



Rose House All Staff Training

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- Wellness and Recovery Focused
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Who We Are

A Paradigm shift
Moving Towards Wellness
Wellness and Recovery Focused

We are a Paradigm Shift

Rose House is more than a program or model. **The Rose House is a paradigm shift or change agent in wellness and aims at evolving the culture of wellness and recovery towards an expectation that people can and will do better based on respectful engagement and mutuality.** It is our intention that the good work and outcomes of the service will be recognized and embraced to evolve into the norm of behavioral health services in our communities in the coming years.

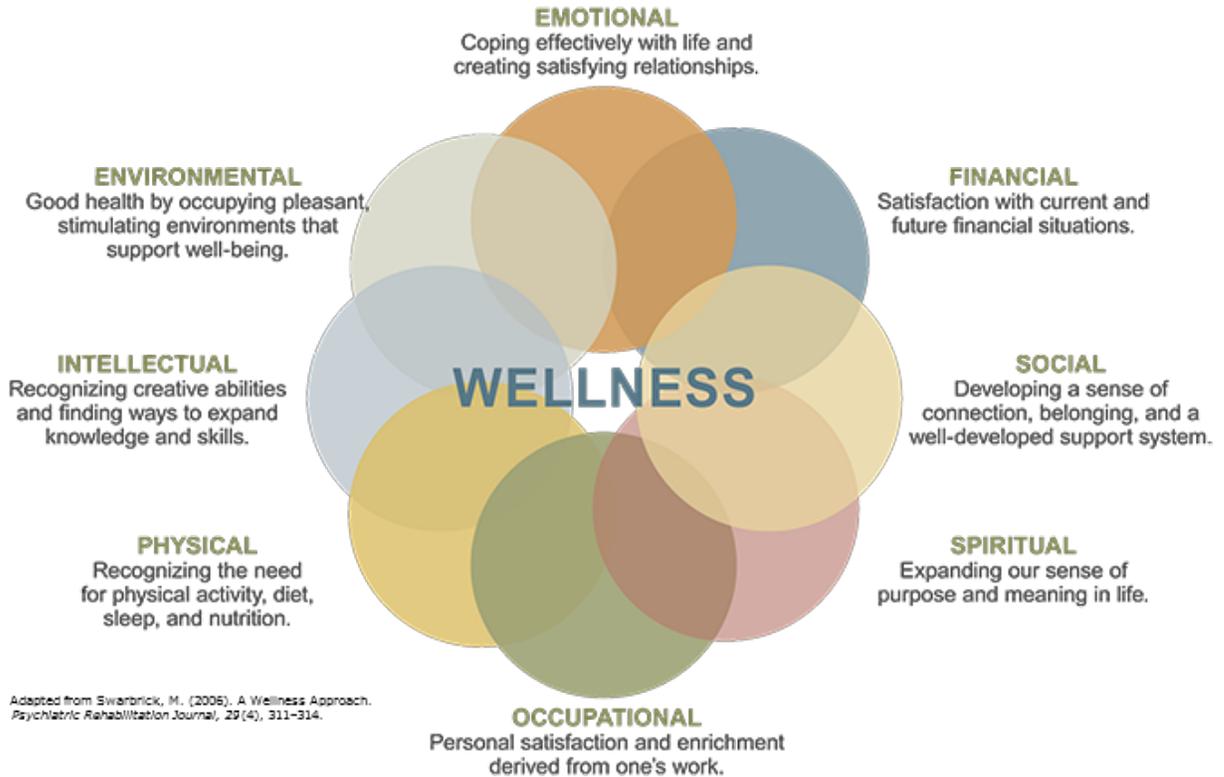
We Are Always Moving Toward Wellness

The Rose House service is a safe, supportive, empowering alternative to traditional services and inpatient admissions. The Rose House is person-centered where the individual's choices are respected. Our purpose is to create a safe environment with necessary supports to assist individuals living serious mental illness maintain wellness while they continue to work towards recovery and wellness.

Wellness

“Wellness is not the absence of disease, illness or stress, but the presence of purpose in life, active involvement in satisfying work and play, joyful relationships, a healthy body and living environment, and happiness. Wellness means overall well-being. It incorporates the 8 dimensions.

Each aspect of wellness can affect overall quality of life, so it is important to consider all aspects of health. This is especially important for people with mental health and substance use conditions because wellness directly relates to the quality and longevity of your life.” *SAMSHA Website*



We are Wellness and Recovery Focused

History: From Medical Models to Wellness/Recovery Models

The mental health industry in our nation has relied on the traditional “medical model” of care for many years. The hospital diversion service is primarily a wellness/recovery model; however it is imperative that there be a relationship with traditional local mental health providers to compliment the continuum of care for people in need of appropriate services.

1. **Medical Model** – Historically the industry has followed this level of service delivery. Below is an explanation of what this model has traditionally offered:
 - The Medical model has long focused on symptom management, illness of the person, deficiencies and/or weaknesses, and “incapacity”
 - The Primary role of the medical model “patient” has *primarily* focused on treatment goals that address symptom management.
 - People receiving mental health services are often expected to adhere to

- the advice of the professional.
- Service providers often prescribe what “they” feel is in the best interest of the individual receiving services
 - In the medical model, the motivation for a person receiving services is often based on fear and/or punitive action in an attempt to have the person comply or adhere to treatment.
 - The service system may exclude persons or duplicate efforts or have separate access for persons with multiple issues such as addiction/substance use, developmental issues, criminal histories, etc..
 - Mental Health services are traditionally embedded within the mental health system and have not always utilized natural supports that promote recovery and wellness.

Discussion: Why is it imperative that there be a good relationship with traditional providers of services and with the community in general?

Below are some of the benefits attributed to the medical model:

- Immediate acute care for people experiencing severe emotional distress has been beneficial (though inconsistent)
- The medical model is available 24 hours a day/7 days a week, usually relying on emergency department services or police, ambulance, and/or mobile crisis teams

Discussion: Given familiarity of the traditional medical model, are there additional benefits?

Below are some of the challenges/barriers to recovery and wellness attributed to the medical model:

- An over-reliance on labels, illness-based values, and weakness approach
- A failure to appreciate/understand the significance of a person’s experiences (internal and external)
- Lack of trust between “patient” and provider, as a healthy mutual relationship is often not developed.
- Need for a partnership in developing common goals toward recovery.
- Need for a system designed to address multiple issues in a seamless manner.

Discussion: Are there other potential challenges/barriers/issues with the traditional medical model of crisis care?

2. Wellness/Recovery Models – Below is an illustration on the Wellness/Recovery Model that has been embraced and supported by peer services and organizations over the years:

- Wellness/Recovery service delivery utilizes a multi-dimensional, holistic approach
- The approach seeks to establish or re-establish individualized valued roles in pursuit of recovery goals
- Persons served are empowered to assume personal responsibility for health and lifestyle
- Staff/providers offer education, guidance, and support
- Recovery and Wellness approach includes whole health that is self-determined.
- Person is guided/educated to assume personal responsibility for monitoring healthy behaviors and increasing activities in dimensions where the person perceives an imbalance
- Medication/Treatment is based on informed choice
- Systems integration assists persons with co-occurring disorders
- Emphasis on the use of natural community resources

Below are some of the benefits to a Wellness/Recovery service:

- Tends to build a strategic alliance between the providers and persons served
- Approach is not necessarily time limited
- Individual goals are person-centered, promoting empowerment and self-determination
- Outcomes are more focused on quality of life
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Discussion: Are there additional benefits to implementation of the Wellness/Recovery approach?

Below are some challenges to the Wellness and Recovery model:

- Can fragment service delivery among traditional service providers and peer services

- May be limited in funding, which can result in limited service capacity
- Wellness/Recovery model is not widely accepted in the traditional world and the infusion of clinical/medical/wellness/recovery continues to be a work in progress
- Resource and knowledge base of wellness and recovery in terms of alternative approaches on the local level is not always up to date

Discussion: Are there additional challenges to the Wellness/Recovery approach?

Developing a wellness/recovery approach to crisis is difficult to operate in a vacuum or silo. As the systemic re-design of behavioral health develops in our nation, one of the most prominent discussions is the development of “integrated systems of care.” This means care that is collaborative and complimentary to one’s needs towards recovery and wellness.

Examples of Recovery/Wellness models:

There are models of care that are gaining increased acceptance in the behavioral health community, but are not the norm to date. Below are just two examples of recovery/wellness models in the context of diversion and respite services:

Soteria House

The Soteria House was developed by Dr. Loren Moshier, a psychiatrist living in California. The Soteria House opened in 1971, and the original House closed in 1983 due to lack of funding. Soteria is a Greek word meaning “salvation” or “deliverance.” The Soteria method can be characterized as the 24 hour a day application of interpersonal phenomenological interventions by a non-professional staff, usually without neuroleptic drug treatment, in the context of a small, homelike, quiet, supportive, protective, and tolerant social environment.

i. Benefits

The benefits of the Soteria house model are the way in which people are engaged and cared for in an environment that is operated by peers with the lived experience.

People are permitted to stay for up to 6 months and are free to exhibit behaviors that are not usually tolerated in a more clinical setting. The key to the successes of the Soteria House has been the relationships and trust

that have developed in a healthier manner than traditional hospital settings or clinical crisis settings.

ii. Challenges

The Soteria Houses in California lost funding and closed; however, there is one in Alaska operating successfully at this time. The challenges that the house faces are similar to the challenges of the other diversion houses in existence, such as providing support for staff, experiencing unusual circumstances of guests, and on-going funding to assure quality service.

Discrimination from the mental health community is a constant burden to the existence of the Soteria model, as we live in a risk management world with the fear of perceived violence.

Diversion/Respite Models

There are currently at least 19 reported diversion houses in the United States and several world-wide that are similar to the service described in this document. They are peer run and/or operated and vary in length of stay, geography, capacity, and cost. However there are basic values that they operate by that are very similar in terms of recovery and alleviating distress while teaching guests about new tools to avoid crisis in the future.

ii. Benefits of Diversion/Respite Services

The benefits have been improved outcomes for individuals that have used the services. People have been able to avoid hospitalizations, and the recurring trauma that can be associated with repeat visits to emergency departments or crisis centers. The costs of operating diversion services is often much less than the cost of emergency services, so this method is proving to be an effective cost saver for communities.

iii. Challenges to Diversion/Respite Services

The challenges are usually funding issues, since such services are not globally accepted at this point. It is hoped that through additional research there will be growing evidence that the service will be available in all areas in the nation in the not too distant future.

Additional challenges focus on the support that staff need to operate the services successfully. There are times when the house may be filled with

stressful situations, and guests and staff. Staff will require support of one another, as well as the support from administration in the event it is indicated. It is important to allow time to build an open relationship with staff so that as issues arise there is an outlet for support and problem solving.

Since most of these diversion services are limited in funding there has not been adequate research that supports the empirical data showing improved outcomes for people utilizing them. Dr. Dan Fisher, Executive Director of the National Empowerment Center states that we have “practice based evidence” of our successes. Additional research must be done to support the proliferation of the services nationwide.

Additional references:

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- Burns-Lynch, B., & Salzer, M. (2001). Adopting innovations: Lessons learned from a peer based hospital diversion program. *Community Mental Health Journal*, 37(6), 511-521
- Fenton, W. S., Mosher, L.R., Herrell, J.M. & Blyler, C. (1998). Randomized trial of general hospital and residential alternative care for patients with severe and persistent mental illness. *American Journal of Psychiatry*, 155(4), 516-522.

