

Staff Competencies for Implementation for Managers

Directions: Use the charts on pages 1 – 4 to review the TIC client/patient services. Think about: What attitudes and skills do my staff already possess? What attitudes and/or skills might they need to strengthen or acquire?

Services	Tasks	Attitudes	Skills and Knowledge
SCREENING			
<p>Experience working 1:1 with client/patients</p> <p>Does not have to be a licensed staff person unless billing for service is a priority</p> <p>Staffing Recommendations:</p> <ul style="list-style-type: none"> May include outreach, case managers, front desk, linkage/ retention coordinators, and social workers 	<p>Provide intro to screening process</p> <p>Administer the screening tool</p> <p>Score the screening tool</p> <p>Debrief the screening process</p> <p>Document the screening session in chart</p> <p>Communicate with multi-disciplinary team</p> <p>Make referrals as appropriate</p>	<p>Welcoming</p> <p>Non-judgmental</p> <p>Supportive</p> <p>Client/patient-centered</p> <p>Belief in the value of trauma screening</p> <p>Compassionate</p> <p>Patient</p> <p>Self-aware</p>	<p>Be able to ask questions and explain concepts clearly</p> <p>Keep the session “moving”</p> <p>Orient client/patient to any appropriate next steps</p> <p>Read non-verbal communications</p> <p>Maintain professional boundaries</p> <p>Explain rationale for doing trauma screening tool</p> <p>Prepare client/patient for screening tool</p> <p>Respond effectively to client/patients’ reactions, questions, and concerns</p> <p>If necessary: follow agency protocol regarding suicidal ideation if disclosed by client/patient</p>

Notes:

Services	Tasks	Attitudes	Skills and Knowledge
BRIEF EDUCATION ON TRAUMA			
<p>Experience working 1:1 with client/patients</p> <p>Does not have to be a licensed staff person unless billing for service is a priority</p> <p>Staffing Recommendations:</p> <ul style="list-style-type: none"> Possible staff may include outreach, case managers, medical assistant linkage/retention coordinators, and social workers 	<p>Provide brief education on trauma education session in a clear and direct manner</p> <p>Document the session in chart</p> <p>Communicate with multi-disciplinary team</p> <p>Make referrals as appropriate</p>	<p>Welcoming</p> <p>Non-judgmental</p> <p>Supportive</p> <p>Client/patient-centered</p> <p>Belief in the value of trauma education</p> <p>Compassionate</p> <p>Patient</p> <p>Self-awareness and emotional self-regulation</p>	<p>Be able to ask questions and explain concepts clearly</p> <p>Keep the session “moving”</p> <p>Inform patient/client about skill building classes</p> <p>Read non-verbal communications</p> <p>Maintain professional boundaries</p> <p>Explain rationale for doing brief education</p> <p>If appropriate, prepare patient/client for screening</p> <p>Help patients/clients who may become uncomfortable during screening</p> <p>If necessary: follow agency protocol regarding suicidal ideation if disclosed by patient/client</p> <p>Orient client/patient to any appropriate next steps</p>

Notes:

Services	Tasks	Attitudes	Skills and Knowledge
<i>I'M IN CHARGE OF ME</i> INDIVIDUAL SKILL-BUILDING CLASSES			
<p>Someone with significant experience in working directly with clients/patients on emotional regulation skill building and emotionally sensitive material</p> <p>Can be licensed or have high levels of professional competence and engagement skills</p> <p>Staffing Recommendations:</p> <ul style="list-style-type: none"> Possible staff may include social work staff, nursing staff, and mental health staff 	<p>Teach grounding and emotional management skills</p> <p>Identify and build on client/patient strengths</p> <p>Participate with client/patient's multi-disciplinary team</p> <p>Fundamental motivational interviewing skills of affirmation, reflection, and active listening</p> <p>Contracting: start a safety plan or an emotional regulation plan</p>	<p>Welcoming</p> <p>Non-judgmental</p> <p>Supportive</p> <p>Client/patient-centered</p> <p>Belief in the value of trauma screening and education</p> <p>Compassionate</p> <p>Patient</p> <p>Self-awareness and emotional self-regulation</p> <p>Belief in importance of building emotional regulation skills for individual's impacted by trauma</p>	<p>Maintain professional boundaries</p> <p>Ease with explaining the impact of trauma</p> <p>Ability to follow a structured class intervention</p> <p>Encourage partnership between client/patients and staff</p> <p>Keep a "here-and-now" focus</p> <p>Educate on emotional regulation skills</p> <p>Assist client/patient in identifying current healthy coping strategies</p> <p>Guide client/patient in practicing emotional regulation skills</p> <p>Assist client/patient in recognizing times to apply tools and strategies taught during class to their everyday experiences</p> <p>Ability to use communication skills strategically to maintain the focus of the class</p> <p>Create safe environment</p>

