



Association of Alaska Community Health Aide Program Directors

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November 24, 2014 **(Revised 3/12/15 to remove material updated in February 2015)**

To: CHAP Directors, Training Center Directors, Training Coordinators/Instructors,
and Field Supervisory Staff

The Association of Community Health Aide Program Directors, through their Academic Review Committee, has approved the revision of the following units of the 2010 CHA Basic Training Curriculum (see each attached):

- Unit 5b4: Eye Skills
- Unit 6a: CHA Emergency Skills
- Unit 6c: Emergency Care Review
- ~~Unit 7: Eye~~
- ~~Unit 8: Ear~~
- ~~Unit 10: Respiratory System~~
- ~~Unit 12: Digestive System~~
- ~~Unit 17: Nervous System~~
- Unit 20f: Substance Abuse and Dependency (now Units 20f-1 and 20f-2)

The primary reasons for these changes to the Basic Training Curriculum are:

1. The Curriculum has not had a major revision in content since 1997. Meanwhile, the CHAM has been revised several times, and much new content has been added.
2. The 2010 Curriculum lacks mention of Standing Orders, does not include several CHAM assessments, and does not address reporting options with regards to specific assessments. It has very little mention of disease process.
3. In general, the 2010 Curriculum does not match the CHAM very well. Since the CHAM is the textbook of Basic Training and Health Aide practice, the CHAM and Curriculum need to be aligned for effective training.

A summary of the major changes is as follows:

1. Explanation of disease process for CHAM assessments has been expanded.
2. Findings for which the CHAM requires immediate/emergent care are noted.
3. The list of CHAM assessments covered is expanded.
4. CHAM assessments that are included in the CHAP Standing Orders list are covered in detail, as are their plans.
5. The different reporting options in CHAM plans are covered.
6. Abnormal findings that require reporting are noted in the discussion of the plans.

In addition to the above, changes to specific units include:

- Unit 5b4: Eye Skills. We added the CHAM instruction to not push back in an eyeball that is bulging from the socket.
- Units 6a: CHA Emergency Skills and 6c: Emergency Care Review. MAST Pants were removed. That half hour of Unit 6c was added to emergency delivery in Session II and to Rapid Trauma Exam/Detailed Physical Exam in Sessions III and IV. Emergency delivery in Unit 6c Session II was expanded to include newborn resuscitation and given an additional half hour.
- Unit 6a: CHA Emergency Skills. The treatment for low blood sugar and the topic of tension pneumothorax were added.
- Unit 7: Eye. We added a one hour class in Session II on the CHAM eye assessments with Standing Orders.
- Unit 17: Nervous System. We removed the alcohol abuse assessments and moved them to Unit 20f, Substance Abuse (see below). In Session II, half an hour was added to both the lecture and skills classes.
- Unit 20f: Substance Abuse and Dependency. As there are separate sections in the CHAM for “Nervous System” and “Alcohol and Drug Use,” and the “Alcohol and Drug Use” section has its own HEAP patient encounter, we expanded this unit by creating two subunits (Units 20f-1 and 20f-2) as follows:
 1. We created a new “Patient Visit” component to this unit (Unit 20f-2), following the HEAP format of the other body system units. The alcohol abuse assessments previously in the Nervous System Unit 17 were moved here.
 2. The discussion of substance abuse and dependency concepts was put in the new Unit 20f-1.

The procedure for incorporating these changes into your copy of the Curriculum is as follows:

1. Print the new units as double sided pages.
2. Replace the units in your Curriculum with the new versions.
3. Add the revised Curriculum Table of Contents (attached) to the front of your Curriculum. A new copy of the revised Curriculum Hours by Session chart will follow soon.
4. A copy of these changes can be found on the CHAP website www.akchap.org/library/ARC.
5. If you need copies of the 2010 Basic Training Curriculum, Statewide Services will provide upon request a disk with the entire Curriculum in pdf or Word format.

