



CARE Act Training & Technical Assistance

MAINTAINING NEUTRALITY IN THE SUPPORTER ROLE

Training Category: Equitable & Person-Centered Care



This session is presented by Health Management Associates. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, California Department of Health Care Services.



[Slide Image Description: This cover slide introduces the title and category of this training. It contains the logos for the California Department of Health Care Services and Health Management Associates.]

Welcome to today's training for CARE Act implementation. This training is meant for volunteer supporters to better understand how they can maintain neutrality. This is an especially important tool when it comes to the supporter's role in supported decisionmaking (which we cover in a different training).

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Agenda

Maintaining Neutrality in the Supporter Role

- Discuss types of relationship between volunteer supporter and a client/respondent
- Review of importance for volunteer supporter, regardless of relationship, to fully support client/respondent's selfdetermination
- Use scenarios to illustrate how different relationships may pose potential challenges to supported decisionmaking process



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[Slide Image Description: This slide shows the major sections of this training on a light blue background.]

This recording will provide some strategies for maintaining neutrality in the supporter role.

We will discuss:

- Discuss types of relationship between volunteer supporter and a client/respondent
- Review of importance for volunteer supporter, regardless of relationship, to fully support client/respondent's self-determination
- Use scenarios to illustrate how different relationships may pose potential challenges to supported decisionmaking process





Objectives

At the end of the session, participants will have an increased ability to:

- Explore aspects of personal relationships between the volunteer supporter and the client/respondent
- » Identify strategies for maintaining neutrality and eliminating personal bias when participating in the CARE Act process as a volunteer supporter



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[Slide Image Description: This slide shows the learning objectives for this training with a light blue background.]

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Presenter



BARRY J. JACOBS, PSYD

Principal
Health Management Associates



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[Slide Image Description: This slide includes an image of the presenter of this training on a light blue background.]

The presenter is Barry J. Jacobs from Health Management Associates.

Barry J. Jacobs, from Health Management Associates, is a clinical psychologist and family therapist who has authored several books and dozens of articles on enhancing support for family caregivers. Dr. Jacobs provided more than 500 presentations about caregiving for family caregivers, community groups, and medical and mental health professionals. He is an expert in behavioral health integration, complex care management, enhancing family caregiver engagement and supports, practice transformation, team-based care, and provider wellness. He brings to HMA his knowledge and decades of clinical practice experience for individuals, couples, and families.







[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

In other trainings on the volunteer supporter and supported decisionmaking, we've talked about what a supporter is (someone to help the respondent/client maintain autonomy as much as possible) and explored how SDM is a major tool the supporter can use. In this discussion, we are going to talk about how we can use a major tool to successfully supporting the respondent through CARE: maintaining neutrality.







What is Bias?







A prejudicial attitude for or against someone



CARE Context



Bias could undermine the process if the volunteer supporter:

- Thinks that the respondent is incapable of making good decisions
- » Believes they know what is best for the respondent because they have always made decisions for them before
- » Believe they can intuit or "read the mind" of the respondent because they have known the respondent for so long



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[Slide Image Description: This slide shows two men in conversation, with one man's arm around the other. The definition of bias and bias in the CARE Act context is given.]

Definition

- Let's start off with a definition of what "bias" means: A prejudicial attitude for or against someone
- Thinking of bias as a kind of prejudice makes it sound very negative. Another
 way of thinking about it is that we form impressions of people we have
 become acquainted with. This is especially true if we know those people a
 long time, most especially if they are family members. When the impressions
 we have of a respondent cause us to react to or make assumptions about a
 respondent's decisions, then we may not be able to use SDM and fulfill VS
 role as intended.

CARE Context

- Bias could undermine the process if the volunteer supporter:
 - Thinks that the respondent is incapable of making good decisions
 - Believes they know what is best for the respondent because they have always made decisions for them before
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[Slide Image Description: This slide shows three banners with tools to eliminate bias.]

We are going to talk about 3 tools that can help the volunteer supporter eliminate bias:

- Maintaining respect
- Reflective listening
- Explicitly distinguishing historical relationship from volunteer supporter role





What is Ray's situation?

- » Diagnoses of schizophrenia, alcohol use disorder, type II diabetes
- » Currently not engaged with a MH provider; history of inconsistent use of antipsychotics
- » Recent emergency room visits related to his neuropathic foot pain
- » Currently unhoused and living on the streets
- » Referred for CARE Act proceedings by a Homeless Outreach worker
- » Elects his older sister as his volunteer supporter
 - » Knows she loves him but doesn't want her to tell him what to do
 - » Mistrusts her husband and his influence on



Case Example: Meet Ray



Disclaimer: This is a hypothetical case example. Any resemblance to an actual person is purely coincidental, including race, nationality, and gender.

