Person-Centered, Trauma-Informed and Relational Paperwork

Presented by Jason Henness, Yamhill Health and Human Services

Both clients and clinicians perceive all the paperwork as low-value. At Yamhill Health and Human Services (YHHS), they are trying to re-imagine and re-evaluate their paperwork: what, when and how it is being asked.

Universally, people come into services with a need. That need might be for therapy or resources or referrals, but people always come in hoping for something. Immediately, they are met by a system that is designed for compliance, not for meeting their needs. They are asked to begin by filling out forms, in a process that is often facilitated by a person other than their ultimate service provider. This front-loading of paperwork means that clients spend the first 30-45 mins on forms and then move on to assessment, where they are finally sharing what they want, but still haven't actually gotten anything.

While it might be more efficient to get all of the agency's forms completed upfront, it is not necessarily the best for the client. The Rapid Engagement leaders at YHHS are working to articulate how they can put the client's needs first and the agency needs second. They are considering structuring very specifically what goes into each visit or using a checklist approach to create a balance between structure and flexibility.

Step 1: What

Clients are often frustrated by the number of times they have to provide information and the number of people they have to provide it to. It is not uncommon for agencies to:

- Ask clients to complete forms upfront and then no one reviews it with them;
- Go on to conduct an assessment and the intake clinician asks many of the same questions again;
- Begin treatment with yet a different therapist, who has not read the assessment and asks many of the questions a third time.

> "We are not being good stewards of the information that has been shared with us when they have to tell their story over and over again."

YHHS is working to pare their intake forms down to the bare minimum, with a particular emphasis on removing duplication. They have determined that the critical few intake forms include:

- Consent
- Risk screening

Asking about trauma history and infectious disease risk screening questions are intrusive and can be triggering. Postponing these questions may both support better experience for the client as well as richer and more accurate information exchange.

Step 2: When

With the flexibility introduced by Rapid Engagement, YHHS clinicians are thinking carefully about:

- Reorganizing the timing of their form administration so that a pile of paperwork is not the first thing they do with new clients.
- What information they ask for at the first visit, and which questions can wait until the relationship has started to form.

Step 3: How

In business-as-usual care, clinicians often rush through paperwork because they are trying to get to the client's needs. They might skip over any explanations of the content of the forms or even apologize for asking clients to go through this required process. This approach communicates to the client that while the paperwork isn't useful and is not going to help them, the clinician and the system will insist that they do it anyway. This assertion of power by the system over the client impedes engagement.

Rapid Engagement gives clinical staff the time and breathing space to talk about the purpose of all the forms. For example, YHHS is encouraging clinicians to talk to people in a meaningful way about what goes into consent to treat: what the client can expect from treatment, what they can expect from the therapist, how treatment is going to work, etc. Taking the time to walk through this information with clients shifts the paperwork from functioning as a bureaucratic hoop they must jump through to a support for trauma-informed practice, where transparency, clear explanations, and power-sharing are prioritized.

Yamhill leaders are thinking holistically about how to change organizational practices relating to paperwork. They want to ensure that their workflows are set up so that the treating clinician receives the paperwork to review, rather than the forms being filed away electronically without any human follow-up. They are also reconsidering their training approach to:

- Focus on communication instead of compliance
- Encourage staff to express appreciation for client disclosures and explanations of how their information will be used
- Include front desk staff, with specific support for how they can present paperwork to clients with clear explanations

Risk Assessment in the Early Relationship

Presented by Nick Reguero, Central City Concern

Goals of Risk Assessment:

- A good outcome in the form of people feeling and acting in a safer manner
- Preventing and reducing suicide attempts and self-harm
- Reducing pain (both physical and psychic) that drives self-harm
- To build trust and hope
    - A return visit is a success
    - Communicating that a better future is possible and we will partner with you to get there

> "What we're looking for in a risk assessment is to build trust and hope. We are looking to understand a person's pain and partner with them to help reduce that pain."