Over the next few months, these units will be incorporated into the classes being taught at the CHAP training centers. The rest of the body systems and some additional units are planned for completion in the next year.

If you have any questions, please contact CHAP Statewide Services or a training center coordinator.



Rahnia Boyer
Chair, AACHAPD



Dan Thomas
Chair, Academic Review Committee

Enclosures

PROCEDURES AND LAB TESTS
Eye Skills, Unit 5b4

| Session | Class hrs. | Skills practice hrs. | Clinical hrs. |
|------------|------------|----------------------|---------------|
| Session I | | 2.25 | |
| Session IV | | 2 | |

Note to instructor: The actual procedures may be taught as part of a variety of units and in any combination. Skills practice time is for both instruction and return demonstration of skill. Return demonstration is based on a ratio of 1 instructor to 2-3 students. If the number of students increases, the hours should be increased by ¼ of the total time per additional student.

| Performance level at end of session: | | | | Objective: |
|--------------------------------------|----|-----|----|--|
| I | II | III | IV | |
| | | | | Using the <u>CHAM</u> and Standard Precautions, the CHA will: |
| 2 | | | | 1. Properly instruct patient in the following procedures. |
| | | | | 2. Vision Screening: |
| 2 | | | 3 | <ul style="list-style-type: none"> Perform Snellen and "E" chart exam; describe method for scoring vision; chart results; describe when to report findings to doctor. |
| 1 | | | | <ul style="list-style-type: none"> Perform an example of an "out of clinic" rough vision screening. |
| 1 | | | | <ul style="list-style-type: none"> Perform a screening for "very poor vision". |
| 2 | | | 3 | 3. Numb the eye with topical anesthetic drops. May be used to improve patient cooperation with: |
| 2 | | | 3 | <ul style="list-style-type: none"> Assessment of possible foreign body. |
| 2 | | | 3 | <ul style="list-style-type: none"> Removal of foreign body. |
| 2 | | | 3 | <ul style="list-style-type: none"> Eyelid eversion. |
| 2 | | | 3 | <ul style="list-style-type: none"> Eye irrigation. |
| | | | | 4. Evert upper eyelid, removing foreign body if found on everted lid. |
| 2 | | | 3 | <ul style="list-style-type: none"> Demonstrate upper eyelid eversion on fellow student. |
| 2 | | | 3 | <ul style="list-style-type: none"> Examine inner surface of lid. |
| 2 | | | 3 | <ul style="list-style-type: none"> Demonstrate technique for removing foreign body from inner surface of lid with cotton applicator. |
| | | | | 5. Flush eye and eyelids: |
| 2 | | | 3 | <ul style="list-style-type: none"> Describe when eye should be flushed. <ul style="list-style-type: none"> Foreign body. Chemical exposure. |
| 2 | | | 3 | <ul style="list-style-type: none"> Demonstrate techniques for flushing eye with saline: <ul style="list-style-type: none"> IV set-up and saline. 60cc syringe or sterile bulb syringe. |
| 1 | | | 1 | <ul style="list-style-type: none"> Discuss Morgan lens. |

