South Southwest (HHS Region 6)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

New England (HHS Region 1)
MHTTC Mental Health Technology Transfer Center Network
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Person-Centered Recovery Planning
Webinar Session 5:
Person-Centered Advance Crisis Planning to Maximize Choice & Control

yale program for recovery and community health

The University of Texas at Austin
Texas Institute for Excellence in Mental Health
School of Social Work

Acknowledgement

Presented in 2024 by the Mental Health Technology Transfer Center (MHTTC) Network.

This presentation was prepared for the South-Southwest Mental Health Technology Transfer Center (MHTTC) and the New England Mental Health Technology Transfer Center (MHTTC) Network under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA).

At the time of this publication, Miriam E. Delphin-Rittmon, Ph.D, served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration.

The opinions expressed in the presentation are the views of our speakers and do not reflect the official position of the Department of Health and Human Services or SAMHSA.

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Presented 2024

MHTTC

Mental Health Technology Transfer Center Network

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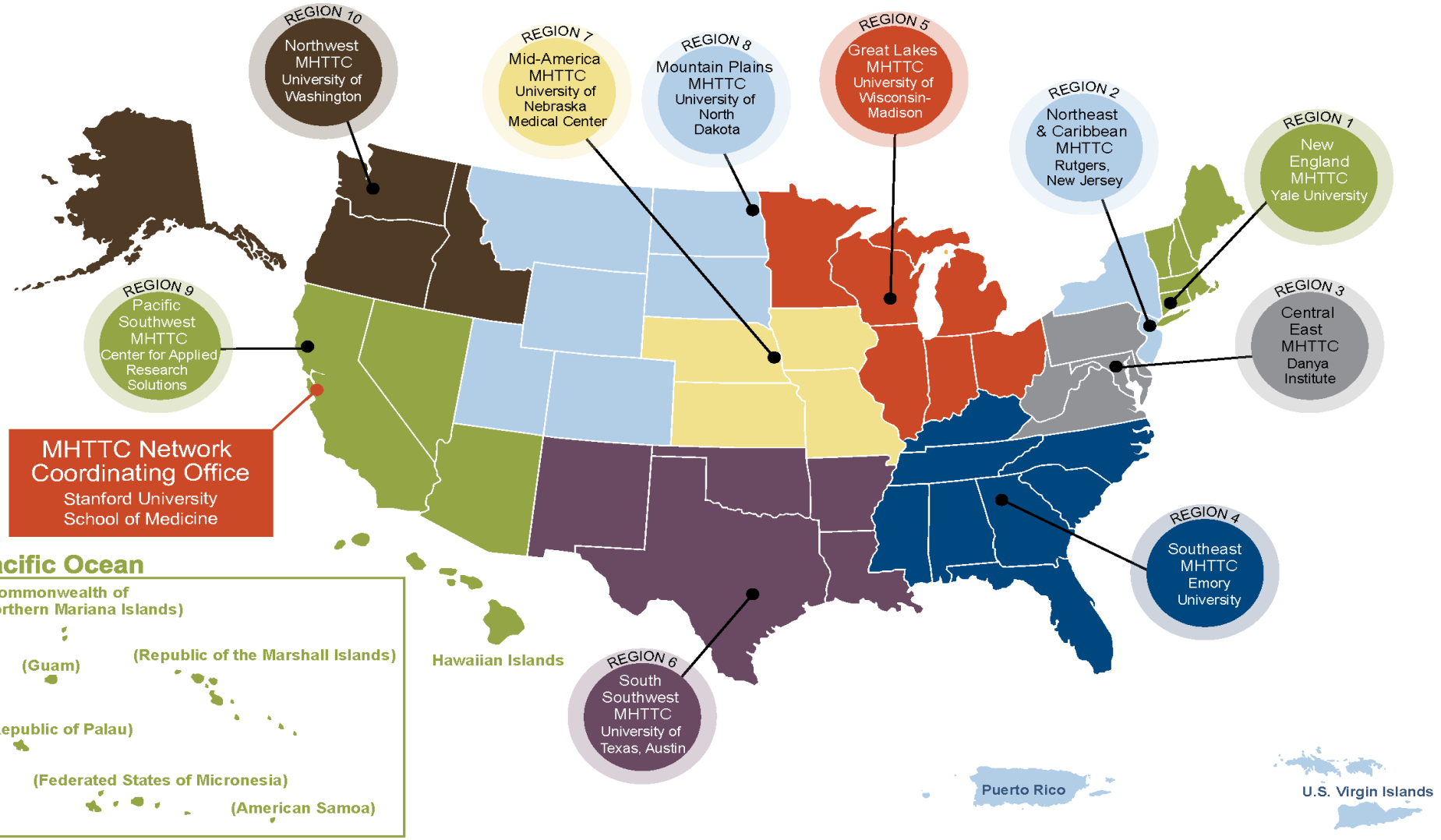
MHTTC Network



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

- Strengths-based and hopeful
- Inclusive and accepting of diverse cultures, genders, perspectives, and experiences
- Healing-centered and trauma-responsive
- Inviting to individuals participating in their own journeys
- Person-first and free of labels
- Non-judgmental and avoiding assumptions
- Respectful, clear and understandable
- Consistent with our actions, policies, and products

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

Housekeeping Items

- We have made every attempt to make today's presentation secure. If we need to end the presentation unexpectedly, we will follow-up using your registration information.
- Attendees are able to unmute and share.
- Have a question or comment? Use the Chat and direct to EVERYONE.
- This session will be recorded.
- A confirmation email will be sent from our South-Southwest email address containing a link to download your CEU certificate.
- CEUs are contingent upon your participation for the full duration of the event based on our Zoom participation logs.
- Registrants are responsible for checking with their licensing or credentialing board to ensure acceptance of the CEUs issued.

