SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Trauma-Informed Care Innovation Community Webinar #4: Building Trusting Relationships through Safe Interactions and Peer Support

Presenters:

Linda Ligenza, LCSW, CIHS, National Council

Beth Filson, CPS, MFA, National Consultant

Angie Schindler-Berg, PBHCI Project Manager

4/21/16

Setting the Stage:
Today's Moderator

Madhana Pandian

Associate

SAMHSA-HRSA Center for Integrated Health Solutions

Slides for today's webinar will be available on the CIHS website:

www.integration.samhsa.gov

Under About Us/Innovation Communities

Our format:

Structure

Presentations from experts

Polling You

At designated intervals

Asking Questions

Responding to your written questions

Follow-up and Evaluation

Ask what you want/expect

and presentation evaluation

Listserv

Look for updates from:
trauma_informed_care_ic

Linda Ligenza, LCSW
SAMHSA-HRSA Center for Integrated Health Solutions – TIC IC Facilitator

Presenters

Beth Filson is an artist, writer, educator, and trainer in trauma-informed approaches and their application in peer and non-peer provider relationships and organizations. Her commitment to assisting organizations and programs in building capacity to address trauma and re-traumatization is a direct result of her past involvement as a patient. Over the past five years, Beth has been a consultant for the MA Department of Mental Health focusing on integrating trauma-informed approaches in both in-patient and community settings.

Angie Berg has a graduate degree in Community Counseling. She is currently the Program Manager for the Integrated Care Clinic at Community Alliance where she has been employed for 19 years. As an agency, Community Alliance began with a TIC assessment in 2013 and have been continually involved in implementing and sustaining TIC services throughout their service system.

Webinar Agenda

Linda

- Overview of Consumer Voice, Choice and Collaboration Domain and Standards
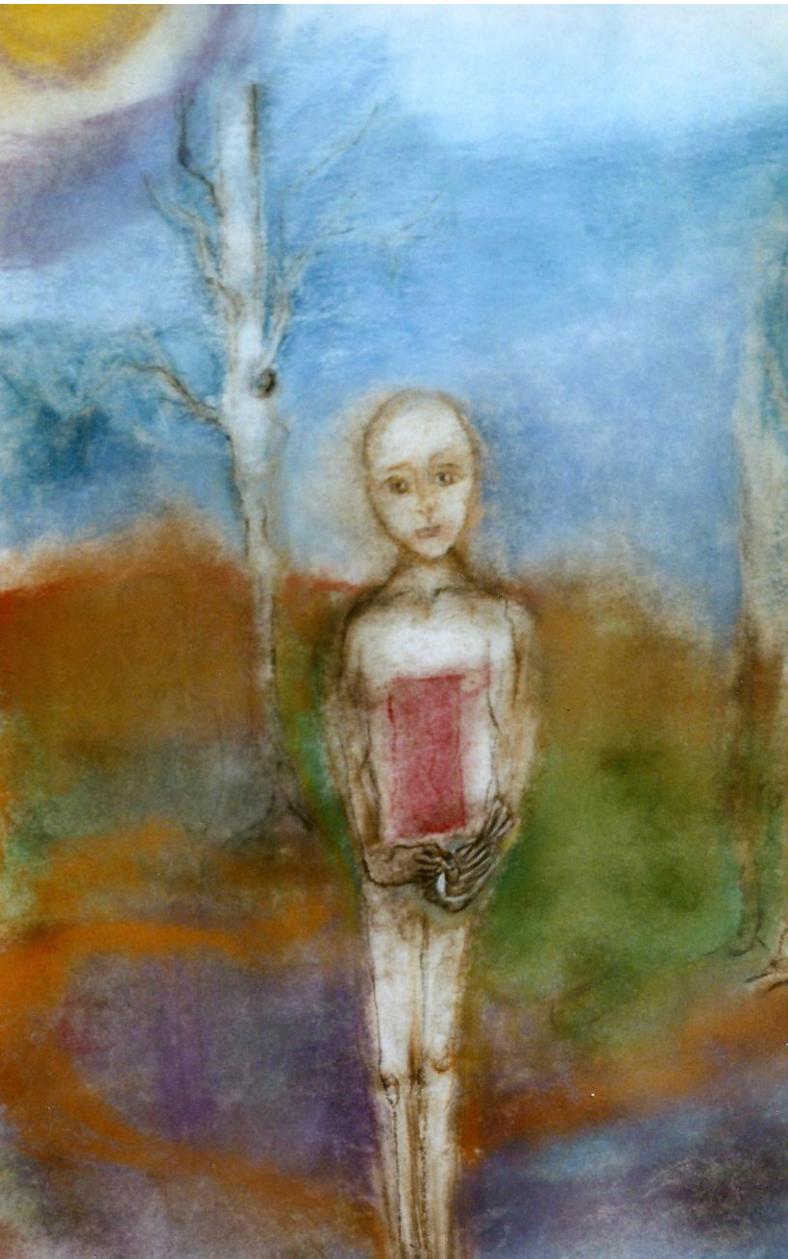
Beth

