Consultation and Supervision with Mobile Crisis Teams from a Trauma-Informed and Culturally Responsive Lens

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M-TAC

August 15, 2023

Introductions

In the chat box, we invite you to share your:

- Name
- Role
- Organization

M-TAC

Medi-Cal Mobile Crisis Training and Technical Assistance Center

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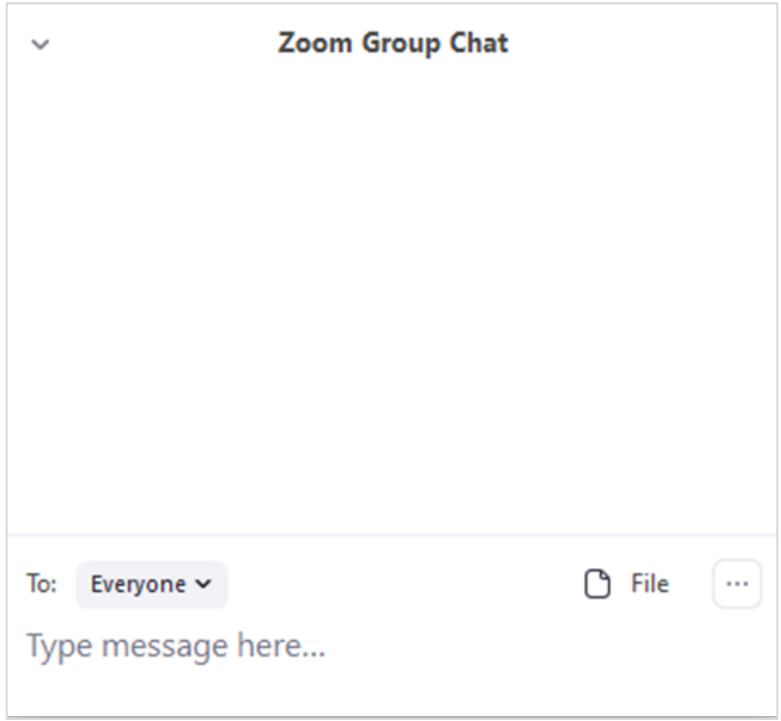
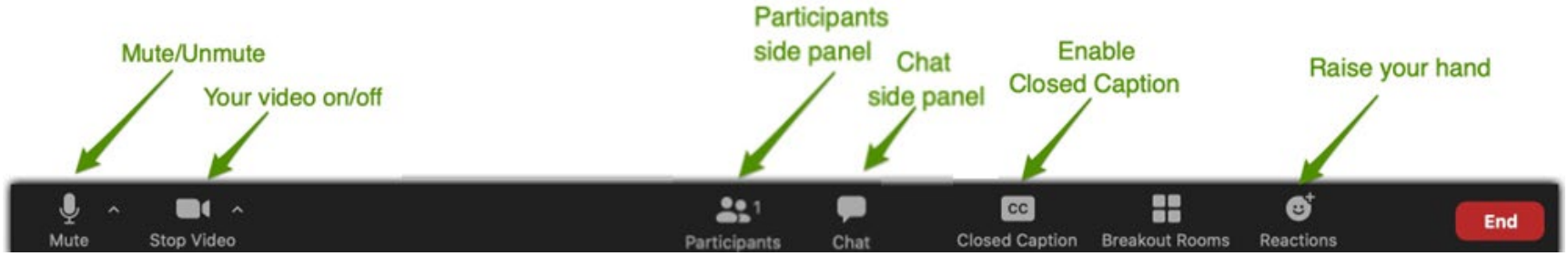
Your view: Double-click slides to exit full-screen view or press escape.

Chat: Today's chat is for ALL QUESTIONS and resource sharing. Hear an echo? Have a question for the presenters? Don't see the slides? Let us know in the chat!





Housekeeping

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Webinar Policies

Participation

We welcome your participation through the methods outlined in the housekeeping introduction. Please note that disruptive behavior is not aligned with the purpose of this session and will not be tolerated. Any individuals disrupting the meeting may be removed without warning. In the event of a security incident, this session will end immediately and will not resume. If this occurs, a separate email will be sent to all participants with further instructions.