Recovery – The 10 Rules

Exercise: This exercise is designed to bring awareness to the values and mission development of operating a diversion service. Below are 10 rules that over 40,000 New Yorkers agreed to in a document commissioned by the New York State Office of Mental Health in 2003¹. These rules have been applied to the services that the Rose Houses in New York have followed over the past 8 years.

Break up into groups and develop possible answers to each rule.

Review the rules listed below and in your groups discuss this question:

“If this rule was the expectation at the beginning of my experience how would my experience have been affected or have been different?

(Write your answers in the appropriate space on the following pages for the specific rules you are assigned)

¹ New York State Office of Mental Health. (2004, September). *Infusing recovery-based principles into mental health services: A white paper by people who are New York State consumers, survivors, patients, and ex-patients.* Albany, NY: Author.

**RULE #1:
There Must Be “Informed Choice”**

MD/Psychiatrist/Therapist must inform recipients of short term and long term side effects of medication prior to prescribing them

Medication side effects may differ depending on cultural background

Individuals should be informed of all treatment options including alternatives to clinical treatment i.e., holistic, peer support services, etc.

Educated and offered options rather than decisions being made for me.

Given adequate time to make a choice

**RULE #2:
It Must Be “Recovery Focused”**

People should be able to move forward at their own pace without judgment or labels

The dignity of risk and the right to failure

Treat the whole person within the context of their lives

Cultural and language related barriers will need to be removed to assure that the recovery message reaches everyone

**RULE #3:
It Must Be “Person Centered”**

Elimination of Restraints and Seclusion

Elimination of Punitive Care

Forced treatment must be considered a system failure

Implement any Advanced Directive or Wellness Recovery Action Plan (WRAP) before reacting to a situation

**RULE #4:
Do No Harm**

The person is the expert on his or her own life

Treat the person in context of their circumstances, not as a diagnosis

Develop common goals

Openness and honesty between all parties

**RULE #5:
There Must Be Free Access to Records**

Having immediate access to all records

Consumer participation in record keeping

Eliminating fees for record retrieval

Processing request for copies in a timely manner

Recording accurately and openly

**RULE #6:
It must be Based on Trust**

Adherence to confidentiality

Open & direct communication about the medication effects & side effects

Active listening and responding

Building trust through clear expectations

Trusting consumers to make their own decisions

**RULE #7:
It Must Have a Focus on Cultural
Values**

Making treatment sensitive to religious beliefs, sexual orientation, gender differences, culture & ethnicity

Hiring staff that is reflective of the community the program serves

Training staff on how to provide culturally competent services

**RULE #8:
It Must Be Knowledge Based**

Knowledge of all options supporting wellness and recovery (not just those that are evidence based)

Consider the person using services to be part of the knowledge base

Educating patient about their rights in the spirit of genuine informed choice

**RULE #9:
It Must Be Based On a Partnership
Between Consumer & Provider**

Consumer choice in selecting a provider

Agreement on goals by both parties

Elimination of a treatment system based on punishment

Sessions that are open to negotiation

**RULE #10:
There Must Be Access to Care Regardless of
Benefits/Lack of Benefits**

Treatment that is dictated by individual need, not by the ability to pay (equal treatment)

Having the opportunity to get a second opinion

Having a choice of using alternative forms of treatment

What impacted you most that is something you want to remember, build-on, reinforce, discuss in more detail, ask for more information, etc?

How We Move Towards Wellness

Trauma Informed Peer Support Peer Support

Trauma Informed Peer Support Peer Support is able to use lived experience to inspire hope in those living with serious mental illness and their families or other supports by demonstrating the ability to recover.

Mutuality

The Rose House is a peer-operated house designed to assist fellow peers in diverting from psychiatric distress which may lead to hospitalization.

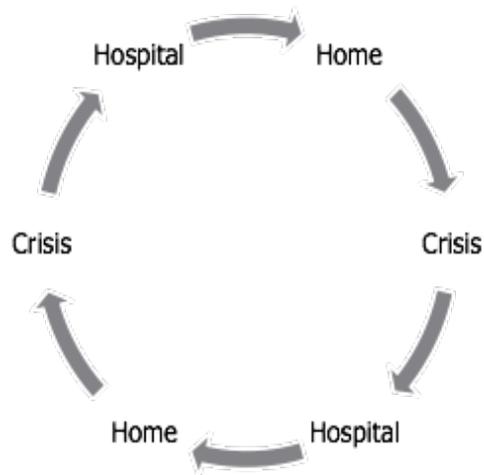
We are an organization made up of people with the lived experience of living with emotional challenges, events of personal distress and living with varied crises in our lifetime. Through the challenges that we have endured, we all learned something. We learned how to cope with crises and we learned how to move towards a quality of life that is a personal improvement. We also understand that our personal recoveries were just that: Personal. Our experience is our own.

Our mutuality allows us to listen to people that are experiencing disruption in their lives and it gives us the opportunity to respond in a way that offers new options and life skills so that our guests can decide what path to take in re-thinking crises.

Helping others look at crisis differently

Mutuality assists us in helping guests look at crisis differently. It helps guest look at crisis as opportunity. In helping people look at crisis differently we have the opportunity to hear from each guest what has happened to them. As we listen, we gain knowledge on how to look at every person uniquely allowing us to formulate a strategy to offer each guest ways in which they can avoid cyclical crises in the future. We ask "How's that working for you?" so that we understand that people do not necessarily want to continue to live a life of crisis, but these are people who need our knowledge to break the continuum of crisis.

The Rose House



Breaking The Cycle and Thinking Of Crisis Differently

How?

- We Live our Core Values
- Trauma Informed Approach in all facets of guest care and with each other.:
 - Engagement through Person Centered Listening and Language, and a trauma informed environment
- We model and utilize Trauma Informed techniques and tools as outlined in :
 - Intentional Peer Support (IPS)
 - Wellness Recovery Action Plan (WRAP)
 - Mental Health First Aid
 - Emotional CPR (eCPR),
 - Motivational Interviewing
 - SafeTALK,
 - Applied Suicide Intervention Skills Training (ASIST)

At the Rose House We Work by our Core Values

Core Values/Beliefs of a Success Diversion House Recovery Model

Core Values are often attached to an organization's mission development. This module is designed to develop and then recognize what behaviors will be exhibited to support each core value. Let's look at some examples of Core Values/Beliefs that have been used the Rose House

1. **Hope**
2. **Resiliency**
3. **Respect**
4. **Genuineness**
5. **Specificity**
6. **Empathy**
7. **Positive Expectation**
8. **Integrity**

Exercise: *It is important that understand and agree on the specific behaviors that clearly define these Values/Beliefs. How would you know if someone was treating you in this manner? What specific behaviors would you engage in to show someone you were treating them in this manner? Break up into your group and discuss what core values/beliefs that your agree on and write the types of behaviors that would support them.)*

Hope	Resiliency	Respect	Genuineness

<u>Specificity</u>	<u>Empathy</u>	<u>Positive Expectation</u>	<u>Integrity</u>

In this exercise you defined core values/beliefs that are important to the success of your service. Why is it important to define behaviors that support those core values/beliefs

Additional Discussion: As a whole group/team briefly discuss and offer additional values that you may feel are necessary to the success of the diversion service and build in the behaviors behind those new values below:

Additional Core Values & Behaviors to support them

Rose House Core Values and The Behaviors that Support them

1. **Hope:**

- a. Genuinely ask the person for his or her "story".
- b. Be physically engaged in listening to the story
- c. Staff may share their own personal stories of hope

- d. Staff inform guests that they are not alone and others have shared similar situations and feelings.
- e. Departure from Rose House stay instills hope.

2. Resiliency:

- a. Appreciating guests' vulnerabilities from their story and celebrating the strength they have demonstrated
- b. Pointing out strength based observations to the guest
- c. Affirming a positive direction
- d. Bounce back when faced with people who are discouraged or upset
- e. Thinking of crisis differently

3. Respect:

- a. Giving individuals personal space
- b. Giving people uninterrupted time to tell their story (speak only when the guest isn't)
- c. Fully informing guests of all aspects of their stay at the Rose House and ensuring they understand all aspects.
- d. Believe in the power of the individual to solve their problems

4. Genuineness:

- a. Engagement through providing your full attention and make eye contact
- b. Ask meaningful questions that reflect the individual's story.
- c. Validating a guest through specifically understanding what the guest is communicating
- d. Always be honest

5. Specificity:

- a. Ensuring transparency in all aspects of a guest's stay

- b. Providing details- date, time, location, etc.
- c. Explain clear expectations of the guest, ask for understanding.
- d. Explain what the guest can expect from the Rose House.
- e. Always check in with the guest to ensure that she/he understands or is understood.

6. Empathy:

- a. Show understanding of what the person is feeling in a non-judgemental way.
- b. Ask permission to share your story before doing so
- c. Being clear that the Rose House is designed to address issues that may not feel comfortable at times.
- d. Ensuring safety during the guest's stay.

7. Positive Expectations:

- a. Greeting the guest with a warm smile, the Rose House staff member should introduce themselves by name.
- b. Saying to everyone walking through the door, "Welcome, my name is _____. How can we help?"
- c. Letting the guest know that we are glad they came to the Rose House.
- d. Recovery/Wellness is always mentioned/discussed or explored through the guest's stay.

8. Integrity:

- a. Always follow through on service promises
- b. Follow through in a timely manner
- c. Accept criticism and address it immediately
- d. Delivering the service the way it was designed every time.
- e. Establishing and adhering to personal boundaries respectfully
- f. If the concept of personal boundaries is not clear to the guest, talk about it openly when they are ready to.

Recovery/Wellness is also a Rose House Core Value. When speaking of recovery, there is not a consistent understanding of what recovery actually is. Some prefer to not use the term recovery as it does not always delineate a clear definition.

Value/Beliefs Assessment Exercise

Part 1:

To continue with how values and beliefs affect the service and/or cultural congruence, think about an environment that you have entered where the core values have been placed in view of customers. Have you experienced an environment or service that did not behave in conjunction with those core values? If so, what did it feel like? Write down 2-3 descriptive, feeling words to describe the emotions of being in an environment like that?

Part 2:

Have you ever walked into, or worked in a service/environment/program where you experienced all or most of the values that were visible? If so, what did it feel like? Write down 2-3 descriptive, feeling words to describe the emotions of being in an environment like that?

Part 3:

Which environment of values would you prefer to live and/or work in? Why?

Who is in control of creating and maintaining the type of environment of values most conducive to fostering the Diversion House Recovery service? Why do you believe that to be so?

Note: Cultural congruency/competence/sensitivity will be an-going discussion as we move forward in this training and in the development of your services.

At the Rose House, We Use Trauma Informed Approach with Guests and with Each Other

Trauma

Trauma is extreme stress brought on by shocking or unexpected circumstances or events that overwhelm a person's ability to cope.

- Results in feeling of hopelessness, extreme fear or horror.
- Threats are perceived as psychological and or bodily violation, threat of death, or serious injury to self or a loved one.
- The event may be witnessed or experienced directly.
- Trauma is wide spread - studies show that 85% of people with psychiatric diagnosis are trauma survivors.
- Nearly 100% of incarcerated women are trauma survivors.
- Survivors may be responding to the present through the lens of their past
- Things survivors do to cope may be misinterpreted by others as "non-compliance."

[MHEP Trauma Informed Peer Support]

Trauma Informed Care through our commitment to Empowerment, Engagement, Transparency and the Expectation of Recovery.

