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M5. Tools for effective assessments

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Housekeeping

- Knowledge, skills and behaviours audit

- Action planning logs

- Refreshments

- Fire alarms and exits

- Toilets

- Breaks

- Finish time

Purpose of training

- TOPHOUSE Erasmus+ funded resources support staff in undertaking person centred integrated housing and support assessments

- Suite of training modules covering 11 different learning outcomes

- Co-delivered by a service user with 'lived experience' and a technical trainer

- This training contributes to the learning outcomes
  - LO1   Work in a person-centred way
  - LO2   Treat Service User with dignity and respect
  - LO3   Support choice and control by users of services
  - LO4   Practice co-production with service users who are 'experts by experience'
  - LO5   Develop networks and collaborate with other services providers

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Learner Agreement

- Respect others and their experience, knowledge and skills

- Contribute and allow others to contribute

- One voice at a time

- Ask questions seeks clarification

- Confidentiality

- Time-keeping

- Mobiles off silent and out of sight please

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Objectives of module

- By the end of this module you will be able to:

- Describe tools that will assist you in the assessment process

- Implement a strength based approach to assessment

- Understand Psychologically Informed Environments

- Apply trauma informed care approach to assessing service users

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Rights of service users – Convention to Practice --- a golden thread

- EU Convention on Human Rights (Legislation)
  - Article 3 Prohibition of torture – includes degrading treatment
  - Article 5 Right to liberty and security of person
  - Article 8 Right to respect for private and family life, home and correspondence
- UN Convention on the Rights of Persons with Disabilities (ratified by EU Countries)
  - Respect for rights and dignity of people with disabilities
- Irish Human Rights and Equality Act 2014
- *https://www.youtube.com/watch?v=ew993Wdc0zo* *2.30*
- *https://www.youtube.com/watch?v=pRGhrYmUjU4* *2.08*

Customer Journey

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Strength Based Approach

homeless link

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Philosophy

Deficit

- Something that's missing, something that you don't have, something that's wrong with you.

- Strength

- A skill, asset or quality, something that you possess.

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History and Origins

- Popularised in the late 90s as a response to social work practices at the time, that tended to promote blame and judgement.

- Formally developed by a team at the University of Kansas that included: Rapp, Saleeby and Weick.

- In 1997, Rapp wrote "The Strengths Model", which focused on "amplifying the well part of the patient".

- "The most important thing we learned was that psychology was half-baked. We've baked the part about mental illness, about repair damage. The other side's unbaked, the side of strength, the side of what we're good at".

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History and Origins

- A philosophy and approach applied across various sectors: health and social care, homelessness, business, education, careers and employment.

- Evaluation of the approach has been limited, however there have been studies that show that working with individuals and communities through a 'strengths lens' improves individual outcomes, such as quality of life, employment, and health. ('Krabbenborg, M. A., Boersma, S., & Wolf, J. R. (2013). A strengths based method for homeless youth)

- No large-scale use of this approach in Ireland to date.

- Mayday Trust in Oxford, produced a report called 'Deconstructing the System'

- The Foyer Federation, Advantage Thinking Model

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Ethos and purpose

- **What its not**

- A simple solution to complex problems

- An "off the shelf" model

- A push for independence at all costs

- **What it is**

- A shift in perspective

- A shift in power

- A model to help you make good practice a <u>conscious</u> choice

- A framework to check yourself/one another's practice against.

- **An opportunity to make people's experience of services more dignified, useful and empowering.**

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Definitions

"If we ask people to look for deficits, they will usually find them, and their view of the situation will be coloured by this. **If we ask people to look for successes they will usually find them, and their view of the situation will be coloured by this.**" (Kral, 1989)

https://www.youtube.com/watch?v=4JtWMzxY_vo

https://www.youtube.com/watch?v=i_0ZPJvIZyI

"the strengths perspective and strengths-based approaches **focus on strengths, abilities and potential rather than problems, deficits and pathologies**" (Chapin, 1995; Early & GlenMaye, 2000; Saleebey, 1992d; Weick et al., 1989).

Identifying Strengths

- No matter what their history/circumstance you believe that they can build something of value with the resources within and around them.

- When people are struggling to meet life's challenges you are able to point out competencies, resilience and resourcefulness.

- Identify and explain positive attributes that are evidenced by their behaviour/ experience.

