

Integrating Core Skills from Evidence-Based Practices into Your Work

A Learning Collaborative

Today with: Michelle Salyers and Emily Treichler

Hosted by

The Southeast Mental Health Technology Transfer Center

February 2 – March 9, 2023



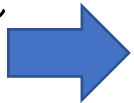
Today's Roadmap

- Check in: how did things go?
- Common barriers & facilitators to meeting our goals
- Collaborative decision-making as a joint process
- How to support clients to engage in collaborative decision-making?

The Series: Topics

1. Introductory session on doing more with less -- Core skills from Evidence-based practices in under-resourced communities (Michelle and Sandy)
2. Client-directed goal setting and collaborative decision-making (Emily)
3. Using measurement-based care principles to guide your practice (Sandy)
4. Coaching clients to work with providers/advocating for themselves (Emily)
5. Working with community members (Marina)
6. Recovery in challenging situations and wrapping it up (Michelle and Emily)

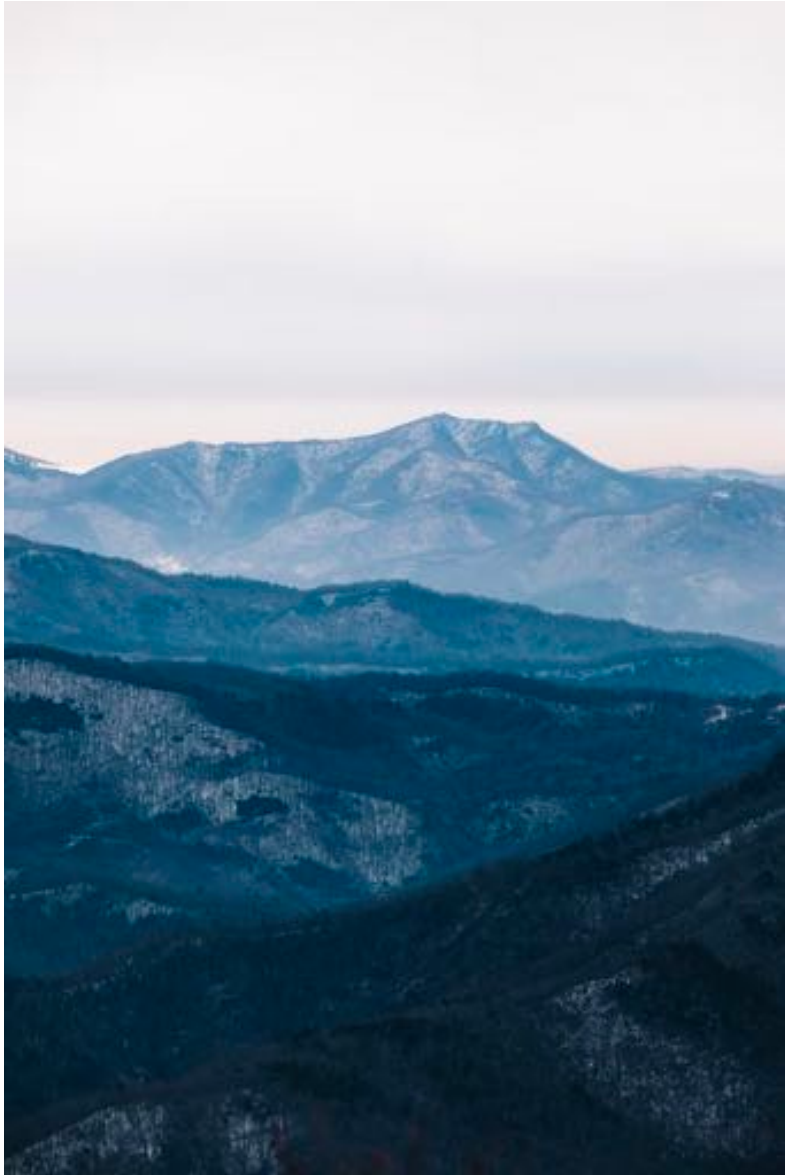
We are here



Checking in

Some reflections (pen & paper/open word document)

1. Last week you set a SMART goal for something to try. How did it go?
 - SMART goals are: specific, measurable, attainable, realistic, timely
2. If you met your goal, what helped you reach it?
3. If you had trouble with your goal, what got in the way?
4. How close are you to a mountain right now?



Next Step

You will be invited to join a break-out room. In those rooms, the person who is the closest to a mountain is the “leader” and note taker for today

- 1) Introduce yourselves, including your favorite thing to do outdoors this past week.
- 2) Discuss your goals from the past week and how they went
- 3) Write down 3-4 common things that tended to help you reach your goal and 3-4 things that tended to get in the way
- 4) Troubleshoot- what might help you overcome those barriers?

