Results of US PHC Focus Groups

Hello

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Working with John, Sarah, and Diana on developing PHC training for the community-based program, SCIPHC.

Road map

1. Background
2. Results of Focus Groups
3. Recommendations

1. Background

Focus groups

When	2022	2024
Why	Focus on identifying the scope of the PHC role.	Focus on identifying strengths and areas for growth of the PHC training from the coaching perspective.
Who	Anonymous group interview	4 US PHCs

Why is this presentation for you?

- Not to publish
- To know what are the coaches thinking

2. Themes

Color coding themes discussed in each focus group

2022

2022 & 2024

2024

Overview

1. Connection to SCI&U
2. Team bond
3. Trusting the PHC Training
4. Training for full spectrum of participants
5. Common challenges and crisis challenges
6. External trainings: CCMI, MHFA, BAP

2022
2022 & 2024
2024

Connection to SCI&U

- Strong feelings of connection to SCI&U

- Unique mission
  - participant-led coaching
- Responsibility/ role of the coach.
  - desire to help.

2022
2022 & 2024
2024

Team bond

- Feel connection and appreciation for the people at SCI&U.
    - Regular weekly check-ins are essential
- “We're the peers and mentors at the same time”
    - Unique support in that you are the mentor (PHC to participant) and the mentee (support from coaching coordinators).
    - Continuously demonstrating and practicing the coaching model within the team
- Non-hierarchical support
- Expressed appreciation for the freedom and strong bond
- Expressed preference for a graded approach with more support at the beginning
    - Many liked that the coaching coordinators let them find their own way in role but it was challenging at the beginning due to less confidence.

2022

2022 & 2024

2024

Trusting the Training

1. Buy-in to SCI&U-
- Believed from the beginning that they believed the coaching model would work.
- Took time to trust that the training had prepared them.

2. Buy-in to self-efficacy- took time for the coach to believe in self as capable of coaching.
- In SCI&U, self-efficacy developed with
  - **Time and experience coaching:** Know that you can't prepare for everything (even with a script) and you can only get good through the experience. You won't be 100% leaving the training and that's okay. Trust that you have the tools and with experience you'll get there.
  - **Observing clients meeting BAPS:** All interviewees cited a peer achieving a BAP as among their proudest moments. A peer achieving a goal enables the PHC to observe the impact of the coaching relationship on the peer.
  - Providing people with assessments can "legitimize skills" in self-perception.

2022

2022 & 2024

2024

Working with Individuals close to their date of injury

- May trigger **secondary trauma** and **PTSD** in coaches.
  - Identifying with the participants: "**We are them, they are us**"
  - Training should help answer the question, of how to relate (necessary skill in peer coaching) to the participant/trauma without being triggered?

- Anticipating every concern in the previous study to be amplified when working with individuals who are closer to their date of injury.
  - PTSD
  - Suicidal ideation
  - Boundary challenges
  - Lashing out
  - Low engagement
  - Low activation levels/ not ready

- Self-efficacy was not thought about, but after prompting, coaches would want to know about the peer's resources to make suggestions that are participant-centered.

- Average age of injury + 1-2 years post injury= younger population. Anticipating challenges related to:
  - Generational differences
  - Social media and parasocial relationships
  - Modern healthcare

2022
2022 & 2024
2024

Setting expectations

1. Understanding the big picture.
2. Setting expectations for the experience of being a PHC- can be very rewarding and very frustrating
3. Setting expectations for common challenges and responding to them
    a. Participants canceling or being late or not showing
    b. Managing negative feelings about participants
    c. Establishing boundaries (Dr. Belliveau was a great resource)
    d. Building relationships with participants
    e. Geographic, social, and legal environmental factors.
    f. Balance of expressing concern but not pushing opinion
4. Setting expectations for crisis situations and how to respond
    a. Self-harm, suicidal thoughts/actions, PTSD, boundary setting with people in crisis, substance use, etc.

