Handling Public Mental Health Issues

Ontario Library Association Super Conference
January 27th, 2016

camh Centre for Addiction and Mental Health

CRISIS…"An opportunity riding on a dangerous wind…"
(poetic interpretation)

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+ Core program beliefs

- "There is only one corner of the universe you can be certain of improving and that's your own self."

  Aldous Huxley

- "Crisis intervention with others, despite what it often feels like, is a privilege. The greater the struggle, the greater the potential exists for truly making a difference."

  Philip E. Perry

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+ Program goal

- To assist staff in developing core competencies during *rapidly changing situations* and in providing professional customer service in responding to public mental health issues.

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+ Program sections

1. Setting the stage: program orientation

2. Trauma Informed Care

3. Self awareness and self management

4. De-escalation strategies and skills

5. Team interventions

6. Debriefing, continuous learning and self-care strategies

7. Reflection, integration and new learning goals

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+ Section one: Setting the Stage

- Overview of the program

- Community building, hopes, avoids & learning goals: agenda revisions and agreements

- Ground rules and creating a safe learning environment

- Reflective practice approach to adult learning and adult education
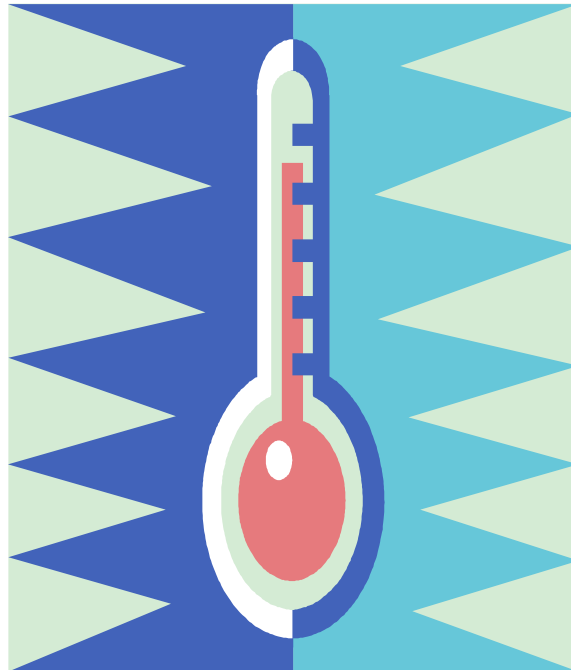
- Housekeeping issues

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+ Find a partner and check-in:

1 .... 5 10
Scale Your....

Energy

Stress

Motivation

Distraction

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+ Daily checking in and checking out practices

- Brief workplace preparatory and venting sessions directly related to maintaining professional authenticity, accountability, trust, team communication, and a balance between work and home

- A Check-in and Check-out process is not a group or individual counselling or therapy

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Hopes, avoids and learning goals for success

- With your group discuss:

  - One thing we hope to learn about …….

+ - Please Use The Coloured Sticky Note Sheets To Capture Your Goal For Success

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+ Operating norms for safety and mutual respect

- Everyone participates in his/her own way

- Confidentiality is maintained

- We value and honour diversity

- Everyone has the right to pass

- Facilitators stay in a position of respect to self and others

- We commit not to violate each other

- Everybody is encouraged to speak for him/herself

- We all bring wisdom

- Watch jargon

- Have fun while learing!

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+ Subjective units of disclosure