Chat

Participant comments in the chat box do not reflect the views or policies of the presenters, the California Department of Health Care Services (DHCS), or their affiliates or contractors. By using this chat box, you agree to keep your comments relevant to the topic of today's event. While a variety of diverse perspectives and opinions is welcome, disruptive comments are not aligned with the purpose of this meeting, and users creating disruption may be removed without warning.

Mobile Crisis Response Services

- *Mobile crisis services provide rapid response, individual assessment and community-based stabilization to Medi-Cal beneficiaries who are experiencing a behavioral health crisis. Mobile crisis services are designed to provide relief to beneficiaries experiencing a behavioral health crisis, including through de-escalation and stabilization techniques; reduce the immediate risk of danger and subsequent harm; and avoid unnecessary emergency department care, psychiatric inpatient hospitalizations, and law enforcement involvement.*

Behavioral Health Information Notice 23-025

A new direction for mobile crisis services

- Overall change in mobile crisis services is for the response to be more resolution focused and work to provide relief to people in crisis in the community
- Support people in crisis where they are, while using the least restrictive means necessary

A new direction for mobile crisis services

- Mobile Crisis Response services should be:
  - Person-centered
  - Trauma-informed
  - Equity-driven
  - Brief intervention: de-escalation and resolution focused
  - Working from a lens of least restrictive interventions
  - Culturally responsive, linguistically appropriate, and accessible

Welcome and Introductions

Presenters

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Principal

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Learning Objectives

At the conclusion of this training, attendees will be able to:

- Identify at least 4 important qualities and roles that effective supervisors display in their work
- Define the role of a mobile crisis team supervisor and consultant
- Explain at least 3 ways to build trauma-informed and culturally responsive supervisory relationships
- Identify at least 4 strategies for supervisors to support mobile crisis counselors in their work

Activation Warning

- The content covered here is meant to enhance the knowledge of mobile crisis team members.
- We encourage you to take care of yourself during this presentation if you find yourself becoming activated.
- Take breaks when you need them, turn off your camera when needed, step away if needed.

Do what feels best for you.

Supervision of Mobile Crisis Team Members

BHIN 23-025 Mobile Crisis Team Requirements

BHIN 23-025 Mobile Crisis Team Requirements (part 1)

- Mobile crisis teams shall meet the following standards:
  - At least two providers shall be available for the duration of the initial mobile crisis response. It is a best practice for at least two providers to be physically present onsite, but Medi-Cal behavioral health delivery systems may allow one of the two required team members to participate via telehealth, which includes both synchronous audio-only (e.g., telephone) and video interactions. Mobile crisis teams may provide services in this manner only if the Medi-Cal behavioral health system determines that such an arrangement:
  - Is necessary because it otherwise would result in a marked delay in a mobile crisis team's response time; and
  - The use of such an arrangement poses no safety concerns for the beneficiary or the single mobile crisis team member who is physically onsite during the initial mobile crisis response.
- At least one onsite mobile crisis team member shall be carrying, trained, and able to administer naloxone;
- At least one onsite mobile crisis team members shall be able to conduct a crisis assessment;

BHIN 23-025 Mobile Crisis Team Requirements

BHIN 23-025 Mobile Crisis Team Requirements (part 2)

- The mobile crisis team providing the initial mobile crisis response shall include or have access to a Licensed Practitioner of the Healing Arts (LPHA) as defined in the "SUD Treatment Services" or "Expanded SUD Treatment Services" section of Supplement 3 to Attachment 3.1-A of the State Plan, or a Licensed Mental Health Professional, including a licensed physician, licensed psychologist, licensed clinical social worker, licensed professional clinical counselor, licensed marriage and family therapist, registered nurse, licensed vocational nurse, or licensed psychiatric technician. For example, a mobile crisis team could consist of one LPHA and one peer support specialist. It also could consist of two peer support specialists who have access to a LPHA via telehealth, which includes both synchronous audio-only (e.g., telephone) and video interactions.

