



Peer Support Whole Health & Resiliency

ACTA Workshop - Boston - 5-15-12

Created by: Larry Fricks and Ike Powell of the Appalachian Consultant Group, Inc.,
Cleveland, GA

Workshop Presenters: Bob Rousseau, Corporate Director of Peer Recovery
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Centering Explained

Centering is a relaxation/meditation practice that enables its practitioners to enter into Stillness, Silence, and Solitude. It has as its goal the leading of the centering practitioner into a place of Self-communion (for the agnostic) or resting in the God of one's own understanding (for the believer).

STILLNESS: If you want to and you are able, please move your chair a few inches away from the table. Sit up straight with your back resting comfortably against the back of the chair. Please place both feet on the floor a few inches apart (approximately the width of your shoulders). Please place your hands on top of your thighs or rest them in your lap (whichever you find more comfortable). Please say to yourself: "It is my intention to enter into stillness of body, mind and spirit."

SILENCE: At your own pace and rhythm, breathe in through your nose until your lungs feel full, hold the breath several seconds, and then breathe out through your mouth. Please repeat the inhalation, exhalation process three to five times. Visualize if you care to any stress, tension, or worries that may have preoccupied you prior to commencing this centering exercise. Please say to yourself: "It is my intention to enter into silence of body, mind and spirit."

SOLITUDE: When a thought, feeling or emotion intrudes your stillness and silence, please speak your "centering word" into the thought or emotion. In other words, acknowledge the thought, feeling or emotion, speak your "centering word" into the intrusion, and renew your intent to enter into stillness and silence. As you learn to use this meditative practice, you will repeat this process a countless number of times.

A Note on Selecting Your Centering Word: Practitioners are encouraged to select a one or two syllable word as their centering

word. Here are some suggestions: Hope, Love, Peace, Joy, Faith, Trust, Shalom, Mercy, Kindness. Persons of faith have used Jesus, Lord, Master, or Spirit.

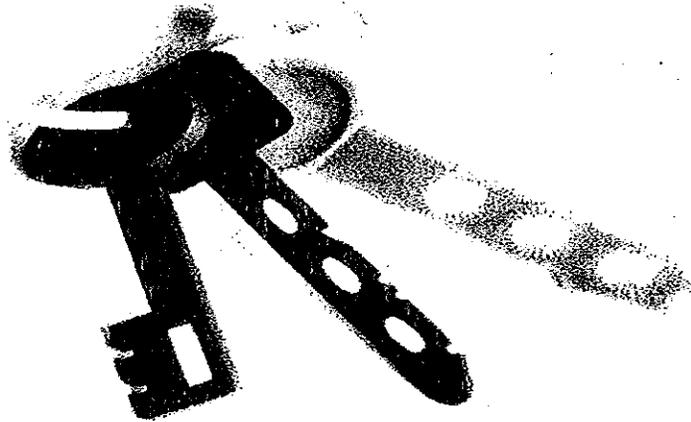
INTENTION and ATTENTION: The practice of centering involves an act of the will (intention) and an act of the heart or affect (attention). It is my intention to enter into stillness, silence, and solitude of body, mind and spirit. I give my attention to arriving at being along with my Self and/or resting in the care of the God of my own understanding.

QUESTION FOR GROUP SHARING: What was this experience of the relaxation/meditative practice of centering like for me?

BACKGROUND: Centering or Centering Prayer or The Prayer of Silence has its origin in the Western Christian Mystical tradition and is described in the 12th century English document, *The Cloud of Unknowing*.

The Trappist monastery in Snowmass, CO has been holding centering retreats for decades. They are attended by Christians of all denominations, Jews, Muslims, Hindus, Buddhists, and agnostics.

Many consider, Abbott Thomas Keating, as the foremost living expert on Centering Prayer. Among his most well known books are: *Open Mind, Open Heart, Invitation to Love, Intimacy with God, and The Divine Therapy*.