PROCEDURES AND LAB TESTS
Eye Skills, Unit 5b4

| I | II | III | IV | Using the <u>CHAM</u> and Standard Precautions, the CHA will: |
|---|----|-----|----|--|
| | | | | 6. Fluorescein staining: |
| 2 | | | 3 | <ul style="list-style-type: none"> Describe when eye should not be stained (eye laceration). |
| 2 | | | 3 | <ul style="list-style-type: none"> Describe when eye should be stained (eye scratched, eye pain, possible light burn, or sensation of foreign body). |
| 2 | | | 3 | <ul style="list-style-type: none"> Use fluorescein dye strip to stain eye. |
| 2 | | | 3 | <ul style="list-style-type: none"> Use "blue light" or otoscope green light to examine stained eye. |
| | | | | 7. Eye drops and ointments: |
| 3 | | | | <ul style="list-style-type: none"> List reasons why medicines (drops/ointments) are put in the eye. |
| 3 | | | | <ul style="list-style-type: none"> State advantages/disadvantages of eye drops vs. ointments. |
| 3 | | | | <ul style="list-style-type: none"> Demonstrate instructing and positioning for process of instilling medication. |
| 3 | | | | <ul style="list-style-type: none"> Avoid contamination of medication container tip while putting in eye medication. |
| 3 | | | | <ul style="list-style-type: none"> Demonstrate patient education on preventing spread of eye infection to others. |
| | | | | 8. Eye Pressure Patch and Non-pressure Patch (cup): |
| 3 | | | 3 | <ul style="list-style-type: none"> State indications for eye pressure patch: <ul style="list-style-type: none"> To keep eyelid closed. Scratch on cornea of eye (if ordered by doctor). Light burn on cornea of eye (if ordered by doctor). |
| 3 | | | 3 | <ul style="list-style-type: none"> State when not to use pressure patch: <ul style="list-style-type: none"> With eye laceration/puncture. When foreign body is in the eye. |
| 3 | | | 3 | <ul style="list-style-type: none"> Pressure Patch: <ul style="list-style-type: none"> Prepare skin by cleaning with alcohol pad and drying. Properly apply pressure patch. Securely tape patch in place. |
| 3 | | | 3 | <ul style="list-style-type: none"> Non-pressure Patch (cup): <ul style="list-style-type: none"> Recall that an impaled object should not be removed. If eyeball is bulging out of socket, do not try to push it back in. (added 11/5/14) Prepare skin by cleaning with alcohol pad and drying. Properly apply non-pressure patch. Secure paper cup or other protection for eye to surrounding skin. |
| 3 | | | 3 | <ul style="list-style-type: none"> Recall that the doctor should be consulted regarding whether to patch the unaffected eye. |

EMERGENCY CARE
CHA Emergency Skills, Unit 6a

| Session | Class hrs. | Skills practice hrs. |
|-----------|------------|----------------------|
| Session I | 12.75 | 10.25 |

Note to instructor:

It is strongly recommended that all CHAs have ETT or EMT-1 training prior to Session I. The following is taught to all CHAs regardless of their previous training. This material supplements, but does not replace, ETT/EMT requirements. See also Emergency Care Review, Unit 6c.

| Performance level at end of session: | | | | Objective: |
|--------------------------------------|----|-----|----|---|
| I | II | III | IV | |
| | | | | Using the <u>CHAM Emergency Field Handbook/CHAM</u> as a guide, the CHA will: |
| | | | | 1. Demonstrate the Initial Assessment and related emergency care: |
| 3 | | | | • Body Substance Isolation (BSI) |
| 3 | | | | • Scene size-up. <ul style="list-style-type: none"> – Scene safety. – Mechanism of injury. – Call for help and Automated External Defibrillator (AED). |
| 2 | | | | • Rapid assessment and intervention as indicated, of level of consciousness/AVPU (Alert; responds to Voice; Pain; or Unresponsive); airway, breathing, circulation; and hemorrhage. <ul style="list-style-type: none"> – Basic Life Support (BLS) (adult, child, infant): <ul style="list-style-type: none"> ▪ Circulation, airway, breathing. ▪ Automated External Defibrillator (AED). – Obstructed airway (adult, child, infant). |
| 2 | | | | • Airway management (jaw thrust, suction, oral and nasal airways). |
| 2 | | | | • Rescue breathing (pocket mask, bag valve mask). |
| 2 | | | | • Oxygen delivery (indications for oxygen therapy, tank assembly and safety, oxygen concentrator, nasal cannula, non-rebreather mask). |
| 2 | | | | • Describe criteria for termination of CPR in the village. |
| | | | | Time: 2 hr. class; 2 hr. skills practice. |
| | | | | 2. Demonstrate the Rapid Trauma Exam, the evaluation and treatment for shock, and treatment of abdominal injury: |
| 2 | | | | • Demonstrate the Rapid Trauma Exam. |
| 3 | | | | • List the signs and symptoms of shock. |
| 2 | | | | • Demonstrate orthostatic vital signs and describe when to take them. |
| 3 | | | | • List injuries/illnesses that can cause low blood volume and shock. |
| 3 | | | | • Describe causes, signs and symptoms of internal bleeding. |
| 3 | | | | • Methods for controlling external bleeding. |
| 3 | | | | • Describe the treatment of shock, including oxygen and IV therapy. |
| 2 | | | | • Examine and provide emergency treatment for patients with abdominal injury (minor versus severe, organs sticking out, something sticking into abdomen). |
| | | | | Time: 2 hr. class; 2 hr. skills practice. |

