

Crestwood Behavioral Health, Inc.

Crestwood Behavioral Health, Inc. is proud to be California's leading provider of mental health services, assisting thousands of clients from across the state. Our focus is on creating strong relationships with counties in which we both have a financial commitment, providing the services which are tailored to meet clients' specific needs, and reinforcing a common set of values that guide our practices and policies.



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spotlight

"It takes a village! Crestwood has many members of our village to help support, guide, assist, teach and lead us down the path of meeting our mission as an organization. Each member of our team is a valuable and contributing member and together we are strong."

– Pamela Norris, Crestwood Vice President of Operations



accreditation

Crestwood Behavioral Health Inc. is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), which requires a higher standard of care than the licensing standards in California. Crestwood believes this accreditation demonstrates our unwavering commitment to achieving and maintaining the highest level of care and rehabilitation.

Crestwood Behavioral Health, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
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Editor: Kari Friesen, Director of Communications

Flora Edwards

"In helping others, we shall help ourselves, for whatever good we give out completes the circle and comes back to us."

touch

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The Healing Notes of Music Therapy

What do you think when you hear “music therapy?” Many times, the first idea that comes to mind is using music to help people relax, but what if I told you that it is that and so much more? Music therapy is a profession that formally began after World War I and World War II with community musicians (both amateur and professional) going to veterans’ hospitals around the country to play for veterans suffering both physical and emotional trauma from the wars. Since then, the profession has grown into a clinical and evidence-based service that uses music, music therapy techniques, and the therapeutic relationship to address physical, emotional, cognitive, and social needs. Music Therapists work in different settings and with different populations, such as hospice care, general hospitals, correctional facilities, mental health services, and special education.

On July 31, 2019 Governor Gavin Newsom approved AB1540. This bill provides a statutory definition of music therapy and prevents individuals from using the title “Board-Certified Music Therapist” if the individual has not completed specified education and clinical training requirements. This bill also enables consumers and state and local agencies to more easily identify qualified Board-Certified Music Therapists.

The music therapy program at Crestwood Manor in Stockton was started in July 2018. Since then, some of the great work being done at Crestwood Manor through music therapy includes music therapy groups for residents, one to one music therapy services, and music therapy for staff to reduce burnout and increase staff camaraderie as part of our Organizational Wellness Landscape (O.W.L.) project. A few examples of music therapy interventions include singing, music improvisation, music performance, receptive music listening, songwriting, lyric/song discussion, music-assisted relaxation, music and imagery, and movement to music. What can one expect from a Music Therapist that works in a behavioral health setting? A few examples include exploration of personal feelings and therapeutic issues such as self-esteem or personal insight; positive changes in mood and emotional states; a sense of control over life through successful experiences; enhanced awareness of self and environment; opportunities to express oneself both verbally and non-verbally; and development of coping and relaxation skills. Music therapy is a powerful recovery tool that we can use in all of our Crestwood programs to help provide soothing healing and wellness to our clients and staff.

*Contributed by: Jesus Garcia, MT-BC
(Board-Certified Music Therapist),
Crestwood Manor, Stockton.*





Humility is the Utility for Power

When I was a child, I got to know the local utility company very well in our little hometown. Because my stepfather spent more time in the local tavern than managing the family budget, getting our electricity turned off was a common occurrence. Whenever this happened, my mom would somehow scrape and borrow enough money to pay the past due bill. She and I would then make the two-mile trek to the utility office to get our power restored.

Inside the small lobby of the utility office were two glass windows—one had a sign saying “Payments” and the other one was labeled “Delinquent Payments.” Our window never had a line in front of it, so I figured it was mostly reserved for us. The woman who sat behind this window looked like she hated her job or perhaps she just didn’t like interruptions. Whenever we came to her window, she never had to ask for our last name or address; instead, she would just pull out her clipboard, glance at it, and tell us what we owed.