Goals, barriers & facilitators

Collaborative decision-making

Client-directed goal setting & empowered decision-making

Psychiatric Rehabilitation

“...promotes recovery, **full community integration, and improved quality of life** for persons who have been diagnosed with any mental health condition that seriously impairs their ability to lead meaningful lives.

Psychiatric rehabilitation services are **collaborative, person-directed and individualized.**

These services are an essential element of the health care and human services spectrum, and should be **evidence-based.**

They focus on helping individuals **develop skills and access resources** needed to increase their capacity to be **successful and satisfied in the living, working, learning, and social environments of their choice.**”

-Psychiatric Rehabilitation Association-

<https://www.psychrehabassociation.org/about/who-we-are/about-pra>

Collaborative Decision-Making

“A voice and a choice.”



- An approach to making decisions about mental health care that
 1. Meaningfully and powerfully includes clients
 2. Makes sure the decisions fit with clients' needs, preferences, goals, values, and culture
 3. Is flexible

It takes (at least!) two



- Collaborative Decision-Making is a joint process

But clients may not have experience with CDM

Although many of us are invested in person-centered, recovery-oriented care, that's not what the whole system looks like & not what the system has looked like historically.

Clients have often experienced other forms of care before meeting us.

- “Someone is mandating what you must do and you have absolutely no say-so in that.”
- Clients said that many times they felt a need to “please the people giving them service” and to “keep the peace” rather than convey honest information.
- “You know what I believe, why people have so much problem getting involved with their care is because they’ve had so many people for so many years answering that care for them. It’s like you’ve been making this decision for me for so long, why start now making my own decisions, when sometimes in certain situations they make the decision for you anyway?”

-Mahone et al 2011

What Does a Client Need to Foster Effective Collaborative Decision-Making?



Power



Comfort



Confidence



Knowledge



Skills

A big part of your role in collaborative decision-making is to:

- **Develop trust**
- **Understand past experiences**
- **Empower clients on their own terms**
- **Facilitate value-aligned care**
- **Support & encourage**



Active listening and validation of client experiences, values, feelings, and preferences.

“I would like [my clinician] to hear me say: I feel this way, and truly feel heard, you know, from [them] not that they agree, but just that I feel this way.”



Active listening and validation of client experiences, values, feelings, and preferences.

Validation = accepting and honoring another person's lived experience, regardless of whether you agree or share that experience.

1. "That sounds really hard."
2. "You've tried to make this treatment plan work as best you can, but it just doesn't feel right to you."
3. "It makes sense to me that you would be really upset in a situation like this."
4. "Given your past experiences in inpatient, it's reasonable that you wouldn't want to go again."



Active listening and validation of client experiences, values, feelings, and preferences.

Validation = accepting and honoring another person's lived experience, regardless of whether you agree or share that experience.

- Even if you do agree, practice validating instead.
- This can help the other person feel accepted and understood, and be more likely to confide in you when they think you might not agree with them.



Get a clear understanding of each person's identity, values, preferences, and needs.

For example:

Amir is a 25 year old, gay, second generation Iranian-American man. He is entering mental health care for the first time after reporting symptoms including auditory and tactile hallucinations, anxiety, depression, and trouble concentrating and sleeping. He has a master's in library science. His favorite hobby is reading nonfiction books, and he organizes three different book clubs. He loves learning new things, is very detail oriented, and finds that talking things over helps him understand things better. He does not like fantasy books and some other fiction because he struggles with ideas that are too abstract. He reports some anxiety about mental health care due to cultural factors, stigma, and the unknowns about the outcome.

What do you think would be important to Amir during decision-making?



Ask the folks you work with what their preferences are for care.

- Think of each interaction with a client as an opportunity to invite them to collaborate
- All we need to do is expand our typical questioning a little!



Ask the folks you work with what their preferences are for care.

When a decision is being made, ask:

Do you like option A or option B better? Why?

Is there another option we haven't discussed that you would like to?

Which option do you think is more likely to help you reach your recovery goals?

Before we decide, what questions do you have about these options?

Before we decide, what concerns do you have about these options?



Ask the folks you work with what their preferences are for care.

In any situation (including no decision), ask:

How are your recovery goals going?

Is the plan we created to meet those goals working well for you?

Is there anything you'd like to change about your plan so that it works better for you and your recovery goals?

Is there anything I can do to support you?

Is there anything that's not going so well with your treatment? (explicitly ask for negative things)



Share information about treatment and treatment options.