2022
2022 & 2024
2024

External Trainings: CCMI, MFHA, and BAP

- Increase substance use
- Increase trauma-informed care
- Shorter time between MHFA and the first meeting
- MHFA is perceived as valuable and relevant. Will take, “as much as you can get”.
- Valuable having Dr. Belliveau present (especially for boundaries)
- Reduce the stress of getting certified for BAP

Let's pause to process
Questions?
Thoughts?

Recommendations

Recommendations for scheduling

- Scheduling a shorter time between MHFA and the first meeting
- Provide a booster MHFA module

The BIG Picture for new coaches

- What is SCI&U?
  - Restating Mission, History, & Results
  - DEI statement, & Trauma informed Program statement
  - Success stories- From participants, coaches, admin, and other stakeholders (ex. nurse, therapist, etc.)
- What is a PHC?
  - Expanding upon scope and gear shifting model
  - Creating Expectations and Code of Conduct for PHCs

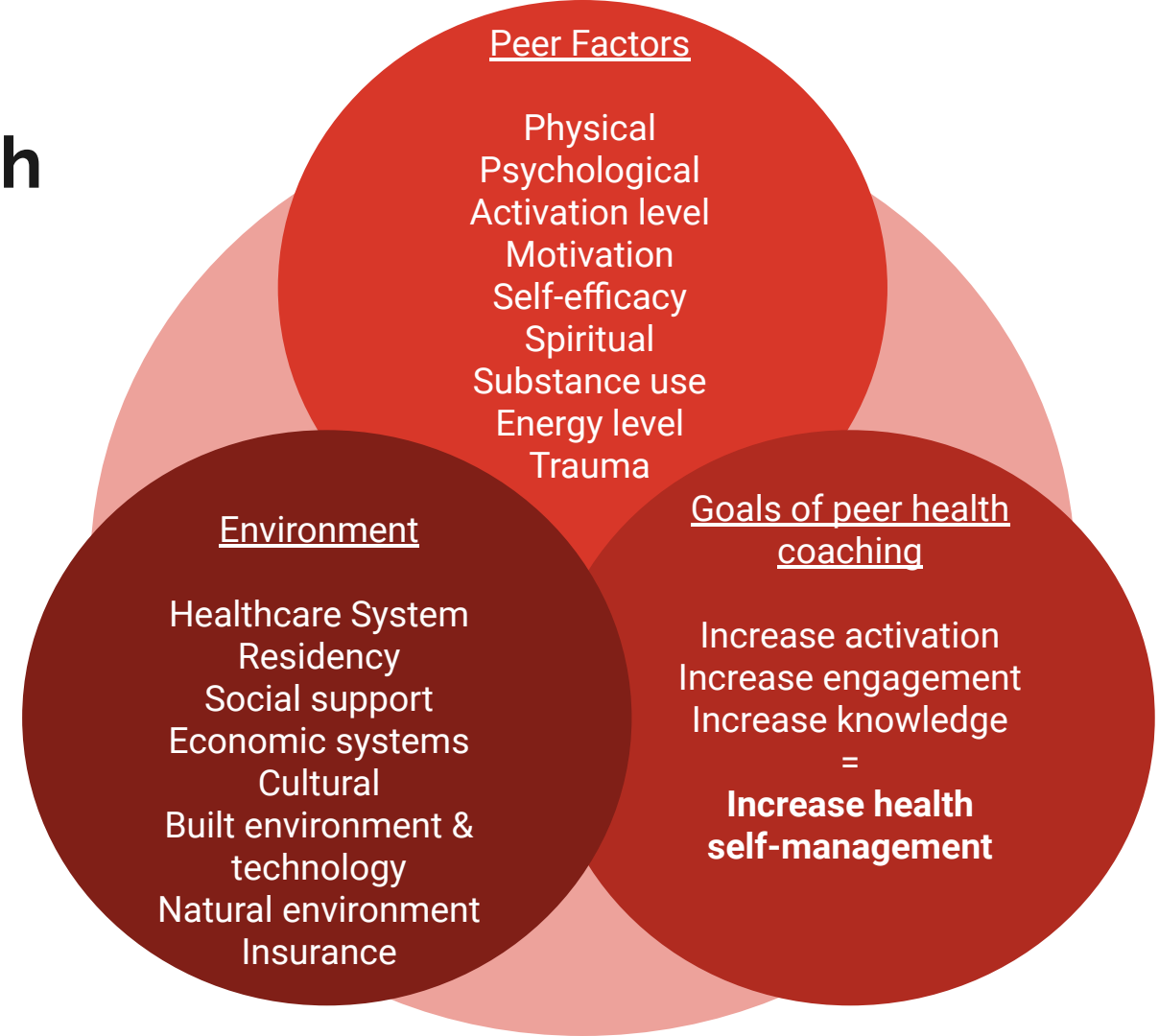
Expanding upon the professional identity of coaches