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Panelists

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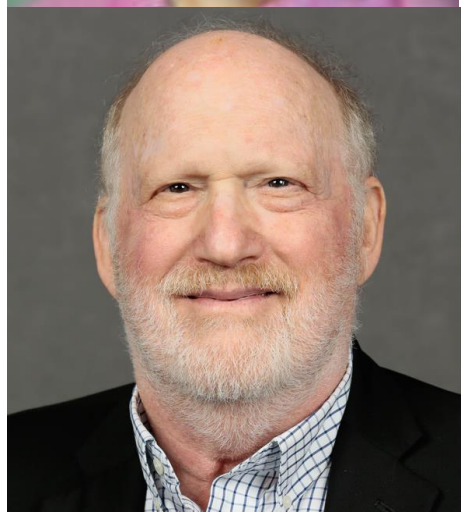
Amy Pierce, MHPS, PSS, ALF (she/her) is an international trainer and consultant and has been working in the Peer Movement in the state of Texas for over two decades. She currently serves as Recovery Institute Associate Director at Via Hope by serving as a subject matter expert on the implementation of peer services and other recovery-oriented practices. She has extensive experience in the peer support sector, having started the first peer support program in the state hospitals in Texas, working as a peer support worker in a community mental health agency, and the Program Coordinator for a transitional peer residential housing project. Amy also enjoys reading secondhand books in the pool, watching birds in the bay, and being a jungle gym to her two energetic nieces.



Marvin S. Swartz, M.D., is Professor of Psychiatry at the Duke University School of Medicine. Dr. Swartz's work has focused on research and policy issues related to the care of individuals with mental illness, the use of legal tools to improve care and the interface between the mental health and justice systems. He was a Network Member in the MacArthur Foundation Research Network on Mandated Community Treatment examining use of legal mandates to promote adherence to mental health treatment, led the Duke team in conducting the first randomized trial of involuntary outpatient commitment in North Carolina and the legislatively mandated evaluation of Assisted Outpatient Treatment in New York. He also co-led a North Carolina study examining the effectiveness of Psychiatric Advance Directives and serves as the Director of the National Resource Center on Psychiatric Advance Directives. He is also a faculty affiliate of the Wilson Center for Science and Justice at the Duke University School of Law. Dr. Swartz was the recipient of the 2011 American Public Health Association's Carl Taube Award, the 2012 American Psychiatric Association's Senior Scholar, Health Services Research Award for career contributions to mental health services research and the 2015 American Psychiatric Association Isaac Ray Award, for Distinguished Contributions to Forensic Psychiatry and Psychiatric Aspects of Jurisprudence.

How about you? What hat(s) are you wearing today?

Audience Participant Poll
(Multiple Hats Allowed)

- Direct support practitioner
- Peer support specialist
- Supervisor/team leader
- Family member/natural support
- Guardian/conservator
- Leadership/administration
- Managed Care/Funder
- *Service recipient/person with lived experience
- Advocate
- IT/Technical Specialist
- Other (_____)

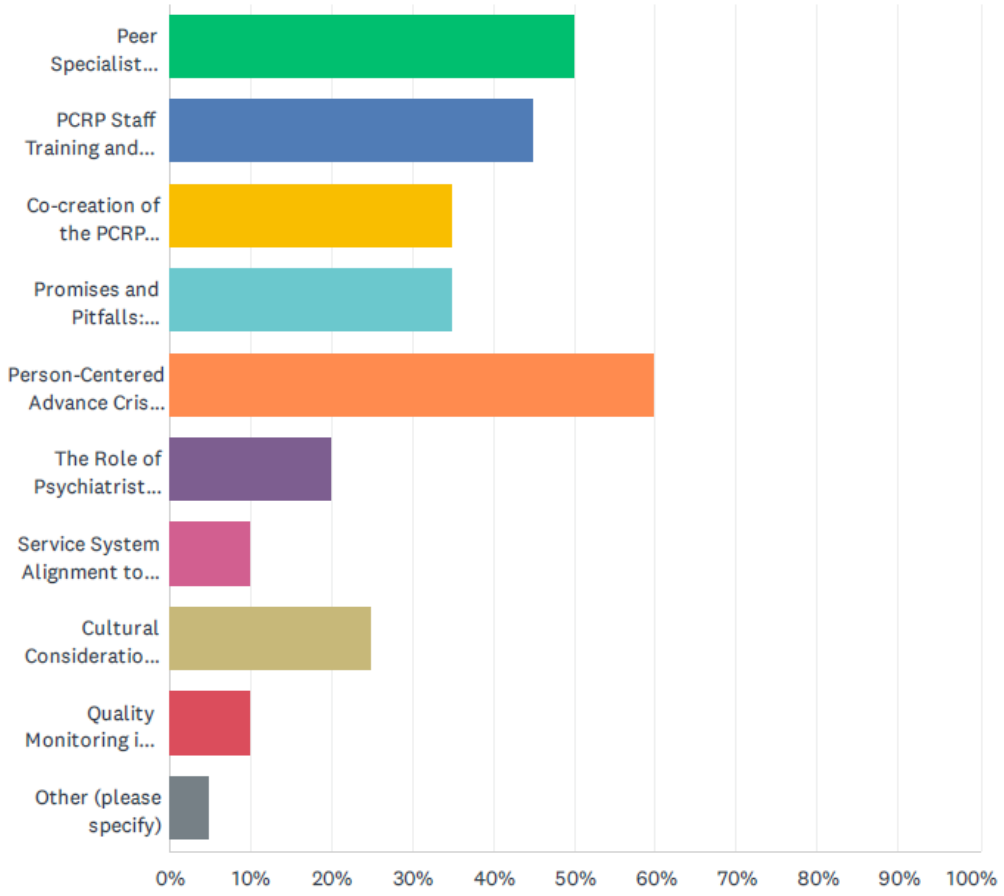
*A note on our use of terms: *Service user/participant, client, person in recovery, patient, person with a disability, psychiatric survivor, person with lived experience, person in distress, consumer.* ***Always honor individual preferences and when in doubt, ASK!***