- **It requires that workers have to believe that everyone has pre-existing strengths – you just need to find them**

VIA Institute Strength Study

wisdom	courage	humanity	transcendence	justice	moderation
//creativity	//bravery	//love	//appreciation of beauty	//teamwork	//forgiveness
//curiosity	//persistence	//kindness	//gratitude	//fairness	//modesty
//judgement	//honesty	//social intelligence	//hope	//leadership	//prudence
//love of learning	//zest		//humour		//self-control
//perspective			//spirituality		

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Systems Overhaul

- **If the whole system was operating in a strengths based way, paperwork would be:**
  - Minimal
  - Meaningful
  - Secondary to the important conversations and human interaction
  - Designed to help not hinder

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Small changes, big difference

- **Nothing around you can change right now, but what can you do in your day to day role?**

- Although it helps if your paper work and processes back up your approach it's not essential.

- What's most important are the things that come out of your mouth, and the impact that has on service users' feelings.

Remember:

- **How are you asking?**
- **When are you asking it?**

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What about Safety Planning?

- A strength based approach doesn't mean ignoring risk just put it into a different perspective

  - How are you asking it?

  - Why are you asking it?

  - What are you asking?

  - When are you asking it?

  - How does the person in front of you define the risk?

- Is the main focus on recording risk, or doing something about it?

What about Professional Boundaries

- A Strength based approach does not mean professional boundaries become blurred

- You openly share your sources of power, your expertise, your access to resources, your interpersonal skills.

- Your resources are discussed as strengths you can bring to the relationship vs things you control

- Encourages less dependence on workers than traditional models

Goal setting and defining the 'problem'

- Whose definition of 'the problem' are we working with? Is there a problem?

- Why do people have to wait to be stable in order to be positive?

- SBP increases engagement so that you can work more effectively towards solving problems

- Are we confusing system problems with an individual's problems?

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Psychological Informed Environments

PIE

PIE is

An approach to working with service users experiencing complex trauma and homelessness

When organisations consciously consider and respond to the impact of complex trauma in the design and delivery of their service

A place where workers are trained and supported to recognise, and work with, the behavioural and emotional issues resulting from complex trauma (clients and their own)
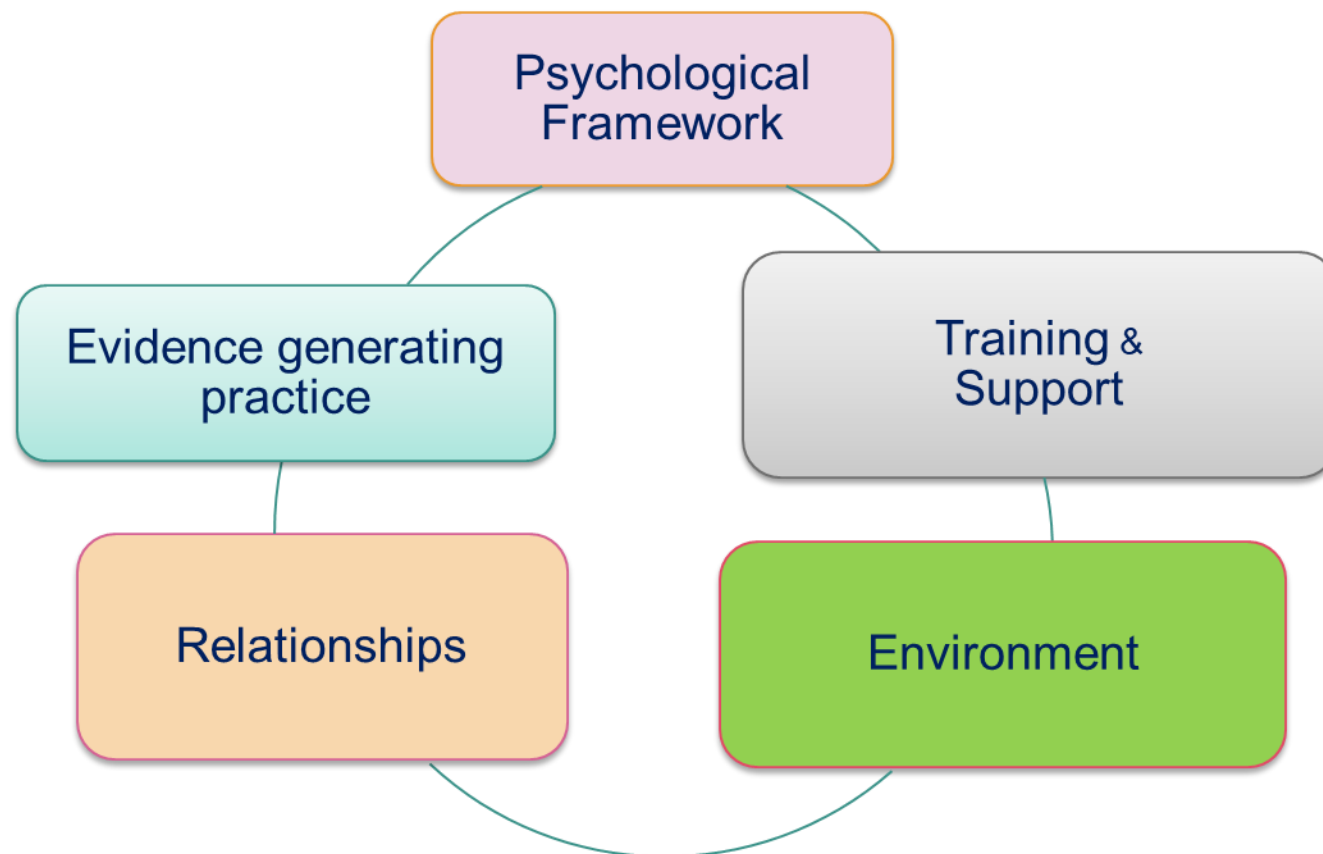
Definition

