



Northeast and Caribbean (HHS Region 2)

MHTTC

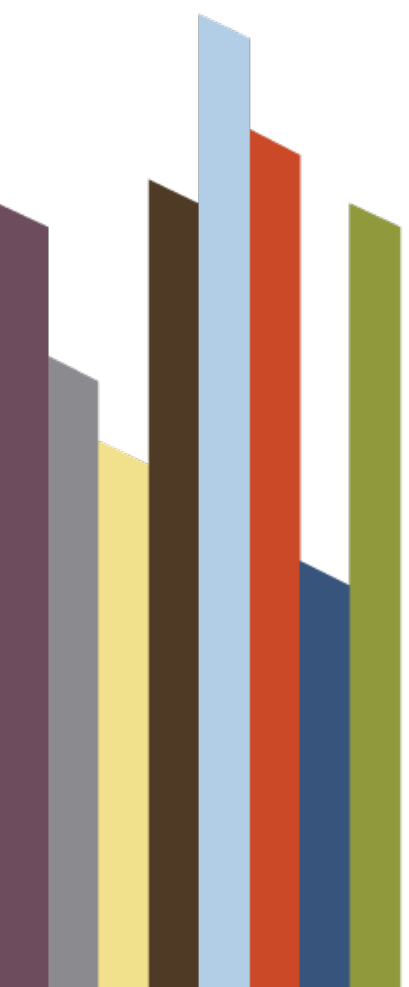
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Mental Health Technology Transfer Center (MHTTC) Northeast and Caribbean

Awarded to Rutgers, School of Health Professions,
Department of Psychiatric Rehabilitation

PI: Kenneth Gill, Ph.D., CPRP

Co-Director: Ann Murphy, Ph.D., CPRP



SAMHSA

Substance Abuse and Mental Health
Services Administration

Northeast Caribbean MHTTC

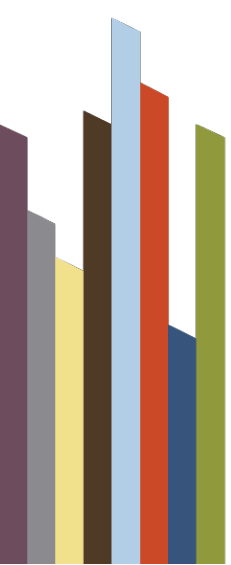
- Provides 5 years (2018 – 2023) of funding to:
 - Enhance capacity of behavioral health workforce to deliver evidence-based and promising practices to individuals with mental illnesses
 - Address full continuum of services spanning mental illness prevention, treatment, and recovery supports
 - Train related workforces (police/first responders, primary care providers, vocational services, etc.) to provide effective services to people with mental illnesses



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Feedback

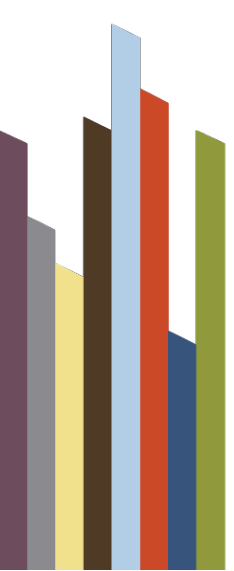
- Our funding comes from the Substance Abuse and Mental Health Services Administration (SAMHSA), which requires us to evaluate our services. We appreciate your honest, ANONYMOUS feedback about this event, which will provide information to SAMHSA, AND assist us in planning future meetings and programs. Feedback about this training will assist us in developing trainings that are relevant to your current professional needs. **Therefore, your feedback counts!**



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Video Recording Information

- Please note that we will be recording this webinar and posting it to our website. Any information and input you provide during today's call will be recorded and posted on our website.

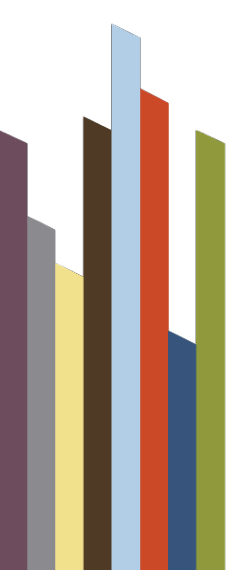
THANKS!



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Your Interactions with Us

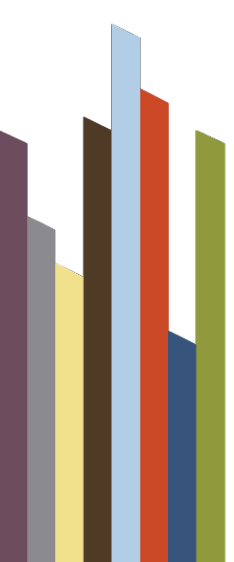
- Question and Answers
 - Q & A will occur at the end of the call.
 - Please type your questions in the Q & A feature in Zoom located on the task bar (hover over task bar).
- Chat and Polls
 - Throughout the webinar, we will be asking for your input.
 - Please use the Chat or Poll features in Zoom located on the task bar.



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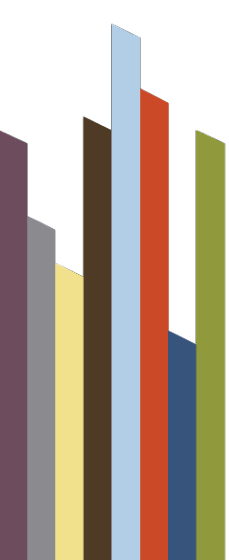
Michelle Zechner, PhD, MSW, LSW, CPRP



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Older Adults with Serious Mental Illnesses: Overview and Strategies for Programming

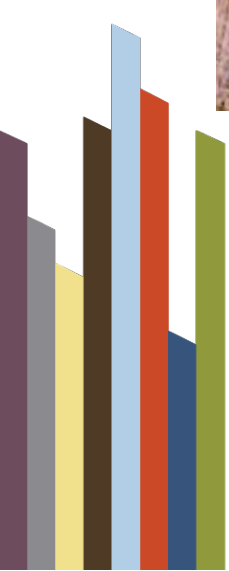
Part 2



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Learning Objectives

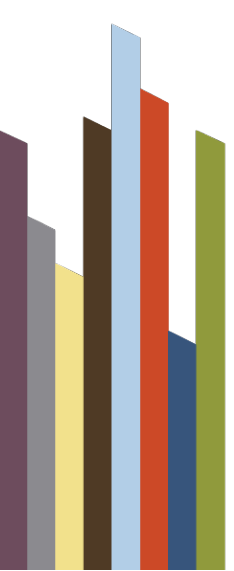
- Discuss EBPs for Age Onset Depression
- Identify EBPs and Best Practices for Programming for older adults with serious mental illnesses - SMI
- Discuss wellness as a framework for developing new programming
- Explore knowledge, skills and attitudes needed for working with older adults



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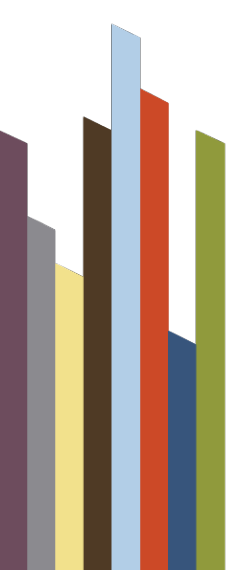
A Quick Review



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Challenges



Cognitive

Social

Community Living

Medication Interactions

Physical Illness

Tardive Dyskinesia

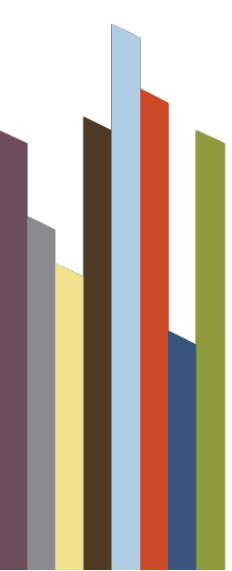
Bartels. & Pratt, 2009; Bartels & Dums, 2003; Pratt, Bartels, Mueser & Forester, 2008; US Dept of Health & Human Svcs, 1999



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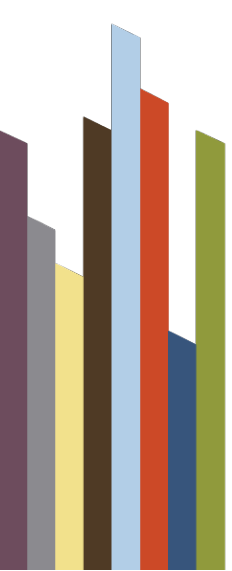
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Chat Box Question:

Based on your experience....