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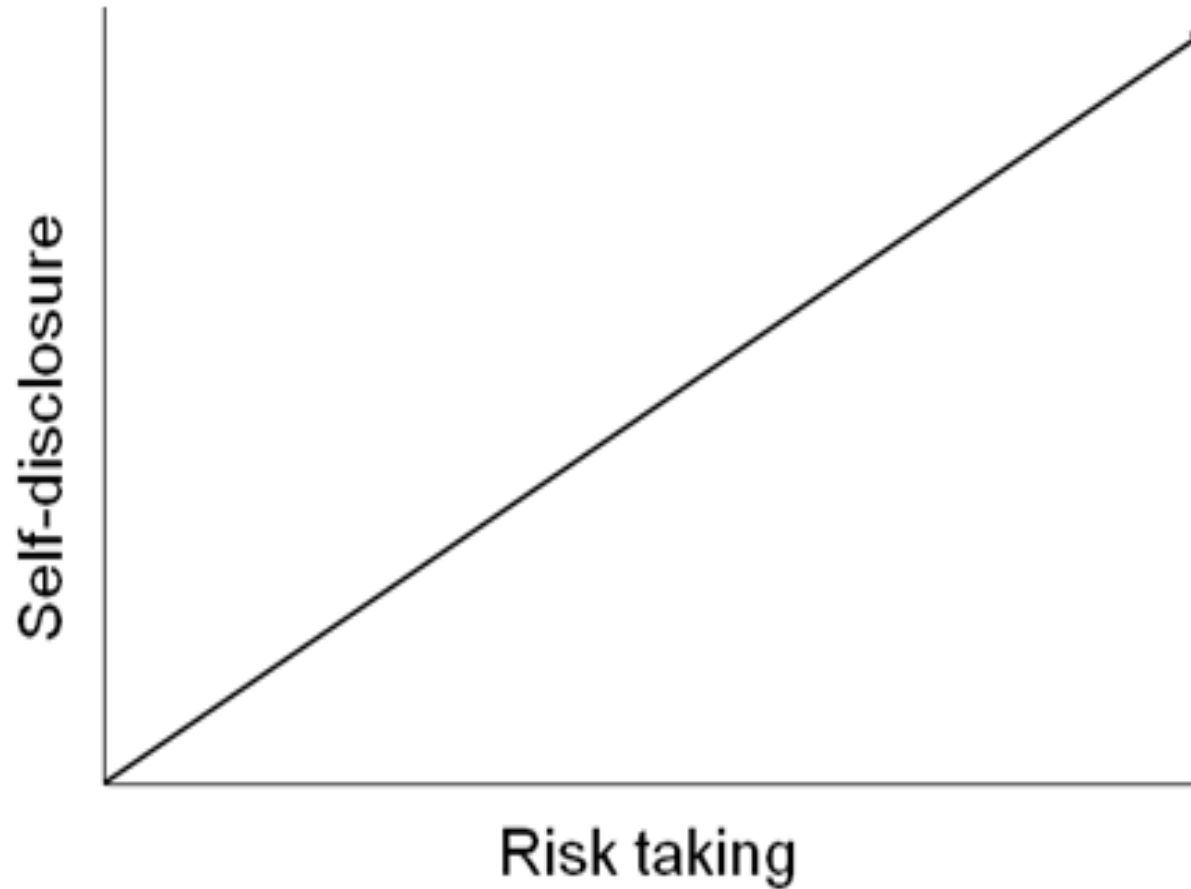
+ Section Two: Mental Health & Trauma-Informed Care

- Background on Trauma-Informed Care

- What the evidence and data tell us

- Universal precautions

- Reflection and process of this section

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Psychological Trauma

"Psychological trauma is an affliction of the powerless"

Judith Herman, Trauma & Recovery (1992)

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+ Types of trauma resulting in serious problems

- Are *interpersonal in nature*; intentional, prolonged, repeated, severe

- Sexual abuse, physical abuse, severe neglect, emotional abuse

- Witnessing violence, repeated abandonment, sudden and traumatic Loss

(Terr, 1991; Giller, 1999, Felitti, 1998)

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+ What does the prevalence data tell us?

- The majority of adults and children in psychiatric treatment settings have trauma histories (*90%*) (Goodman, Rosenburg et al., 1997;Mueser et al., 1998)

- 75% of women and men in substance abuse treatment report abuse and trauma histories (SAMHSA/ CSAT, 2000)

- 97% of homeless women with mental illness experienced severe physical and/or sexual abuse, (Goodman, Dutton et al., 1997)

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+ The perceptions of aggression vs fear

Feedback and observations at CAMH conclude that:

a) the body language and verbal cues for anger and aggression, closely resemble those of fear and terror.

b) staff who engage clients on the basis that they are experiencing **fear,** not anger, report **greater success** in de-escalation, in empathic rapport, and reduced future episodes of *acting-out* and *acting-in* (self harm) behaviours.

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+ Recommended overall approach

We need to presume the mental health/addiction clients we serve have a history of traumatic stress and exercise "**universal precautions**"

(Hodas, 2004)

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Section three: self awareness and self management strategies

- Personal triggers

- Non-Verbal Communication:
  - Proxemics (space), Kinesics (body language) and Haptics (touch)

- Holistic self management and De-personalizing strategies

- The mind and body are one: grounding and centering techniques

- Reflection and process of this section

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"Know thyself"

- Socrates, 469-399 BCE

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Self awareness

"Defuse yourself before you attempt to defuse others."