After my mom paid her, the woman would usually lecture us on how future late charges and turn-on fees could be avoided if payments were made on time. Mom would then apologetically thank the woman who often responded with a sigh and replied with something like, “Let’s hope this gets you back on track this time.” I never remember her saying “You’re welcome” or “Thank you for bringing this up to date; we appreciate your business, etc.”

This experience reminds me of how our recovery campuses are like power stations, and we are the utility workers. The people we serve are our customers who are doing the hard work of recovery. Their work requires lots of energy because they often reside at the intersection of shame, guilt, grief, and sadness. They come to us to get their power restored. And our primary business purpose is to empower them.

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Unlike the “delinquent payment” lady who sat behind the glass window clutching her clipboard and authorizing who got power, we do our best empowering work when we operate from a utility of humility. When we can step back from needing to be the expert or person in charge and when we can be a little vulnerable (human) ourselves, then we can empower the people we serve to remember who they are; discover their answers; and contribute their gifts.

So, in order to gauge the recovery level in our empowering grid, here are a few questions to consider. Are we finding ways to mitigate the power imbalances between us and the people we serve? Are we doing more mentoring than monitoring? Are we inspiring people to recover and honoring them as the experts in their lives? Are we validating their strengths and asking them open-ended questions? Are we offering them choices and engaging with them in relationship and community? Are we seeing a power surge of recovery and resilience outcomes from a utility of humility? If we can answer a resounding “YES” to all of these questions, then we’re doing what we get paid for... giving the power switch to our guests - the people we serve.

Contributed by:
Chris W. Martin, Crestwood Director of Learning and Performance

*Tell your story.
Shout it. Write it.
Whisper it
if you have to.*

But tell it.

*Some won’t
understand it.*

*Some will
outright reject it.*

*But many will
thank you for it.*

*And then the most
magical thing
will happen.*

*One by one, voices
will start whispering,
“Me, too.”*

*And your tribe
will gather.*

*And you will never
feel alone again.*

– L.R. Knost, Author

Supporting Recovery Through Non-Aversive Communication

Communication is the linchpin of the work that we do within Crestwood, and it is a primary means for conveying our Crestwood values of Compassion, Commitment, Family, Enthusiasm, Flexibility and Character. As we strive to become more trauma-informed and committed to conveying an unconditional positive regard for those we serve, the words we choose and how we convey them become ever more important as they are the vehicles with which we convey our attitudes, perceptions, and beliefs.

Sometimes, even with the very best intentions, we choose words or say something in a certain way that is received as offensive by another. There are layers of cultural, ideological, identity, and historical dynamics that contribute to this. It is therefore crucial that we become educated about and sensitive to the individual triggers of those that we serve, those of our colleagues, as well as our own. At Crestwood Treatment Center in Fremont, we practice a method of communication that we call “Non-Aversive Communication.” Essentially, we avoid using language or communication styles that are perceived as triggering with our residents.

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Common to the experience of those we serve at our Crestwood campuses, is a loss of independence. Whether it’s a short stay at one of our PHFs or a long-term placement at one of our SNFs, within our programs the people we serve do not have the full breadth of their prior independence. It is thus fair to assume that a primary trigger is any circumstance or interaction that indicates that the resident is not in control. We run the risk of communicating this when our actions or words suggest that we are in control when we don’t create space for choice or voice and when we suggest that we know what is right for that individual.

This is the difference between telling a resident who has a limited income and whose goal is to obtain their own apartment, “That’s nice, but let’s find a goal that’s more realistic for you,” and instead saying, “That’s an admirable goal. Tell me a little bit about why this is important to you.” It is the difference between telling a resident with severe dementia who has had an episode of incontinence, “You’re wet,” and instead saying, “Here’s something nice for you to wear.” It is the difference between telling a resident who is in acute distress and agitated, “You need to calm down,” and instead approaching that person and saying, “My office is open, I’m here to listen.” It is the difference between saying “That’s breaking a rule of your program,” and instead saying, “You’re usually really on top of your goals. What’s different for you today?” It is the difference between saying, “No,” and instead saying, “This seems important to you, tell me more.”