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Level 1: Familiarity, Awareness
Level 2: Knowledge: recall; Skills: with limited guidance from instructor
Level 3: Knowledge: application; Skills: without guidance from instructor

EMERGENCY CARE
 CHA Emergency Skills, Unit 6a

| I | II | III | IV | Using the <u>CHAM Emergency Field Handbook/CHAM</u> as a guide, the CHA will: |
|---|----|-----|----|--|
| | | | | 3. Demonstrate ability to examine and care for patients with facial trauma: |
| 2 | | | | <ul style="list-style-type: none"> Examine and care for nasal trauma, including broken nose and epistaxis. |
| 2 | | | | <ul style="list-style-type: none"> Inspect eye socket and palpate the bones around the eye. |
| 2 | | | | <ul style="list-style-type: none"> Describe care of avulsed tooth, including immediate reimplantation. |
| 2 | | | | <ul style="list-style-type: none"> Describe care for patient with mouth, lip and tongue lacerations. |
| 2 | | | | <ul style="list-style-type: none"> Describe physical findings and care for patient with jaw injury, including dislocation and fracture. |
| | | | | Time: 0.5 hr. class; 0.5 hr. skills practice. |
| | | | | 4. Demonstrate ability to evaluate and treat a patient with altered level of consciousness (including positioning, cervical immobilization, airway maintenance, oxygen, suction, and serial monitoring, where applicable): |
| 3 | | | | <ul style="list-style-type: none"> AVPU. |
| 1 | | | | <ul style="list-style-type: none"> Glasgow Coma Scale. |
| 3 | | | | <ul style="list-style-type: none"> Serial monitoring of the patient with altered level of consciousness. |
| 2 | | | | <ul style="list-style-type: none"> Describe care for a patient who is unconscious from alcohol ingestion. |
| 2 | | | | <ul style="list-style-type: none"> Examine and care for patient with severe head injury. |
| 2 | | | | <ul style="list-style-type: none"> Describe history and exam for a patient with possible meningitis. |
| 2 | | | | <ul style="list-style-type: none"> Examine and care for a patient having a seizure. <ul style="list-style-type: none"> Define status epilepticus. Provide emergency treatment. |
| 2 | | | | <ul style="list-style-type: none"> Describe the treatment of low blood sugar. |
| 2 | | | | <ul style="list-style-type: none"> Describe history and exam of the patient with signs and symptoms of stroke, and provide emergency treatment (including oxygen, positioning, and transport). |
| | | | | Time: 1.5 hr. class; 1 hr. skills practice. |
| | | | | 5. Evaluate and care for the patient with possible spinal cord injury: |
| 2 | | | | <ul style="list-style-type: none"> Removal of helmet. |
| 3 | | | | <ul style="list-style-type: none"> Examine the patient for possible spinal cord injury. |
| 3 | | | | <ul style="list-style-type: none"> Spinal immobilization. |
| | | | | Time: 0.25 hr. class; 0.75 hr. skills practice. |
| | | | | 6. Evaluate and care for patients with potentially serious chest pain and serious chest trauma: |
| 2 | | | | <ul style="list-style-type: none"> Recognize signs and symptoms which might indicate a life-threatening problem: heart attack, pulmonary embolus, spontaneous pneumothorax. Initiate emergency treatment and transport. |
| 2 | | | | <ul style="list-style-type: none"> Describe signs and symptoms of chest trauma: flail chest, impaled object, sucking chest wound, tension pneumothorax. |
| 2 | | | | <ul style="list-style-type: none"> Demonstrate exam and emergency treatment of chest trauma: positioning, dressings, impaled object stabilization, sucking chest wound care and oxygen. |
| 1 | | | | <ul style="list-style-type: none"> Describe exam and emergency treatment of tension pneumothorax. |
| | | | | Time: 1 hr. class; 0.5 hr. chest trauma skills practice. |