Let's Check in!

What are the most important qualities and roles of an effective supervisor?

Please place your answers in the chat box or raise hand to unmute.

What Supervision Is

- A partnership between a supervisor and supervisee.
- Requires active participation from both the supervisor and supervisee.
- Creates the space to discuss how an advocate's role fits with the mission of work, explores training needs, and provides ongoing support to avoid the negative impacts of vicarious trauma.
- Helps ensure those receiving services obtain the best possible care.
- May involve fulfilling a variety of roles: teacher, coach, administrator, mentor, consultant but all anchored in the supervisory relationship.

A Guide to Trauma Informed Supervision

What Supervision Is Not

- Supervision is not therapy
- Supervision is not only case management
- Supervision is not only a performance evaluation
- Supervision is not consulting with a peer on an as needed basis
- **Question: What other things do you consider NOT to be supervision?**

A Guide to Trauma Informed Supervision

Role of a Mobile Crisis Team Supervisor

Mobile Crisis Team Supervision

- Provides alternative case conceptualizations, oversight of providers' work to achieve mutually agreed-upon goals, and professional gatekeeping for the organization and discipline (e.g., recognizing and addressing counselor impairment). Provides morale building; assesses strengths and needs; suggests varying clinical approaches and models; cheerleads and encourages; and helps prevent burnout. Additional duties may include:
  - Collaborates with Director of Crisis Services, plans for program development, resource deployment and utilization, and community linkages related to Mobile Crisis services
  - Provides weekly clinical and administrative supervision to Mobile Crisis team members and other mental health staff as needed
  - Provides training to new Mobile Crisis team members
  - Coordinates a monthly coverage calendar, finding coverage as staff availability changes
  - Increases workforce satisfaction, professionalization, and retention
  - Ensures that services provided uphold the profession's legal mandates and ethical standards

SAMHSA Quick Guide for Clinical Supervisors

Mobile Crisis Team Consultant Support

- According to the BHIN 23-025:
  - The use of telehealth (which includes both synchronous audio-only (e.g., telephone) and video interactions) can offer an important avenue for expanding the expertise available to an onsite mobile crisis team. In addition to the staffing requirements listed above, mobile crisis teams may utilize telehealth to:
    - Connect the beneficiary with highly trained and specialized practitioners, including psychiatrists and psychiatric nurse practitioners;
    - Connect the beneficiary with a provider who can prescribe medications; • Deliver follow-up services;
    - Consult with appropriate specialists for beneficiaries who have intellectual and/or developmental disabilities (I/DD); and/or
    - Engage translators or interpreters for beneficiaries who may need American Sign Language or other interpretation or translation services.

California Board of Behavioral Sciences

- Supervising Associate Social Workers (ASW)
- Supervising Associate Marriage and Family Therapists (AMFT) and Trainees
- Supervising Associate Professional Clinical Counselors (APCC)

- Each link above includes information for Supervisors on the following…
  - Authorized License Holders
  - Minimum qualifications for trainees and Supervisors
  - Other Resources (e.g., handbooks, FAQs, Supervision Guides, Clinical Exam Handbook, Law and Ethics Exam Handbook)
  - Forms (e.g., Supervisor Self-Assessment, Supervisory Plan, Weekly Summary of Hours)

Supervision of Peer Support Specialists

- State qualifications for supervision of Peer Support Specialists under California Mental Health Services Authority
  - Medi-Cal Peer Support Specialist Supervisors must take a DHCS-approved Peer Support Supervisory training within 60-days of beginning to supervise a Medi-Cal Peer Support Specialist.
- The "Supervision of Peer Workers" training offered by CalMHSA meets the state's training requirements for the supervision of Medi-Cal Peer Support Specialists certified in California.
  - Offered at no cost!
  - This 1-hour free course is derived from the foundational training for best practices for the "Supervision of Peer Workers" developed by the Substance Abuse and Mental Health Services Administration (SAMHSA)

Mobile Crisis Team Support

Counties may want to develop written Mobile Crisis Supervision and Consultation Support guidelines for its teams to clarify available supports.