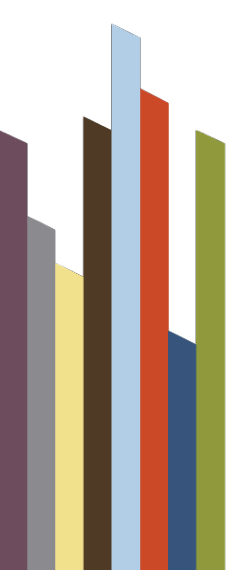
What issues for older adults with SMI are most commonly addressed in your programming?



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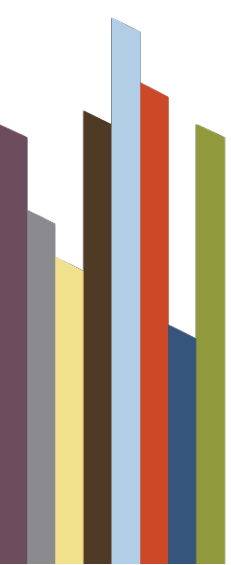
What are EBPs for Older Persons?



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Toolkit: Treatment of Depression in Older Adults



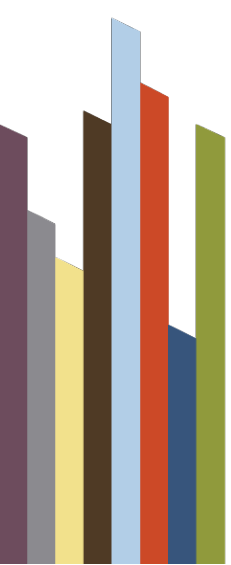
www.samhsa.gov



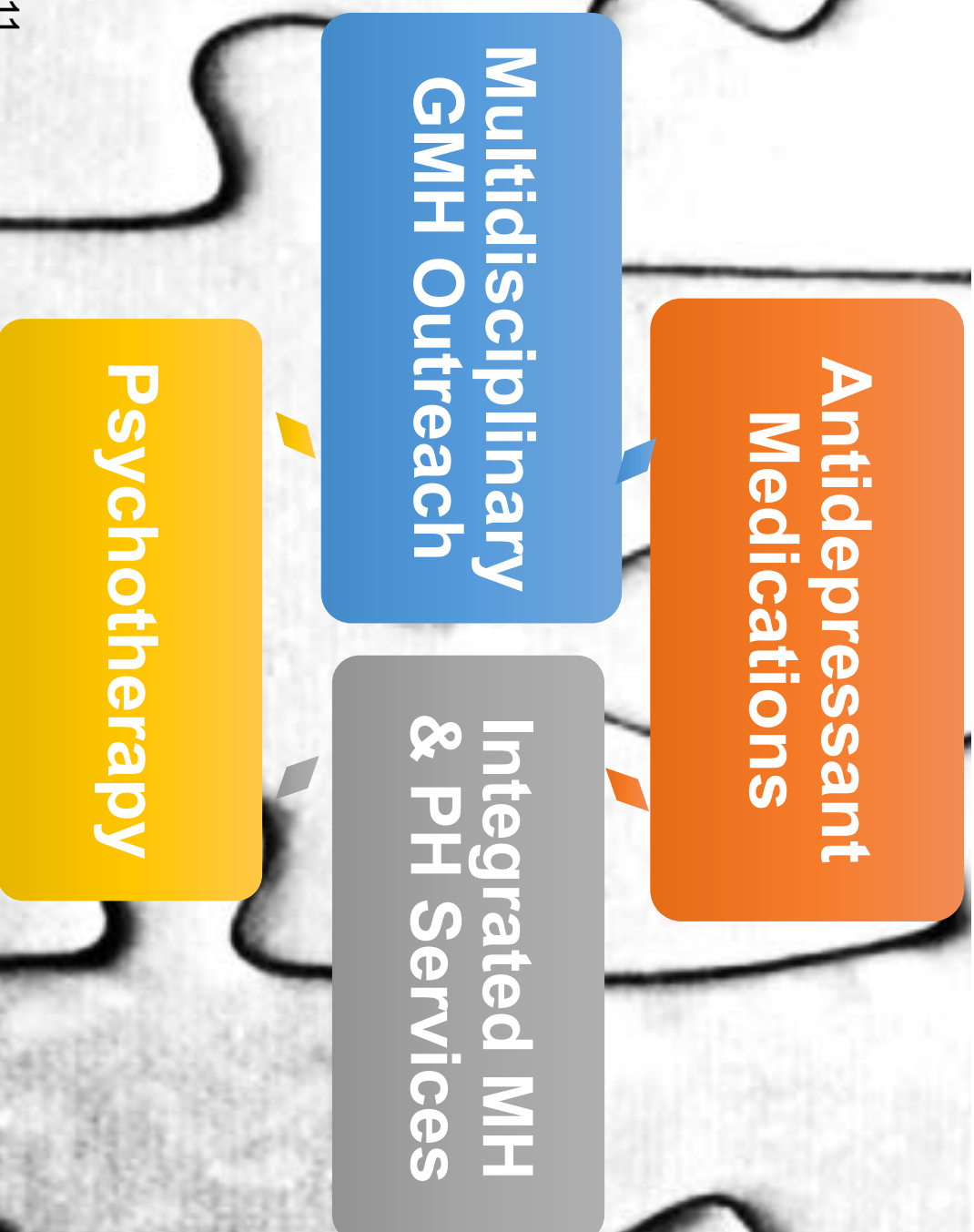
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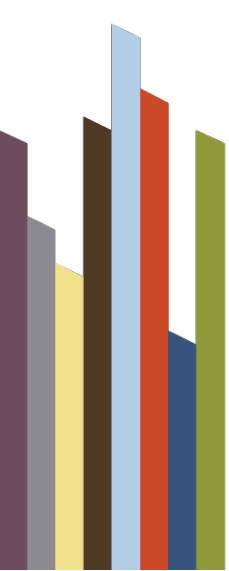
EBPs for OA Depression



SAMHSA, 2011



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EBP Psychotherapy Interventions

Cognitive Behavioral Therapy

Behavioral Therapy

Problem Solving Therapy

Interpersonal Psychotherapy

Reminiscence Therapy

Cognitive Bibliotherapy

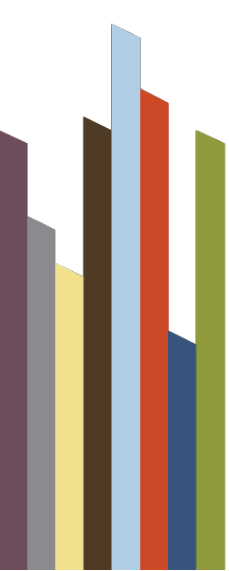
SAMHSA, 2011



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Integrated MH & PH Services

- Provides both Mental Health & Physical Health Services (co-location)
- Example: Improving Mood: Promoting Access to Collaborative Treatment (IMPACT) program
 - Adds mental health case manager to physical health clinic
 - Includes education, behavioral activation, and problem-solving treatment in primary care settings for up to 12 months.
- Antidepressant medication management

