious infection is not treated?**
a. *Serious infection can turn into gangrene or osteomyelitis.*
b. *The Survivor may need to have a second amputation to remove the infected flesh and bone.*
c. *The infection can spread to the liver, the brain, the heart, or other organs*
d. *Death*
- 15. If a person is loses consciousness, and can not be woken, you should look at their chest. Why?**
a. *To check if they are breathing by looking for the rise and fall of the chest*
- 16. What is the first step to preventing infections in Survivors?**
a. *Prevent sores from starting*
- 17. True or False: If a serious infection is caught in time, it should heal without complications.**
a. *TRUE*
- 18. True or False: An appropriate response for an Outreach Worker to a medical emergency is to buy medicines at the pharmacy and give to the Survivor.**
a. *FALSE*

15-minute break

Recognizing and Dealing with Chronic Pain [120 min]

Objectives: By the end of this session participants will be able to:

1. List the different treatments for chronic pain.
2. Describe the relationship between depression and chronic pain and list the most effective responses to a Survivor with depression and pain.
3. List the most commonly used types of pain medication and briefly describe the differences between them.
4. List causes and treatments for pain in the residual limb.
5. Describe cognitive techniques for dealing with pain.

Instructor: Pain that lasts weeks, months or years always has a significant effect on a Survivor's quality of life. Survivors of trauma often suffer from painful injuries, and most amputees experience phantom limb pain at some point. Chronic pain is closely linked to depression: when a person is depressed they are more sensitive to any type of pain, and people in pain are frequently depressed. Health professionals often do not have the time or the patience to deal with Survivors who have chronic pain. Addictive pain medications are often repeatedly prescribed, leading to drug dependence and abuse.

Pain affects every aspect of daily living. Survivors who are in pain have difficulty maintaining a home, caring for themselves, raising children, or holding a job. Pain is one health issue that you should try to address as soon as possible.

As with any other health problem, the Outreach Worker should look for ways to educate the Survivor so that he or she can make informed decisions and deal successfully with the pain without relying on medications more than absolutely necessary. This is often a slow and difficult process but it is one of the most important goals of Peer Support.

There are also a number of treatments which may be helpful that Survivors can use themselves at home.

Procedure: the participants take turns reading out loud each section of the first two handouts, EVALUATING AND MANAGING CHRONIC PAIN and WHAT YOU SHOULD KNOW ABOUT PAIN MEDICATIONS.

HANDOUT #14: EVALUATING AND MANAGING CHRONIC PAIN

Evaluation: Usually pain is a symptom of a disease or an injury. When the disease or injury is resolved, the pain stops. Sometimes, however, pain becomes an illness in itself when there is no other disease or injury causing it. Doctors may say that the pain is imaginary and cannot be treated. Even if a doctor tells you this, you should keep looking for ways of relieving your pain until you find something that works.

Depression and Chronic Pain: People who live with chronic pain are nearly always depressed, and it is known that people who are depressed have a much lower tolerance for pain. Because pain and depression are so closely linked, both of these issues should be treated at the same time, if possible. For many people, depression can be improved with good Peer Support. Dealing successfully with depression will often reduce chronic pain, and successful treatment of chronic pain frequently relieves depression. We should pay attention whenever a Survivor appears depressed because of the risk of suicide.

How chronic pain affects a Survivor's Quality of Life:

- Pain interferes with sleep, leaving the Survivor tired and unhappy during the day.
- Pain interferes with appetite, causing the Survivor to lose weight.
- Pain interferes with movement so that Survivors are reluctant to leave the house or engage in outdoor activities. They become socially isolated and bored.
- Pain interferes with memory and concentration.
- Pain interferes with work, leading to financial problems and loss of self-esteem.
- Medications for pain often have side effects such as heartburn, stomach upset, or drowsiness.
- Stress from unemployment, impaired mobility, and social isolation make pain worse.

Pain cannot be measured by any test or instrument, but tests can determine if there is an injury or illness that can be treated in order to resolve the pain. For example with landmine injuries, pain may be due to:

- Shrapnel or another object embedded in the residual limb
- Pressure from scar tissue
- Badly healed bone fractures
- Contractures
- An infection of the skin, bone or soft tissues
- A problem with the circulation of blood

Chronic illnesses such as cancer, diabetes or AIDS can also cause severe pain. In some cases the pain is related to swelling and impaired circulation.

Response: First it will necessary to obtain a medical evaluation. Treatment for chronic pain includes:

- **Medications** (many different types, which we will discuss)

- **Physical therapy** (not always successful, depending on the cause of the pain)
- **Surgery** (not always successful, depending on the cause of the pain)
- **Alternative therapies** (including massage, acupuncture, and cognitive techniques - also not always successful, depending on the cause of the pain).

Physical Therapy: If the Survivor has access to physical therapy, this is a good way to treat pain and to learn how to manage it at home. A physical therapist will set activity goals with the Survivor that are similar to IRAP objectives. Goals are usually physical, functional and social and emphasize the relationship between health, daily living and social interaction. Physical therapy is even more effective if combined with surgery and pain-relief medications. Physical therapy consists of various different approaches to pain:

- **Exercises** to strengthen muscles and improve flexibility and circulation.
- **Stretches and aerobic conditioning** to increase endurance, which can increase a person's tolerance to pain.
- The application of **heat, cold, massage** and sometimes a mild electric current to reduce pain and improve circulation.
- **Teaching the Survivor** stretches, massages, exercises, and how to apply heat and cold to reduce pain, plus education on posture, positioning and guidance on rest and diet.
- **Confidence-building** to improve physical activity and to control the response to pain. To increase confidence, patients need to attempt something previously feared, achieve it, and recognize it as their own achievement.

How the Outreach Worker can help a Survivor with chronic pain:

1. **Link/Refer Survivor to Local Services:** Accompany the Survivor to a health service where the cause of the pain can be evaluated and the Survivor can receive professional treatments such as physical therapy, surgery, and pain-control medications.

Remember that seeking treatment always raises hopes. Going to a new clinic or starting a new treatment can bring someone out of their depression temporarily—and throw them back into it if it doesn't work.

- Beware of popular “new” treatments that are expensive and usually don't help.
- Try traditional medicine if the Survivor seems interested.
- Never believe that you've “tried everything without success”.

Don't rely on one treatment at a time. Very few treatments work alone—most successful treatments combine several different approaches at the same time. If the Survivor goes for surgery, make sure they keep up their physical therapy afterwards and continue taking their medication. If possible, try some of the alternative techniques such as massage or mental imagery at home to see if they help.

2. **Teach & Monitor:** Provide information on chronic pain (such as the SLL pamphlet on *Pain After Amputation*, or some of the handouts from this course) and monitor the Survivor's progress over time.

3. Provide **Psychosocial Support**: Listen to, counsel and support the Survivor. This can involve family members, friends and/or Social Support Groups.

Talk with the Survivor about the pain. If the Survivor is able to express his or her feelings and describe what he or she is going through, you will be able to provide Peer Support. Encourage the Survivor to talk to other people about their pain and how they feel about it. Support groups are good for helping Survivors to discuss their feelings.

Help the Survivor think about what makes them feel better and what makes them feel worse. This is an important step towards developing pain management techniques. Think about food, activities, work, people they know, family members, and the weather. Put this information to use in developing distractions and 'comfort time' to escape from the pain, and to avoid or minimize situations that increase stress and make the pain worse.

4. Provide **Adherence Support**: The Outreach Worker provides reminders, information and encouragement to assist the Survivor in adhering to a medically prescribed treatment program.
5. Provide **Locally Developed Information**: The Outreach Worker provides pamphlets (such as the Surviving Limb Loss pamphlets) or other sources of culturally appropriate information in the Survivor's language.

HANDOUT #15: WHAT YOU SHOULD KNOW ABOUT PAIN MEDICATIONS

Survivors who suffer from post-amputation pain and those with chronic pain from illness or injury may be taking pain medications. The Outreach Worker should understand some of the basic functions of pain medications.

Three Types of Pain Medication: There are three basic types of medications that relieve pain: Narcotics, analgesics, and anti-inflammatories. There are also a few medications for other health problems (such as seizures or depression) that can relieve certain kinds of pain.

Narcotic Pain Medications: These are sometimes called ‘pain-killers’ or ‘opioids’ because they are derived from opium. They are the strongest pain medications and if used regularly for many weeks, the person taking them develops a **physical dependence** on them. This means that if he or she stops taking the medication suddenly, they will experience withdrawal symptoms, usually nausea and increased pain. The term ‘addiction’ refers to the person’s conscious desire to continue taking the drug, which is distinguished from physical dependence.

Narcotic Pain Medications include morphine and codeine, and a variety of other drugs (names vary depending on the country). Heroin was originally used to treat pain and is now illegal. Methadone is a long-acting narcotic sometimes used to help people recover from addiction.

Narcotics can be pills or injections and in most countries a doctor’s prescription is necessary to buy them. Usually they cause the person to become drowsy or act ‘drunk’ for a short time after taking them. Taking a large amount of narcotic medication can cause a person to stop breathing and die.

Analgesics: The two most common analgesics are aspirin and paracetamol (also known as acetaminophen). They are less powerful than narcotics but do not cause dependence or addiction. They are both good to reduce fever and swelling, although aspirin can cause bleeding in the stomach.

Anti-inflammatory Medications: There are many different kinds of anti-inflammatory medications available. The most common one is ibuprofen. They are good for relieving pain due to swelling or irritation of the joints or bones. Most of them are pills, but some can be given as injections. Like aspirin, they should not be used for a long period of time because they tend to cause bleeding in the stomach. They do not lead to addiction or dependence.

Other Drugs: Drugs for seizures and for depression have been useful for certain types of pain, particularly phantom limb pain. These drugs do not cause dependence or addiction but they can have unpleasant side effects. They do not relieve pain in every case, but if they work they are a better choice than narcotics. They should be used only with a doctor’s recommendation.

Steroids like dexamethasone or prednisone relieve pain by reducing swelling. They should not be taken for long periods of time.

HANDOUT #16: PHANTOM LIMB PAIN

Nearly all amputees experience some form of phantom sensation or pain after an amputation. About 3 out of 4 amputees report painful or uncomfortable phantom limb sensations and half of all amputees have chronic or recurrent phantom limb pain for months or years after losing the limb. (Note that phantom limb pain is not the same as pain in the residual limb)

Evaluation: Nobody really knows what causes phantom sensation or pain. It seems to be related in some cases to problems with the stump, and tends to be worse in cases of traumatic amputation or amputation without anesthesia. Where the Survivor has had pain in the limb before the amputation it is likely that they will have phantom pain after amputation. Phantom limb pain can be worse in Survivors who are depressed, therefore pay attention to the Survivor's emotional state.

Many amputees are reluctant to talk about phantom pain with others who are not amputees, fearing that they will be believed to be crazy or having hallucinations. Doctors often say that phantom limb pain is "imaginary" and that it will go away without treatment. The Outreach Worker must reassure the Survivor that phantom limb pain is very common and very real, and that it can be treated.

Response: About half of all amputees say that treating the stump can relieve phantom limb pain.

Residual Limb Treatments that Sometimes Relieve Phantom Limb Pain:

1. Massage your residual limb with warm oil or soap.
2. Wrap your residual limb in hot wet towels, or apply a bag of crushed ice for a few minutes.
3. If you use a prosthesis regularly, take 2 or 3 days' rest without the prosthesis; Check the padding in your prosthesis socket to see if it needs to be replaced; have a prosthetics technician look at your prosthesis to see if it needs to be adjusted.
4. Check your residual limb for bruises, cuts, or swelling; Apply a bag full of crushed ice to areas that are swollen or painful; Wash and treat any cuts or sores.
5. Exercise the residual limb by contracting and holding the muscles; stretch the tendons out very slowly in all directions.

Other Treatments that May Be Effective:

1. Some medications for depression, for seizures, or for heart conditions will relieve phantom limb pain. No one understands exactly why these drugs work (see HANDOUT #14: WHAT YOU SHOULD KNOW ABOUT PAIN MEDICATIONS).

2. Pain medications have only a temporary effect but may be necessary if the pain is severe.
3. Medications to reduce inflammation, either pills or injections, may help.
4. Acupuncture has helped many amputees deal with phantom limb pain.
5. Surgery can reduce the pain in some special cases, but is usually not helpful.
6. Professional massage therapy sometimes relieves phantom limb pain.

Mental Imagery Techniques to Relieve Phantom Limb Pain:

A person's attitude towards pain will affect their response to it. If you believe that the pain is a sign of a progressive disease that could kill you, the pain will seem much worse than if you believe that the pain is not harmful. The prominence of the pain in the Survivor's mind also influences the intensity of the pain. Many people with chronic pain learn to distract themselves by concentrating on other activities, pushing the pain out of their minds.

Some people can put themselves into a hypnotic state where they feel no pain and can even undergo surgery without anesthesia. Anyone can learn techniques to control pain using their imagination. These techniques require time, patience and determination to learn, but if successful, the Survivor can use them to manage pain without drugs.

This is one of many options for pain control. If the Survivor is willing to experiment with these techniques, then try them.