Note: Mobile Crisis Team members, as well as any clinician in California, have access to the FREE CA Substance Use Line 24/7, clinician to clinician support- **(844) 326-2626**

Establishing Trust in a Supervisory Relationship

Let's Check In!

What helps toward building a positive supervisory relationship?

Please share your answers in the:

- chat box

  OR

- raise hand on Zoom to enable your audio

Engage/Rapport

- Taking the time for engagement and rapport building can help establish a more productive supervisory relationship, just as in clinical encounters
- Incorporate a trauma-informed and culturally responsive approach from the very first supervisory encounter
- Ask about their prior supervision experiences. Work together to determine how their positive or negative experiences can help to shape your working relationship.
- Work to learn their name, pronouns, nonverbals, pressing issues that may show up in their work, or anything they want you to know
  - This creates space for empathy and understanding about who they are aside from their job.
  - This fills their "cup" so they can do that for others at work and at home

Beinart (2014)
Jackson et al. (2019)

What Role do Power Dynamics Play in Supervision?

- Dynamics that result in successful growth and learning go beyond the dyadic supervisory relationship and are observable within the organizational structure.
- Naturally occur due to the hierarchical structure of supervision[1]
- If ignored, can lead to ineffective and harmful supervision[2]
- Supervisees are most often the ones who initiate conversations of power, but rarely does this dialogue result in substantive change in the relationship[3]
- Supervisors need to have open conversations to determine how all parties can utilize power responsibly for the betterment of the supervisee and the protection of clients. [1]

[1] Cook et al. (2018)
[2] Ellis et al. (2014)
[3]Mangione et al. (2011)

Power in the Supervisory Relationship: Gender and Race

- Female supervisees perceived supervisors as possessing more power in identifying clinical goals, case conceptualization, and discussions about power dynamics in the supervisory relationship.[1]
- Male supervisees perceived supervisors as possessing more power with feedback about clinical work and skills. [1]
- "Microaggressions experienced in the context of clinical supervision could increase the possibility of a trauma response experienced by the supervisee, given the interpersonal nature of supervision and the inherent power imbalance that resides within the supervisory relationship"[2]
- Given that trainees of color are much more likely to have white supervisors than supervisors of color, it is imperative for supervisors to address the power dynamic as it relates to the role of the supervisor, as well as the way race might influence supervisees' experience of the supervisory role[2]

[1]Wind et al. (2021)
[2]Pieterse (2018, p. 213)

Lived Experience

- Think about a time when you were in a supervision situation that felt safe. **What was it that the supervisor did to facilitate that?**

- **If you are willing to share your positive experience**, please indicate this in the chat so we know you are willing to turn on your audio to share.

Building a Trauma-informed and Culturally Responsive Supervisory Relationship

Let's Check In!

What are some ways trauma may show up in supervision?

Please share your answers in the:

- chat box
  OR
- raise hand on Zoom to enable your audio

Ways Trauma May Show Up in Supervision

- Activation of stress response – fight, flight, freeze, or fawn (people pleasing)
- Difficulty putting together thoughts and ideas
- Tardy on one or more elements of the job
- Refusing to see certain types of clients
- Not talking about certain clients
- Transference and countertransference
- Going above and beyond for or undertreating a client
- Discussing being unable to sleep or think about anything or anyone other than the client
- Poor ethical decision-making

Vicarious trauma is the transformative effect of working with trauma survivors over time that **can alter an advocate's identity and perspective on the world**.

American Counseling Association, 2016; Pearlman & Saakvitne, 1995

Impact of Unrecognized and Untreated Trauma Over Time

Burnout due to unmanageable workloads or chronic workplace stress that has not been successfully managed at the organizational level[2].