EMERGENCY CARE
CHA Emergency Skills, Unit 6a

| I | II | III | IV | Using the <u>CHAM Emergency Field Handbook/CHAM</u> as a guide, the CHA will: |
|---|----|-----|----|---|
| | | | | 7. Evaluate and provide emergency care for patient with acute orthopedic injuries: |
| 2 | | | | <ul style="list-style-type: none"> Examine injured extremities, including neurovascular exam (Circulation, Sensation, Movement). <ul style="list-style-type: none"> Define sprain and fracture. Describe common findings: bruising, swelling, pain, deformity. Emergency medevac required for neurovascular compromise, fractured femur, pelvis, back, and neck. |
| 2 | | | | <ul style="list-style-type: none"> Provide care for open fractures. |
| 2 | | | | <ul style="list-style-type: none"> Describe use of hot and cold packs. |
| 2 | | | | <ul style="list-style-type: none"> Demonstrate procedure for reducing joint dislocations (shoulder, ankle, knee, elbow [for vascular compromise], nursemaid elbow [subluxated radial head]). |
| 2 | | | | <ul style="list-style-type: none"> Describe bone and joint infections. |
| 2 | | | | <ul style="list-style-type: none"> Apply temporary improvised and commercial splints. |
| 2 | | | | <ul style="list-style-type: none"> Apply traction splints (examples: Hare®; Sager®; Kendrick®) to femur fracture. <p><u>Note to instructor:</u> Ask students what splint they have in their clinic and practice with it.</p> |
| 1 | | | | <ul style="list-style-type: none"> Describe splinting of pelvic fractures (sheet wrap, SAM® sling or similar device). <p>Time: 2.5 hr class; 1.5 hr skills practice.</p> |
| | | | | 8. Examine and treat major burns: |
| 2 | | | | <ul style="list-style-type: none"> Describe location, body surface area, and apparent depth. |
| 2 | | | | <ul style="list-style-type: none"> Decide if burn is major or minor. (Care of minor burns taught in Unit 5b7.) |
| 2 | | | | <ul style="list-style-type: none"> Initiate treatment for major burns (IV fluids, oxygen, airway monitoring, sterile dressings or sheets). <p>Time: 1 hr. class; 0.5 hr. skills practice.</p> |
| | | | | 9. Recall the signs, symptoms and treatment of cold injuries: |
| 2 | | | | <ul style="list-style-type: none"> Frostbite, including rapid re-warming. |
| 2 | | | | <ul style="list-style-type: none"> Hypothermia. |
| 2 | | | | <ul style="list-style-type: none"> Cold water near drowning, including airway and hypothermia considerations. <p><u>Note to instructor:</u> Refer to current <u>State of Alaska Cold Injury Guidelines</u>.</p> <p>Time: 2 hr. class.</p> |
| | | | | 10. Demonstrate uncomplicated emergency delivery (childbirth): |
| 2 | | | | <ul style="list-style-type: none"> Signs and symptoms of labor and impending delivery. |
| 2 | | | | <ul style="list-style-type: none"> Normal vaginal delivery and immediate postpartum care. |
| 2 | ∇ | ∇ | | <ul style="list-style-type: none"> Newborn care and monitoring (excluding medications). <p>Time: 1.5 hr skills practice. (∇ = taught in Unit 6c, Session II; and Unit 21d, Session III)</p> |