- Dale Tremble and Fred Van Fleet –
(Defusing Hostility)

"Anger is a tool for change when it challenges us to become more of an expert on the self and less of an expert on others."

-Harriet Lerner
(The Dance of Anger)

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+ Activity: personal triggers self-awareness exercise

- Gather in groups of 3-4 people

- Discuss the questions on Personal Triggers

- Be prepared to have one of the group report out on the *highlights* of your discussions

(10 minutes)

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+ The proxemic challenge reflection

- What did I learn about myself and personal space after experiencing the Proxemic Challenge?

- Make self reflection notes for yourself on the activity at the end of your manual for the Proxemic Challenge

(5 minutes)

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+Non-verbal communication

The Attending Presentation

- **Body Language is non-threatening** and demonstrates support and confidence

- **An "interviewers" presentation**

- **Personal Space is respectful** and does not violate the others space

- **Eye Contact is a "soft gaze"** with the "eyes of an eagle, not the glare of a hawk" (1st Nations Elder Vern Harper)

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Non-verbal communication

- Responsiveness to verbal and non-verbal cues, critical distance, and balance

- Hands are open and visible

- Can use the "wrist clutch" to assist in self management and biofeedback

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+ Para-verbal communication

■ **Tone** (empathic – patient - concerned vs.

uncaring – impatient - sarcastic)

■ **Volume** (modulated – appropriate vs.
(too low or too loud)

■ **Cadence** (reflective –patient - responsive vs.
to rapid – staccato – condescending slow)

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+ The mind and body are one

Mindfulness Breathing Activities to manage adrenalin, enhance cognition and ground oneself

- Box Breathing

- Stack Breathing

Mindfulness Body Activities to locate stress and release tension

- Body Scanning Tension Release

- "Shake it out"

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+ # Self management and de-personalization strategies

- Take the next 5 minutes to identify the top 2-3 ways you currently manage your own reactions to personal triggers, stress, or challenges in your work

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Reflect, pair, share

- Find a partner

- Reflect on one thing you learned during the last section of the program

  - **Only one minute each!**

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+ Section four: de-escalation strategies and skills

- Factors influencing crisis and anger
- The crisis de-escalation spiral strategies
  - *Matching strategies activity*

- Small Group Simulation observation
  - Competencies rubric

- Reflection and process of this section

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+ Factors influencing crisis and anger

- Environment

- History

- Beliefs

- Stress

- Communication Skills

- Self Talk

- **Pages 8 to 11 of 47**

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+ The art of crisis intervention

"Clearly, most crisis intervention training formulas, when applied prescriptively or methodically, diminish our brilliance and restrict our creativity"

- Philip Perry, 1990

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+ Communication skills

Empathic and active listening skills

*"**Be the mirror** (empathic), not the sponge (sympathetic)"*

- **Attending body language**

- **Reflection of feeling**

- **Paraphrasing of content**

- **Summarizing: feelings and content**

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+ The 3 R's of communication

■ Recognize

- ■ acknowledge is an concern

■ Respond

- ■ by engaging to assist

■ Refer

- ■ to a supervisor or outside assistance

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+ The crisis de-escalation spiral "matching activity"

■ A dynamic and responsive resource for how to:

- Defuse yourself first

- Assess, ….never guess

- Let the client/person guide you

+ **How to help someone going through a mental health crisis**

- Listen actively, empathically & non-judgmentally

- Give reassurance & information regarding their request

- Assess for risk of suicide or harm and refer

Only if appropriate, you may

- Encourage appropriate professional help

- Encourage self-help and other support strategies

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+ Centering, grounding and managing body stress

The 3 minute breathing space

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+ Reflect, pair, share

- Find a partner

- Reflect on one thing you learned during the last section of the program

- **Only one minute each!**

+ Section five: team interventions and principles

- Effective Crisis Response Teams

- Roles and Responsibilities

- Team Simulation Exercise

- Debriefing the Simulation - "learning from what just happened here"
  - For support
  - For prevention strategies and learning

- Giving each other Performance Feedback

- Reflection and Process of this Section

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Successful crisis teams

- Have been **trained and practice** skills together

- **Trust** each other and have transparent communication with each other

- Leave egos out of the process, and **focus on being effective together** vs.
  - who is right or wrong,
  - who wins or loses,
  - what should or shouldn't be happening