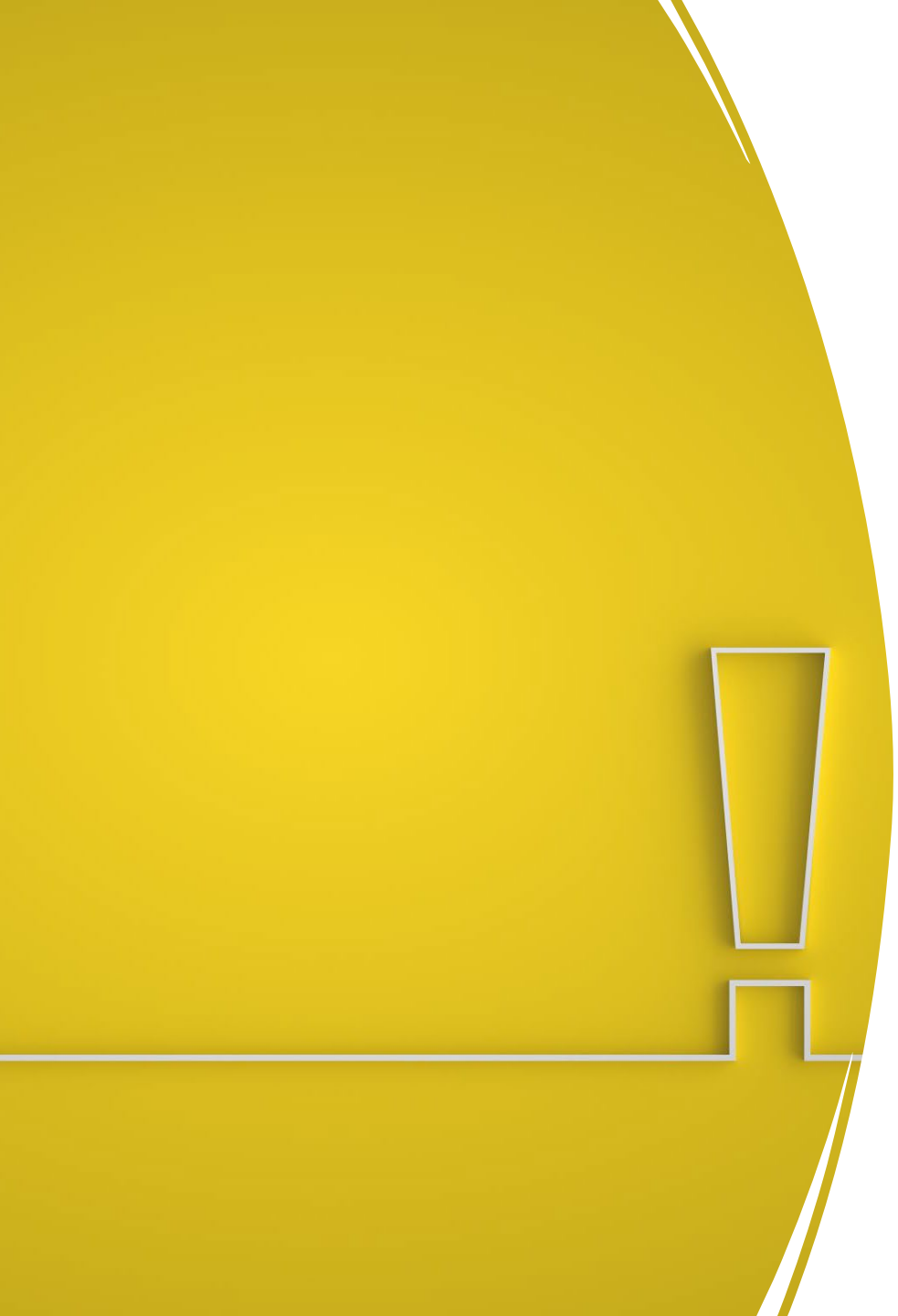
May be experienced differently by people based on their gender identity, race, ethnicity, job duties, educational backgrounds, etc.