- Building trusting and safe relationships with clients

Angie

- Role of peers in promoting healing relationships and environments

Domain 2: Consumer Voice, Choice & Advocacy

- The primary care service has a system in place to monitor patient satisfaction and perception of care as well as feedback on the safety and security of the physical and psychological setting

- The primary care service has a system in place to include recipients of care in organizational decision influencing meetings

- The primary care service provides information to patients on the impact of adverse life events on a person's whole health

Building Trusting Relationships through Safe Interactions and Peer Support

Beth Filson CPS, MFA

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Challenges from the Start:
Consumer/Survivor/Patient Experience

Primary experiences –

- Danger
- Powerlessness
- Betrayal
- Force and coercion
- Violation
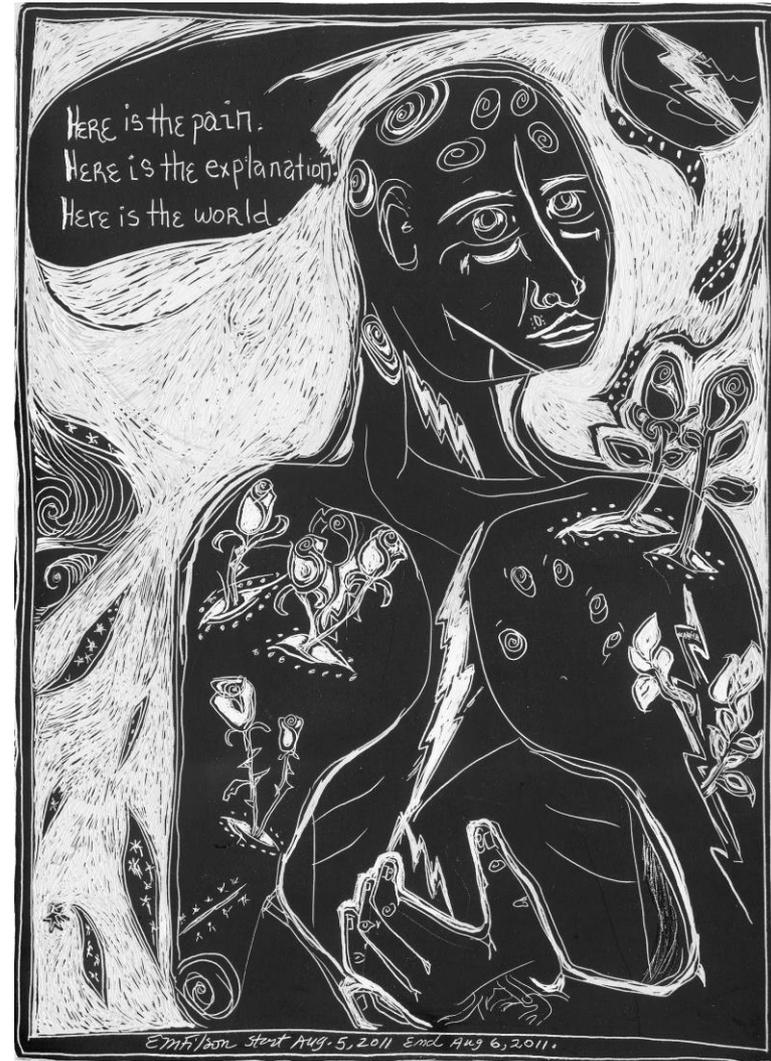- Denial of survivor experience

Challenges

There are many reasons why survivors might not talk about past experience with adversity and trauma.