- **Target increasing confidence and self-efficacy during PHC training**
  - Set expectations of
    - Good enough at the start
    - Coaches find their unique style
      - Ask do you feel that all coaching styles are equally valued?- reflection
    - Good enough at the end- By gaining fundamentals, can steer other conversations you can't prepare for.
- **Setting expectations for professional expectations**
  - Professional identity- leader and professional
  - Supervision style-
    - Non-hierarchical
    - Grading supervision and support over time: Just right challenge

Setting expectations for the experience of being a PHC-

- **Rewarding & frustrating**
- Provide positive testimonies from past PHCs
  - Coaches shared they would be willing to provide testimonies
  - Coaches shared an audio recording of an example session
- Set expectations and resources for challenging situations
  - Baseline emotional state of participants (may be lower than expected)
  - Financial, legal, and systemic barriers
    - Creating a resource identifying model systems (geographic location and resources)
- Create PEO model to support coaches meeting clients where they are at

3 lens approach



Common Challenges

- **Managing feelings about participants (ex. perception of coddling participants)**
  - Education about function-based thinking, activation measures, trauma-informed care
  - Tool for self-reflection
- **Participants canceling or being late or not showing**
  - Developing a protocol for coaches to follow with non-judgemental language.
  - Lesson of showing up (vulnerable population and requires trust that someone will show up and that good things will happen)
  - Self-reflection

Common Challenges

- **Building relationships with participants-**
  - Coach Bios
    - Study: platform has an 'about me' for the coaching session
    - CP: Create prompts for coaches to write a bio (what would you like peer to know, where do you live, why do you coach, gender identity, level of injury)
      - Share bio before the first meeting (introduction to bridge connection between recruiter and PHC) or in first meeting
- **Establishing boundaries with participants**
  - Protocol and training for boundaries during coaching (work with Dr. Bellevieau)
  - Protocol for boundaries after the coaching relationship ends.
    - Ex. Study protocol- no contact for 6 months. Protocol for CP- tbd.
  - Train coaches to educate peers on the difference between peer mentors and PHCs- "you can't call anytime, you have a session".
- **Balance of expressing concern but not pushing opinion-**
  - In training, clarifying the difference between a peer mentor and a peer health coach. You're allowed to express concern, but not push your opinion.
  - Refocus and uphold the goal of self-management
  - Written examples. or role-plays with coaches and coaching coordinators to provide live feedback

Crisis Situations

- **Setting expectations and action steps**
  - Self-harm and suicidal thoughts/actions (consider BC: death with dignity)
  - PTSD and triggers
  - Boundary setting with people in crisis
  - Possible abuse or neglect
  - Substance use

Substance Use

- Expand mental health first aid and/or CCMI to include substance use
  - **Goal: Educate coaches to help them help participants make informed decisions and vet information.**
- Topics
  - Recreational and over-the-counter substances
    - Define scope of PHC with medication management
    - Integrate in training for connecting with healthcare team
  - Harm reduction
  - Interpersonal interactions- Nonjudgemental vs expressing concern

- When does it become an adverse event?

Thank you for your time and attention!
Questions?
Thoughts?

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