Creating Hope

Through Person- ~~Centered~~ *Directed* Care, Decision Negotiation & Collaboration with Inclusion of the Individual Every Step of the Way as Well as Family *(& Family of Choice)*

Lisa St George, MSW, CPRP, CPS iNAPS Board President

Our First Job is to Inspire Hope

- Hope provides the energy that will support the individual to endure the journey of recovery.
- Hope helps people see a future for themselves.
- Hope is like a light through dark places and feelings.

Inspiring Hope

- We may think we don't know how to inspire hope, or that it is not really part of our job.
- Inspiring hope does not take expensive training, or require a massive change to the way we work with people.
- It simple requires that we work while looking through the lens of what ***is*** possible for people rather than focusing on what is not possible.
- Simplified, we work with a focus on

what is strong…not what is wrong

(St George, L, Rider, A, Zeeb, M, Smithers, T. Long, M. (2000, 2003, 2007, 2015, 2019) Peer Employment Training. RI Consulting/RI International. Phoenix, AZ).

Inspiring Hope

We are no longer in the business of hopelessness and despair.

- We can move our goal beyond stability.
- Tools for treatment have improved.
- Everything is changing in our work, for the better.
- We must change as our business changes.
- Hopeless messages of the past are replaced with positive messages that realize all things are possible.

Thinking about the Ways We Engage

- We used to have very short visiting hours, people are removed from their life, their loved ones, their friends.
- We **isolate** people, the behavior we ask them to stay away from when they are not hospitalized.
- We predict lifetime outcomes, often dismal, when we usually don't for other heath care challenges.
- We make plans for people without their full participation in the process.