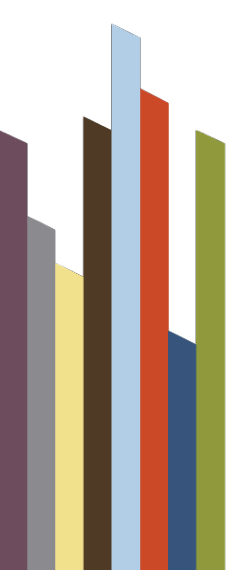
Unutzer et al., 2008



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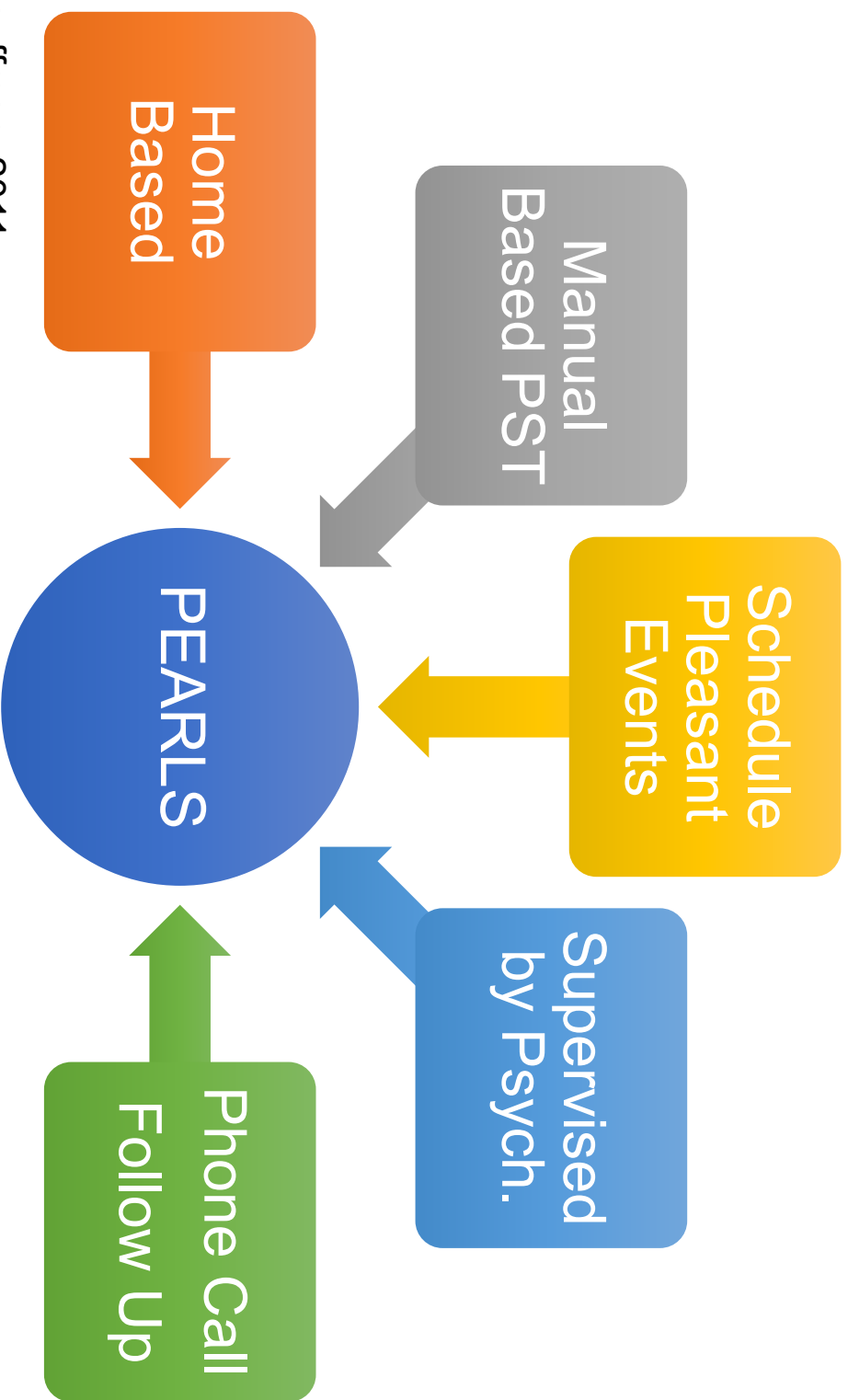
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Multidisciplinary GMH Outreach

Program to Encourage Active, Rewarding Lives



Marshall & Kauffman, 2011



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Best Practices for Anxiety



CBT Individual or Group

- Cognitive Restructuring



Relaxation Training



Supportive Group
Psychotherapy

Segal, Qualls & Smyer, 2011; Bartels, et al., 2004



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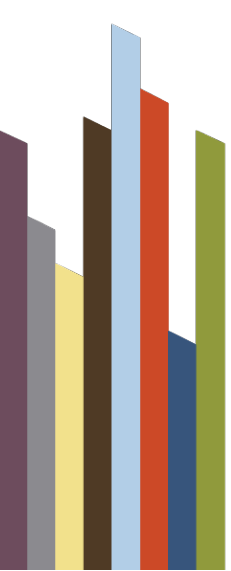
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Poll Question

What are your (or your organization's) challenges to provide programming for older adults?

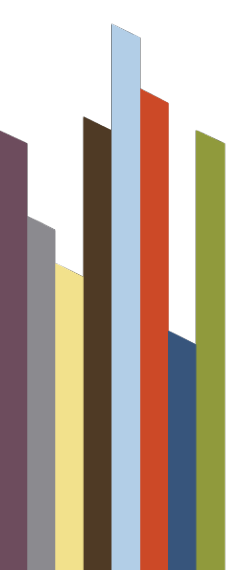
- *Time, staffing, lack of curricula, participation by clients*



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Programming for Aging Persons with Serious Mental Illness

Best Practices for Older Adults With Serious Mental Illness

Integration of health & MH

- Helping Older Persons Experience Success (HOPEs)
- Integrated IMR (I-IMR)
- Functional Adaptation Skills Training
- Diabetes Awareness Rehabilitation Training

Cognitive- Behavioral Therapy

- Cognitive Behavioral Social Skills Training (CBSST)
- Compensatory Cognitive Training
- Cognitive Remediation

Social Skills

- Cognitive Behavioral Social Skills Training (CBSST)
- Social Skills Training

Other

- Supported Employment
- Integrated Psychological Training

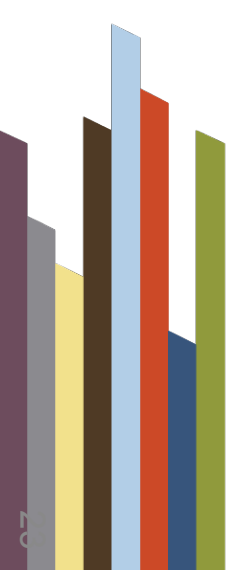
Granholm et al., 2013; Pratt et al., 2013; Twamley et al., 2012; Bartels et al., 2014



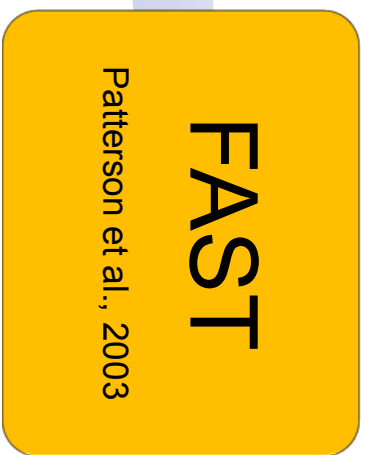
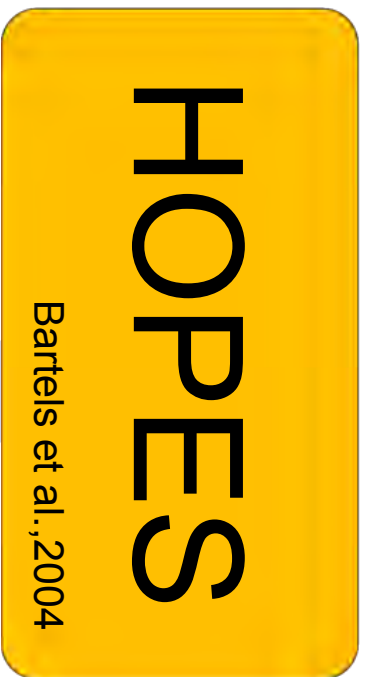
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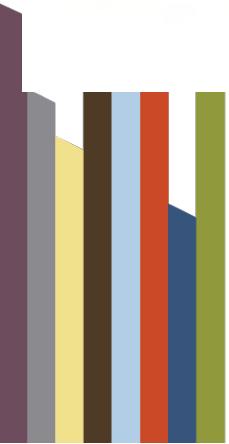
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Combining MH & PH



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Cognitive Behavioral Therapy

CBSST

Cognitive
Remediation

Compensatory
Cognitive
Training

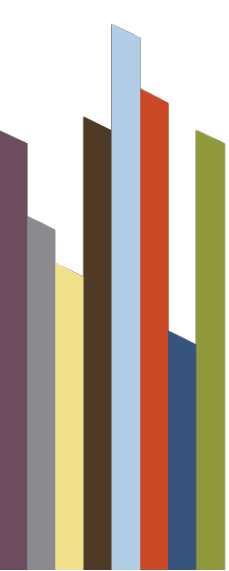
(Granholm et al., 2013; Twamley, 2013)