The 5 Keys to Success

- 1.) A Person-Centered Goal, using the IMPACT process and written into a management plan
- 2.) A Weekly Plan Using a Confidence Scale
- 3.) A Daily Weekly Personal Log
- 4.) One on One Peer Support
- 5.) A Weekly Peer Support Whole Health and Resiliency Group

Peer Support Whole Health and Resiliency

Origin, Value, Key Principles, Implementation Strategy

ORIGIN

In October of 2006, the Medical Directors Council of NASMHPD released its technical report on **Morbidity and Mortality in People with Serious Mental Illness** (www.nasmhpd.org). The study incorporated important information compiled by Dr. Benjamin Druss of Emory University on various medical studies studying morbidity and mortality in persons living with severe and persistent mental illness. The report shocked the medical and mental health communities. **People living with serious mental illness die 25 years sooner than those in the general population.**

Larry Fricks and Ike Powell of the Appalachian Consulters Group in collaboration with the Georgia Mental Health Consumer Network developed PSWHR as a carefully thought out programmatic response to this tragic reality. Some of the program's tools are adapted from HARP (the Health and Recovery Peer Project) based on the Chronic Disease Self-Management Program developed at Stanford University and the Relaxation Response from the Benson-Henry Institute Mind-Body Medicine at Massachusetts General Hospital.

VALUE: Is PSWHR worth our time and effort?

I believe, as does Patty and a growing number of mental health professionals, that a new approach is needed to increase the effectiveness of peer recovery services. This new approach calls for professional staff and persons served to participate side by side, as equals, in attending wellness/recovery programs such as WRAP and PSWHR that are designed to address the needs of the whole person: somatic (physical health), psychic (mental health) and pneumatic (spiritual health). This *integrative and collaborative* strategy seeks to establish a common ground through creating common wellness experiences that in turn can engender a common language. The hope for benefits of this integrative approach are (1) a heightened awareness by staff of the recovery process, itself; (2) an increase in trust between staff and persons served that further enriches ongoing therapeutic engagement; (3) the reduction and hopeful elimination of stigma (often self-imposed) within persons served as they participate as equals in a wellness program with staff, and (4) the laying of a foundation where staff and persons served can go on for further training become co-facilitators of PSWHR for those staff and persons served who would like to experience the program.

Key Principles

PSWHR is a completely voluntary, person centered, self-directed program. It seeks to assist persons with creating new habits in the areas of nutrition, exercise, sleep, stress reduction, relationships, service to others, spiritual growth, and leisure. It lists 10 "domains" that participants reflect upon and discuss as a possible area for creating a new habit. After all ten of have been scrutinized, participants select three domains from within which they would like to set a goal. These goals become part of a weekly plan. Participants meet for ten weeks. Participants learn that change is possible and that new habits can be acquired. The genius of this program is that participants are not asked to give up something or to stop doing anything. Participants are not lectured or criticized. It focuses only on positive actions that can be taken and that arise from inner motivation. It rests on the principle that new habits are much easier to acquire than are old habits to relinquish.

Implementation for Inpatient Settings

Inpatient settings provide an excellent milieu for implementing PSWHR because they are already concerned with both the somatic and psychic dimensions of the persons who are in their facilities being served. Inpatient settings have administrators, doctors, nurses, social workers, clinical and forensic psychologists, pastoral care and peer support staff all of whom along with persons served are potential PSWHR participants. Professional staff members who volunteer for the program are commissioned with the task of finding a volunteer from among the persons they serve. Once the pairings are established, administration decides whether the 10 sessions are presented in a condensed manner (within one month) or in a less condensed manner (once a week for ten weeks). The duration of time that persons served would stay in the inpatient setting would be a significant factor in determining how and when the content is presented.

(Prepared by Bob Rousseau, MDiv., MA, CPS, MHRE, Corporate Director of Peer Recovery Services, Fellowship Health Resources and Patricia Kenny, APRN, BC, Massachusetts Department of Mental Health, Director of Community Services.)

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

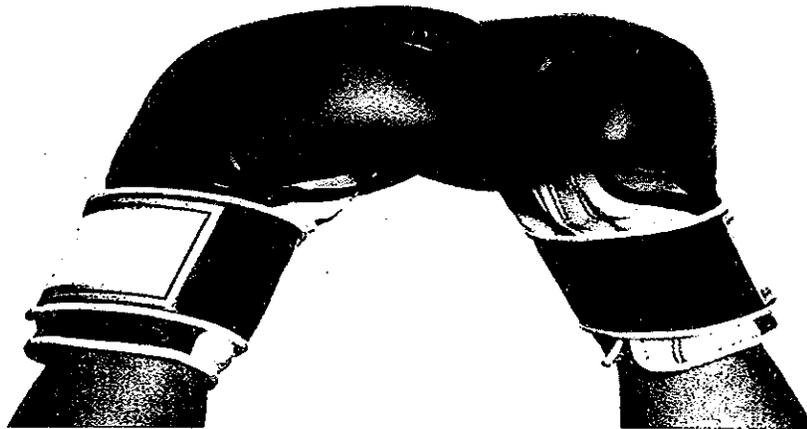
Measurable: Is it ^{Realistic} measurable in terms of knowing that I have accomplished it?

