

National Council for Behavioral Health

Domain 2: Consumer Voice, Choice and Advocacy

June 29, 2015



Overview

- Consumer voice, choice and advocacy and the 7 domains
- Bringing the consumer voice to your TIC initiatives
- The valuable role of Peer support Specialists



Polling Question 1

We have chosen Domain 2 as an area of focus in our TIC initiative

Yes

No



Importance of the Consumer Voice

- Consumers provide unequivocal examples of HOPE that recovery is possible!
- Through consumer involvement - consumers promote improved health behaviors, improved clinical outcomes, and improved quality of life. (Davidson – Harnessing the Power of Peer Support Services, 2012)
- Consumers provide direct feedback on “What’s working” and “What’s not working.”

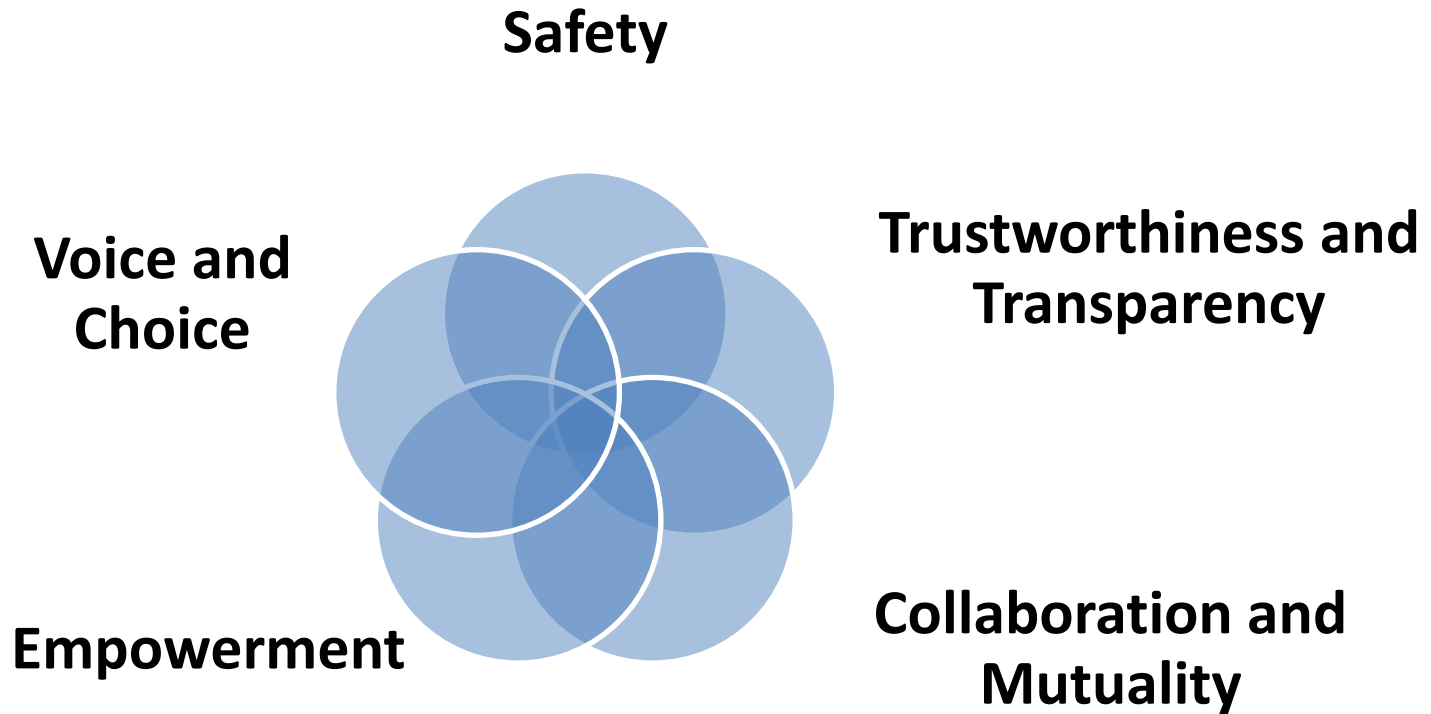


Importance of Consumer Voice

- Consumers are the experts of their own recovery
- Consumers want to help others find their path of recovery
- Consumers bring a wide range of education, training, cultural diversity, knowledge and experience to assist a trauma-informed organization in all domains
- By being involved, consumers become strong partners for system change through advocacy



Principles of a Trauma-Informed Approach



Fallot 2008, SAMHSA, 2012)

How Does Consumer Voice, Choice and Advocacy Apply to Each Domain?