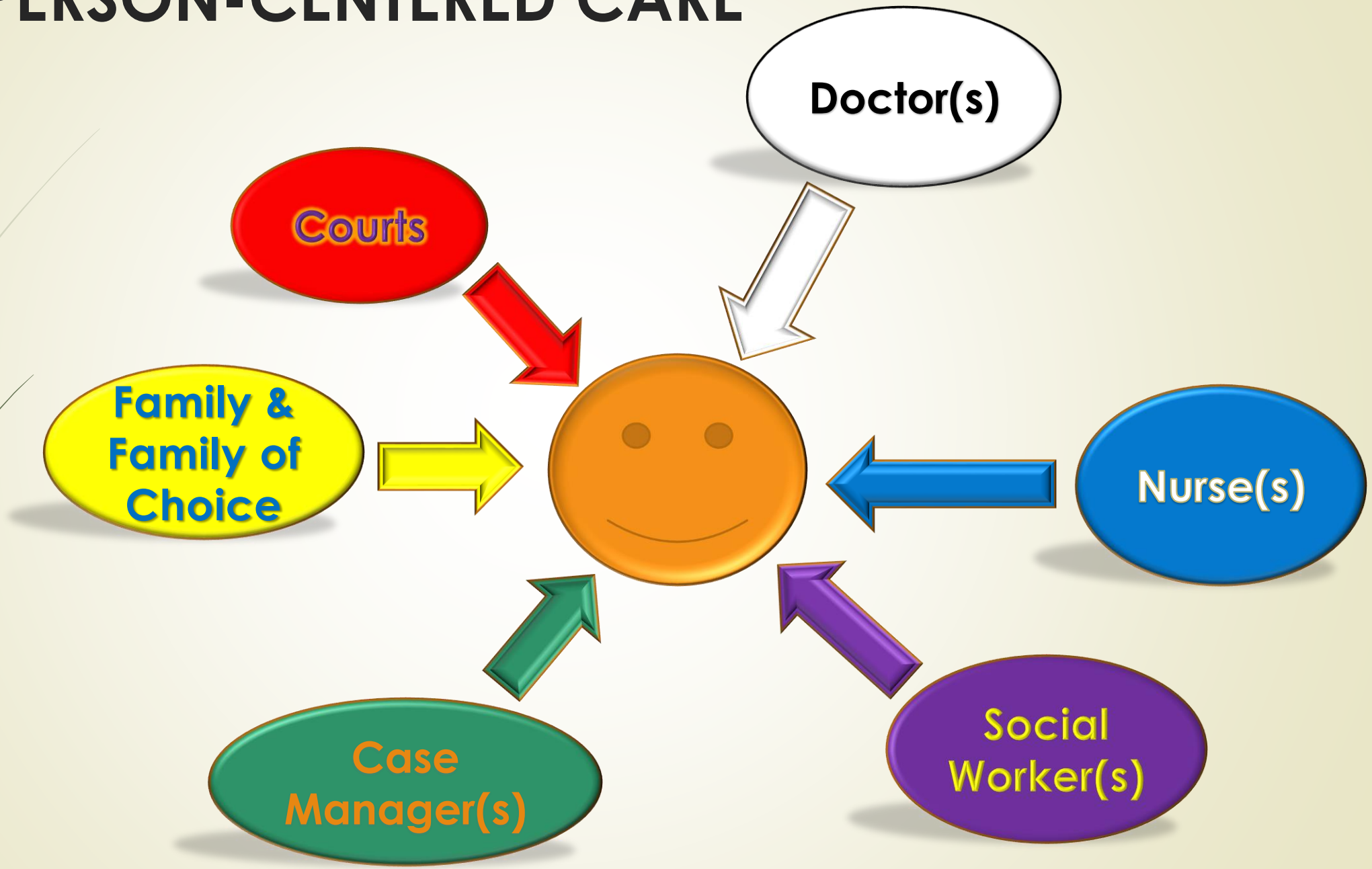
Person-Centered Care

Does not occur if the individual is not present

Person-Centered Care is Inclusive

Additional voices are at the table, may be focused on the individual but they may not always have an equal voice

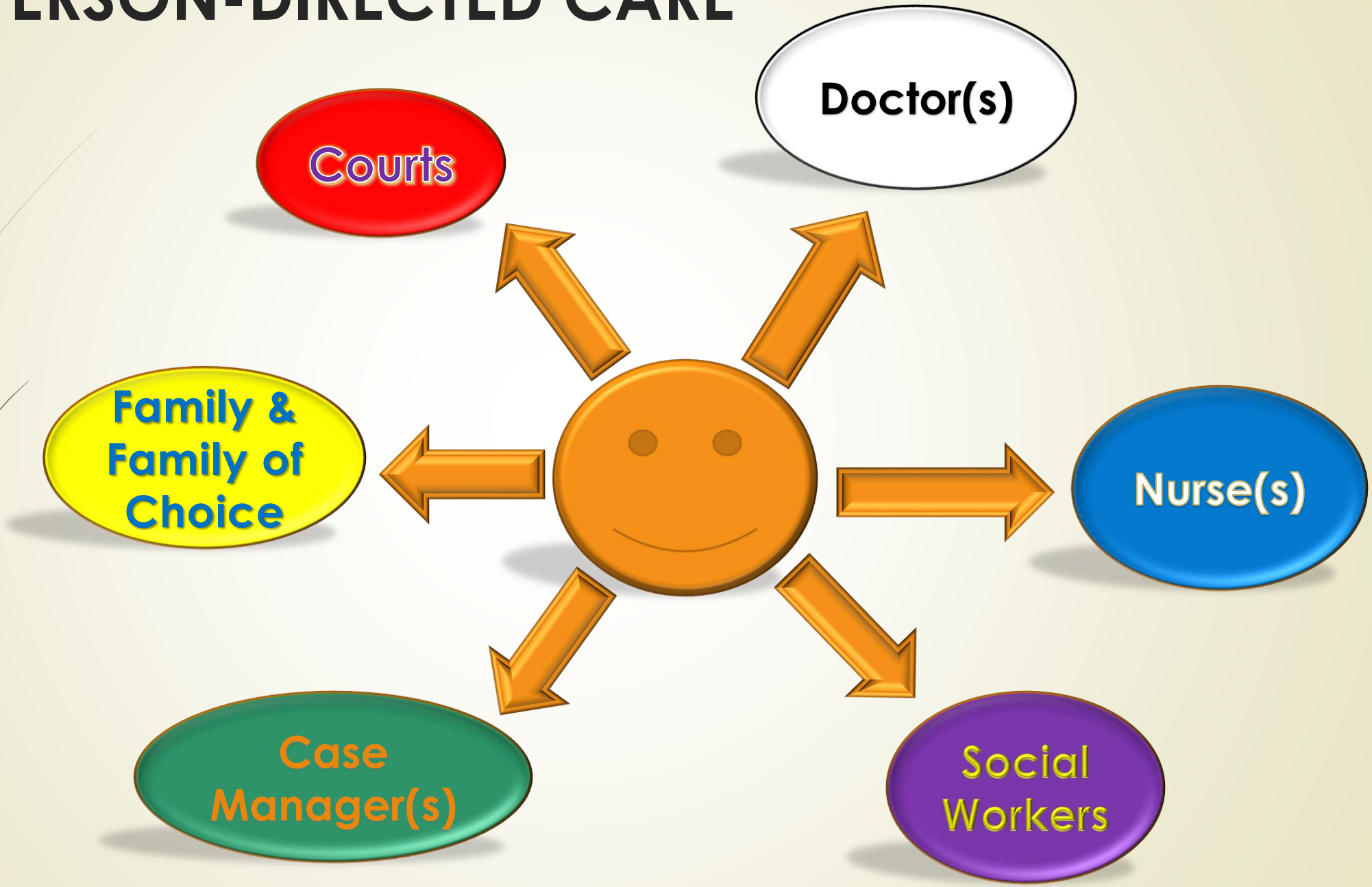
PERSON-CENTERED CARE



Person-Directed Care

- Who drives the goals and decisions forward?
- Are the individuals able to make decisions?
- How does this look in other kinds of medical care?