Acknowledge the individual by conveying respect that their experience, opinions, and choices may be different than our own, but are equally valued.

There is a power dynamic inherent to the roles we hold with those we serve. Communicating transparency about this power dynamic further conveys respect, validation, and compassion. The intention of each of the latter of the previous statements is the same. It is an intention to acknowledge the individual by conveying respect that their experience, opinions, and choices may be different than our own, but are equally valued. It is conveying that each individual’s aspirations are valued and worthy of dignity and that they are deserving and have very real and important thoughts and feelings. It is through such conveyance that trust, and therapeutic relationships are built.

It is our privilege to accompany those we serve as they work towards recovery and wellness. It is our responsibility to clear the driver’s seat for them on that journey. The driver’s seat does not mean that the people we serve know how to drive yet or where and how they will reach their destination. But making the driver’s seat available, ensures that we are not creating additional barriers to getting in that seat. It means that we communicate our belief in the driver’s ability to get there and on the road that they choose.

Contributed by:
Karen Scott, Program Director,
Crestwood Treatment Center, Fremont



Finding Resilience After the Fire

Freise HOPE House is a short-term, peer-led recovery home, centered on supporting guests after they have faced a significant mental health crisis. Because we are a peer-led program, our staff tends to be called to this type of work and have a significant passion to support the guests we serve. This is why the electrical fire Freise had at the beginning of June was so devastating. The fire required us to relocate all our guests to various campuses and left a staff scrambling to readjust to an empty home and an uncertain future.

Although the fire was devastating, one of the blessings we received was the opportunity for full-time staff to spend two weeks with Chris Martin, one of Crestwood's Directors of Learning and Performance, who led our team through a powerful, formal peer support training. A "peer support" is someone who has lived recovery experience, including supporting a loved one through mental health challenges or addressing personal mental health difficulties. Staff at Freise fit into one of these two categories and sometimes both.

What we found, was that formal peer recovery training is not for the faint of heart. The class asked each of us to review our own personal experiences and bring these, sometimes painful, experiences to the forefront. With Chris' tender approach, many of us shared our personal recovery stories with one another. For example, I shared how my recovery journey started with my mother's lifetime depression and how she was hospitalized for suicidal ideation when I was 12 years old. My recovery journey continued with my own depression and various life challenges. More recently, my mother was diagnosed with Alzheimer's, and I became her caregiver. I was able to share the difficulties I experienced of caring for a parent who had not cared for me and the forgiveness I found through my service toward my mother. As one can imagine, sharing personal, sometimes tragic histories, can be difficult for anyone, but our staff demonstrated tremendous courage and vulnerability by sharing their personal stories with those they work with day in and day out. This sharing and getting to know one another on a deeper level allowed staff to renew their enthusiasm for peer recovery as a model for treatment, and they could see how powerful peer sharing can be.



Freise HOPE House staff celebrating after completing their peer recovery training class.

During one of the last days of our peer training, Chris invited the class to identify a symbol or name for our class. We unanimously chose the Phoenix, an image that symbolizes life, death, and re-birth. This seemed appropriate as we have experienced a life altering fire. The fire inspired us to take stock of what is important to each of us individually and collectively. From my perspective it has brought us opportunities we would have never gained otherwise. Since the fire and the class, Freise team members have been working to reinvent the way we do business. Staff have developed ways to incorporate the kitchen into programmatic functioning through nutrition and cooking classes. We have completely landscaped the property so that the outside matches the fabulous work we do inside the house—this includes developing an organic garden and chicken coop. Staff have toiled tirelessly to clean, reclean, and put the house back together again. Although the fire was an overwhelmingly stressful experience, it has brought with it new life and re-birth. At Freise HOPE House we are phoenixes, working hard to rise from the ashes.

Contributed by:
Elizabeth Rogers, Administrator,
Crestwood Freise HOPE House

Resilience in Action

Advancing Peer-Provided Services

What happens when two old friends connect, collaborate and create, with the shared goals to expand hope, compassion and joy, while teaching skills, and supporting recovery for those who are the most disenfranchised, frequently forgotten and often hopeless?
The answer is resilience in action.