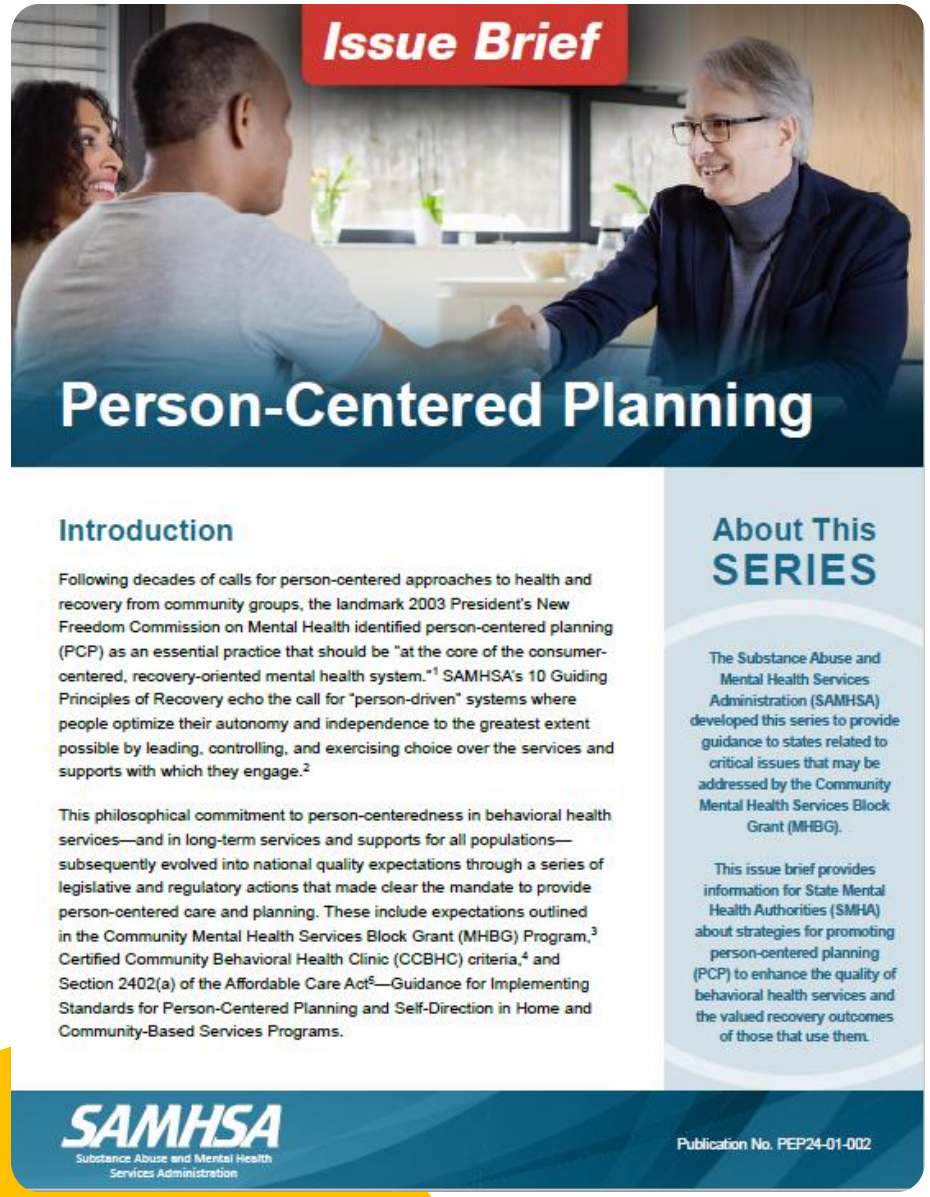
PCRP Defined

Person-centered recovery planning is a collaborative process between a person and their behavioral health care providers and natural supporters that results in the development and implementation of an action plan to assist the person in achieving their unique goals along the journey of recovery.

Where we have been, and what remains…
Consultation Corner Session Calendar

Date Event (2-3:30pm EST)	Webinar Topic/Title
Webinar March 27th	PCRP Consultation Corner: Overview and Launch
Webinar April 17th	Co-creation of the PCRP Document: Partnering, Goal Discovery, and Emphasizing Real-life Results
Webinar May 15th	Peer Specialist Roles in PCRP: Aligning with Peer Ethics and Values
Webinar July 10th	Promises and Pitfalls: Designing Electronic Health Records to Support PCRP
Webinar July 17th	Person-Centered Advance Crisis Planning to Maximize Choice and Control
Webinar August 21st	How to Reinforce PCRP in Practice: PCRP Staff Training, Supervision and Quality Monitoring





A Call to Action

SAMHSA issue brief provides information for State Mental Health Authorities about comprehensive strategies for promoting person-centered planning.

Emphasizes the importance of system-level alignment in recognition of the fact that:

- *Even the most competent and committed PCP practitioners will not be able to fully actualize their competency in practice in the absence of systems characteristics that align in support of person-centered planning.*

- SAMHSA Issue Brief: Person-Centered Planning, 2024

Daniel Wartenberg: Leadership Strategies in Collaborative Crisis Planning

Daniel Wartenberg, Psy.D, M.P.H., has been instrumental in developing and implementing recovery-oriented, evidence-based behavioral health programs for more than 35 years. As the CEO of the Southwest Connecticut Mental Health System, he led the transformation of a traditional CMHC to a person-centered, recovery-oriented system of care. In collaboration with national experts from Yale, he has designed and fully implemented an entirely recovery-driven electronic health record (EHR). Dan has served as a Person- Centered Recovery Planning subject matter expert for the New England Mental Health Technology Transfer Center and has developed Person Centered Assessment Practice Guidelines for the District of Columbia Department of Behavioral Health. He has successfully operationalized a number of evidence-based practices including Integrated Dual Disorder Treatment, the Zero Suicide approach to suicide prevention, ACT, Individualized Placement and Support and Dialectical Behavioral Therapy. Outside of work you can find Dan playing saxophone with his aging rock star cover band.