SAMHSA

Substance Abuse and Mental Health Services Administration
www.samhsa.gov   1-877-SAMHSA-7 (1-877-726-4727)

HRSA
Health Resources & Services Administration

integration.samhsa.gov

SAMHSA Principles – "Antidote" to Trauma:

- ✓ Safety
- ✓ Trustworthiness and Transparency
- ✓ Peer Support
- ✓ Collaboration and Mutuality
- ✓ Empowerment, Voice, and Choice
- ✓ Cultural, Historical, and Gender Issues

HERE is the pain.
HERE is the explanation.
HERE is the world.

Emilson Start Aug. 5, 2011 End Aug 6, 2011.

Building Blocks of Trauma-Informed Relationships:

Safety → Trust → Voice and Choice → = **Collab-oration**

Safety is Key

When people experience safe, trustworthy relationships they are more likely to share important information effecting their health and wellness. As a result, relationships based on collaboration emerge.

"Unpacking" Safety

- ✓ Transparency
- ✓ Shared Power
- ✓ Awareness and Respect for Differences

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Transparency:

✓ What will happen during your meeting (exam).

✓ Your reporting obligations (before asking for info.).

✓ How much time you will spend together.

✓ What your role is.
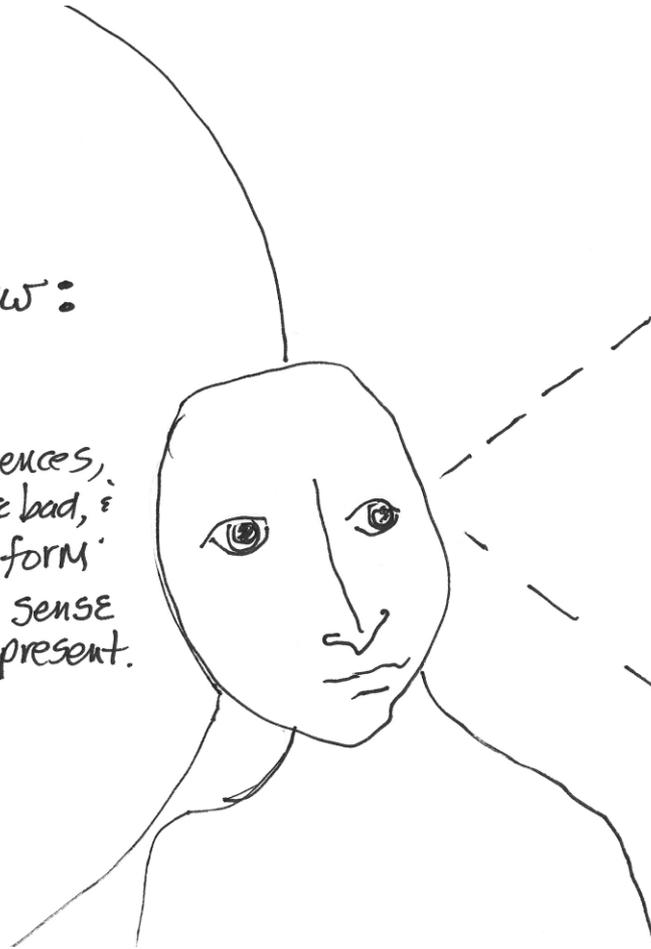
Building Trust Through Shared Power

- Awareness and sensitivity to your own power and privilege
- Awareness and sensitivity to cultural differences
- Creating room for voice and choice
- Negotiating what you both bring to the treatment relationship -- and how to proceed together

Awareness and Sensitivity to Differences – Cultural, Historical, Gender

Making Room for Voice and Choice: The Individual As the Expert of His/Her Experience:

- What works
- What does not work
- What the challenges are
- Alternatives

Collaboration:

Relationship

What safety means…
What help looks like…
Challenges/Obstacles
to getting there…
Meaning of risk