PERSON-DIRECTED CARE



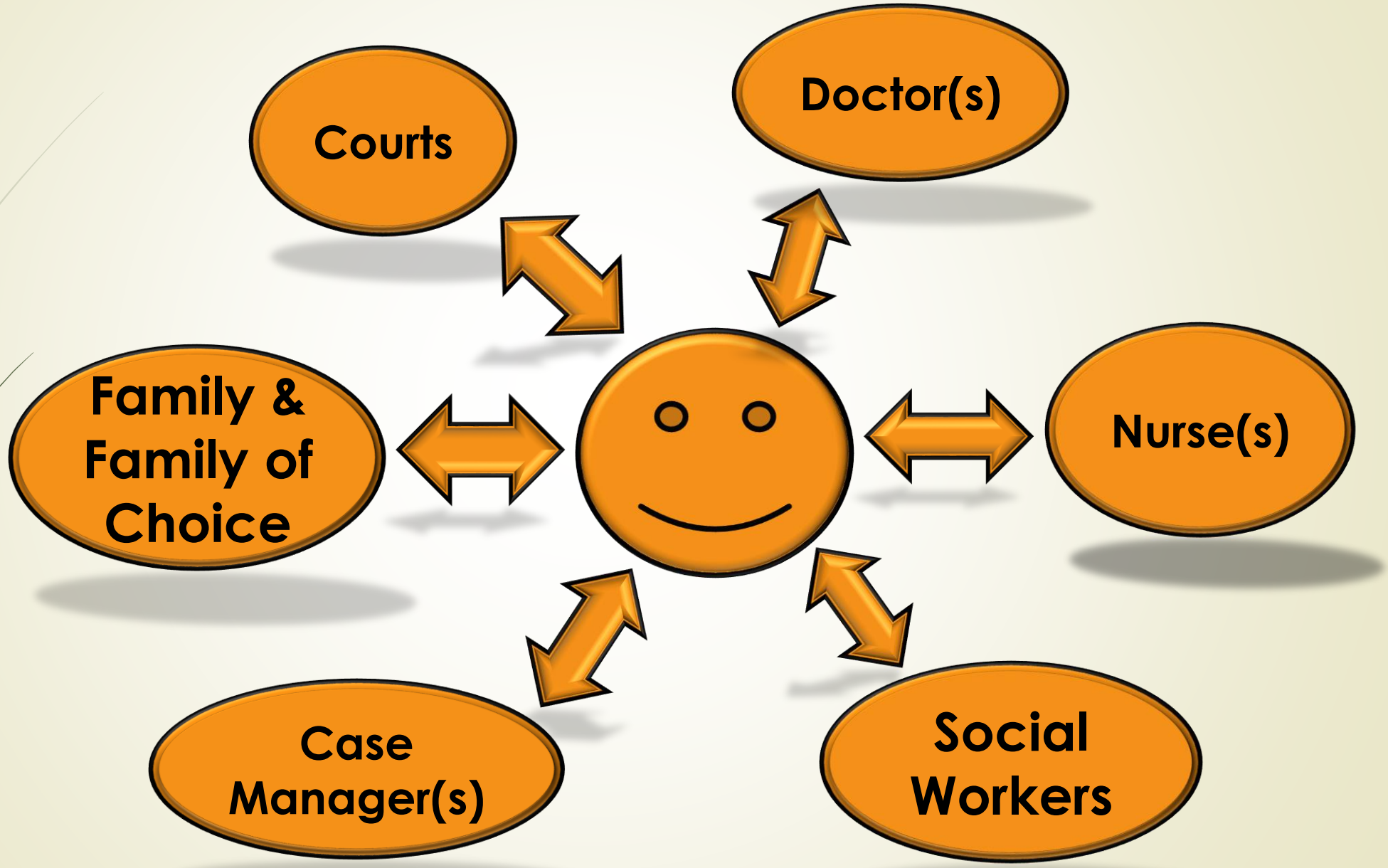
COLLABORATIVE CARE THROUGH NEGOTIATION

- Negotiating and Collaborating Guidelines identified: listen, interruptions avoided, sincere engagement, open to new ideas
- Assumes all partners in care team have valuable and valid knowledge, including the individual
- Ensures that all voices are heard and respected

COLLABORATIVE CARE THROUGH NEGOTIATION

- Is willing to negotiate sticky areas where agreement may not be easy
- Everyone stays in the discussion
- Compromises and trial runs are okay
- When a person served wants to do something different than the rest of the team, they receive support, just like in other kinds of heath care