The Rose House is committed to using a Trauma Informed Approach in all facets of guest care. This strengths based approach informs:

- The design of guest care from the initial phone contact to the transparency of our orientation to post departure connection.
- The language, listening and communication tools used
- The environmental components of each house

What is Trauma Informed Care?

Trauma Informed Care is a strengths based service delivery approach “that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment” (Hooper, Bassuk and Olivet, 2010 p.82).

It involves vigilance in anticipating and avoiding institutional processes and individual practices that are likely to traumatize individuals who already have a history of trauma and it upholds the importance of consumer participation in the development, delivery and evaluation of services. (SAMSHA, TIP 57 pg xix).

Trauma Informed Care is a paradigm shift that changes the opening question from “What’s wrong with you?” (patient or consumer) to “What has happened to you?” (survivor).

Trauma Informed Care is initiated by the assumption that every person seeking services is a trauma survivor who designs his or her own path to healing, facilitated by support and mentoring from a service provider. In a trauma informed environment, survivors are empowered to proactively set goals and to manage progress towards those goals.

For most organizations or programs, that requires movement from a traditional “top down” hierarchical clinical model to a psychosocial empowerment partnership that embraces all possible tools and paths to healing. (Salasin, 2011, pg.18)

Many people who have been diagnosed and experienced the traditional mental health system of care most likely have been traumatized in some way. Many of us have an idea of how trauma has touched our lives, but not everyone is cognizant of the effects of trauma on others. In fact we often don't know who has experienced trauma and it is a good management decision to treat everyone as if they have had some sort of experience of trauma at some point in their lives. Therefore, a more sensitive approach can only support improved care for all individuals we serve.

Below are some suggestions of how to treat people in a trauma informed environment/service:

- Treating each guest/person as if he/she has the lived experience of trauma
- Understand that some traditional treatment methods may make symptoms/emotions worse in people who have experienced trauma
- Respecting each guest/person and keeping them informed of all aspects of the service
- Working with the guest collaboratively in an empowering fashion
- Understanding that guests/people that have experienced crisis services such as hospital emergency rooms or clinical crisis teams and centers may have experienced Iatrogenic Treatment - describes a symptom or illness brought on unintentionally by something that a doctor does or says. This is important to understand in that a guest/person that may have experienced this

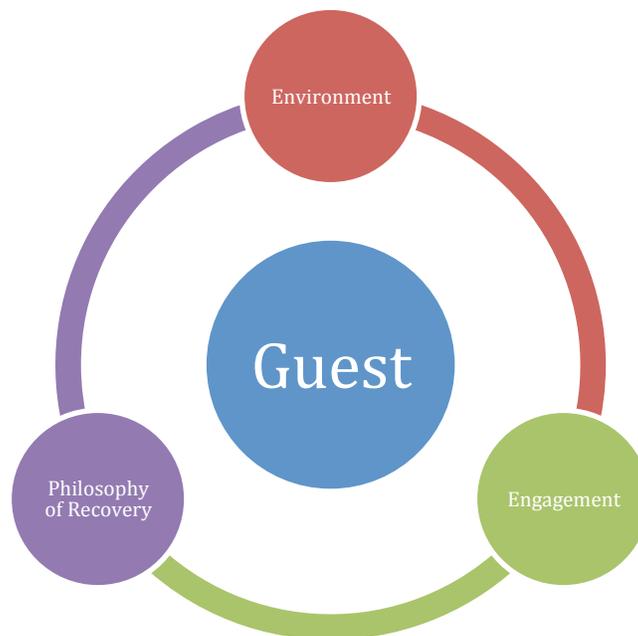
repeatedly may be “expecting this behavior when coming into the house

- Discussing the philosophy of the diversion service and the flow of the service with the guest is important in assuring that the relationship remains transparent and honest

What makes the Rose House successful?

Our experience has shown us three prevalent factors that have contributed to the success of providing diversion services. They are:

- Environment
- Philosophy/Value of Recovery
- Engagement



Environment – Think about the environment that you live in. How do you want your environment to look, feel, and offer comfort? In a diversion service, the environment should be one that is comfortable and conducive to:

- Being physically pleasant and welcoming
- Privacy
- One-to-one engagement/interaction
- Offering structure in a way that offers adequate and comfortable space for a variety of activities offered by the service

Philosophy of Recovery – The philosophy and values that support recovery not only being possible, but being the expectation in the service can be bold and very beneficial to the guest. By raising the bar on expectations humans begin to behave in a way that support those expectations and support moving firmly into the recovery model.

Engagement – From the moment a potential guest contacts the Rose House, to walking through the door, and leaving the service, the issue of engagement makes or breaks the service. We will be spending considerable time discussing engagement and how important and vital it is to operating a successful diversion service. While environment and philosophy are important building blocks to the design, engagement is the human relationship that is so vital to creating a safe, empowering, self-determined learning community. Successful engagement allows guests to move from crisis to calm and toward a more self-determined and improved quality of life.

Engagement

At the Rose House, engagement is a partnership between staff and the guest based on respect and dignity and can deliver the message that “Recovery is the Expectation”. Engagement builds trust through genuine interest in a guest’s welfare and can foster self-determination. Engagement can help guests think of crisis differently.

Guest care is the focus of every Rose House shift. By using the principles of successful engagement, staff will always be cognizant

of each guest and ensure they are available and present. These principles help us stay focused on the guest and to help us provide the best service to guests during their stay.

Engagement – The Engaging Environment Is The Key to Success

The three engagement components that contribute to successful engagement:

1. Environment
2. Communication/Listening
3. Language

Engagement: A definition - an arrangement to meet or be present at a specified time and place.

Why is Engagement Important?

- It builds trust that you are genuinely interested in the person's welfare
- May improve recovery outcomes.
- May decrease fear of punitive actions or behaviors (if you are decreasing the fear it means the relationship is more trusting and people are no longer afraid to say what's on their mind and they do not fear repercussions for expressing how they are feeling.)
- It fosters self-determination and encourages the individual to try something different in hope of getting a different result (even if it means deciding to go back and still work within the Medical Model as their self-determined choice in the moment).
- Higher quality relationships between individuals and service providers.
- Trust increases between both parties

- Trust leads to honesty and transparency, which gets to the truth of what's happening to the individual and what's possible for the individual.

Engagement is...

About building relationships between the:

- The guest
- Local Community Service provider in the best interest of the guest
- Service environment within the house (how engaging is the environment?)
- Neighbors

The best environments create...

TRUST

Which leads to...

- a sense of empowerment
- a desire for self-determination
- better life decisions

What does Engagement at the Rose House look like?

Engagement at the Rose House uses:

- Empowering Language,
- Person Centered Listening,
- Motivational Interviewing and Decision making that respects the dignity of risk in an environment that facilitates the healing process.
- Trauma Informed Environmental scans
- Trauma informed Team Agreements and staff communication

Empowering Language

When speaking and providing peer support, empowering language and person centered listening are critical.

Use "I" statements.

- "I feel confused; Help me understand." Rather than: "You're not making any sense, you're confusing me".

Use statements that empower.

- "What can I do to assist you in your recovery"? Rather than: "You need to take this medication and follow the treatment plan."

Use people first language.

- "We serve people living with mental illness". Rather than "We work with mentally ill people".
-

Language to avoid:

- "I know how you're feeling"
- "You should do this....."
- "I know what's wrong with you" or "What's wrong?"

Use statements that empower and show you are listening such as :

- "It sounds like you feel..."
- "Please explain more and help me understand why you may feel that way?"
- "What you like to do about it?"
- "Here is what I heard you say"
- "Please tell me what happened to you to get you here today?"
- "What is helpful in this situation?"

Person Centered Listening

We coined this phrase after understanding that in a traditional system of care people are listened to as "patients with symptoms" and not so much as "a single individual that is attempting to "tell" one's story." The story and good listening is what contributes to the trusting relationship that is necessary to focus on life's solutions. It creates a very different and collegial relationship that can become transparent and honest.

Some of the components that lend to respect and trust and healthier relationships are:

- Asking guests to "share" one's story and actively listening ("What happened to you?")

- Allowing guests to discuss and/or choose options that may lead to “failure” (Is failure a learned response to a chronically stressful situation?)
- Planning proactively for potential “failure” or actions that can be followed through in the event that “crisis” returns
- Visiting the term “failure”. We should understand that it is more helpful to view life experiences that may be seen as failure(s) can be classified as “learning experience(s)”. The mutuality of peer to peer relations can better provide definition of how we can learn and grow from our lived experience(s).
- Discussing risk factors in a non-judgmental, pro-active, positive manner
- Allowing guests to brainstorm and come up with their own solutions to an issue
- Allowing guests to choose the solution they wish to try even though it may not have been the solution you would have chosen

Sharing your concerns, fears and potential risks while still allowing guests to make the final decision

Person Centered Listening is active listening, being fully present and aware of what someone is saying, feeling, experiencing and how they are behaving. It is void of distractions. (McKay, Davis, Fanning. 1995)

How to be an Active Listener:

- Maintain appropriate eye contact
- Lean your body forward to illustrate that you are listening with intent.
- Avoid fidgeting or external distractions
- Do not use your cell phone at any time when engaged with a guest
- Ask to turn the TV off
- Paraphrase the guest when he or she is done speaking
- Ask questions to clarify (be genuinely curious)
- Listen objectively keeping personal feelings aside

Staff should be aware of a listening style to avoid:

- Comparing - Listening is hindered by how much a person is comparing him/herself to the speaker. Do not compete with the guest’s story.

- Mind-Reading – Allow the speaker to finish. Do not cut off the guests in an attempt to speed up the process or get to the truth of the matter.
- Rehearsing – Reviewing and creating our response before someone is done speaking. Do not create answer the speaker’s full message has come through.
- Filtering- We only hear part of the message because we are listening for certain things.
- Judging- Putting labels or judging people before they speak or during their comments. We miss the message when we are not listening from a neutral standpoint.
- Identifying- Always referring back one’s own experiences while someone is talking. Self-identifying too much makes us miss how that person is feeling in his/her given situation.
- Advising- Actively seeking to solve someone’s problems.
- Sparring and being right- arguing and debating with people based on personal experiences.
- Placating- agreeing with everything a person is saying so that you get approval from the speaker.
- Derailing- changing the subject being discussed because you are either bored or uncomfortable with the subject.

Motivational Interviewing

Using Motivation Interviewing techniques empowers Guests to make their own decisions. It assist Guests self-determine their own path wellness and quality of life.

[Adapted for the Rose House from handouts from Miller & Rollnick, Motivational Interviewing, 2nd Edition, 2002]

Motivational Interviewing is an “empathic, person-centered approach that prepares people for change by helping them resolve ambivalence, enhance intrinsic motivation, and build confidence to change.” (Kraybill and Morrison, 2007)

Open questions, affirmation, reflective listening, and summary reflections (OARS) are the basic techniques and skills that are used “early and often” in the motivational interviewing approach.

OARS: Open Questions

Open questions invite others to “tell their story” in their own words without leading them in a specific direction. Open questions should be used often in conversation but not exclusively. Of course, when asking open questions, you must be willing to listen to the guest’s response.

Open questions are the opposite of closed questions. Closed questions typically elicit a limited response such as “yes” or “no.”

The following examples contrast open vs. closed questions. Note how the topic is the same, but the responses will be very different:

- Did you have a good relationship with your parents?
- What can you tell me about your relationship with your parents?

More examples of open questions:

- How can I help you with ___?
- Help me understand ___?
- How would you like things to be different?
- When would you be most likely to ___?
- What do you think you will lose if you give up ___?
- What have you tried before to make a change?
- What do you want to do next?