Big "I" vs little "i"

No one likes to be Intervened upon, which is how a structured assessment and intervention feels. Approaching people with a more organic, client-centered style of interaction that feels like getting to know a person, their story, and their pain builds relationship far better than using scales and standards. There is, of course, value in using standardized scales and processes, but they are best deployed in the context of a trusting relationship and collaborative and exploratory conversation style.

Rapid Engagement Clinical Skill-Building

January 9, 2023

RAPID ENGAGEMENT

Evidence-Based Practices

- Embrace Trauma-Informed Care: Promote transparency by always offering clear explanations about what we are asking and why. Stay client-centered by following their lead.
- Offer your clients cultural humility and curiosity: All clinical concepts get filtered through a person's culture, identities and experiences and we should be curious about that and take their cultural experiences seriously.
- Structure your conversation using the SAFE-T framework:
    - Identify risk factors
    - Identify protective factors
    - Conduct suicide inquiry
    - Determine risk level and intervention
    - Document

  The SAFE-T approach was developed by the Substance Abuse and Mental Health Services Administration and is available on their website.
- Collaborate with the client to complete the Stanley-Brown Safety Plan. To request permission to make changes to the form or to integrate the Stanley-Brown Safety Planning form into your Electronic Medical Record, contact the Stanley-Brown organization.

Accelerate Trust Building

- Normalize suicidal ideation (SI): One of the biggest risk factors is *not talking* about SI. Affirm for the client that a lot of people experience SI and it is not a sign that they are bad or broken.
- Meet people with authenticity: Be human(istic), use empathy, genuineness and unconditional positive regard.
- Offer yourself cultural humility and curiosity: Explore your own biases and how your culture shapes your own experience and attitudes about suicide.

"We value what you have to share. We realize that this is an intimate and vulnerable experience, sharing your pain and sharing your suicidal thinking. I hope to earn your trust and respect."

"I want people to feel heard, feel validated, and want to come back. And I think that starts from the beginning, with building a sense of hope. A sense of hope is the feeling that a better future is possible and there is a way to get there."

Timing

- Use natural openings when they present in conversation: Use immediacy and respond to cues to invite people to talk about their suicidal thinking or pain. This concept comes from the ASIST Suicide Intervention training program.
- Prioritize risk assessment and re-assessment.
- Do not rush, even when you feel pressed for time. Act as if you have the whole day to sit and be in it with the person.

Implementation

- Consider the balance of exploration and listening vs. task completion and productivity in your conversation. Emphasize exploration and listening, and integrate completion of appropriate tools, such as the Columbia Suicide Severity Rating Scale.
  - "I really appreciate all that you've shared with me in this conversation and I can hear how hard things have been for you. Would it be ok if we take a few minutes to complete a structured questionnaire so that I can get a better understanding of how to support you?"
- Know who is at greatest risk and partner to prevent them from obtaining lethal means, for example:
  - Older white men
  - With impulsivity
  - And access to firearms
  - Make use of the Counseling on Access to Lethal Means free, self-paced online course available through Zero Suicide.
- Practice to agency or setting standards.
- Practice your skills with a focus on communication as much as compliance.
- Make your use of evidence-based practices and tools as automatic as possible (i.e. memorize).
- Get comfortable with discomfort.

Reducing Barriers to Behavioral Health

Rapid Engagement is a behavioral health system innovation with the goal of making it faster, easier and more user-friendly for people to get started with outpatient behavioral health services. Rapid Engagement in Oregon was inspired by the Treat First model in New Mexico and implementation requires changes to policy, payment and clinical practice. Using a multi-stakeholder planning approach, the Association of Oregon Community Mental Health Programs (AOCMHP) led a collaborative process in 2021 to design and plan a Rapid Engagement pilot in Oregon, with the support of a Robert Wood Johnson Foundation Delta Center grant and the Oregon Health Authority (OHA).

In alignment with OHA's vision of creating a simple, meaningful and responsive behavioral health system in Oregon, AOCMHP launched a pilot of Rapid Engagement to test out a more trauma-informed and person-centered approach to behavioral health access for members of the Oregon Health Plan. With financial support from OHA, six programs are participating in the pilot in 2022-2023.

Visit the Rapid Engagement website for more information

Email Ariel Singer with questions