



**SAMHSA's Resource Center to Promote
A D S
Acceptance, Dignity and Social Inclusion
Associated with Mental Health**

Peer Respite Services: Transforming Crisis to Wellness

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Archive

This Training Teleconference will be recorded. The PowerPoint presentation, PDF version, the audio recording of the teleconference, and a written transcript will be posted to the SAMHSA ADS Center Web site at <http://www.promoteacceptance.samhsa.gov/teleconferences/archive/default.aspx>.



Disclaimer

The views expressed in this training event do not necessarily represent the views, policies, and positions of the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).



Overview of the Peer Respite Model

Peggy Swarbrick, Ph.D., OTR, CPRP
Director

Institute for Wellness and Recovery Initiatives at
Collaborative Support Programs of New Jersey



Crisis Defined

- Crisis is a particular natural phenomenon that anyone may encounter at various times throughout life.
- During a crisis people report feeling upset and experience heightened levels of anxiety and stress which impacts them physically, emotionally, socially, spiritually and in many other wellness dimensions.



Support During a Crisis

- People often have a heightened desire for help and are susceptible to the influence of interpersonal interaction, such as support and guidance in the context of one-to-one interactions and groups.
- Support may come from peers, family members, spiritual counselors, and health care professionals.
- Effective supporters foster hope and sense of empowerment.





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What is Usually Available ?

- Inpatient hospitalization is often what is available to individuals experiencing a psychiatric crisis or an acute exacerbation of symptoms.
- This is problematic on a number of levels including:
 - Hospitalization targets treatment of identified psychiatric symptoms but not the underlying causes of the crisis itself.
 - The focus solely on symptoms during periods of crisis inhibits the enhancement of autonomy and coping skills to meet life challenges.
 - Hospitalization does not provide important needed support.



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Shortcomings of Hospitalization as a Treatment Option

- Hospitalization is:
 - Very Costly—fiscally, emotionally, spiritually, and more
 - Not person-centered
 - Often neglects holistic nature of the individual
 - Traumatic and re-traumatizing

At a time when people need the support of family and friends they are often isolated in hospital emergency departments and psychiatric units.



Crisis Alternatives: Why They Are Important

- Crisis service users prefer more fully developed community-based approaches outside of inpatient settings.
- Despite empirical support for the effectiveness of crisis alternatives they are often not available to many individuals who could benefit from them.
- Limited availability of treatment options eliminates individual choice and self-determination when presenting for crisis services (which undermines recovery).



Peer Respite Services, a Promising Alternative

- There is a growing body of evidence that reveals that crisis alternatives can have positive impacts.
- Alternatives to hospitalization often provide a significant cost savings in addition to having positive impacts on quality of life domains.
- A 2009 survey indicated that people preferred crisis intervention services including phone help lines, peer support services, and crisis respite. (Lyons, Hopley & Horrocks, 2009)
- Many states are funding and supporting the development of peer crisis alternatives as part of cost containment and transition to a recovery-oriented system.

Resources

- Ciompi, L. & Holger, H. (2004). Soteria Berne: an innovative milieu therapeutic approach to acute schizophrenia based on the concept of affect-logic. *World Psychiatry* 3(3), October 2004, pp. 140—146.
- Fenton, W.S., Mosher, L.R., Herrell, J.M., & Blyler, C. (1998). Randomized trial of general hospital and residential alternative care for patients with severe and persistent mental illness. *American Journal of Psychiatry*, 155(4), 516—522.
- Hopkins, C., & Niemiec, S. (2007). Mental health crisis at home: Service user perspectives on what helps and what hinders. *Journal of Psychiatric and Mental Health Nursing*, 14(3), 310—318.
- Landers, G.M. & Zhou, M. (2009). An analysis of relationships among peer support, psychiatric hospitalization, and crisis stabilization. *Community Mental Health Journal*, DOI: 10.1007/s10597-009-9218-3.
- Lyons, C., Hopley, P., Burton, C.R., Horrocks, J. (2009). Mental health crisis and respite services: Service user and career aspirations. *Journal of Psychiatric and Mental Health Nursing*, 16(5), 424—433.