[Slide Image Description: This slide shows an image of an individual depicting Ray and a description of Ray's situation.]

In the next few slides we are going to examine how you can use those tools to remain neutral, and we are going to use a hypothetical case example that we've used in a couple other trainings.

What is Ray's situation?

- Diagnoses of schizophrenia, alcohol use disorder, type II diabetes
- Not engaged with a mental health provider
- History of inconsistent use of antipsychotics
- Recent emergency room visits related to his neuropathic pain
- Currently unhoused
- Referred for CARE Act proceedings by a Homeless Outreach worker who checks in with him regularly





- Ray elects his older sister as his volunteer supporter
 - Knows she loves him but doesn't want her to tell him what to do
 - o Mistrusts her husband and his influence on her

Disclaimer: This is a hypothetical case example. Any resemblance to an actual person is purely coincidental, including race, nationality, and gender.







[Slide Image Description: This slide shows a banner that highlights one tool to eliminate bias: maintaining respect.]

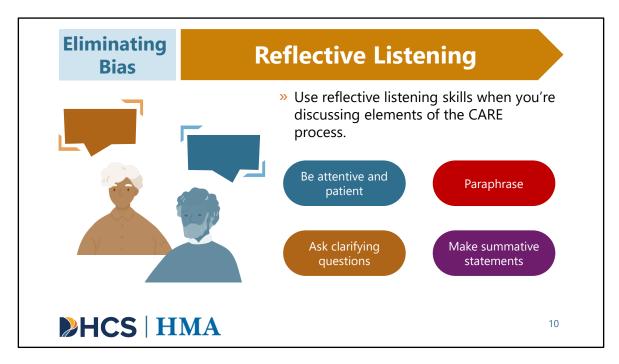
Maintaining respect means to give "due regard for the feelings, wishes, rights or traditions of others"

What can maintaining respect look like in this role?

- Inquiring about respondent's choices and preferences
- Helping respondent feel heard and understood by using reflective listening skills
- Refraining from offering an alternative perspective unless the respondent requests it
- Refraining from expressing judgement about the respondent's thoughts, choices, and preferences
- · Accepting respondent and their beliefs as they are







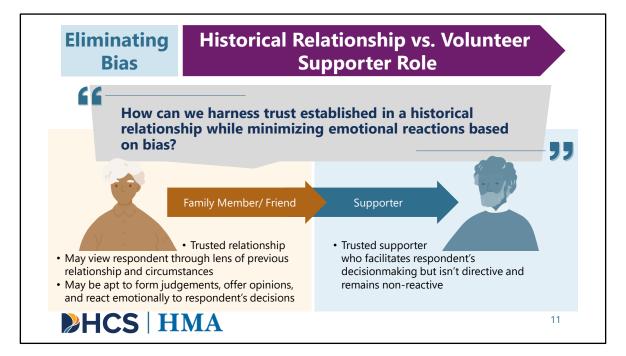
[Slide Image Description: This slide shows a banner that highlights another tool to eliminate bias: reflective listening.]

Consider ways in which a supporter can use reflective listening to help the CARE Act participant maximize self-determination:

- Be **attentive** and **patient.** You can help organize the conversation but allow the respondent to lead it as much as possible
- Paraphrase what the respondent says without making any of your own comments or judgements (e.g., "It sounds like you would like to talk with your housing coordinator about a problem.")
- Ask clarifying questions (e.g., "Did you want to speak with your housing coordinator today or sometime this week?")
- Make **summative statements** (e.g., "Let me make sure I understand you. You would like to talk with your housing coordinator about a problem you are having as soon as possible. Is that right?")







[Slide Image Description: This slide shows a banner that highlights another tool to eliminate bias: distinguish historical relationship from volunteer supporter role.]

Trust is a crucial foundation for working as a volunteer supporter with a respondent. A historical relationship may have previously established trust but may also cause the volunteer supporter to have personal bias that undermines SDM. For example, if the volunteer supporter was at one time the subject of a respondent's paranoid delusional thinking and consequently felt hurt or offended by the respondent's accusations, then it may be difficult for that volunteer supporter to be optimally supportive of the respondent through the CARE Act process. It is important for a volunteer supporter to regard paranoia and other symptoms as manifestations of a respondent's severe psychiatric illness and not respond to them personally.

In many instances, the volunteer supporter is someone who has been in the individual's life for a period of time. Consider the role that they have played in the past and the role of the supporter.