OARS: Affirmations

Affirmations are statements and gestures that recognize a Rose House Guest’s strengths and acknowledge behaviors that lead in the direction of positive change, no matter how big or small. Affirmations build confidence in one’s ability to change. To be effective, affirmations must be genuine and congruent.

Examples of affirming responses:

- I am glad you decided to come to the Rose House.
- You are clearly a very resourceful person.
- You handled yourself really well in that situation.
- That’s a good suggestion.
- I’ve enjoyed talking with you today.

OARS: Reflective Listening

Reflective listening is a primary skill in outreach. It is the pathway for engaging others in relationships, building trust, and fostering motivation to change. Reflective listening appears easy, but it takes hard work and skill to do well. Sometimes the “skills” we use in working with Guests do not exemplify reflective listening but instead serve as roadblocks to effective communication. Examples are misinterpreting what is said or assuming what a person needs.

It is vital to learn to *think* reflectively. This is a way of thinking that accompanies good reflective listening. It includes interest in what the person has to say and respect for the person’s inner wisdom.

Listening breakdowns occur in any of three places:

- Speaker does not say what is meant
- Listener does not hear correctly
- Listener gives a different interpretation to what the words mean

Reflective listening is meant to close the loop in communication to ensure breakdowns don’t occur. The listener’s voice turns down at the end of a reflective listening statement. This may feel presumptuous, yet it leads to clarification and greater exploration, whereas questions tend to interrupt the client’s flow.

Some people find it helpful to use some standard phrases:

- So you feel...
- It sounds like you...
- You’re wondering if...

There are three basic levels of reflective listening that may deepen or increase the intimacy and thereby change the affective tone of an interaction. In general, the depth should match the situation.

Examples of the three levels include:

- **Repeating or rephrasing:** Listener repeats or substitutes synonyms or phrases, and stays close to what the speaker has said
- **Paraphrasing:** Listener makes a restatement in which the speaker’s meaning is inferred
- **Reflection of feeling:** Listener emphasizes emotional aspects of communication through feeling statements. This is the deepest form of listening.

Varying the levels of reflection is effective in listening. Also, at times there are benefits to over-stating or under-stating a reflection. An overstated reflection may cause a person to back away from their position or belief. An understated reflection may help a person to explore a deeper commitment to the position or belief.

OARS: Summaries

Summaries are special applications of reflective listening. They can be used throughout a conversation but are particularly helpful at transition points, for example, after the guest has spoken about a particular topic, has recounted a personal experience, or when the encounter is nearing an end.

Summarizing helps to ensure that there is clear communication between the speaker and listener. Also, it can provide a stepping stone towards change.

Structure of Summaries

1) Begin with a statement indicating you are making a summary. For example:

- Let me see if I understand so far...
- Here is what I've heard. Tell me if I've missed anything.

2) Give special attention to **Change Statements**. These are statements made by the Guest that point towards a willingness to change. Miller and Rollnick (2002) have identified four types of change statements, all of which overlap significantly:

- **Problem recognition:** "My use has gotten a little out of hand at times."
- **Concern:** "If I don't stop, something bad is going to happen."
- **Intent to change:** "I'm going to do something, I'm just not sure what it is yet."
- **Optimism:** "I know I can get a handle on this problem."

3) If the person expresses ambivalence, it is useful to include both sides in the summary statement. For example: "On the one hand..., on the other hand..."

4) It can be useful to include information in summary statements from other sources (e.g., your own experience, trainings).

5) Be concise.

6) End with an invitation. For example:

- Did I miss anything?

- If that's accurate, what other points are there to consider?
- Anything you want to add or correct

7) Depending on the response of the guest to your summary statement, it may lead naturally to planning for or taking concrete steps towards the change goal.

Encourage guest to brainstorm and come up with all possible solutions to an issue. We all have learned from "failure" and have grown from the experience.

Discuss all the "risk" factors associated with a decision (pros and cons of choices) in a proactive non-judgmental way. Infusing mutuality and peer to peer contact can promote healthier choices and outcomes.

Introduction to Communicating for Engagement

The 3 Components of Congruent Communication

- Words
- Tone
- Body Language

Words:

"Sticks and stones may break my bones but words can never hurt me!"

Question: Can you think of any words someone once said to you that have hurt you and have had a long-term negative impact on you?

Tone:

Exercise: In the space next to each statement below, make a note as to the specific meaning of each statement based on the word that is emphasized in each sentence:

"I didn't tell Dave you were unreliable!"

"I **didn't** tell Dave you were unreliable!"

"I didn't **tell** Dave you were unreliable!"

"I didn't tell **Dave** you were unreliable!"

"I didn't tell Dave **you** were unreliable!"

"I didn't tell Dave you **were** unreliable!"

"I didn't tell Dave you were **unreliable!**"

Body Language:

Exercise: In the space below write some examples of closed, negative, unwelcoming body language?

Exercise: In the space below write some examples of open, positive, welcoming body language?

What impacted you most, or is something you want to remember, build-on, reinforce, discuss in more detail, ask for more information about, etc.?

Engagement Sets the Expectation for Recovery

Exercises: In small groups get together and discuss your answers to the questions below and write your answers in the spaces provided and be prepared to discuss with the whole group:

- Combining what you read and your own personal experience, what would you say gets in the way of you truly listening to another?
- And, how have your habits of listening gotten in the way of you “hearing” someone else?

The Language of Engagement:

- Avoid any statements like:
 - I know how you are feeling
 - You shouldn't feel that way
 - You should do this
 - You don't mean that
 - I know what's wrong with you
 - What's wrong with you?
 - It will get better
 - If you would just follow the program

Question: Why is it important to avoid this type of language?

- Use statements and questions like these:
 - It sounds as if you are feeling...
 - Please explain more and help me understand why you feel that way...
 - Tell me what happened to you...
 - What would be most helpful to you in this situation?
 - What would you like to do?

Question: Why is this type of language better?

Environment

3 factors that impact the success of a Rose House:

- State of the Neighborhood and House location
- State of the physical plant and its internal and external surroundings
- State of the staff in the house and how they support that environment (Team agreements are discussed in the following section)

Creating Your Environment of Engagement

1) When you walk into your own facility does it feel inviting and safe? Does the environment foster comfort and trust? How do you know?

2) What would your personal reaction be to you or a loved one utilizing the service in that environment?

Exercise:

Pair up with someone and together discuss what you believe would be the ideal environment. Think in terms of these questions and anything else you feel is vital to creating an inviting, safe, comfortable and trusting environment for you to do your best work:

1) How do you initially welcome/treat a person at your facility when they walk through your doors? Who is it that makes the initial greeting? Are they trained to greet in a friendly, non-judgmental way?

- 2) Do you invite friends or family members into the environment?
- 3) Is the guest allowed to bring comfort items of their own in (photos, etc.)?
- 4) Does the house fit in with the neighborhood?
- 5) What types of type of activities, natural supports, wellness tools, games, musical instruments, and art instruments are available?
- 6) Is the infrastructure sound, neat, clean, well kept? What is the strategy/plan to maintain the ideal environment to ensure safety and comfort?

The Rose House is committed to creating a Trauma Informed environment. The House should always strive to be a safe and inviting environment that encourages engagement, healing and recovery.

Think about the environment that you live in. How do you want your environment to look, feel, and offer comfort? At the Rose House, the environment should be one that is comfortable and conducive to:

- Being physically welcoming
- Have personal privacy
- One-to-one engagement/interaction
- Offering structure in a way that offers adequate and comfortable space for a variety of activities offered by the service

Rose House Trauma Informed Care Environmental Scan

Positive Trauma Informed Care Environment	Yes	No	Did Not Observe
Entrance well Lit			
Entrance Inviting			
Entrance well maintained			
Welcome Sign Posted			
Initial Greeting at house welcoming			
Staff is friendly respectful and caring			
Comfort/healing/meditation rooms or comfort areas are available			
Manipulatives and or soothing kits are available			
Soothing Smells			
Proper ventilation/fresh air			
Connection to outdoor space/nature is available			
Fountains or waterfalls			
Comforting music			
Staff offices are welcoming/engaging			
Art work/décor is empowering			
• Culturally diverse			
• Created by guests			
• Soothing and calming			
Clear, concise positive signage			
Guest and Staff expectations are posted in several places, clearly visible and guests are informed of their rights			
Paint colors are soothing and calming			
Carpet and flooring is safe and non-institutional			
Lighting is soothing and calming			
Trauma/stress reduction, wellness and recovery materials are available			
English and Spanish reading materials are available			
Gender specific reading materials are available			
Guest are kept informed about any changes in the day's agenda			

Offices are sound proof for confidentiality			
Assistance to complete paperwork/ and or surveys is provided if needed			
Guests are encouraged to provide feedback on their stay			
Guests are encouraged to provide immediate feedback			
Smoking area is 15-20 feet away from the building			
House offers options and choices to enhance feelings of control like:			
• privacy vs socialization			
• lighting levels			
• quiet vs active areas			
Non caffeinated drinks are available to guest			
Physical environment shows evidence of on-going attention of safe practices			
Parking lot is well lit			
Peer support available			
Recreational games, crafts, sports available			
Staff Trauma informed care training is offered			

**Non-Trauma Informed Care Environment
(No is a positive observation)**

Yes No Did Not Observe

	Yes	No	Did Not Observe
Staff Not welcoming /friendly			
Staff talk with guests from behind a desk and or completing paperwork on computer without facing guests			
Uncomfortable seating			
Chairs with arms only			
Guest kept waiting			
Paneled wood			
Signage (lists of do's, don't, no's rules. Language of oppression, we/they language)			
Separate bathrooms for staff and consumers			
Smoking area located right outside the entrance door			
Noisy Chaotic environment			
Damaged walls			
Dirty facility			

Chairs or couches that don't allow for personal space			
Slamming doors			
Loud intercom system			
Offices are not inviting/closed doors			
Religious materials available			
Religious themes			
TV on			

Overall Scan

- What was your first impression walking into the Rose House?

- Does the house facilitate healing and recovery? Yes / No

Comments:

- Does the house facilitate engagement? Yes/No

Comments:

- When you enter the Rose House, does it “feel” inviting and safe?
Yes/No **Comments:**

How would you feel if you or a loved one was being served in this environment?

Comments:

Suggestions/Ideas for improvement: (Please be detailed and specific)

III. A Rose House Stay from Pre-Registration to Check Out

GUEST QUALIFICATIONS

The Rose House is designed to assist persons in psychiatric distress, respond differently to that distress and avoid hospitalization. The house may not be appropriate for everyone in every situation. The following registration guidelines should help to identify those who can most benefit from the Rose House, while ensuring the comfort of all of our guests. Any questions about qualifying are directed to the House manager and/or Diversion Director.

A Rose House guest meets the following registration pre-requisites:

- 1) Mental health crises or significant emotional distress.
- 2) Medically physically stable
- 3) Resident of Orange, Ulster (Milton House) or Putnam County (Putnam House).
- 4) Be 18 years of age or older
- 5) Be able to maintain acceptable personal hygiene
- 6) Be responsible for preparing meals and cleaning up after one's self
- 7) Be able to understand and sign necessary registration documents
- 8) Have permanent housing
- 9) Willing to agree and adhere to Guest Agreement upon entering the house
- 10) Is a voluntary self-referral and registration

Any guest meeting one or more of the following exclusionary guidelines may be denied Registration at the Rose House.

- 1) Is a registered sex offender
- 2) Does not have permanent housing*
 - Possible approval process for people that are homeless at the discretion of the team.

