Maximizing Seeking Safety Outcomes with Latino Older Adults

Shivani Patel Escamilla, Psy.D., MHA
Clinical Director, Seeking Safety Clinical Champion
Telecare Los Angeles Older Adult Programs
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Workshop Overview

✓ Introductions, Review of Learning Objectives
✓ Key Considerations for Work with Latino Older Adults in LA County
✓ Review of Seeking Safety Tenets
✓ Telecare LAOA PEI Program – Who We Are & Who We Serve
✓ How We Use Seeking Safety
✓ Applying It - Case Examples & Review of 2016 Outcomes
✓ Looking Within – Key Learnings & Recommendations
✓ Ensuring Model Fidelity Within Culture of Recovery Centered Care
✓ Q & A
Opening Remarks

Learning Objectives

☑ Introductions
☑ Use & power of Seeking Safety with different populations - not just PEI
☑ Setting the Frame – focus on how we (i.e. LAOA) use Seeking Safety, not training on what Seeking Safety is per se
☑ How our use and adaptations of Seeking Safety have brought our program to a different level of care & heightened our outcomes by:
  ☑ Defining Seeking Safety treatment goals for older adults with Latino cultural backgrounds and limited reading and writing skills
  ☑ Identifying strategies and accommodations that help heighten treatment efficacy & utility while ensuring model fidelity
  ☑ Understanding importance of developmentally appropriate & trauma informed responses for Latino older adults with complex trauma histories
  ☑ Tracking treatment progress by using standardized screening tools pre and post treatment
  ☑ Promoting a culture of recovery & whole person centered care for clients & staff

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Key Considerations When Working with Latino Older Adults in Southern California

✓ Increasing number of older adults – living longer with unique needs;
✓ Often complex trauma victims with long records of untreated mental health impairments & challenging behaviors;
✓ They & their families (i.e. estranged, deceased, varying ages etc.) are often navigating systems that are equally traumatizing and impacted; they frequently have real histories of oppression;
✓ Clients may be hard to engage; stigma affects buy-in
✓ Increased risk of anxiety & depression with decreased protective factors
  ✓ Underreported and undiagnosed conditions of major depression & anxiety; frequently masked as physical, medical and cognitive problems
  ✓ High rates of somatic symptoms (i.e. sleep/appetite disturbance, pain)
  ✓ Somatic symptoms often correlated to poor health
  ✓ High rates of social isolation, poor social support

Key Considerations When Working with Latino Older Adults

✓ We need to:
  ✓ Be cognizant of these factors and what is driving problematic behaviors in order to address underlying needs and help create meaningful change;
  ✓ Identify what needs (real or perceived) the client is meeting, thru their problematic behaviors & know how to navigate & address unique concerns;
  ✓ Assess needs to help identify triggers and prevent further escalation
  ✓ Be mindful of culture-bound syndromes (i.e. ataque de nervios) & related symptoms that may fall outside of typical DSM/traditional psychiatric classification symptoms

PEI staff are uniquely positioned to teach & advocate
Why Seeking Safety Works – Review of Key Principals

✓ Primary goal is ensuring Safety
✓ Treatment model has 4 key content areas:
  ✓ Cognitive
  ✓ Behavioral
  ✓ Inter-personal
  ✓ Case Management
✓ Integrated treatment model – facilitates work on trauma AND comorbid conditions while attending to client's basic needs (i.e. Maslow's hierarchy of needs). Easily addresses concept of Whole Person Care

Focus on cultivating personal ideals and sense of self-efficacy to counteract loss from both trauma and aging

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Why Seeking Safety Works – Review of Key Principals

✗ Model flexibility - can be customized and combined with other treatments & interventions
✗ Encourages linkage to other services & building protective factors - critical for Latino older adults
✗ Promotes self-care for clinicians & attention to clinician processes and issues (i.e. counter-transference)
✗ Parallel process of empowerment and support
✗ Allows for & promotes cultural sensitivity:
  ✓ Natural fit between Latino client culture, diverse client needs and our own LAOA program culture, clinician attributes, style etc.
  ✓ Authentic sense of compassion, commitment, humility, respect

