Mid-America (HHS Region 7)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Family Peer Support: An Emerging Profession
Session 4: Preventing Crisis and Relapse

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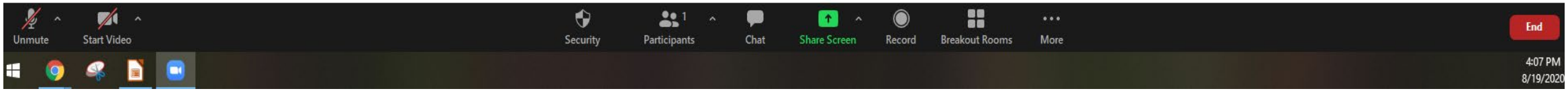
SAMHSA
Substance Abuse and Mental Health Services Administration

Announcements

- All attendees are automatically muted.
- Submit questions via the chat box at any time during the webinar.
- The slides are available in the chat box.



Evaluation

- At the end of this session, you will be asked to complete a brief evaluation.
- Because this event is federally funded, we are required to ask about participants' satisfaction with our services.
- To maintain our funding, we are required to get 80% participation.
- We greatly value your feedback and participation in the survey!!

Disclaimer

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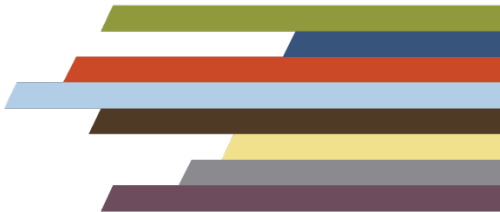
The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

- Strengths-based and hopeful
- Inviting to individuals participating in their own journeys
- Person-first and free of labels
- Inclusive and accepting of diverse cultures, genders, perspectives, and experiences
- Non-judgmental and avoiding assumptions
- Respectful, clear and understandable
- Healing-centered/ trauma-responsive
- Consistent with our actions, policies, and products

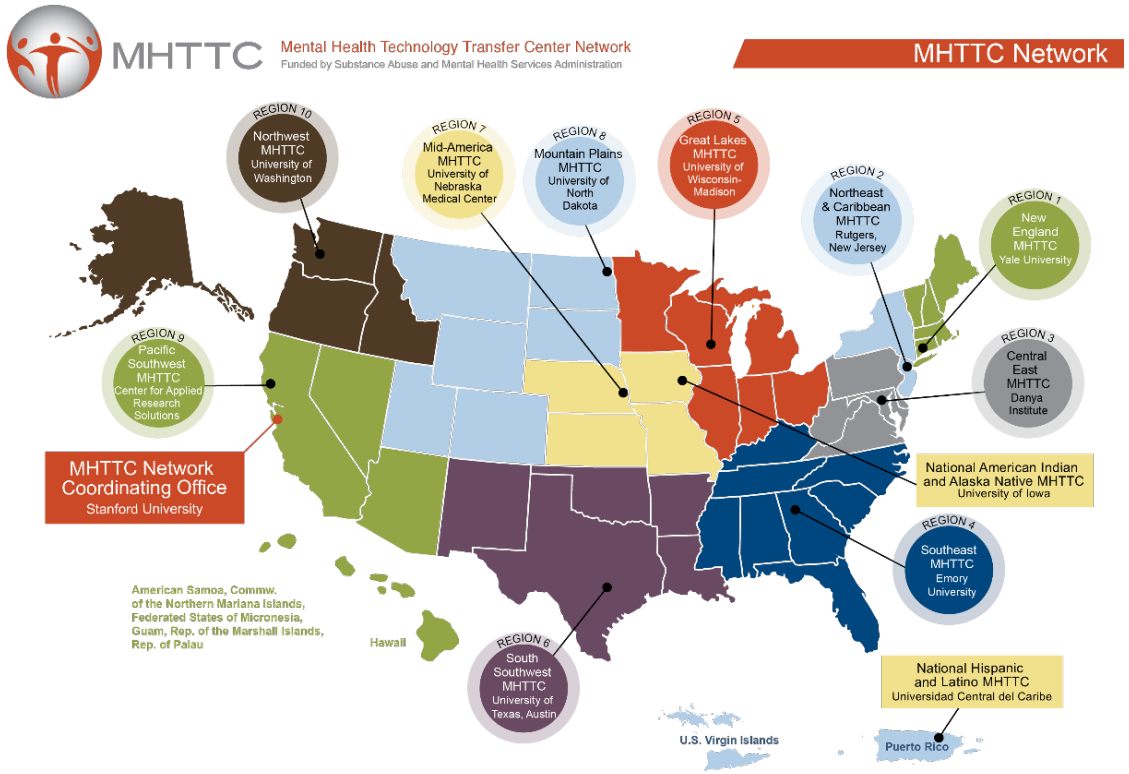
Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf



Mid-America Mental Health Technology Transfer Center

Established to increase utilization of evidence-based mental health practices.

- Missouri, Iowa, Nebraska, and Kansas.
- Free training and technical assistance.
- SAMHSA grant awarded to the Behavioral Health Education Center of Nebraska at University of Nebraska Medical Center.
  (5 years, $3.7 million, grant number: H79SM081769)



Objectives

In this presentation, Mid-America MHTTC specialists and partners with Omaha-based Community Alliance will demonstrate ways in which family peer support empowers families in their roles to prevent relapse and intervene during psychiatric crisis. In particular, participants will learn how recipients of family peer support:

- Learn early detection of a crisis of their loved one;
- Learn to develop a relapse prevention and crisis management plan; and
- Learn to implement a relapse prevention and crisis management plan.

Deinstitutionalization

Since the deinstitutionalization of persons with mental illness, beginning in the 1950's fewer people with serious mental illness are living in hospitals, nursing homes and assisted living facilities; in fact, most are living in the community independently or with formal supports. The role of families has increased as access to long-term inpatient care has reduced.

- From 1955 to 1983 there was a 75.3% reduction in the state-hospital population (Goldman, Adams, & Taube, 1983).
- 558,239 inpatient psychiatric beds in 1955 for a population of 164.3 million (Bureau of the Census, 1956).
- 51,413 inpatient psychiatric beds in 2004 for a population of 269.4 million (Torrey, Entsminger, Geller, Stanley, & Jaffe, 2007).

Deinstitutionalization

Since the deinstitutionalization we have learned to help persons to achieve recovery.

- manage their illness (Mueser et al., 2002),
- cope with stressors (Lazarus & Folkman, 1984),
- find employment (Bond, Drake, & Becker, 2008),
- be stable in housing (Blanch, Carling, & Ridgway, 1988),
- develop social skills (Bellack, Mueser, Gingerich, & Agresta, 2004)
- and reduce their substance use (Drake et al., 2001).

However, we also know that that even with adequate services many persons with serious mental illness continue to struggle to recover and improve the quality of their lives (DeSisto, Harding, McCormick, Ashikaga, & Brooks, 1995).

Relapse Prevention and Crisis Intervention

… A model to predict lapse and relapse of behavior from a healthy to an unhealthy form… (APA, 2006).

... Procedures that are used after successful treatment of a condition, disease, or disorder in order to reduce relapse rates (APA, 2006).

Early Detection. Involves identifying signs of a pending relapse. These signs are behavioral, emotional or cognitive; and include changes in daily living activities, and changes in social and communication skills.

Early Intervention. Involves behaviors to intervene when a pending relapse is identified. This includes coping skills, healthy daily living activities and health practices.

Speaker: Dr. Lilchandra Sookram

Dr. Sookram graduated from University of Nebraska with a PhD in Psychology. At the Nebraska State Hospital, Dr. Sookram provided psychological services to persons with serious mental illness and to their family members, and he directed clinical services including psychology, nursing, social work, therapeutic recreation, education and return-to-work programs. He is the former director of mental health services in Kansas and clinical director of a juvenile correctional facility. Currently he is manager of family and peer services at Community Alliance. Dr. Sookram is a person with lived experience as a family member to a person with a serious mental illness and supports 100's of families every year. This support includes a 12-week group educational program, and individual family support. Dr Sookram has developed a peer support training program for persons with serious mental health issues since 2007 and adapted that to a family peer support training program.