- Put yourself in a relaxed, reclining position in a dark room. Either shut your eyes or focus on a point.
- Breathe deeply, then gradually slow down your breathing. If you find your mind wandering or if you are distracted, then think of a word, such as the word "Relax", and think it in time with your breathing...the syllable "re" as you breathe in and "lax" as you breathe out.
- Continue with about 2 to 3 minutes of controlled breathing.
- Once you feel yourself slowing down, you can begin to use the following imagery techniques:
 1. **Phantom Exercises:** Mentally flex and extend your phantom limb. For upper limb amputees, make a fist, extend your elbow, extend your fingers one by one. For lower limb amputees, flex and extend your toes and your foot at the ankle.
 2. **Phantom Massage:** Imagine a soothing massage with warm oil going over the painful area and relieving your pain.
 3. **Sensory Splitting:** Divide the sensation into parts. For example, if the pain feels hot or tingling to you, focus on the heat or tingling and not on the hurting.
 4. **Altered Focus:** Focus your attention on non-painful parts of your body (hand, foot, etc.) and alter sensation in that part of the body. For example, imagine your hand warming instead of focusing on the pain.
 5. **Phantom Pain Controls:** Imagine a symbol which represents your pain (such as a loud, irritating noise or a painfully bright light bulb). Gradually reduce the irritating qualities of this symbol (e.g., dim the light or reduce the volume of the noise), thereby reducing the pain.

6. **Positive Imagery:** Focus your attention on a pleasant place that you could imagine going (the beach, mountains, etc.) where you feel carefree, safe and relaxed.

HANDOUT #17: PAIN IN THE RESIDUAL LIMB

Evaluation: There are different types of stump pain and the treatment depends on the type of pain. Pain is common right after the amputation and again when the Survivor starts using a prosthesis, especially a lower limb prosthesis which bears his or her weight. It takes time to get used to using a prosthesis and the skin of the residual limb must become accustomed to bearing weight and to some rubbing that happens when moving normally. Also the shape of the residual limb will change over time with the use of a prosthesis.

Common Causes of Residual Limb Pain:

- Scars on the skin or under the skin on muscles or nerves
- Bruises or swelling from a badly fitted prosthesis
- Sharp bony points growing after the amputation
- Putting too much weight on an unready stump
- Scrapes, cuts, sores or infections of the skin
- Chronic infections of bone or soft tissues
- Problems with circulation of the blood
- Shrapnel or other foreign objects

Response:

Recommendations for the Survivor include:

1. **“Make friends” with your residual limb:** Many Survivors are reluctant to look closely at the site of their injury because they consider it ugly or because it reminds them of their trauma. Survivors who are comfortable with their residual limbs have less pain, and are able to prevent small problems from getting worse.
2. **Inspect your residual limb each day** before putting on a prosthesis and after taking it off.
3. **“Make friends” with your prosthesis** and keep it clean and maintained. Ask your prosthetist to replace worn parts or adjust the socket. Be sure to tell him if using your prosthesis is painful.
4. **Treat any small cuts or sores** on your residual limb before they get infected.
5. **Exercise your residual limb regularly:** This improves circulation and keeps muscles and bone strong and healthy.
6. **Self-massage with warm oil and the use of hot moist towels or a bag of crushed ice can help reduce pain.**

Exercise: [75 Min]

DAY 3 (Morning):

Objectives: By the end of this session participants will be able to:

1. Use the Health Screen to evaluate a Survivor for possibly serious health problems.
2. Quickly decide if a Survivor has a serious infection, severe pain or a severe mental illness, based on information obtained during the Health Screen.
3. Respond appropriately to health problems revealed during the Health Screen, according to the level of severity.

Using the Health Screen to Assess a Survivor's Physical and Mental Health [60 min]

Instructor: We have talked about various health problems and how to deal with them. At this point we are going to start working with the Health Screen in order to better understand how the Health Screen is designed to help you, the Outreach Worker or Social Worker, find out if the Survivor is suffering from a potentially serious health problem.

NOTE: The Health Screen will not ask about all the possible health problems that a Survivor may have. The Health Screen is intended to look for serious, life-threatening health problems, especially ones that are common in amputees and Survivors of landmine or UXO injuries, and also to find out if the Survivor has an ongoing health problem that requires professional care.

We want to obtain this information during the First contact Interview in order to:

1. Prioritize Survivors with serious health problems and get them on Active Case status faster, so that LSN can help them get the health care that they need.
2. Find out about health issues that may be serious and see that they are evaluated and treated before they get any worse.
3. Provide Survivors with information and answers to questions that they may have about issues that are common in amputees and Survivors of landmine or UXO injuries.
4. Better prepare the Outreach Worker to provide the necessary psychosocial support to Survivors with serious or chronic health problems.

Procedure: Hand out copies of the Health Screen to all participants to refer to during this session.

HANDOUT #18: HOW TO DO THE HEALTH SCREEN

PLEASE NOTE THAT THE HEALTH SCREEN WE ARE USING HERE IS ONLY A DRAFT VERSION FOR TRAINING PURPOSES.

1. **The Health Screen is Very Personal:** You have started to get to know the Survivor by now, and have some basic information about him or her. You are now going to ask some personal questions about health that require honest, complete answers. It is best if you and the Survivor are on good terms, in a relaxed and friendly atmosphere. If not, it may be better to postpone the Health Screen.
2. **Privacy is Important:** Make sure you have some privacy and freedom from interruptions while doing the Health Screen. Another family member may be present if the Survivor requests, but when you direct questions at the Survivor, make sure that the Survivor, and not the family member, answers them.
3. **Explain What You are Going to Do:** “I want to ask you some questions about your health. We ask all Survivors to give us some basic information about their health in addition to other basic information. We are interested in any medical care or treatment that you are receiving now or have received recently, and any health problems that have been of concern to you. This information is for LSN’s use only and will only be given to other people with your permission.”
4. **How the Health Screen is structured:** The Health Screen is divided into two parts, the **Physical Health Screen** and the **Mental Health Screen**. You will notice that the Physical Health Screen form is divided into three columns, labeled **First Question, Follow-up Questions** and a third column with instructions for medical emergencies.
5. **Answering the Questions:** Each question in the **First Question** column has a ‘Yes’ or ‘No’ in it, with a checkbox and instructions for what action you should take. If the Survivor answers ‘Yes’ to any question, you will need to get more information from the questions in the **Follow-up Questions** column. If the Survivor answers ‘No’ to a question, you should go on to the next question below.

Write Down What the Survivor Says. Survivors will often tell you things in a different order than the questions on the Health Screen form. You do not need to repeat questions if the Survivor has already given you the answer, but be careful to get answers to all the questions. Survivors who have many health problems will want to tell you about them, but you don’t need any other information about the Survivor’s health aside from what is in the Health Screen. Try not to add information unless it is confirmed by the Survivor. If the answer is unclear, ask the Survivor to explain what he or she means. You can write explanatory notes in the margins or on the back of the form if you need to. Once you have done a few Health Screens it will become much easier to do them.

Be as Specific as Possible. Many people have trouble remembering exact dates, but you should try to get the Survivor to give you a guess as to when they had surgery or last received treatment, etc. People usually have difficulty recalling the exact diagnosis or the names of medications or operations. If the Survivor has medical records or prescription bottles it is better to use these to answer the specific questions on the Health Screen form.

- 6. Visual Inspection:** It is sometimes helpful to look at the site of the amputation or injury if the Survivor doesn't mind. You only need to ask to see a residual limb if the answers to the questions about a wound with discharge, swelling or unusual color are 'Yes'. If you do not feel comfortable asking to see the site of the injury, do not feel obligated to do so. If the Survivor does not wish to show you his or her residual limb, do not insist. Move on to the next question.
- 7. Doing the Mental Health Screen:** The Physical Health Screen is mostly questions, while the Mental Health Screen is mostly observations. During the First contact Interview and the Physical Health Screen you will have an opportunity to observe the Survivor and evaluate his or her mental and emotional condition. In most cases it will be clear if the Survivor has serious mental or emotional problems. You will still need to complete the Mental Health Screen to be sure you have not missed a hidden emergency. In three places, there are 'Probing Questions' that you should ask in order to determine the nature of the problem.

The Mental Health Screen attempts to evaluate:

- Is the Survivor dangerous to himself or herself or to other people?
- Does the Survivor have signs of a major mental illness that would prevent him or her from living without assistance in daily activities such as eating or hygiene?

The follow-up for the Mental Health Screen is essentially the same as for the Physical Health Screen. You will need to record what, if any, action was taken and what the results were after 7 days.

8. Responding to Problems Revealed by the Health Screen:

Medical Emergencies: We have discussed the most common medical emergencies. For the Health Screen, there are two specific situations which require immediate action: When a residual limb shows signs of an infection (wound with discharge, swelling or unusual color), and when the Survivor tells you that he or she is in severe pain. If a Survivor has either one of these problems or any other medical emergency and is not already receiving treatment, you will need to link him or her immediately with professional medical care.

Health Problems that are Not Emergencies: Remember that the Health Screen is done on Survivors who are not yet Active. This means that LSN can only assist emergencies. All other health problems should be handled through referrals, advice, information or education.

Follow-up: You will need to record if any action was taken to deal with health problems identified during the Physical Health Screen. If you link the Survivor for the treatment of a

serious health problem you will also need to visit the Survivor again within a week to determine if the health problem is being successfully resolved, and if it is not, to take further action.

When a Survivor Refuses Medical Care: It may happen that a Survivor does not want to be taken to a health facility, or will not follow instructions from a doctor. This is not illegal, as long as the Survivor is not mentally ill, but family members and religious leaders may feel strongly that it is wrong. The Survivor should be fully aware of the consequences of refusing treatment, and as someone with a close relationship to the Survivor, the Outreach Worker may have to deal with this situation.

Role-playing Practice Sessions: The Physical Health Screen [120 min]

Procedure: Divide participants into two groups with one Social Worker leading each group. The Social Worker will role play a Health Screen scenario one-by-one with each participant. The participant will complete a Health Screen during the role play and decide on next steps. During each role play other participants in the group will also fill out a Health Screen and decide on next steps. At the end of each role play there will be group discussion on the role play.

Scenarios

1. Emergency, Pain: Survivor is in a great amount of pain. He/she can not sleep or eat, daily life is being affected. The Survivor is short tempered and angry. The pain started one week earlier and it is constant. There is no wound or anything to indicate infection. The pain is primarily at the site of amputation but it is difficult for the Survivor to pinpoint the exact location of the pain. The Survivor has not seen a doctor and is taking pain medication he/she purchased at a pharmacy but it is not helping. The Survivor is constantly asking the OW for strong medicines to make the pain go away. [Response: link to health facility]

2. Emergency, Infection: Survivor is 25 years old with an amputation less than one year ago. In general the Survivor's health is good and he/she reports feeling good. When asked about problems at the site of amputation the Survivor admits that his/her stump looks strange and it seems to be bigger today than it was last week. There is a small wound and the area around it is red and hot. There is also something white coming out of the wound. The Survivor has not gone to the doctor because the wound is very small and the pain is not terrible. The pain started last week, it is constant but low, and it is primarily located around the site of the wound. [Response: link to health facility]

3. No health problems: Survivor is 50 years old and has no health problems but is very lonely. When the OW asks about health the Survivor changes the subject to his/her children, the weather, lack of money, etc. The Survivor will not allow the OW to look at the amputation but reports having no problems and no pain. The Survivor does not want the interview to end because he/she wants to keep talking. [Response: nothing]

4. Non-Emergency, Pain: Survivor is 70 years old with a leg amputation from 20 years ago. The Survivor has many health problems such as losing all his/her teeth, having a weak heart, and not seeing very well. The Survivor reports very bad pain at the site of amputation, especially when it rains or he/she spends all day at the market. The Survivor has gone to many doctors but thinks they are all useless because they do nothing but tell the Survivor to lie down and rest. [Response: share SLL pamphlet and other information on managing pain]

5. Emergency, Infection: Survivor is 45 years old with an upper arm amputation. The Survivor self reports an infection that will not go away for several weeks now. The Survivor allows the OW to look at the amputation site and the Survivor points out that it is red, swollen and there is a little discharge. The Survivor sees the doctor every few days, most recently 3 days ago. When he/she sees the doctor the nurse always cleans the wound, puts a white covering on

it, and gives medicine but the Survivor does not know the name of the medicine. He/she plans to see the doctor again tomorrow and reports the pain around the wound is a little less every time the nurse cleans it. [Response: Nothing. Even though the infection is potentially an emergency the Survivor is receiving regular medical care for this problem so there is no need to link or refer. The OW should tell the Survivor he/she is doing exactly the right thing by seeing the doctor regularly and he/she should continue following the doctor's orders]

6. Emergency, Bleeding: The Survivor is 16 years old. Twenty minutes before the OW came to the house the Survivor cut his/her hand on a piece of glass and the bleeding has not yet stopped. He/she has filled 10 towels with blood already. The Survivor is starting to feel weak and sleepy. [Response: link to health facility immediately]

7. Emergency, Breathing: The Survivor is 60 years old and has asthma. Today the Survivor is not able to breathe very well. He/she has followed the doctor's past advice about relaxing to bring breathing back to normal but it is still getting worse. The Survivor is looking pale, is starting to panic and breathing is becoming more labored. [Response: Link to health facility immediately. OW should help the Survivor remain calm and prevent him/her from panicking]

8. Emergency, Infection (gangrene): Survivor is 35 years old with a lower leg amputation from 6 months ago. The Survivor has no problems with his/her amputation but reports the toes on the surviving leg look very strange and are changing colors. Some of the toes are brown and others are black. The Survivor began noticing these changes in color a few weeks ago. He/she has not seen a doctor for this and feels no pain. He/she has no other problems. [Response: Link to health care facility immediately]

9. Non-Emergency, Pain (old problem): Survivor is 50 years old and was injured by a landmine 15 years ago. He/she is in good health but has pain at the site of amputation when wearing the prosthesis he/she received 15 years ago. He/she has had this problem for many years. [Response: Encourage Survivor to visit the Prosthetics and Orthotics Center about a new prosthesis]

15-minute break

Communicating Effectively With Health Practitioners [45 min]

Objectives: By the end of this session participants will be able to:

1. List some simple rules for preparing for a visit to a health facility.
2. Describe techniques for getting information from medical personnel.
3. List ways of responding if a Survivor believes that he or she has been unfairly treated.

