

# Engaging Clinicians and Staff

Using a framework of compassion  
to design clinician and staff training  
programs

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# Intentions for session

- Understand how shame affects our behavior and relationships
- Propose a framework for staff support
- Identify examples of how VFC has reduced stigma through staff support
- Offer approaches to engage and educate care teams to provide compassionate care to people who use alcohol and other drugs

# My lens

- White; able-bodied; cis man; straight
- LCSW
- Stable relationship with alcohol and other drugs
- Work history in jails, courts, abolitionist grass roots, tenants rights
- Following the lead of harm reduction practitioners and learning from restorative justice practices of American Indigenous people

# What we bring

- Vicarious trauma
- Lived experience of oppression, stigmatization and substance use
- The interweaving of intersectionality
- Recognizing work and legacy



# Why we are here – Breakout 5 minutes

- Turn to the person next to you. Ask them “What motivates you to do this work.” Not what inspires you, this is different. Try to be honest about why you chose this field and/or your specific job.
- For example: >>>>

I am sometimes motivated by a fear of feeling that my life has no purpose.



# Shame

- A feeling about who we are—a sense of being wrong or inadequate E.g.: “I’m not good enough.”
- Different from guilt which is about something we’ve done.
- Does not belong to anyone – it arises in relationships

# Shame is uncomfortable

- Often leads to avoidant behaviors (Baier, 2012)
  - Control (bullying, perfectionism)
  - Avoid (depression/isolation, addiction)
  - Stop feeling (addiction, suicide)
- The desire to hide; avoid calling attention to oneself; overuse of words
- The distress of our own shame is heightened when we are with people who are also experiencing shame



# Reflection—Breakout 5 minutes

- In what ways do you notice this type of shame-response in your work space?





# What we have learned from one another

- Shame is relational and can lead to stigmatizing attitudes and behaviors:
- Addicts are \_\_\_\_\_
- People who use drugs are \_\_\_\_\_
- If I can't help, I am \_\_\_\_\_
- Doctors should \_\_\_\_\_



# Survey results – placeholder



# Healthcare as a context

- Dyadic relationships in medicine “the sacred relationship between doctor and patient”
- Shame and relapse are associated (Randles, D., & Tracy, J. L. (2013).)
- Under reporting of drug use (Bone, C. et al 2016)
  - Amphetamines 66%; opiates 45%; cocaine 14%; MJ 7%

# Functions of Stigma – The “3Ds”

Shame’s cousin...

- **Difference** – Keep people out
- **Danger** – Keep people away
- **Discriminate** – Keep people down

(Harm Reduction Coalition, 2012)

- Note that these stem from shame responses to control and avoid



# Venice Family Clinic – Context

- A sign on our door *“If you are intoxicated you will not be seen.”*
- 2012 SUMMIT study is an idea – preparation stage of change
- Two areas of focus 1) Organizational readiness AND LATER 2) Collaborative Care Intervention

# Growth process at VFC – Results from RAND study

- The clinic and its staff stigmatized participants
  - “The clinic may attract too many SUD patients who would disrupt the clinic” (DISCRIMINATE)
  - “SUD treatment should have a dedicated provider or specialty clinic” (DIFFERENCE)
- Underlying shame
  - *“I won’t be able to help.” “I can’t control the impulsivity of my children, how can I see that many PWUD” “I won’t succeed” “I need to have answers”*

# Leadership matters

- If you decide it's important, model it
- Trauma informed care and harm reduction workshops
- Trauma Ready, Unconditionally Supportive and Thriving (TRUST) Committee
- Say yes to funding and opportunities that support staff cohesion and relationships
- How I am able to focus on these issues – support

# Support

- “Support is that which enables.” –Lynne Jacobs
- Fundamentally, support is “being met”... The opposite of support is absence, or withdrawal, pulling away, being treated as if I don’t belong.” (Armin Baier, 2017)





# Discovery phase of support

- It doesn't all happen at once
- Without dialogue, we probably don't understand where our colleagues are coming from
- Open-ended questions Affirm Reflective listening and Summarize OARS in relationships



# Ideas for support

- Because shame is created in relationship, it must be healed in relationship (Baier, 2017)
  - Prioritize groups
- Structure staff meetings so that people can voice concerns
  - In what way did you take that interaction home with you?
  - Name one thing you'd like to leave here and one thing you'd like to take with you.