"...the definitive marker of a PIE is simply that, if asked why the unit is run in such and such a way, the workers would give an answer couched in terms of the emotional and psychological needs of the service users."

Johnson & Haigh (2010)

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Psychologically Informed Environment

Psychological Framework

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Definition of trauma

"Psychological trauma can leave you struggling with upsetting emotions, memories, and anxiety that won't go away. It can also leave you feeling numb, disconnected, and unable to trust other people. When bad things happen, it can take a while to get over the pain and feel safe again."

https://www.helpguide.org/articles/ptsd-trauma/coping-with-emotional-and-psychological-trauma.htm

Trauma is not the thing that happened but the effect left within us by our experiences…

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Trauma and Homelessness

- Goodman et al (1991) – psychological trauma and homelessness is linked. Losing one's home, living in the 'shelter system' or experiencing trauma (particularly women) before homelessness. Homeless people display two of the symptoms of Post Traumatic Stress Disorder; social disaffiliation and learned helplessness.

- Nick Maguire et al (literature review) – strong link between homelessness and complex trauma. Makes the argument that psychological interventions are needed.

- Hard Edges (2015) – 85% of those in touch with criminal justice, substance misuse and homelessness services have experienced trauma as children (not representative of women who have different experiences).

Adverse Childhood Experiences

- Include one or more of the following:

➢ Emotional abuse

➢ Physical abuse

➢ Sexual abuse

➢ Emotional neglect

➢ Physical neglect

➢ Domestic violence between parents

➢ Drug/alcohol using parent(s)

➢ Parent(s) with mental illness

➢ Lost parent through separation/divorce

➢ A parent in prison

Adverse Childhood Experiences Study

- As the number of ACEs increases, so does the risk for the following (if 4 or more ACEs):

- ➢ **7 x** more likely to experience alcoholism and/or alcohol abuse

- ➢ **260%** more likely to experience chronic obstructive pulmonary disease

- ➢ **460%** more likely to experience depression

- ➢ **1220%** increased risk of suicide attempts

- ➢ Health-related quality of life

- ➢ Illicit drug use

- ➢ **220%** more likely to experience Ischemic heart disease

- ➢ **240%** higher risk of stroke

- ➢ **240%** higher risk of hepatitis - Liver disease

- ➢ Poor work performance and financial stress

- ➢ **190 %** increased risk of cancer

- ➢ **160%** increased risk of diabetes

Possible responses to trauma

- Difficulty decoding and managing emotions
- Erratic relationships - problems understanding others
- Low self esteem and anger
- Loss of hope and confidence, chronic feelings of emptiness and fear of abandonment
- Self harm, impulsive behaviour, and poor decision making skills

Emotional Flooding

- Humans equilibrium between thinking and feeling

- Emotional flooding (feelings flooding)

- Difficult conversations engage most basic, primal part of the brain – the amygdala 'fight or flight' – flooding of stress hormones