Me

You
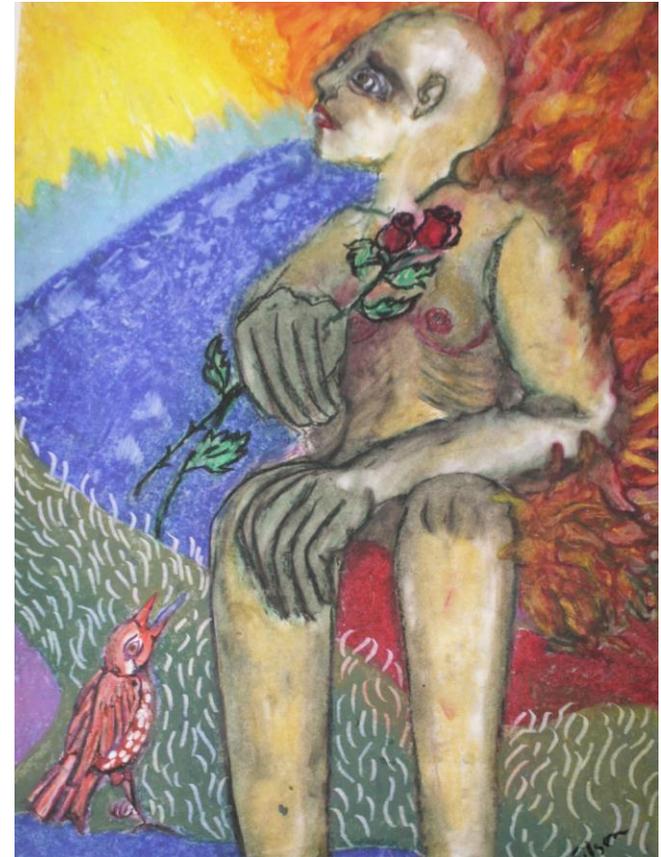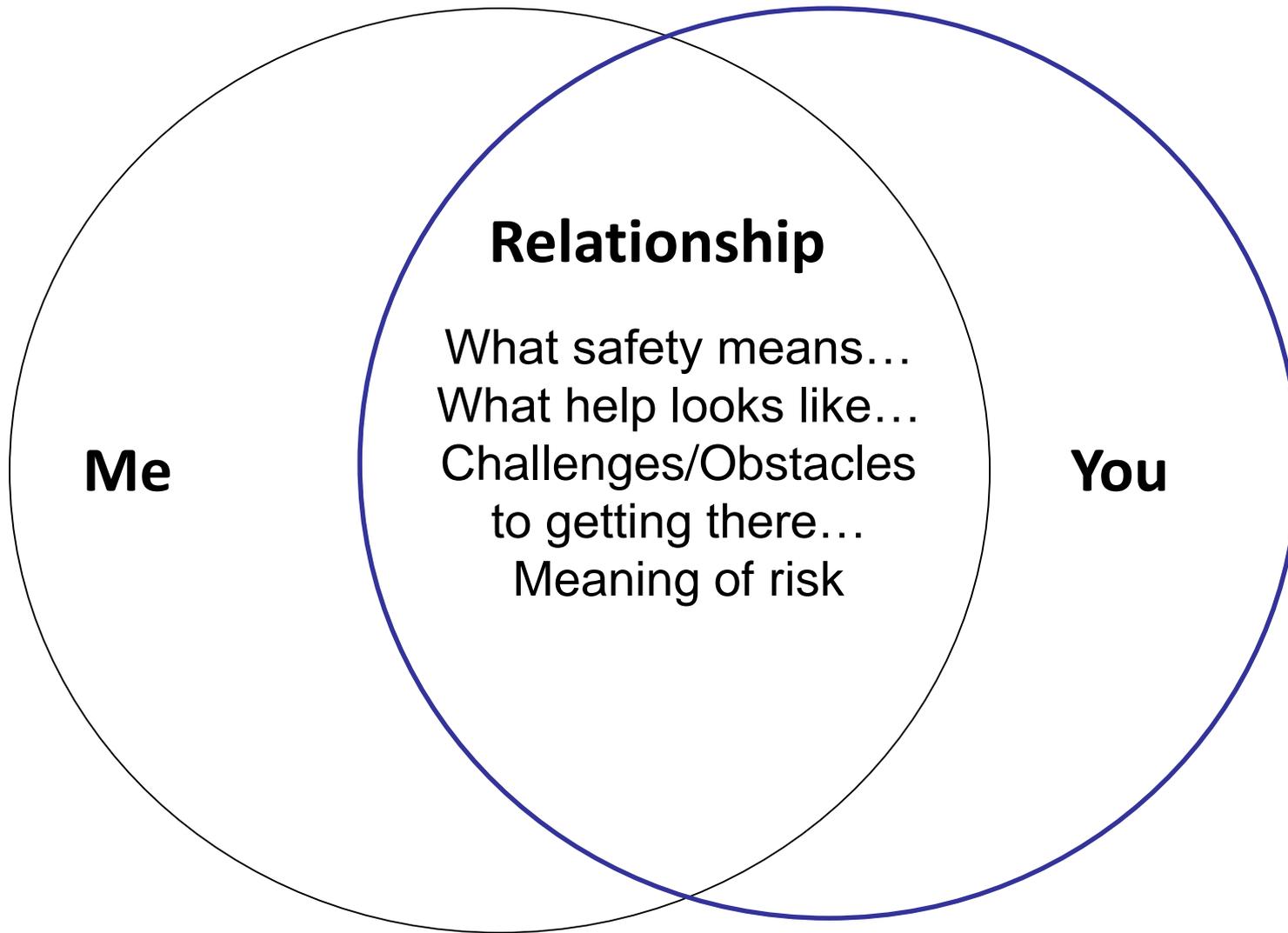
Creating Collaborative Relationships:

✓ **Acknowledge and validate** the person's experience, both her pain, and her resilience in the face of that pain.

✓ **Be curious** - Connect past to present. For example, "Can you help me understand how this impacts your health today?

✓ **Seek collaboration** based on patient as the expert of his or her own experience, and you as expert of interventions and treatment to address.

Keep in Mind:

- The person before you is a survivor
- The body often explains what words cannot
- You can make a powerful difference
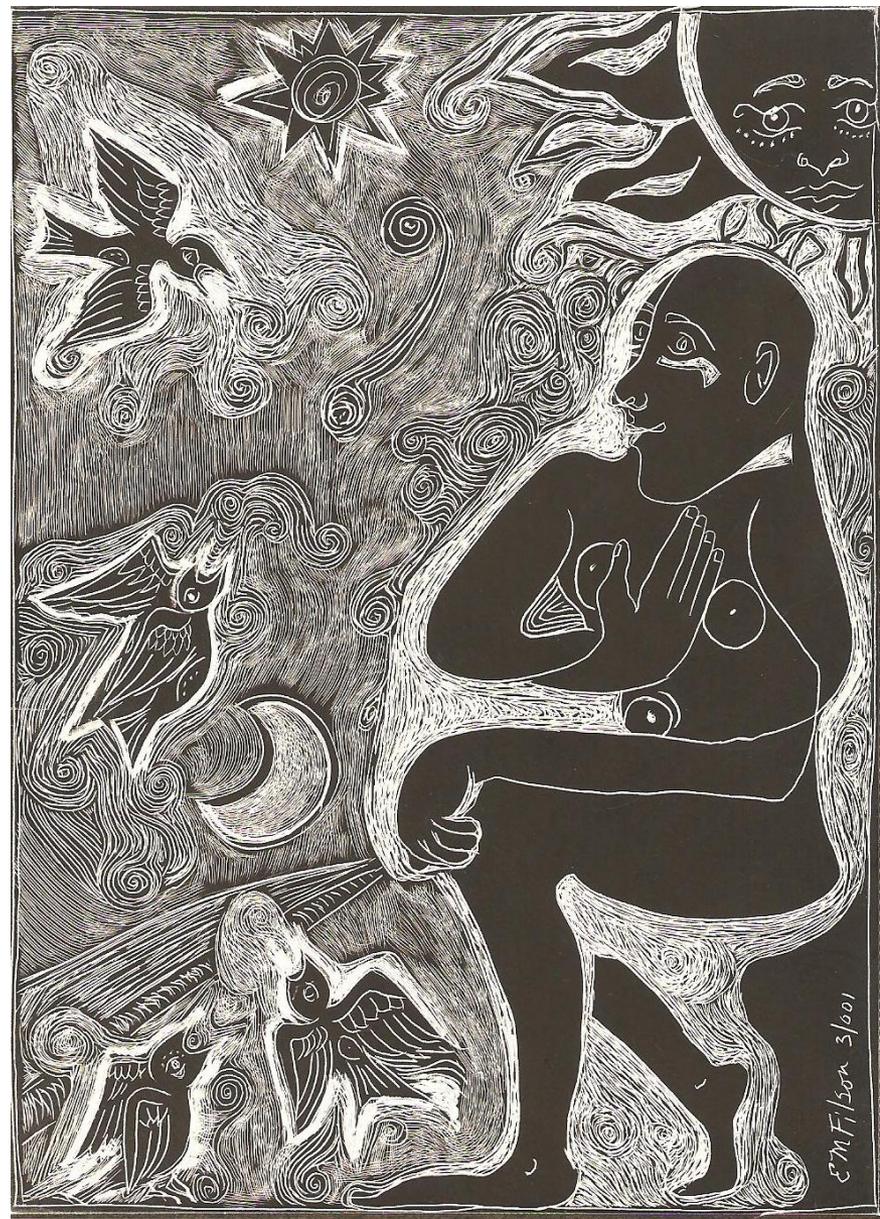
Community Alliance