INITIAL CONTACT

PRE-REGISTRATION PHONE INTAKE PROCEDURE

The purpose of Pre-Registration is to clarify the benefits of Rose House residency and to help the individual determine whether The Rose House is the best choice at this time. All information should be explained in a dignified and respectful way.

When an individual calls to inquire about entrance to The Rose House, staff must use and completely fill out the Pre-registration Form. Any additional relevant information that is offered can be recorded on a separate piece of paper and attached to the form. This form is used to record general information and to determine whether The Rose House is an appropriate choice for the individual.

Sex Offender Registry

Once a Pre-registration Form is completed staff will research the NY State Sex Offender registry to determine appropriateness of guest. If the potential guest is a level 3 sex offender an alternative plan will be discussed.

Activity: Pre-Registration

Engagement starts with the 3 key conversations involved with:

- 1) The Initial Greeting and Pre-registration
- 2) The Guest Orientation
- 3) The Guest Registration

Pair up with a partner and complete the Rose House Pre-Registration Form. Use the skills discussed in our discussion of "Communicating for Engagement". Make sure you recite the script as it is written.

ROSE HOUSE PRE-REGISTRATION FORM

Name: _____ Date: _____ Time: _____

Staff: _____

Date: _____

Orientation and Guest Registration Overview

Orientation Procedure

The Rose House is committed to creating a trauma informed environment. The house should always strive to be a safe and inviting environment that encourages engagement, healing and recovery.

Always have the house in a clean condition to accept any guest who may arrive with or without and inspect the house prior to the guest arriving. Be sure that hygiene baskets are complete with shampoo, lotion, toothbrush, washcloths and soap.

Guest Arrival Check List

To be completed by staff member on shift when a new guest is pre-registered.

- Rooms are swept
 - Beds are made
 - Towels are in room
 - Extra linens are available
 - Toiletry baskets are stocked with:
 - Shampoo/Conditioner
 - Soap
 - Shaving supplies
 - Clean copied of Guest orientation paperwork are available in rooms including:
 - Clean copy of Guest agreement
 - Guest check out
 - Menu of Services
 - Copy of Guest Book in each room
- Calendar of community events are available

Orientation

The moment a guest arrives, the guest engagement process begins through an orientation. The orientation process is a cornerstone of the Rose House. The orientation should make the guest feel safe and welcomed. The entire orientation process should be transparent.

Introduce yourself and the other staff members present. Provide a tour and invite the guest to choose a bedroom and to take his/her time to settle in. The wheelchair assessable bedroom is to be used only if all other bedrooms are occupied unless a guest requires the special accommodations.

Inform the guest that you will be sitting down together after he/she has time to get settled to go over some paperwork. This will be done when the guest is ready, but within 8 hours of arrival. Remind the guest that there is always someone available for companionship during his/her stay at The Rose House.

Guest Registration documentation procedure

Before you begin:

- Check the list of guest files that are inactive/closed. Make sure that there is not an existing file for the guest before making a new one. The guest may not remember a prior visit.
- On the file folder, print the last name first and then the first name, followed by their middle initial if the guest provides one. Example: Smith, John, M. Please write legibly with a black pen.
- Find a private/confidential place to conduct the interview. Only individuals that the guest wishes to be present at the time of registration should be allowed to participate in the meeting.
- Ensure understanding and transparency- You must guarantee understanding and transparency at all points of a guest's orientation and registration. Read all information on each form

to each guest to ensure the guest understands what he/she is or may be signing and that all forms are current, especially the release forms. Staff may need to repeat the previous documents to guests as it may be traumatic or difficult to comprehend and process all of the initial information offered. A clean copy of all forms should be available in guest rooms. Inform guests a copy is available to them.

Guest Registration

1. Begin by describing details about The Rose House program and make sure that they understand what is available.
2. Answer all questions on the Guest Registration Form . Copy down their words or your observations when completing the forms, not judgments or conclusions.
3. Read the Guest Agreement. Explain the Menu of Services, availability and role of Peer Companions and Expectations Form
. Remind guests a copy is available to them in their rooms.
4. Complete the Goal Assessment Form
5. Be sure that the guest reads and signs The Authorization for Services Form
6. Guests should be provided with a Check-Out List to streamline their departure process.
7. When all the paper work has been filled out, ask the guest if he/she has any questions or concerns.
8. When this process is complete, if there is any question that the Rose House is an appropriate service for the guest please inform the individual that the information will be reviewed by the House Manager or Crisis Diversion Director. This may be a phone consultation or in person depending upon the availability.

Activity: Orientation and Registration

Pair up and Practice the Orientation Script and the Registration based on the Orientation and Registration procedures outlined in the previous section. Make notes of any issues that come up or any points you may need to clarify. The Orientation and Registration Forms are provided on the following pages.

Case Study Scenario

A guest comes to the house. He is in the illness model and traditional expected mental state (e.g., the person is timid, shy and quiet) as he walks in. He is uncertain about using the service and doesn't know what to expect. His case manager has educated him about your service and the potential guest called to do a pre-registration over the phone with a Peer Companion. Both sides agree that he is a candidate for your service and he took public transportation to arrive at your site. The guest is taken on a tour of the house and shown the rooms and resources the house offers. The guest is then brought to a quiet area to do the official registration to begin his transformation to recovery.

Practice the Orientation Script Below:

In order to provide a uniform orientation to guests that is welcoming and trauma informed and transparent, we ask that you follow the script below to welcome guests to our environment.

"Welcome to the Rose House! My name is _____ and we are so glad that you are here. Before we get started with any formalities, let's get you comfortable and feeling safe. If there is anything that you need while we are working together today, please don't hesitate to ask. Let's get your personal items into a room of your choice and I'll give you a very brief tour now. Once you are settled in, I will complete the tour and we can get together to discuss why you are here, complete some necessary paperwork and begin to develop a wellness plan."

The Rose House Guest Registration Form

Guest Information

Name: _____ Date: _____

Phone: () _____ Is it okay to leave a Voicemail? Yes/No

Current Address

Street: _____

City _____ State _____ Zip Code _____

Date of Birth: _____ Current Age: _____

Gender: ___ M ___ F ___ Other Marital Status: S M D W Veteran: Yes/No

Emergency Information

If there is an emergency, who would you like us to contact?

Name: _____ Relationship: _____

Phone: () _____

Contact Address:

Street: _____

City _____ State _____ ZipCode _____

Medical Information

Important Medical Information we should know (such as a heart conditions, diabetes, any recent surgeries that could affect you while you are here?)

Allergies:

Medications and known side effects:

1) _____

Time Taken: _____

2) _____

Time Taken: _____

3) _____

Time Taken: _____

Physician Prescribing: _____ Phone Number: _____

Brief History: * Note: This section is voluntary

Diagnosis: _____

Comments:

Income/Employment Status

Employment Status:

____ Employed Full Time (35 hours per week)

____ Employed part time

____ Unemployed (Laid off or looking for work)

____ Active/Armed

Forces

____ Sheltered Workshop

____ Other:

Volunteer/Disabled

____ Not in labor force

Last Date of Employment _____ (Month/Year)

Housing Status

Current Residence

____ Living Independently

____ Private residence Receiving support (if so explain)

____ Private residence living with parent/relative/friend

____ Private residence living in family care

____ Other: Describe

Comments:

Supports

Who are your community supports?

Agency _____ Contact _____ Phone

Agency _____ Contact _____ Phone

Agency _____ Contact _____ Phone

While at The Rose House, who may contact you by phone?

Who may not contact you?

Additional Notes:

Intake completed by: _____

Date: _____

Rose House Guest Goal Assessment

What would you like to gain by staying at the Rose House?

What are your strengths?

What do you feel are barriers or limitations preventing you from moving forward?

In crisis, what has worked in the past?

What doesn't work?

What one thing would help right now?

Are there cultural or religious issues that need to be considered?

What is your current situation in the following areas?

Transportation

Reading and writing skills

Child Care issues

What are your recovery goals?

In reaching my recovery goals, I can count on:

Name

Relationship to Guest



PEOPLE, Inc.

PROJECTS TO EMPOWER AND ORGANIZE THE PSYCHIATRICALY LABELED

POUGHKEEPSIE (MAIN) OFFICE
POB 5010
POUGHKEEPSIE, NY 12602
TEL: (845)452-2728
FAX:(845)452-2793

KINGSTON OFFICE
360 AARON COURT
KINGSTON, NY 1241
TEL: (845)331-4965
FAX:(845)331-4973

THE ROSE HOUSE
1612 ROUTE 9W
MILTON, NY 12547
TEL: (845)795-2346
FAX:(845)795-2240
TOLL FREE: (866)795-2240

**AUTHORIZATION FOR SERVICES
PLEASE READ BEFORE SIGNING**

I, _____, do hereby request PEOPLE, Inc. Rose House employees receive and / or release information from and to doctors, hospital staff, family, legal representatives, benefits providers (Social Security, Medicaid, etc.) and any other persons or organizations interested in my health and well being. This authorization will be limited by these restrictions:

I release PEOPLE, Inc. and its employees from all liability and all claims pertaining to the services provided to me under this agreement.

Signed: _____ Date: _____

Witness: _____ Date: _____

Witness' Printed Name: _____

The Rose House Guest Agreement Milton Rose House

The Rose House is a peer-operated facility designed to assist guests in diverting psychiatric distress that may lead to hospitalization. The Rose House is equipped with a variety of traditional and non-traditional self-help and pro-active tools to maintain your wellness. Our peer companions are compassionate, understanding, and knowledgeable in promoting your self-determination away from crisis in your journey towards recovery. We hope you enjoy your stay at The Rose House. We ask that you read and sign the agreements below as evidence of your commitment to keep the environment safe and pleasant, and to assist all in getting to a better place in life. Please ask if you need help in understanding any of these agreements:

- **I understand that** alcohol and illegal drugs are not permitted on our premises at any time.
- **I understand that** The Rose House maintains a ZERO TOLERANCE policy toward violence, sexual harassment, or the possession of weapons of any type. Anyone violating this policy will be asked to leave immediately.
- **I understand that** all visitors must be authorized by the House Manager or designated staff.
- **I understand and agree** that entering the private area of another guest is strictly prohibited.
- **I agree** to sleep in my bedroom and not in the common areas of the house out of respect for other guests and staff.
- **I understand and agree** that smoking is ONLY allowed outside.
- **I agree** to put all cigarette butts in the ashtray and to keep the area clean.
- **I understand and agree** that eating is restricted to the dining and living room area only. No food or drink is allowed upstairs.
- **I understand** that each guest is responsible for their own food.
- **I understand and agree** that I am required to cook for and clean up after myself. Cleaning includes all common areas of the house.
- **I understand and agree** that I will not to leave garbage or personal items in the common areas of the house.
- **I agree** to fill out a Guest Check-Out List before leaving The Rose House.
- **I agree** to dress appropriately in the common area of the house.
- **I agree** change clothes in my bedroom or bathroom with the door closed.
- **I agree** to show respect to staff and fellow guests while staying in The Rose House.

- **I understand and agree** that if my behavior is disrespectful or threatening toward staff or guests, I may be asked to leave.
- **I understand and agree** that I will not ask for or give money or cigarettes to other guests or staff.
- **I understand and agree** that guests are not allowed in the office unless accompanied by staff.
- **I understand and agree** that I am not allowed on the back porch due to safety concerns.
- **I understand and agree** that I am responsible for my own self-care.
- **I understand and agree** to keep my personal items safe. The Rose House is not responsible for any lost items.
- **I understand and agree** that The Rose House doors will be locked at twelve midnight and reopen at 7:00 am.
- **I understand and agree** that the landlord asks that guests do not go down to the motel or in the rear of the house.