The 7 Domains of Trauma-Informed Care

- **Domain 1:** Early Screening & Comprehensive Assessment of Trauma
- **Domain 2:** Consumer Driven Care & Services
- **Domain 3:** Trauma-Informed, Educated & Responsive Workforce
- **Domain 4:** Trauma-Informed, Evidence-Based and Emerging Best Practices
- **Domain 5:** Safe and Secure Environment
- **Domain 6:** Community Outreach and Partnership Building
- **Domain 7:** Ongoing Performance Improvement



Domain 1: Screening and Assessment

Consumer/peers are

- Involved in developing and implementing any new screening and assessment process
- Surveyed to determine how comfortable they are answering screening and/or assessment questions
- Offered an option to answer or not answer screening and/or assessment questions, or to answer them at a later date
- Offered options to pursue services that are trauma-informed



Domain 2: Consumer Driven Care and Services

Consumers are represented on the following:

- Policy and procedures committees
- Key standing committees
- Task forces
- Workgroups
- New staff interviewing and hiring panels
- Councils
- Advisory and agency boards



Domain 2: Consumer Driven Care and Services

- Consumers/peers are employed in various positions that directly influence the provision of services
- Consumers/peers are hired to provide:
 - Direct services such as leading and co-leading groups
 - Advocacy such as participating in service planning at the request of the consumer
 - Welcoming and orienting new consumers/families to the organization
 - Training of all new and existing staff in trauma-informed care and services



Domain 2: Consumer Driven Care and Services

There is a formal system in place to

- Continuously gather consumer feedback through
 - surveys/focus groups
 - advisory councils
 - discharge interviews
- Identify problem areas
- Make improvements as needed



Domain 2: Consumer Driven Care and Services

- Consumers receive information about their rights and program opportunities:
 - Education/information about the impact of trauma
 - Exploration of options to ensure that they participate fully in making informed decisions
- Programs avoid direct or subtle coercion or punitive actions when consumer choices/preferences are inconsistent with program recommendations



Polling Questions 2 & 3

- We have engaged consumers/family advocates as co-presenters in at least one staff training event

Yes

No

- We have included a consumer/family advocate on our hiring panels

Yes

No



Domain 3: Trauma-Informed Educated and Responsive Workforce

- Every employee is crucial to and committed to a trauma-informed system of care by:
 - Encouraging consumers/peers to speak up and have their voice heard
 - Treating every person served as a customer deserving of choice, dignity and respect
- Leadership acknowledges staff for their ability to embody trauma-informed principles
- Staff voice, choice and advocacy are honored



Domain 4: Evidence Based and Emerging Best Practices

- Focus on “What’s strong, rather than what’s wrong”
- Focus on “What happened, rather than what’s wrong”
- Menu of options are offered that support consumer/peer empowerment, self-directed practices and recovery
- Peer delivered opportunities are highlighted equally with therapeutic approaches in accordance with the consumer’s preferences (WRAP, WHAM, Seeking Safety)



Domain 4: Emerging and Evidence Based Practices

- Person centered and shared decision making is at the core of all treatment and service planning
- All treatment and service planning is designed to ensure that consumers identify their personal strengths and goals
- Following the direction of the consumer, the organization promotes collaboration, continuity and coordination of care with other service providers and organizations involved in supporting and treating the consumer



Domain 5: Creating Safe Environments

- Consumers/peer input is continually solicited to assess and correct areas within the environment requiring improvement
- Leadership communicates that the consumer voice is listened to including concerns regarding the environment



Domain 6: Building Community Partnerships

- The organization assumes a leadership role in engaging and educating community partners about trauma-informed care
- The organization partners with peer led organizations to ensure the consumer voice is infused into the organization's TIC initiative and community partnership initiatives
- Consumers/peers are included as presenters in community education events



Domain 7: Ongoing Performance Improvement and Evaluation

- The organization shares data related to trauma-informed care improvements with consumers in a manner that is clear and concise
- Organization uses a variety of methods, including consumer satisfaction surveys to identify and address improvement goals in each domain



Involving the Consumer Voice

Steven Loos, Psy.D, LP

Interim Director of Outpatient Services

Trauma Informed Care Implementation Team Lead

Central Minnesota Mental Health Center



Polling Question 4

We have at least 2 consumers/peers who are currently receiving services or have received services from our organization on our core implementation team