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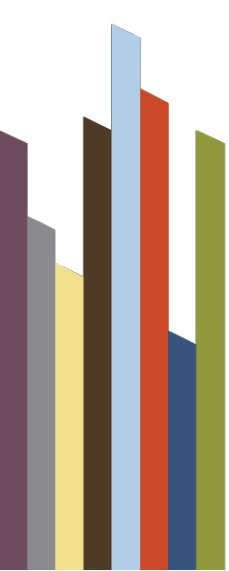
Social Skills Training



<http://www.cbsst.org>

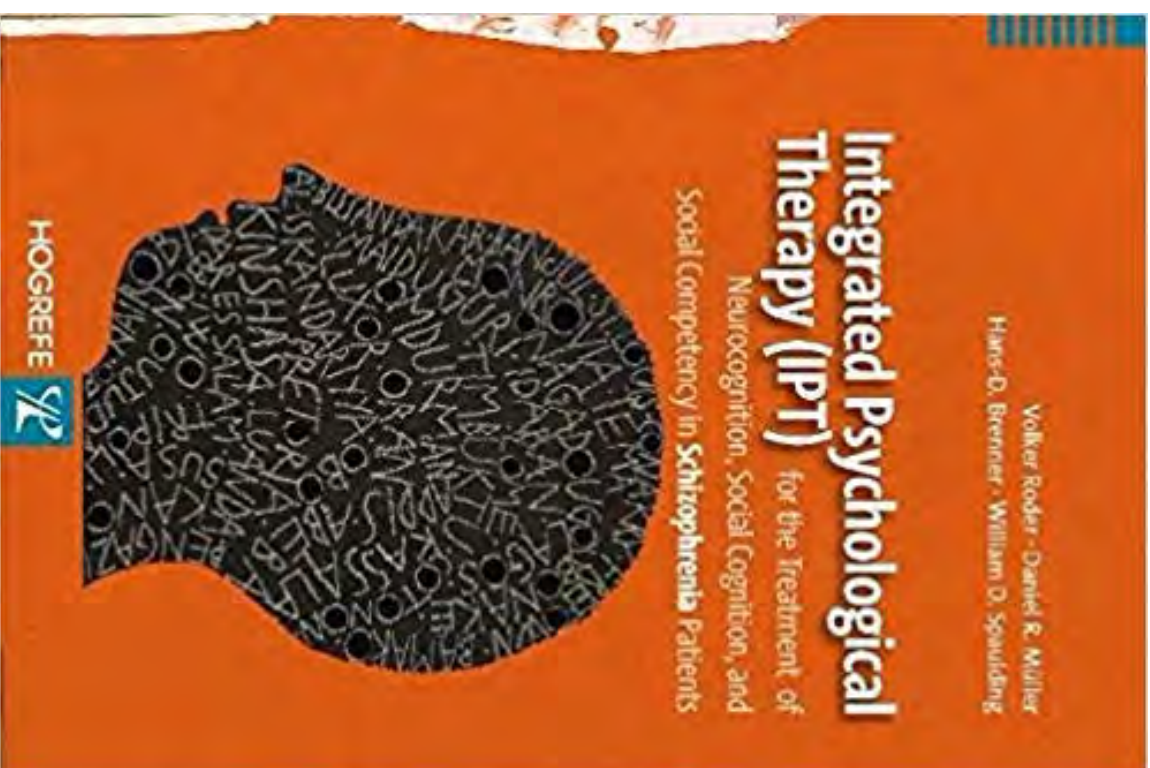


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Other Programming

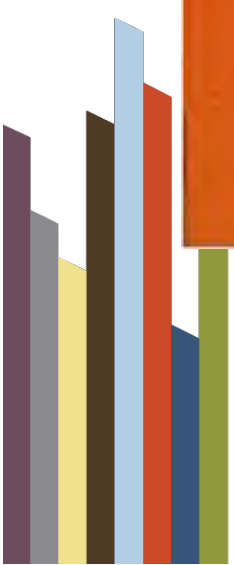
- Integrated Psychological Therapy (IPT)
- Supported Employment



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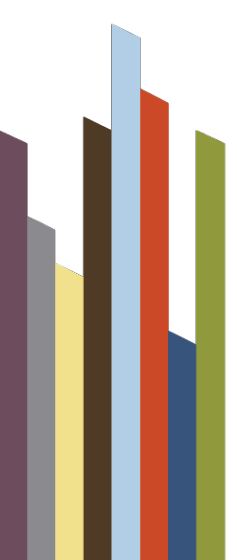
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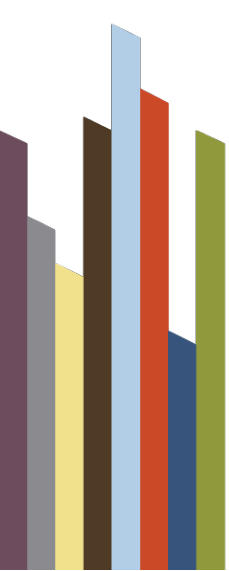
What types of interventions are you using in your programs?



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Welles



Wellness

- **The active process through which people become aware of, and make choices towards, a more successful existence.**
- **More simply put: Striving to be as healthy as you can be in all aspects of your life.**

Swarbrick, 2006; National Wellness Institute, www.nationalwellness.org



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EMOTIONAL

Coping effectively with life and creating satisfying relationships.

ENVIRONMENTAL

Good health by occupying pleasant, stimulating environments that support well-being.

INTELLECTUAL

Recognizing creative abilities and finding ways to expand knowledge and skills.

WELLNESS

PHYSICAL

Recognizing the need for physical activity, diet, sleep, and nutrition.

FINANCIAL

Satisfaction with current and future financial situations.

SOCIAL

Developing a sense of connection, belonging, and a well-developed support system.

SPIRITUAL

Expanding our sense of purpose and meaning in life.

OCCUPATIONAL

Personal satisfaction and enrichment derived from one's work.

www.samhsa.gov

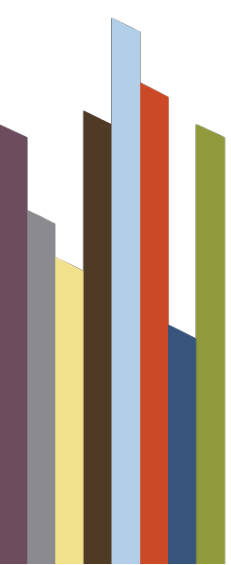
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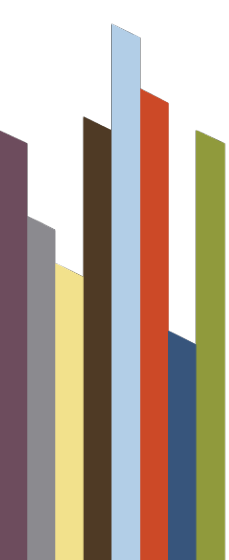
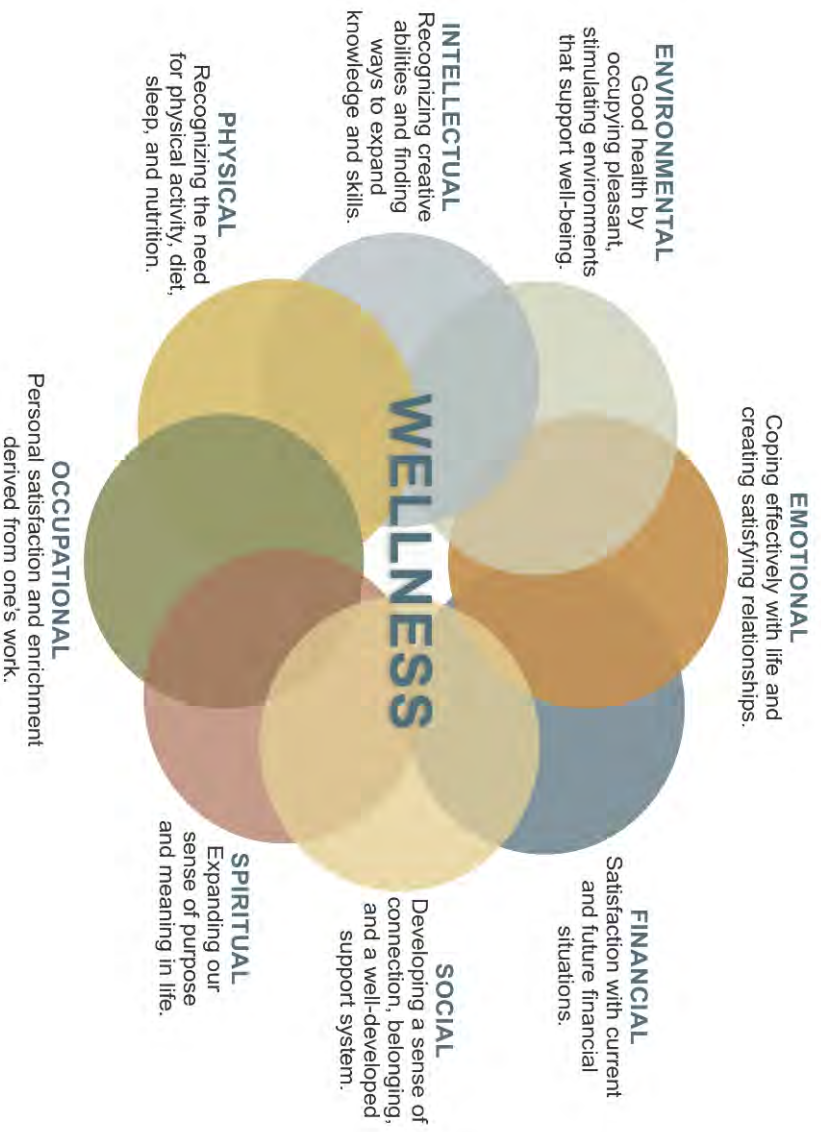
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Poll Question