Instructor: Has anyone here ever had an unpleasant experience with a doctor or another health professional?

[Allow participants to describe some of their experiences]

What do we see is common in these stories?

- Was the patient discriminated against because of his or her disability?
 - Did the health professional actively and deliberately abuse the patient?
 - Was the health professional too busy or too tired to give proper care?
 - Did the patient request attention or information in a respectful manner?
 - Were medical decisions made without involving the patient?
 - Was important information given in a way that made it hard for the patient to understand?
1. What rights do patients have in this country? What rights should patients have? Are patients' rights enforced by law?
 2. How can the Outreach Worker empower a Survivor to take more control of his or her medical treatment?

HANDOUT #19: COMMUNICATING EFFECTIVELY WITH HEALTH PRACTITIONERS

Health professionals, especially doctors, have a lot of power and a lot of responsibility. But all of us have had experiences at clinics or hospitals where we did not get the treatment we were expecting. People with disabilities, especially amputees, are sometimes dismissed as being “difficult patients” when hospital staff are tired or under pressure. Survivors need to be aware of their rights and respectfully request that they receive adequate health care just like any other patient.

Here are some things for the Survivor and the Outreach Worker to keep in mind when you seek medical attention. (NOTE: It may be helpful to review this handout with the Survivor before a doctor’s visit if you believe that the visit may be difficult. REMEMBER that the Survivor needs to ask the questions and make the decisions, not the Outreach Worker.)

- 1. Be ready to provide information about your medical history:** Staff at clinics and hospitals are always in a hurry, and the more efficiently you can answer their questions, the better you’ll be treated.
 - Have basic information like address, phone number, and insurance cards ready when you arrive.
 - Keep medical documents in a folder for easy reference.
 - Write down a list of medications (or bring pill bottles with you) and dates of hospitalizations or surgeries.
 - Keep the names and addresses of any other medical professionals you have visited.
- 2. Be honest:** Remember that the information you give helps the doctor to determine which treatment is best for you. Not telling the truth can affect the quality of your care and can even lead to a wrong diagnosis.
 - Never lie in response to questions about alcohol or drug use, sexual history, or other questions.
 - Be honest about the extent to which you are taking your medications or following a treatment plan.
- 3. Make a list of questions or problems:** This is important: write down what issues you need to discuss with the doctor. But don’t make the list too long or try to deal with every single health problem in one visit. Decide what is most urgent and see that you get answers to all of your questions--be sure to go over the list before the doctor walks away. This is not as easy as it sounds; doctors often hate it when you pull out a list of questions, but you have the right to get information and professional attention while you’re there.
- 4. If you don’t understand something, say so:** Doctors sometimes have trouble explaining things in a way that people can understand. Be persistent if the discussion involves terms you don’t understand—ask how to spell them and write them down. Get the names of medications, illnesses or surgical procedures in writing.

5. **Explore your options:** Doctors usually may have very little time to spend answering your questions, but you have the right to know what other options there are besides, say, major surgery. If a certain treatment is proposed, you have the right to ask what will happen without that treatment, and to ask the doctor to explain why one treatment is better than another.
6. **Be respectful, but ask for respect:** Mutual respect is the foundation for good communication. Don't let the doctor or other medical staff abuse you. If you ask for respect and the doctor continues to be rude then, if possible, you should look for another one.
7. **Take advantage of the presence of other staff:** Other personnel at the clinic or hospital may be better at answering your questions and helping you make decisions, and they will probably have more time. They will probably not be able to offer you a diagnosis or a prescription, but they can explain medical terms to you and even refer you to other doctors if you still aren't satisfied.
 - Pharmacists can give you information about your medications.
 - Physical therapists can tell you what treatment you can do yourself when you're at home.
 - Nurses can tell you how to prepare for surgery and what to expect afterwards. They can also tell you about warning signs that a health problem is getting worse, and about what to do in an emergency.
8. **If you don't get what you need, stand up for your rights:** If you have good reason to think that your rights were not respected, you may be able to submit a complaint to the hospital administration. Look for advice from a local disabled people's organization. Talk to others who have been to the same health care facility, or to the same doctor. See if others are willing to take action with you—a group action sometimes has more effect than a single person. Remember that if you fight for your rights, you make it easier for others to get what they need.

Lunch break

DAY 3 (Afternoon)

Recognizing and Responding to Mental Health Emergencies [120 min]

Objectives: By the end of this session participants will be able to:

1. Identify potential mental health emergencies
2. Outline country-specific response strategies for mental health emergencies

Instructor: As you know, the Health Screen is designed to detect imminently life-threatening health conditions so that LSN can link the Survivor to the appropriate health care facility. When we refer to life-threatening health conditions we are referring to mental health problems as well. The Mental Health Screen is given to determine whether the Survivor may have a serious mental or emotional problem that would interfere with Peer Support and/or present a threat to the safety of the Survivor or others. Not all mental health problems are emergencies; we define a mental health emergency as behavior that suggests that the person may be a threat to him or herself or others, or may be incapable of caring for him or herself. We will now discuss how to recognize and respond to mental health emergencies.

Has anyone worked with someone that you think had a mental health condition? Please tell us about that experience. What made you think there was an emergency and what did you do about it?

We will now review different conditions that may be a threat to the Survivor's life or someone else's. We will discuss how to recognize these problems and ask for examples from your work. We will also review appropriate responses and then add country specific-strategies.

HANDOUT #20: RECOGNIZING AND RESPONDING TO MENTAL HEALTH EMERGENCIES

When working with Survivors in mental crisis Outreach Workers must always be aware of their own safety. If an Outreach Worker feels they are in danger at any time, they should leave the area and seek out additional help.

- ❖ *Extreme Emotional Distress:* If the Survivor expresses extreme hopelessness, crying, breathing very rapidly, trembling or is visibly upset in other ways, you must try to find out the source of the problem. How long it has persisted? Has interfered with their daily activities? If the Survivor is willing and able to discuss the matter with you, the first thing to determine is whether or not the Survivor is a danger to themselves or to other people. If you are convinced that they are not dangerous, you may be able to help by providing Peer Support. If you suspect the Survivor is a danger to themselves or others you cannot leave the Survivor alone at this time. **If at any time you feel in danger you should leave the area and seek out additional help.**

- ❖ *Risk of Suicide or Self-Injury:* If the Survivor expresses a wish to die, or shows signs of deliberately having injured themselves in the past, they will need protection in addition to psychosocial support and professional care. You will need to seek immediate help from medical professionals, the Survivor's family, or another authority that can act in the Survivor's best interests. You cannot leave the Survivor alone at this time. **If at any time you feel in danger you should leave the area and seek out additional help.**

Suicide Warning Signs:

- **Excessive sadness or moodiness:** Long-lasting sadness and mood swings can be symptoms of depression, a major risk factor for suicide.
- **Sudden calmness:** Suddenly becoming calm or "at peace" after a period of depression or moodiness can be a sign that the person has made a decision to end his or her life.
- **Withdrawal:** Choosing to be alone and avoiding friends or social activities also are possible symptoms of depression, a leading cause of suicide. This includes the loss of interest or pleasure in activities the person once enjoyed.
- **Changes in personality and/or appearance:** A person who is considering suicide might exhibit a change in attitude or behavior, such as speaking or moving with unusual speed or slowness. In addition, the person might suddenly not care about his or her personal appearance.
- **Recent trauma or life crisis:** A major life crisis might trigger a suicide attempt. Crises include the death of a loved one, divorce or break-up of a relationship, diagnosis of a major illness, loss of limb, loss of a job, or serious financial problems.
- **Making preparations:** Often, a person considering suicide will "say goodbye" to life. This might include visiting friends and family members, giving away personal possessions, making a will, and cleaning up his or her room or home. Some people will write a note before committing suicide.

- **Threatening suicide:** Not everyone who is considering suicide will say so, and not everyone who threatens suicide will do it. However, every threat of suicide should be taken seriously.
- ❖ *Dangerous Behavior or a Threat to Others:* Again, if the Survivor expresses intense anger and a desire to harm someone else, or acts in an irrational and unsafe manner, you will need to seek immediate help from medical professionals, the Survivor's family, or another authority that can act in the Survivor's best interests. You cannot leave the Survivor alone at this time. **If at any time you feel in danger you should leave the area and seek out additional help.**
- ❖ *Loss of Touch with Reality:* In some cases a Survivor may lose touch with reality. This could include:
 - Talking to themselves
 - Seeing or hearing things that other people do not
 - Confusion about who they are, where they are and what is happening
 - Extreme withdrawal or failure to respond to questions

Loss of touch with reality is a serious condition may or may not have medical causes and may or may not require specific treatment or medications to resolve. If it seems that the Survivor will not be able to care for themselves, you will need to seek immediate help from medical professionals, the Survivor's family, or another authority that can act in the Survivor's best interests. You cannot leave the Survivor alone at this time. **If at any time you feel in danger you should leave the area and seek out additional help.**

Outreach Worker's Response

If the Outreach Worker suspects a mental health emergency where a Survivor may injure themselves or others they must react immediately and should not leave the Survivor alone. The Outreach Worker should seek immediate help from mental/medical professionals, the Survivor's family, and/or another entity that can act in the Survivor's best interests. If the Survivor refuses medical assistance or other help the Outreach Worker must respect those wishes. Everyone has a right to refuse medical treatment. However, if the Survivor does refuse assistance the Outreach Worker should alert the Social Worker for advice and alert others close to the Survivor, such as family, to what is happening and the Outreach Workers wish to help the Survivor access appropriate treatment.

If a person is determined to kill him or herself it can be difficult to stop. However, the following can be tried to try to prevent someone from committing suicide:

1. **Take the threat seriously.** Anyone talking about wanting or planning to die needs immediate attention. Most people who kill themselves have talked about it or acted in ways that showed they were in deep despair.
2. **Ask the person to give you any weapons** he or she might have. Take away sharp objects or anything else they could use to hurt themselves.

3. **Respond to the situation.** If a suicidal person turns to you it is likely that they believe you are more caring, more informed, and more willing to help. Do not ignore the situation – respond to it.
4. **Listen.** Give the person every opportunity to talk about their troubles and feelings. You don't need to say much and there are no magic words. If you are concerned, your voice and manner will show it. Your presence will give him or her relief from being alone with the pain; let him or her know you are glad he turned to you. Demonstrate patience, sympathy and acceptance of the person's feelings. If you think the Survivor might hurt themselves ask about it directly:
 - “Are you thinking about killing yourself?” By asking a despairing person this question you are showing that you care, that you take them seriously, and that you are willing to let the person share their pain with you.
 - “Have you felt this way before?”
 - “Have you tried to harm yourself before?”
 - “Have you thought about how to kill yourself?”
 - “Do you have a way to kill yourself?”
 - “When do you plan to kill yourself?”

If the person is having thoughts of suicide, these questions will help you find out how far along the plan has progressed.

5. **Do not leave Survivor alone.** If the person is talking about killing himself NOW or soon, do not leave the person alone. Send someone else for help. Stay with the person, or take him to a supportive and safe environment, talking and listening, until help arrives.
6. **Involve the family** when possible. The involvement and support of family is critical in these situations. An Outreach Worker cannot be a Survivor's sole or permanent support. Establishing a support system is important for long term well being.
7. **Offer support.** Use the same communication and emotional support skills that you use in other situations to help the Survivor know that they are a valuable member of society, that what happens to them is important to you, you care about them and there are reasons to have hope for the future.
8. **Get help.** Contact a Social Worker immediately for advice and possible Direct Assistance, if needed. If you refer the person to a professional, let the suicidal person know you still care about him or her and that you want to maintain contact. Do not try to help this person alone: get help. People and places who may help:
 - Mental health clinic
 - Psychologist or psychiatrist
 - General health clinic
 - Doctor, nurse, social worker
 - A local leader or religious leaders who are sympathetic and caring
 - Someone who has been through a similar triggering situation

In addition, the Outreach Worker can:

- Explain your concerns to the Survivor and their family and what you would like to do.
- Offer support to the Survivor and family. Answer any questions that you can.

