

It's My Life ~ Social Explorations

Facilitating
Recovery through
Social Self-Directed
Care

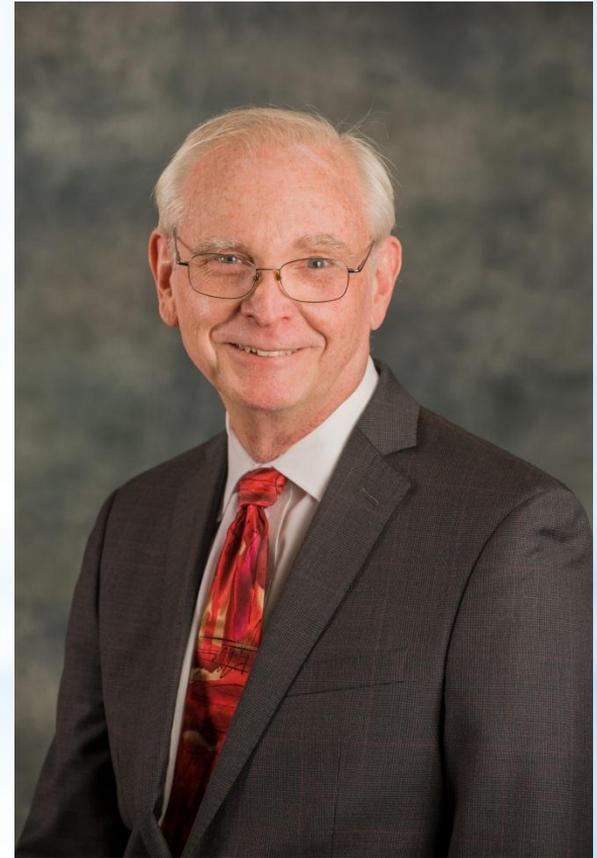


MHA
Mental Health America
www.mentalhealthamerica.net

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* Meet Patrick Hendry Program Director

* Patrick Hendry is the Vice President of Peer Advocacy, Support and Services for Mental Health America and has worked as a mental health advocate for the past 24 years. His areas of expertise include peer-provided services, self-directed care, recovery-based trainings, organizational development and management and sustainability. Patrick received MHA's highest honor, the Clifford W. Beers Award in 2012 and SAMHSA Voice Award and Eli Lilly Reintegration Lifetime Achievement Award in 2014.



* Meet Shavonne Carpenter Life Coach, CPSS

* Shavonne has extensive training as a Certified Peer Support Specialist and Counselor. She also has experience dealing with co-occurring disorders. As one of the Life Coaches piloting this program, her philosophy was to assist participants to connect with what is most important to them and to make choices from love rather than fear.



*Mental Health America

- * MHA is the nation's oldest/largest advocacy and education organization.
- * Founded in 1909 by Clifford Beers, an individual with a mental illness.
- * MHA helps to empower and support people with mental illnesses.
- * We embrace social justice and emphasize autonomy, dignity, inclusion.

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- Purpose: Advance recovery and improve the lives of individuals with serious mental illness with a focus on some of the most isolated, misunderstood members of our communities. Participants are accompanied on their recovery journeys by trained Life Coaches who help them bridge the gap to a larger social world.
- Innovation:
 - Evidence based – Psychiatric Rehabilitation and Peer Support
 - Best Practice – Self-Directed Care
 - Individualized, Person-Centered, Strength-Based
- Results: Social inclusion so individuals feel less isolated which helps to increase self-esteem and self-worth improving overall functioning with networks that include supportive and sustainable relationships that will increase⁵ their quality of life