…

Speaker: Richard Kalal

Rich Kalal is a parent of a loved one with serious mental illness. A retiree of IBM, Kalal works as a volunteer at Community Alliance, in particular on family education programs along with Dr. Jai Sookram. On many occasions, Kalal has spoken to University of Nebraska Medical Center residents of psychiatry and family medicine, and medical students about being a family member of a person with a serious mental illness. Also, Mr. Kalal assist with training of a family support program and provides support for families of loved one's with serious mental illness. He supports these families through a wide range of needs, ranging from first episodes, to establishing recovery to relapse prevention and crisis management.

FAMILY PEER SUPPORT: RELAPSE PREVENTION AND CRISIS MANAGEMENT.

L. SOOKRAM PHD

JANUARY 21. 2021

RECOVERY

Means that a healthy lifestyle is achieved. The person is:

- Self directed and self regulated
- Has a safe stable place to live
- Connected to stable community supports
- Follows a health routine of medicine as needed, exercise, nutrition, hydration, sleep and
- Has a lifestyle that supports work or volunteering, recreation, community engagement and other fulfilling life purposes.
- The challenges of life are met daily with a sense of resilience and hope

In relapse prevention it is this lifestyle that is protected and enhanced.

EARLY SIGNS OF PENDING RELAPSE.

- Observable deterioration in health routines. May be coincident with seasonal changes –weather, holidays or following unusually stressful life events. FPS are trained to watch for these markers.
- Excessive stressful responses to work and other activities that were handled with relative ease earlier.
- Needing to sleep/rest more…
- Moody, neglected social connections, seemed self absorbed and avoidant. Not easy to be around.
- FPS are trained to have a relationship with the person that allows for conversations at these times.

SYMPTOMS OF RELAPSE: MANIA AND PSYCHOSIS.

- Noncompliance : medicine - may have stopped working.
- Complains of feeling different, loss of insight about circumstances
- Evident loss of self observation and evaluation abilities
- Unstable sleep patterns, changes in appetite, and daily activities
- Restlessness, agitation, argumentative, refusals…unreasonable,
- Garrulous and grandiose. May become isolative, non communicative
- Increased anxiety, fear.. May see/hear/believe the unverifiable.
- Feels persecuted and may turn on friends and family.
- FPS are trained to look for these markers and to seek the appropriate remedies.

CRISIS MANAGEMENT PLAN: ELEMENTS.

FPS are trained to know and prepare to implement these elements

- The plan is made when the person is well. It may be called an advance directive for emergencies.
- It is written with the full participation of the person in collaboration with their treatment and support teams. The core team is the person, the FPS, the family, a therapist, and medical professional(s).
- Release of information authorization, Power of attorney, guardianship, conservatorship. An attorney who is on call if needed.
- Contact sheet for key emergency personnel- treatment and residential resources.
- Procedures for urgent probabilities: suicidal ideation and threats..
- Is the person away from home- how far away?

CRISIS PLAN IMPLEMENTATION: FPS ROLE.

- FPS are trained to develop empathetic relationships with the family and the person. Sharing their stories and being perceived as trusted and knowledgeable in a supportive role is a key achievement.
- Being available to listen, to help the person and their family understand what may be happening and connecting them to resources are key aspects of their role.
- Helping the person or the family to connect all parties together to prevent relapse or to deal with a crisis according to the written plan is a key FPS process.
- FPS provide encouragement, education about best practices, and help facilitates access to available resources.

ADVOCACY

- FPS have personal experiences and training to understand the community and the Mental health system. This unique position allows them to provide needed information to families and to educate providers, practitioners and the public about what may be needed to have a more accessible and robust mental health system.
- Engages the person and the family to rehearse the plan, to update it and to ensure it is readily available when it is needed.
- Families and persons in recovery have been appreciative and highly supportive of these practices which they say have saved their family and sometimes the lives of their family members.

Questions?

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Thank you very much

Please do not hesitate to contact me regarding family peer support services

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Family Peer Support: An Emerging Profession

A webinar series to introduce Family Peer Support to the mental health community

Register for upcoming events:

https://mhttcnetwork.org/centers/mid-america-mhttc/family-peer-support-emerging-workforce

Feb 18th 2021, Family Peer Support

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