- If you link the Survivor to a mental health facility, you should stay with the Survivor until you are sure s/he has received the best possible treatment available for his/her condition.
- Request emergency Direct Assistance, if necessary, to cover the cost of the treatment including: transportation, doctor's fees, medicine, etc.
- Visit regularly (if this is an active Survivor), after the crisis is over to see how s/he is feeling. Continue to visit the Survivor regularly until the Survivor's condition has stabilized.

15-minute break

Exercise [75 min]

WE HAVE NOT DEVELOPED AN EXERCISE FOR THIS SPOT YET.

Day 4 (Morning)

Diabetes: What It Is, What It Does, and How It is Detected and Treated [60 min]

Objectives: By the end of this session participants will:

1. be familiar signs and symptoms of diabetes
2. understand what can happen if diabetes is not treated
3. understand the importance of helping Survivors adhere to a treatment protocol

Instructor: As you know, LSN does not work with Diabetics until they have had an amputation. It will not be necessary for Outreach Workers to recognize diabetes but it is very important for Outreach Workers to understand potential complications and to help the Survivor adhere to a treatment protocol.

Review the information in the Diabetes Handout with the Participants. Answer questions and encourage discussion of their experience with diabetic Survivors.

Instructor: As you have learned, managing diabetes is a life-long process that is primarily the responsibility of the patient. The Outreach Worker can play a very important role in this adherence and the success of the treatment recommended by the medical provider. How do you think the Outreach Worker can help a diabetic Survivor adhere to treatment protocol and change lifestyle (for example, exercise and smoking) when required?

We think some of the things Outreach Workers can do to help the Survivor adhere to treatment include:

- Stress the importance of taking medicines regularly and eating a good diet
- Help the Survivor identify solutions for long term supply of medicines and testing materials
- Regularly question the Survivor about their medicines and lifestyle choices such as smoking and exercise
- Connect Survivors with other diabetic Survivors so they can share experiences and support each other in treatment

HANDOUT #21: DIABETES

Definition

Diabetes is a number of diseases that involve problems with the hormone insulin. Normally, the pancreas (an organ behind the stomach) releases insulin to help your body store and use the sugar and fat from the food you eat. Diabetes occurs when the pancreas does not produce any insulin, the pancreas produces very little insulin or when the body does not respond appropriately to insulin, a condition called "insulin resistance."

There are two basic forms of diabetes:

Type 1: people with this type of diabetes produce very little or no insulin.

Type 2: people with this type of diabetes cannot use insulin effectively.

The Role of Insulin in Diabetes: To understand why insulin is important, it helps to know more about how the body uses food for energy. Your body is made up of millions of cells. To make energy, these cells need food in a very simple form. When you eat or drink, much of your food is broken down into a simple sugar called "glucose." Then, glucose is transported through the bloodstream to the cells of your body where it can be used to provide some of the energy your body needs for daily activities.

The amount of glucose in your bloodstream is tightly regulated by the hormone insulin. Insulin is always being released in small amounts by the pancreas. When the amount of glucose in your blood rises to a certain level, the pancreas will release more insulin to push more glucose into the cells. This causes the glucose levels in your blood (blood glucose levels) to drop.

Diabetes in Bosnia i Herzegovina

According to the World Health Organization there were approximately 111,000 diabetic patients living in BiH in the year 2000. If this current trend holds the number of diabetic patients living in BiH in 2030 will be 180,000.

What can happen if Diabetes is not treated?

Serious complications can result if diabetes is not treated. Those complications include heart disease and stroke, high blood pressure, blindness, kidney disease, nervous system disease, amputations, dental disease, and complications linked to pregnancy. In addition, if diabetes is untreated it may lead to reduced ability to sense pain. This can lead to injuries and bone fractures that they cannot feel.

Signs and Symptoms

The symptoms of diabetes include:

- Increased thirst
- Increased hunger (especially after eating)
- Dry mouth
- Frequent urination
- Unexplained weight loss (even though you are eating and feel hungry)
- Fatigue (weak, tired feeling)

- Blurred vision
- Labored, heavy breathing
- Loss of consciousness (rare)

Treatment

The treatment of diabetes is usually a complex program involving a specific diet, a specific exercise prescription, and medication(s). These treatments are most effective when carried out with a team of health care providers knowledgeable in the care of people with diabetes. With diabetes, self-management is the fundamental key to success.

At the present time, diabetes cannot be cured, but it can be treated and controlled. The goal of managing diabetes is to keep blood glucose levels to as near normal as possible by balancing food intake with medication and activity according to your doctor's orders.

Managing diabetes is the responsibility of the patient by abiding by the following guidelines:

- **Take medicine**, if prescribed, and closely follow the guidelines on how and when to take it.
- **Eat a balanced diet** as prescribed by a medical professional.
- **Exercise** at least three to four times a week for 20 to 40 minutes each session. A regular exercise program can improve blood sugars, decrease the risk of heart disease and help you lose weight.
- **Get plenty of sleep.** Keeping a regular schedule and getting enough sleep will help you keep your blood glucose levels in good control.
- **If you smoke, quit.**
- **Practice good foot and skin care.** Check your feet daily for calluses, cracks or skin breakdown. If you notice redness, ulcerations, pus or a foul smelling drainage from your feet or if you notice that any of the toes have turned black and cold, seek medical care immediately.
- **Report signs of infection** to your doctor. If you have any signs of infection -- redness in areas of the skin, fevers, vomiting, etc., call your doctor or health care provider immediately.

Daily Foot Care for Diabetics:

People with diabetes have reduced sensation (less ability to feel), especially in the legs and feet. A diabetic may not notice a small cut which could become seriously infected or a chronic sore. To avoid these problems you should inspect your feet daily and pay attention to the following:

- **Look for cuts, sores, blisters or scratches.** Use a mirror to examine the soles of your feet and between the toes.
- **Wash your feet daily** and dry them carefully between the toes. Don't soak your feet for long periods of time (hot soaks are often recommended for people with foot problems).
- **If you find a cut, keep it clean** with soap and water. Apply a very small amount of antibiotic cream to the cut itself. Don't use bandages that stick to the skin, but wrap your foot in dry gauze from a gauze roll.
- **Wear socks** if your feet get cold at night.
- **Don't walk barefoot**, especially on cement or asphalt.
- **Don't apply chemical treatments to your feet**, such as those used to remove warts. Warts or calluses should be removed by a doctor.
- **Inspect the insides of your shoes** before putting them on, and watch out for small stones, nails, or other things that could cause blisters.
- **Be careful when wearing new shoes:** they should be comfortable, soft and not too tight.
- **Always wear socks with shoes.** Change socks daily and avoid socks that are torn, mended, or very tight.
- **If the skin between your toes dries out** and starts to crack, use skin lotion or hydrating cream.
- **Cut your nails straight across** to avoid ingrown toenails.

LSN Outreach Worker Response

Managing diabetes is the responsibility of the Survivor. As an LSN Outreach Worker you can play an important role in encouraging the Survivor to follow the basic guidelines to managing diabetes.

1. **Link or refer** the Survivor to Local Services when required. Request Direct Assistance, if necessary, to cover the cost of treatment. According to LSN Direct Assistance Guidelines LSN will cover a maximum of 3 months of life-preserving medication, such as those required by diabetics. This may include glucose testing equipment and supplies, as well as medication.
2. **Teach & Monitor**: Provide information on diabetes issues (such as the SLL pamphlets) and teach the Survivor the importance of treatment adherence. If appropriate, offer the Survivor the SLL pamphlet Share the SLL pamphlets “Diabetes and Vascular Disease” and “Infection Prevention”.
3. Provide **Psychosocial Support**: Answer any questions that you can. Tell the Survivor that you want to help him/her to get medical treatment. Listen to, counsel and support the Survivor. Where possible involve family members, friends and/or Social Support Groups.
4. Provide **Adherence Support**: Visit the Survivor regularly (if an Active Survivor). Provide reminders, information and encouragement to assist the Survivor in adhering to a medically prescribed treatment program. Stress that managing diabetes is possible but it is the responsibility of the Survivor and that you are there to assist.
5. Provide **Locally Developed Information**: When possible provide pamphlets (such as the Surviving Limb Loss pamphlets) or other sources of culturally appropriate information in the Survivor’s language.

Substance Abuse (Drugs & Alcohol,) [60 min]

Objectives: By the end of this session participants will:

1. Be familiar signs and symptoms of alcohol and drug abuse and dependence.
2. Understand the importance of helping Survivors recover from drug or alcohol dependence and quit smoking.
3. Describe ways of helping a Survivor quit or reduce his or her dependence on alcohol, drugs, or smoking.

Instructor: Most people use some “substances” to help us feel better, even though we may know that this behavior is not healthy. Frequently people become dependent on these substances to feel normal and they feel anxious or sad if they can’t get them. Some substances cause a physical dependence and if the person stops using them, they will feel physically ill (withdrawal). The most commonly abused substances in any society are alcoholic drinks, tobacco products, and narcotics (legal and illegal).

For many people, using these substances can lead to serious health problems and interfere with a person’s daily life. We will talk about three major types of substance abuse: alcohol abuse, smoking, and drug abuse.

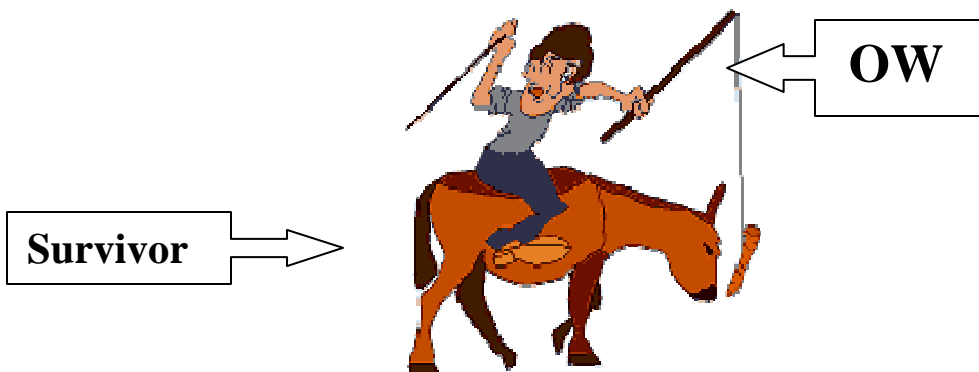
Discussion Exercise: How to get a stubborn donkey to move.

HANDOUT #22: HOW TO HELP THE STUBBORN DONKEY RECOVER FROM DRUGS, ALCOHOL OR SMOKING

Have you ever tried to get a stubborn donkey to move? There is more than one way to do it. You can try pulling him--



Or you can beat him with a stick, or tempt him to move by using a reward (a carrot).



The same is true of anyone who is dependent on drugs, alcohol, or smoking. You can force them to stop by making it difficult or impossible for them to get tobacco, alcohol or drugs.

Or you can threaten them: "If you don't quit, you'll... get sick / go to jail / lose your job."

Or you can promise a reward: "If you quit, I'll help you... find a job / go to school / get a prosthesis."

Each one of these strategies has problems when used alone. People who have been drinking, smoking or using drugs for a long time have probably heard all the threats already.

The best approach is usually a combination of all three. This is called making a contract. The Outreach Worker has to explain to the Survivor the potential rewards for fulfilling the contract's obligations and the potential punishments for not doing so. The Survivor has to voluntarily change their routines in order to avoid contact with people or situations that might initiate a craving for drugs, alcohol, or cigarettes. The Survivor should be honest with the Outreach

Worker about failures, so that they can decide together what went wrong and how to do it better the next time.



The process of quitting should not seem overwhelming or impossible to the Survivor; he or she has to believe that they have the will and the support they need in order to quit. Most important of all, the Survivor must trust the Outreach Worker and believe that the Outreach Worker will follow through on their promises. The IRAP is part of the contract; the rest of it is what the Outreach Worker explains to the Survivor about drugs, alcohol and smoking during Peer Support.



Once the donkey realizes where they are going, they will thank you for your persistence!

Optional Exercise: Family Drinking Survey

Procedure: Read the Family Drinking Survey aloud while participants answer the questions based on their personal experience. Without sharing individual results ask participants for their thoughts on this survey and whether or not it might be of use to them in their work with Survivors.