COLLABORATIVE CARE THROUGH NEGOTIATION



WHAT HAPPENS WITHIN THE NEGOTIATING COLLABORTIVE TEAM

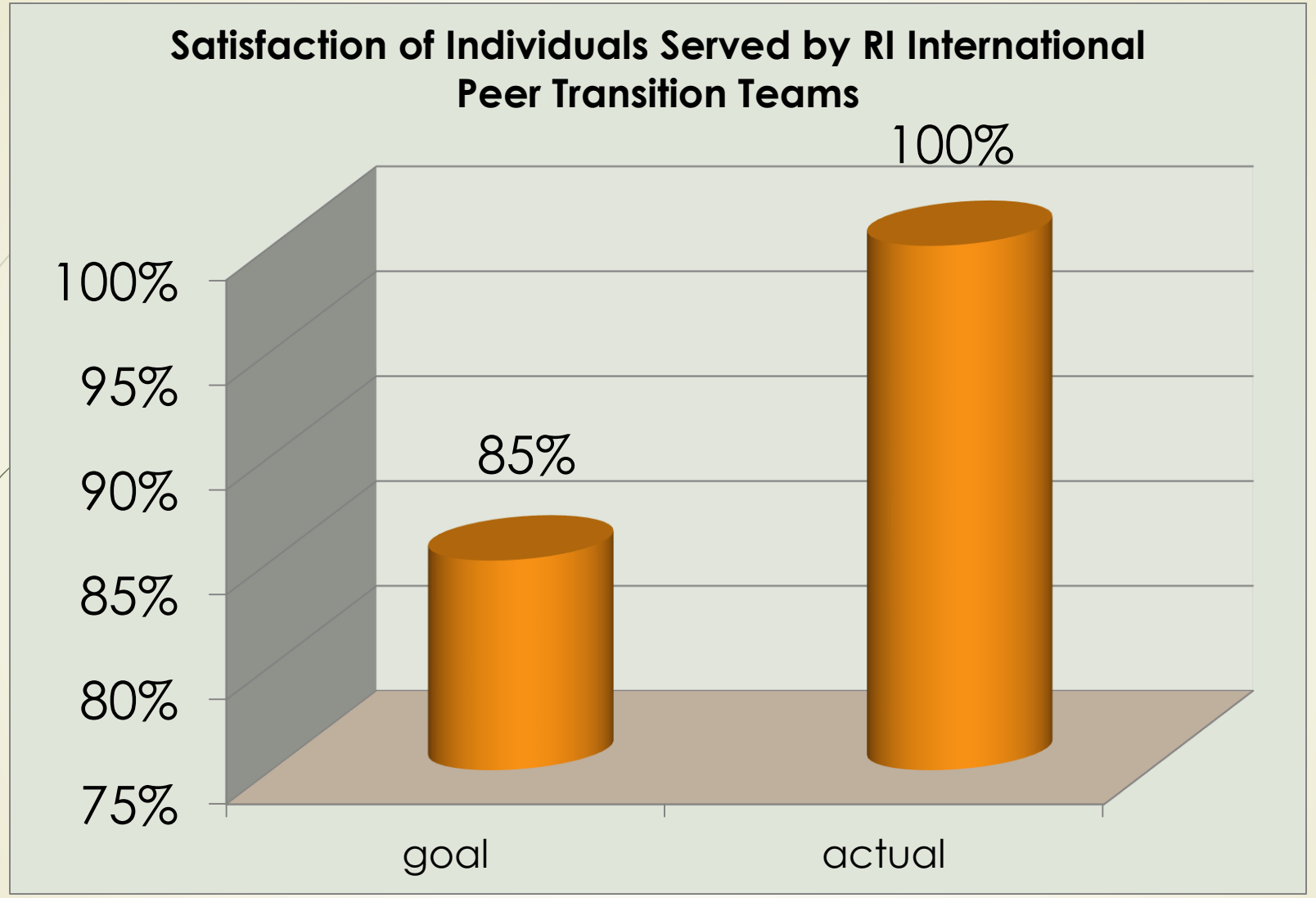
- Everyone takes strategic risks at times
- Individuals and team members grow to trust each other
- When the person is a full participant in planning, the weight of the plan is shared equally
- When a person makes choices about what they want, they gain self-confidence
- Self-confidence moves towards strengths and away from helplessness
- The person finds they are effective decision-makers, they learn from errors