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

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 do on a regular basis to begin to create health habits or a healthier lifestyle?

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



IMPACT CRITERIA for my GOAL

PEER SUPPORT WHOLE HEALTH AND RESILIENCY

NASMHPD's study *06 Morbidity and Mortality in People with Serious Mental Illness*

"People with serious mental illness served by the public mental health system die, on average, 25 years earlier than the general population." This increased morbidity and mortality is largely due to preventable medical conditions such as metabolic disorders, cardiovascular disease and diabetes. These medical conditions are further aggravated by stress. Because of poverty, stigma, discrimination, isolation, loneliness and boredom, persons living with serious mental illness are coping with unusually high levels of stress and are doing so without sufficient social supports. PSWHR is designed to offer help to those persons facing this tragic reality.

- + **A PERSON CENTERED PROGRAM:** PSWHR is a voluntary program. It's participation is self-determined and self-directed. Participants are offered suggestions and guidance and not obligated to conform.
- + **POSITIVE APPROACH:** PSWHR does not ask participants to give up anything that they are doing. Instead it invites them to answer two questions: What do you really want for yourself? What do you want to build new into your life?
- + **THE FIVE KEYS TO SUCCESS:** (1) Carefully constructed and achievable person-centered goals; (2) A weekly action plan; (3) A daily/weekly log; (4) One on one support; (5) group interaction, dialogue, and support.
- + **THE TEN DOMAINS:** (1) Stress management; (2) Healthy Eating; (3) Physical Activity; (4) Restful sleep; (5) Service to Others; (6) Support Network; (7) Optimism based on positive expectations; (8) Cognitive skills to avoid negative self-talk; (9) Spiritual beliefs and practices; (10) A Sense of meaning and purpose
- + **SETTING A WEEKLY GOAL**
- + **THE IMPACT CRITERIA:** Does my goal Improve the quality of my health and resiliency? Is my goal Measurable in terms of knowing if I can accomplish it? Is it Positively stated as something new I want in my life? Is it Achievable for me in my present situation and with my current abilities? Does it Call forth actions that I can do to create healthy behaviors? Is it Time limited in terms of when I will begin and when I plan to accomplish it?
- + **STAFF/PERSON SERVED MUTUAL SUPPORT**
- + **WEEKLY STAFF/PERSON SERVED SUPPORT GROUP**

Sponsored by Massachusetts Department of Mental Health, the Transformation Center, and the Massachusetts Behavioral Health Partnership
Peer Support Whole Health & Resiliency

May 8 & 9, 2012
Two-Day Schedule

Session 1 - Welcome, Introductions and Overview

Why should we be concerned about whole health and resiliency?

- The Morbidity and Mortality Report
- Ten Domains of Focus
- A Person Centered Planning Process
- Five Keys to Success

Session 2 - Person Centered Planning - # 1

The Science of Stress

- The Stress Response
- The Relaxation Response
- Stress Management

Session 3 - Person Centered Planning - # 2

Why do you want to improve your health?

- Healthy Eating
- Physical Activity
- Restful Sleep

Session 4 - Person Centered Planning - # 3

The Power of Human Connections

- Support Network
- Service to others

Session 5 - Person Centered Planning - # 4

The Importance of Attitude

- Optimism Based on Positive Expectations
- Cognitive Skills to Avoid Negative Thinking

Session 6 - Person Centered Planning - # 5

Connection with that which is More than Self

- Spiritual Beliefs and Practices
- A Sense of Meaning and Purpose

Session 7 - Person Centered Planning - # 6

- Keys to Success # 1 - Setting an Overall Health/Resiliency Goal
 - Review and Prioritization
 - Setting a Person Centered Goal
 - Applying the IMPACT Criteria

Session 8 - Person Centered Planning - # 7

- Keys to Success #'s 2 & 3
 - Weekly Action Plan
 - Daily/Weekly Personal Log

Session 9 – Establishing a Peer Support System

- Keys to Success #'s 4 & 5
 - One-on-One Peer Support
 - Peer Support Group

Sessions 10 & 11 – Preparing the Trainees to be Trainers

- Reviewing the training materials
- Role-playing Peer encounters
- Exploring set-up and follow up structures
- Evaluations
- Final reflections & Next Steps



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