HANDOUT #23:FAMILY DRINKING SURVEY

1. Does someone in your family undergo personality changes when he or she drinks to excess?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you feel that drinking is more important to this person than you are?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you feel sorry for yourself and frequently indulge in self-pity because of what you feel alcohol is doing to your family?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Has some family member's excessive drinking ruined special occasions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you find yourself covering up for the consequences of someone else's drinking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you ever felt guilty, apologetic or responsible for the drinking of a member of your family?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Does one of your family member's use of alcohol cause fights and arguments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you ever tried to fight the drinker by joining in the drinking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Do the drinking habits of some family members make you feel depressed or angry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Is your family having financial difficulties because of drinking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Did you ever feel like you had an unhappy home life because of the drinking of some members of your family?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Have you ever tried to control the drinker's behavior by hiding the car keys, pouring liquor down the drain, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Do you find yourself distracted from your responsibilities because of this person's drinking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Do you often worry about a family member's drinking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Are holidays more of a nightmare than a celebration because of a family member's drinking behavior?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Are most of your drinking family member's friends heavy drinkers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Do you find it necessary to lie to employers, relatives or friends in order to hide your spouse's drinking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Do you find yourself responding differently to members of your family when they are using alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Have you ever been embarrassed or felt the need to apologize for the drinker's actions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Does some family member's use of alcohol make you fear for your own safety or the safety of other members of your family?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. Have you ever thought that one of your family members had a drinking problem?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. Have you ever lost sleep because of a family member's drinking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. Have you ever encouraged one of your family members to stop or cut down on his or her drinking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. Have you ever threatened to leave home or to leave a family member because of his or her drinking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. Did a family member ever make promises that he or she did not keep because of drinking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26. Did you ever wish that you could talk to someone who could understand and help the alcohol-related problems of a family member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Have you ever felt sick, cried or had a "knot" in your stomach after worrying about a family member's drinking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. Has a family member ever failed to remember what occurred during a drinking period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. Does your family member avoid social situations where alcoholic beverages will not be served?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Does your family member have periods of remorse after drinking occasions and apologize for his or her behavior?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. Please write any symptoms or medical or nervous problems that you have experienced since you have known your heavy drinker. (write on a separate sheet if more space is needed.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answer "YES" to any 2 of the above questions, there is a good possibility that someone in your family may have a drinking problem.

If you answer "YES" to 4 or more of the above questions, there is a definite indication that someone in your family does have a drinking problem.

(These survey questions are modified or adapted from the Children of Alcoholics Screening Test (CAST), the Howard Family Questionnaire, and the Family Alcohol Quiz from Al-Anon.)

HANDOUT #24: ALCOHOL ABUSE AND ALCOHOLISM

Definitions: When we talk about “**alcohol abuse**” we mean that a person drinks excessively (gets drunk) sometimes but not every day. Some people get drunk only on weekends or at special occasions. Alcohol abuse is a problem because it can lead to the disruption of family life, injuries due to accidents and fights, problems with work or money, and encounters with the police. Over many years the abuse of alcohol can lead to serious health problems.

People who only drink occasionally are often “forgiven” by their friends and family who mistakenly think that “once in a while” is not harmful and socially acceptable. People often do not recognize the harm and damage excessive drinking causes when it doesn’t happen regularly. The drinker may not recall what he or she did while drunk. The problem is more serious when many people in the community abuse alcohol in this way.

Alcoholism is when a person is both physically and mentally dependent on alcohol and has difficulty controlling their drinking. **Physically dependent** means that if they stop drinking suddenly they become ill. **Mentally dependent** means that they have a craving (a constant strong desire) for alcohol. An alcoholic may spend much of his or her time and money on drinking, but not all alcoholics are homeless and unemployed. Many are able to control their use of alcohol enough to raise families and hold jobs. There is a strong association between alcoholism, depression and suicide.

Many alcoholics deny that they have a problem even when it is obvious to everyone else. Others recognize that they have a problem and may even try to quit or reduce their drinking. The alcoholic’s friends and family must offer constant support to him or her when they decide to stop drinking. Support groups such as Alcoholics Anonymous can also be very helpful.

This list might help you decide if the Survivor has a problem and whether it is severe:

Alcohol Abuser or Alcoholic?

Signs of Alcohol Abuse (any one of these):

Does the person repeatedly:

- Fail to live up to his or her most important responsibilities?
- Physically endanger him- or herself, or others (for example, by drinking when driving)?
- Get into trouble with the law?
- Experience difficulties in relationships or jobs?

Signs of Alcohol Dependence: (Any three of these)

Does the person show:

- Tolerance – drinks large quantities without getting drunk?
- Withdrawal – gets physically ill when he or she quits drinking for a few days?
- Unplanned excessive use – gets drunk when he or she wasn't planning to?
- Failed attempts to quit drinking?
- Most of the week is spent either drinking or hung over?
- Failure to work or participate in events or do other things because of drinking or being drunk?
- Illness or depression because of drinking?
- Refusal to admit that he or she has a problem?
- Admit there's a problem but still can't quit?

HANDOUT #25: WHAT THE OUTREACH WORKER SHOULD DO IF A SURVIVOR IS HAVING TROUBLE WITH ALCOHOL

- 1. The Survivor must recognize that he or she has a problem:** This is the first and most important step. Unless the Survivor is convinced that drinking alcohol is a problem, they will never be motivated to quit. You must be willing to raise the subject repeatedly and show the Survivor how drinking has affected his or her life. You can ask friends or family to talk to the Survivor about his or her drinking, although this should be done as calmly as possible—making an emotional scene may make the situation worse. Often a major disaster, such as a car accident or going to jail, can help the Survivor realize what is happening.
- 2. Make a plan together with the Survivor:** This can be part of the IRAP, but special attention should be paid to follow-up with this particularly difficult objective. Don't just focus on the problem; plan a realistic and detailed way for the drinker to quit. Make a date to stop. Get rid of alcoholic beverages in the home. Remove glasses or bottles that remind the Survivor of drinking.
- 3. Be prepared to deal with some physical discomfort:** People who drink heavily may have physical withdrawal symptoms after quitting. In most cases, these will include sweating, nausea, tingling of the hands and feet, and a craving for alcohol. Someone should stay with the Survivor and help them through this difficult time. In rare cases the effects can be severe, including mental confusion, loss of consciousness and convulsions. Sudden withdrawal from alcohol can be fatal. These should be handled as suggested in the handouts on Medical Emergencies and Mental Health Emergencies.
- 4. Replace alcohol with new activities and goals:** The Survivor must avoid places and people that he or she associates with drinking and replace them with a new routine. The Survivor should develop a positive explanation for why they are not drinking, when old friends offer them a drink: "I'm doing something new with my life."
- 5. Offer dedicated and constant psychosocial support:** Support from friends and family is essential. The Outreach Worker should:
 - Be available during the first few weeks to help the Survivor get through the most difficult phase, and be a friend.
 - Show the Survivor what a difference they are making in their lives, but don't make him or her feel guilty about the past.
 - Help the Survivor get through problems and conflicts without drinking, and celebrate milestones with them such as the first 25 days, 100 days, etc.
 - Get the Survivor into a support group that will help him or her stay sober. The group must be aware that the Survivor is trying to quit drinking, although it need not be a support group just for alcoholics.
- 6. If the Survivor starts drinking again, be firm but gentle:** A few failures are natural. Don't overreact, but make it clear that a return to drinking will interfere with other aspects of recovery. If the Survivor fails repeatedly, explain that he or she will lose LSN's support. The

Outreach Worker and the Social Worker should decide when it may be necessary to close the case.

Things to remember when dealing with an alcoholic:

1. **Be Gentle:** Many people judge alcoholics to be immoral, careless, cowardly, weak, or stupid. If the Survivor thinks that you don't respect him, he or she is less likely to listen to your advice. Even if you do believe these things about the Survivor, try to avoid accusations or negative statements, and focus on helping him or her with the problem.
2. **Be Discrete:** Friends and family need to be involved in any plan, or it will not succeed. But the Survivor's privacy must be protected, too. Gossip can be very harmful and can disrupt an alcoholic's attempts to quit drinking by exposing him or her to shame and prejudice.
3. **Distinguish Cause from Effect:** Drinking is a problem and a cause of other problems, but it is also a response to problems. What is it in the drinker's life that encourages him or her to drink?
 - Are they trying to forget a trauma?
 - Are they escaping from stress or anxiety?
 - Does the Survivor have friends or family members who drink, too?These are issues that you can work on with good Peer Support.

HANDOUT #26: DRUG ABUSE AND DRUG ADDICTION

Abuse and Dependence on Pain Medications: We have already discussed the different types of pain medications that Survivors may take to control chronic pain. Of the medications most commonly used to control pain, only the narcotics create true **physical dependence**, which means that the person will suffer nausea and pain when they stop taking the medications. It is not true that withdrawal from narcotics can be fatal, but it can be very uncomfortable.

People who are depressed or living in difficult circumstances may rely on pain medication or other drugs to escape from daily misery. In these cases they develop a very strong **mental dependence** on the drugs which makes it nearly impossible to give them up. Even the threat of prison or serious illness may not discourage them.

Outreach Worker Response: There are three necessary parts to drug abuse:

1. The person enjoys using drugs (or needs them to control pain or depression).
2. The drugs are accessible.
3. The person does not have a strong enough motivation to quit using drugs.

This means that, in order to help someone successfully recover from drug abuse or addiction:

1. If pain or depression can be controlled by some other means, or resolved through treatment, the need to use drugs will be diminished.
2. Access to the drugs must be reduced or eliminated.
3. A strong motivation must be created to stop abusing drugs.

What can the Outreach Worker do to help a Survivor who uses drugs?

Observe the Survivor, and ask the Survivor and family if any of the signs listed below are occurring. The signs of drug abuse are similar to those for alcohol abuse:

- Withdrawal from family and friends
- Drowsiness, slurred speech, appearing “drunk”
- Sudden bursts of nervous energy and paranoia (acting fearful and suspicious of other people)
- Losing interest in activities and people that used to be important
- Spending more money than usual, and not being willing to account for it
- Spending more time alone, or in unusual company
- Physical decline; weight loss, not sleeping, not bathing or changing clothes, not eating well
- Some substances, such as alcohol, have a strong smell
- Other physical changes are very specific to a particular substance; using intravenous drugs will produce spots over the veins where needles are used.

If the Outreach Worker finds that the Survivor may be abusing drugs, he or she should:

1. **Explain** to the Survivor and family that the Survivor has signs which might indicate substance abuse, or might mean something else. They are likely already to be aware of this. Discuss these signs with the Survivor first and then with the family to clarify if the Survivor is a substance abuser.

Offer possible options to the Survivor and family, and help them decide which option to pursue. Refer or link him or her to the chosen program.

Remember the advice given above on dealing with alcoholics: Be gentle, patient, discrete, separate cause from effect, and always provide support.

2. **Link/Refer Survivor to Local Services** available in the Survivor's community. Options will probably include:

- **Support groups**, either specifically for people with substance problems, or for people with disabilities, or another area relevant to the Survivor's situation.
- **Religious institutions or groups** may be helpful in supporting the Survivor and offering other types of assistance.
- **Hospitals or clinics** that provide professional treatment usually have information on treatment options and other resources.
- **Community leaders** may be helpful in providing information or other assistance.
- **The Survivor's Friends and Family** are a valuable resource and should always be involved in his or her recovery.

Be sure to safeguard the Survivor's confidentiality when researching options.

If the Survivor has **serious health problems** as a result of the substance abuse, link him to a health facility to address these problems. **Request Direct Assistance**, if necessary, to cover the cost of the treatment including: transportation, doctor's fees, medicine, etc.

3. Provide **Psychosocial Support** to the Survivor and the Survivor's family. Answer any questions that you can. Tell the Survivor that you want to help him or her to get treatment: The Outreach Worker listens to, counsels and supports the Survivor and involves family members, friends and/or Social Support Groups. **Visit** regularly, after the Survivor is treated to see how he or she is feeling. Continue to visit the Survivor regularly until the Survivor's condition has stabilized.
4. Provide **Adherence Support**: Provide reminders, information and encouragement to assist the Survivor in adhering to a medically prescribed treatment program. As with alcohol and tobacco, it is essential that the Survivor change his or her routine to avoid situations associated with drug use or people who regularly use drugs.
5. Provide **Locally Developed Information**: Provides culturally appropriate information on recovering from drug dependence in the Survivor's language.

If the condition gets worse at any point, link the Survivor to the hospital or rehabilitation program again.

15-minute break

Substance Abuse (Smoking) [45 min]

HANDOUT #27: SMOKING

Why Do We Smoke? Tobacco contains a substance called nicotine which makes people feel good when they smoke. It also causes **physical dependence** so that a smoker feels anxious and irritable when they don't smoke.

Effects of Smoking: The harmful effects of smoking are usually not obvious for many years, and so it is easy for smokers to think that it is not a bad habit. The damage that it does to the body is gradual, but much of it is permanent. Many of the effects of smoking are especially important to amputees:

1. **Smoking increases your risk of infection:** Smoking interferes with the body's defenses against infection, and prevents bruises, cuts, sores and other injuries from healing quickly. An infection on the residual limb of a smoker will take longer to heal than the same infection in a nonsmoker. Infections of the throat or lungs will last longer and be more severe. Smokers are more likely to catch cold and to get pneumonia or influenza.
2. **Smoking affects the circulation:** The flow of blood to the hands and feet is reduced whenever you smoke a cigarette. Over time this reduced blood flow becomes permanent. This makes it more difficult to recover from infections and it can make chronic pain worse.
3. **Smoking affects breathing:** Smoking creates scar tissue in the lungs and makes diseases such as asthma or bronchitis worse. The lungs are weaker and slower to recover from injury or infection.
4. **Smoking injures other people:** When a person smokes, other people in the room must breathe the smoke, too. Even people who don't smoke, such as children, suffer the effects of "second-hand smoke". Pregnant women and their unborn children can develop health problems from breathing smoke. Children who see other people smoking are more likely to become smokers.
5. **Smoking causes cancer:** Smoking can cause cancer of the lungs and many other types of cancer, too. Cancer is difficult and painful to treat even with the best technology and medicines.