I understand and agree to comply with agreement above.

Signed _____ Date _____

Witnessed: _____ Date: _____

Witness' Printed Name: _____

The Rose House Guest Check Out Form

Guest Check Out

We hope you've enjoyed your stay at the Rose House. If you choose, we look forward to being part of your support system and hope to help in any way possible. Please help us by making sure the following things are done before you leave.

- Ensure that you have all of your personal belongings.
- Wash all of your bed linens and remake the bed.
- Remove all trash and/ or recycling from you room and place it in the appropriate container.
- Remove all of your leftovers from the refrigerator. Take your food with you may leave it for the next guest.
- Prepare for a walk-through with one of the Peer Companions to insure that you have all of your belongings.

We would appreciate it if you would complete the attached optional survey. It will help us support future guests in their recovery process.



What you can expect from us

What we expect of you, our guest

<p>Engaging- We will welcome you in a warm respectful manner. You will be given a full tour of the house as well.</p>	<p>Recovery – We ask that you accept responsibility for your own recovery so that you get the utmost benefit from your stay.</p>
<p>Comfortable Safe Environment – We will maintain a comfortable, safe and clean environment.</p>	<p>Crisis – We ask that you please be open to address crisis differently.</p>
<p>Non-Judgmental Support – Peer Companions are here to listen and support you with empathy. This means listening and responding to you through mutual peer support, understanding and trust.</p>	<p>Guest Agreement – Expect to understand, sign and abide our guest agreement in an effort to mode respect of other guests and staff.</p>
<p>Menu of Services – The menu is provided upon registration and is available in your room to review as well. This offers you choices in participating in self-directed activities during your stay.</p>	<p>Menu of Services – If there are ideas and choices that are not on the current menu of services, please feel free to let us know and we will do our best in honoring your choices.</p>
<p>Goals – We are here to assist you in developing a self-determined goal that addresses your crisis pro-actively.</p>	<p>Goals – You are the only one that can develop or create your goal(s) on how to address crisis differently. Peer Companions can help you in developing a goal.</p>
<p>Education – Peer Companions are well versed in educating you on WRAP, Advance Directives, Peer Advocacy, Recovery and Wellness. Please feel free to learn.</p>	<p>Self-Care – Accept responsibility for the environment and yourself in terms of personal hygiene, nutrition and self-care activities.</p>
<p>Resource Information – We are well informed in resources available in the community.</p>	<p>Feedback – We are always looking at how to improve our services here at the Rose House. We ask that you feel free to provide us with your thoughts and suggestions on what we can do better.</p>
<p>Recovery Culture – The expectation of our staff is that you can always experience our belief in recovery through how we engage with you and lend a vision of hope and empowerment.</p>	<p>Better Days – While it is often difficult to predict our future, we would want you to expect better days for yourself.</p>

END ACTIVITY HERE AND SWITCH ROLES

Guest Engagement Notes

Staff will always be cognizant of each guest and ensure availability of engagement. Be available and be present

Engagement notes are to be completed by all staff at the end of each shift. It is appropriate for guests to be present during note writing and for guests to write their own notes as well. Staff should always keep in mind that the guest has the right to see his/her own file. While writing, staff should be respectful, straightforward and honest. It is better to write observations and whenever possible use their words rather than drawing conclusions or making judgments. Guests may also write in their files if they so choose.

Use the following guidelines for Guest Engagement Notes:

- What did you talk about during your time with each guest?
- How was the guest feeling throughout your time together?
- Was a Wellness Plan or other recovery tool/skills developed?
- Did you help the guest work on his/her goals?
- How is the guest feeling about recovery?

Staff must sign and date each entry.

Guest Departure

Guest Departure is an important part of a Rose House stay. In preparing a guest for departure use the guidelines below to ensure a smooth transition.

PREPARING A GUEST FOR DEPARTURE:

In preparing a guest for departure, sit with the guest and go over the following:

1. Goals:

Review the guest's goals- Do they feel they have achieved or worked on a goal or goals?

2. Resources and Supports:

Has resource information been shared particular to that person's locality and culture?

Are there concrete supports in place in the event of a crisis?

What is the first thing that the guest is going to do when he/she gets home?

Is there anything else we can offer to help the guest in their journey towards wellness?

3. Perception of Crisis:

Has the guest's perception of crisis changed? If so, how? If not, Why?

After sitting with a guest, remind them of the Guest Check-Out Form and follow the procedures below.

Guest Departure Procedures

At the end of their stay, guests are required to empty the garbage, strip their bed, wash their linens, including towels, and remake the bed. Guests should use their Guest Check-Out Form as a reminder of their responsibilities.

Guests should remove their items from the refrigerator. If items are fresh, a guest may prefer to leave them for other guests.

Guest should pack and remove all personal items, including the toiletry items provided by The Rose House. The bathroom should be checked before the guest departs.

If the guest is having a difficult time with the list, the Peer Companion on duty can provide assistance through gentle reminders and offering to help. If a guest is unable to complete the responsibilities listed, the Peer Companion should take over and carry out these duties.

Peer Companions must do a “walk through” of the entire house to verify that all of the guest’s possessions are packed and that the Guest Check Out Form is complete.

If a guest leaves unannounced, or does not return to The Rose House, the Peer Companion on duty must gather all of the guest’s belongings, pack them in bags and lock them in the linen closet for safe-keeping until arrangements can be made. The procedure outlined on the Guest Check Out Form should be followed and completed by the Peer Companion on duty.

When a guest departs from the Rose House, staff members are encouraged to ask themselves the following questions:

- Did you engage the guest?
- Were you present and available for the guest?
- Do you as a staff member feel that you have done your best in guiding the guest towards wellness and avoiding future hospitalizations and emergency room visits? If so, can you share it with the team? If not, Can you share it with the team?

Activity: House Service Flow: Guest's Goal Assessment - Registration

Refer to the 3 Case Study scenarios below to review or come up with your own. Right now you are going to begin to build the trusting relationship with your guest to begin their transformation to recovery.

Pair up with a partner and pick a scenario for practice. Using the Goal Assessment portion of the registration pick any 2 to ask your partner who is acting as the potential guest registering.

NOTE: Remember to always communicate with:

Words: most appropriate words for this type of engagement

Tone – 3 C's of Engagement Tone = Cheerful, calm, comfortable

Body Language – Open stance and open arms with eye contact and a smile.

Scenario #1

Guest: The guest is female and has called and pre-registered to come into the house. She has been very depressed and states that she has been hospitalized 15 times in the past year. She seems apprehensive about staying at the house and is behaving very cautious when entering the house and when answering any questions.

Scenario #2

Guest: The guest is a man and lives in a community residence. He is quiet except to ask when dinner is served and who will be giving him his meds? He seems to need quite a bit of redirection as he is concerned with mealtime and medication rather than learning about the service.

Scenario #3

Guest: The guest is a female and states that she has been diagnosed with Borderline Personality Disorder. She is asking many questions about the service and seems happy to be there. As the registration begins she asks to make a phone call and you overhear her arguing with someone on the other end. Her language is loud and she is using profanity in front of the other guests and staff.

Goal development: As you orient the guest, you can begin to use questions that will focus on what type of goal an individual may be looking for to alleviate crisis or emotional distress.

Exercise: Practice asking the Goal Assessment questions below while using active listening:

- Please explain more and help me understand why you feel that way...
- What does that mean?
- What would that look like?
- Please, tell me more about that?
- So, that I can understand better, can you give me an example?

Question: What was that role-play experience like? How do you think this type of engagement with potential guests will set them up for a positive experience on their road to recovery?

Activity: Peer Support Interaction - Guest Role-Play in the Rose House

Exercise: Pick a scenario and one-person play the guest and one-person play the peer support person.

1. A guest comes in with depression and has been feeling suicidal. What is your approach in a peer to peer engagement? What should the team be aware of?
2. A female guest comes to the house and has shared a traumatic story of sexual abuse. What is your approach in a peer to peer engagement? What should the team be aware of?
3. A guest with a high level of anxiety registers at the house and is seemingly stating irrational comments and seems very fearful and very protective of offering any information about anything. What is your approach in a peer to peer engagement?

IV Rose House Staff

Daily Staff Procedures

Staff structure will focus and perform in the following way:

Cross-Over

- Beginning of shift, staff read relevant notes, communication log, and information from previous shift and/ from House manager or Director.
- Staff from the previous shift should provide a cross over summary of the last shift including:
 - Guests in the house
 - Pre Registrations pending
 - Calls during the shifts
 - Critical Notes and Alerts

Shift

- Staff engage with each guest at beginning of shift. Introduce yourself to any new guest.
- Staff review goal(s) with each guest
- Staff provide peer support as needed
- Staff review Menu of Services to ensure that there is structure offered to each guest.
- Staff use peer support techniques to engage guest(s) in wellness focused activities. i.e., peer support group, cooking, hiking, local events, etc.
- Staff review the task sheet to see what needs to be done in the house.
- Staff perform environmental scan to maintain cleanliness and safe environment
- Staff complete Guest Engagement Notes
- Staff complete relevant entries into the communication log.
- Staff answer all calls and warm line calls and document appropriately
- Staff complete a cross over with the next shift.

After every shift, staff should ask themselves,
“What did I do today to make a difference?”

Job Descriptions for Rose House Staff



PEOPLE, Inc. Rose House Manager

SUMMARY:

The House Manager of Crisis Diversion Services will manage daily operations at the Rose House. This position will assist in supervisory and administrative responsibilities in our peer-operated program that supports individuals experiencing mental health crises and/or emotional distress in staying out of hospital emergency rooms (for behavioral health reasons) and/or psychiatric inpatient programs. This position will also create and maintain a trauma-informed environment for Rose House guests as well as staff.

DUTIES & RESPONSIBILITIES

- Physical Plant and Operation
 - Manage daily operations of the Rose House
 - Maintain building and grounds
 - Manage provision of a safe, clean and secure environment for guests and staff.
 - Adhere to safety policies and procedures as well as sound risk management.
 - Plan, purchase and manage the budget for household goods, groceries, personal items for guests.
- Staff Supervision and Support
 - Maintain staff schedules and assist the Director of Diversion Services in all training, supervision meetings, staff interviews and performance reviews.
 - Attend pertinent community based meetings in the absence of the Director.
- Guest Engagement, Support and Community
 - Engage and provide peer support to guests
 - Deploy mobile peer companions in the community
 - Model and utilize Trauma Informed techniques and tools as outlined in :Intentional Peer Support (IPS), Wellness Recovery Action Plan (WRAP), Mental Health First Aid , Emotional CPR

(eCPR), Motivational Interviewing, SafeTALK, Applied Suicide Intervention Skills Training (ASIST), PEOPLE, Inc. In-House Peer Advocacy Training, and Crisis Diversion / Respite House Training

- Compile and submit programming statistics and other data to Director in a timely manner

Requirements:

- Honesty, respect for diversity, high personal standards, language and behaviors reflecting such values.
- Basic understanding of available community supports preferred.
- Working knowledge of confidentiality requirements related to records pertaining to Mental Health and Chemical Dependency laws.
- Good time management skills and be self-directing and willingness to learn and grow in the position.
- Demonstrated planning and organizational skills.
- Detail-oriented and able to keep accurate, timely records.
- Ability to problem-solve and present solution based focus suggestions/outcomes
- Ability to be creative and flexible in a supportive environment.
- Must possess a valid driver's license and have reliable transportation.