Includes three parts:

- feelings of exhaustion
- negative or cynical attitudes toward work
- sense of not doing well or being effective in your work
- reason for turnover in the workplace

American Psychological Association- Compassion Fatigue

Siegfried, 2008



Impact of Unrecognized and Untreated Trauma Over Time

Secondary/Vicarious Trauma may happen when you hear of trauma others have experienced one or more times. Examples of symptoms include…

- avoiding things that remind you of the trauma
- feeling very keyed up or on alert a lot of the time
- use of more sick leave
- lower morale
- less effective at work

Impact of Unrecognized and Untreated Trauma Over Time

Compassion Fatigue

Experience of being overempathic to the point that one becomes numb to others' suffering. Peers living in the community they work in may have trouble disengaging.

Symptoms may include:

loss of productivity, depression, intrusive thoughts, jumpiness, tiredness, feelings of being on edge or trapped, or inability to separate personal and professional life. Can be a combination of burnout and secondary or vicarious trauma.

Versus **compassion satisfaction**—the positive emotions associated with helping others, such as happiness, pride, and satisfaction

Clay, 2022; Kelly, 2020

Key Principles of a Trauma-Informed Approach for Use in Supervision

- **Safety**-inquire not just about physical but psychological safety
- **Trustworthiness and Transparency-** in all operations and decisions
- **Peer Support-** building a network of supervisees with lived experiences in common to promote recovery and healing, as well as building collaboration
- **Collaboration and Mutuality-** meaningful sharing of power and decision-making
- **Empowerment, Voice, and Choice-** supervisee's strengths and experiences are recognized and built upon through shared decision-making, choice, and goal setting
- **Cultural, Historical, and Gender Issues-** delivering culturally responsive supervision

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (2014)

"4 Cs of Culture"

When working to understand someone's experience, it is important to approach it from their cultural perspective.

Supervisors can use this approach when having supervisees present their work with a client. It helps the supervisee apply a culturally-responsive client-centered perspective when thinking through the care experience.

- **Call**
- **Cause**
- **Cope**
- **Concern**

The 4C's – Understanding Cultural Diversity in Healthcare (ggalanti.org)

Call

- Find out what they want to “call” the problem
- Possible questions to ask:
  - “What do you think happened?”
  - “I hear you say what everyone else believes is the main issue, but what do you identify as the main issue?"
  - “If you were to name the issue that is giving you the greatest trouble, what would you call it?”

Cause

- What does the person identify as the cause of their problem?
- Possible questions to ask:
  - "What would you say were the events that led up to what happened today?"
  - "Sometimes there are a lot of things that lead up to how people are feeling. What would you say are the top 3 things that resulted in how you feel/what happened today? Which one feels the heaviest? Where do you feel that within yourself?"

Cope

- How do they cope with their condition?
- Possible questions to ask:
  - “What have you done to try to make it better/reduce use?”
  - “Who helps you to cope when you are having a difficult time?”
  - “What is different on days when you feel coping is not as difficult?”
  - “What do you use to cope with the pain/sadness/anxiety? How does it help you? How might that same strategy hold you back?”

Concern

- What are their concerns about the condition/treatment?
- Possible questions to ask:
  - “How serious is this?”
  - “What potential complications do you fear?”
  - “How does it interfere with your life, or your ability to function?”
  - “Do you know anyone else who has tried to get help for a similar concern? If so, how has that influenced your decision to get help or support?”

Concern

Possible questions to ask:

- "On a scale from 1 to 10, with 10 being the most concerned you have ever been about this, where are you at in this moment?
- How concerned do you think your family members/friends are that are here with us today or who knows about how you are doing today?"

Use scaling questions to help engage in harm reduction strategies that are realistic and person-centered in their pacing relative to the concern.

- "If you are at a 10, what would it take to get you to a 9.5?"

Cultural Responsivity

"Cultural humility is a lifelong process of self-reflection and self-critique whereby the individual not only learns about another's culture, but **one starts with an examination of their own beliefs and cultural identities."**

National Institutes of Health

Cultural Responsivity

Through Cultural Humility, a posture of **Cultural Responsiveness** is possible.