- Which dimensions of wellness are most important for persons with SMI who are aging?



The Wellness Model with Older Adults

- How might wellness be different for older adults?
- Which domains may be more important or less important?



Consider culture, gender, sexuality, & cohort



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Aging Positively

- “Normal aging”
 - Positive Aging Movement
- <http://www.taosinstitute.net/positive-aging-newsletter>

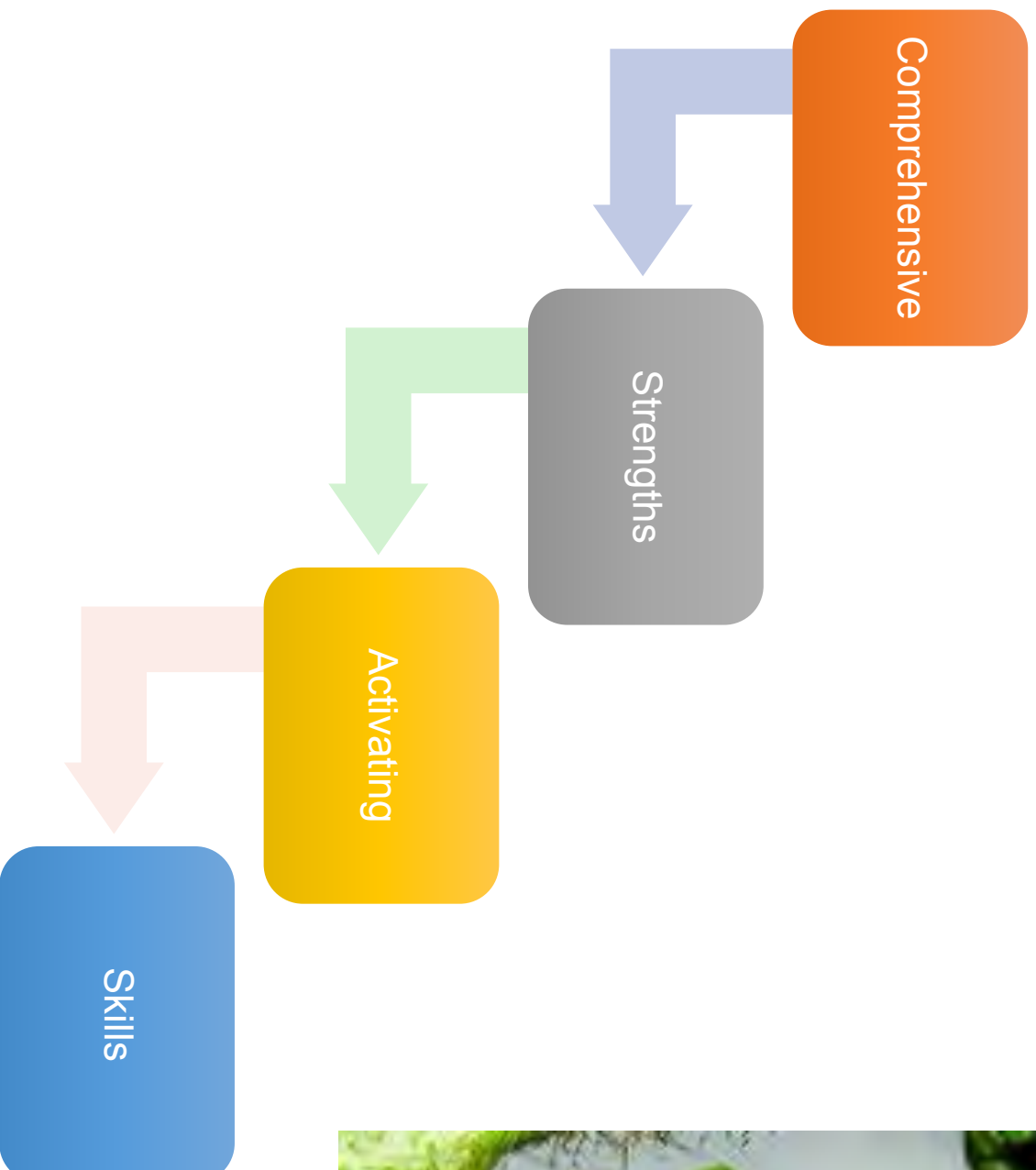


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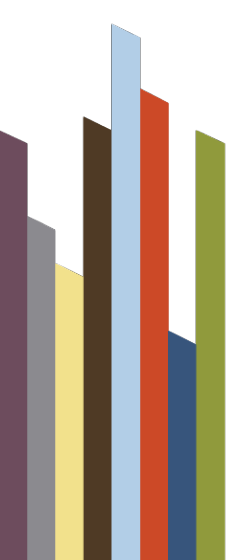
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Benefits of Wellness



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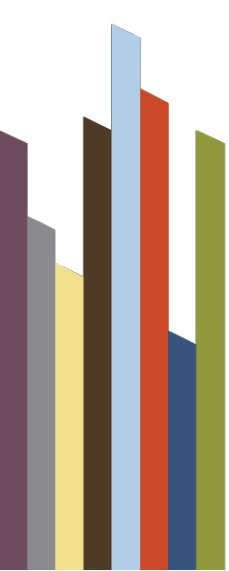
Considerations



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Recommendations



Consider Wellness: physical, mental and spiritual



Peer Support



Integrate supporters



Ask service recipients



Attend to cognition



Self management



Aging Issues

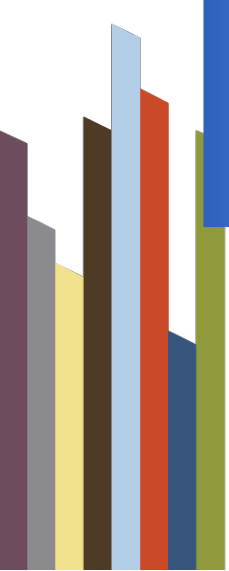


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IOM, 2012; Zechner, et al., 2018



Knowledge, Skills and Attitudes

- What do practitioners need to **know** to develop effective programming with older adults who are diagnosed with SMI?
- What **skills** are needed to effectively engage older adults?
- What **attitudes** are necessary to work with older adults?