We are thrilled to share Crestwood's new acquisition of Resilience, Inc., an international leader in recovery and resilience training; consultation and implementation; Peer Support Specialist training and certification; and providing inspiration to so many. This acquisition will enable Crestwood to access the consultation and support from the Resilience Inc. team that includes Lori Ashcraft, Gene Johnson, Chris Martin, and Scott Palluck.

With this acquisition, Crestwood launched a new department, Crestwood Recovery and Resilience Solutions (CRRS), that will continue to provide the very successful Peer Support Training through OSHPD grants with Los Angeles, Orange, Stanislaus, Fresno, and Solano counties, as well as consultation with a variety of other California counties, other states and even internationally.

With the formation of our CRRS department, Crestwood will launch the Peer Employment Learning Center pilot that is an outgrowth of our Activate Resilience Teams (ARTs). This pilot program will start in San Diego at our Hummingbird Healing House and includes partnering with Dreamcatchers Empowerment Network for employment support. The pilot program includes a comprehensive Peer Support Specialist training and a three-month internship at our San Diego Mental Health Rehabilitation Center (MHRC) to prepare the people we serve to step into competitive employment as a peer support specialist. The Peer Employment Learning Center (PELC) will be an opportunity for transitional residential programs, such as Hummingbird Healing House, to provide Peer Certification curriculum as a core curriculum, followed by the three-month internship, which may lead to certification once the statewide peer certification is in place.

CRRS has partnered with Rutgers University to design an evaluation study to look at the efficacy of the PELC program for the people we serve, the campus staff and the organizational culture. Rita Cronise and Amy Spagnolo from Rutgers University are taking the lead on evaluating the pilot and measuring the outcomes of this project. We look forward to publishing the results as we refine our PELC program.

In addition to the PELC program, the CRRS team will continue to support the OSHPD grants and contracts across the state, country and even currently in Singapore, providing the external peer support training, supervision and consultation. For Crestwood, connecting with old friends, Lori and Gene, has led to growth and a wonderful collaboration to continue to advance peer-provided services in communities throughout our state, nation and hopefully someday, the world.

Contributed by:
Patty Blum, PhD, CPRP
Crestwood Executive Vice President



Several years ago, I came to understand two, four-letter words that diametrically opposed each other—hope and fear. It was in relation to a small community where we hoped to open services for people in need with mental health issues and a community who were in fear of these people, their behaviors, their friends and family and the possibility of these services opening in their community. This community was filled with good, kind-hearted people and yet fear took the lead when the question was posed regarding a mental health program in their neighborhood.

Sebastopol: the Community of Hope

The community leadership did their due diligence, visiting many of our Crestwood mental health programs that year. They connected with other communities where we operate our programs. They talked to fire chiefs, police, neighbors and schools only to learn that there was no threat or risk from mental health services in the community; the risk conversely is the lack of services in communities. After almost a year of hearings and deliberations, we were granted our conditional use permit. Our services opened, and we have grown to be a valued member of that community.

This year we had the privilege of attempting to open a Crestwood Psychiatric Health Facility (PHF) in Sebastopol, a small community in Northern California. We approached the community leadership much like we did in the past with hope, sharing our successes and the value of our services, while communicating our concern about community pushback and reaction. We were assured that “Our community is different.” They stated, “We are welcoming, inclusive and share the values of love and hope. We are a different community.” I was hopeful, yet cautious based on the past two decades of experience with stigma, discrimination, hate and press coverage of NIMBY issues. This community visited our programs, connected with other communities and did their due diligence. We hosted an open house, offered tours and shared facts about the people we serve, their needs, their vulnerabilities, their strengths and gifts and the safety of our mental health programs, as well as the exemplary safety record in our communities.

