

Staff Training Optimizes Practices for Hep C (STOP HEP C)

Hepatitis C virus (HCV) infection has reached epidemic proportions among drug users, and drug treatment staff are well positioned to support the HCV-related needs of their patients. However, to provide this support effectively, staff need training that provides the most up-to-date information about the virus and skills to communicate this information to their patients. With funding from the National Institute on Drug Abuse (2R01DA13409), we developed and are currently implementing and evaluating an HCV training specifically intended for drug treatment staff. The training provides staff with information about the virus and enhances their ability to effectively share this information with their patients. The training is generally conducted in two half day sessions on two consecutive days with half of the staff present, and repeated on the following two days for the other half of the staff. In this way, all program staff have an opportunity to attend the training without excessive disruption to program operations. To encourage staff participation at each program, breakfast or lunch is provided (depending on the timing of the training during the day) and participants who complete both days of training are eligible for Certified Alcohol and Substance Abuse Counseling (CASAC) credits.

Developing the Training

The training's development focused on the need to make the topics covered specific to, and relevant for, drug treatment program staff. At the same time, the training needed to address the inherent variation in drug treatment programs themselves. A primary focus during the development stage was to ground the delivery of HCV-related information, facts, and skills-based learning within a larger context of why drug treatment programs and their staff should be concerned about the disease. It was felt that emphasizing the critical role that drug treatment staff can play in helping drug users address their HCV concerns would minimize staff resistance to attending the training and also maximize their "buy-in." Thus, we recognized the importance of highlighting findings from our previous research that acknowledged the important role staff play in supporting patients' HCV needs and the barriers that might prevent them from offering this support. These findings especially include the fact that: a) staff at drug treatment programs often have limited knowledge about HCV and desire more information and training about it; b) patients at these programs also often have limited knowledge about HCV (which likely results in patients underutilizing available HCV-related resources and services); and c) many patients said that they wanted to receive health information from knowledgeable program staff and medical providers. Furthermore, the training needed to point out that: (a) nearly all new cases of HCV are among drug users, especially injection drug users; (b) HCV is not just spread through needles – it is also transmitted through the "works" used in shooting up drugs, including the cooker, cotton, rinse water, and possibly, the tourniquet; (c) HCV is much more easily transmitted through the blood than HIV, and even one injection event can transmit the virus; and (d) in general, injection drug users are more likely to have HCV than HIV. We also recognized the value of including quotes from individuals interviewed in our previous case study research. This would help staff better understand how some of their patients may be feeling about a variety of important HCV-related issues, such as the stigma, denial, and fear that they experience, and the difficulty of managing the side effects of HCV combination therapy while in addiction recovery.

Overall, key questions considered during the training's development were: (a) *How can the training be developed so that it is useful to all staff, including administrative, clinical and medical staff?*; (b) *In view of time constraints, what is the most important information to relay to staff in order to help them successfully talk to patients about HCV issues?*; and (c) *How can the training increase the likelihood that staff will adopt, utilize, and sustain the communication strategies with patients covered in the training?*

The Four Parts of the STOP Hep C Training.

Part 1: Understanding HCV Basics

Given that the first goal of the training is to impart up-to-date information on HCV, Part 1 of the training provides an overview of HCV, including: statistics on the impact of HCV in the U.S., transmission, how HCV impacts the liver, the different types of hepatitis, and disease progression. Emphasis is also placed on teaching staff how to differentiate between hepatitis A virus (HAV), hepatitis B virus (HBV), and hepatitis C virus (HCV).

Part 2: Testing & Treatment Issues

Part 2 of the training provides a summary of current issues in HCV testing and treatment, including antibody testing, patient work-up and diagnostic testing, the current gold standard for HCV pharmacological therapy (as well as the physical and emotional side effects of the treatment), and important considerations for dealing with individuals who are co-infected with HIV and HCV. Recognizing that the training needed to present this information to a broad array of drug treatment professionals, overly complicated and technical language was avoided in order to make it easier for both medically-oriented and non-medically oriented staff to successfully absorb the information.