- The part of the brain that processes information and thinks rationally is temporarily out of service

Thoughts, feelings and behaviours

- *...understanding the origin, function and meaning of service users behaviours rather than focusing on the behaviour itself*

- *Learning to become aware of our own thoughts and emotions and how these might influence our behaviour and impact on others*

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Putting it into practice

Step 1:   Choose your approach(es)

Step 2:   Core Training

Step 3:   Operational procedures

Step 4:   Monitor and review

Reflective practice – continuous learning

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Trauma Informed Care Approach

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Trauma Informed Care –
a response to trauma

- 'TIC is an intervention and organisational approach that focuses on how trauma may affect an individual's life and his or her response to behavioural health services from prevention through treatment. There are many definitions of TIC and various models for incorporating it across organisations, but a "trauma-informed approach" incorporates three key elements:

(1) realising the prevalence of trauma;

(2) recognising how trauma affects all individuals involved with the service, organisation, or system, including its own workforce; and

(3) responding by putting this knowledge into practice"

(SAMHSA, 2012)'

Trauma Informed Care

Trauma Awareness

Emphasis on Safety

(Hopper, Bassuk, & Olivet, 2010)

Opportunities to Rebuild Control

Strengths - Based Approach

homeless link

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What might re-traumatise service users

- Lack of privacy, being asked personal questions

- Not being believed, not feeling understood or empathised with, someone being uncomfortable with topic of trauma, someone only focussing on diagnoses/labels

- Feeling powerless, feeling controlled, lack of information

- Interacting with authority, being hospitalised, security in the building, being watched, being threatened

- Being touched, having personal items touched, people being too close or too distant

- Loud noises, yelling, darkness, isolation

(CUCS training, 2014)

Hearing about Trauma

- Not judging, not being shocked, active listening

- Acknowledgement of importance and normality but clarifying role and support available

- Checking in on how safe that person is

- *'I would like to hear about your experiences but I'm concerned we've not set up enough ways to make you feel safe yet. Let's work on that'.*

- Do not elicit history, focus on impact in present and solutions/coping skills

Grounding Techniques

- We can support service users, to prevent, minimise or avoid emotional flooding by using grounding techniques (e.g. mindfulness)

- Recognise the signs of emotional flooding

- Grounding techniques bring someone back into the present and help emotion regulation

- Work with the service user to use simple grounding techniques

- Ask them to identify things they find helpful which can be used to ground themselves

Grounding and self soothing

- It's all about the senses and being mindful in your actions.

- Vision - e.g. change the environment, go into another room with a different layout

- Hearing – e.g. move into an area with calmer sounds, birdsong from an open window, take a break and put some music on

- Smell - e.g. use room scent like lavender, rosemary

- Taste - e.g. take a break and have a drink, some fruit or a biscuit

- Touch – e.g. change chairs, something to hold like a pen to make notes and doodle

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Keeping everyone safe

- Workers and service user need to be aware of triggers and risks – planning before crisis happens

- Work with service user to establish how risks could be managed in advance – empowers and increases sense of safety for all involved

- Collaboratively create agreements in advance and ensure that they are consistently implemented

- Empower service user to identify their own triggers and safety mechanisms

Trauma informed care as a strength based approach

- Seek out the person and their own story behind the diagnosis or the label; the positive ‚hook‘ that enables you to connect with them;

- Realise their resilience, how adaptive and strong they are;

- Work collaboratively to establish mutually agreed goals, using the knowledge and experience of the person to inform them;

- Utilise service users own networks and expand on these so that people are not so reliant on statutory or paid services.

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Physical Environment

Physical Environment

- Physical and emotional safety

- Non institutional

- Welcoming and calm

- Choice, control, involvement and influence

- Service culture - generate a sense of belonging, ownership and culture of care

Would you want to be there?

- Lighting, temperature, furnishings
- Open reception, remove barriers to communication
- Relaxed and open communal areas for impromptu interaction
- Communal v private space
- Interview space
- Communication methods, notice boards
- Through the eyes of a service user/your eyes ….would you want to be there?

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Summing up

- In this module you have learnt to
  - Describe tools that will assist you in the assessment process
  - Implement a strength based approach to assessment
  - Understand Psychologically Informed Environments
  - Apply trauma informed care approach to assessing service users
- Knowledge, skills and behaviours assessment
- Feedback sheet
- Action Planning Log

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