# VFC – What we have been doing

- The topic of staff support arises in unexpected places
- Example: staff safety → people who use drugs! → dialogue in operations meeting → survey → workflow issues → piloting abbreviated workflow
- Responding to dialogue and information rather than compounding shame



# Examples of support...

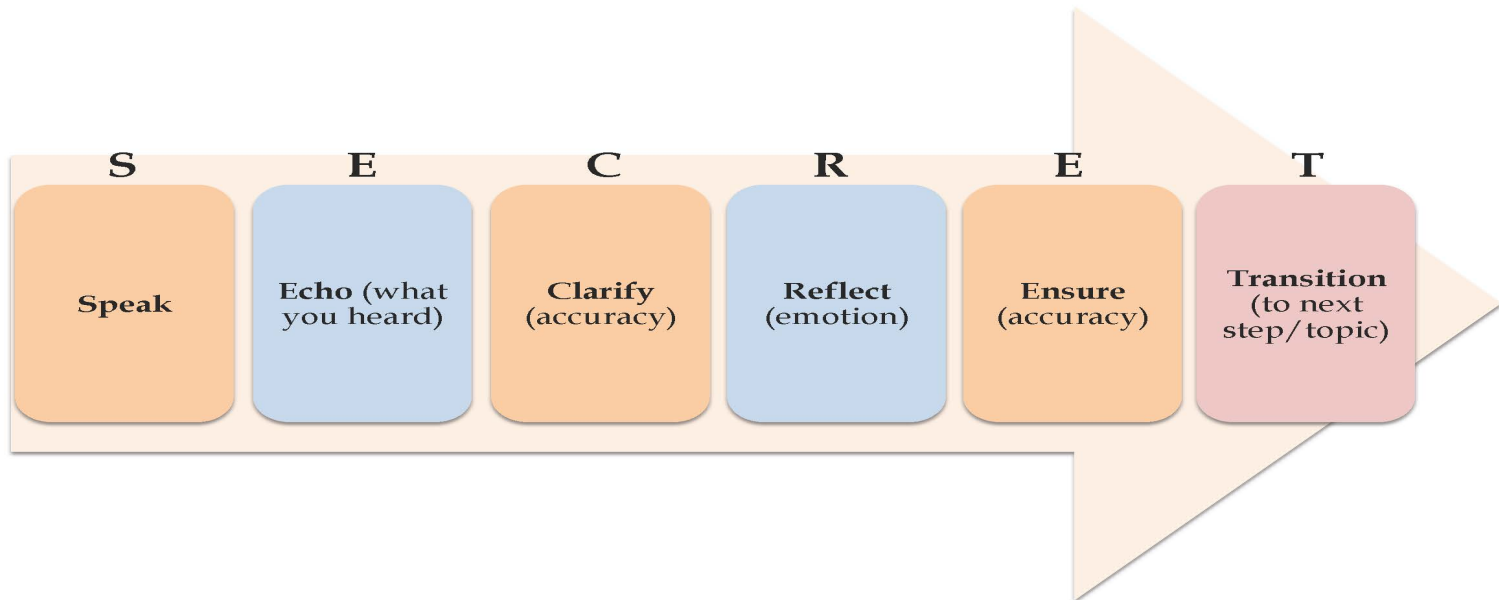
Provider voice – Option 1	Notes	Provider voice – Option 2	Notes
“You’re not taking any benzos, right?”	<p><i>Shaming; an affirmative answer increases shame.</i></p> <p><i>Yes or no questions cut off dialogue</i></p>	<p><i>How are you doing with the Valium?</i></p> <p><i>How has your use/dose changed since we last met?</i></p>	<p><i>Open ended; impartial re outcome; communicates that issue of rx is important to provider.</i></p>
“Did you take the medicine the way we discussed last time?”	<p><i>Implied power dynamic</i></p> <p><i>Pressure on pt’s memory instead of building trust. Yes or no question limits discussion of health challenges re rx adherence or SE</i></p>	<p><i>How has it been for you to take the medicine? Sometimes it can be tricky to remember—what helps to remind you? What questions do you have about your medicine?</i></p>	<p><i>Acknowledges challenges of taking rx and the reality that our memories are imprecise. Empathy → pt experience is centered. Opens for dialogue and education about rx.</i></p>

# Examples of support...

## The SECRET to Effective Communication: Active Listening



A THOUSAND JOYS  
*empower yourself, transform your world*



# Examples of support...



## Venice Family Clinic STAFF SYMPOSIUM

The symposium explores VFC's innovative clinical programs as well as training on social determinants of health, trauma informed care, harm reduction, and workplace communications. Featured speakers will include internal staff as well as visiting experts. Additional details to come via email.

**FRIDAY OCTOBER 12<sup>th</sup> • ALL DAY • 9am - 5pm**

**VETERANS MEMORIAL PARK**  
4117 Overland Avenue, Culver City

**This event is a required training for all VFC staff.**

All requests for leave on this day need to be reviewed by your supervisor.



# Workshop ideas

- Prioritize group learning
- Survey and follow-up
- Follow workflow (security; front desk; MA/Nursing; provider; behavioral health)
- In-vivo feedback using NVC or MI
- All clinic staff are important



# Lessons

- Don't underestimate shame
- Believe your coworkers when they express their struggle—always
- Leadership matters
- Know what motivates you and your team --- And your participants!





# Questions/Feedback

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