Peer Supporters

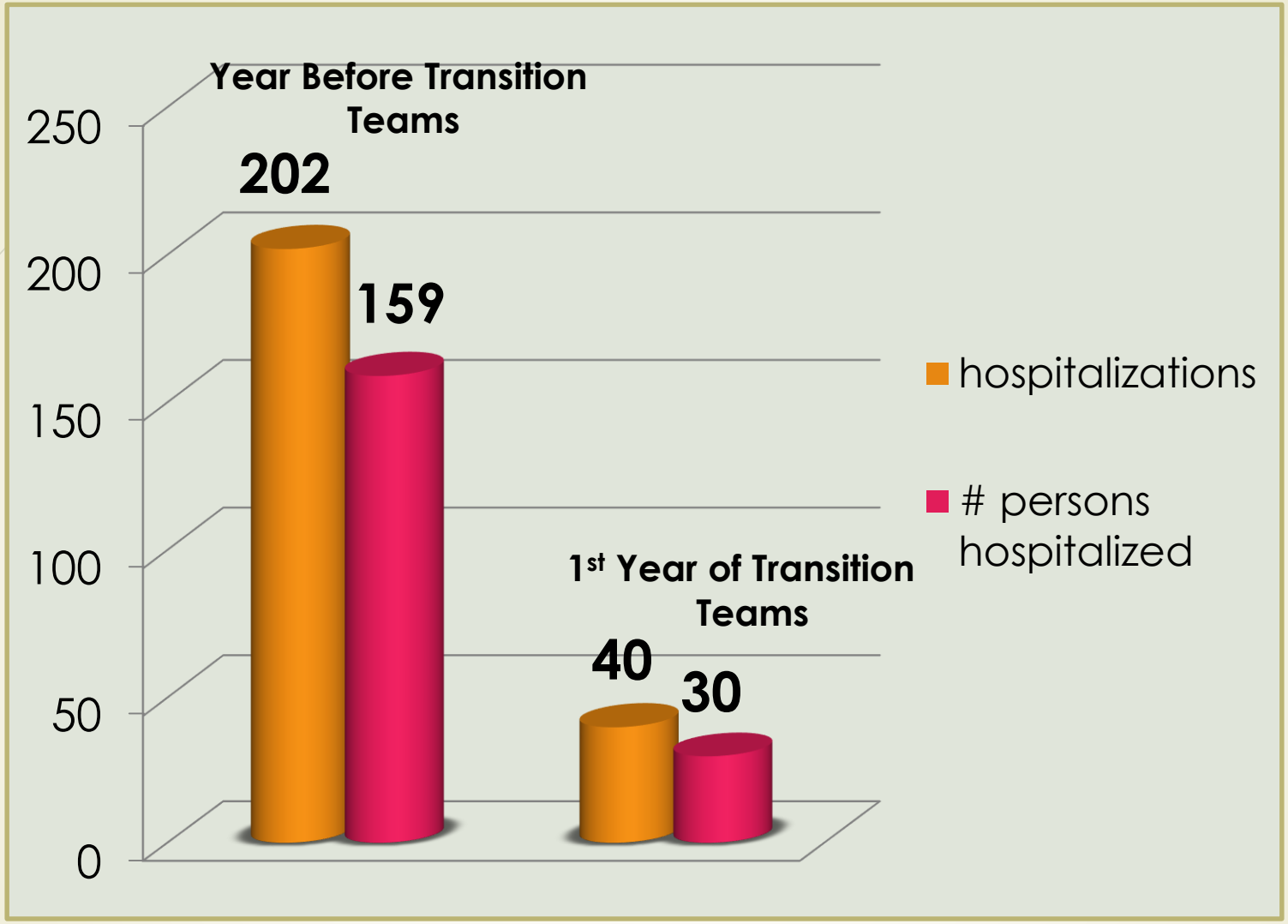
- Are trained to work in a person-directed manner with each person
- Work with individuals with a strengths-based perspective
- They engage in mutually respectful working relationships in which both people are experts about themselves
- Peer supporters do not direct the work people do with them, and they support thoughtful risk when people want to try something new

