

CONVERSATION GUIDE: ACTIVITIES FOR STAFF MEETINGS AND IN-SERVICE TRAININGS

Creating a New Medication Policy

This Conversation Guide series can be used to help increase the capacity of domestic violence programs in working with survivors who are experiencing mental health symptoms and/or psychiatric disabilities. You can use this guide to begin a conversation about these topics or as a way to focus or deepen conversations that have already started. Each one will lead you through discussions and activities that you can modify or adapt for your specific program's needs. This Conversation Guide is designed to help you create and/or implement a medication policy that is accessible, inclusive, and trauma informed.

Purpose and Variations:

Your program may be in the beginning stages of thinking about a new medication policy or you may be experiencing challenges with implementing a new medication policy. Feel free to use and adapt the exercises here to best suit the needs of your program. These activities can be used together as one longer conversation, broken up into multiple conversations, or used as stand-alone activities to supplement other conversations you are having as a staff.

Additional Resources:

- *Model Medication Policy* (National Center on Domestic Violence, Trauma & Mental Health), available by request.
- Develop relationships with physicians, nurse practitioners, and agencies in the communities your organization serves who can support survivors around medication issues, access, and/or who can be a resource to survivors and advocates if questions arise.

Materials:

- Copies of the *Model Medication Policy* and your current medication policy.
- Notecards, pens, paper, flipchart paper, and markers.

Ground Rules and Emotional Safety:

These activities should be used to encourage exploration in an atmosphere of as much safety as possible for participants. That means that the discussion should help all of us to think and talk openly about our work with survivors and our individual goals in the work. The discussion should not be used as a place to criticize other staff members; instead, each of us can approach these discussions as a time for personal learning and for joint exploration. Ground rules can often be helpful in this process. Below are some ground rules to get you started, but feel free to use your own. It may be helpful to spend the first few minutes discussing

the ground rules every time you come together as a staff to work on these activities.

Potential ground rules:

- Speak from your own experience
- Identify your own learning points
- Join with an understanding that all of us are learning
- Commit to making the discussion safe for each person to be, learn, and grow

Activity #1: Reflecting on our own beliefs about medication

Suggested Time: 10-15 minutes

Instructions:

1. Pass out notecards. Let participants know that the main purpose of this activity is self-reflection and that they will have the opportunity to share, but will not be required to.
2. Ask each person to write down their thoughts on the following questions:
 - a. What do you think/believe about medication in general (i.e., that it always helps, that it never helps, etc.)?
 - b. What has influenced your thinking about medications?
 - c. How have these beliefs affected your work with survivors who are taking medications in shelter?
3. Ask if anyone wants to share what they have written (any or all of their answers). Allow time for discussion.

Activity #2: Understanding the role of medication in our shelter/program

Suggested Time: 5-10 minutes

Instructions:

1. Ask the group to brainstorm some of the situations or challenges that you have faced around medication in your program, as well as people's fears or concerns around medication.
2. Make a list on flipchart paper to refer to throughout the conversation.

Activity #3: Looking at our policies in the context of our goals and values

Suggested Time: 20-30 minutes

Preparation:

- Put two pieces of flipchart paper on the wall, one with "values" written on top, the other with "goals."
- Make copies of your current medication policy.

Instructions:

1. Using flipchart paper to record, ask staff to brainstorm your organization/program's values and goals. (They do not need to be only the ones written in the mission statement but unspoken or unwritten ones that staff actually work by as well.)
2. Pass out a copy of your current medication policy (if you have a written policy) and give people time to review it. If you don't have a written policy, make a list of your current practices around medication. Even if you have a written policy, you may want to spend a few minutes discussing your practices around medications, including any practices that supplement or deviate from your written policy.
3. Lead a discussion: *In what ways does this policy reflect our values and goals? In what ways does it conflict with our values and goals? Which parts? Referring back to people's concerns or fears, ask: how do we create policies that address our concerns and that center a survivor's self-determination?*

Activity #4: Developing a new medication policy

Suggested Time: 1 hour (or more depending on your end goal)

Preparation:

- Make copies of your current medication policy (if you haven't already).
- Make copies of the *Model Medication Policy*.

Instructions:

1. Using your work from Activities #1-3, brainstorm with staff:
 - a. What is the goal of our medication policy?
 - b. What might we want include or not include in a new policy?
 - c. What concerns do we have?
2. Pass out the *Model Medication Policy* and give people time to read it.
3. Either in small groups or as a large group, discuss these questions:
 - a. How well does this model policy meet the goals and values we've been discussing?
 - b. How would a new policy change the environment of the shelter?
 - c. Are there parts of it that would be challenging to implement? Which ones? Why?
 - d. Does this new policy address the situations/concerns we raised in the opening activity? What would we need to modify?
 - e. Brainstorm with the group strategies to address concerns that were raised (for example, if staff are worried about medication overdoses/emergencies, could you bring in a physician or organization to do a training for staff about recognizing and responding to medical/medication emergencies?)
4. Come back as a larger group to develop a plan:
 - a. What steps would be needed to put in place a new policy?

- i. This will depend on your program's process for policy change, e.g., do you create a committee, does it go to the Board of Directors with suggestions from staff, will you meet as full staff several more times, etc.?
- b. How do we engage shelter residents in changing this policy?

Activity #5: Follow-up and Implementation

Suggested Time: 20 minutes

Instructions:

Create a plan for follow-up and implementation:

1. What would we need to do to create and/or implement a new medication policy that fits our values and goals?
 - a. It can be helpful to make a list with the item, person(s) responsible, and date by which the item should be completed.
2. What next steps should our agency take toward this end?
3. What additional resources or support do we need? Identifying additional resources or support may be a step in the action list.
4. When will we meet again to review action steps and/or to check in on how the implementation process is going?

If you've used **this conversation guide** in your work, we would love to hear from you! Let us know: How did you use it? What worked well? What can we revise or improve? What did you learn? What suggestions would you have for other people who want to use this idea in their work?

Send us your feedback at info@nationalcenterdvtraumamh.org.