

Minimizing Disruptions in Care

Behavioral Telehealth (Video and Phone): Skill Development Webinar Series Questions & Answers

Self-Management Supports

Webinar 8: June 17, 2020

Question	Answer
Pertaining to group dynamics, what are some options in balancing group guidelines/rules but understanding the Trauma that this lockdown creates and still managing this new medium of telehealth?	Allow the group to create their own safety contract. This levels the power dynamics between the facilitator(s) and participants. Encourage group members to call out when an item on the list has been breached and discuss what everyone going forward needs to feel safe in the space (edit list if needed) and also ask what group members can to do nurture themselves if they do get triggered. Display it in a place where everyone has access to it. Recognize that it is an evolving document. Group members can add things as the group proceeds should they arise.
What is a method/intervention to support a client who is experiencing major depression and has difficulty engaging in self-care activities?	Sometimes during really difficult times it can be hard to think about what to do to feel good again. Inquiring about what the person used to do to feel good can be a starting place and engaging around if that activity could be worth trying. Then offering supports if there are barriers. Example: "I used to walk to feel good, but I can't seem to get myself to do anything right now." Staff: "Would you want to go on a walk for our appt next week together?" Sometimes just having support to activate wellness strategies can make all the difference.
Please repeat the source(s) for the 11-module Wellness Management toolkit.	It is formally called Illness Management and Recovery by Susan Gingerich and Kim Mueser. It is a ready to use set of curriculums that walks participants through 11 modules on various topics related to wellness management. There are numerous tools, topics, worksheets, and at home practice assignments built into the curriculum.
Research, specialists, and friends have said how exercise	I think sometimes it takes time to find what works for each person. Personally, it took me 37 years to

Question	Answer
<p>is beneficial to mental health, but I personally see no change to my mental health. Do you have suggestions for this?</p>	<p>discover that long distance walking was the activity that gave me the most clarity and sense of well-being. For me, it was just about trying different things and making notes about how I felt before, during, and after the activity. That helped me pinpoint what was most helpful. When I was able to see the benefits (by keeping notes) it provided, it helped me tap into my own intrinsic motivation to keep doing it versus others just telling me what I needed to do.</p>
<p>What are some suggestions for clients who refuse to use identified coping skills? For example, they reported finding relief in adult coloring books but are now refusing to engage in it because they don't think it works. Or they state that the identified activities does not provide the instant relief they are searching for. I find many clients refusing activities because it does not give the instant relief, or it does not give the same intense relief that they want in that moment. Suggestions?</p>	<p>Self-care is always evolving and changing. Sometimes, what once provided relief no longer produces the same benefit(s). That's why continual exploratory and curious dialogue about self-care and wellness management is so important. Things change, people change, access to resources changes...so it's important our evaluation of what feels good keeps up with that. One suggestion would be to take it to team meeting and ask for suggestions. For example, "I'm working with _____. Some of their strengths and interests are _____. They are feeling stuck in activating self-care. I'd like some ideas on activities I could present to them that might be helpful based on their strengths and interests." Then you can take the list out to share with the person with permission as a starting place. Perhaps the person sees 1 or 2 ideas that sound worthwhile to them. Offer support around those areas if applicable. Another suggestion is working with a Peer Specialist who may share ideas or strategies they have used to identify and activate self-care strategies in their own journey.</p>
<p>Some clients ask what to do if after trying coping skill/self-care their worries/stress return shortly after?</p>	<p>I would suggest offering support to the person to create a Daily Wellness Plan. Often times, when people start to feel worse, it can be traced to not doing something in their daily plan. It can also be helpful to have a place to go to for prompts because in times of stress it can be hard to remember what to do to feel good again.</p>
<p>I LOVE the statement of replacing mental health with social justice, do you know of any tools for providers and not</p>	<p>Cultural and system change shifts, unfortunately, don't happen overnight. It really takes considerable time and a dedication to the effort by leadership or people in positions of power to start</p>

Question	Answer
<p>users to assist with this culture and systems change?</p>	<p>the process of unlearning and creating concrete actions on the other side of that unlearning to create shifts and accountability for large scale system change. In the meantime, I always ask, "What can we do as individuals right now within our means, power, and privilege?" Maybe that means bringing up this frame of thought with your supervisor or with your colleagues and opening space for the dialogue to start to happen on a team level. I know one strategy many of the agencies we've worked with use to start to unravel the stigma and blame that the people we support are often on the receiving end of is, we've had teams spend time within team meetings creating a list of "These are things we will not say about the people we work with," or something of the like. Examples: unmotivated, non-compliant, manipulative, low functioning, etc. Then the list is displayed in a visible place during team meetings and if an item is breached everyone has a place and platform to hold each other accountable. That, at least, has provided a starting place for many teams.</p>
<p>Do you suggest integrating spiritual connection as part of the umbrella?</p>	<p>YES, absolutely. There are thousands of things that could fall under the umbrella. Spiritual connection is a form of healing and solace for so many people.</p>
<p>For me, it has been challenging to create self-care plans with teenagers because "they don't know". Some of them are not self-aware of their triggers, their likes, what means to them, etc. So which kind of questions can we use to help them in this self-awareness and wellness management?</p>	<p>Sometimes the formal language we use can be a huge turnoff for teenagers and young adults. I've found that staying curious about what it is they like to do in their free time and staying committed to listening and learning about why they enjoy doing those things creates a foundation for engagement and to build trust. Then in times of struggle, you can help bring those things to light. For example: "It sounds like things are really intense at home for you right now. I know you mentioned that playing Fortnite is your escape from the real world – is this something you have been using lately when things get intense?" "Can you tell me how it has helped?" "Is this something you feel like you can turn to when you're overwhelmed?" "Would it be helpful to put our heads together about other ideas?" Then exploring, building, and offering support on the</p>

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	<p>other side of that provides a starting place to build on conversations about self-care or whatever the language they use to describe it as. You can also use an area they have interest in as a backdrop for you appt. Example: if they have a passion for music you could offer to spend part of your apt at a used CD shop or something of the like. That sometimes can help someone build confidence to activate or re-activate things they have a passion for. Sometimes it can be hard to think about what to do to feel good when you haven't felt good in a while. I've also had some of the best dialogue with people outside the formal setting of the office and within the community actually doing something.</p>
<p>Do you have any tips on how to encourage clients to get themselves involved in support groups like AA or NA?</p>	<p>With substance use, it's important to be aware of the Stages of Change and where someone is within the stages so that our interventions and support match where they are in their journey. When I was supervising a Peer Specialist team in a very large community mental health center, we would offer support to check out local AA or NA groups several times a month. This was something anyone could sign up for within our agency, but what made it helpful was that it was self-directed by the person. I think Peer Specialists can be incredibly valuable in this regard and the idea of having someone to support you in going and trying the first couple of times can really help alleviate fear or lessen the impact of anxiety around taking a step like that.</p>
<p>Is there a cost associated with the Wellness Recovery curriculum?</p>	<p>Short answer, yes. We provide the curriculum if you participate in the formal training with us. SAMHSA also has some free resources on their website under Illness Management & Recovery. Important to note that it is the outdated version.</p>
<p>What do you suggest regarding a person not taking ownership about his recovery but suffers severely from the outcome of his non-participation in his self-care?</p>	<p>Sometimes it can be hard to think about what to do to feel good again when you aren't or haven't in a long time. Inquiring about what the person used to do to feel good can be a starting place and engaging around if that activity could be worth trying. Then offering supports if there are barriers. Example: "I used to walk to feel good, but I can't seem to get myself to do anything right now." Staff: "Would you want to go on a walk for our</p>

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	<p>appt next week together?" Sometimes just having support to activate wellness strategies or help to work around barriers can make all the difference. I've also found that Peer Specialists are excellent resources for these types of conversations. They have expertise around strategies to move beyond the impact of "illness" and life is limited stage of someone's journey and can share those strategies. It also helps to remind the person they aren't alone, and they have proof that life can get better.</p>
<p>Can you suggest an evidenced based curriculum for a co-occurring disorder group? (substance abuse and mental illness) sorry to label.</p>	<p>The Wellness Management and Recovery (WMR) curriculum has a module on Drug and Alcohol Use and Reducing Relapses. They also have a version of the curriculum specific to the intersection of substance use and wellness challenges. Wellness Recovery Action Plan (WRAP) offers a dual diagnosis version of the material that can be used in a group format.</p>
<p>Carrying a message of hope: so, agree with that intention. Any suggestions for helping colleagues adopt some of your ideas to create a supportive team?</p>	<p>Starting every team meeting with Celebrations is a great place to start. Just spend the first 5 minutes celebrating the people you are supporting. This sets the tone for the meeting and keeps hope at the forefront of the work.</p>
<p>In your language use about this topic, I am reminded of intercultural communication approaches: staying curious, staying out of judgement, taking another's perspective. Do you agree with this comparison? Say more? How can we support clients experiencing guilt upon initiation of self-care? That sort of deification of exhaustion. And helping them unpack that a little towards improved connection to self-care as a healthy practice.</p>	<p>Yes, absolutely!</p> <p>All of those things you mentioned are vital to creating safe and respectful space for engagement, learning what is most important to the person and why, and to build on our own understandings of just how crucial cultural competency is in this work. If we don't have an understanding of where someone has been, where they are, and where they want to go...how will we know how to support the person in attending to what is most important in their life in a way that honors their narrative and values? I think an example that comes to my mind are the intersections of spiritual beliefs/practices and medication. Often times when someone walks through the revolving doors of a MHC they are usually met pretty quickly with several psychiatric RX's without much exploration about if those are</p>

Question	Answer
	<p>pathways to healing that make sense to the person or if they want to explore alternative methods to healing based for instance on their cultural practices and values; herbs, smudging, acupuncture, etc. If we as professionals, have this knowledge, we can also help advocate for those forms of healing and help the person create a wellness plan based on those practices and values that honors those parts of their narrative and fits their needs.</p> <p>I've found the Stress Vulnerability Model to be an incredibly helpful tool to use with people. It provides them a framework to think about their life experiences. It reminds people that what they are experiencing isn't their fault, but that there are things they can do to take care of themselves to feel better and help lessen the impact of their vulnerabilities (self-care or whatever language they use). You can literally draw it out with someone and then help the person create a wellness list to offset the effects and impact of trauma and stress they have identified in their life.</p>
<p>Can you say a little bit more about wellness management? Thank you.</p>	<p>It is formally called <i>Illness Management and Recovery</i> by Susan Gingerich and Kim Mueser. It is a ready to use set of curriculums that walks participants through 11 modules on various topics related to wellness management. There are numerous tools, topics, worksheets, and at home practice assignments built into the curriculum.</p>
<p>How can I learn more about WMR?</p>	<p>You can visit the CIBHS website and we are offering free overview webinar on July 16th that you can register for on the CIBHS website.</p>
<p>I would like the wellness curriculum.</p>	<p>So, there are 3 options to obtain the actual Toolkit and curriculum:</p> <ol style="list-style-type: none"> 1) SAMHSA has some free resources on their website, but it is the outdated version and doesn't include the updated 11th module on <i>Healthy Lifestyles</i>. Search: <i>Illness Management & Recovery</i> 2) We provide the Toolkit and curriculum should you register and go through the formal training with us. We also provide as

Question	Answer
	<p>needed implementation support to get your wellness management program up and off the ground. We are offering a free intro webinar to learn more about the curriculum on July 16th and you can register on the CIBHS website.</p> <p>3) You can purchase the latest version of the Toolkit and curriculum directly from the Hazelden Publishing website. Search: <i>Illness Management & Recovery</i>.</p>
<p>Do you suggest this tool in a prison setting?</p>	<p>Yes, there has been research done on the benefits of the Wellness Management program with individuals who are incarcerated or justice involved. If you would like links to those research articles, please email me directly and I'll get them to you.</p>
<p>Hi, where do you think racism falls in epigenetics?</p>	<p>I'm not an epigeneticist by any means, but given that being on the receiving end of racism is trauma and the systemic racism that creates inequities within all frameworks of life (poverty, housing, justice involvement, education, employment, health care, etc.) all of those things can impact the gene expression given the study of epigenetics and the research behind it.</p>
<p>Do they have any tips on how to do this better in telemedicine environment?</p>	<p>I think it's important to have an understanding of each person's learning style and their preferences to receive information. Do they prefer visuals, reading independently, reading together, writing, practicing, getting questions in advance to read or think about, etc.? Then you can build out your telemedicine appointments based on the needs of each person. Example: If someone prefers to have time to think about things – can you email, text, mail, drop-off, etc. the copy of the Relapse Prevention Plan so they have some time to think about things in advance before you meet? If someone prefers visuals or pictures, can you use the Zoom Health (or whatever your agency uses) visual whiteboard to draw examples of self-care or write them out together so the person can see them? Knowing that can really help you tailor each telemedicine call to the person's needs, so they get the most out of it and it also helps the telemedicine call feel more personalized.</p>

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<p>What was the generational trauma study/model that she referred to?</p>	<p>Kellie's pronouns are they/them/their and the study was a research team at New York's Mount Sinai hospital which was led by Rachel Yehuda.</p>
<p>Is intergenerational trauma an issue for the children of combat veterans?</p>	<p>I'm not an expert on this by any means, but what we know about the effects of trauma, epigenetics and intergenerational trauma given the research that exists as well as studies on Adverse Childhood Experiences/ACE ...it could leave one to believe that it could indeed impact their children in some capacity.</p>
<p>Very good presentation Kellie. Thanks! If a youth lists using marijuana as a coping skill, how do you address that while withholding judgment?</p>	<p>Thank you! Staying out of judgement is hard, but vital for this work. I would encourage you to stay curious with the person about why they use marijuana. How does it help? What do they like about it? Having that knowledge can help us gain a deeper understanding to its importance and place in the person's life.</p>
<p>How do you help clients move from creating ideas on self-care to using them? So many seem unable to take the next step and seem stuck?</p>	<p>Offering to help them to take a step can be a steppingstone to building confidence in the act and art of self-care as well as building a trusting relationship with the person. For instance, if someone shares with you that walking was something they used to do to feel good, but have just can't get themselves to do it lately...you could offer to have your next appointment together on a walking trail near their home.</p>