Resources

- Mosher, L. (1995). The Soteria Project: The first-generation American alternatives to psychiatric hospitalization, in R. Warner (Ed.). *Alternatives to the hospital for acute psychiatric treatment*. Washington, DC: American Psychiatric Press.
- Mosher, L.R. (1999). Soteria and other alternatives to acute psychiatric hospitalization: A personal and professional review. *Journal of Nervous and Mental Disease*, 187(3), 142—149.
- National Empowerment Center (NEC) section on Peer-run Crisis Alternatives <http://www.power2u.org/peer-run-crisis-alternatives.html>
- NEC Directory of Peer-run Crisis Services <http://www.power2u.org/peer-run-crisis-services.html>
- Warner, Richard. (1995). *Alternatives to the hospital for acute psychiatric treatment*. Washington, DC: American Psychiatric Press.
- Whittle, J., (1992). Determining the need for community alternatives to preventing unnecessary admissions to an inpatient psychiatric unit, *Journal of Community and Applied Social Psychology*, 2, 17—24

Georgia Mental Health Consumer Network Peer Support and Wellness Respite Centers



Sherry Jenkins Tucker, M.A., ITE, CPS
Executive Director

Georgia Mental Health Consumer Network (GMHCN)



GMHCN Peer Support and Wellness Respite Centers – What We Are

- GMHCN operates three peer support and wellness respite centers
- Peer-operated alternative to traditional mental health services
- Focused on wellness, not illness



Peer Support and Wellness Respite Centers: A Trauma Informed Environment

- We recognize that trauma is far too common
- We maintain an atmosphere of respect and dignity
- We can't begin to address the totality of an individual's healthcare, or focus on promoting health and preventing disease — both tenets of healthcare reform — unless we address the trauma that precipitates many chronic diseases



Focusing on Trauma: Why this is Important

- Trauma is now considered to be a near universal experience of individuals with behavioral health concerns
- From 55 to 99 percent of women in substance use treatment and from 85 to 95 percent of women in the public mental health system report a history of trauma, with the abuse most commonly having occurred in childhood.

(Source: U.S. Department of Health and Human Services
Office on Women's Health)

Peers have contended for years that the question is “What happened to you?” and not “What’s wrong with you?”





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Peer Support and Wellness Respite Center Services

- Daily Wellness Activities
- Respite Services
- 24/7 Warm Lines



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Wellness Activities

Daily activities address whole health, wellness, and having a life in the community.

- Whole Health/Smart Shopper
- Creative Writing
- Wellness Recovery Action Plan (WRAP)
- Bowling
- Job Readiness
- Trauma Informed Peer Support
- Double Trouble in Recovery (DTR)
- Exercise/Recreation/Mindfulness



Respite Services

- Three respite beds
- Proactive interview to establish a relationship
- An alternative to psychiatric hospitalization
- The best opportunities for growth often arise during crisis situations and their outcomes
- The focus is on learning and growing together
- 87% of respite guests report that accessing a respite bed kept them out of the hospital



24/7 Warm Lines

- Peer support over the phone
- We rely on our lived experience and employ active listening rather than offering advice and direction
- Peers throughout the state of Georgia utilize our Warm Line 24 hours a day
- Partnership with Georgia Crisis and Access Line



Intentional Peer Support – The Model for Our Services

- Four tasks of Intentional Peer Support (IPS) include:
 - connection
 - worldview
 - mutuality
 - moving toward
- IPS focuses on learning vs. helping
 - “Help” has a potential to foster dependency
 - Learning emphasizes mutuality in emotionally distressing situations that would otherwise be stopped or interrupted

Staff Training

All staff are certified peer specialists trained in:

- Warm Line protocol
- CPR, First Aid
- GMHCN policies and procedures
- Peer Support Whole Health and WRAP
- Trauma Informed Peer Support created by Beth Filson
- Intentional Peer Support (IPS) created by Shery Mead



Co-Supervision – A Key Part of Our Approach

- Staff meet as a team and with their supervisors on a monthly basis and as needed
- The tasks of IPS are used during each co-supervision
- Creates an opportunity for staff to maintain IPS-informed relationships



Appendix

Example of a Conversation that Illustrates the Four Tasks of Intentional Peer Support

Here's a short conversation to illustrate the four tasks: connection, worldview, mutuality and moving towards. (Mary) and (Sue) have been getting together for peer support for several weeks and (Mary) the peer specialist is feeling kind of stuck because it seems that the same old problems just keep coming up over and over again.