Goals of Crisis Intervention

- Keep everyone safe
- Respect and honor the person in crisis' needs and preferences
- The desired outcome is a collaborative solution
- There is a tendency to jump to involuntary solutions without first exhausting possible collaborative approaches
- Involuntary solutions can do irreparable harm to the therapeutic relationship and ongoing treatment

Dynamics Which Tend to Make Providers Risk Averse

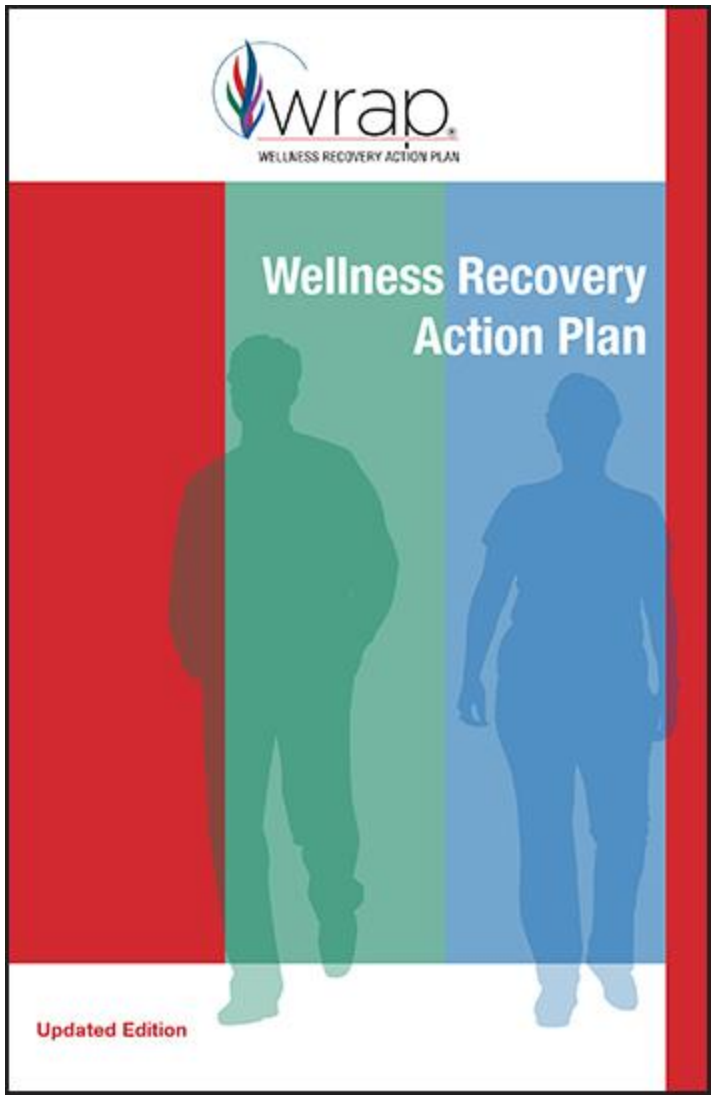
- Unclear definition of a “crisis”
- A genuine desire for people not to come to harm
- Liability CYA
- Tension between supporting staff and needing to understand what happened and prevent recurrence - Critical incident reviews, Joint Commission Sentinel Events
- Inexperience or insufficiently trained staff resulting in under use of best practices

Example of a Collaborative Approach

- Best practices from Zero suicide
- Screening, Assessment, Collaborative Safety Planning
- Stanley-Brown Safety Planning Intervention [Home - Stanley-Brown Safety Planning Intervention (suicidesafetyplan.com)]
    - Recognize warning signs of an impending suicidal crisis.
    - Employ internal coping strategies.
    - Utilize social contacts as a means of distraction from suicidal thoughts. Contact family members or friends who may help to resolve the crisis.
    - Contact mental health professionals or agencies.
    - Make the environment safer by reducing the potential use of lethal means.
    - Identify reasons for living

Amy Pierce:
Wellness Recovery Action Planning:
Personal and Peer-based Strategies

Amy Pierce, MHPS, PSS, ALF (she/her) is an international trainer and consultant and has been working in the Peer Movement in the state of Texas for over two decades. She currently serves as Recovery Institute Associate Director at Via Hope by serving as a subject matter expert on the implementation of peer services and other recovery-oriented practices. She has extensive experience in the peer support sector, having started the first peer support program in the state hospitals in Texas, working as a peer support worker in a community mental health agency, and the Program Coordinator for a transitional peer residential housing project. Amy also enjoys reading secondhand books in the pool, watching birds in the bay, and being a jungle gym to her two energetic nieces.



“WRAP is a tool that can aid an individual’s recovery and its underpinning principles support the recovery approach. WRAP is a way of monitoring wellness, times of being less well and times when experiences are uncomfortable and distressing. It also includes details of how an individual would like others to support them at these different times.”

WRAP is…

Wellness Recovery Action Plan (WRAP) is a simple and powerful process for creating the life and wellness you want. With WRAP, you can:

- ✓ Discover simple, safe, and effective tools to create and maintain wellness
- ✓ Develop a daily plan to stay on track with your life and wellness goals
- ✓ Identify what throws you off track and develop a plan to keep moving forward
- ✓ Gain support and stay in control **even in a crisis**
- ✓ The WRAP process supports you to identify the tools that keep you well and create action plans to put them into practice in your everyday life. All along the way, WRAP helps you incorporate key recovery concepts and wellness tools into your plans and your life.