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Telecare Los Angeles
Older Adults (LAOA):
Who We Are & Who We Serve

- Created in 2011. Since then, we have served in some capacity 374 clients - significant portion of older adults in LA County
- Although LA County PEI programs have changed significantly since inception in 2011, types of clinical conditions and clients who LAOA serves have not changed as much – likely due to our unique corporate culture & recovery centered philosophy
- Most of our clients are underserved and unserved Latino older adults who are:
  - Often indigent and undocumented immigrants with complex trauma histories
  - Struggling with multiple comorbid and chronic medical conditions
  - Have limited access to services & limited English speaking proficiency and reading/writing skills

Let's Talk About Lola

- 68 year old Latino female, living in South Gate; referred by her primary care physician
- Undocumented, serving as a nanny for 2 children & living rent free in exchange for work
- Recently diagnosed with stage 2 liver cancer, also had many other chronic medical conditions
- Significant anxiety, depression, fear, suicidal ideation, plan and intent
- Complex trauma history
- Reported no support system upon intake; afraid to share with others

Names, case information & pictures have been changed to ensure client confidentiality

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Telecare Los Angeles Older Adults (LAOA): What We Do

- Provide field-based therapy (individual/group), targeted case management, outreach & engagement and psycho-education and trainings to adults 55 and older in Service Areas 7 & 8 of LA County
- Review of countywide outcome measures scores, used to assess acuity level upon intake, indicates our clients have higher acuity conditions upon enrollment & fewer protective factors and resources with which to cope
- Since November 2015, the most frequent diagnoses of our clients include:
  - Major Depressive Disorder
  - Generalized Anxiety Disorder
  - Adjustment Disorder (with mixed anxiety and depression)
  - Anxiety Disorder Unspecified
  - Depressive Disorder Unspecified
- Primarily use 5 different EBPs (i.e. Seeking Safety, IPT, CBT, PST & Pearls)

How We Use Seeking Safety at LAOA

- Careful triaging and assessment during initial outreach
- Standard measures to obtain pre & post scores using GAD-7, PHQ-9, OQ & PCL during 2nd & last therapy sessions
- Stabilization model for simple & complex trauma, PTSD, anxiety, depression, grief & loss and substance abuse
- Present focused, first stage of trauma recovery
- Not insight oriented; teaches coping skills
- Incorporated into a culture & philosophy of recovery-centered whole person care (i.e. RCCS)
So What Does This Look Like?

Going Back To Lola:

- Field based services in Spanish
- 4 face to face CBT sessions, 11 crisis related sessions/phone calls
- Targeted case mgmt, psycho-education, collaterals, safety planning, outreach, mtgs with doctor. Flexibility and initial high frequency of appts/risk assessments key
- Relaxation, guided imagery
- Significant decrease in outcome scores
- No more suicidal ideation after 1st session but premature termination due to conflicts

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Let’s Talk About Cece – Case Example #2

- 61 year old Latina female
- Referred by DHS social worker at her primary care clinic due to PTSD stemming from a recent assault
- Complex trauma history, started at early age.
- Afraid to leave home, afraid to go to work, excessive guilt & depression
- Constant hyper-vigilance, flashbacks, rumination, nightmares, fear
- Seriously exploring suicide upon intake

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How We Used Seeking Safety with Cece

- Home-based services in Spanish; 23 face to face sessions
- Targeted case mgmt, psycho-education, collaterals, safety planning, outreach, mtgs with her daughter
- Flexibility and initial high frequency of appts/risk assessments key
- Relaxation, guided imagery – both for client and clinician before and during each session
- Significant decrease in outcome scores
- No more suicidal ideation after 2nd therapy session
- Increased sense of hopefulness and optimism about future; returned to work & church

Names, case information & pictures have been changed to ensure client confidentiality

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General Treatment Goals & Strategies

- Given complexity of our clinical cases, we tend to conceptualize thru attachment lens & focus on relationships. Flexibility & client-centered care
- Effective & repeated use of screening measures (i.e. GAD-7, PHQ-9, OQ, PCL)
- Program emphasis on psycho-education about guided imagery, trauma trainings & didactics, Seeking Safety case consultations & participation in consultation calls, learning networks etc.
- Emphasis placed on teaching grounding techniques, using guided imagery & providing psycho-education on impact of trauma on mind/body
- Parallel processes in supervisory model & program culture (i.e. encouraging clinicians to develop their own style, increased confidence, biopsychosocial lens etc.)

