

44 **Team Toxicity: How to Recover and be Therapeutic**

This workshop helps maintain healthy ACT Teams by identifying signs of a toxic team and ways to recover and rebuild. There will be a brief overview of the signs of Toxicity, team building and supervision skills to help teams cope with Toxicity, and development of key components which lead to Team Toxicity. Participants will be able to share and compare their experiences and examine their skills to deal with a Toxic Team. CONTENT IS BEST SUITED FOR PARTICIPANTS AT ALL LEVELS; 50% DIDACTIC, 25% PARTICIPATORY, AND 25% EXPERIENTIAL.

Presenters: Chris Blough, BA, NCC, LPC, Dauphin County ACT Team Leader, NHS of PA, Capital Region, Harrisburg, Pennsylvania; Christine Hunsberger, MEd, LPC, Director of Adult Services, NHS Human Services, Bethlehem, Pennsylvania; Holly Karalus, MSW, LSW, ACT Director, NHS Human Services, Harrisburg, Pennsylvania

45 **Recovery Ambassador, Bridge Builder, Tightrope Walker: Exploring the Role of the Peer Support Specialist on an ACT Team**

All ACT team members are welcome to explore the role of the peer specialist by examining three metaphors: recovery ambassador, bridge builder, and tightrope walker. Each metaphor embodies an essential element of the peer specialist's role. As a recovery ambassador, the peer specialist engenders hope through the appropriate sharing of her/his story. As a bridge builder, the peer specialist makes connections between persons served and ACT team members, other persons served, and community resources. As a tightrope walker, the peer specialist seeks to establish balance between empathetic bonding and necessary boundaries. This workshop will have an input period as well as be interactive through small and large group sharing. Time permitting, the following topics will also be addressed: the advocacy role of the peer specialist during morning meetings; modeling human experience language in the work place; and the importance of recovery discussion groups facilitated by the peer specialist. CONTENT IS BEST SUITED FOR PARTICIPANTS AT ALL LEVELS; 60% DIDACTIC, 40% PARTICIPATORY.

Presenter: Robert Rousseau, MDiv, MA, ACPS, MHRE, Director of Peer Recovery Services, Fellowship Health Resources/Southeast Mobile Treatment, New Bedford, Massachusetts

46 **Incorporating Spirituality & Yoga on ACT/MHICM Teams**

Complementary and alternative medicine, when integrated appropriately with conventional treatment, has shown to enhance the efficacy of psychotherapeutic and pharmacological treatment. Spirituality can help instill a positive sense of self, decrease the impact of psychiatric symptoms, and provide a social network. Yoga has recently exploded into the mental health arena to help combat a wide range of psychiatric disorders, including schizophrenia. Learn about the recent findings regarding yoga practice and spirituality for people with severe mental illness. Participants will also engage in a brief yoga practice. CONTENT IS BEST SUITED FOR PARTICIPANTS AT ALL LEVELS; 50% DIDACTIC, 30% PARTICIPATORY, AND 20% EXPERIENTIAL.

Presenters: Rebecca Maligno, MSW, LMSW, RCSWI, Case Manager; Lisa Merrell, MSW, LMSW, Case Manager, both of the Mental Health Intensive Case Management Program (MHICM), North Florida/South Georgia Veterans Health System, Gainesville, Florida

*47 **The Crucial Role of the Program Assistant on an ACT Team**

Program Assistants are often the first point of contact for a client in need or in crisis. For this presentation bring your humor and your stories as we explore the real job expectations of a Program Assistant; those things not listed on the job description. This interactive presentation will focus on the unique challenges and demands of being a Program Assistant, the support, training and recognition Program Assistants require but often do not ask for and how to better assist a Program Assistant to facilitate the helping process with the clients you serve. CONTENT IS BEST SUITED FOR PARTICIPANTS AT ALL LEVELS; 66% PRESENTATION, 33% DISCUSSION AND Q&A.

Presenters: Kathleen Connolly, Program Assistant; Sue Fortune, MScPsych, BA, Director, both of Pathways to Housing Calgary, Calgary, Alberta, Canada



Emotional First Aid

The Crucial Role of the Program Assistant
On An ACT Team

Kathleen Connolly, Program Assistant
Sue Fortune, Program Director

Objectives



- Gain a better understanding of the Program Assistant role
- Realize the skill set needed for the PA to effectively do the job
- Learn how to support and retain your PA

Client Contact



- Random sampling of average day
- Average Program Assistant is providing 315/450 minutes of daily client contact
- Clinicians 240 per work day of client contact

Tracking of an Average Day Program Assistant



Client Related:

- 30 out-going calls
- 25 in-coming calls
- Face to face: groups, doctors: 11am-1:30pm
- 315 minutes each day involves client contact

Other

- 75 minutes Daily Clinical Meeting
- Multi-tasking: Community calls, filing, medical scanning, documentation, charting
- Staff support and safety check-ins

Clinical Comparison



Client Related

- Five clinical visits each day
- Daily client driving: 90 minutes each day
- Group days: 3 visits, client driving, group
- Averaging 240 minutes each day of client contact

Other

- Daily internal meeting: 75 minute
- Multi-tasking: Charting, emails, phone calls, chart management
- Specialized duties

Real Life Moment



Real Life Memo

RECEPTION IS NOT A SPECTATOR SPORT!!!

FOR THE CONFIDENTIALITY AND PRIVACY OF CLIENT INFORMATION, PLEASE FEEL FREE TO USE THE CLIENT LOUNGE

Job Description



- Manage records
- Reception duties
- Organize, coordinate and monitor all non-clinical operations for the program
- *"Other duties as required"*

"Other Duties As Required"
(Aka: Emotional First Aid...)

- Recovery support person: medical, psychiatric, addiction
- Decrease isolation
- Be the gatekeeper to the rest of the team
- Security
- *Decrease Distress*



Real Life of the Program Assistant

- "Maybe he doesn't have a match"
- "I'm going to jump"
- "Hello...this is Hop Along Cassidy"
- "I'm awake!!"
- "But, you are a real girl"
- "I'm going out to kill someone"



Emotional First Aid To Clinicians

- Cheerleading
- Supporting Clinicians "*spidey senses*"
- Clinicians personal safety
- De-briefing



Training Requirements

- ACT Services 101
- Motivational Interviewing
- First Aid/CPR/AED
- Crisis Intervention: De-escalation techniques
- Mental Illness 101
- Addiction 101
- Suicide Prevention



Support

- "Thank You"
- Acknowledgement of the work: coffee, donut, desk items, verbal praise
- Tasks without timelines
- Fully integrate into team; activities and training
- Opportunities to shadow
- Safe "venting" with safe person
- Talk time specific to PA
- Clinical involvement
- Regular consultations



Retention

- Goal is to retain your PA for the benefit of the program as well as for the clients wellbeing
- Appreciation is key:
Kathleen's humour and honesty
- Recognize caring comes at a cost:
Caregiver Fatigue



Caregiver Fatigue

- Emotional and physical exhaustion
- A change of attitude from positive to negative
- A gradual lessening of compassion over time
- Can also be vicarious traumatization/secondary traumatic stress disorder



Real Life Experience

Results From

- Having high expectation of self
- ❖ Not asking for help when needed
- ❖ Not saying "no"
- ❖ Not taking care of oneself



What Can Team Do?

- Offer de-briefing, do regular "check-ins"
- Set reasonable expectations
- *Allow humour*
- Demand breaks
- Encourage self-care



What We *Don't* Want To Happen....