- Omaha, NE
- Not for profit, founded 35 years ago by family members concerned with the lack of community supports for their loved ones with mental illness
- Programs: Homeless Outreach, SOAR, Res Rehab, Day Rehab, Community Support, ACT, WorkSource, Family Education, Peer Crisis Diversion, Primary Medical, Outpatient Med Management and therapy
- Currently serving over 2600 clients in the metro area
- Family and client perspective panels provided to all new staff at Community Alliance

Trauma-Informed Care Initiative

2012

- Agency-wide invite to all staff to become a part of Trauma Informed Care Initiative

- Multiple educational and TIC training efforts

- TIC committee created – made up of senior managers, program supervisors, direct staff and consumers

- Utilized the Roger Fallot self assessment scale using the domains to improve scores, then completed this assessment again in 2014.

TIC Initiative Continues…

Committee initiated:

- "We Will" statements –staff commitment and focus on welcoming
- Ensuring physically safe environments, improvements in orientation practices, policy and procedure practices
- Trauma informed reviews in all programs
- Implemented "Seeking Safety" classes in several programs
- Understanding clients perception of their own health
- Recognizing role of trauma and fear related to clients avoiding primary care
- Seeing their situation through their eyes
- Utilizing Peer Support to engage and build confidence in connecting with a system that may have not always been sensitive to their trauma histories

How the organization utilizes the voice of those with lived experiences

Peer Support Specialists:

- Embedded in agency programs to advocate and support clients during program admissions, engagement, transitions and referrals to other agency programs

- CAB-Consumer Advisory Board-Quarterly Meetings

- Review all perception of Care outcomes (NOM's)

- Lead focus groups and feedback regarding trauma sensitive practices in clinic

- Assisting with developing yearly satisfaction surveys

- Recruitment for PBHCI enrollments during mobile clinics

Peer Support Specialists Training & Support

- Jai Sookram, PhD
  - Family Education and Peer Support Services
- 2 weeks (5) hours classroom training
  - (3.0 credits University of Nebraska at Omaha)
- SEEEMA model used for training (**S**upport, **E**ducate/**E**ncourage, **E**mpower **M**otivate, **A**dvocacy).
- Internship after class graduation
  - Community Mental Health Centers, Salvation Army, Mental Health Crisis Center and other local mental health agencies
  - Safe Harbor: 100% peer run crisis diversion center located close to the metro crisis center

Peer Support on-going training

- CEU's offered the last Thursday of every month by Dr. Jai Sookram

- Peer Support Supervisor - oversees Peer Support Specialist in each assigned program and conducts weekly team meetings
  - Homeless Outreach, Community Support, ACT, Vocational, Assessment Services

- Each Peer Support Specialist meets with Dr Jai once a month for ongoing professional development

We Will

We will . . .