Notes:

Services	Tasks	Attitudes	Skills and Knowledge
MANAGING EMOTIONS TOGETHER (MET) GROUP SKILL-BUILDING CLASSES			
<p>Someone with significant experience in working directly with clients/patients on emotional regulation skill building and emotionally sensitive material:</p> <p>Can be licensed or have high levels of competence and engagement skills in providing group interventions</p> <p>Staffing Recommendations:</p> <ul style="list-style-type: none"> Possible staff may include social work staff, nursing staff, mental and health staff <p>Co-facilitation is recommended</p>	<p>Manage group dynamics</p> <p>Teach grounding and coping skills</p> <p>Identify and build on client/patient strengths</p> <p>Participate on a multi-disciplinary team</p> <p>Facilitate a group with a co-facilitator</p> <p>Contracting: start a safety plan or an emotional regulation plan</p>	<p>Welcoming</p> <p>Non-judgmental</p> <p>Supportive</p> <p>Client/patient-centered</p> <p>Belief in the value of trauma screening and education</p> <p>Compassionate</p> <p>Patient</p> <p>Self-awareness and emotional self-regulation</p> <p>Belief in importance of building emotional regulation skills for individual's impacted by trauma</p>	<p>Maintain professional boundaries</p> <p>Ease with explaining the impact of trauma</p> <p>Ability to follow a structured class intervention for groups</p> <p>Able to use group facilitation skills</p> <p>Educate on emotional regulation skills</p> <p>Assist client/patient in identifying current healthy coping strategies</p> <p>Assist client/patient in identifying current healthy coping strategies</p> <p>Guide client/patient in practicing emotional regulation skills</p> <p>Assist client/patient in recognizing opportunities to apply tools and strategies taught in class to their everyday experiences.</p> <p>Ability to use communication skills strategically to maintain the focus of the class</p> <p>Create safe, effective environment</p>

Notes:

Decision Points for Integrating TIC Patient Services

Directions: Use the charts on pages 5 – 10 to start thinking about how to integrate the patient services by reviewing key decision points and their considerations. You may take notes if it is helpful to you. Spend time exploring all the pages, and try not to get stuck on one section.

Key Decision Points	Considerations	Responses, Issues, Thoughts
1. TRAUMA SCREENING		
Will your agency conduct the PC-PTSD-5 screening tool?	1.1. Does your agency currently screen for trauma using an alternative screening tool? 1.2. How does this screening tool (PC-PTSD-5) align or enhance with the screening tools already used at your agency? Others?	
Which client/patients will be selected for screening?	1.3. How do you implement screening in an organized and phased in way? 1.4. How will the registration or admin staff know that the client needs to be screened? 1.5. What are the agency's protocols re: who is to get screened? Others?	
When, within the workflow, will screening take place?	1.6. <i>Takes about 5 minutes.</i> 1.7. Will it happen with new client visits, annual visit, sick visit, primary care visit, or other? 1.8. Where will the screening take place? 1.9. How will privacy be ensured? Others?	

Which staff will provide the screening?	<p>1.10. Who will be involved in screening clients/patients? 1.11. Who will do what? 1.12. How will it be ensured that they receive appropriate training? 1.13. How might a peer employee support the screening of clients/patients? Others?</p>	
How will the screening be provided?	<p>1.14. <i>Should be done on an individual basis.</i> 1.15. Will it be done with a staff person or on their own? 1.16. Will the screening be conducted remotely, in-person, or both? Others?</p>	
How will the screening be documented?	<p>1.17. Will you document the screening straight into REDCap or will you use the paper form? 1.18. If you use the paper form, <i>when</i> will you enter the information into REDCap and <i>who</i> will be responsible? Others?</p>	
How often will the screening be repeated?	<p>1.19. What are the criteria for repeat screening? Others?</p>	
When will the screening be followed up?	<p>1.20. What are the criteria for follow-up? Others?</p>	

Key Decision Points	Considerations	Responses, Issues, Thoughts
2. BRIEF EDUCATION ON TRAUMA		
When, within the workflow, will brief client/patient education take place?	<p>2.1. <i>Takes about 10 minutes.</i></p> <p>2.2. Will it take place before or after the screening?</p> <p>2.3. How will you ensure that the screening for trauma is linked to the brief education for the client/patient?</p> <p>Others?</p>	
Which staff will provide the brief client/patient education?	<p>2.4. Who will be involved in providing the brief client/patient education?</p> <p>2.5. How will it be ensured that they receive appropriate training?</p> <p>2.6. How might a peer employee support clients receiving the brief education?</p> <p>Others?</p>	
How will the brief client/patient education be provided?	<p>2.7. <i>It should be done an individual basis.</i></p> <p>2.8. Where will the brief client/patient education take place? How will privacy be ensured?</p> <p>2.9. Will the brief client/patient education be conducted remotely, in-person or both?</p> <p>Others?</p>	