Yes

No



Consumer Voice: Preparing Your Team

- Avoidance of Token Representation-beyond checking a box
- How are you willing to treat your consumer?
- Are you ready to receive the gift?
- Countertransference



Consumer Voice: Preparing your Consumer

- Active Recruitment of current clients
- Psychoeducation on Dual Relationships
- Independent Research of Dual Relationships
- 2nd session regarding Dual Relationships
- Meeting with Team Lead-not billed
- True informed consent, very complete documentation



Consumer Contributions at CMMHC

- Two clients that are actively receiving trauma services at CMMHC
- One Consumer participates on the Large TIC Team and Co-Leads a subcommittee on Environment and Client Experience
- One Consumer participates on the Environment and Client Experience. She also is leading a fundraising campaign to secure money to support TIC renovations



Consumer Contributions at CMMHC

- As the New Year approaches and we begin to work diligently in our committee's I wanted to introduce myself to you all. My name is Shannon Wegner and I am the Consumer Lead on the TIC team. I began working with the team in October and I am so excited for the future of this organization. I love seeing the passion and thoughtfulness that goes into this team, the consumers, the staff and the organization as a whole. I am a licensed foster care provider for Sherburne County. I have a degree in Human Services and have spent over 10 years in Early Childhood Education. I have first-hand experience with the Elk River CMMHC office. I have directly and indirectly experienced trauma within the organization and I hope that as a team we can all pull together so that the organization can be strengthened which will trickle down to staff and ultimately consumers; some of which are children who have already experienced more trauma than many of us could ever imagine.

TIC Tip of the Week

- As I continue to work with the team there is a saying that sits in the forefront of my mind.
- “Be the change that you wish to see in the world.” — [Mahatma Gandhi](#)



Polling Questions 5 & 6

We have hired at least one Peer Support Specialist since we joined this Learning Community

Yes

No

We are planning to add peers to our work force in the near future

Yes

No



Consumer-Driven Services & Trauma Informed Care

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“Revolutions begin when people who are defined as the problem achieve the power to redefine the problem.”

—John McKnight



Evidence

- Decreases use of crisis and emergency services.
- Provides more “face time” with client.
- Facilitates similar or better outcomes at lower cost.
- Brings different insights, attitudes and motivations to treatment encounters.
- Reduces depression and negative health behaviors.
- Promotes mastery of self-care behaviors.
- Increases adherence to medication, diet and exercise.
- Escalates social support (linked to decreased mortality and morbidity).
- Supports chronic disease management.



Peer Specialists: Fastest Growing Workforce in Behavioral Health

- Medicaid billable peer support services delivered by certified peer specialists now in 34 states after starting in 2001 in Georgia.
- First workforce to emerge after national shift in behavioral health to recovery vision.
- Some 15,000 peer specialists trained over last 15 years.
- State certification programs growing for youth, family members, wellness coaches and addiction recovery coaches.



Gifts Peer Specialists Bring From “Lived Experience” of Recovery

- Focus on what’s strong rather than what’s wrong to activate self-management.
- Understand impact of illness (e.g. social exclusion, poverty, stigma and discrimination).
- Sense of gratitude to give back manifested in compassion and commitment.
- Insight into the experience of internalized stigma.



Gifts Peer Specialists Bring From “Lived Experience” of Recovery

- Take away “you do not know what it’s like” feeling.
- Experience moving from hopelessness to hope.
- Foster relationship of trust to support recovery, **especially trauma.**
- Mutuality that equalizes power differential and allows client to “name” experience.
- Sharing insight and skills to enhance recovery outcomes.



Barriers to Environmental Readiness

- Other staff attitudes e.g. “too sick to work” or “will relapse.”
- Pathologizing behavior as illness/relapse symptoms rather than typical work-related stress.
- Peer staff denied access to records because seen as less trustworthy for confidentiality.
- Job descriptions not well defined and lacking clear performance standards.



Barriers to Environmental Readiness

- Not compensated at same level as comparable jobs.
- Lack of appropriate level of support.
- Criminal background checks eliminating some qualified peer staff.
- Individual serving as supervisor and mental health provider can create unethical dual relationship that impacts appropriate boundaries.