(Sue) says, "Hi (Mary). I wonder if you can help me with my anxiety. It's still really bad and I don't know what to do." If (Mary) says something like, "Well when my anxiety gets bad I usually go for a walk." We see (Mary) quickly falling into fix-it mode and not really making much of a connection with (Sue).

If instead she says, "I'm sorry to hear that. It feels lousy to feel like you're not getting anywhere doesn't it." (Sue) will more than likely feel heard and validated leading to the beginning of a trusting connection. If (Mary) goes on to ask something like, "What does anxiety actually mean to you" gets out of the assumption that there's only one understanding of anxiety and opens the door to a conversation that can lead to different understandings.

(Sue) might say, "Well I just feel overwhelmed by things and then feel like I'm just spinning my wheels." Now (Mary) can bring in her own experience as well as provide another framework.



Appendix

Conversation that Illustrates the Four Tasks of Intentional Peer Support (continued)

She might say, "That's so interesting. I used to think I was just kind of wound up but didn't think about it too much. Then my doctor told me that I had an anxiety disorder so I started to see myself as sick, which left me feeling out of control. It took me a while to realize that perhaps seeing myself as sick was much more the problem than simply feeling wound up."

This offers (Sue) a chance to see that there are many other ways of understanding her experience and she might say, "Yeah I guess maybe the worrying about the worrying is keeping me kind of stuck." (Mary) now has the opportunity to own her own part in the relationship and could deal with her own frustration without alienating (Sue). She could say, "Yeah I've been kind of wondering about that. It seems like we talk about it a lot and then I fall into trying to fix it for you."

Hopefully this opens the conversation up so that (Sue) sees things from a new angle and gives both of them a chance to reflect on the purpose of their relationship. (Sue) might say, "And for my part I guess I've gotten used to people trying to fix me. What do you think we should do differently with peer support?"



Appendix

Conversation that Illustrates the Four Tasks of Intentional Peer Support (continued)

Although this may or may not be the way the conversation goes, it shows an effective connection and sharing of worldviews. Instead of talking about what's wrong and how to fix it, they get to know each other better and can move the relationship into new territory.

So let's take a final minute to think about what we're doing here. Being curious about our own discomfort. Consider what we're learning together rather than what we're providing to one another. Seeing things as possibilities rather than problems to be solved.

Seeing mental health more broadly to include the health of the world or the planet. Is it possible that peer support might even change the world?



Resources

- Georgia Mental Health Consumer Network (GMHCN)
<http://www.gmhcn.org>
- GMHCN Peer Support and Wellness Respite Centers
<http://www.gmhcn.org/wellnesscenter/index.html>
- Georgia Certified Peer Specialist Project
<http://www.gacps.org/Home.html>
- Shery Mead Consulting -- Intentional Peer Support
<http://www.mentalhealthpeers.com/>
- YouTube: Shery Mead and Chris Hansen discuss Intentional Peer Support Co-Supervision (audio only) at
<http://www.youtube.com/watch?v=U-3sWEauPvI>



Projects to Empower and Organize the Psychiatrically Labeled, Inc. (PEOPLE, Inc.) Hospital Diversion Services

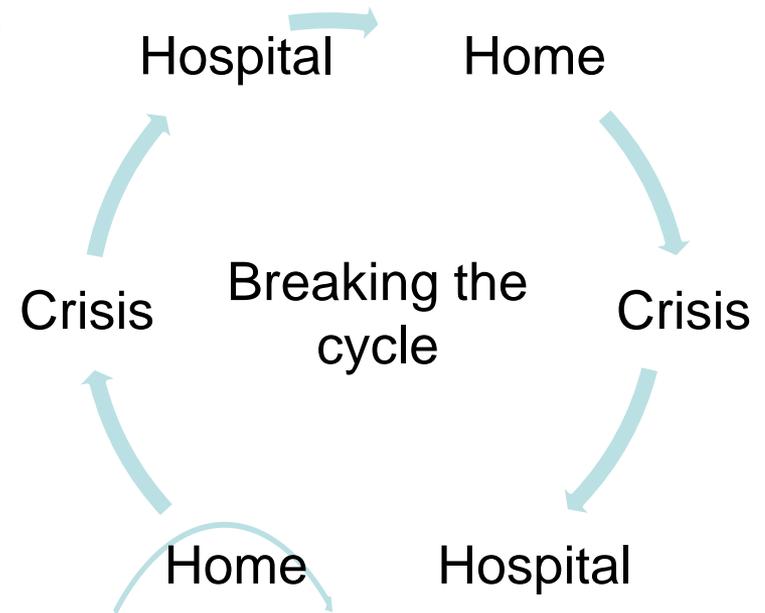
**Steve Miccio
Executive Director
PEOPLE, Inc.**





A New Diversion Continuum

- Over the past 10 years PEOPLE has been developing and practicing proactive diversion peer-run services to break the cycle of crises leading to hospitalizations



Hospital Diversion House

- Rose House services are designed to help 'at-risk' individuals to break the cycle of learned helplessness and recidivism and to move away from what are often long histories of cycling from home, to crisis, to hospital year after year.





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Two Rose Houses

Putnam



Orange/Ulster



Serving 3 Counties



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A Continuum of Diversion Services

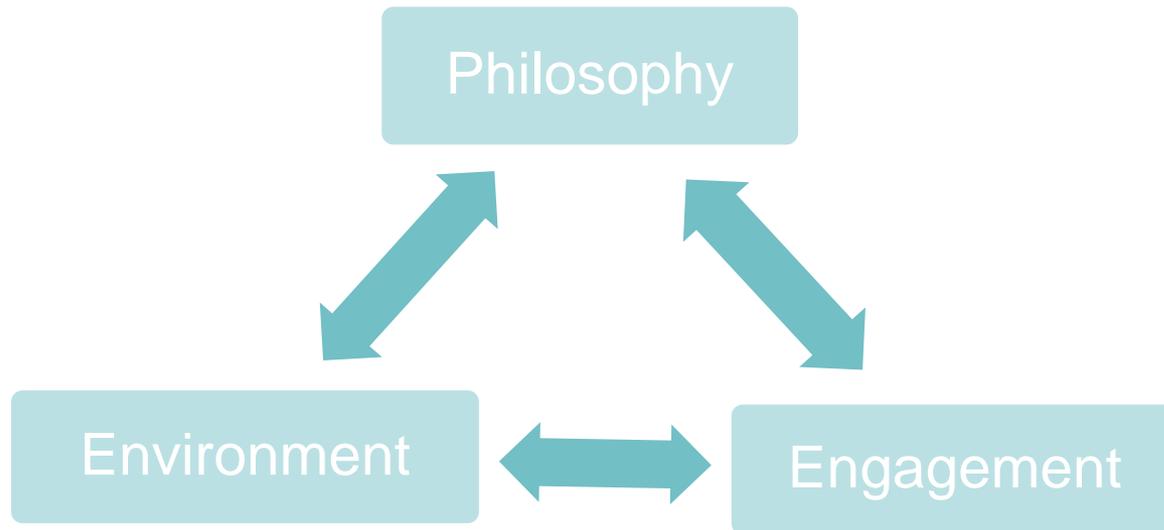
- Hospital diversion house
- Warm Line
- In-home peer companionship
- Social inclusion (nights out)
- Emergency department advocacy
- Clinic advocacy





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Three Vital Components to Success



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Philosophy

- Recovery is the expectation
- Core values drive behavior
- Mutual respect
- Transparency/honesty
- The shared experience can provide hope
- Re-thinking crisis
- Competent and compassionate staff



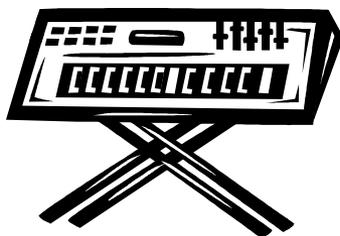
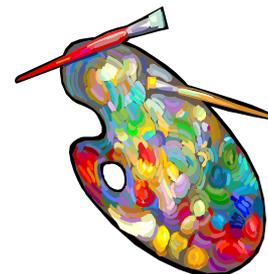
Engagement

- Building a trusting relationship
- Reducing fear of punitive actions
- Mutuality promotes possibilities for change
- Well-trained and developed staff



Environment

- Safe and inviting
- Clean and home-like
- Warm greeting
- Educational materials available
- Recreational materials available
- Privacy





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PEOPLE, Inc.—Rose House Expectations

What you can expect from us	What we expect of you, our guest
Engaging- We will welcome you in a warm, respectful manner. You will be given a full tour of the house as well.	Recovery- We ask that you accept responsibility for your own recovery so that you get the utmost benefit from your stay.
Comfortable Safe Environment- We will maintain a comfortable, safe, and clean environment.	Crisis- We ask that you please be open to address crisis differently.
Non-Judgmental Support- Peer Companions are here to listen and support you with empathy. This means listening and responding to you through mutual peer support, understanding, and trust.	Guest Agreement- Expect to understand, sign, and abide by our guest agreement in an effort to model respect of other guests and staff.
Menu of Services- The menu is provided upon registration and is available in your room to review as well. This offers you choices in participating in self-directed activities during your stay.	Menu of Services- If there are ideas and choices that are not on the current menu of services, please feel free to let us know and we will do our best in honoring your choices.



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PEOPLE, Inc.—Rose House Expectations

What you can expect from us	What we expect of you, our guest
<p>Goals- We are here to assist you in developing a self-determined goal that addresses your crisis proactively.</p>	<p>Goals- You are the only one that can develop or create your goal(s) on how to address crisis differently. Peer Companions can help you in developing a goal.</p>
<p>Education- Peer Companions are well versed in educating you on WRAP, Advance Directives, Peer Advocacy, Recovery, and Wellness. Please feel free to learn.</p>	<p>Self-Care- Accept responsibility for the environment and yourself in terms of personal hygiene, nutrition, and self-care activities.</p>
<p>Resource Information- We are well informed in resources available in the community.</p>	<p>Feedback- We are always looking at how to improve our services here at the Rose House. We ask that you feel free to provide us with your thoughts and suggestions on what we can do better.</p>
<p>Recovery Culture- The expectation of our staff is that you can always experience our belief in recovery through how we engage with you and lend a vision of hope and empowerment.</p>	<p>Better Days- While it is often difficult to predict our future, we would want you to expect better days for yourself.</p>



Services Available

- art expressions
- resources/education
- social events
- recreation
- peer support
- WRAP
- recovery
- peer support group
- twelve-step program
- music
- community events
- smoking cessation
- spirituality
- healthy eating



Staff/Team Wellness

Delivering a competent and quality-driven diversion service is not easy. Listening to and caring for people who are in emotional distress can take a toll on staff and volunteers. We have developed a system to help staff and volunteers maintain a healthy work environment through team agreements and a non-hierarchical support system.



Elements of Team Agreement

- To understand and respect each other's roles
- To communicate in a genuine, honest, and respectful manner
- To use our abilities to make good decisions
- To address quickly and respectfully when confronting issues, making sure we get clarity or specificity through motivational interviewing
- To recognize all goals and achievements
- To connect with people on a personal level to get to know them better
- To learn how to delegate effectively
- To follow through
- To adhere to our Mission Statement
- To seek clarity and detail



Rose House Totals 2010

Guests Served	227
Residence Days	748
Warm Line Calls	1253
Off-Premise Visits	72

748 x \$1,400 = \$1,047,200 (Local hospital cost)*

Rose House annual cost \$264,000**

Medicaid/Insurance savings \$783,200

*Based on average cost of local hospitals

** Source: PEOPLE, Inc., 2010 Data



Research Study of Rose House Services

- Study being conducted by the College of St. Rose in Albany, NY compares consumer satisfaction with PEOPLE's peer-run hospital diversion program versus a traditional inpatient program
- Three measures evaluated in the study are:
 - Treatment measures
 - Experiences with staff measures
 - Experiences with environment measures



Treatment Measures

- Being greeted warmly
- Orientation to the program
- Nonjudgmental staff
- Explanation of program
- Expectations
- Involvement in treatment planning
- Understanding of the risks/benefits of treatment
- Use of recovery-based language
- Trauma sensitive treatment



Results of Treatment Measures

- Overall, 64% of respondents indicated that they experienced these elements of treatment at Rose House compared to 22% at inpatient hospital settings



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Experiences with Staff Measures

- Active listening
- Respect of clients
- Time spent with consumer
- Encouragement of interaction with peers
- Encouragement of recovery
- Availability 24/7



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Results of Experiences with Staff

- 76% of respondents experienced these positive elements in the Rose House program
- Only 32% of the respondents indicated that inpatient settings included these measures



Measures of Experiences with Environment

- Quality of physical environment
- Comfortable settings
- Guest private space
- Meals availability tailored to the guest schedules
- Guests' ability to set their own daily schedules



Results of Experiences with Environment

- Overall, 78% indicated Rose House has these elements in the program compared to 18% for inpatient hospital settings



Hospital Diversion Services Documented Positive Outcomes

- Reduction of stigma
- Increased community integration
- Decrease in hospitalizations
 - In a 2-year look-back survey conducted in 2009, 90% of Rose House alumni have reported no hospitalizations since the diversion house experience



Appendix

Menu of Services

Starters

Art Expressions

Art therapy enables people to express themselves in areas that are impossible to express in words. Through the process of creating, one can gain personal insight, new perspective, and have an opportunity to transform. Some of the staff have a passion for the arts and want to promote expression through art.

Resources/Education

The Rose House staff is well informed about community resources. If you are having problems with housing, work, or social/economic issues please ask the staff for assistance. Also, if you are looking for a way to link into the community, volunteer, attend social events, or engage in social networking we may have the answer you are looking for.

Social Events

Games, shopping, long walks in the park, or we can take a walk over the beautiful scenic bridge right here in Highland. PEOPLE, Inc. has a social night, Tuesday Night Out, located in New Paltz. Talk to one of our peer companions and we can help provide support and transportation.

Recreation

The term *recreation* implies participation to achieve health and refresh the mind and body. Recreation is an essential part of human life and finds many different forms which are shaped naturally by individual interests but also by the surrounding social construction. If there is an activity that you are interested in, please let us know. If you need help with exploring new ideas, the peer companions can talk with you about the different activities that can help you in your wellness.



Appendix

Menu of Services (continued)

Dessert

Peer Support Group

Support groups are made up of people with common interests and experiences. People who have been through, or are going through, a similar circumstance can do more than sympathize with you — they can relate to what you are going through and keep you from feeling like you are alone. Our Poughkeepsie office has many support groups that you could attend. We have monthly calendars of ongoing peer support groups.

Twelve-step program

A twelve-step program is a self-help group whose members attempt recovery from various addictions and compulsions through the use of a plan referred to as the "twelve steps." If you are interested in attending a meeting we can bring you to a meeting of your choice.

Music

Music has long been used to help people deal with their emotions. We have a wide variety of music for you to listen to. The Rose House is equipped with several different types of musical instruments.

Community Events

The Rose House stays informed of any upcoming community events in our local area. The staff would be more than happy to attend an event of your interest.



Appendix

Menu of Services (continued)

Smoking Cessation

Smoking cessation can occur without assistance from healthcare professionals or the use of medications. Methods that have been found to be effective include interventions aimed at healthcare providers and healthcare systems; medications such as nicotine replacement therapy; individual and group counseling; and Web-based and computer programs. Although stopping smoking can cause side effects such as weight gain, smoking cessation programs are cost-effective because of the positive health benefits.

Spirituality

You are surrounded by spirituality every day. The definition of spirituality is that which relates to or affects the human spirit or soul as opposed to material or physical things. Spirituality touches that part of you that is not dependent on material things or physical comforts. While at the Rose House you may want to explore meditation and relaxation techniques.

Healthy Eating

Healthy eating is not about strict nutrition philosophies, staying unrealistically thin, or depriving yourself of the foods you love. Rather, it's about feeling great, having more energy, and keeping yourself as healthy as possible—all of which can be achieved by learning some nutrition basics and using them in a way that works for you.

Resources

- Bologna, M.J. & Pulice, R.T. (in press). An Evaluation of a Peer-Run Hospital Diversion Program: A Descriptive Study. *American Journal of Psychosocial Rehabilitation*
- Projects to Empower and Organize the Psychiatrically Labeled (PEOPLE), Inc. <http://www.projectstoempower.org/>
- PEOPLE, Inc. Diversion Respite Manual (outline of manual currently available; downloadable manual will be available at the following link later this year) <http://login.npwebsiteservices.com/PEOPLE/DiversionRespiteManual.asp>
- YouTube: Video about Rose House Hospital Diversion Program <http://www.youtube.com/watch?v=7RMos1mesoM>



What is your vision?



Peggy Swarbrick

I envision that when people in crisis feel the need for support they will be able to access emotionally safe, judgment free, caring settings. The services and supports will be accessible, strengths based, trauma informed, and respect each person's individuality, privacy, and cultural needs. These supports will be available without coercion, or the use of seclusion, physical, manual, or chemical restraint.

My hope is that Federal, State, and local organizations and agencies as well as foundations and corporations will fund research into innovative healing approaches which continuously improve our understanding of how to support individual and community emotional well-being.



Sherry Jenkins Tucker

There is a wellness center on every corner
so people can access what they want and need
to recover and maintain wellness and
thrive in their chosen community to their fullest potential.





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Steve Miccio

Peer crisis diversion/respice services are no longer alternative.
They are the evolved paradigm of mainstream care
in all communities offering practical informed choice(s)
and knowledge that addresses “crisis” in a way that does not
amplify or exacerbate trauma.



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Steve Miccio

The community embraces these services and practices strong partnerships with:

- police
- emergency services (ambulance, mobile teams)
- natural supports
- neighborhoods
- associations
- faith-based organizations
- hospitals
- traditional service organizations
- community in general



Steve Miccio

Peer crisis diversion/respice services are evolved and introduce standards of care that are:

- compassionate
- humane
- respectful
- trauma informed
- recovery driven



Additional Resources

- The National Coalition for Mental Health Recovery's section on Peer Run Respite includes videos and a research reference list on this topic at <http://ncmhr.org/peer-run-respite.htm>
- The following link contains a brief description of three movies by Daniel Mackler: http://www.power2u.org/mm5/merchant.mvc?Screen=PROD&Store_Code=NEC&Product_Code=BrokenWings&Category_Code=dvd-video
- Related YouTube videos:
 - “Open Dialogue”, an alternative Finnish approach to healing psychosis film trailer <http://www.youtube.com/watch?v=aBjlvnRFja4>
 - Loren Mosher M.D. talks about Soteria Project <http://www.youtube.com/watch?v=qnryFXxl7yU&feature=related>
- A Case Study of the Peer-Run Crisis Respite Organizing Process in Massachusetts may be found at <http://ncmhr.org/peer-run-respite.htm>

Questions

You may now submit your question by pressing “*1” on your telephone keypad. You will enter a queue and be allowed to ask your question in the order in which it is received. On hearing the conference operator announce your first name, you may proceed with your question.



For More Information, Contact

- Peggy Swarbrick, Ph.D., OTR, CPRP, pswarbrick@cspnj.org
- Sherry Jenkins Tucker, M.A., ITE, CPS, sltucker@gmhcn.org, 404-421-5683
- Steve Miccio, stevemiccio@projectstoempower.org, 845-452-2728 ext. 214



Speakers

Peggy Swarbrick, Ph.D., OTR, CPRP, directs the Institute for Wellness and Recovery Initiatives at Collaborative Support Programs of New Jersey. Peggy is also a part-time assistant faculty member of the Department of Psychiatric Rehabilitation and Counseling Professions at the University of Medicine & Dentistry of New Jersey's School of Health Related Professions.

Peggy is a consultant to the 10x10 Wellness Campaign and is the author of numerous publications, research articles, and other resources about wellness. Peggy has been actively involved in promoting the wellness model for mental health and substance use recovery for decades and across the country.



Speakers

Sherry Jenkins Tucker, M.A., ITE, CPS, is the Executive Director for the Georgia Mental Health Consumer Network, Inc. In addition to her extensive experience with the consumer/survivor movement, Sherry—who is a self-identified consumer of mental health services—has a strong background with Wellness Recovery Action Plan facilitation, Leadership Academy training, peer workforce development, advocacy, and mind/body/spirit wellness. She is a certified peer specialist and holds the credential of “I’m the Evidence,” or ITE (I’m the evidence that recovery works). She oversees the Georgia-based Peer Support Whole Health program.

Sherry received the 2010 Isaiah Uliss Advocate Award from the United States Psychiatric Rehabilitation Association and the 2009 Clifford W. Beers Award from Mental Health America.



Speakers

Steve Miccio is the founder and Executive Director of Projects to Empower and Organize the Psychiatrically Labeled, Inc. (PEOPLE, Inc.), a consumer advocacy agency located in Dutchess, Ulster, and Orange Counties in New York. Under Steve's leadership, PEOPLE has developed a hospital diversion house in two counties and a peer advocacy program in a hospital emergency room. He is co-author of a national study that examines the experiences of people using hospital emergency rooms while in an emotional crisis and has presented solutions on how services can be improved.

Steve is a board member of New York Association of Psychiatric Rehabilitation Services.



Survey

We value your suggestions. Within 24 hours of this teleconference, you will receive an e-mail request to participate in a short, anonymous online survey about today's training material which will take 5 minutes to complete. Survey results will be used to determine resources and topic areas to be addressed in future training events.

Survey participation requests will be sent to all registered event participants who provided e-mail addresses at the time of their registration. Each request message will contain a Web link to our survey tool. Please call **1-800-540-0320** if you have any difficulties filling out the survey online. Thank you for your feedback and cooperation.

Written comments may be sent to the Substance Abuse and Mental Health Services Administration (SAMHSA) ADS Center via e-mail at promoteacceptance@samhsa.hhs.gov.



Archive

This Training Teleconference was recorded. The PowerPoint presentation, PDF version, the audio recording of the teleconference, and a written transcript will be posted to the SAMHSA ADS Center Web site at:

[http://www.promoteacceptance.samhsa.gov/
teleconferences/archive/default.aspx](http://www.promoteacceptance.samhsa.gov/teleconferences/archive/default.aspx).



Also of Interest

If you enjoyed this training teleconference, we encourage you to:

Join the ADS Center listserv

<http://promoteacceptance.samhsa.gov/main/listserve.aspx> to receive further information on recovery and social inclusion activities and resources including information about future teleconferences.

Join the 10x10 Wellness listserv to learn more about promoting wellness and increasing life expectancy for persons with mental and substance use disorders. To join, visit <http://www.10x10.samhsa.gov> and enter your e-mail address in the field on the left-hand navigation bar.

Sign the Pledge for Wellness

<http://www.promoteacceptance.samhsa.gov/10by10/pledge.aspx> to promote wellness for people with mental health problems by taking action to prevent and reduce early mortality by 10 years over the next 10-year time period.





Contact Us

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*The moderator for this call was **Jane Tobler.***



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
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