Cultural Responsivity

- Goes beyond acquiring knowledge and skills; it **acknowledges** the systemic factors, power dynamics, and historical context that shape cultural experiences
- Recognizes that **cultures are not static** and that individuals within a culture may have diverse backgrounds and identities
- Is grounded in our ability to be **lifelong learners** of diverse cultural values, the history and impact of social structures that marginalize and oppress people, and other complexities in the human experience
- Involves **respect** and the inherent **dignity** of all people is demonstrated to all

GROW Model Framework

- GROW model is a popular ap
  helping a worker analyze a si
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- Gives the supervisor some op
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- The GROW acronym stands f
  - What are your **Goals**?
  - What is the **Reality** of the
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  moving forward in their role.

The GROW Model of Coaching and M

Supervision Strategies for Mobile Crisis Teams

Establishing the Supervisory Relationship

- Develop a clear contractual relationship with clear supervisory goals and methods
  - Outlines the supervisory process
  - Describes the feedback and evaluation criteria
  - Outlines other expectations of supervision
- Provide a structure to the supervisee that helps you understand the case and explain to the supervisee how you will support their work
  - An example is the integration of the CARE Model of Supervision Goodrich & Abassary, 2014 and the Discrimination Model (Bernard, 1979, 1997)

CARE Model of Supervision

Designed to set up supervision in a crisis scenario to support the supervisee in next steps

Objective is to create a safe experience for the supervisee

4

Focus on 4 elements (using a trauma-informed and culturally responsive lens)

1. Context - time, the place, and the logistical components that impact the crisis situation and intervention

2. Action - all immediate needs and addresses concerns of the supervisee, as well as the client in providing for care

3. Response - review process to ensure adequate care and follow-up to the situation once the crisis has passed

4. Empathy - compassionate and caring response initiated by the supervisor and emulated by the counselor to aid in post-crisis recover

Goodrich & Abassary (2014)

Discrimination Model

Designed to address the appropriate role and focus for the supervisor

Keeps supervisor from overwhelming the supervisee with feedback for their job growth and doing so in a trauma-informed and culturally responsive way

3

Supervisors typically focus on one of the following 3 areas with a supervisee:

1. Intervention- any skill that the supervisee does (or does not take) with a client

2. Conceptualization- knowledge the supervisee has about the case

3. Personalization- awareness of reactions, biases, and countertransference that supervisees may have with clients (or supervisors)

Bernard (1979, 1997)

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The GROW Model of Coaching and M

Supervision and Clinical Consultation Strategies Part 1

- Share with mobile crisis team members **access** to **the FREE! CA Substance Use Line 24/7**, for clinician-to-clinician support: **(844) 326-2626**
- Administrative Supervision Strategies
- Plan regular meetings with mobile crisis team members to share their experiences and concerns
- Regularly provide opportunities for trainings, peer support groups, and debriefing sessions for crisis counselor teams
- Schedule meetings with teams to run through policies, assessments, and strategies for fidelity support and reinforcement
- Set up topic-driven and no-agenda office hours

A Guide to Trauma Informed Super
SAMHSA Self Care for Crisis Counselors

Supervision and Clinical Consultation Strategies Part 2

- Supportive Supervision Strategies
  - Construct person-centered approaches to engaging in supervision
  - Discuss importance of supporting supervisees in designing their self-care plan, as well as your own
  - Encourage crisis counselors to take breaks and stay in touch with friends and loved ones
  - Encourage crisis counselors to make connections and support each other through team meetings, buddy systems, or team events
  - Highlight achievements, show appreciation, and validate feelings (Tsui, 2005)
- Educational Supervision Strategies
  - Provide materials and resources for self-care to crisis counselors that are evidence-based, and community and population health driven
  - Supervisee and Supervisor take time to learn from one another

A Guide to Trauma Informed Super
SAMHSA Self Care for Crisis Counselors

Let's Check in!

Take 3 deep breaths!

Let's Check in!

What are some strategies you use to quietly calm yourself during an intense encounter?