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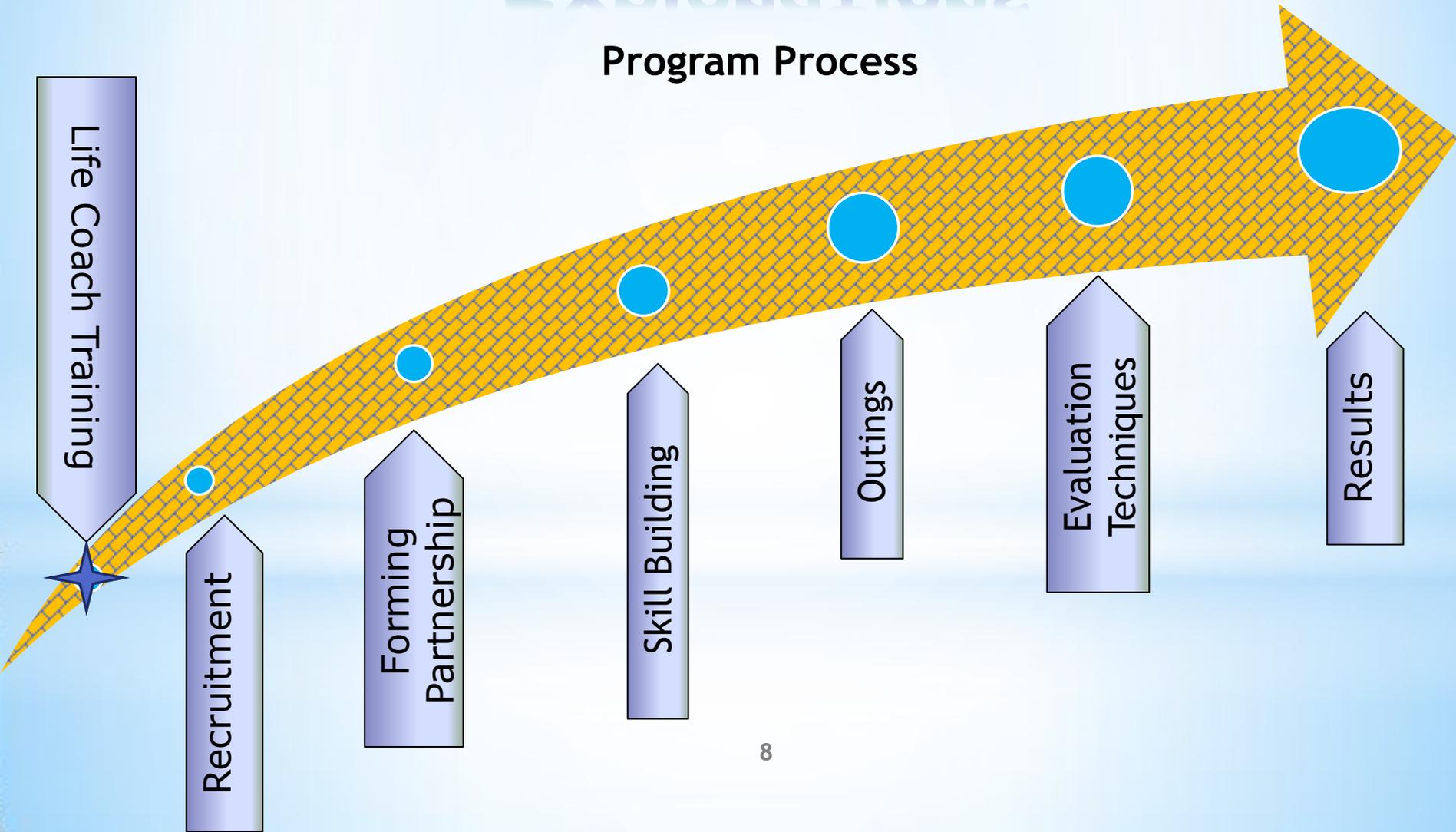
- * Non-clinical: all clinical language removed with the exception of diagnosis and hospitalization history.
- * All participants had a diagnosis of schizophrenia or schizoaffective disorder. Schizophrenia is a serious disorder which affects how a person thinks, feels and acts. Someone with schizophrenia may experience difficulty distinguishing what is real from what is imaginary; may be unresponsive or withdrawn; and may have a hard time expressing “normal” emotions in social situations. Individuals with schizoaffective disorder may encounter similar troubles in addition to a mood disorder.
- * Given the complexity of these conditions and that social functioning impairments seem to be evident at all stages of the illness, the need for innovative approaches in helping people develop social skills, friends, and intimate relationships is particularly acute for people with schizophrenia.