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General Treatment Goals & Strategies: Adaptations within the Model

- Deliberate selection & ordering of Seeking Safety session topics & repeated sessions during treatment cycle based on client need
- When client's can't read, it's okay to read to them
- If quotes don't seem to apply, find other material that works better
- Shorten or lengthen treatment sessions as appropriate
- Incorporate more customized psycho-education as appropriate
- When writing therapy notes, use GIRP format & number session at top
- Utilizing technology (i.e. utube videos, relaxation CD) to help internalize learnings & build over time

Why this important for work with Latino older adults in LAC

- Inherent difficulties in provision of field-based services
- Increasing complexity in serving this population in today's climate
- Therapist burnout often due to a gap between client needs & therapist or agency resources available to meet those needs
- Need to know when to step back and evaluate within the context of systemic pressures
# Review of 2016 LAOA PEI Seeking Safety Specific Outcomes

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<thead>
<tr>
<th>EBP Practice Specific Outcomes (based upon internal 2016 Telecare data &amp; LA DMH data)</th>
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<tr>
<td>Data provided at the 5/2/16 Seeking Safety Learning Network Meeting</td>
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- Improved outcomes AMB change in scores & improved functioning across multiple domains
- Improved client ego strength & sense of self efficacy
- Improved employee satisfaction & MHSIP survey responses
- Increased treatment attendance

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# Review of LAOA PEI 2016 Outcomes

## Average Pre & Post Outcome Scores by Measure

(based upon internal 2016 Telecare data & statistically significant LA DMH PEI Outcomes data that was submitted thru OMA)

- **GAD-7** (used to objectively measure symptoms related to anxiety symptoms)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Pre Score</th>
<th>Post Score</th>
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<tr>
<td>GAD-7</td>
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- **PHQ-9** (used to objectively measure symptoms related to depression & suicidal ideation)

## OQ 45.2 (used to objectively measure overall quality of life and change related to symptom distress, interpersonal relationships and social roles)

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Key LAOA Learnings (Good, Bad, Ugly)

- Fortunate to have small program & relatively low case loads
- Need for comprehensive staff training & building competencies
- Champion level support worth the effort. Staff needed additional clarification about the model, how best to ensure fidelity etc.
- Strive to uphold Seeking Safety tenets but within culture of recovery and whole person centered care
- Strong correlation between key Seeking Safety principals and what we know about what older adults need
- Adaptations within the model (ex. How we work with illiterate clients, translations, provision of relaxation CD etc.) are positive and done based on client/clinician responses and needs
- Importance of promoting staff self care, enabling autonomy whenever possible

Spotlight on Cultural Sensitivity When Translated Materials Don’t Work Easily

Trauma victims base their ability to overcome their trauma by relying on their own set of cultural survival skills:

- May be significantly different from the clinician’s cultural skills/background;
- Definitions of “help” may vary;
- Cultural differences are exacerbated when “outsider” helpers enter client “turf”

Not recognizing the client’s worldview may lead to grievous errors in assessment and treatment. Need to ensure staff attention & support in translation and adaptation of manualized tools in order to ensure client understanding.
Attributes of Effective Multicultural Helping (Kiselica, 1998)

- Knowledge of one's own cultural biases;
- Basic knowledge about a variety of cultures;
- Willingness and ability to use skills & techniques that match client's culture;
- Experience in counseling with clients of a different cultures;
- Personal attributes:
  - Empathic & caring
  - Demonstrates positive regard
  - Advocates
  - Genuine belief that humans are more alike than they are different