We will welcome you.
- We will welcome you immediately, introduce ourselves, and call you by name.
- We will explain our role and what we can offer.
- We will listen and encourage you to tell us how we can help you with your recovery.

We will care for you.
- We will be caring and respect you as an individual.
- We will coordinate your services among our co-workers and providers.
- We will assure your privacy & confidentiality.
- We will partner with you and help you advocate for your needs.

We will listen and respond.
- We will listen to your concerns and work together to find answers to your questions.
- We will involve you in key decisions about your recovery.
- We will communicate accurate and complete information to you.

We will provide great service.
- We will provide a clean and safe environment.
- We will provide timely and quality service.
- We will inform you promptly about any delays in meeting appointments.
- We will advise you of new programs and services and seek out new ideas.

Together, we will . . .

We will work as a team.
- We will treat each other kindly.
- We will warmly welcome new employees to Community Alliance.
- We will help each other succeed.

We will communicate openly.
- We will be fast to compliment and slow to blame.
- We will approach any disagreement in an honest and professional manner.
- We will keep our sense of humor.

We will take responsibility.
- We will ensure quality and timeliness of work
- We will identify problems and work on possible solutions.
- We will take personal responsibility, endeavor to enhance our skills and perform our job to the best of our abilities.

We will strive to be the best.
- We will base our decisions on what is best for you.
- We will take pride in our work and celebrate each others success.
- We will help you find support and wellness on your road to recovery.

CA Community Alliance
MENTAL HEALTH RECOVERY
Together. One Life at a Time.

Practical Tips: TIC in Clinic/Agency Practices

- Checking in "Happy to see you, thanks for coming"

- Engagement (outreach check in calls) small steps to build trust

- Exam room doors, "would you like the door left open, while you wait?"

- Taking time to build relationships, active listening

- Sharing Info with providers and nurses to ensure clients don't need to "re-tell" traumas, they have a quick picture understanding of what fears they may have

- Explaining the purpose of assessments/paperwork

- Ensuring clients have the support needed for external appointments (Peer Support, Health Navigators)

Questions

Webinar Schedule

Webinar Number	Date	Time
May #5	May 5	2 - 3pm
June #6	Jun. 16	2 - 3pm
July #7	Jul. 21	2 - 3pm
August #8	Aug. 18	2 - 3pm

Thank you for joining us today!

Please take a moment to provide feedback by completing the survey at the end of today's webinar

Linda Ligenza/lindal@thenationalcouncil.org
Madhana Pandian/madhanap@thenationalcouncil.org

Resources

Leveraging the Lived Experience of Peer Support Staff - https://www.youtube.com/watch?v=Oaw60ymIyN4

Resources

- Bluebird, G. (2004) *Redefining Consumer Roles – Changing Culture and Practice in Mental Health Care Settings*. Free download available at www.bluebirdconsultants.com/Redefining%20Consumer%20Roles.pdf

- Cook, J. A.,(2011) Peer-delivered wellness recovery services: From evidence to widespread implementaiton. Psychiatric Rehabilitation Journal, 35(2), 87-89.

- Daniels, A., Grant, E., Filson, B., Powell, I., Fricks, L., Goodale, L. (Ed), Pillars of peer support: transforming mental health systems of care through peer support services, www.pillarsofpeersupport.org; January, 2010.

- Davidson, L., Bellamy, C., Guy, K., Miller, R. (2012) Peer support among persons with severe mental illness: a review of evidence and experience. Retrieved from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3363389/

- Landers, G. and Zhou, M. (2014) The impact of medicaid peer support utilization on cost; *Medicare & Medicaid Research Review 2014: Volume 4, Number 1*. Retrieved from: http://www.cms.gov/mmrr/Downloads/MMRR2014_004_01_a04.pdf.

- Legere, L. (2014*) Ethics and Boundaries for Peer Leaders.*

  BRSS TACS Webinar available at http://beta.samhsa.gov/brss-tacs/webinars.

- Mead, S. (2001) *Peer support as a sociopolitical response to trauma. Free download available at http://www.intentionalpeersupport.org*

- Prescott, L. (2001*) Consumer/survivor/recovering women: A guide for partnerships in collaboration*; the Women, Co-Occurring Disorders and Violence Study.