Qualifications:

- Bachelors Degree (preferred)
Or Associates degree and 1 year management/supervisory experience
Or High School Diploma and 3 years of management/supervisory experience
- At least two years in recovery from acute care environment
- Well-developed understanding of recovery vs. illness based system (preferred)
- Shared vision of hope for people experiencing crisis/emotional distress
- Able to delineate behaviors behind values of critical care and recovery (preferred)
- Work or Volunteer experience providing peer support
- Basic knowledge of community support services/resources
- Completion of Wellness Recovery Action Plan (WRAP) training (preferred)
- Bilingual English/Spanish strongly preferred.



PEOPLE, Inc. Rose House Senior Peer Companion

SUMMARY:

The Senior Peer Companion will support the daily operations of the Rose House. She or he provides peer support for each Rose House guest. The Senior Peer Companion is available to instill hope, support wellness and demonstrate that recovery is real and does happen. The Senior Peer Companion will model and utilize trauma informed techniques and tools, help guests set goals and engage in community and social events. The Senior Peer will also assist in administrative duties such as staff scheduling, house purchases, data collection and coverage of community meeting and events.

DUTIES AND RESPONSIBILITIES:

- Provide support for guests during interview, intake, arrival and departure.
- Share personal experience and encourage mental health wellness and recovery.
- Assist in connection to mental health services, community resources, entitlements, and other services as needed.
- Model and utilize Trauma Informed techniques and tools as out lined in : Intentional Peer Support (IPS), Wellness Recovery Action Plan (WRAP), Mental Health First Aid , Emotional CPR (eCPR), Motivational Interviewing, SafeTALK, Applied Suicide Intervention Skills Training (ASIST), PEOPLE, Inc. In-House Peer Advocacy Training, and Crisis Diversion / Respite House Training.
- Provide assistance in coordinating staff scheduling
- Assist House Manager in assessing Rose House needs and purchase.
- Ensure all guest documentation is complete
- Provide coverage of meetings and appointments in the absence of the House Manager.
- Transport guests to store or appointments when needed, using company car.
- Provide telephone support to peers in the community through the 24 hour peer warm line.
- Help maintain a clean, safe and secure environment. Some cleaning duties may be assigned.
- Manage downtime with Guest and Rose House program focused activities and duties.

- Work cooperatively Rose House team and maintain clear, honest and respectful communication with team members

REQUIREMENTS:

- Honesty, respect for diversity, high personal standards, language and behaviors reflecting such values.
- Demonstrated ability to recognize the need for and facilitate connections between consumers and the community.
- Understanding of available community supports.
- Working knowledge of confidentiality requirements related to records pertaining to Mental Health and Chemical Dependency laws.
- Must have good time management skills and be self-directing.
- Must have reliable transportation.

QUALIFICATIONS:

- High School Diploma preferred.
- At least two years in recovery from acute care environment
- Shared vision of hope for people experiencing crisis
- Work or Volunteer experience providing peer support, advocacy or human services.
- Able to delineate behaviors behind values of critical care and recovery (preferred)
- Basic knowledge of community support services/resources
- Completion of Wellness Recovery Action Plan (WRAP) training (preferred).
- Understanding of recovery vs. illness based system (preferred)
- Professional demeanor.
- Bilingual English/Spanish strongly preferred.



PEOPLE, Inc. Rose House Peer Companion

SUMMARY:

The Per Diem Crisis Diversion Peer Companion staff will support the daily operations of our Rose House Crisis Respite in Milton, NY. She or he provides peer support for each Rose House guest. The Peer Companion is available to instill hope, support wellness and demonstrate that recovery is real and does happen. Peer Companions model and utilize trauma informed techniques and tools, help guests set goals and engage in community and social events.

DUTIES AND RESPONSIBILITIES:

- Provide support for guests during interview, intake, arrival and departure.
- Share personal experience and encourage mental health wellness and recovery.
- Assist in connection to mental health services, community resources, entitlements, and other services as needed.
- Model and utilize Trauma Informed techniques and tools as outlined in :
Intentional Peer Support (IPS), Wellness Recovery Action Plan (WRAP), Mental Health First Aid , Emotional CPR (eCPR), Motivational Interviewing, SafeTALK, Applied Suicide Intervention Skills Training (ASIST), PEOPLE, Inc. In-House Peer Advocacy Training, and Crisis Diversion / Respite House Training
- Transport guests to store or appointments when needed, using company car.
- Provide telephone support to peers in the community through the 24 hour peer warm line.
- Help maintain a clean, safe and secure environment. Some cleaning duties may be assigned.
- Manage downtime with Guest and Rose House program focused activities and duties.
- Work cooperatively Rose House team and maintain clear, honest and respectful communication with team members

REQUIREMENTS:

- Honesty, respect for diversity, high personal standards, language and behaviors reflecting such values.
- Demonstrated ability to recognize the need for and facilitate connections between consumers and the community.
- Understanding of available community supports.
- Working knowledge of confidentiality requirements related to records pertaining to Mental Health and Chemical Dependency laws.
- Must have good time management skills and be self-directing.
- Must have reliable transportation.

QUALIFICATIONS:

- High School Diploma preferred.
- At least two years in recovery from acute care environment
- Shared vision of hope for people experiencing crisis
- Work or Volunteer experience providing peer support, advocacy or human services.
- Able to delineate behaviors behind values of critical care and recovery (preferred)
- Basic knowledge of community support services/resources
- Completion of Wellness Recovery Action Plan (WRAP) training (preferred).
- Understanding of recovery vs. illness based system (preferred)
- Professional demeanor.
- Bilingual English/Spanish strongly preferred.

New Staff Orientation and Shadowing



The Rose House

A Service of PEOPLE, Inc.

Rose House New Employee Training Guide



The Rose House

Welcome to the Rose House Team!

We are very excited to welcome you as a new Rose House staff.

This New Rose House Employee Training Guide outlines the process of starting as a Rose House staff member.

The New Employee Packet includes information on PEOPLE, Inc., Rose House Policies and required trainings.

The Rose House is dedicated to providing ongoing training and learning opportunities for our staff. The list of trainings has been refined to help grow your skills and support the work you will do at the Rose House.



New Employee Guide
Outline and Time Line

Rose House Policies and
Procedures Manual

Rose House Emergency
Policies and Procedures

RELIAS On - Line Learning

Warm Line Manual

Staff Line Employee
Manual

Putnam Crisis Line

PEOPLE, Inc. Core Services
Phone List
Org Chart

- The Rose House New Employee Training Guide was created to provide you with vital information regarding PEOPLE, Inc. and the Rose House.
- The New Rose House Staff Shadowing Shift Checklist of information you will review during your 16 hours of paid shadowing at the Rose House. The House Manager and appointed staff will review the checklist as part of your shadowing shift training.
- Training Checklist
- PEOPLE, Inc.'s Employee Handbook containing detailed information about staff structure and agency policies and employee expectations.

New Employee Packet

- PEOPLE, Inc. Core Services and Agency Info and PEOPLE, Inc Phone List and organizational chart.
- Job Description- to be reviewed and signed
 - House Manager or Peer Companion Job Description hard copy included. Email copy will be sent.
- RELIAS Online Learning
 - Log on and required trainings.
Please note the required trainings before you start an independent shift at the Rose House
- Rose House Policies and Procedures
 - Hard copy Included. Email copy will be sent.
 - Will be reviewed in full during shadowing shifts as well as the Rose House Staff Training
- Staff Line Inc. PEOPLE, Inc. Employment Manual
 - Hard Copy Included. Email copy will be sent.
- Warm Line Training Manual
 - Email and Hard copy.
- Scheduling shadowing shifts with Rose House Staff
 - (16 Paid Hours)
- PEOPLE, Inc. Rose House Staff Training

- Trainings are scheduled through the year. Your House Manager or the Director of Diversion Services will supply a list of dates available.
- Peer Advocacy Training
 - Trainings are scheduled through the year. Your House Manager or the Director of Diversion Services will supply a list of dates available.
- Google Account/DRIVE/Groups and Email Policy.

Email Address Included.

**Rose House Shift Shadowing with Rose House Staff
(16 Hours Paid Training)**

- Tour of House and Guest Bedrooms
 - Discussion of the Rose House Trauma Informed Approach
- Rose House Policies and Procedures Book
 - Pre-Registration and Registration Approval Process
 - Team Agreement
- Emergency Policies and Procedures-
 - Location of First Aid Kit, Emergency Binder, Spill Kits
- Emergency Contacts
- Contacting on-call staff
- Keys
- Important Phone Numbers
- Communication- Staff Log
- Warm Line Guidelines
- Putnam Crisis Line Protocol and Training with Moira
- Guest Engagement Notes
 - Discussion about guest engagement
- Time Sheets- where they are and where they go each week
- Mileage- mileage sheets and when we submit them
- Phone-
 - Greeting

- Phone Log
- Communication Log
- Warm Line
- Putnam 211 Crisis Line
- Stat sheets
- Fax machine and how to scan

On-Going Employee Training and Skill Development

Many of the trainings below are scheduled on a quarterly basis. Your House Manager or the Director of Diversion Services will supply a list of dates available.

- Relias Training
 - Training is ongoing
- ASIST
- SafeTalk
- Intentional Peer Support (IPS)
- Wellness Recovery Action Plan (WRAP)
- Mental Health First Aid

Emotional CPR (eCPR)

Team Agreements

Creating the Expectation of Trust, Wellness, and Respect



Team Agreements

Team Agreements are fluid guidelines that outline how each team member will interact while working with each other and while working with those you serve. They create clear expectations of behavior, help foster trusting relationships, and hold each team member to the same standard.

Team agreements are also designed to maintain and enhance a well balanced team. They eliminate internal conflict, helps maintain focus on quality service, and promotes wellness within the team.

Team Agreements are meant to be 'living' documents meaning they are changeable and can be revisited and updated to address concerns or emphasize pathways for improvement. Revisiting and updating team agreements allows new staff to connect with your core values and mission and clarify expectations.

Creating Team Agreements

1. Identify your Core Values. The goal of your Team Agreement is to support each other in the work you do to enact these values.
2. Create a Vision of your "Dream Team". Brainstorm a list of 5 characteristics you want to see in your "Dream Team".
3. Under each characteristic, write out 3-5 behaviors that support that characteristic.
4. Review your "Dream Team" list. What could you add? What would help support you in achieving a cohesive team?
5. Write out your Team Agreement and have each team member commit to the Team Agreement by signing it.
6. Use your Team Agreement- Post your team agreement around your office, refer to it during staff meetings, revisit your Team Agreement when new staff are hired and refer to your team agreement when dealing with conflicts to remind each other what you agreed upon.

The Rose House Core Values and Behaviors as well as a sample Team Agreement have been provided. Use the free provided space to add/modify/improve any area discussed during the Core Values and Behaviors discussion. Use these improvements to inform your own team agreement

Our Dream Team

Our Core Values

Hope

Recovery

Choice

Integrity

Empowerment

Characteristics we want to see in our team and the Behaviors that support them

Resiliency

- Appreciating others vulnerabilities from thier stories and celebrating the strength they have demonstrated
- Pointing out strengths based observations to others
- Affirming a positive direction

Respect

- Allowing others to speak without interuption
- Being open and providing constructive feedback
- Applying principles of trauma informed care in our interactions with each other and those we serve

Transparency

- Clear Expectations
- Consensus decision making
- Open access to information

Positive Expectations

- Following through in a timely manner with each other and guests
- Recovery and Wellness Language used with staff and guests
- Addressing issues in an open way with the expectation of a positive outcome.