Quitting Smoking: Smoking is one of the most difficult habits to quit. Part of the reason is that there are smokers everywhere and so the smoker is constantly exposed to temptation. The motivation to quit must be very strong, and support from friends and family must be consistent and dedicated, especially during the first few weeks.

Most people take time to make the decision to try to quit smoking. Smokers may hear about the effects of smoking. They may see other people with health problems related to smoking, and they may start to experience problems themselves. Their family may urge them to quit. Finally they set a date to quit.

Quit Suddenly or Gradually? The success rate for stopping suddenly is only about 1 in 20; more people are successful when they gradually reduce their smoking over a period of several weeks. However many people can't reduce their smoking successfully and prefer to stop

smoking completely. It is common for people to replace smoking with another habit such as eating or drinking alcohol, which may be as bad or worse.

Nicotine-based gums and patches are available to help people through the first few weeks after quitting. They can be expensive but the success rate is about 1 in 7.

Keep Trying: Most people need to “quit” several times before they are completely successful. These attempts should not be considered failures, but rather steps in a process. Friends, family members and the Outreach Worker should encourage and support every attempt, and be considerate enough to avoid smoking in front of someone who is trying to quit.

HANDOUT #28: HOW TO QUIT SMOKING

1. Get Ready

- Set a quit date.
- Change your environment.
 1. Get rid of **ALL** cigarettes and ashtrays in your home, car, and place of work.
 2. Don't let people smoke around you, or avoid people while they are smoking.
- Once you quit completely, don't smoke—**NOT EVEN A PUFF!**

2. Get Support and Encouragement

Studies have shown that you have a better chance of being successful if you have help. You can get support in many ways —

- **Tell your family, friends, and co-workers** that you are going to quit and want their support. Ask them not to smoke around you or leave cigarettes out where you can see them.
- **Join a support group**, if one exists. If not, you can start your own. Get a group of friends together and make the decision to quit together. Support each other through the process.
- **See if you can get medications to help you quit.** Nicotine gum or patches are the most commonly available ones.

3. Learn New Skills and Behaviors

- **When you first try to quit, change your routine.** Use a different route to work. Drink tea instead of coffee. Eat breakfast in a different place. Avoid activities and places that you strongly associate with smoking.
- **Try to distract yourself from urges to smoke.** Talk to someone, go for a walk, or get busy with a task.
- **Do something to reduce your stress.** Take a hot bath, exercise, or read a book. Plan something enjoyable to do every day. Drink a lot of water and other fluids.

4. Be Prepared for Relapse or Difficult Situations

Most relapses occur within the first three months after quitting. Don't be discouraged if you start smoking again. Remember, most people try several times before they finally quit. The following are some difficult situations you may encounter:

- **Avoid drinking alcohol.** Drinking lowers your chances of success.
- **Avoid Smokers.** Being around smoking can make you want to smoke.
- **Weight Gain.** Many smokers will gain some weight when they quit, usually less than 4 kg. Eat a healthy diet and stay active. Don't let weight gain distract you from your main

goal—quitting smoking.

HIV/AIDS [60 min]

HIV/AIDS

Objectives: By the end of this session participants will be able to:

1. Explain how HIV/AIDS is transmitted and not transmitted
2. Explain how to prevent the spread of HIV/AIDS
3. Adopt a non-discriminatory attitude towards those with HIV/AIDS

Instructor: Now we will briefly discuss HIV/AIDS. We will be reviewing what HIV/AIDS is, how it is transmitted, how it is spread, its signs, symptoms and treatment.

Probe: Why do you think it is important for Outreach Workers to understand the basics of HIV/AIDS if their job is to work with amputees?

After hearing the participant's thoughts: We think it is important for Outreach Workers to understand HIV/AIDS so you can answer Survivors questions and direct them to appropriate care if the need arises. In addition, understanding prevention is important for all people in every country. It is also important for Outreach Workers to correct misconceptions of HIV/AIDS because these misconceptions often socially isolate people, something which LSN works to dispel.

It is estimated that between 500 and 1000 people in Bosnia i Herzegovina are infected with HIV. While this number is low today world wide trends lead us to assume this will not remain this way without sound prevention efforts.

Instructor: Does anyone know what HIV stands for? HIV stands for Human

Immunodeficiency Virus. Broken down this means:

Human: the virus causes disease only in people;

Immunodeficiency: the immune system, which normally protects a person from disease, becomes weak;

Virus: like all viruses, HIV is a small organism that infects living things and uses them to make copies of itself. Review "What is HIV/AIDS?" from the handout.

HIV causes AIDS. Does anyone know what AIDS stands for? AIDS stands for Acquired Immune Deficiency Syndrome. When HIV advances, the immune system can no longer fight illnesses. When this happens we say the person has AIDS.

HIV is not spread by casual contact. The HIV virus cannot live in air, water, or food; it is weak and only lives in body fluids. It only spreads if the body fluid of a person with HIV gets inside another person. This is why shaking hands with people with HIV does not spread the virus. If this were *not* true, many more people would have HIV.

As we have just learned, HIV can be spread if the body fluid of a person with HIV gets inside another person. Sometimes people do things that share body fluid with another person, such as sex, and many things that do not. We will now play a game designed to make you think about what **COULD and **WILL NOT** spread HIV. Inside these balloons are behaviors that either **COULD** transfer body fluids or **WILL NOT** transfer body fluids from one person to another. If you are able to determine what behaviors transfer body fluid from one person to another then you will be able to identify what **COULD** or **WILL NOT** spread HIV.**

Exercise: *The COULD or WILL NOT Balloon Game*

Instructor: We will now cover most specific information about HIV/AIDS including signs and symptoms, treatment, prevention and discrimination.

Exercise: *The COULD or WILL NOT Balloon Game*

This game is designed to help the participants distinguish between behaviors or action that COULD or WILL NOT spread HIV. Instead of learning a long list of what COULD or WILL NOT spread HIV participants will learn to make the judgment call themselves based on their knowledge of how HIV is spread.

Procedure:

- Cut out each of the following behaviors/actions and place in individual blown up balloons along with two pieces of candy.
- Place balloons in a box or on a side table
- One-by-one participants pop a balloon and read the behavior/action aloud. The number of balloons or the number of behavior/actions in each balloon will depend on the number of participants.
- After reading the behavior/action aloud, the participants must then identify if the behavior/action COULD or WILL NOT spread HIV and why.
- For correct answers the participant keeps both pieces of candy. For incorrect answer the participant must give one piece of candy away to a fellow participant.

COULD transfer body fluids

Sex

Breastfeeding

Needles (injections)

Circumcision

Body piercing

Tattoos

Blood transfusion

Injected immunizations

WILL NOT transfer body fluids

Coughing

Sneezing

Shaking hands

Using a doorknobs

Sharing telephones

Exchanging money

Hugging

Holding hands

Dancing

Using the toilet

Eating food prepared by a person with HIV

Sharing cigarettes

Sharing food or dishes

Sharing towels

Mosquito bites

HANDOUT #29: What is HIV/AIDS? ⁷

Human Immunodeficiency Virus (HIV)

Human: the virus causes disease only in people;

Immunodeficiency: the immune system, which normally protects a person from disease, becomes weak;

Virus: like all viruses, HIV is a small organism that infects living things and uses them to make copies of itself.

HIV causes AIDS (acquired immune deficiency syndrome). AIDS is a group of diseases that occur when a person's immune system is damaged by HIV. When HIV infection becomes advanced, the person's natural defenses, called the immune system, cannot fight off almost any germs or illnesses. At this point, people say the person has AIDS. Most people with HIV feel healthy for the first few years after getting the virus, but later they become sick with AIDS. Technically, this is when someone's immune system is so weak that a certain kind of cell, T-Cells, are below 200/mL and the person is getting many infections and illnesses.

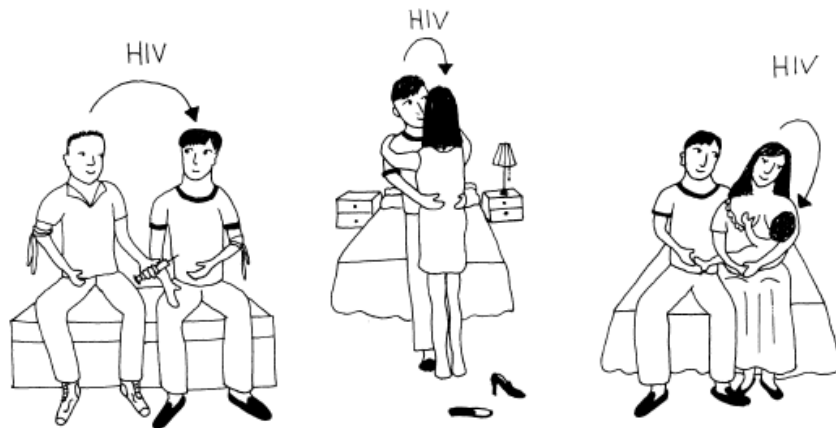
How HIV is spread

Viruses are tiny organisms, even smaller than the bacteria that cause tuberculosis or cholera. They are common—so common that we all become infected with them many times throughout our lives. Viruses cause the common cold, as well as polio, measles, mumps, and the flu. These viruses can be spread by coughing, sneezing, or touching. HIV is different. Even though it also is a virus, it cannot be spread in any of these ways. HIV can be spread only by certain sex acts, blood, dirty needles and other instruments, and from a mother to her unborn baby or a baby she is breastfeeding.

⁷ This information was taken from HIV, Health, & Your Community A Guide for Action by Reuben Granich, M.D., M.P.H. · Jonathan Mermin, M.D., M.P.H. and HIV Infection and AIDS: An Overview, National Institute of Allergy and Infectious Diseases National Institutes of Health (<http://www.niaid.nih.gov/factsheets/hivinf.htm>)



HIV is not spread by casual contact. The HIV virus cannot live in air, water, or food; it is weak and only lives in body fluids. It only spreads if the body fluid of a person with HIV gets inside another person. This is why shaking hands with people with HIV does not spread the virus. If this were *not* true, many more people would have HIV. The virus is not spread by doorknobs, typewriters, telephones, money, or anything else that has been touched by someone with HIV. HIV is not spread by hugging, touching, holding or shaking hands, dancing, using the toilet after someone with HIV, or eating food prepared by a person with HIV. People have shared dishes, towels, and bedsheets and still not become infected with HIV. No one has ever gotten HIV from sharing cigarettes, or being cried, sneezed, or spit on. Mosquitoes do not spread HIV.



A person who has shared needles can spread HIV to his partner and their baby.

Signs and Symptoms

Most people will not have any symptoms when first infected with HIV. They may, however, have a flu-like illness within a month or two after exposure to the virus. These symptoms usually disappear within a week to a month and are often mistaken for those of another viral

infection. During this period, people are very infectious, and HIV is present in large quantities in genital fluids.

More persistent or severe symptoms may not appear for 10 years or more after HIV first enters the body in adults, or within 2 years in children born with HIV infection. This period of "asymptomatic" infection varies greatly in each individual. Some people may begin to have symptoms within a few months, while others may be symptom-free for more than 10 years.

Even during the asymptomatic period, the virus is actively multiplying, infecting, and killing cells of the immune system. The virus can also hide within infected cells and lay dormant. The most obvious effect of HIV infection is a decline in the number of T-cells, found in the blood (T-cells are the immune system's key infection fighters). The virus slowly disables or destroys these cells without causing symptoms. **DURING THE TIME OF NO SYMPTOMS IT IS STILL POSSIBLE TO SPREAD HIV.**

As the immune system worsens, a variety of complications start to take over. For many people, the first signs of infection are large lymph nodes or "swollen glands" that may be enlarged for more than 3 months. Other symptoms often experienced months to years before the onset of AIDS include:

- Lack of energy
- Weight loss
- Frequent fevers and sweats
- Persistent or frequent yeast infections (oral or vaginal)
- Persistent skin rashes or flaky skin
- Pelvic inflammatory disease in women that does not respond to treatment
- Short-term memory loss

Since HIV weakens the immune system people are susceptible to all illnesses. These other illnesses are called opportunistic infections. Symptoms of opportunistic infections common in people with AIDS include

- Coughing and shortness of breath
- Seizures and lack of coordination
- Difficult or painful swallowing
- Mental symptoms such as confusion and forgetfulness
- Severe and persistent diarrhea
- Fever
- Vision loss
- Nausea, abdominal cramps, and vomiting
- Weight loss and extreme fatigue
- Severe headaches
- Coma

Treatment of HIV

There is no medicine that can cure AIDS or even rid a person of HIV. But medicines can reduce the amount of HIV in a person's body and can treat the illnesses or opportunistic infections that

affect people with HIV. Medicines can quickly and dramatically improve the health of a person with HIV. It is common for a person who was very underweight and sick to gain weight, feel stronger, and have many fewer opportunistic infections within a few months of starting HIV medicines. People who take medicines to treat HIV live for many more years than people who have no access to these drugs. Medicines can also help prevent the spread of HIV from a mother to her baby. People with HIV can also stay healthier when they have clean water to drink, good nutrition, and support from their communities.