Please place your answers in the chat box or raise hand to unmute.

Self Care Strategies for Crisis Counselors and Supervisors

To help prevent compassion fatigue and foster compassion satisfaction, use these strategies:

- **Focus on the four core components of resilience** (adequate sleep, healthy eating, regular physical activity, and active relaxation). Create a self-care plan that addresses each component.
- **Develop positive relationships with other crisis counselors**. Celebrate successes and mourn sorrows as a team. Ask a coworker to be a self-care buddy, or plan to attend regular group check-ins.
- **Schedule time for relaxation, meditation, and rest**. Practice breathing exercises and other stress management techniques regularly. Take breaks and time away from work and the disaster area as needed.
- Stay in **regular contact** with friends and loved ones.
- **Stay informed on resources and events** for crisis counselors.

SAMHSA Self Care for Crisis Counselors

Examples of Types of Issues to Process in Clinical Supervision

- Processing experiences of threats to safety - psychological and physical
- Challenges experienced along any point of the crisis intervention model
- Triggers and glimmers experienced in the field
- Personal issues that may impact one's work and how to bring it up in supervision
- Challenges connecting with different populations or Mobile Crisis team members
- Sharing resources and strategies for learning in the field and through supervision
- Processing difficult crisis call experiences and vicarious trauma
- Tips and hints on how to follow Mobile Crisis Service protocols

These are conversations not intended to replace supervision but to build upon it, gain support among one's peers, and reduce burnout and compassion fatigue by offering more opportunities to process in a healthy context.

Case Study

Keyan called you after going out to see a client. Upon arriving at the client's home, they were greeted by a 76-year-old Mexican-American cisgender woman who tearfully said she was useless to everyone and felt like a burden. She decided to stop taking her prescribed medication for depression, diabetes, and heart disease. She said, "I will just let nature take its course." Her daughter who lives in another state called the Mobile Crisis Team because her mother has done this before and almost died. She knows her mother is lonely, but her mother refuses to leave her home where she lives alone. Keyan said they cannot stop thinking about the woman and would like to know if they could visit with her when not working. They have not been able to sleep thinking about the client, even after a good care plan was put into place.

Case Study Questions

1. What would be the first action you would take during this supervision session?
2. What would you want to know more about before taking a supervisory direction with Keyan?
3. How would your trauma-informed and culturally responsive lens be used to inform your supervisory response?
4. What administrative, educational, or supportive supervisory strategies would you recommend introducing at this time with the supervisee?

Final Reminders

- Supervision begins with engaging and building rapport with your team members and applying a trauma-informed and culturally-responsive approach to your work.
- Supervisors support team members' growth and development, prepare them for working in their communities, invest in their health, and foster person-centered retention strategies
- Supervisors recognize their own "self" in their experience of providing supervision and signs that they, or members of their team, might be experiencing compassion fatigue, burnout, or secondary/vicarious trauma
- Each County may want to develop guidelines and inform mobile team members on how to access supervision, clinical supervision, and consultation

Questions

Resources and References

Resources for More Information

- SAMHSA Crisis Counseling Assistance and Training Program (CCP) Toolkit
- SAMHSA Compassion Fatigue and Self-care for Crisis Counselors
- Medi-Cal Mobile Crisis Services Benefit Implementation
- California Welfare and Institutions Code Sections
- Medicaid Guidance on the Scope of and Payments for Qualifying Community-Based Mobile Crisis Intervention Services
- American Rescue Plan Act of 2021
- Cal-AIM Behavioral Health Page
- Cal-AIM Mobile Crisis Services Fact Sheet

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GROW Model Framework

- GROW model is a popular approach for helping a worker analyze a situation and select next steps
- Gives the supervisor some optional questions to use in guiding the supervisory experience
- The GROW acronym stands for:
  - What are your **Goals**?
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- Questions could be used in reference to the crisis case being supervised or for the interventionist about themselves moving forward in their role.

The GROW Model of Coaching and Mentoring

References

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Closing

Appreciation!

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