Wellness

- Maintaining reasonable standards of personal wellness
- Promoting each others wellness and recovery
- Showing undertsanding of what staff and guests are saying and feeling in a non-judgemental way

Our Dream Team

Our Core Values

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Characteristics we want to see in our team and the Behaviors that support them

Characteristics				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

BEHAVIOR

Rose House Team Agreement

We Agree To:

- Be respectful in all interactions with team members and guests regardless of personal views
- Consistently apply Trauma Informed Care with each guest and each other
- Remain accountable to ourselves and each other by:
 - Maintaining reasonable standards of personal wellness
 - Provide feedback and appreciation
 - Being open to constructive feedback delivered with respect, empathy, specificity, and genuineness.
 - Promote each others recover and personal acts of recognition
- Be accountable to the team agreement and discuss any issues in an empathetic and discrete manner
- Keep lines of communication open by seeking clarity and detail
- Adhere to the mission/vision with follow through

Our Team Agreement

We Agree To:

1.

2.

3.

4.

Activity: How We Get Better

In groups, answer the following questions. Pick one person to report out to the larger group.

- What are our strengths? What do we do well?

- What are our weaknesses? What can we improve?

- What are our opportunities for improvement?
What are your ideas to strengthen our weaknesses?

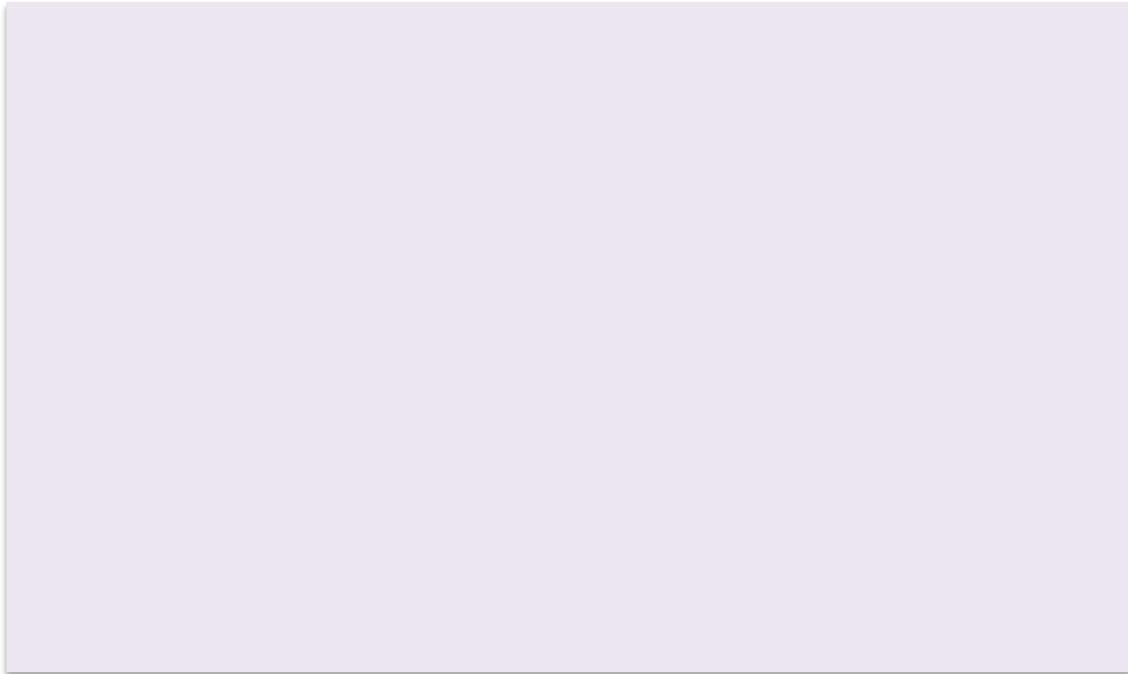
- What are your ideas for Rose House improvement in the future? Where do you want to see the Rose House go?

- What trainings do you think you need in the future to improve the Rose House?

Activity: Staff Self-Care

Self-Care = the Foundation of a Rose House Staff Member

Exercise: Break into groups and brainstorm things you can do or provide to yourself to make sure you are individually in the best emotional and physical place to serve your house guests? What are some things you can do collectively as a team so the team can consistently function at a high-level?



Activity: Self-Care Checklist

[Adapted from Saakvitne, Pearlman, & Staff of TSI/CAAP (1996). *Transforming the pain: A workbook on vicarious traumatization*. Norton.]

The following worksheet for checking self-care is not exhaustive, merely suggestive. Feel free to add areas of self-care that are relevant for you and rate yourself on how often and how well you are taking care of yourself these days.

When you are finished, look for patterns in your responses. Are you more active in some areas of self-care but ignore others? Are there items on the list that make you think, "I would never do that"? Listen to your inner responses, your internal dialogue about self-care and making yourself a priority. Take particular note of anything you would like to include more in your life.

Rate the following areas according to how well you think you are doing:

3 = I do this well (e.g., frequently)

2 = I do this OK (e.g., occasionally)

1 = I barely or rarely do this

0 = I never do this

? = This never occurred to me

Physical Self-Care

___ Eat regularly (e.g. breakfast, lunch, and dinner)

___ Eat healthily

___ Exercise

___ Get regular medical care for prevention

___ Get medical care when needed

___ Take time off when sick

___ Get massages/Acupuncture /other alternative treatments

___ Dance, swim, walk, run, play sports, sing, or do some other fun physical activity

___ Get enough sleep

___ Wear clothes I like

___ Take vacations

___ Other:

Psychological Self-Care

___ Take day trips or mini-vacations

___ Make time away from telephones, email, and the Internet

___ Make time for self-reflection

___ Notice my inner experience-listen to my thoughts, beliefs, attitudes, feelings

___ Have my own personal psychotherapy

- Write in a journal
- Read literature that is unrelated to work
- Do something at which I am not expert or in charge
- Attend to minimizing stress in my life
- Engage my intelligence in a new area, e.g., go to an art show, sports event, theatre
- Be curious
- Say no to extra responsibilities sometimes
- Other:

Emotional Self-Care

- Spend time with others whose company I enjoy
- Stay in contact with important people in my life
- Give myself affirmations, praise myself
- Love myself
- Re-read favorite books, re-view favorite movies
- Identify comforting activities, objects, people, places and seek them out
- Allow myself to cry
- Find things that make me laugh
- Other:

Spiritual Self-Care

- Make time for reflection
- Spend time in nature
- Find a spiritual connection or community
- Be open to inspiration
- Cherish my optimism and hope
- Be aware of non-material aspects of life
- Try at times not to be in charge or the expert
- Be open to not knowing
- Identify what is meaningful to me and notice its place in my life
- Meditate
- Pray
- Sing
- Have experiences of awe
- Contribute to causes in which I believe
- Read inspirational literature or listen to inspirational talks, music
- Other:

Relationship Self-Care

- ___ Schedule regular dates with my partner or spouse
- ___ Schedule regular activities with my children
- ___ Make time to see friends
- ___ Call, check on, or see my relatives
- ___ Spend time with my companion animals
- ___ Stay in contact with faraway friends
- ___ Make time to reply to personal emails and letters; send holiday cards
- ___ Allow others to do things for me
- ___ Enlarge my social circle
- ___ Ask for help when I need it
- ___ Share a fear, hope, or secret with someone I trust
- ___ Other:

Workplace or Professional Self-Care

- ___ Take a break during the workday (e.g., lunch)
- ___ Take time to chat with co-workers
- ___ Make quiet time to complete tasks
- ___ Identify projects or tasks that are exciting and rewarding ___ Set limits with clients and colleagues
- ___ Balance work day so that no one day or part of a day is "too much"
- ___ Arrange work space so it is comfortable and comforting
- ___ Get regular supervision or consultation
- ___ Negotiate for my needs (benefits, pay raise)
- ___ Have a peer support group
- ___ (If relevant) Develop a non-trauma area of professional interest

Overall Balance

- ___ Strive for balance within my work-life and work day
- ___ Strive for balance among work, family, relationships, play, and rest

Other Areas of Self-Care that are Relevant to You

- ___
- ___
- ___

(Retrieved 8/6/2010 from http://www.ballarat.edu.au/aasp/student/sds/self_care_assess.shtml and adapted by Lisa D. Butler, Ph.D)

Activity: My Self Care Activities List

Take a few moments to fill out the chart below. What are some activities that you can do in each category that will contribute to your overall wellness?

My Self Care Wellness Activities BIG LIST

Physical Wellness Activities	Psychological Wellness Activities	Emotional Wellness Activities	Spiritual Wellness Activities	Relationship Wellness Activities	Workplace Wellness Activities	Overall Wellness Activities

Activity: Developing Your Emergency Self-Care Plan

Why do I need one?

It is very hard to think of what to do for yourself when things get tough. It is best to have a plan ready for when you need it.

What should be in it?

You need to address 3 areas:
what to do, what to think, and what to avoid.

1. Make a list of what you can do when you are upset that will be good for you.

- What will help me relax? For example,
 - Breathing
 - Muscle relaxation
 - Music
 - Reading for fun
 - Exercise
 - Talking a walk
 - Watching a movie
- What do I like to do when I'm in a good mood?
 - List all the things you like to do so you remember what they are when you need to think of something to do.
- What can I do that will help me throughout the day?
 - Avoid too much caffeine if feeling anxious
 - Remember to breathe
 - Watch my thoughts
 - Stay in the moment
- Other: What else do YOU need to do that is specific to YOU?

2. Make a list of people you can contact if you need support or distraction.

- Best friend, other friends, sibling, parent, grandparent, other relative, therapist, priest/minister/rabbi/imam, etc.
- Divide the list of people into categories by asking yourself the following questions:
 - Who can I call if I am feeling depressed or anxious?
 - Who can I call if I am lonely?
 - Who will come over to be with me if I need company?
 - Who will listen?

- Who will encourage me to get out of the house and do something fun?
- Who will remind me to follow my self-care plan?
- Other:

3. Next, make a list of positive things to say to yourself when you are giving yourself a hard time.

- Example of negative self-talk:
 "I can't get all this work done. I should just quit." CHANGE to: "I will develop a schedule so that I can get this all done." "I can check with other staff for ideas." "I can get some feedback from my supervisor that might help me do the work."
- Try to think about what you would say to a guest at the Rose House with the same struggles and apply it to yourself.

4. Next, make a list of who and what to avoid when you are having a hard time.

- Examples of people to avoid:
 - My boy(girl)friend broke up with me. I will not call my sister as she always hated him. She'll be happy he's gone.
 - I am discouraged about my grades. I won't call my best friend because she'll just tell me not to worry about it and to quit school if it's such a hassle.
 - Not everyone can be supportive or helpful with every situation. Go to the ones who can be supportive about the specific issue you are dealing with.
- Examples of things to avoid:
 - I should not stay in the house all day.
 - I should not stay in bed all day.
 - I should open the shades and let the light in.
 - I should not listen to sad music.
 - I should not drink too much alcohol.
 - Other:

5. Write this plan on a 3x5 card.

- Keep it in your purse/wallet (and on your phone if you can). Look at it often. Add any good ideas to it whenever you can. USE IT!

Adapted for Rose House staff from The Self-Care Starter Kit: School of Social Work at the Univeristy of Buffalo. Find more amazing self-care resources on their website. <http://socialwork.buffalo.edu/resources/self-care-starter-kit.html>

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