There are several types of drugs that work to stop HIV. To be effective, several drugs must be used together. These drugs given together are called antiretroviral therapy. By slowing the ability of the virus to make copies of itself, the therapy is often able to keep people alive for many years. However, it cannot get rid of HIV and cure a person of HIV disease. HIV becomes part of a person's body; there is no way yet to completely remove the virus. This means that medicines have to be taken for life.

Drugs for HIV are expensive, however activists have fought to make drug companies lower their prices for people living in poor countries. Currently the drugs usually cost between \$250 and \$750 per year in developing countries. Many governments and organizations are also providing these drugs for free either through their own funding or with the support of international donors. Poor countries are also now making or buying generic versions of these drugs, so they are becoming more available.

HIV/AIDS in Bosnia i Herzegovina (data from UNAIDS)	(Low to high estimates)
Number of people living with HIV in Bosnia	500-1000

HIV and discrimination

People who do not understand how HIV is spread may discriminate against people with HIV—that is, they may treat them unfairly because they are afraid of getting the virus. Discrimination occurs not only against people with HIV but also against groups of people that are more likely to have HIV, such as sex workers. Teaching people about the real ways that HIV is spread protects them from the virus; teaching people about the ways that HIV is not spread protects everyone from unnecessary discrimination.

If a person has HIV, it means

- HIV is in their body, even though they may not be sick or have AIDS.
- They may pass the virus to others, including babies during pregnancy.
- They should never donate blood.
- They may stay healthy for a long time, especially if they take good care of themselves.
- They need advice and follow-up counseling.

Prevention

To understand how to prevent HIV the means by which it is spread must be remembered. Since HIV is spread by contact with body fluids of an infected person then all prevention efforts must be aimed at stopping that contact. Remember, it is not possible to tell if a person has HIV by just looking at them because they may not be showing symptoms. But during the period of no symptoms the virus is still in their body fluids. Prevention includes shielding oneself from blood, semen and vaginal fluids, including:

- Do not share IV needles
- Only use clean, sterile medical instruments
- If infected do not breast feed babies if alternative feeding is feasible
- If examining a wound or sore wear gloves or do not touch the area
- Do not have unprotected sex – UNAIDS recommends:
 - A: Abstinence or delaying first sex
 - B: Being safer by being faithful to one partner or by reducing the number of sexual partners
 - C: Correct and consistent use of condoms for sexually active young people, couples in which one partner is HIV-positive, sex workers and their clients, and anyone engaging in sexual activity with partners who may have been at risk of HIV exposure.

If you think you may have had contact that would put you at risk for HIV infection, you should have a test for HIV. The test only becomes positive about 90 days after the date on which a person is infected. Testing is available at many hospitals and clinics and some special centers exist that specialize in counseling and testing for HIV.

If you are HIV positive,

- You can avoid spreading the infection to others.
- You can learn how to treat your infection and stay healthy.

If you are HIV negative,

- You can get the information you need to learn how to avoid HIV infection.

Lunch break

DAY 4 (Afternoon)

Health-Related Objectives in the IRAP: Objectives and Activities Related to Recovering and Staying Healthy [60 min]

Objective: By the end of this session participants will be able to:

1. Explain what SMART objectives are and describe how to construct them.
2. Describe some specific considerations in formulating health-related objectives.

Instructor: During the Peer Support Training we practiced writing objectives for a Survivor's Individual Recovery Action Plan (IRAP). Now we are going to work on some objectives related to the health problems we have been discussing this week.

First, let's review SMART objectives. What are the five things that we think about when we develop objectives?

HANDOUT #30: HOW TO WRITE HEALTH-RELATED IRAP OBJECTIVES

Important Points to Remember when writing Health-Related Objectives:

1. Objectives and plans should always be written by the Outreach Worker together with the Survivor.
2. Changing the Survivor's emotional state should not be an objective, since we cannot measure emotional states and Outreach Workers are not qualified to try to change someone's emotional state.
 - **BAD EXAMPLE:** Survivor will stop being depressed.
 - **GOOD EXAMPLE:** "Survivor will socialize more often" or "Survivor will participate in a social group" if the Survivor considers this a priority. This allows us to address emotional and social issues in a concrete, Survivor-identified way.
3. Resolving a health problem often depends on factors that we cannot control. Do not write objectives to cure diseases. Instead the objective should be to complete their treatment.
4. Be careful not to write unrealistic objectives when you deal with chronic health problems that will not be quickly and easily resolved; instead give time to explore options and try new treatments.
5. Serious health problems take priority over EO, education, and other kinds of objectives, but don't hold up everything until the Survivor is completely healthy. The Survivor may have already lived with a chronic health problem for many years and may consider it less urgent than job training or going back to work.

SMART OBJECTIVES

OBJECTIVES should have 5 characteristics (SMART): SMART stands for **Specific, Measurable, Achievable, Realistic** and **Timely**.

- **Specific** means that you must clearly identify who will do what, and how they will do it. You will know your objective is specific enough if it states:
 - What exactly are we going to do?
 - Why are we doing this? What is our intended result, impact, or product?
 - Who is involved in achieving the result? (Always include the Survivor first)
 - How are we going to achieve our goals? What tools or resources are necessary?

(When is also important but is included below, under "Timely")

BAD EXAMPLE: Get a prosthesis and learn to use it.

GOOD EXAMPLE: Within two months of the amputation the Survivor will be fitted for a prosthetic leg and will have learned to walk on it at the prosthetics workshop.

- What: Get a prosthesis and learn to use it.
- Why: To learn to walk again.
- Who: The Survivor, staff at the prosthetics workshop
- How: Using the prosthesis and guidance from the staff at the prosthetics workshop.

- (When: Within two months)

- **Measurable** means that you can tell when you've achieved your objective. State how you will measure your success.

BAD EXAMPLE: The Survivor will become independent.

GOOD EXAMPLE: Within two months the Survivor will learn to perform activities of daily living without help.

How do we measure this? Within two months the Survivor manages all daily activities (bathing, dressing, stump care, movement around the house) without asking for assistance.

- **Achievable** means that it is something that you are capable of doing under the right circumstances. How can you decide if it's achievable?

- It's measurable

- Other people like you have done it successfully

- You have the necessary resources, or at least a realistic chance of getting them.

BAD EXAMPLE: Within two months the Survivor's residual limb will be free of infection.

GOOD EXAMPLE: Within two weeks the Survivor will complete antibiotic therapy and will learn to clean and dress the infected area.

We can't be sure when the infection will be cured, but we can take steps to treat it. Objectives should center on things we know that we can achieve, in this case taking medication and learning to clean a wound.

- **Realistic** means that it is a reasonable and appropriate objective to attain. An objective may be achievable but not realistic if the necessary resources or circumstances (such as the time or money needed) are too difficult to obtain. If an objective isn't realistic, it's definitely not achievable.

BAD EXAMPLE: Within two months the Survivor will overcome his dependence on pain medications.

GOOD EXAMPLE: During the next twelve months, the Survivor will investigate and experiment with other pain-control strategies to reduce his use of pain medications.

We don't know if there is another way besides medication to control this Survivor's pain, therefore it is unrealistic to say that he will stop using medication. The objective then becomes to explore other options, and an extended time frame is set in order to allow time to experiment with different techniques.

- **Timely** means deciding when you must complete your objective. But your deadlines must be realistic, or the task isn't achievable. In addition to the What, Why, Who, How listed above, you must specify a When.

BAD EXAMPLE: The Survivor will learn to use a computer using an upper limb prosthesis.

GOOD EXAMPLE: Within two months the Survivor will complete a course in basic computer skills using an upper limb prosthesis.

Exercise: How to Write Health-related IRAP Objectives [60 min]

Procedure: Participants break up into pairs and choose one of the following problems. Discuss the problem as if one of you was the Survivor and the other was the Outreach Worker who is helping the Survivor decide on their objectives. Develop one objective and at least three activities to accomplish that objective. Make the activities as realistic and detailed as possible, considering the resources in your area. Then present the problem, the objective, and the activities to the group.

1. "I have a wound on my stump that won't heal."
2. "I have a pain in my missing limb."
3. "I have a bad pain in my back."
4. "I just had my amputation 5 days ago."
5. "I want to quit smoking."
6. "My doctor says I have diabetes."
7. "I need to quit drinking."

Part Two: Each pair selects a Survivor that they know personally who has a health problem. Write one objective to deal with the health problem, and list the activities needed to achieve the objective. Make the activities as realistic and detailed as possible, considering the resources in your area. Then present the problem, the objective, and the activities to the group.

15-minute break

Problem-Solving Exercises [75 min]

Procedure: Each participant receives a problem and has 10 minutes to develop and write down a response. Each participant then presents his or her problem and response to the group for discussion.

Each participant should answer the following questions:

- a) Define the problem. Is it an emergency?
 - b) Which of the five responses would you take to resolve this problem?
 - c) What kind of follow-up should be done in this case?
1. The Outreach Worker accompanies a Survivor to the hospital for evaluation of pain in the residual limb. The doctor is very rude and does not want to explain what is causing the problem. Instead he tells the Survivor to return to the hospital for surgery in two days. He does not prescribe any medication for pain.
 2. The Outreach Worker visits a Survivor who is withdrawn and appears sad. The Survivor's mother says that he has not been eating well and does not bathe regularly, but spends most of the day sleeping. The Survivor had a lot of pain after the amputation and was given a large bottle of pain medication pills which he keeps in his room.
 3. The Survivor is very angry because she has heard that her husband [or son?] has HIV. She doesn't know anything about HIV and does not know what to do. She has been healthy.
 4. The Survivor, a double leg amputee, tells the Outreach Worker that his feet hurt so badly that he can't sleep. The only thing that helps is to get drunk. He has been working repairing cell phones but has lost business because he is either drunk or hung over all the time. His wife left him six months ago because of his drinking.
 5. The Survivor tells the Outreach Worker that she has had a fever and pain in her residual limb. She has not been able to use her prosthesis because of the pain. The bandage that she uses to wrap her residual limb has blood on it and an unusual smell.
 6. The Survivor is a young man who smokes over 40 cigarettes a day. Recently he complained of chest pains and went to the clinic, where the doctor told him that he had a heart condition and would die if he continued smoking. The Survivor says to the Outreach Worker, "It's impossible for me to quit smoking. I would rather die." He has a wife and three children and makes good money as a carpenter.
 7. The Survivor drinks alcohol daily and has pains in his belly but is afraid to go to the hospital. He refuses medical attention. "If I die it is God's will," he says. The family wants the Outreach Worker to persuade the Survivor to accept medical care.

8. The Survivor tells you during the Health Screen that he stepped on a landmine in 1967 and his left leg was amputated below the knee. Ever since the amputation he has had a small wound that opens for a few weeks, discharges a clear fluid, then closes again. This happens two or three times a year. He has not seen a doctor about this condition since he lives outside the city. He shows you his residual limb, which has a wound about 2 cm long with no redness or swelling, draining a clear fluid. He says there is no pain but the wound sometimes itches.
9. The Survivor lost both legs above the knee in a car accident two years ago and has pain in his toes. He says the pain keeps him awake at night and he often falls asleep while at his job repairing bicycles. The pain is worse when he wears his new prostheses, which he received a week ago and which are very uncomfortable.
10. The Survivor just started a new job washing clothes at the hospital last week. Her job is to take loads of wet clothes out of the machines, put them in baskets and take them outside to be hung on a clothesline. The work is very difficult and Ms. D has pains in her back, neck and chest and in her residual limb (left forearm). She woke up this morning with difficulty breathing and did not go to work. Now she is feeling dizzy and weak.
11. The Survivor lost her legs (one BKA one AKA) in an explosion in 1997. She uses a wheelchair and begs on the street. She has been depressed and has not been eating or bathing. She says she has a wound on her buttock but she doesn't know what it looks like. She has seen some blood on her clothes. Last night she thought she had a fever.
12. The Survivor had his right leg amputated at the hip in 2000 because of a bone tumor. He has not been to see the doctor in the past three years because he felt well. Now he has noticed a painful wound on his good leg with a small amount of pink fluid coming from it. He is afraid that if he goes back to the doctor they will amputate his other leg.

DAY 5 (Morning)

Role-playing Practice Sessions: Health Issues During Peer Support Visits [120 min]

Procedure: Divide participants into two groups with one Social Worker leading each group. The Social Worker will role play a Peer Support visit scenario one-by-one with each participant. During the role play the participant will ask the Survivor, “Have you had any health problems?”, then explore the issues that the Survivor presents and decide on next steps. During each role play other participants in the group will write an assessment of the problems and decide on next steps. At the end of each role play there will be group discussion on the role play.