Part 3: Raising Staff's Awareness of Available HCV Services

In order to tailor the training to meet the local conditions of each program, we included a component that would provide information to all of the staff about the current HCV education, testing, and/or medical management and support services that their programs currently offer. Certainly, without an awareness of the specific HCV services that are available, staff members are not in a position to motivate and encourage patients to use these resources. The existing services at each program are identified during an interview with the program director prior to the delivery of the training and Part 3 of the training is a customized review of the program's available HCV services. The presentation slides for this component of the training are specifically tailored to highlight which types of HCV services are provided (and which HCV services are *not* available). This part of the training provides an opportunity for staff at all levels of the program (clinical, administrative, and medical) to exchange information about: a) what services are available; b) where and when services are offered; c) which staff are responsible for delivering the services; and d) which patients are eligible to use the services. Furthermore, staff are encouraged to brainstorm and discuss any perceived barriers to patient utilization of their program's HCV services and identify strategies for overcoming these barriers, including the use of effective communication techniques and helpful approaches to minimize patients' health literacy limitations.

Part 4: Incorporating Communication Principles into the Training

In addition to providing information about HCV, the curriculum includes skills-based training exercises for staff on how to initiate conversations about HCV with their patients and encourage them to use those resources that are available (either at the program and/or in the community).

The theoretical approach to training staff in communication skills was guided by Social Cognitive Theory (SCT), which suggests that staff's past success (or lack of success) in communicating effectively with patients about HCV forms their expectations of the success of future communications (Bandura, 1986). This component of the training therefore focuses on improving staff's expectations for successful HCV communication by modeling effective techniques, as well as offering staff a variety of opportunities to practice these skills during the training. Several principles of Motivational Interviewing (MI) were identified for use in communication training because this therapeutic counseling style has been shown to be effective with substance using populations. MI is

based on a patient-centered counseling style that helps individuals explore and resolve ambivalence by helping them to identify reasons for and against behavior change (Miller & Rollnick, 2002).

Therefore, in Part 4 of the training, participants are introduced to several of the key principles of MI, including *ambivalence*, *expressing empathy*, *rolling with resistance* and *developing discrepancy*. During the training, the trainer models the use of these various principles in response to a specific case scenario (e.g., a patient who indicates that she believes herself to be at risk for HCV but doesn't have the time to be tested). The modeling makes use of specific phrases that training participants can use in their communication with patients about HCV (e.g., in expressing empathy, the trainer says: "It sounds as if you feel...", and in developing discrepancy, the trainer says, "On the one hand you say..., but on the other hand you are doing..."). Role play exercises are then employed, allowing staff time to practice using the phrases modeled by the trainer within the context of a fictitious patient scenario. The patients presented in the exercises are in various stages of behavior change (precontemplation and contemplation) according to Prochaska and DiClemente's (1983) Transtheoretical Stages of Change Model. The underlying goal of this activity is to improve staff participants' expectations for successful HCV-related communication with their patients.

The Booster Session

A short review session, which is delivered to staff at the participating programs approximately one month after the initial presentation, gives participants a chance to review the training material and ask questions that may have arisen since the training. The session is intended to be informal, with the trainer using verbal "pop quizzes" throughout the session. This encourages staff to share with the group what they remember about each HCV topic. This review session also includes opportunities to review and practice the specific HCV communication skills covered in the initial training.

Take Home Materials, Tools, & Teaching Aids

Major emphasis was placed on finding ways to make the training interactive and engaging, and a number of education tools and teaching aids were specifically created and incorporated into the training for this purpose. Some materials were developed to promote staff retention of the HCV information presented in the training, as well as make it easy for staff to access this information during future interactions with patients. Other visual tools and promotional items were distributed during the training in order to raise awareness about HCV throughout the program and stimulate conversations between patients and staff about HCV. Staff take these items with them at the end of the training.