WRAP is an Evidence-Based Practice

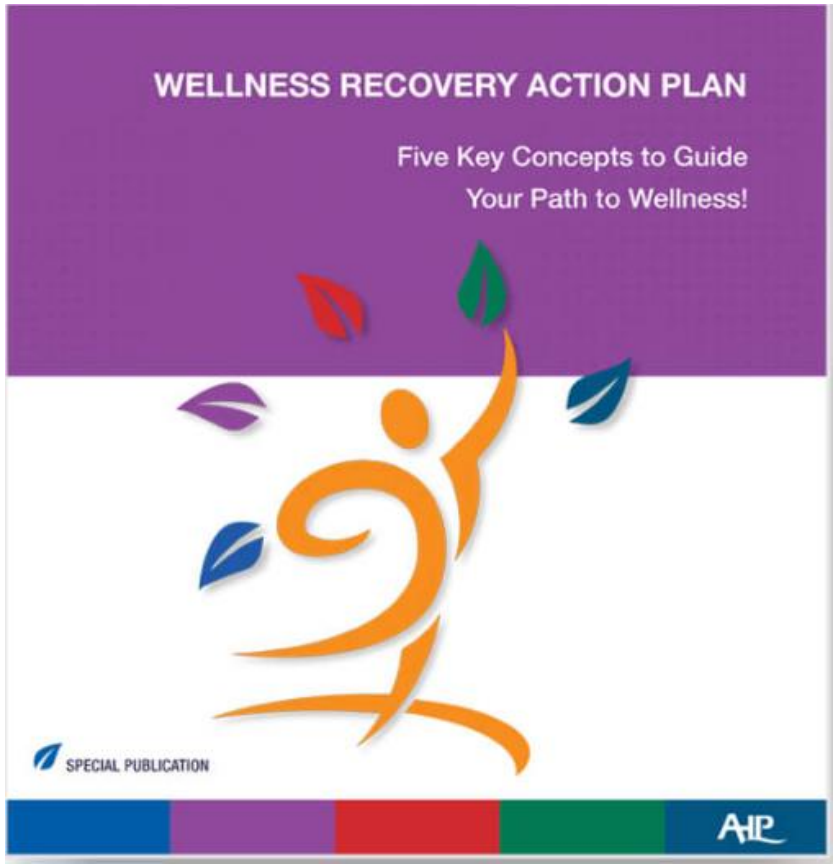
In 2010, WRAP was designated as an evidence-based practice by the United States–based Substance Abuse and Mental Health Services Administration (SAMHSA). Randomized controlled trials of the facilitated WRAP peer group model showed improvements in WRAP participants compared to controls from baseline to 8-month follow-up, including:

- ✓ Reduced psychiatric symptoms, especially depression and anxiety
- ✓ Increased hopefulness
- ✓ Increased quality of life
- ✓ Increased recovery
- ✓ Increased empowerment
- ✓ Increased self-advocacy

5 Key Concepts in WRAP

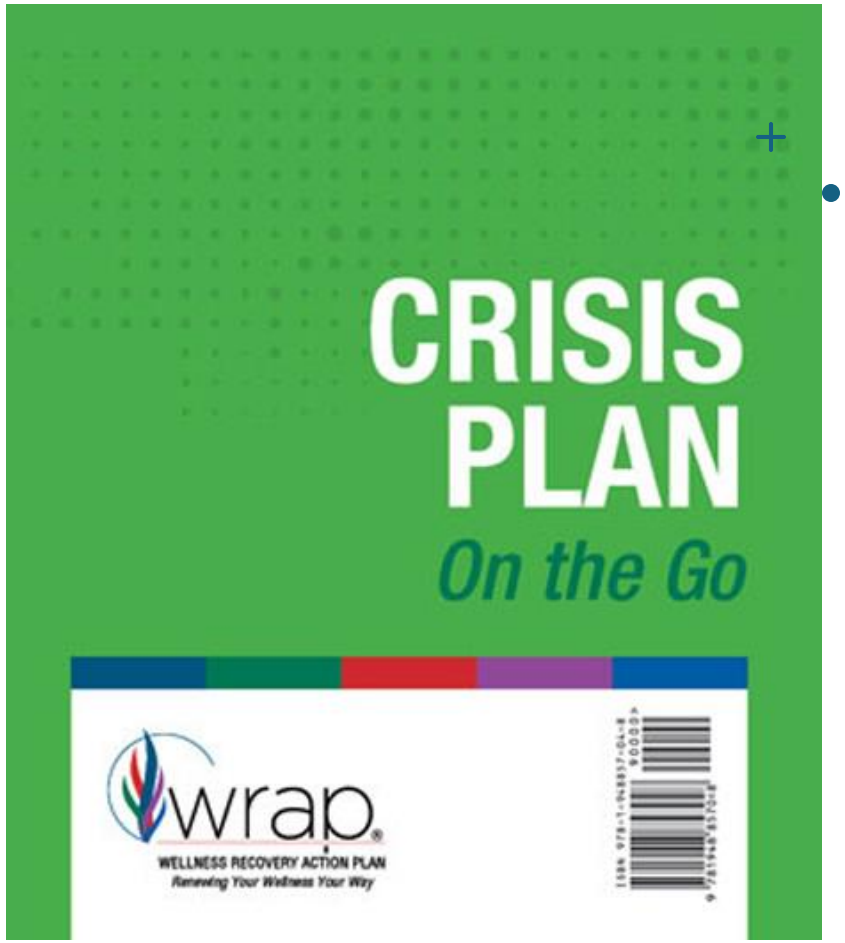
5 Key Concepts, combined with WRAP Values and Ethics, help bring WRAP to life:

- **1. Hope:** people who experience mental health difficulties get well, stay well and go on to meet their life dreams and goals.
- **2. Personal responsibility:** it's up to you, with the assistance of others, to take action and do what needs to be done to keep yourself well.
- **3. Education:** learning all you can about what you are experiencing so you can make good decisions about all aspects of your life.
- **4. Self advocacy:** effectively reaching out to others so that you can get what it is that you need, want and deserve to support your wellness and recovery.
- **5. Support:** while working toward your wellness is up to you, receiving support from others, and giving support to others, will help you feel better and enhance the quality of your life.