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- * “Traditional approaches such as medications, hospitalization, and dynamic psychotherapy have had limited effectiveness when applied to the socialization and work aspects of individuals with psychiatric disabilities” (Chan et al., 1998)
- * Although the piloting of this program focused on individuals with schizophrenia or schizoaffective disorder, the principles and practices of Social Self-Directed Care can be applied with any mental health diagnosis
- * The pilot program focused on the most isolated and marginalized individuals in the community. Social functioning impairments seem to be evident at all stages of the illness. Recent data shows that these difficulties may even predate any signs of illness, often by many years (Hooley J.M., 2010)
- * “The impairments in social functioning that influence the lives of patients with schizophrenia are well captured in one simple observation. The majority of people with this disorder do not marry. Compared with people in the general population, patients with schizophrenia are more than six times more likely to remain unmarried.” (MacCabe, J. H., Koupil, I. a&Leon, D.A., 2009)

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Program Process



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-  **Peer Support:** Mutual support - including the sharing of experiential knowledge and skills and social learning - plays an invaluable role in recovery. Peers encourage and engage other peers in recovery and provide each other with a sense of belonging, supportive relationships, values roles, and community.
-  **Life Coaching:** Partnering with clients in a thought-provoking and creative process that inspires them to maximize their potential. This process helps clients dramatically improve their outlook on their future, while improving their leadership skills and unlocking their potential.
-  **Motivational Interviewing:** A person-centered, goal-oriented approach for facilitating change through exploring and resolving ambivalence.
-  **Psychiatric Rehabilitation:** A person-centered and strength-based approach to help individuals with persistent and serious mental illness to develop the emotional, social and intellectual skills needed to live, learn and work in the community with the least amount of professional support.

Peer Support



Effective Listening

- 1) Focus on the Participant and do not be distracted by your own opinions, judgements or feelings

- 2) Show the Participant you are listening by utilizing the following Active Listening techniques:
 - ❖ Signaling
 - ❖ Reflecting back
 - ❖ Respond with affirmations
 - ❖ Ask relevant questions
 - ❖ Clarification
 - ❖ Summarizing
 - ❖ Eye contact
 - ❖ Positive facial expressions
 - ❖ Nodding
 - ❖ Body posture

Peer Support



Effective Listening

- 3) Listen to understand the Participant; not just to the words being said, but also for their feelings, emotions and even for what is not being said verbally.
- 4) Give the space to the Participant to talk freely and explore without fear of judgement or interruption.
- 5) Be aware of the Participant's wants and needs to intuitively know what questions to ask.

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Peer Support

Shared Decision-Making

Defined as a process that leads to a mutual decision by the service provider and service recipient on what course of action to follow and what steps the recipient needs to take to enact his or her plan, Shared decision-making occurs when Participants and their Coach work together to come up with the best possible course of action. It's a process that emphasizes communication and trust - and an approach where the expertise of the Participant and the Life Coach are valued equally. Shared decision-making is about respect and dignity.

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Empowering the Participant

Coaches do NOT empower the participants! The participants must discover, claim and stand by their own power. What the Coach does is create an atmosphere that encourages Participants to be powerful and help them understand the difference between *power* and *force*. Power comes from the inside and does not have to be forceful.

Coaches assist Participants in having full access to the resources that may be lying dormant within or the manifestation of which may currently be invisible to the Participant.

*It's My Life ~ SSDC Tools Life Coaching

Empowering the Participant

Coaches focus on empowerment when:

- ❖ An obstacle has been encountered or a setback has occurred and the Participant is discouraged
- ❖ Participants label as a weakness something the coach sees as a strength
- ❖ The Participants discount a resource or skill that has the potential to enhance effectiveness or aid in achieving a desired goal

*It's My Life ~ SSDC Tools Life Coaching

Empowering the Participant

Coaches focus on empowerment when:

- ❖ The participants' inner voice is predominantly negative or discouraging, in which case empowerment counters the inner voice with a strong compassionate message - the voice of the Coach.

*It's My Life ~ SSDC Tools Life Coaching

Intensive Goal Setting

Evaluate each goal statement to ensure it has IMPACT:

Improve - Does it improve the quality of my health and resiliency?

Measurable - Is it measurable in terms of my Life Coach knowing if I have accomplished it?

Positively Stated - Is it positively stated as something new I want in my life?