· Role of a family member or friend:

 Trusted supporter but also frequently someone who has some bias, viewing respondent through lens of previous relationship and circumstances





• May be apt to form judgements, offer opinions, and react emotionally to respondent's decisions

• Role of volunteer supporter:

 Trusted supporter who facilitates respondent's decisionmaking but isn't directive and remains non-reactive

Question: How can we harness trust established in a historical relationship while minimizing emotional reactions based on bias?





Eliminating Bias

Historical Relationship vs. Volunteer Supporter Role



- » Discuss how this relationship will be different than how they usually interact with one another.
- The volunteer supporter must be clear that their role is to help represent what the respondent wants, not tell respondent what to do or influence them.



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[Slide Image Description: This slide shows a banner that highlights another tool to eliminate bias: distinguish historical relationship from volunteer supporter role.]

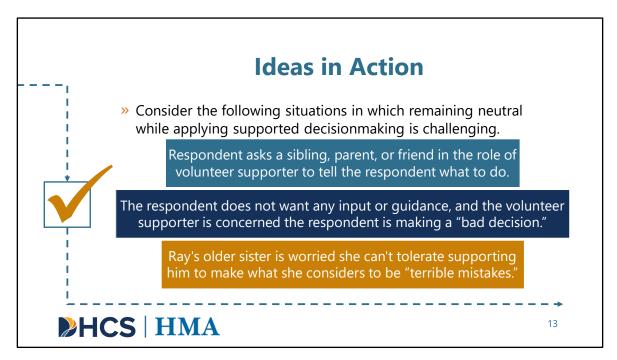
Consider: For those that have had a historical relationship with the individual, how will this relationship as their supporter be different?

- A historical relationship can provide the respondent with a sense of familiarity and emotional safety.
 - (If respondent mistrusts a family member or friend, then presumably they won't choose that person to be their volunteer supporter)
- Volunteer supporter and respondent should discuss how this relationship will be different than how they usually interact with one another
- Volunteer supporter must be clear in their own mind and with respondent that their job is to help represent what the respondent wants, not tell respondent what to do or influence them unduly

The volunteer supporter and respondent should talk about how SDM will be different than they usually relate. The volunteer supporter must be clear in their own mind what their role is and isn't and how important the role can be for helping respondent to exercise self-determination.







[Slide Image Description: This slide shows an ideas in action prompt with situations in which applying SDM might present a challenge.]

Consider the following situations in which remaining neutral while applying supported decisionmaking is challenging.

- Scenario 1: What if the respondent asks a sibling, parent, or friend in the role of volunteer supporter to tell the respondent what to do? How should the volunteer supporter answer?
 - Supporter should review with respondent how these interactions are different. Explain again that VS is here to help respondent weigh options but not tell respondent what to do
- Scenario 2: What should the volunteer supporter do if the respondent does not want
 any input or guidance from the volunteer supporter, and the volunteer supporter is
 concerned the respondent is making a "bad decision"?
 - Respondent is allowed to not get any input from VS. Unless respondent is imminently at high risk of harming themselves or others, VS must maintain respect for respondent's decisionmaking right
- Scenario 3: What if Ray's older sister can't tolerate supporting him to make what she





considers to be "terrible mistakes"?

 If sister finds herself reacting emotionally to respondent's decision, then she should seek additional training. If she still is unable to tolerate the outcomes of the SDM process, then she may discuss with respondent that she can't fulfill role. She could suggest respondent should choose another person to be VS.





Objectives

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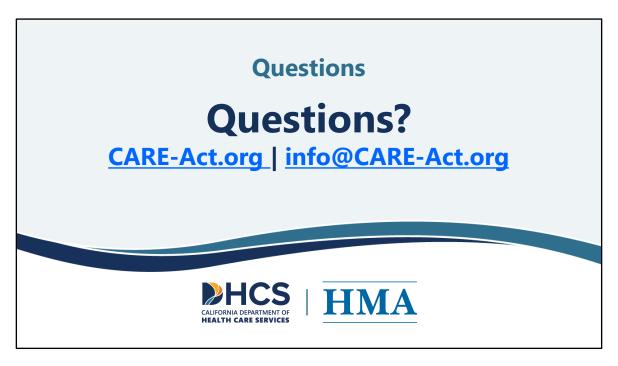
[Slide Image Description: This slide recaps the learning objectives for this training with a light blue background.]

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[Slide Image Description: This slide shows the CARE-act website and the email address.]

We are here to support you and provide you with those opportunities to connect and hear about implementing the CARE Act. The website is CARE-Act.org and our email address is info@CARE-Act.org.