1. **Possible emergency, HIV positive, depressed, dangerous to others:** Survivor has no health problems, but had a positive test for HIV two months ago. Survivor has no pain or problems with residual limb, but after revealing this information the Survivor becomes distressed and says that since the test results he or she has been anxious and depressed. The Survivor has not discussed these feelings with anyone, and has had thoughts about dying. The Survivor also mentions that since the test results he or she has been having unprotected sex, and wants to know if this is dangerous. [Response: Frequent visits for intensive Peer Support, HIV post-test counseling, link to mental health support if depression gets worse, link to HIV support groups, education on safe sex using locally developed materials.]
2. **Non-emergency, uncontrolled diabetes, sore spot on residual limb, moderate pain:** Survivor was diagnosed with diabetes in 2002, and complains of a red, sore area on his or her residual limb, that started bothering him/her about a week ago. Pain is moderate and constant and the Survivor has not been treated for this yet. The Survivor has had several “check-ups” for diabetes, all of them showing high blood sugar. [Response: Link to health facility for better diabetes care and monitoring, SLL pamphlet, education on diabetes.]
3. **Non-emergency, Dependence on pain medication, pain (under treatment):** Survivor has had severe pain in his/her residual limb since amputation in 1999. There are no signs of infection on the limb, just pain. Survivor has received prescriptions for pain medication which he/she takes frequently, and says that without medication the pain is severe. The pain is not constant, but this seems to be because of the medication. The Survivor has received no other treatment for the pain except pain medication, and was last seen by a doctor one week ago, to get more medication. The Survivor does not appear to be in pain or in distress. [Response: education on narcotic addiction and on alternative methods of pain control, link to health facility for further evaluation.]
4. **Non-emergency, Occasionally severe chest pain and headaches:** Survivor complains of back, head and chest pain lasting many years but no problems with residual limb. Pain is intermittent but sometimes severe. He/she has been treated by a traditional healer; treatments have included hypnosis, enemas, and prayer. When asked about ‘other problems’ the Survivor gives a long list of vague unrelated problems (My left hand is weak and numb. I can’t see well in my right eye. Sometimes I urinate blood. I have nightmares. My feet smell bad. When I stand up quickly I feel dizzy. I have red spots on my legs. Two of my teeth are

loose. My hair is falling out.) Survivor appears anxious and depressed but is not in severe pain at this time. [Response: link to health care provider for evaluation of chest pain, headaches, and blood in urine, Peer Support for depression.]

5. **Emergency, Cough and difficulty breathing:** Survivor has had a cough and difficulty breathing for the past year, but no problems with his/her residual limb. Survivor has had some intermittent chest pain, not severe but getting worse recently, and was treated by a doctor about 10 months ago. The doctor gave him/her an injection, but did not suggest any further treatment or set up another appointment. Survivor is anxious and does appear to have a cough and difficulty breathing. [Response: link to health facility immediately.]
6. **Non-emergency, Alcohol dependence, one seizure:** Survivor states at the beginning that he/she has been an alcoholic for over 10 years. No problems with residual limb. This morning the Survivor had a seizure for the first time and has been quite worried about this since it happened. After he recovered from the seizure he called his father, who was angry with him and told him he was a fool for drinking so much all the time. The Survivor does not express hopelessness or anger, but is anxious and appears to have been drinking today. [Response: link to health facility, link to alcohol support group, Peer Support for depression.]
7. **Mental health emergency,** Survivor is clearly disoriented as to who the Outreach Worker is, and gives strange and incoherent responses to questions. He/she is very vague about dates, seems afraid of the Outreach Worker, and doesn't remember if he/she has been treated. The Survivor says that he/she has been hearing voices for "about a thousand years", has stopped eating and sleeping, and has no friends or family. The Survivor has been talking to the voices. During the interview the Survivor makes odd whispers and gestures, presumably at unseen persons in the room. Survivor does not seem violent or suicidal. [Response: immediate link to health facility]
8. **Non-emergency, Pregnant, some swelling:** Survivor is 7 or 8 months pregnant and has had swelling in her residual limb and in her ankle(s). She has no pain or other signs of infection. First pregnancy, has not seen a doctor for many years but she has no other significant health issues. [Response: refer to health facility for prenatal care and HIV test.]
9. **Non-emergency, Poorly controlled diabetes, open wound on foot:** Survivor has had diabetes for many years and had a below knee amputation in 2001. Since then he/she has been taking insulin but has had infected wounds on his/her residual limb. He/she has had a wound on the remaining foot for the past 4 days. There is some clear fluid coming out but no redness or swelling. The Survivor has no pain but sensation in the foot is not good. The wound does not seem to be healing. The Survivor is concerned about his/her health and appears anxious. He/she last saw a doctor about a month ago, but the next appointment is not for several weeks. [Response: link to health facility for wound care, better monitoring of diabetes.]

Summary and Closure: Main Points [105 min]

HANDOUT #31: MAIN POINTS ON EVALUATING AND HELPING SURVIVORS DEAL WITH HEALTH PROBLEMS

1. LSN does not provide health care; we only help Survivors obtain access to health care and information about health. LSN does not diagnose health problems but does link and refer based on signs and symptoms.
2. LSN's Health Sector Objective is "*to improve Survivors' health-related quality of life within two years.*" **Health-related quality of life** is defined as a Survivor's perceived physical and mental health over time.
3. LSN evaluates Survivors' physical and mental health by administering the **Health Screen** during the First Contact Interview, and by administering the **SF-36** during the Initial Interview, after one year or at the mid-point in LSN's work with a Survivor, and again during the exit interview.
 - The **Health Screen** is intended to collect information on any major illnesses, injuries or health problems that the Survivor may have, and to screen for serious or life-threatening conditions that would require immediate attention.
 - The **SF-36** measures the Survivor's opinion of his or her physical and social functioning including pain, energy, vitality and psychosocial well-being.
4. Because the Health Screen involves the collection of **personal information**, it is important that it (and preferably the entire First Contact Interview) be administered in a comfortable, private setting, such as the Survivor's home or a closed office. It is important to collect accurate and complete information during the Health Screen so that the Survivor's health problems can be properly addressed.
5. LSN has categorized health problems as follows:
 - Category I.** Conditions directly related to landmine /UXO injury or amputation but not imminently life-threatening
 - Category II.** Conditions suspected of being imminently life threatening, whether related to landmine/UXO injury or amputation or not
 - Category III.** Conditions not related to amputation or landmine/UXO injury and not imminently life-threatening.
6. Outreach Workers should take one or more of the following **actions in response** to these health problems:
 - a. Link or Refer Survivor to Local Services
 - b. Teach the Survivor about the problem and Monitor their progress.
 - c. Provide Psychosocial Support by making frequent visits and offering guidance and encouragement.

- d. Provide Adherence Support by helping the Survivor follow a prescribed treatment program.
- e. Provide Locally Developed Information on health issues in the Survivor's language.

7. **Direct Assistance** is economic support distributed in the form of goods (prosthetics, food, tools, fabrication material, sales stock) and services (training, education) by LSN to Survivors receiving peer support from an LSN Outreach Worker. The purpose of Direct Assistance is to help LSN Active Survivors meet a self-identified objective as stated in the Individual Recovery Action Plan, thereby enabling the Survivor to progress in their personal recovery process. Direct Assistance is applied when all other possible means of reaching those objectives has been determined to be impossible or insufficient. Direct Assistance is one of the activities to reach LSN's Health Sector Objective at the Survivor level.

8. Outreach Workers are expected to respond immediately to **medical emergencies**, which are defined as health problems that, if it is not treated quickly, will cause death or severe injury. True medical emergencies include:

- a. Difficulty breathing
- b. Bleeding (internal or external)
- c. Loss of consciousness (the person cannot be woken)
- d. Severe pain (especially in the chest, head or abdomen)
- e. Convulsions
- f. High fever

9. **Infection** is defined as the process by which infection-causing germs enter an open site in the body and multiply, resulting in disease. Survivors of traumatic injuries are prone to specific kinds of infections, including osteomyelitis (infection of the bone) and gangrene. **All infections require professional attention and treatment with antibiotic medications.**

A wound is infected if:

- it becomes **red, swollen, and hot**
- **It is painful,**
- it has **pus,**
- or if it begins to **smell bad.**

The infection is spreading to other parts of the body if:

- it causes **fever,**
- there is a **red line above the wound,**
- or if the **lymph nodes become swollen and tender.**

10. **Gangrene** means decay or death of a part of the body. Gangrene can be caused by infection, swelling, injury, or diseases that are long-lasting (chronic) and that worsen over time (degenerative) such as diabetes. There are three major types of gangrene: dry, moist (wet), and gaseous. The presence of any type of gangrene is a medical emergency.

11. **Osteomyelitis** means infection of the bone. When a bone is infected, it produces pus, and an abscess may form in the bone or near it. Primary signs and symptoms of osteomyelitis are:
 - Pain in the bone
 - Local tenderness, swelling, redness, and warmth
 - Fever
 - Nausea
 - General discomfort, uneasiness, or ill feeling
 - Leaking pus through a wound in the skin

12. **Chronic pain** may result from injury or illness and may persist long after the original cause has been resolved. Chronic pain affects every aspect of daily living and is often associated with depression. Standard treatments for pain include medications, surgery, and physical therapy. Alternative treatments include acupuncture and cognitive techniques, such as mental imagery. Most types of chronic pain can be treated, but the Survivor may need significant support in accessing the most effective treatment.

13. **Pain medications** include Narcotics, analgesics, and anti-inflammatories. Narcotics can help Survivors deal with severe pain but can also create physical and mental dependence. Analgesics and anti-inflammatories are useful for moderate pain but should not be used for long periods of time because of side effects. There are also a few medications for other health problems (such as seizures or depression) that can relieve certain kinds of pain.

14. **Phantom limb pain**, or phantom limb sensation, are common among amputees. Phantom limb pain can sometimes be relieved by cognitive techniques or by applying treatments to the residual limb, such as massage, heat, or ice. Infections or injuries of the residual limb can sometimes make phantom limb pain worse. Proper inspection and care of the residual limb is important, especially for amputees who use a prosthesis.

15. **Effective communication with your doctor** and with other medical professionals should be based on mutual respect. Survivors should be aware of and able to defend their rights in order to get the information and care that they need.

16. The **Mental Health Screen** is designed to identify the following mental health emergencies:
 - Extreme Emotional Distress
 - Risk of Suicide or Self-Injury
 - Dangerous Behavior or a Threat to Others
 - Loss of Touch with Reality

17. If the Outreach Worker suspects a **mental health emergency** where a Survivor may injure themselves or others they must react immediately and should not leave the Survivor alone. The Outreach Worker should seek immediate help from mental health or medical professionals, the Survivor's family, and/or another entity that can act in the Survivor's best interests.

18. **Diabetes** occurs when the pancreas does not produce any insulin, the pancreas produces very little insulin or when the body does not respond appropriately to insulin. Depending on the type of diabetes, the Survivor may need injections of insulin or may be able to control the disease through other medications and a special diet. Diabetics are prone to infections that can lead to an amputation, therefore preventative health care and good care of the feet are important.
19. **Abuse or dependence on alcohol or drugs** will significantly interfere with a Survivor's recovery. If a Survivor shows signs of alcohol or drug abuse, it is important that the Outreach Worker attempt to discuss the matter with them and if possible, with the Survivor's friends and family. Substance abuse issues should also be addressed in the IRAP objectives.
20. **Smoking** can lead to serious health problems. The Outreach Worker should provide information and support to Survivors who wish to quit smoking. Quitting can be difficult and often does not succeed on the first attempt. These attempts should not be considered failures, but rather steps in a process. Friends, family members and the Outreach Worker should encourage and support every attempt, and be considerate enough to avoid smoking in front of someone who is trying to quit.
21. **HIV causes AIDS** (acquired immune deficiency syndrome). AIDS is a group of diseases that occur when a person's immune system is damaged by HIV. When HIV infection becomes advanced, the person's natural defenses, called the immune system, cannot fight off almost any germs or illnesses. At this point, people say the person has AIDS. HIV is not spread by casual contact. The HIV virus cannot live in air, water, or food; it is weak and only lives in body fluids. It only spreads if the body fluid of a person with HIV gets inside another person.
22. In developing **IRAP objectives** for health issues, the Outreach Worker should be conscious of the specific needs of the Survivor and understand the particular health problem. Objectives must be specific, measurable, achievable, realistic and timely. The Outreach Worker should avoid seeking to cure diseases or to change the Survivor's emotional state.

Lunch break

DAY 5 (Afternoon)

Post-test & Written Evaluation [30 min]

Wrap-Up & Comments (Discussion) [30 min]

Graduation [30 min]

COURSE EVALUATION FORM

Landmine Survivors Network

Health Training

Addis Ababa, October of 2006

Your opinion of this course will help us make it better for other networks. Please rate the elements of the course:

Topic	Very Good	Good	Not Good, Not Bad	Bad	Very Bad
Overall contents					
Exercises					
Handouts					
Length of course					
Location where course was held					
Marci (instructor)					
Cameron (instructor)					
Genet (facilitator)					
Solomon (facilitator)					

Course Contents:

What topic or section of the course did you enjoy **most**?

What topic or section of the course did you enjoy **least**?

Were any topics **missing** that you think should be included?

Was the course **too long** or **too short**? How many days should this course take?

What **changes** would you recommend in this course?

Any other comments: