Meet Patrick Hendry
Program Director

- Patrick Hendry is the Vice President of Peer Advocacy, Supports, and Services for Mental Health America and has worked as a mental health advocate for the past 24 years. His areas of expertise include peer-provided services, self-directed care, recovery-based trainings, and social inclusion. Patrick received MHA’s highest honor, the Clifford W. Beers Award in 2012 and the SAMHSA Voice Award and Eli Lilly Reintegration Lifetime Achievement Award in 2014.

Meet Kirsten Kaiser
Head Life Coach, CPSS

- Kirsten has Associates in Arts Degree in Liberal Arts. She also has extensive training as a Certified Peer Support Specialist and WRAP Facilitator. She has a thorough working knowledge of the many resources in the Northern Virginia area. She gained this information from her past work experience as a CPSS for the last 6 years, and from her lived experiences. Her goal is to help others, as she was helped in the past, to assist in building a support system and social network as well as improving and maintaining human relationships for those we serve.
Meet Shavonne Carpenter
Life Coach, CPSS

- Shavonne has extensive training as a Certified Peer Support Specialist, Counselor, and facilitator. She also has experience dealing with co-occurring disorders. As one of the Life Coaches piloting this program, her philosophy was to assist participants to connect with what is most important to them and to make choices from love rather than fear.

Mental Health America

- MHA is the nation’s oldest/largest advocacy and education organization.
- Founded in 1909 by Clifford Beers, an individual with a mental illness.
- MHA helps to empower and support people with mental illnesses.
- We embrace social justice and emphasize autonomy, dignity, inclusion.

It's My Life ~ Social Explorations

- Purpose: Advance recovery and improve the lives of individuals with serious mental illness with a focus on some of the most isolated, misunderstood members of our communities. Participants are accompanied on their recovery journeys by trained Life Coaches who help them bridge the gap to a larger social world.

- Innovation:
  - Evidence based – Psychiatric Rehabilitation and Peer Support
  - Emerging Best Practice – Self-Directed Care
  - Individualized, Person-Centered, Strength-Based

- Results: Social inclusion so individuals feel less isolated which helps to increase self-esteem and self-worth improving overall functioning with networks that include supportive and sustainable relationships that will increase their quality of life.
It's My Life ~ Social Explorations

- Non-clinical: all clinical language removed with the exception of diagnosis and hospitalization history.
- All participants had a diagnosis of schizophrenia or schizoaffective disorder. Schizophrenia is a serious disorder which affects how a person thinks, feels and acts. Someone with schizophrenia may experience difficulty distinguishing what is real from what is imaginary; may be unresponsive or withdrawn; and may have a hard time expressing “normal” emotions in social situations. Individuals with schizoaffective disorder may encounter similar troubles in addition to a mood disorder.
- Given the complexity of these conditions and that social functioning impairments seem to be evident at all stages of the illness, the need for innovative approaches in helping people develop social skills, friends, and intimate relationships is particularly acute for people with schizophrenia.

It's My Life ~ Social Explorations

- “Traditional approaches such as medications, hospitalization, and dynamic psychotherapy have had limited effectiveness when applied to the socialization and work aspects of individuals with psychiatric disabilities” (Chan et al., 1998)
- Although the piloting of this program focused on individuals with schizophrenia or schizoaffective disorder, the principles and practices of Social Self-Directed Care can be applied with any mental health diagnosis.
- The pilot program focused on the most isolated and marginalized individuals in the community. Social functioning impairments seem to be evident at all stages of the illness. Recent data shows that these difficulties may even predate any signs of illness, often by many years (Hooley J.M., 2010)
- “The impairments in social functioning that influence the lives of patients with schizophrenia are well captured in one simple observation. The majority of people with this disorder do not marry. Compared with people in the general population, patients with schizophrenia are more than six times more likely to remain unmarried.” (MacCube, J. H., Koupil, I. & Leon, D.A., 2009)

How It Works

Life Coach Training

- Ethical Boundaries
- Motivation
- Shared Decision Making
- Effective Listening
- Guide participants to discover their own answers
- Help identify challenges and work in partnership to turn them into victories
- Challenge thought/behavior patterns
- Provide accountability
- Motivational Interviewing
- Emphasizes that recovery is possible and highly probable
- Person-centered
- Strengths based
- Recovery model vs. Medical model
Life Coach Training

Social Self-Directed Care
- The It’s My Life Program is based on the belief that individuals are capable of choosing services and making purchases that will help them begin or remain on the road to recovery and to develop or regain a social life of meaningful, productive activity.
- People at all levels of recovery can benefit from SSDC
- The ability to complete the Personal Outcome Measure Interview and develop an Action Plan and budget, with the assistance of a Life Coach, is the primary qualification.
- In Self-Directed Care the individual controls their own budget.

Privacy and Confidentiality
- All members of the program staff will be trained in the importance of ensuring privacy and confidentiality, and the Health Insurance Portability and Accountability Act (HIPAA)
- Data collection instruments will be used only for the purpose of collecting qualitative and quantitative information specific to the services provided by the program staff
- Data gathered for program evaluation will be stored separately from other SSDC data in a secured location. This information will only be accessible to a limited number of personnel
- The identity of participants will be kept private through the use of a coding system on records as well as through the limitation of access to records.

Peer Support Specialist
- Ethics and Boundaries
- Mutuality
- Guide participants to discover their own answers
- Help identify challenges and work in partnership to turn them into victories
- Challenge thought/behavior patterns
- Provide accountability
- Shared Decision Making
- Effective Listening

Psychiatric Rehabilitation
- Emphasizes that recovery is possible and highly probable
- Person-centered
- Strengths based
- Recovery model vs. Medical model
Life Coach Training

Additional Training

- Mental Health America’s experienced Life Coaches are available for FREE individual or group training by phone or video calls. (In-person training is also available for a reasonable fee.)
- Personal training identifies key parts of:
  - Center for Psychiatric Rehabilitation from Boston University Online (http://www.bu.edu/cpr/train/online/courses)
  - Life Coaching: Becoming a Professional Life Coach: Lessons from the Institute of Life Coach Training by Patrick William and Diane Menendez

Life Coach Training

Peer Support

- As Peers, Life Coaches Build Trust
- We Understand /We’ve Been There
- Equality of the Relationship
- Information and Experiences Are Freely Exchanged
- Both Parties Benefit from Each Other’s Strength and Hope

How It Works

Direct marketing efforts towards Community Behavioral Centers, Drop-In Centers, Recovery Centers, etc.
- Give presentations to local providers
- Post flyers, brochures, etc. in targeted areas
- Reach out to potential contacts via email, phone and social media

Participants must be:
- At least 18 years of age
- Competent and able to give informed consent
- Able to manage their own finances
- Willing to complete assessment, exercises and keep records for spending of stipend
- Need for services determined by POM

Recruitment
Rehabilitation
Professional Coaching Specialist
Support Life Centers, Recovery Centers, etc.

• Possible and highly probable models into victories
work in partnership to turn them
their own answers
and social media
targeted areas

• Receipts for spending of
exercises and keep
Guided Journals,
own finances
give informed consent

Purpose is to provide insight
Participants will strengthen
Create monthly Social Spending Plan
Build trust and solidarity through
from the 2 years prior to enrollment in the
Mindfulness
Help identify challenges
will gain the
Willing to complete
Mailed to participants with BRE included
Increase in quality of life
provide feedback
Competent and able to
Garden,
Action Planning and IMPACT
Etiquette
Motivational Interviewing
Participants were given the opportunity to select their own
based
Participant applies acquired skills
to
Collected, copied and returned by coaches weekly or bi
Assess hobbies, interests and community
Meditation
Participants receive a
Participants receive
to identified
Marked decrease in
Various Forms
Coach's
Role Playing
Program focuses on 13 of the 21 quality of life indicators
Able to manage their
Personal Boundaries
Participant selects their coach
Reach out to potential
Need for Services
Completed at mid
Post flyers, brochures, etc. in
Making
Participants
Bios shared with Participant
Structure of visits with Coach
Enrollment agreement
Appropriate
Distress Tolerance
Evaluate feelings about current social
Must be consistent with participant's
Eligibility Determination
- use of Social Stipend and
Positive Self
Recovery model vs. Medical
Coach serves as a role model of
Mutuality
Worksheets and Handouts
Emphasizes that recovery is
Acquainted
Explanation
Program
Setting
Goal
How It Works
Explanation of Program
Getting Acquainted
Cool Setting
Recruitment
Forming Partnership

Forming Partnership

Explanation of Program

- Participants were given the opportunity to select their own Life Coach, given they were of the same gender.
- Participants were introduced to all available Coaches to determine their level of “peer-ness” and compatibility; who they could relate to most.
- The male/female dynamic was taken into consideration to avoid transference and counter-transference.

Forming Partnership

Explanation of Program

- Participants receive a monthly allowance of $60.00 to be spent on advancing toward the three (3) social goals that will be set with the assistance of the Life Coach.
- The amount is pending completion of weekly guided journaling and consistently providing proof of purchase (receipts) for how the money was spent.
- All expenditures must correlate to the social goals, action plan and spending plan. Activities must be approved by the Life Coach and the Program Director.
**Explanation of Program**

- Documentation for all purchases is to be recorded on the Budget Tracking Sheet provided in the Program Participant Handbook.
- If receipts are not provided or funds are spent on unauthorized expenses, the allowance for the following month will be reduced by the amount unaccounted for or misused.
- Any money not used to accomplish social activities will roll over to the next month. This will allow participants the option to save for larger purchases related to achieving their social goals.

**Explanation of Program**

- Visits with Life Coach take place weekly or bi-weekly.
- Initial meetings include working on goal setting and budget planning.
- When not on outings, visits are spent reviewing journaling, goals, skills sets and handouts/worksheets that will assist the participant in progressing toward their identified social goals.
- Life Coaches will be a safe sounding board for participants to express themselves and work through challenges.

**Explanation of Program**

- Boundaries are an important part of the partnership. They are not intended to be a barrier, but rather the framework for a healthy and productive relationship. Additionally, dual roles may lead to conflicts of interest that can jeopardize the peer connection. Life Coaches must not engage in these kinds of relationships. They do not act as therapists, sponsors, payees or medication/treatment adherence monitors.
- The importance of co-creation or negotiation of conditions should also be noted. It requires a conversation that is ongoing throughout the relationship. Subjects of discussion should include mutuality, respecting one another’s time, personal space, how one would like to be addressed, topics considered to be “off limits”, cultural/religious or other considerations on how to BE with one another. Everyone needs to state their limits and restate or redefine if necessary.
Skill Building

Life Coach Functions

- Life Coaches provide assistance and new social-life skills in several different areas, including:
  - Identifying areas of participant’s interests.
  - Collaborating in decision making with the participants.
  - Budgeting a spending account and attending social activities.
  - Assisting in building community inclusion.
  - Help form and enhance healthy friendships and intimate relationships.
  - Coaching and feedback regarding progress.
  - Building connections to employment/volunteerism if desired.

How It Works

- Participants will gain the ability to sustain personal and social growth, thus increasing their interaction with self and others.
- Participants will strengthen their interaction with self and others.
- Participants will strengthen their interaction with self and others.
- Participants will strengthen their interaction with self and others.

Examples

- Dumont Tolerance
- Mindfulness
- Affirmations
- Meditation
- Receiving and Refusing
- Dispute and Social Norms

Purpose

- Group gatherings with all participants
- Role Playing
- Workshops and Handouts
- Games

Teaching Tools

- Meditation
- Social Stipend
- Guided Journals
- Worksheets
- Handouts
- Exercises

Outings

- Museums, Circuses, Botanical Gardens, Museum Stores, Peer Support Groups, Senior Centers, Theatre, Mexico, Bowling, Classes (i.e. baking, painting, art, etc.)

Guidelines

- Must be clearly linked to identified social goals
- Must be consistent with participant’s Action Plan
- Must adhere to Social Spending Plan
- Must be approved by Coach and/or Director

Participant & Goals

- Coach accompanies Participant to activity or event and initially provides transportation if needed
- Coach serves as a role model of positive social interaction
- Coach assesses Participant’s need to obtain needed materials for upcoming social events or activities
- Participant applies acquired skills to become more independent in social interactions, thereby reducing their need for the coach and the coach begins to gradually phasing

Participant & Friends

- Metropolitan, Circuses, Botanical Gardens, Museum Stores, Peer Support Groups, Senior Centers, Theatre, Mexico, Bowling, Classes (i.e. baking, painting, art, etc.)
Outings Guidelines

<table>
<thead>
<tr>
<th>Participant &amp; Coach</th>
<th>Participant, Coach &amp; Friend</th>
<th>Participant &amp; Friend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coach accompanies Participant to event or activity and initially provides transportation if needed</td>
<td>Coach serves as a role model of recovery and positive social interaction</td>
<td>Participant applies acquired skills to become more independent in social interactions, thereby reducing their need for the coach and the coach gradually begins to pull away</td>
</tr>
</tbody>
</table>

Examples

- Monuments & Museums
- Swimming Classes
- Theatre
- Art Classes
- Baking Classes
Evaluation Techniques

**Personal Outcome Measures**

- Developed by the Council for Quality and Leadership
  ([http://www.c-q-l.org/the-cql-difference/personal-outcome-measures](http://www.c-q-l.org/the-cql-difference/personal-outcome-measures))
- Program focuses on 13 of the 21 quality of life indicators
- Interviews completed with each participant at least 3 times
  1) Eligibility Determination
  2) Mid-point progress check
  3) Closing assessment

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**Evaluation Techniques**

- **PERSONAL**: Starts with the person’s own view of his or her life
- **OUTCOME**: Defines what is important to the person
- **MEASURES**: Offers objective determination of whether people are getting what is personally important
- Instead of looking at the quality of how the services are being delivered, Personal Outcome Measures® look at whether the services and supports are having the desired results or outcomes that matter to the person
### Evaluation Techniques

#### Personal Outcome Measures

- **POM interviews** are conducted as in-person conversations in which the participant tells their story as the interviewer listens and asks questions to reveal inner feelings of what is being shared pertaining to the individual’s quality of life.
- **POM’s** are a way to gauge and analyze information that is non-tangible in nature. It is a qualitative analysis expressed quantitatively.
- The POM tool has been in use for over 20 years.

#### Guided Journals

- **Purpose** is to provide insight about how participants feel on a day-to-day basis including social experiences and skills utilized.
- Participants are to journal weekly.
- Completed journaling is collected, copied and returned by coaches weekly or bi-weekly.

#### Satisfaction Surveys

- Provides participants an avenue to anonymously provide feedback about the program and coaches.
- Mailed to all participants with BRE included.
- Completed at mid-point and end of program.
Evaluation Techniques

Hospitalization Rates
- Hospitalizations from the 2 years prior to enrollment in the program were documented with informed consent provided by each participant.
- Any re-hospitalizations that occurred during participation in the program were also documented accordingly.
- Note was also taken of any changes in services that participants received while in the program.

Results

Personal Outcome Measures
- Increase in quality of life as described by participants

<table>
<thead>
<tr>
<th>Question Number</th>
<th>PHQ Statement</th>
<th>Initial Score</th>
<th>Final Score</th>
<th>Change % Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>People are connected to natural support networks</td>
<td>20%</td>
<td>75%</td>
<td>58%</td>
</tr>
<tr>
<td>2</td>
<td>People have intimate relationships.</td>
<td>20%</td>
<td>63%</td>
<td>43%</td>
</tr>
<tr>
<td>5</td>
<td>People exercise regularly</td>
<td>63%</td>
<td>88%</td>
<td>25%</td>
</tr>
<tr>
<td>6</td>
<td>People are treated fairly</td>
<td>63%</td>
<td>75%</td>
<td>25%</td>
</tr>
<tr>
<td>11</td>
<td>People use most environments</td>
<td>13%</td>
<td>88%</td>
<td>75%</td>
</tr>
<tr>
<td>16</td>
<td>People interact with other members of the community</td>
<td>25%</td>
<td>63%</td>
<td>38%</td>
</tr>
<tr>
<td>18</td>
<td>People perform different social roles</td>
<td>20%</td>
<td>63%</td>
<td>43%</td>
</tr>
<tr>
<td>26</td>
<td>People choose personal goals</td>
<td>18%</td>
<td>88%</td>
<td>70%</td>
</tr>
<tr>
<td>28</td>
<td>People complete personal goals</td>
<td>63%</td>
<td>67%</td>
<td>5%</td>
</tr>
<tr>
<td>29</td>
<td>People participate in the life of the community</td>
<td>0%</td>
<td>75%</td>
<td>75%</td>
</tr>
<tr>
<td>30</td>
<td>People have friends</td>
<td>0%</td>
<td>63%</td>
<td>63%</td>
</tr>
<tr>
<td>31</td>
<td>People are employed</td>
<td>75%</td>
<td>68%</td>
<td>13%</td>
</tr>
</tbody>
</table>

*According to participants setting their own goals in this program made them realize how many of their other goals were set for them.
Guided Journals

- The program assisted participants in going outside of their comfort zone to become more connected to the outside world.

"It has helped me to reach out and connect with other people. I love the program; it is like a dream come true. I am learning new things about myself and others."

Guided Journals

- The program participants generally tended to feel good about getting out of the house and interacting with others, even when they weren’t particularly excited about doing it in the first place.

"I liked hanging out on Friday. It was fun and provided some stress relief."

Guided Journals

- When participants realized they were more than capable of learning new skills and responding appropriately to social stimuli, they had a boost in self-confidence and self-esteem that encouraged them to pursue further social interaction.

"I am more confident when I speak with people that I don’t know. I used to wait for people to come to me. Now I start the conversation."

"I learned that if you follow your own path and don’t constantly compare yourself to others, you’ll get further."

"I learned that the tongue can be used to help and to hurt and that’s why I should always keep God in the forefront of my thoughts."
Results

Satisfaction Surveys

- 17 participants completed the survey
- 95% of respondents rated their satisfaction with the program with the highest rating

<table>
<thead>
<tr>
<th>Statement</th>
<th>Definitely Agreed</th>
<th>Somewhat Agreed</th>
<th>Neither AgreeNor Disagree</th>
<th>Definitely Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Coach is willing and able to meet me where I choose</td>
<td>15</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>My Coach has explained in an open, clear and honest manner</td>
<td>15</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>When I needed help who I could call to get support</td>
<td>17</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>I felt supported and helped to be my coach</td>
<td>15</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>The money for the program is assisting me to reach my social goals</td>
<td>15</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>We could make a partnership with one another to reach my social goals</td>
<td>17</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>We are satisfied with the help I have received from my coach</td>
<td>17</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>The services these received have helped me reach my social goals</td>
<td>15</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>We reached a number of my fellow and alone background</td>
<td>17</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>She/He coach supports my well being</td>
<td>17</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Would I feel that my social life is getting better because of the program</td>
<td>16</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Hospitalization Rates

- In the two years prior to entering the Social Self-Directed Care Program, participants had experienced a total of 15 hospitalizations. In the 19 months of activities, 1 member had experienced a single hospitalization

Conclusion

Summary

Life Coach Training  
Screening  
Forming  
Partnership  
Skill Building  
Outings  
Evaluation Techniques  
Results
Conclusion

Summary

- The It’s My Life Social Self-Directed Care Program is designed to help individuals with SMI to build networks of friends and intimate relationships, thus creating a strong social support system. This in turn helps the Participant to become an active member of the community and feel less isolated which also helps to increase self-esteem and self-worth, improving overall social functioning. The increase of overall physical health has shown to decrease the need for hospitalization as well as avoiding premature death.

- The program would also be ideal for operation by a peer-run organization.

- Having focused on one of the most marginalized populations and receiving such remarkable results, it would be a reasonable expectation that even greater outcomes would be achieved for individuals with less complicated mental health challenges.

Would like to thank Janssen for providing the grant to train other organizations to end social exclusion and isolation through the It’s My Life: Social Self-Directed Care program.
For Additional Information

Contact:
- Shavonne Carpenter at scarpenter@mentalhealthamerica.net
- Patrick Hendry at phendry@mentalhealthamerica.net

http://www.mentalhealthamerica.net/it%E2%80%99s-my-life-social-self-directed-care

Thank You

Presented by:
Patrick Hendry
Kirsten Kaiser
Shavonne Carpenter