The Participant Manual. A training manual is provided to each staff person that participates in the training. The manual is divided into 4 sections. The first section includes each of the presentation slides and space for participants to take notes during the training. The second section of the manual includes five single page summary sheets that focus on the most current and salient HCV information related to (a) *HCV in the United States*; (b) *Hepatitis A, B, and C*; (c) *HCV Treatment*; (d) *Comparisons between HIV & HCV*; (e) *Safer Injection Drug Practices*. These summary sheets are intended as handouts that staff can later duplicate and share with patients who are seeking and/or in need of specific HCV information. The third section of the manual contains a glossary of HCV-related terms used in the training, while the final section comprises a comprehensive list of national HCV organizations, a brief description of each organization's focus, and important contact information.

Liver Stress Balls. Each participant is provided with a small foam stress ball in the shape of a liver during the *Group Liver Activity*, which is conducted in Part 1 of the training. As an introduction to the important role the liver plays in the body and the impact of HCV on this organ, the trainer distributes the foam stress livers and then asks all of the staff to stand. Once standing, the trainer instructs each participant to place the liver on the outside of her/his body where she/he believes the liver is located. In addition to stimulating group interaction and interest, the trainer suggests that staff

leave the liver stress balls on their desks or somewhere visible in their offices so that they may potentially inspire dialogue with patients about HCV.

The HCV “Recipe Box.” This education tool, also distributed in Part 1 of the training, consists of 38 custom created and printed index cards containing HCV related information condensed from the content of the training. The 3” by 5” cards are contained in small plastic file box labeled “*Hepatitis C Resource Kit*.” The cards are separated into five sections, including *HCV 101*, *Testing*, *Treatment*, *Co-infection*, and *Motivating Patients*. The recipe boxes serve two important functions. First, they are provided as a take home tool that staff are encouraged to keep accessible in their workspaces so that they can conveniently and quickly reference HCV information (whether to remind themselves of something they learned in the training or to specifically answer patients’ questions). Second, some of the recipe cards are used during training activities. For instance, after a discussion of the similarities and differences between HAV, HBV, and HCV, participants are asked to pull out specific cards from their recipe boxes and break up into dyads. Each dyad is given a worksheet that contains several questions patients might ask about HCV (e.g., *Can you get hepatitis A, B or C from having sex?*). One participant in each group is instructed to play the patient, while the other person is asked to play the role of a staff person responding to the patient’s question. Participants playing the staff role are reminded that they can use the index cards to help them respond to the question if they are having difficulty during the exercise. After a brief time, the participants in each dyad are asked to switch roles, giving each staff member an opportunity to practice the exercise. Additional cards are used later in the training to complete a similar exercise regarding HCV treatment issues.

HCV Prevention Messages Magnets. Three HCV Prevention Messages Magnets are included in the recipe boxes, each of which contains information on the following topics: prevention messages for drug injectors; prevention messages for non-injectors; and encouraging HCV-positive patients to seek medical care and support services. Again, the trainer reminds staff that these magnets can be placed strategically in their offices to help them remember key HCV information, as well as to facilitate conversations with their patients about HCV.

HCV Message Lapel Pins for Staff. In Part 3 of the training, staff are presented with methods and strategies for successfully transitioning patients to discussions about HCV, as well as how to effectively convey complex health information. Staff are encouraged to avoid specific language and communication styles that are likely to make patients feel defensive, afraid, and/or angry, and to use communication strategies that are more likely to make patients feel especially cared for, motivated to listen, and comfortable to disclose information. Staff are also encouraged to: 1) build on information they have already discussed with patients (e.g., “*You said you were tested for HIV. Were you ever tested for HCV?*”); 2) start with more general questions about health (e.g., “*You seem to be doing well in several areas. How is your health?*”); and 3) give the patient reinforcement for good health behavior change, and then ask about how that may relate to HCV (e.g., “*You are following up on all your medical appointments. Has anyone talked to you about HCV during those appointments?*”). Consistent with these objectives, staff are given buttons that say, “*Ask me about HCV,*” in order to encourage patients to initiate a conversation about the issue, or at least for them to recognize that HCV is an issue that the program is concerned about addressing.

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