Enhanced Staff Training For Challenging Clients In FQHC Settings

Healthforce Center at UCSF

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Project Description

Address disruptive client behaviors in FQHC setting by providing FQHC staff with skills training on managing challenging behaviors.

Problem Statement:
Qualitative interviews with FQHC staff have described pain points surrounding challenging client behaviors in the FQHC. Staff report limited training and past experience to assist in managing disruptive client behaviors. Challenging client behaviors in FQHC settings require disproportionate resources. Staff should be equipped with the skills to manage these situations.

Discovery:

To develop a better understanding of the pain points around challenging behaviors in the FQHC setting 15 qualitative interviews were conducted with clinic staff and clients.

Qualitative data corroborated preliminary disruption log data later collected for the project and both suggest that a disruptive event takes place a minimum of four times per month in the FQHC waiting room (min: 4; max: 5).

Role	Count of Interviews
Chief Officers	2
Administrators	3
Psychiatrists	1
LCSW	1
PCP	4
Clients	4

Examples of documented triggers for disruptive episodes include a change in medical provider due to staff turnover or transfer and the length of medical visits, typically 15 minutes.

Interview data linked staff Inability to manage these issues to larger issues such as:

- Staff burn out
- Safety for both client and providers
- Loss of revenue due to provider time spent de-escalating situations
- Heightened emotionally triggering environment for other clients

Goal:
Increase clinic staff self efficacy in dealing with disruptive clients, while reducing disruptions and outbursts in the clinic environment by training staff on "Managing Challenging Behaviors"

The training covers the following topics through vignettes and role-playing scenarios:

- Avoiding power struggles
- Setting respectful limits without confrontation
- Managing one's own reactions to the behaviors of others
- Properly utilizing the members of your team to assist with challenging situations

Outcome-oriented Objective:
All 5 of the self-efficacy survey items will exhibit significantly higher mean scores at follow-up when compared with baseline as measured by independent samples t-tests.
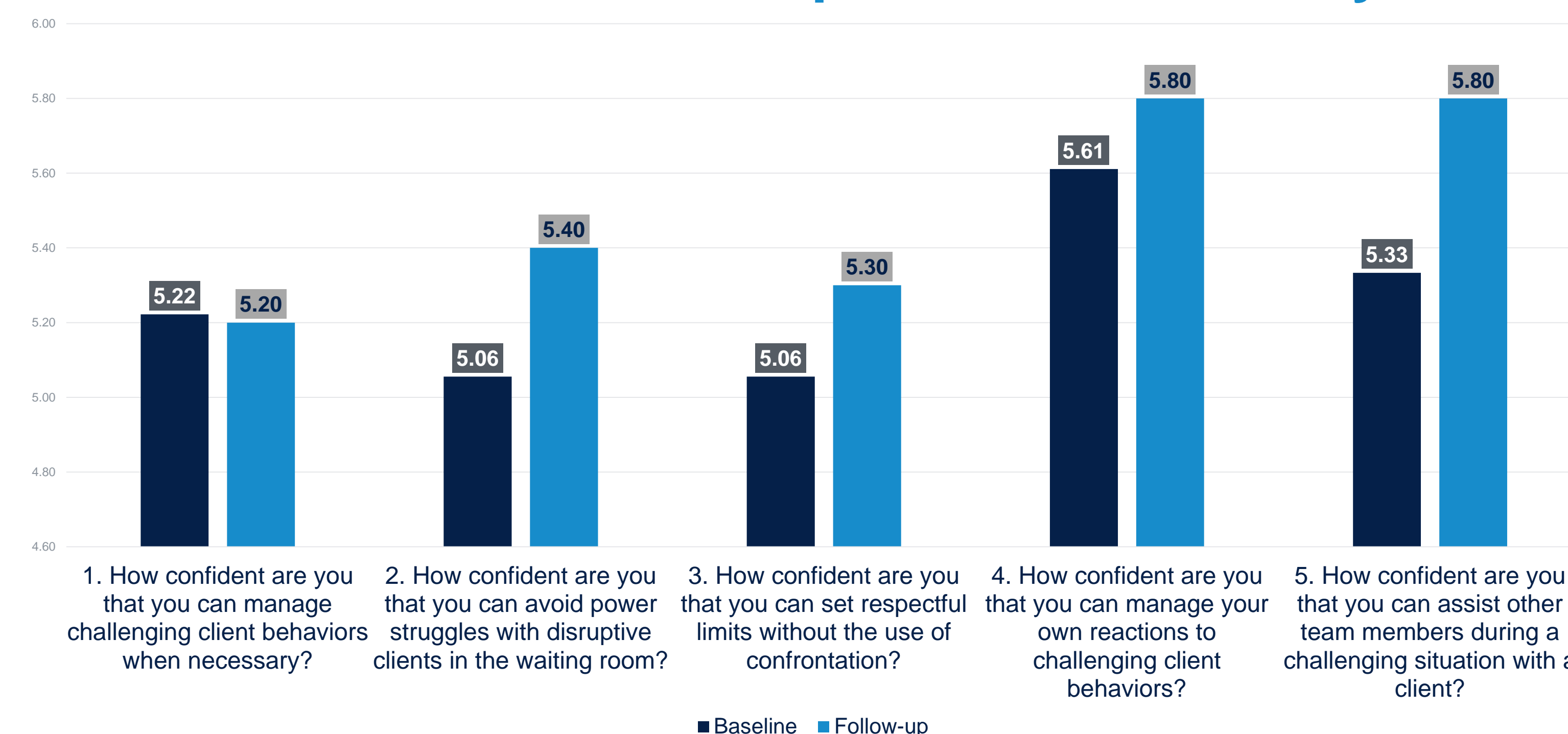
Results