- Believe excellence in practice **invites feedback on performance** and knows no defensiveness

+ Team intervention: crisis roles and responsibilities

- Intervention leader & back-up intervention leader

- Crisis or situation manager

- Security personnel

- Administrative managers and leaders

- Supporting team members

- Arriving team members from other areas

- New hires

- Students and/or volunteers

+ Team tasks activity

- **Group one**: **intervention leader and back-up staff:**
  - Best choice and qualities
  - Roles of Intervention Leader and the Back-up staff

- **Group Two**: **Crisis or Situation Manager**
  - Best choice and qualities
  - Roles of Crisis Manager

- **Group Three**: **Other Staff Roles**
  - Security personnel
  - Other staff in **your department or area**
  - **Administrative leadership**
  - Arriving staff from **other areas**
  - new hires
  - Students and/or volunteers

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The Tag-team and triangulation body positions approach

The switching of roles can be used, with the "touch-in" and "tap-out", if

- the person escalates and targets the intervention leader as "the problem" or

- the staff member becomes triggered by the client, or

- a more appropriate staff is identified during the crisis, or

- They need to tap themselves out

Triangulation means that staff supporting the Intervention Leader are behind her/him, not beside or in front.

Goal of simulation training

- To gain some requisite confidence and competence when attempting to engage an individual who is beginning to escalate and loose rational control.

  - How do I stay centered and fully present with the client?

  - How can I reduce my heart rate?

  - How can I maintaining a problem-solving orientation?

  - How do I assist the client to re-direct or channel the energy in the crisis towards productive ends?

  + How can I stay in a neutral position as a *compassionate witness* and not a *co-sufferer*?

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+ Team simulation Ground rules

- Simulations are about PRACTICE not Performance

- Simulations are "real" (colleagues are taking risks in front of their peers)

- Time Out? OK!

- Coaching? OK, but invited, and not advice or critique

- "Client" in role(s) must not fake resistance

- Profanity Alert! (no Racism, Homophobia or Sexism)

- Ends when:
  - Resolved or defused
  - Impasse
  - Had enough!

- Must be debriefed

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+ Setting up the simulation

Scenario development

- Client profile, "Standardized Client"
- What is the context – where, when and why
- Identify who is the team working on this scenario
- Intervention Leader, Back up, Crisis Manager
- Identify Co-clients and observers (role clarification)
- Intensity Level 1 ….…… 10?
- Profanity?
- No racism, homophobic statements, sexism

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+ Debriefing mock code simulations questions

- What did you do that was effective?

- What was your intent with the client?

- How did you demonstrate this intent?

- What questions do you have?

- Performance Feedback from "Clients and Observers"

- What, if anything, might you change?

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Performance feedback

- Recognition: What you did that was highly effective

  - What you did or said

  - What impact I observed or heard

  - What did you see or think?

  - What now….

- Developmental: What are areas for growth

  - What you did or said

  - What impact I observed or heard

  - What did you see or think?

  - What now….

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+ Reflect, pair, share

- Find a partner

- Recall a real story in your life that holds some strong feels for you, positive and/or negative

- **Only one minute each!**

+ Section six: debriefing, self care and continuous learning

- Daily Check-in and Check-out

- Immediate staff "Debriefing"

- Weekly or Monthly Team Debriefing

- Self Care Strategies

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The goals of debriefing

- to provide an immediate process to ensure that everyone is safe and supported

- to document sufficiently to be helpful with later analysis

- to prevent future crisis

- to reverse or minimize the negative effects of the crisis

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+ The goals of immediate staff debriefing

- to provide an immediate process to ensure that everyone is safe and supported

- to "check-in" with involved staff, clients/ service users and witnesses to the event, and return the area and activities to pre-crisis milieu

- to document sufficiently to be helpful with later analysis

+ Goals of the weekly or monthly team debriefing

- Inter-professional collaboration

- Patterns and trends identification

- Policy and Procedure implications

- Training and skills issues are surfaced

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+ Self care strategies and EAP

- Sleep

- Nutrition

- Exercise

- Personal time

- What strategies do you currently use to maintain your vitality, resiliency and zest, in working with people in crisis?

- Employee Assistance Program (EAP)

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Balance theory and new learning

- 5- 10 minutes

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+ # Reflect, pair, share

- Find a partner

- Reflect on one thing you learned during the last section of the program or on the day?

- **Only one minute each!**

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Questions and comments

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+ Contact information

- Education Specialists

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