Outcomes of Person-Directed Care with Peer Supporters

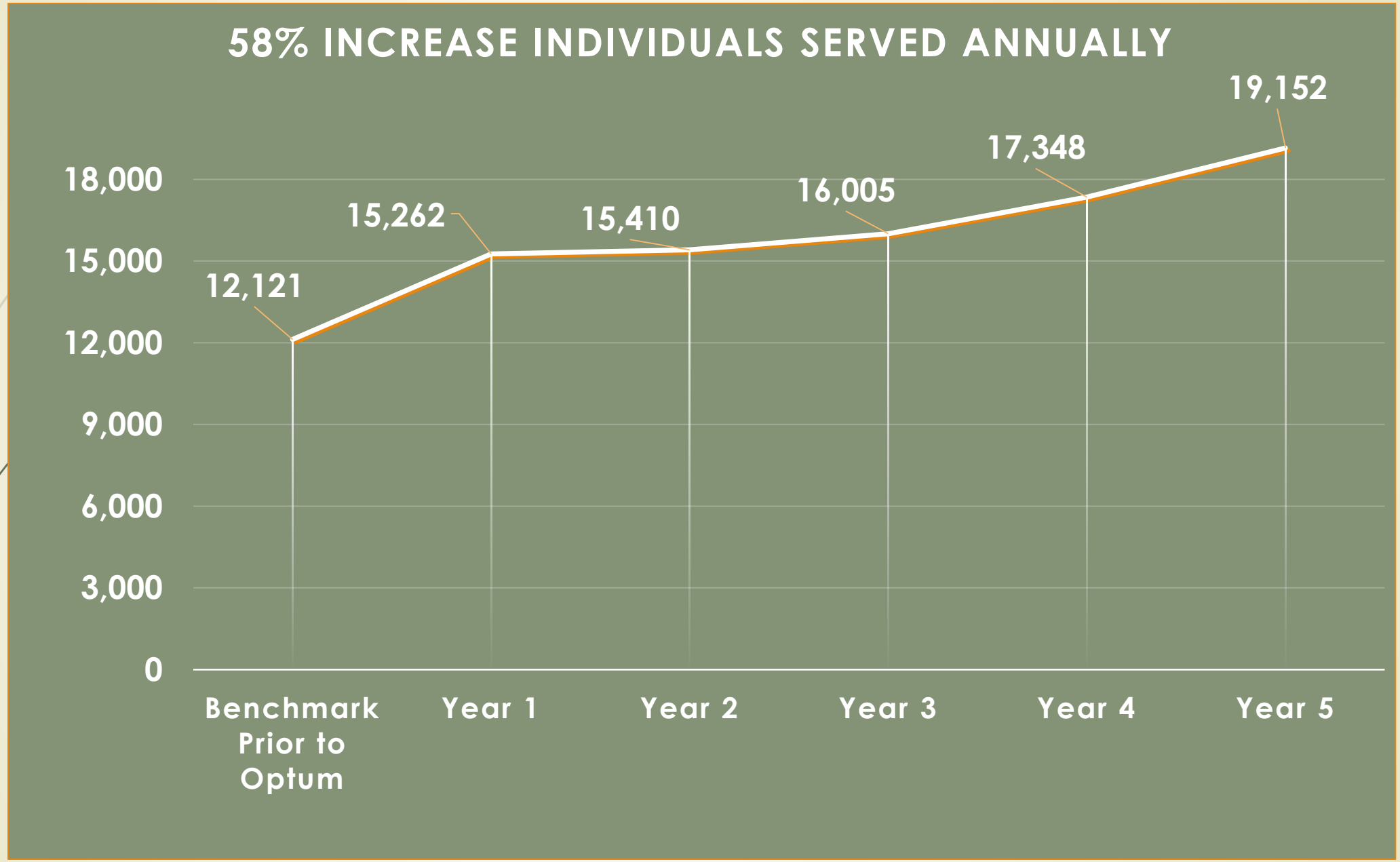
What shows up?



The goal for satisfaction for one RI International Peer Transition Team working with individuals moving from the hospital was 85%, the results were exceptional at 100% satisfaction.



An RI International Transition Teams program has demonstrated powerful outcomes in reductions in hospitalizations and the numbers of individuals hospitalized.



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31.9% Reduction in hospitalizations over a 5-year period using crisis service that included peer supporters, a $12.1 million estimated cumulative 5-year savings

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32.6% Reduction in involuntary Treatment Act admissions over a 5-year period using Recovery Support Network services that included peer support, a $10.3 million estimated cumulative 5-year savings

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32.1% Reduction in 30-day readmission rates, a $1.1 Million cumulative 5-year savings.