The first night of the Planning Commission hearings arrived. We were prepared for several more months of hearings and debate based on past communities’ reactions across the state. We provided our presentation with data and stories. We were ready for questions, debate and fear from this community. Instead, what we received was a welcome. They had very reasonable questions and neighbors wondering about protocols, which were immediately answered. Other people had questions related to how this new service would fit into the community. After a brief discussion and community comment, the Planning Commission voted unanimously in favor of allowing this use of a Psychiatric Health Facility in their community. This was a first!

We were welcomed; one commissioner stated she hoped we could develop more of these programs in their community and adjoining towns. This response may be an indication that, “The times they are a-changing,” to quote Bob Dylan. I return to that four-letter word, hope, and honor a community that places love and inclusion above fear. We look forward to a community and a world that welcomes people who are different, people with challenges, people in pain and with trauma, and people with gifts and strengths to enrich our world and make our tomorrow one of hope.

Contributed by:
Patty Blum, PhD, CPRP
Crestwood Executive Vice President



Building Stronger Relationships Through Empathy Enhancement Training

For the past year, the Crestwood Bakersfield Campus has been piloting an Empathy Enhancement training for our staff as a way to provide more compassionate care, improve customer service, and combat burn out. Last year, after conducting several new employee orientation trainings, we began to discover there was a topic missing in our curriculum and that was empathy. Empathy is defined by Psychology Today as the experience of understanding another person’s thoughts, feelings, and condition from his or her point of view, rather than from one’s own. Empathy facilitates prosocial or helping behaviors that come from within, rather than being forced, so that people behave in a more compassionate manner.



Rhonda Van Cleve and Sarah Wood presenting Empathy Enhancement Training at the CASRA Spring 2019 conference.

We began to research the idea of how to improve our ability to empathize and support our staff, and we discovered so much. According to Frontiers in Public Health Journal, “Greater empathy in healthcare professionals improves client outcomes and satisfaction.” In the early 1990s, Theresa Wiseman, RN, began developing empathy training for hospital staff and discovered there are four qualities to empathy: perspective taking; staying out of judgment; recognizing emotions; and communicating empathy. Studies have shown people served are more likely to adhere to treatment plans when their providers are empathetic. Also, when staff are more empathetic there is a reduction in recidivism

At Crestwood Bakersfield, our approach is to utilize self-reflection and skill building to improve and increase these individual empathy qualities amongst our staff. In the four-hour Empathy Enhancement training our staff receive in orientation, we practice specific skills and

exercises that have been shown to improve these individual qualities. We have measured our training success by adapting a widely-used empathy measurement tool, the Toronto Empathy Questionnaire (TEQ), to measure our staff empathy at Day 1, Day 30, and Day 90. To date, we have had more than 80 staff participate in the Empathy Enhancement training, in addition to another 60 hours of training that includes Wellness Recovery Action Plan (WRAP), Dialectical Behavior Therapy (DBT), Trauma-Informed Approaches, and Cultural Diversity. We have seen an increase in TEQ scores by 1-2 points 30 days after receiving the initial training (average score of 49.8 to an increase average score of 51) and another 2 points after 90 days! In addition to numerical statistics, we have also heard comments from staff regarding their own personal insights into their ability to empathize with positive self-reflection, changes in habits and better communication when interacting with our clients. Staff have said that they are building stronger relationships with those that we are serving simply by making better eye contact, respecting a differing perspective, and using reflective statements. Other staff have commented that it has also strengthened their personal relationships outside of the workplace.

Rhonda Van Cleve, the Bakersfield Campus Administrator, and I have been very fortunate to be able attend and present at several CASRA conferences on what we have discovered since beginning our empathy pilot program. It’s been an honor to teach empathy skills and share with other organizations how helpful this training has been for our staff and clients.

At Crestwood Bakersfield, we look forward to continuing our Empathy Enhancement training at our campus and are hopeful that these skills will continue to spread beyond our Crestwood campuses and into local communities throughout California.

Contributed by:
Sarah Wood, Director of Staff Development,
Crestwood Bakersfield