Level 1: Familiarity, Awareness

Level 2: Knowledge: recall; Skills: with limited guidance from instructor

Level 3: Knowledge: application; Skills: without guidance from instructor

Revised 11/2014

Unit 6a

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EMERGENCY CARE
Emergency Care Review, Unit 6c

| Session | Class hrs. | Skills practice hrs. |
|-------------|------------|----------------------|
| Session II | 2 | 8.5 |
| Session III | 1.5 | 6.5 |
| Session IV | 1.5 | 6.5 |

Note to instructor:

This is emergency skills review/practice to be held in Sessions II, III and IV.

- All CHAs are required to maintain ETT or EMT-1 in addition to this review. The following is taught to all CHAs, regardless of their previous emergency training.
- In Session III, emphasis is on treatment of infants/children, special precautions during pregnancy.
- See also Emergency Care Review, Unit 6a.

| Performance level at end of session: | | | | Objective: |
|--------------------------------------|----|-----|----|--|
| I | II | III | IV | Using the <u>CHAM Emergency Field Handbook/CHAM</u> as a guide, the CHA will: |
| | 3 | 3 | 3 | 1. Demonstrate Initial Assessment and BLS for adult, child, and infant, including BSI, scene size-up, level of consciousness (AVPU), obstructed airway, suction, airway management, rescue breathing, CPR/AED, and oxygen delivery (see details in Unit 6a). Time: Each session - 2.5 hrs. skills practice. |
| | 3 | 3 | 3 | 2. Demonstrate Rapid Trauma Exam/Rapid Exam and Detailed Physical Exam; including recognition and treatment of shock (see detail in Unit 6a). Time: Session II - 1 hr. skills practice. Session III and IV - 1.5 hrs. |
| | 2 | | | 3. Discuss/demonstrate emergency delivery and newborn resuscitation (see details in Session I, Unit 6a; Session III, Labor and Delivery in the village, Unit 21d). Time: Session II - 2 hrs. skills practice. |
| | 3 | 3 | 3 | 4. Demonstrate techniques of spinal immobilization prior to movement, including helmet removal and the use of backboards and cervical collars. Time: Each session - 1 hr. skills practice. |
| | 2 | 3 | 3 | 5. Demonstrate various techniques for splinting musculoskeletal injuries, including indications for use of splints and traction splints (see detail in Unit 6a). Time: Each session - 1 hr. skills practice. |
| | 2 | 3 | 3 | 6. Describe the signs, symptoms, and treatment of cold injuries, including frostbite, hypothermia, and cold water near drowning (see details in Unit 6a). Time: Each session - 1 hr. class. |