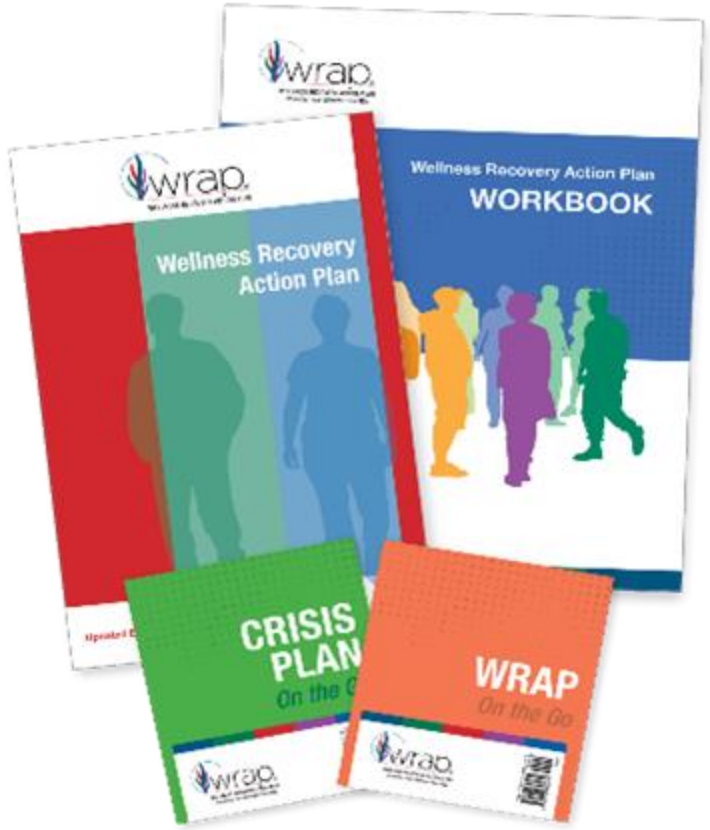


WRAP® Crisis Planning & Post-crisis Planning

- This is the only part of WRAP® that we talk about that needs be to shared with others to work.
- Crisis is defined by the individual: We can use this part of the planning process for any life issue and include direction for our treatment of medical issues.
- It is always a plan that we choose: who supports us; what supports we want and do not want; how we are supported by others including medical professionals.



Structure of the WRAP® Crisis Plan (EBP)



Part 1	What I'm like when I'm feeling well
Part 2	Signs I need supporters to step in
Part 3	Supporters
Part 4	Medications/supplements/health care
Part 5	Treatments and complimentary therapies
Part 6	Home care/ community care respite
Part 7	Hospital or other treatment facilities
Part 8	Help from others
Part 9	Inactivating the plan

General Structure of the WRAP Crisis Plan

Part 1	What I look like when I am well
Part 2	Signs I need my supporters to follow this plan
Part 3	At this time, I want my supporters to
Part 4	If my supporters disagree on a course of action, I want them to settle the dispute in this way
Part 5	I want the following people to support me in these ways
Part 6	People who should not be involved in supporting me or making decisions on my behalf
Part 7	Things to support me feel better and get back to wellness and things, which do not support me and would make things much worse
Part 8	When I'm in a crisis, these are the tasks to be taken care of, and who I want to do them
Part 9	These are the signs that will let my supporters know it's time to stop using this crisis plan

Common Pitfalls When Only Using the Crisis Plan

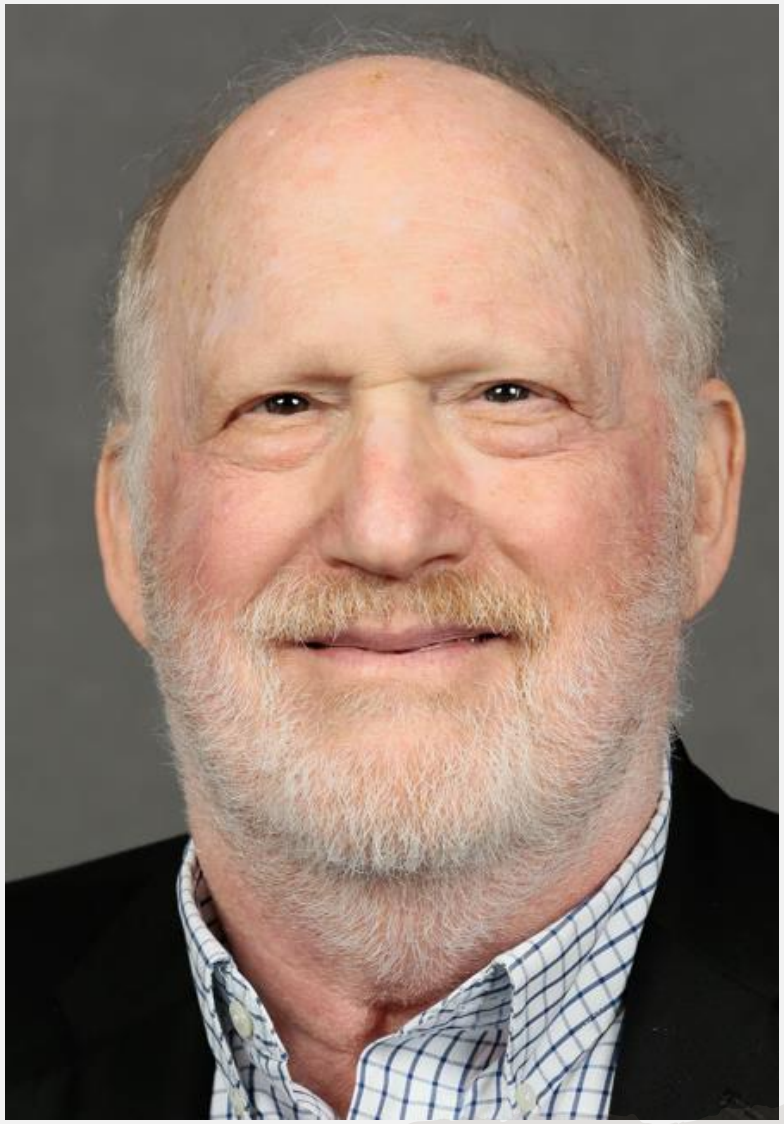
- It often can be called “Crap WRAP”
- It remains a “flat piece of paper” or something that only exists in an EHR
- Persons do not feel it is voluntary in nature and often answer the questions quickly and provide responses that they believe persons are looking for
- “I’ve worked the worksheet with many people and think of WRAP as a crisis plan. But I don’t want to help people plan for their next hospitalization”-peer specialist

When a WRAP Crisis Plan is Created using the Values and Ethics of WRAP….

