If You Build It, They Will Come:
The Case for Open Enrollment and Engaging Non-Clinical Staff in Clinical Training

Jesse Wilkinson, MA
Director of Research and Evaluation
Learning Objectives
By the end of this presentation, participants will be able to:

• Explain the importance of addressing mental health issues in the context of community-based organizations
• Understand one model for providing clinical training to non-clinical staff
• Identify opportunities for the application of clinical skills in untraditional, non-clinical settings:
  • interactions with clients
  • interactions with co-workers/management situations
  • Incorporate formally in programmatic designs
GMHC is the world’s first and leading provider of HIV/AIDS prevention, care and advocacy. Building on decades of dedication and expertise, we understand the reality of HIV/AIDS and empower a healthy life for all.

**Our Mission**: GMHC fights to end the AIDS epidemic and uplift the lives of all affected.
Agency Overview

Clients Served: 12,665

Age Range:
- 18 and under: 0.4%
- 19 to 29: 20.7%
- 30 to 39: 20.1%
- 40 to 49: 18.6%
- 50+: 40.1%

HIV Status:
- HIV Positive: 54.4%
- HIV Negative: 45.6%

Gender:
- Male: 74.0%
- Female: 25.1%
- Transgender Male: 0.1%
- Transgender Female: 0.1%

Race/Ethnicity:
- Black/African American: 30.9%
- White: 30.5%
- Asian: 47%
- Other: 1.2%
- Hispanic: 2.1%
- Native Hawaiian or Pacific Islander: 0.4%
- Native American or Alaskan Native: 0.2%
- Multiracial: 0.2%
- Other: 1.2%
Staff Overview

- Impulsivity
- Stigma
- Substance Use
- Cognitive Impairment

- Mental Illness

- HIV/AIDS

- Social Isolation
- Chronic Stress
- Stigma
- Substance Use
- Cognitive Impairment
Services Delivered by Licensed Mental Health Clinicians

- **Office of Mental Health Licensed Outpatient Mental Health Clinic (Article 31)**
- **Office of Mental Health Licensed Outpatient Substance Use Clinic (Article 32)**
- Grant-funded:
  - Individual psychotherapy
  - Support groups
  - Psychiatry
Staff Overview

Employee Type

- Total Employees: 203
- Client-Facing: 148
- Social Workers: 20

73% of total
14% of client-facing
Agency Overview: Other Services Offered

- Intake
- Coordinated Care
- Prevention
- HIV & STI Testing
- Substance Use
- Legal
- Financial Management
- Advocacy
- Rental Assistance & Housing
- Meals & Nutrition
- Workforce
- Wellness
- Outreach and Education
The Traditional Problem

Often only licensed mental health providers have had necessary training to address mental health issues with clients.

Missed treatment opportunities

Unmet needs
One Solution: Agency-Wide Crisis Readiness

- **Mental Health On-Call**
  - Direct cell phone line for GMHC staff to request assistance of licensed social worker in a psychiatric crisis or other urgent situation

- **Mental Health First Aid**
  - Nationally recognized 8-hour course that teaches you how to identify, understand, and respond to signs of mental illnesses and substance use disorders and gives you plans for providing initial help
  - Offered Agency-wide

- **Domestic Violence Response Team (DVRT)**
  - Designated team with expertise in domestic violence assessment, safety planning, and making referrals
A More Proactive Solution
The First Year we offered the Clinical Track (2015-2016)

- 251 individuals have completed trainings
- (N=222) of attendees were not mental health staff

Of those trained and providing feedback, (N = 200) reported feeling more confident in the subject area following the training.

GMHC U
## Curriculum: Course Topics

<table>
<thead>
<tr>
<th>Module 1: Substance Use/Addiction</th>
<th>Stages of Change</th>
<th>Motivational Interviewing</th>
<th>Harm Reduction</th>
<th>Symptom &amp; Wellness Self-Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Module 2: Essential Clinical Skills</td>
<td>Group Design &amp; Planning</td>
<td>Mindfulness/ affect regulation</td>
<td>Working with negative feelings in the countertransference</td>
<td>Working with Difference &amp; Privilege in the therapeutic relationship</td>
</tr>
<tr>
<td>Module 3: “Golden Thread” Clinical Documentation</td>
<td>Assessment &amp; Treatment Planning</td>
<td>Risk Assessment &amp; Safety Planning</td>
<td>Progress Notes</td>
<td>Discharge Planning &amp; Reassessment</td>
</tr>
</tbody>
</table>
Curriculum: Core Features

• Theory-driven
• Evidence-based techniques
• Case illustrations & examples provided
• Role-playing opportunities, when appropriate
• Concrete tools are provided for “students” to take with them into daily work
“Substance Use/Addiction” Module

- Course 1: Stages of Change
- Course 2: Motivational Interviewing
- Course 3: Harm Reduction
- Course 4: Symptom & Wellness Management
Applications for Clinical Skills  
(from non-clinical staff)

“Having participated in a couple of GMHC U trainings under the Mental Health clinical track, I would honestly say they have enhanced my interaction with clients, who are going through difficult times. I am not a mental health counselor, but most of the times, my youth clients come to me for advice despite their on-going sessions with their therapists/counselors. They would just want to talk. I am now more confident in assisting them. As a supervisor, I am also now able to better support my team, when they come to me for advice regarding such clients.”