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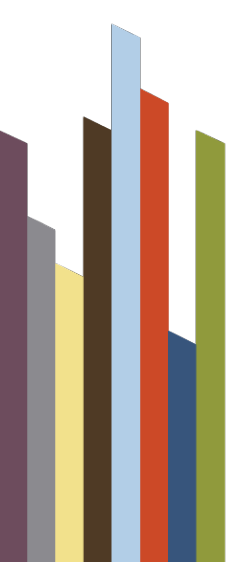
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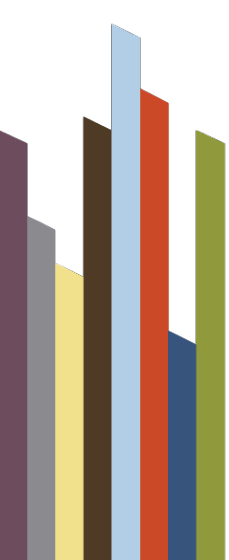
*What do practitioners need to **know** to develop effective programming with older adults who are diagnosed with SMI?*



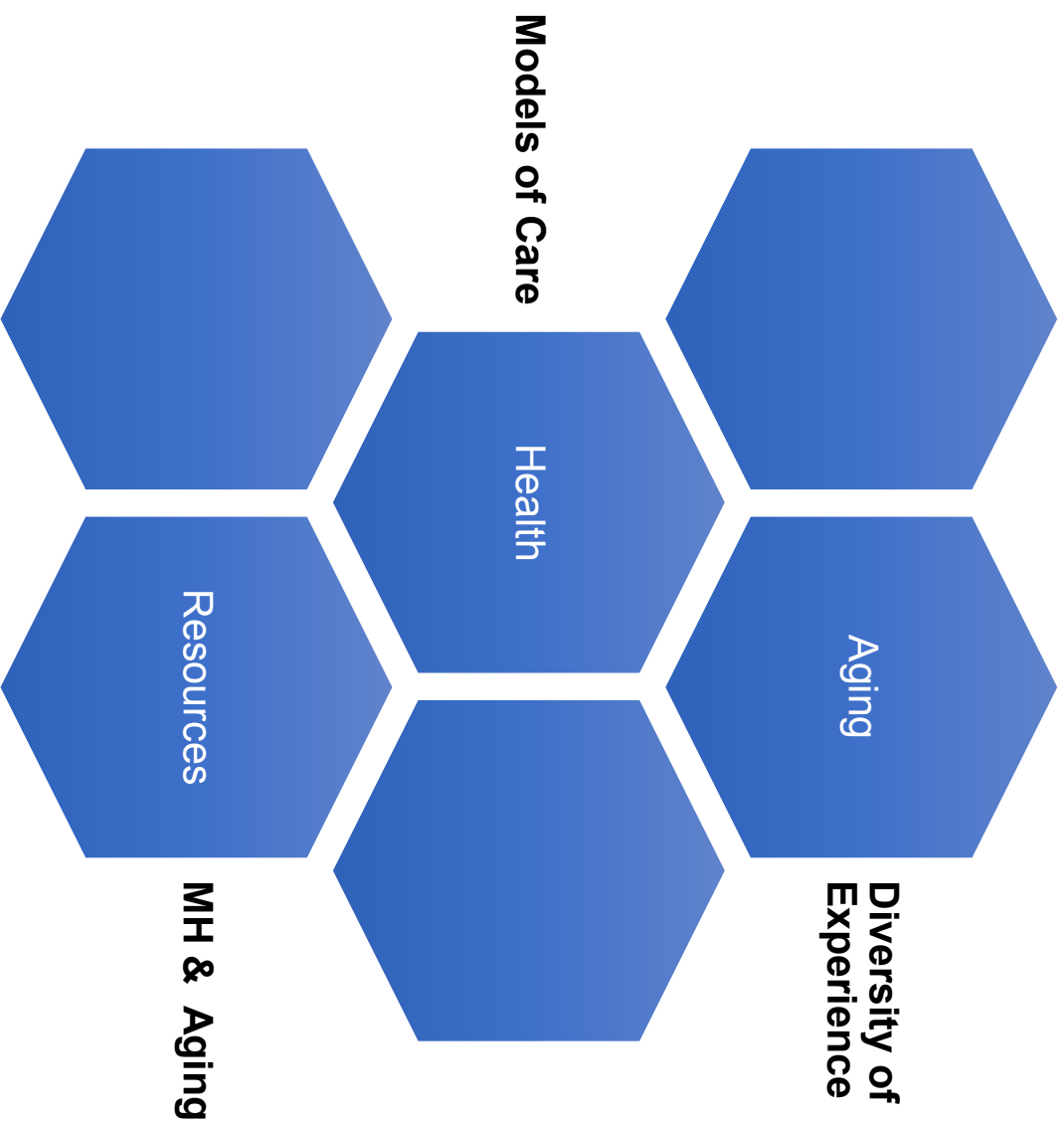
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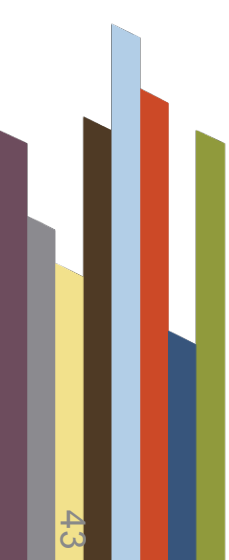
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Knowledge



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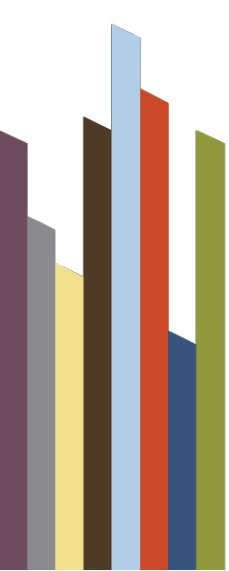
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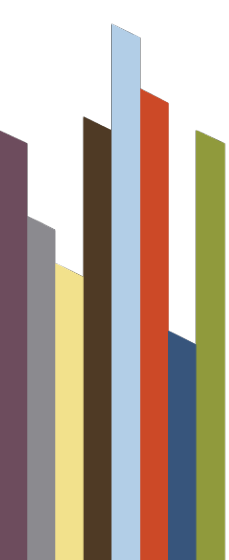


Chat Box Question

What skills are needed to effectively engage older adults?



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Skills

Communicate

Motivate

Collaborate

Empower

Counseling



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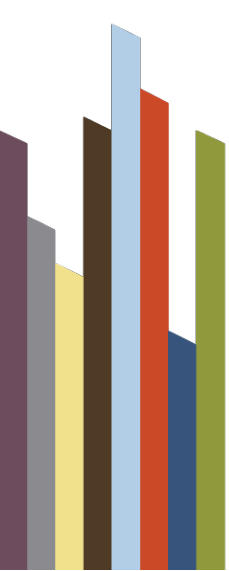
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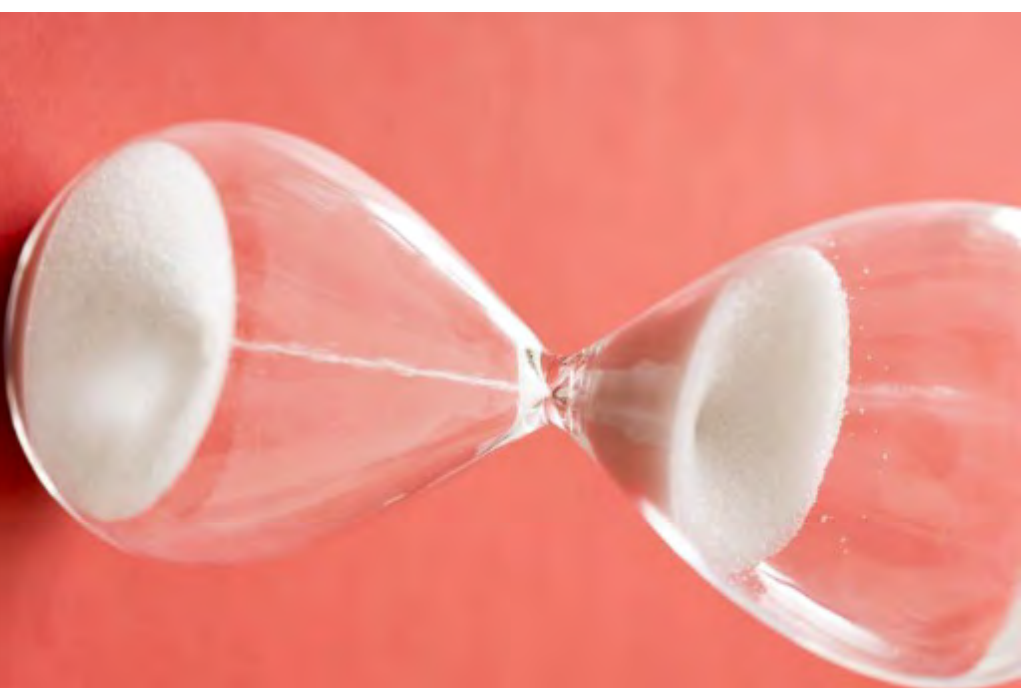
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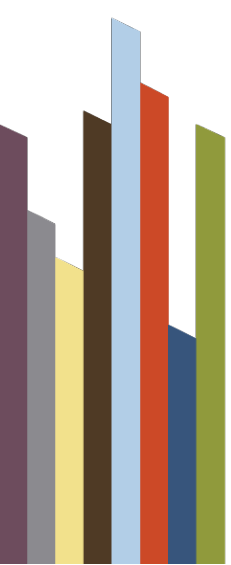
What **attitudes** are necessary to work with older adults?