Level 1: Familiarity, Awareness

Level 2: Knowledge: recall; Skills: with limited guidance from instructor

Level 3: Knowledge: application; Skills: without guidance from instructor

Revised 11/2014

Unit 6c

1 of 2

EMERGENCY CARE
Emergency Care Review, Unit 6c

| I | II | III | IV | Using the <u>CHAM Emergency Field Handbook/CHAM</u> as a guide, the CHA will: |
|---|----|-----|----|--|
| | | | | 7. Describe the basic considerations of medevac transport by air: |
| | 2 | 2 | 2 | <ul style="list-style-type: none"> • Effect of altitude on IV bags, oxygen tanks, and air splints (do not use air splints on air medevacs). |
| | 2 | 2 | 2 | <ul style="list-style-type: none"> • Effect of altitude on heart, lungs, and brain. |
| | 2 | 2 | 2 | <ul style="list-style-type: none"> • Best position to transport patient (head or feet first). |
| | 2 | 2 | 2 | <ul style="list-style-type: none"> • Low altitude transport (chest injury). |
| | 2 | 2 | 2 | <ul style="list-style-type: none"> • Procedures to perform before the airplane takes off. |
| | 2 | 2 | 2 | <ul style="list-style-type: none"> • Patient and CHA safety: proper restraint; cabin temperature regulation; hearing protection; air sickness; survival preparedness. |
| | 2 | 2 | 2 | <ul style="list-style-type: none"> • Equipment needed for patient. |
| | 2 | 2 | 2 | <ul style="list-style-type: none"> • Gear needed for CHA. <p><u>Note to instructor:</u> Use appropriate parts of State of Alaska Medevac course. This is introductory material for the CHA, keeping in mind that most village medevacs of stretcher patients are done by professional medevac services. It is not covered in the ETT or EMT courses.</p> |
| | | | | Time: Session II - 1 hr. class. Sessions III and IV - 0.5 hr. class. |
| | | | | 8. Demonstrate serial monitoring and documentation of the seriously ill or injured patient whose transport out of the village is delayed. |
| | 2 | 3 | 3 | <ul style="list-style-type: none"> • Use of the <u>CHAM</u> and <u>CHAM Emergency Field Handbook</u>. |
| | 2 | 3 | 3 | <ul style="list-style-type: none"> • Use of the CHAP Emergency PEF and CHAP Patient Encounter Flowsheet. |
| | | | | Time: Session II - 1 hr. skills practice. Sessions III and IV - 0.5 hr. skills practice. |

INTRODUCTION TO MENTAL HEALTH AND SOCIAL ISSUES
Substance Abuse and Dependency - Concepts, Unit 20f-1

| Session | Class hrs. | Skills practice hrs. |
|------------|------------|----------------------|
| Session II | 0.5 | |
| Session IV | 1 | 0.5 (objective 5) |

Note to instructor:

Unit 20f-1 focuses on general concepts of substance abuse, resources available to help the substance abuser, and the CHA's role.

Unit 20f-2 covers the acute and chronic effects of substance abuse on the patient's health and the CHAM patient visits for substance abuse problems.

| Performance level at end of session: | | | | Objective: |
|--------------------------------------|----|-----|----|---|
| I | II | III | IV | The CHA will: |
| | 2 | | | 1. Define the following important terms: <ul style="list-style-type: none"> • <u>Substance abuse</u>: a pattern of drug or alcohol use that physically and/or emotionally harms the user and/or others. Related to substance dependency. • <u>Substance dependency</u>: an uncontrollable physical and/or emotional <u>need</u> for a drug in order to sustain a feeling of well-being; persistent use of the substance causes problems with other people, work, or health. • <u>Alcoholism</u>: out-of-control drinking that causes a person to have a problem with other people, family, work, or health. This a chronic, progressive disease that can lead to death if not treated. • <u>Withdrawal</u>: intense physical disturbances, unpleasant and sometimes painful, that occur when a person stops taking a drug or alcohol that s/he is physically dependent upon. • <u>Tolerance</u>: the body adjusts to the substance and needs more to achieve the same effect. • <u>Addiction</u>: When obtaining and using the substance becomes the main focus of the abuser's life. |
| | | | | 2. Describe patterns of alcohol use versus abuse and relate to patterns CHAs have seen in the villages: <ul style="list-style-type: none"> • Social use. • Daily use. • Binge use. • How much is too much. |
| | 1 | | | |
| | 1 | | | |
| | 1 | | | |
| | 1 | | | |
| | | | | 3. Identify factors that place a person at risk for substance abuse and dependency: <ul style="list-style-type: none"> • Inadequate coping skills, social skills, and/or support systems. • Family history of substance abuse. • Learned behavior. • Confronting a new or changing culture. • Low self-esteem. • Stress. • Depression and/or anxiety. • Boredom. • Peer pressures and/or association with people who abuse drugs. |
| | | | 2 | |
| | | | 2 | |
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| | | | 2 | |
| | | | 2 | |
| | | | 2 | |