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Intensive Goal Setting

Evaluate each goal statement to ensure it has IMPACT:

Achievable - Is it achievable for me in my present situation and with my current abilities?

Call Forth Actions - Does it call forth actions that I can take on a regular basis to begin to create healthy habits?

Time Limited - Is it time limited in terms of when I will begin and when I plan to accomplish it?

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Life Coaching

Intensive Goal Setting

Action Planning:

- 1) What will you do?
- 2) How much/many will you do?
- 3) How often will you do it?
- 4) When will you do it?
- 5) Confidence level between 0 - 10?

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Exam

There is a written test to demonstrate understanding of the concepts of life coaching based upon the book Becoming A Professional Life Coach: Lessons from the Institute for Life Coach Training by Patrick Williams and Diane S. Menendez.

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Motivational Interviewing

 Three main goals

Participants will be able to make choices that are:

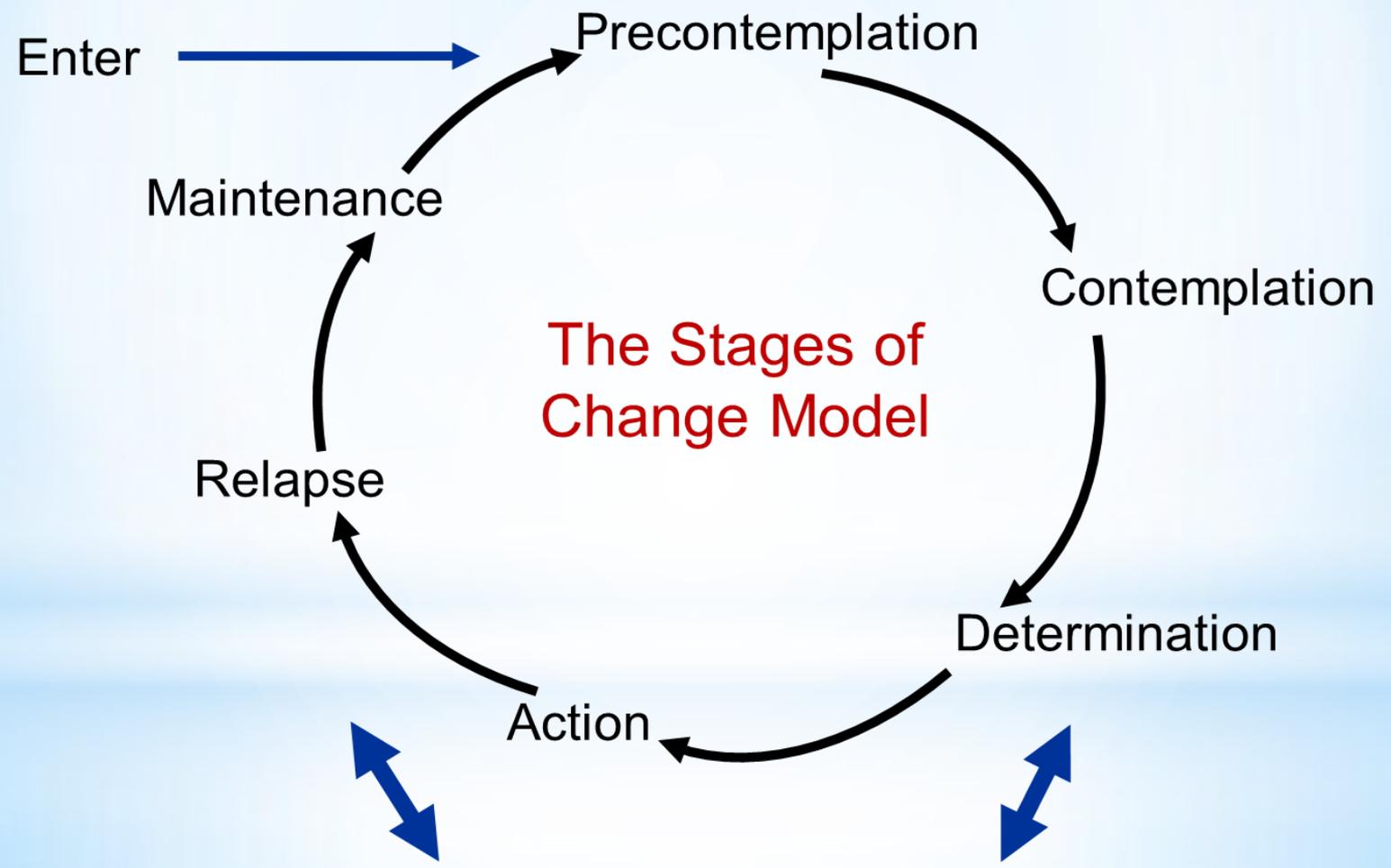
- 1) Fully informed
- 2) Deeply thought out
- 3) Internally motivated