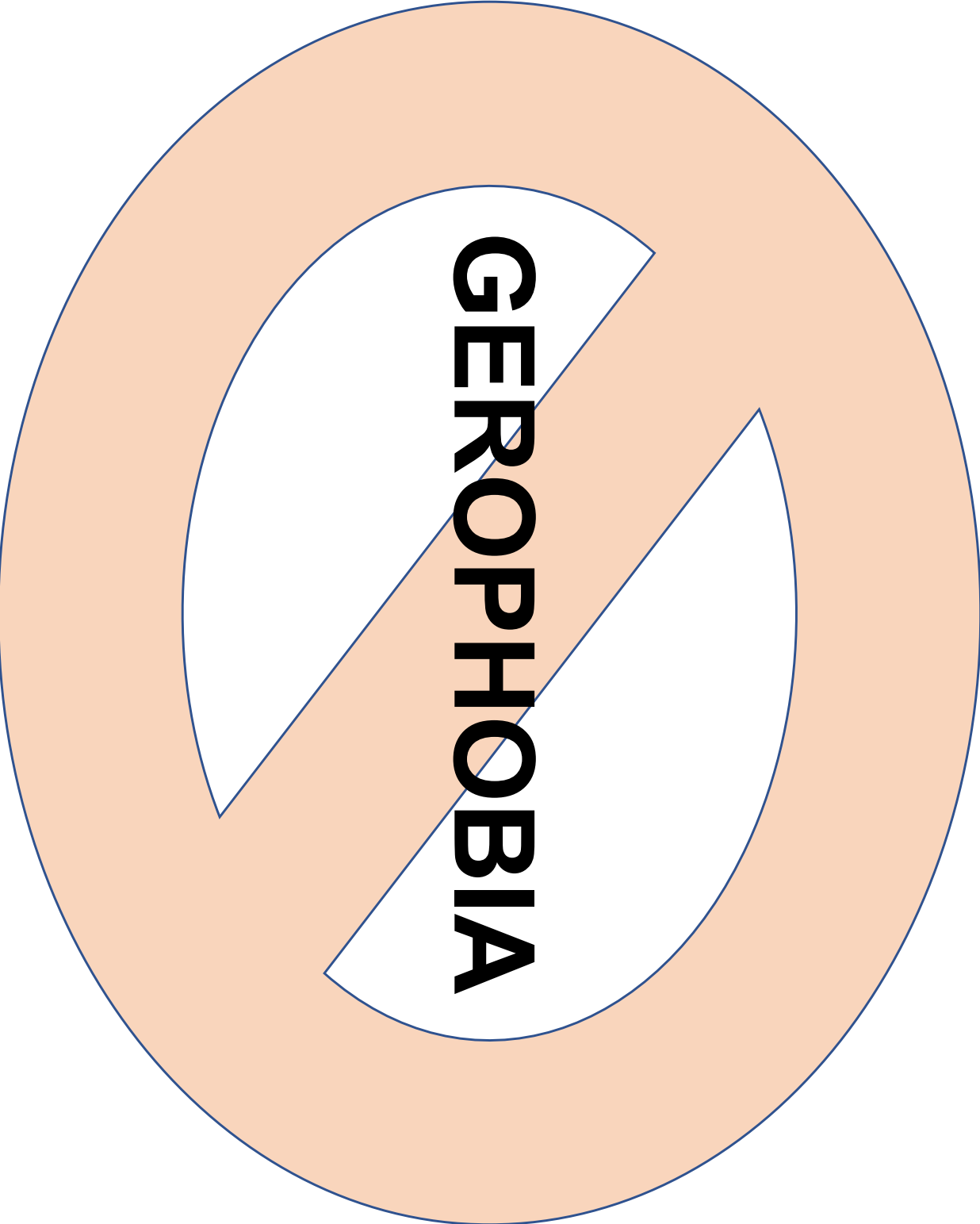


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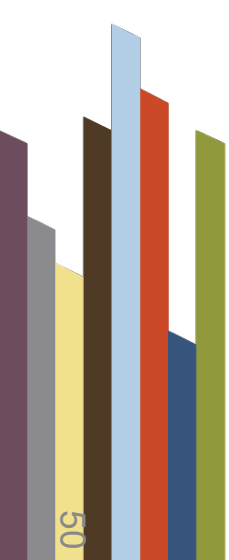
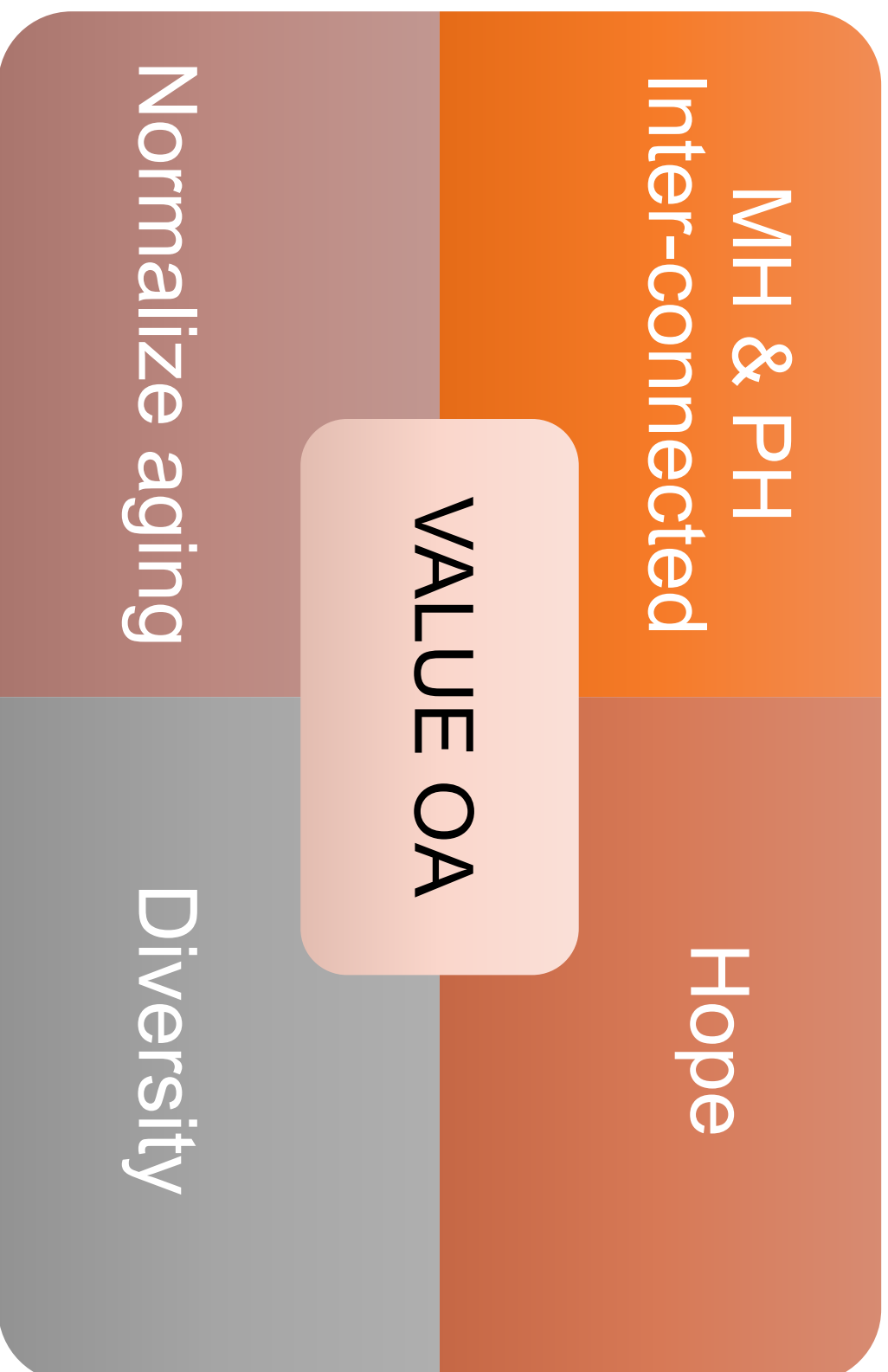
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GEROPHOBIA