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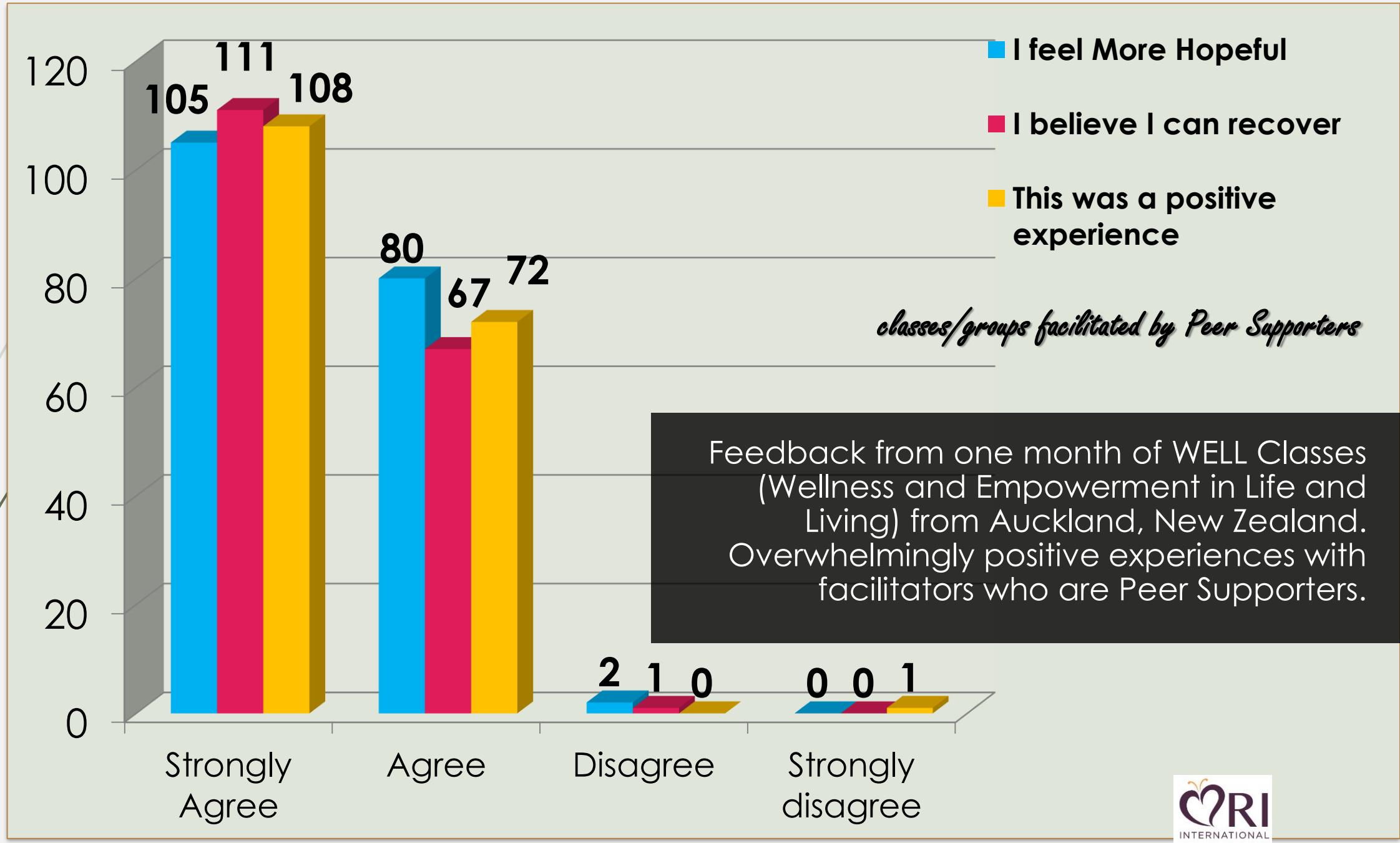
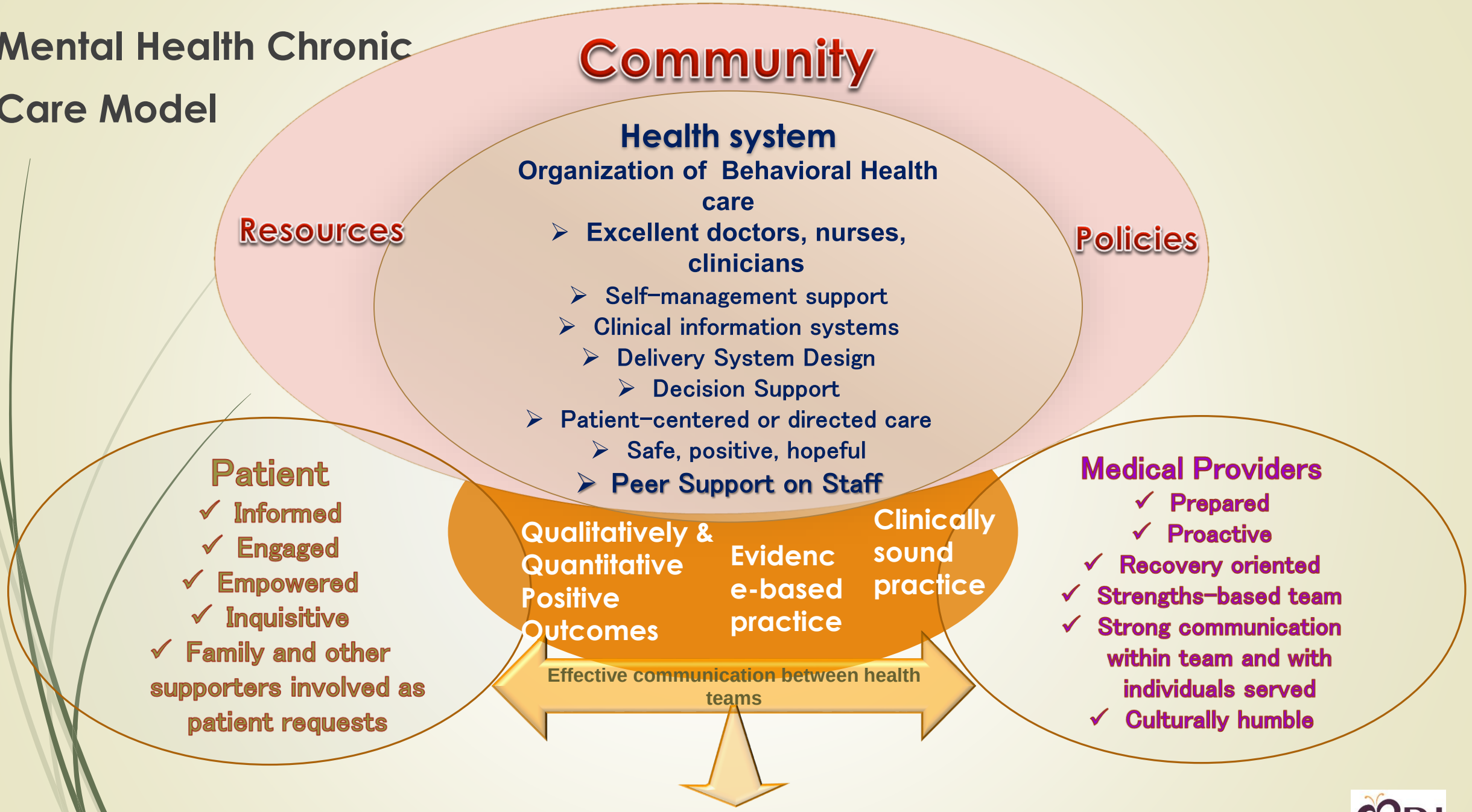