<p>How will the brief client/patient education be documented?</p>	<p>2.10. What system will you use to document brief client/patient education? 2.11. Will you document the brief client/patient education straight into REDCap or will you use the paper form? 2.12. If you use the paper form, <i>when</i> will you enter the information into REDCap and <i>who</i> will be responsible? 2.13. Where will you document: 1) that brief client/patient education was completed, and 2) any issues that arose during the brief client/patient education? Others?</p>	
<p>How will the brief client/patient education be followed up?</p>	<p>2.14. How are you communicating about potential next steps (i.e. Skill-building classes, referrals, etc.)? 2.15. When appropriate, how will you support client/patient being linked to skill-building classes? 2.16. When appropriate, how will you support client/patient being linked to appropriate referrals? 2.17. How are you documenting this? Others?</p>	

Key Decision Points	Considerations	Responses, Issues, Thoughts
3. SKILL-BUILDING CLASSES		
<p>Will your agency deliver the individual skills building classes (I'm in Charge of ME), group-level skills building classes (MET: Managing Emotions Together) or both?</p>	<p>4.1. <i>Individual class program is 3 classes (60 minutes); Group class program is 5 classes (60 minutes)</i></p> <p>4.2. How will you determine which skills building program (group classes, individual classes or both) is right for your clients/patients?</p> <p>4.3. Which level classes does your agency currently provide: individual level, group level, or both?</p> <p>4.4. Will clients/patients be able to participate in both individual level and group level classes?</p> <p>Others?</p>	
<p>When will skills building classes take place?</p>	<p>4.5. How will a client/patient be linked to the skills building classes?</p> <p>4.6. <i>If a client/patient is interested, scheduling at the time of brief client/patient education may be most effective.</i></p> <p>4.7. <i>It is recommended that skill building classes are provided 1-2 weeks after the brief client/patient education session.</i></p> <p>Others?</p>	
<p>What staff will provide the skills building classes?</p>	<p>4.8. How do you determine if they are qualified?</p> <p>4.9. How can a peer employee support the delivery of the skills building classes?</p> <p>Others?</p>	
<p>How will the skills-building classes be provided?</p>	<p>4.10. Where will the skills building classes be conducted?</p> <p>4.11. How will they be integrated into the clinic flow?</p> <p>4.12. Will these skills building classes be delivered remote or in-person?</p> <p>Others?</p>	

Key Decision Points	Considerations	Responses, Issues, Thoughts
4. REFERRALS		
How will the need for referrals be determined?	3.1. Does the organization have policies re: who needs to get a referral? 3.2. Do you have a list of referral sources that are vetted, evaluated, and maintained? Others?	
What will referring to skill-building classes look like?	3.3. <i>Our recommendation is that anyone with a screener score of 3 or greater should be referred to skill building classes.</i> 3.4. Who will speak to the client/patient about skill building classes? 3.5. How might peer support help to create the link between brief education on trauma and referral to skill-building classes? Others?	
When and how will referrals be made?	3.6. Who will be responsible for making the referrals? 3.7. What referrals resources are available? 3.8. How are the referrals made and documented? 3.9. How much time is needed for the referral process? Others?	
Who will be responsible for following up on the referrals?	3.10. How is follow-up being tracked and documented? 3.11. How is non-compliance addressed? Others?	

TIC Patient Services Igniter Questions

Directions: With your group, answer the questions below. Be prepared to report back to the larger group.

1. Discuss some of the “thinking” in your agency about who will do screening and brief education on trauma.

2. *It is recommended that screening and brief education be phased in.* If you choose to phase this in, what population or group of clients/patients will you start with and why?

3. Where will the screening and brief education on trauma take place in your workflow?
 - a. What might be the challenges?

 - b. What might be the opportunities?

4. What will the process look like for linking clients/patients to the skill-building classes? Are you integrating the individual and/or the group skill-building classes?

5. What staff are you identifying to facilitate the skill-building classes?

What Do You Say? What Do You Do?

Directions: With your group, discuss what you may say and do in response to the given scenario. Be prepared to report back to the larger group.

1. Mary Jones is a case manager in your program. As you have been discussing the integration of trauma informed services into your program, Mary asks why she has been included in the meeting. She tells you, "I'm not a mental health person."

What do you say? What do you do?

2. Jasmine Brown is an intake specialist in your agency. You have identified that she is the individual who will be doing the screening and brief education on trauma session. Explain to her how her role and how trauma informed care will be integrated in her role and in the agency.

What do you say? What do you do?

3. Louis Muniz is a nurse in your clinic. He has attended the general education session and you are working hard to integrate trauma informed services into all components of your organization. He doesn't understand why the clinical staff should be worried about this since there are mental health staff "down the hall".

What do you say? What do you do?