- It builds upon the other sections of WRAP including the Key Concepts and that work helps a person thoughtfully create a Plan that is uniquely their own
- Persons begin to take agency into their own wellbeing
- This plan allows a person to maintain some degree of control over their lives even when it feels like everything is out of control.
- It will take time to complete.
- Often persons will never have to activate the plan and if they do often times the period of “crisis” is shorter and persons come through it with less life impact
- Crisis is not something to be feared, and provides opportunity for learning and growth
- A Crisis Plan will also support a person’s supporters/care providers
- **IT CAN CREATE A FOUNDATION THAT SUPPORTS AN INDIVIDUAL TO REACH FOR THEIR OWN DREAMS**

- *These plans may inform our Advanced Directive/PAD – which is a separate legal process defined by state laws and regulations.

Marvin Swartz: Psychiatric Advance Directives as Person-Centered Crisis-Planning Tools



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Psychiatric Advance Directives: A Promising Tool to Enhance Crisis and Recovery Care

Marvin Swartz MD

Department of Psychiatry and Behavioral Sciences

Duke AHEC Program

National Resource Center on Psychiatric Advance Directives (https://nrc-pad.org/)

Email: marvin.swartz@duke.edu

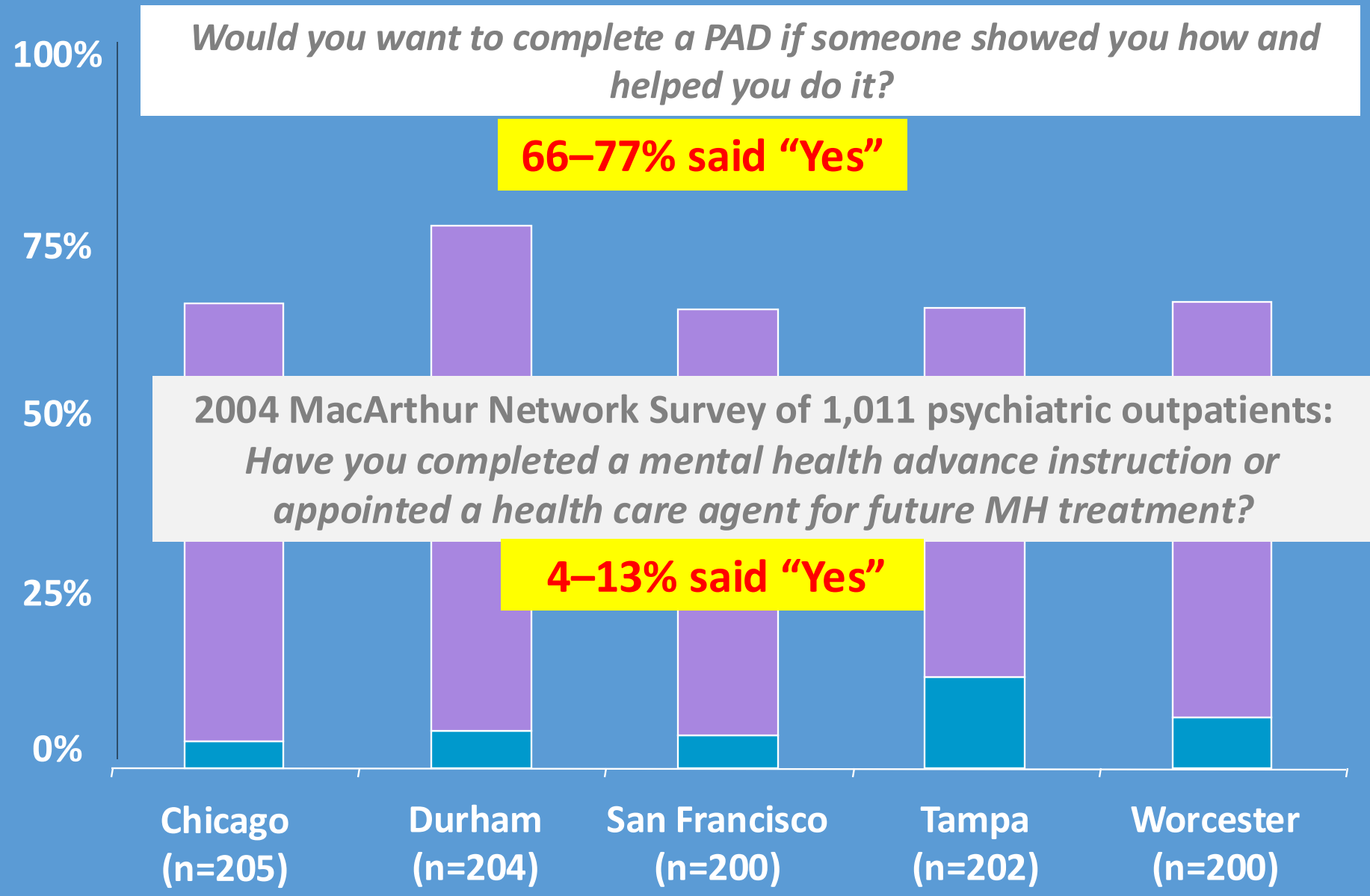
What are Psychiatric Advance Directives (PADs)?

- Legal documents that allow persons when of “sound mind” to refuse or give consent to future psychiatric treatment.
  - Advance Instructions.
- May authorize another person to make future decisions about mental health care on behalf of the mentally ill person, if they become incapacitated.
  - Health Care Power of Attorney.