Clients often report that they don't know many of the fundamentals about their treatment

- Their diagnosis
- Who the members of their treatment team are & the role of different folks are (who does what)
- Why they were prescribed a medication
- How medications work
- How their treatment services work (admissions/discharges, length of stay, how to get into a particular group or therapy)
- Why they were referred for therapy or other service
- How therapy works or why it might be helpful



Share information about treatment and treatment options.

Clients tend to want these details- and should have the basics!

Top tip- don't assume that a client already knows these things.

Tailor what you share to each person.



Be responsive when clients initiate collaboration.

Clients may approach decision-making differently, and not everyone will have great CDM skills (yet!)

- Your first job is to be supportive and validating of their choice to approach you- this is a good thing!

Then seek to understand what the client is seeking & why

- Support?
- Information?
- Advice?
- New recovery goal?
- A change in treatment plan?
- A change in how we communicate or work together?



Be responsive when clients initiate collaboration.

1. Make sure you understand what they are looking for before you move forward
2. Tailor your response
3. Maintain back and forth exchange
4. Check in to see whether client:
 - a. feels heard
 - b. is getting what they wanted to out of process
 - c. needs or wants additional time, resources, support



Think about how you can give up power.

You may not feel like a very powerful person in mental health care- but relative to the clients you work with, you are.

Consider how your power impacts that decision-making process & how you could take a step back



Think about how you can give up power.

This can be something simple:

- How much do you talk, relative to your client? Can you use a little less space?
- How strongly do you voice your opinions? Can you soften?
 - “I know this is the best choice...”
 - “I lean towards this one because...”
- Are you sure a given client knows it's okay to state an opinion or disagree? Can you clarify and even encourage healthy disagreement?



Think about how you can advocate.

Remember that CDM can be used in a more system-level sense, for example:

- to advocate for a person or group of people to be admitted to a specific program
- for a service to be implemented in a setting

You can do this:

- Yourself
- By facilitating opportunities for your clients
- With your clients or your colleagues

When you see need & opportunity for this type of CDM, go for it!



Let's reflect.

For example:

Amir is a 25 year old, gay, second generation Iranian-American man. He is entering mental health care for the first time after reporting symptoms including auditory and tactile hallucinations, anxiety, depression, and trouble concentrating and sleeping. He has a master's in library science. His favorite hobby is reading nonfiction books, and he organizes three different book clubs. He loves learning new things, is very detail oriented, and finds that talking things over helps him understand things better. He does not like fantasy books and some other fiction because he struggles with ideas that are too abstract. He reports some anxiety about mental health care due to cultural factors, stigma, and the unknowns about the outcome.

Based on what we've discussed, what else would you do to collaborate with Ahmir?



Let's reflect.

For example:

Angela is a 41 year old, married, white woman who has been in treatment for several years. She is a devout Baptist. She previously worked as a paralegal before experiencing postpartum psychosis after the birth of her second child 8 years ago, which led to a long-term hospitalization and eventually going on disability. Her main goals are maintaining custody of her children, being a good mother and wife, and participating in her church community. She continues to experience symptoms, especially related to depression. She sometimes expresses religious experiences related to seeing or talking to God. She respects authority significantly, and has trouble talking to her psychiatrist, but has told her case manager that her current medications have such significant side effects that she rarely takes them.

Based on what we've discussed, what would you do to collaborate with Angela?



Let's reflect.

For example:

Maria is a 56 year old, widowed, Mexican American woman who lives in a rural part of the county, more than an hour from your clinic. She has experienced chronic depression and PTSD for most of her adult life. She does not work and lives alone, with two adult children who check on her and bring her groceries and other supplies a few times a week. She spends most of her time alone, and while she reports being lonely and without purpose, she also expresses distrust of others and no interest in meeting new friends or engaging in activities outside of the home. She has been in and out of mental health care most of her adult life but reports little benefit. She talks about one therapist she really liked, but who moved away several years ago.

Based on what we've discussed, what would you do to collaborate with Maria?



Reflections (paper/pen, word doc)

- How do clients advocate for themselves in your setting?
- How do you and others in your setting support clients to collaborate?
- Where do you see room to grow?

Small Group Activity

- How do clients advocate for themselves in your setting?
- How do you and others in your setting support clients to collaborate?
- Where do you see room to grow?
- Same leader/note taker jot down a few ideas for successful strategies and possible new pathways

Big Group Sharing

- What were a few highlights?
- Group leader please put your notes in the chat

Reflection

- What is one thing you plan to try differently this week?
- Write it down for yourself

Remember SMART goals are: specific, measurable, attainable, realistic, timely

- Then write it in chat

Next Week

- Check in with how it is going
- Talk more deeply about **working with community members**
- More small-group sharing