Key Recommendations & Implications for Ongoing Treatment

- Promote self care & a culture of recovery and whole-person centered care
- Sensory motor activities (paired with music & dance) essential in targeting where trauma is stored & rewiring the brain Van Der Kolk, B. A. (1996); Schwartzenberger (2009)
- Facilitate relaxation, guided imagery exercises aimed at teaching how to self soothe
- Goal to increase hope and reasons for living, improve social resources, problem solving skills & protective factors. Teach importance of attending to daily routines & personal care (i.e. medical routine, medication compliance, relapse prevention etc.)
Building Protective Factors in Latino Older Adults

😊 Building social supports and helping ensuring they work
😊 Perceived support; increased satisfaction with personal relationships
😊 A sense of belonging, feeling valued & integrated into a community
😊 Agency - assertiveness, competitiveness & independence
😊 Positive goals and expectations for future
😊 Ability to cope; cognitive reshaping
😊 Promoting religious activities & affiliation

Why Are These Important?

✅ Parallel Processes (client, clinician, organization) are real & impactful
✅ Helps ensure longevity & sustainability; achieves more buy-in into Seeking Safety tenets
✅ Recognition that factors related to physical environment, schedule, routine cause an immediate impact on our staff; Responses change over time
✅ Long-term response:
   ✓ Continued exposure
   ✓ Attachment issues
   ✓ Availability of resources
   ✓ Frustration
   ✓ Other?
✅ Need to build sense of resiliency and self-efficacy in clients and staff

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Promoting Program Culture & Value for Self Care

- Asking Staff:
  - Where does your stress come from?
  - What do you bring from your life?
    - Personal vs. professional commitments
    - Physical and mental conditions - strengths & vulnerabilities
    - Self-awareness
  - What's happening around you?
    - Does client and trauma type matter?
    - What is your level of training and preparedness?
    - How supported are you?
    - How does all of this fit with your personal values and life goals?

Strategies for Targeted Stress Management & Reduction

- Need for self reflection and integration of core concepts into personal stress management and resiliency plan
- Need to recognize trauma signs & address symptoms
  - Issues with control & trust;
  - Differentiate between internal vs. external obstacles; Focus on what you have control over in order to address the inherent disconnection in trauma
  - Become aware of and manage empathy and identification
  - Limit exposure thru case mix and engage in pro-social behaviors
  - Process unwanted imagery & integrate feelings (intrapersonal)
  - Engage in physical exercise/dance (mind/body)
  - Engage cognitive appraisal; utilize supervision & create a group process for reflection (intrapersonal)
  - Find/create meaning in work & life (spiritual); Rediscover your humanity

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What is Telecare’s RCCS?
Recovery Centered Clinical Systems

RCCS is a philosophy and culture of service
✓ Goal is to provide services in a respectful & non-judgmental manner;
✓ Actively collaborate with clients & families who are team members and contributors in decision making processes;
✓ Value of engagement and teaming;
✓ Stress is normal. Stress can foster self development & growth;
✓ Clients are capable of assuming personal responsibility

Recovery Centered Clinical Systems (RCCS)

✓ Clients can grow & change in environments of acceptance, trust & empathic understanding;
✓ Sustained change occurs when clients feel ready & supported;
✓ All people have an intrinsic need for self-mastery and control

Fundamental belief that traumatic experiences can be construed as dangerous and harmful times OR they can be viewed opportunities for growth

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Ensuring model fidelity – How Seeking Safety & RCCS Fit

- Self Direction:
  - Recovery process is self-directed by client who defines his/her goals and designs a unique path towards those goals

- Individualized and Person-Centered:
  - Based on unique strengths, resiliencies, needs, preferences, experiences and cultural background

- Empowerment:
  - Including education & support to facilitate participation

- Holistic:
  - Addresses all aspects of client's life (i.e., housing, employment, education, mental health, health care needs, spirituality, creativity, social networks)

- Non-linear

- Strength-based

- Increasing Peer support

Q & A

- Discussion, feedback
- Questions???
- References (see handout)
Thank you

Shivani Patel Escamilla, PsyD, MHA
Clinical Director
Telecare Los Angeles
Older Adult PEI Program
spatelescamilla@telecarecorp.com

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