Two Parts to Psychiatric Advance Directives

- Advance Instructions:
  - Similar to a living will.
  - Documents wishes, consent or refusal of future care.
- Health Care Power of Attorney:
  - Appoints another person to make decisions during crises.
  - May be designed with limited or broad powers.
- In North Carolina you can have either or both.
- In some states, the process involves only one document.

PAD prevalence… and latent demand



Monahan J, Bonnie R, Appelbaum P, Hyde P, Steadman H, Swartz M. Mandated community treatment: Beyond outpatient commitment. Psychiatric Services 2001; 52(8):1198-1205.

PADs

- Usually permits individual to plan for, consent to, or refuse:
  - Hospital admission.
  - Medications.
  - Electroconvulsive treatment.
  - Other treatments for mental illness.
- Takes effect in the event individual loses ability to make decisions (is “incapable”).

What does “incapable” mean?

“…in the opinion of a physician or eligible psychologist the person currently lacks sufficient understanding or capacity to make and communicate mental health treatment decisions.”

Making a PAD

- Any adult “of sound mind” can make.
- Signed in presence of two witnesses:
  - Not a relative.
  - Not person’s doctor, mental health provider or other staff.
  - Not staff of a health care facility in which the client is a patient.
- Must be notarized.
- Present to doctor and other mental health treatment providers.

Must clinicians always honor the instructions?

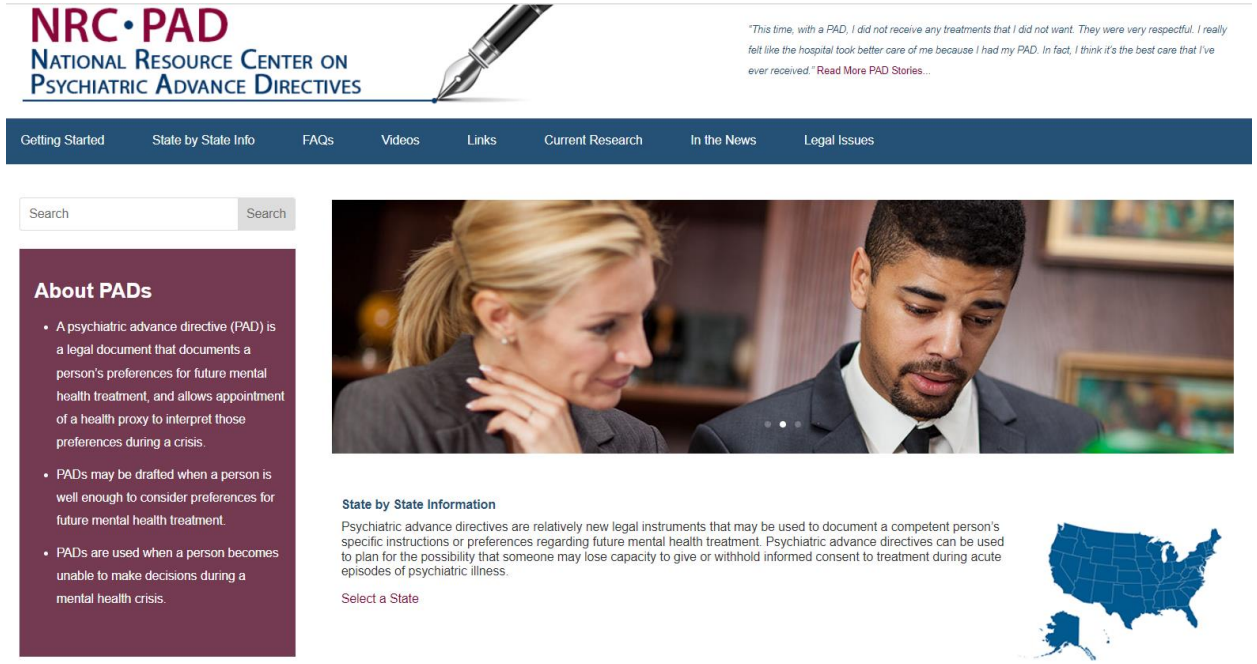
- Clinicians may disregard instructions:
  - If not consistent with “generally accepted community practice standards.”
  - When treatments requests are not feasible or unavailable.
  - When treatment requests would interfere with treating an emergency.
  - Instructions may be over-ridden by involuntary inpatient commitment.
  - Conflicts with other law.

When does a PAD take effect?

- When patient is found to be “incapable” and continues during period of incapacity.
- Usually determined by physician or psychologist.
- Finding that patient is “incapable” must be in writing.

PAD Resources

- https://www.nrc-pad.org/
- https://naminc.org/our-work-support/psychiatric-advance-directives/
- http://www.crisisnavigationproject.org/
- http://www.bazelon.org/our-work/mental-health-systems/advance-directives/
- https://www.mentalhealthamerica.net/psychiatric-advance-directive



THANKS!

Questions?

Contact: marvin.swartz@duke.edu

Resources and Tools

- SAMHSA Person-Centered Planning Issue Brief
- 5 Competency Domains for Staff Who Facilitate Person-Centered Planning
- WRAP Values and Ethics
- Wrap Crisis Plan on the Go
- Stanley-Brown Collaborative Safety Planning Intervention
- Psychiatric Advance Directives | Copeland Center
- National Resource Center on Psychiatric Advance Directives (NRC-PAD)
- A Practical Guide to Psychiatric Advance Directives | SAMHSA

Closing Q&A… Your Thoughts and Ideas

Evaluation

Scan the QR code to provide your valuable feedback through our evaluation survey. Your input helps us improve our services. Thank you for your participation!

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The MHTTC provides a comprehensive range of technical assistance services, catering to universal, targeted, and intensive needs. Our offerings encompass dynamic webcasts, informative clinical briefs, engaging podcasts, concise fact sheets, and personalized intensive consultations. We actively disseminate our wealth of resources through our user-friendly website and vibrant social media platforms, ensuring widespread accessibility and impact.