Level 1: Familiarity, Awareness

Level 2: Knowledge: recall; Skills: with limited guidance from instructor

Level 3: Knowledge: application; Skills: without guidance from instructor

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Unit 20f-1

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INTRODUCTION TO MENTAL HEALTH AND SOCIAL ISSUES
 Substance Abuse and Dependency - Concepts, Unit 20f-1

| I | II | III | IV | The CHA will: |
|---|----|-----|----|--|
| | | | | 4. Discuss the CHA's role in helping patients address their substance abuse problems in the village. |
| | 1 | | 2 | <ul style="list-style-type: none"> • Early recognition of substance abuse problems. (see CHAM "Alcohol and Drug Use -Information for CHA/P") |
| | 1 | | 2 | <ul style="list-style-type: none"> • Recognize that it is the alcoholic who makes the change, not the CHA. The CHA can provide support and information but it is not the CHA's responsibility to cause the alcoholic to change behavior. |
| | 2 | | 3 | <ul style="list-style-type: none"> • Report to referral person for additional guidance. |
| | 2 | | 3 | <ul style="list-style-type: none"> • Referral for treatment/counseling. |
| | | | 2 | 5. Demonstrate helping a patient to face the substance abuse problem, breaking through the denial. Getting the alcoholic or drug abuser through this step, to decide that he/she needs help/counseling, is difficult to do. [Practice interview skills/role-play in skills practice—Session IV: 0.5 hr] |
| | | | | 6. Discuss how the whole family and/or community can be affected by a member with a substance abuse problem: |
| | | | 1 | <ul style="list-style-type: none"> • Family balance is disrupted. |
| | | | 1 | <ul style="list-style-type: none"> • Personalities and roles change in response to the abuser's behavior. |
| | | | 1 | <ul style="list-style-type: none"> • Family quarrels and physical abuse. |
| | | | 1 | <ul style="list-style-type: none"> • Loss of income and legal problems. |
| | | | 1 | <ul style="list-style-type: none"> • Fear, loss of self-esteem. |
| | | | 1 | <ul style="list-style-type: none"> • Lack of communication and breakdown of family unit. |
| | | | | 7. Discuss how family and friends often "help" (enabling) a person or community to continue to abuse substances: |
| | | | 1 | <ul style="list-style-type: none"> • Remaining silent about the problem. |
| | | | 1 | <ul style="list-style-type: none"> • Accepting blame for the problem and/or playing victim or martyr. |
| | | | 1 | <ul style="list-style-type: none"> • Rescuing the person when s/he gets in trouble, misses school and/or work. |
| | | | 1 | <ul style="list-style-type: none"> • Protecting from consequences. |
| | | | 1 | <ul style="list-style-type: none"> • Minimizing the seriousness of the problem. |
| | | | 1 | <ul style="list-style-type: none"> • Empty threats in response to the problem. |
| | | | 1 | <ul style="list-style-type: none"> • Provoking with threats, nagging, and hostility. |
| | 1 | | 2 | 8. List and discuss resources for the substance abuser and family in the village, region, and state. |
| | | | 2 | 9. Identify various formal methods of treatment for the substance abuser and family, including inpatient, outpatient, and self-help. Relate these methods to Alaska Native cultures and village life. |
| | | | 2 | 10. Discuss that the CHA's role may include assistance in planning, encouragement, and other support for helping the village to address substance abuse problems. CHA does not have the overall responsibility for solving these health problems. |
| | | | 2 | 11. Discuss how the CHA can cope with feelings and problems when dealing with substance abuse in the village. Identify "allies" in the village and development of support systems in the village and region. |