Self-efficacy Survey

A 5-item self-efficacy outcome measure was developed based upon the methods described by Bandura (2006) and were designed to reflect the skills and topics taught in the "Managing Challenging Behaviors" training. Response choices range from "Not at all confident" to "Completely confident" and utilized an associated 7-point scale.

1. How confident are you that you can manage challenging client behaviors when necessary?
2. How confident are you that you can avoid power struggles with disruptive clients in the waiting room?
3. How confident are you that you can set respectful limits without the use of confrontation?
4. How confident are you that you can manage your own reactions to challenging client behaviors?
5. How confident are you that you can assist other team members during a challenging situation with a client?

Baseline vs follow-up mean self-efficacy

1. How confident are you that you can manage challenging client behaviors when necessary? — Baseline 5.22, Follow-up 5.20
2. How confident are you that you can avoid power struggles with disruptive clients in the waiting room? — Baseline 5.06, Follow-up 5.40
3. How confident are you that you can set respectful limits without the use of confrontation? — Baseline 5.06, Follow-up 5.30
4. How confident are you that you can manage your own reactions to challenging client behaviors? — Baseline 5.61, Follow-up 5.80
5. How confident are you that you can assist other team members during a challenging situation with a client? — Baseline 5.33, Follow-up 5.80

■ Baseline   ■ Follow-up

Lessons Learned

- There were minimal improvements in item self-efficacy scores for most items between baseline and follow-up. The difference was not statistically significant for any of these comparisons due to an insufficient 'N' for appropriate analysis.

- The training should include role playing of specific events from the disruption logs. Continuity of tracking disruptions and their resolution is necessary for measuring success. Agreement on what constitutes a "disruption" is critical for proper measurement.

- Staff buy-in and issues around turnover can have a large impact on continuity of the clinic's approach to tracking and managing challenging behaviors.

- The clinic serves the most challenging clients so we expect a high level of challenging behaviors and symptoms. Tracking the implementation of the skills and the outcome of each disruption will help illustrate success or the lack thereof.

Next Steps:

- The project is ongoing and the lessons learned will be implemented in the next round of training.

- Staff will be meeting to determine what constitutes a "disruption" that should be logged.

- Discussion of specific disruptions will be initiated in future staff meetings utilizing the skills and role-playing techniques taught in the original "Managing Challenging Behaviors" training.

Mission Model Canvas

Key Partners	Key Activities	Value Propositions	Buy-in & Support	Beneficiaries
• Clinic staff, including providers and front desk staff • Administrators	• Training clinic staff on "Managing Challenging Behaviors" • Gaining baseline data by training clinic staff to log disruptions in a clinic setting	• Reduction in staff burn out due to time/energy loss in dealing with challenging clients • Increased provider and staff safety in clinic settings	Explain the value proposition and service goal to clinic staff	• HR360 clinic staff • HR360 clinic clients, who utilize the waiting room for appointments
	Key Resources • Clinic staff time • Training space • Training materials/curriculum		**Deployment** Provider training on "Managing Challenging Behaviors"	

Mission Budget/Cost	Mission Achievement/Impact Factors
• Clinic staff time dedicated to training and training follow up • Dedicated training space	• Increased clinic staff provider self efficacy in dealing with challenging clients in the clinic setting • Decreased disruptions in the clinic environment