Motivational Interviewing

-  An engaging and collaborative conversation style for strengthening a person's own motivation and commitment to change
-  Frame is provided by the Stages of Change with acceptance and compassion at the heart of MI
-  Conversation includes moving from Status Quo Talk to Change Talk

Maintenance: Has achieved stability, and is trying to maintain

Motivational Interviewing



Exit & re-enter at any stage

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Motivational Interviewing

 Change Talk is a two-fold concept

➤ Part 1 is Preparatory:

Desire

Ability

Reasons

Need

➤ Part 2 is Mobilizing:

Commitment

Activation

Taking Steps

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Motivational Interviewing

 Change Talk Conversations include:

Open-ended questions

Affirmations

Reflections

Summaries

Psychiatric Rehabilitation

- Focuses on helping individuals develop skills and access resources needed to increase their capacity to be successful and satisfied in the living, working, learning, and social environments of their choice.
- The expansion of peer roles in psych rehab has at least five attributes:
 - 1) A deliberate expansion of a peer's role beyond that of a user or recipient to include helping and support behaviors and activities
 - 2) An empowerment of the peer role by recognizing that peers can offer resources that traditional professionals either cannot offer or choose not to offer

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Psychiatric Rehabilitation

-  The expansion of peer roles in psych rehab has at least five attributes:
- 3) Expansion of what is meant by credentials to legitimize the understanding, knowledge, skills, attitudes and motivations peers have gained through their encounters with service systems and their experience a mental health clients
 - 4) A view that some kinds of situations and roles, such as outreach, can be best fulfilled or led by providers who are themselves recipients of mental health services
 - 5) A perspective that the provision of help not only assists a user or recipient, but can also create tangible benefits for the helper whose identity can be strengthened by helping another person in need

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The following video illustrates Role Play as a Skill Development Exercise and how it would be used.

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Skill Development (Role Play)



*Life Coach Training

Additional Training

- *Mental Health America's experienced Life Coaches are available for FREE individual or group training by phone or video calls.
(In-person training is also available for a reasonable fee.)
- *Personal training identifies key parts of:
 - *Center for Psychiatric Rehabilitation from Boston University Online (<http://www.bu.edu/cpr/training/distance/courses>)
 - *Life Coaching: Becoming a Professional Life Coach: Lessons from the Institute of Life Coach Training by Patrick William and Diane Menendez
 - *Motivational Interviewing: <http://www.motivationalinterviewing.org/>

* Conclusion

Summary

- * The It's My Life Social Self-Directed Care Program is designed to help individuals with SMI to build networks of friends and intimate relationships, thus creating a strong social support system. This in turn helps the Participant to become an active member of the community and feel less isolated which also helps to increase self-esteem and self-worth, improving overall social functioning. The increase of overall physical health has shown to decrease the need for hospitalization as well as avoiding premature death.

* Conclusion

Summary

- * The It's My Life Social Self-Directed Care Program is highly relevant to any whole health approach to behavioral health.
- * Savings in the reduction of emergency services, increased overall health, and lowered re-hospitalization rates makes this an affordable service for managed care and state funded programs.
- * The program would also be ideal for operation by a peer-run organization
- * Having focused on one of the most marginalized populations and receiving such remarkable results, it would be a reasonable expectation that even greater outcomes would be achieved for individuals with less complicated mental health challenges



Would like to thank



for providing the grant to train other organizations to end social exclusion and isolation through the It's My Life: Social Self-Directed Care program.

Thank You

Presented by:
Patrick Hendry
Shavonne Carpenter



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