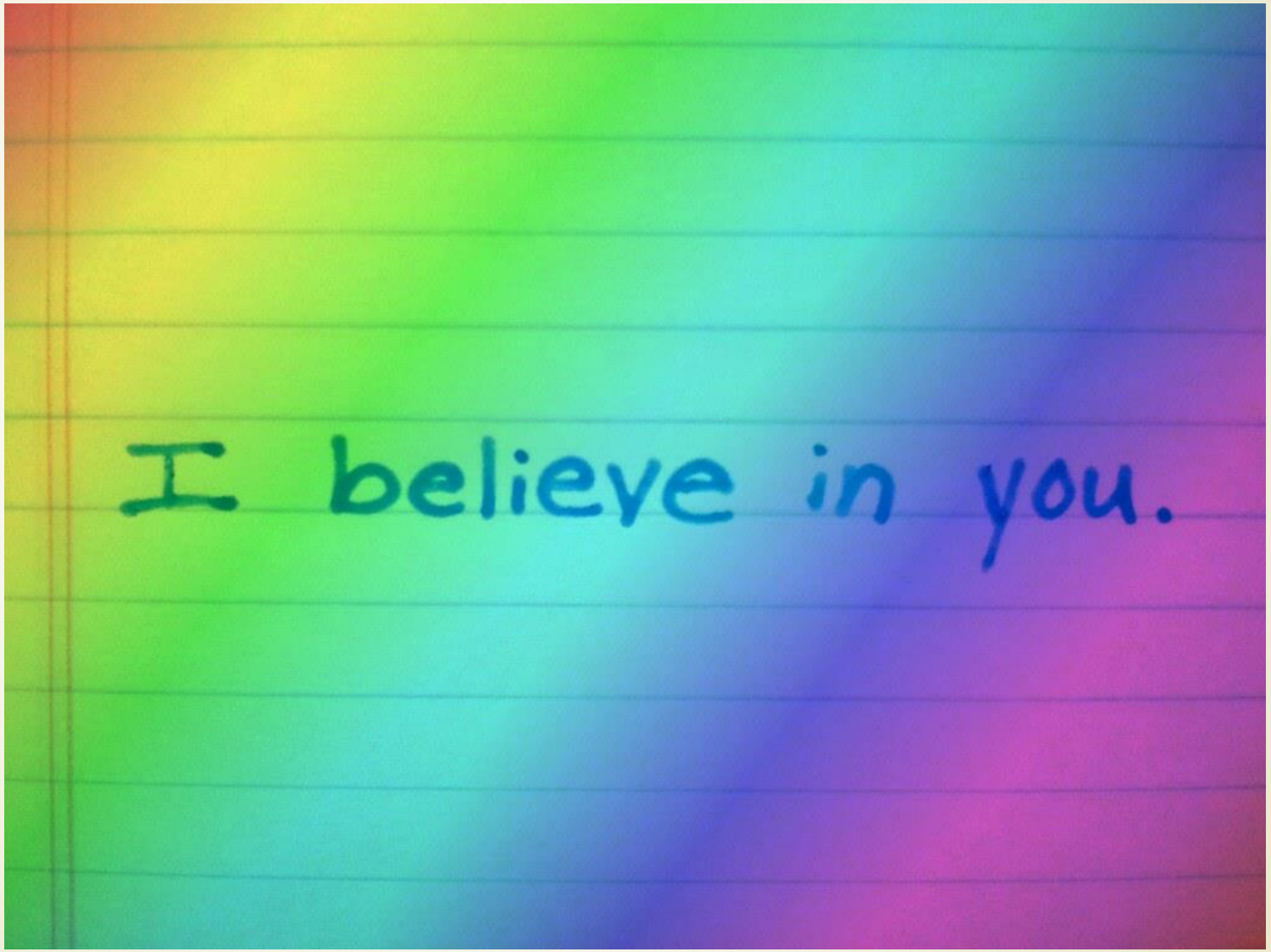
Feedback from one month of WELL Classes (Wellness and Empowerment in Life and Living) from Auckland, New Zealand. Overwhelmingly positive experiences with facilitators who are Peer Supporters.

Chronic Care Model

Mental Health Chronic Care Model



It is the little things



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