Attitudes



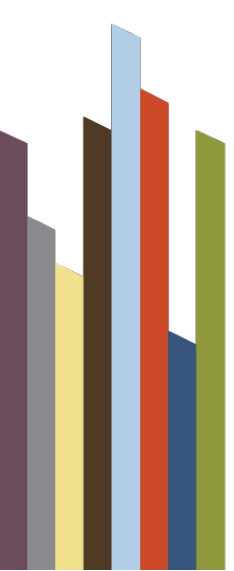
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Chat Box Question

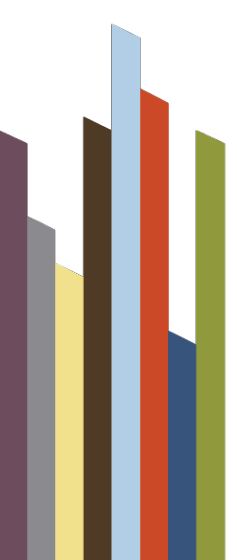
- In 2-3 words, what other issues do you face in developing and implementing programming for older adults?



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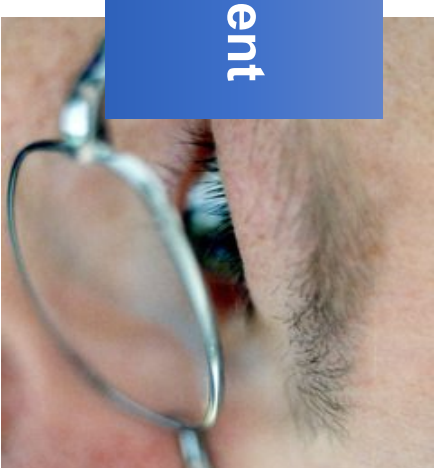


Other Considerations



Environmental considerations

Service Recipient



Supports

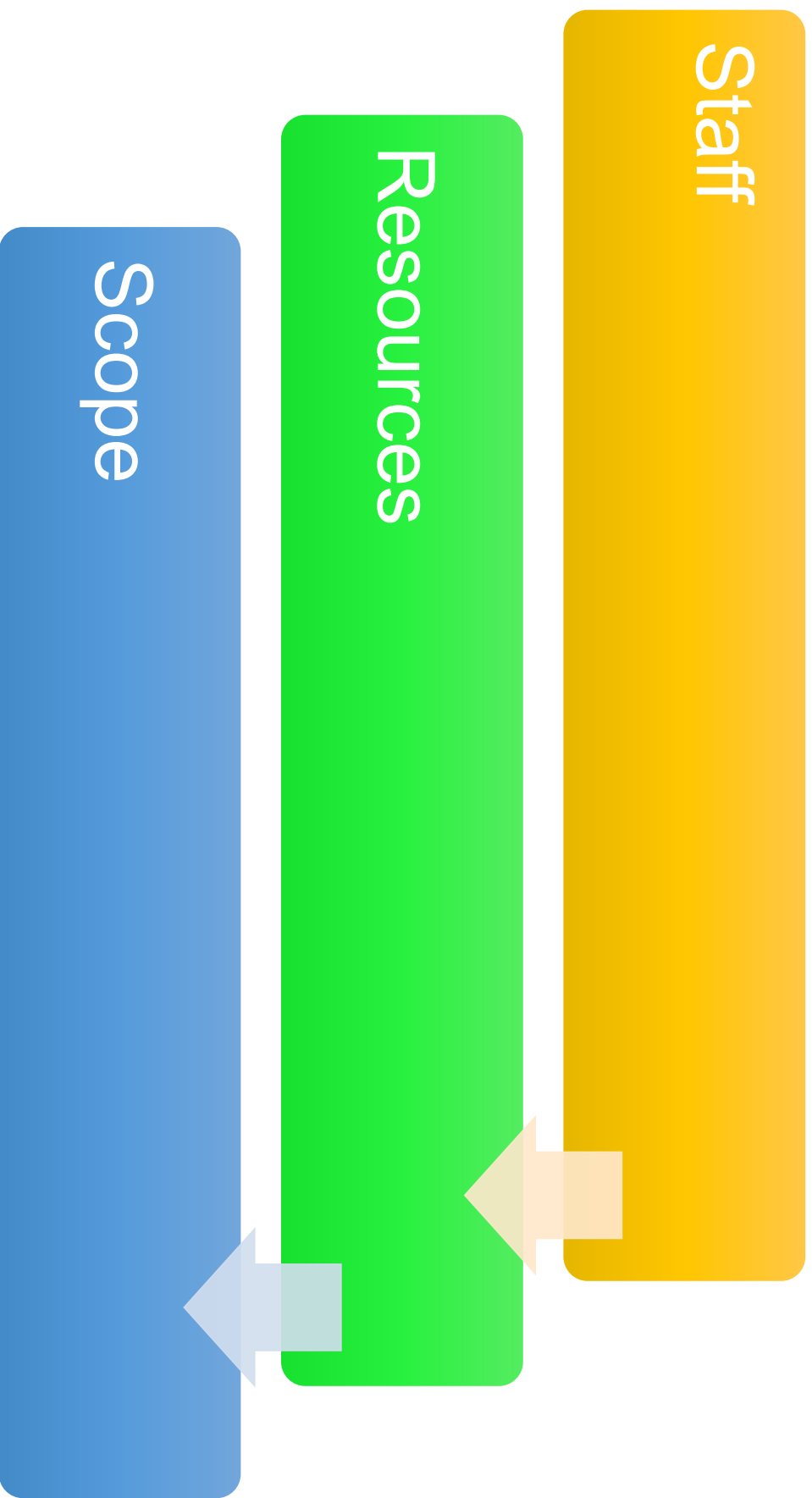


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Programmatic Considerations



Future Trends

- Peers
- Technology
- Mindfulness
- Motivation
- Collaborative Care
- Substance Use



Bartels et al., 2017; Bryant,c 2015; Twamley, 2013; Zechner et al., 2019



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Summary

- SAMHSA Toolkit with EBPs for Depression (medication, psychotherapy, integrated MH & PH services, multidisciplinary outreach)
- Existing programs for people with SMI focus on health management, CBT, Social skills
- Wellness model can serve as a framework
- Specific knowledge, attitudes and skills are required for working with older adults



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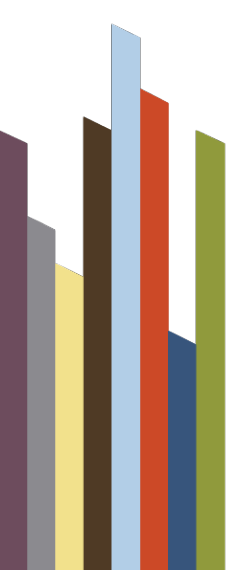
Let's Hear from You



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Last, but not least...

- What else do you need to learn to address the needs of this population?
- What resources would be of value to you?



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Resources

Integrated Illness Management & Recovery

<https://mncamh.umn.edu/clinical-training/i-imr/>

National Registry of Evidence Based and Promising Practices

<https://www.samhsa.gov/nrepp>

Substance Abuse and Mental Health Services Administration, Selecting EBPs for Treatment of Depression in Older Adults

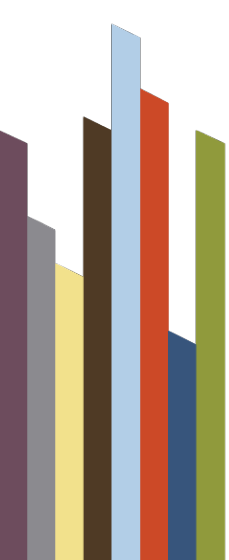
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