– Prevention Staff Member
Motivational Interviewing

<table>
<thead>
<tr>
<th>Cost Benefit Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue my drinking the same as always.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Change my drinking by [ ]

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Stages of Change

- No intention of changing behavior
- Intends to change within the next 6 months, but may procrastinate
- Intends to take action soon, perhaps in the next month

The Stages of Change Model

- Pre-contemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Relapse

Has changed behavior for > 6 months
Has changed behavior for < 6 months

"Substance Use/Addiction" Module

GMHC
END AIDS. LIVE LIFE.
Harm Reduction

My Drinking Plan Worksheet

This is the worksheet to help you make your overall drinking plan. You can put down your specific daily and weekly plans each week on your drinking chart. You don’t have to fill in every blank—just the ones that are the most relevant to your situation.

My Drinking Goal (circle one)

<table>
<thead>
<tr>
<th></th>
<th>Daily</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quitting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safer Drinking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduced Drinking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both Safer And Reduced Drinking</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

My ideal drinking limits

<table>
<thead>
<tr>
<th></th>
<th>Daily</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>My upper drinking limits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Alcohol abstinence days per week

<table>
<thead>
<tr>
<th></th>
<th>Daily</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ideal</td>
<td></td>
<td>At least</td>
</tr>
</tbody>
</table>

My current drinking level (if known)

<table>
<thead>
<tr>
<th></th>
<th>Daily</th>
<th>Weekly</th>
</tr>
</thead>
</table>

High risk behaviors to work on

My plan for changing these high risk behaviors

Outside issues to work on

My plan for addressing these outside issues

My tools and strategies

My damage control plan
“Essential Clinical Skills” Module

- Course 1: Group Design & Planning
- Course 2: Mindfulness/Affect Regulation
- Course 3: Working with Negative Feelings in Countertransference
- Course 4: Working with Difference & Privilege in the Therapeutic Relationship
Applications for Clinical Skills
(from non-clinical staff)

“I had the chance to attend a training on Group Facilitation Design and Planning that was part of the Clinical Track of GMHC U... I found the clinical group design model incredibly valuable and applicable to the process of facilitating staff meetings and trainings.”

– Operations Staff Member
Group Design & Planning

• Emphasizes importance of planning for groups
• Discusses common misconceptions & causes of group failures
• Provides template for standard rules for groups
• Discusses stages of group development
• Discusses common roles group members tend to take on
Applications for Clinical Skills
(from non-clinical staff)

“The thing that stands out to me the most from the mental health trainings was learning about different mental health disorders and how they might impact our rapport with clients and our ability to get the information we need to advocate for their health (e.g., how trust issues might impact the likelihood one shares information)

– Coordinated Care Staff Member
“Golden Thread” Clinical Documentation Module

- Course 1: Assessment & Treatment Planning
- Course 2: Risk Assessment & Safety Planning
- Course 3: Progress Notes
- Course 4: Discharge Planning & Reassessment
Applications for Clinical Skills
(from non-clinical staff)

“The nature of my work at GMHC makes interactions with clients rare. On one occasion however, I received a misdirected phone call from a [client] who was in great distress. All the signs of self-harm that I had learned in Mental Health First Aid training were there: despair, feeling of isolation and loss of purpose, threat to hurt himself, etc... From the training, I remembered questions to ask and was relieved to know that he had no clear idea of how or when he intended to cause himself harm. I immediately reported him to our Mental Health Services Department here at GMHC. I was later happy to learn that this man became a client of ours and is being given the treatment he needs.”

– Executive Office Staff Member
Patient Safety Plan Template

**Step 1:** Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:
1. Starting to isolate, not going outside all day
2. 
3. 

**Step 2:** Internal coping strategies - Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):
1. Take a bath
2. Watch a movie
3. 

**Step 3:** People and social settings that provide distraction:
1. Name: The Dog Park in my neighborhood
   Phone: 212-222-1111
2. Name: Barber Boxer
   Phone: 212-222-1111
3. Place: 
4. Place: 

**Step 4:** People whom I can ask for help:
1. Name: My sister - Dolly Parton
   Phone: 212-123-4567
2. Name: 
   Phone: 
3. Name: 
   Phone: 

**Step 5:** Professionals or agencies I can contact during a crisis:
1. Clinician Name: Sinead O’Connor, LCSW
   Phone: 212-367-0001
2. Clinician Pager or Emergency Contact #
3. Clinician Name: 
   Phone: 
4. Local Urgent Care Services: GMHC 31 Clinic After hours line
   Urgent Care Services Address: 
   Urgent Care Services Phone: 212-367-0002
5. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

**Step 6:** Making the environment safe:
1. I am going to delete my ex from my facebook profile
2. I am going give my pain meds to my best friend

The one thing that is most important to me and worth living for is:

My dog
Applications for Clinical Skills
(formal programmatic changes)

GMHC'S HOUSING PROGRAM
- Funded by DOHMH - HOPWA
- 25 units
- Clients must be undocumented immigrants living with HIV

Access to Care
100% Occupancy
Access to Legal & Entitlement Services
Applications for Clinical Skills
(formal programmatic changes)

At former agency, clients did not pay rent, which is a contract violation.

GMHC treats rent collection as clinical intervention.

Rent Collection Process

Clients are now paying rent on time or in advance.

Staff trained in Motivational Interviewing practices.
Applications for Clinical Skills
(formal programmatic changes)

Rent Collection
Collected Amount / Expected Amount

60% of expected January rent was paid in December due to the targeted intervention.

93% of expected December rent was paid on time
Conclusions

• Non-clinical staff are interested in clinical trainings!
• Benefits of providing clinical training:
  • Improved understanding of underlying barriers to care and improved communication with clients
  • Shared sense of purpose and understanding of complex needs of clients cross-departmentally (e.g., via shared language)
  • Increased referrals to mental health department
  • Improved workplace/management skills
  • Formalized program success
QUESTIONS?

THANK YOU!

Jesse Wilkinson, MA
Director of Research and Evaluation
GMHC
(212) 367-1561
jessew@gmhc.org