Peers as Sociopolitical Response to Trauma

- Deconstructs trauma-based worldviews
- Builds relationships based on mutuality, shared power, and respect
- Heals “otherness” reinforced by other treatment encounters
- Facilitate reclaimed power, challenging the “naming” and “pathologizing” of pain; reconstruction of story

- Shery Mead, *“Peer Support as a Sociopolitical Response to Trauma and Abuse”*



Peer Support and Re-Traumatization

CHARACTERISTICS OF TRAUMATIC RELATIONSHIPS	HOW PEER STAFF MAY REINFORCE TRAUMA
<ul style="list-style-type: none"> • Impose authority • Invalidate personal reality • Take away voice • Communicate worthlessness • Humiliate and shame • Create mistrust and alienation • Take away power and control over what is happening • Use power to control or intimidate • Include the experience of being dominated, controlled, or manipulated • Violate personal boundaries and sense of safety • Involve coercion 	<ul style="list-style-type: none"> • Tell her that she needs to take her meds • Interrupt her to take a call or answer email • Dismiss her distress since she has a diagnosis of borderline personality or assume her reactions are paranoid or delusional • Write your opinions of her progress in daily notes • Enter a “staff-only” area with a card key • Walk into the “staff” bathroom rather than the “client” bathroom • Tell her you are only there to help and she needs to stop fighting you; discuss her when she is not present • Lock a door; create program schedules without her input • Wear keys to parts of the building attached to a belt loop or arm loop • Decide who gets to talk next in a group • Press her for personal information • Grant privileges based on compliance

Shery Mead – Intentional Peer Support



Trauma-Informed Peer Support

PROGRAM THAT IS NOT TRAUMA-INFORMED ASKS “WHAT IS WRONG WITH YOU?”	TRAUMA-INFORMED PROGRAM ASKS “WHAT HAPPENED TO YOU?”
<p>Examples:</p> <ul style="list-style-type: none"> • “I am hearing voices.” • “I want to hurt myself.” • “I’m depressed/can’t stop crying.” • “I feel like dying.” • “I feel like hurting someone.” • “I can’t manage my anger. I’m in trouble with the law.” • “I keep using even though I can’t pay my rent now.” 	<p>Examples:</p> <ul style="list-style-type: none"> • “I was raped, so now I’m scared and afraid to leave my house and go to work.” • “I don’t think I’ve ever felt like someone cared.” • “My partner of thirty years died suddenly. I’m all alone now.” • “I was called crazy and locked up while I was a teenager, so I don’t know how to make friends.” • “I was sentenced to prison and lost custody of my child, so now I can’t keep her safe.” • “After I was diagnosed, all my dreams and hopes died.”
<p>What does “help” look like?</p> <ul style="list-style-type: none"> • Focus is on her “needs” as defined by staff: “She needs to stop hearing voices.” • The “helper” decides what “help” looks like. • Relationships are based on problem-solving and resource coordination, not on creating meaningful connections. • Safety is defined as risk management. • Common experience between peer staff and clients may be assumed and defined by the setting; i.e., common experience in a clinic is based on “illness” and coping with “illness.” 	<p>What does “help” look like?</p> <ul style="list-style-type: none"> • Creating and sustaining a sense of trust and safety in relationships. • Safety is mutually defined by both people. • Collaboration and shared decision-making. • Understanding and acceptance of big feelings. • Crisis becomes an opportunity for growth. • Authentic relationships are emphasized, rather than common experience. Everyone recognizes that people rarely have the same experience or make the same meaning out of similar events.

Shery Mead – Intentional Peer Support



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Takeaways

- Make an organizational commitment
- Hire the right people
- Rebalance power and attend to power dynamics
- Change your lens: Don't pathologize, survivor reactions are not symptoms
- Understand the meaning people make of their experiences
- Facilitate a person's control, safety, trust, and reconnection



Resources

- <http://www.intentionalpeersupport.org/wp-content/uploads/2014/04/Peer-Support-as-a-Socio-Political-Response-to-Trauma-and-Abuse.pdf>
- http://www.nasmhpd.org/sites/default/files/PeerEngagementGuide_Color_REVISED_10_2012.pdf
- <http://www.nyaprs.org/conferences/annual-conference/documents/NYAPRSTIPSpresentation9-10-13.pdf>
- <https://www.thenationalcouncil.org/training-courses/training-trauma-informed-peers/>
- http://webs.wichita.edu/?u=ccsr&p=/trauma_informed_care/
- <http://inaops.org/webinar-2/>



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