Taking Care of the "Total Me"- A Mental Health Journey

An FIU Embrace Education Initiative

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Objectives

- Why Mental Health should be a component of your comprehensive inclusive post-secondary program?

- Use of the Wellness Recovery Action Plan

- Identify the signs and symptoms of burnout

- Identify strategies for mitigating burnout

Why Should Mental Health be a Focus of Inclusive Post Secondary Education?

- The study summarizes supportive epidemiological data regarding the true co-occurrence (comorbidity) and course of mental disorders in children with intellectual disability/intellectual developmental disorders (ID/IDD) across the lifespan.

  - Co-occurring mental disorders in children and adolescents with ID/IDD are common and persistent across the lifespan.

  - Co-occurring mental disorders in children and adolescents with ID/IDD is substantive with multiple co-occurring mental disorders existing in a high proportion of study participants.

  - Only 1 in 10 children and adolescents with co-occurring mental disorders receive specialized mental health services.

  - Co-occurring mental disorders in children and adolescents with ID/IDD are more predictive of major restrictions in educational and vocational participation and social inclusion than the severity of the ID/IDD.

  - The mental well-being of parents of young people with ID/ IDD is more strongly influenced by the severity of their children's co-occurring mental disorder than by the severity of the children's ID/IDD.
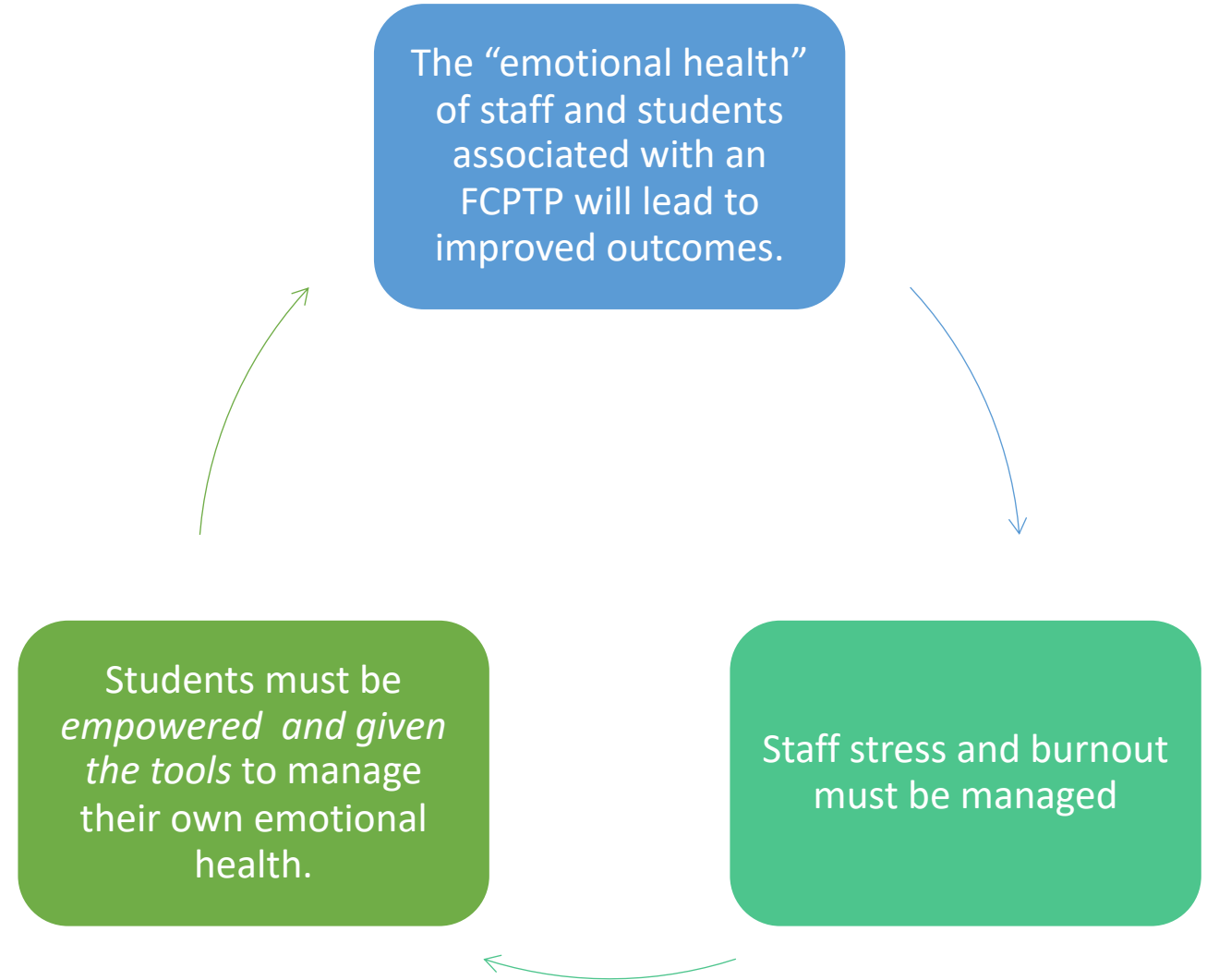
Einfeld, S., Ellis, L. and Emerson, E. (2011). Comorbidity of intellectual disability and mental disorder in children and adolescent: A systematic review. Journal of Intellectual and Developmental Disability, 36(2), 137-143. doi: 10.1080/13668250.2011.572548

Why Should Mental Health be a Focus of Inclusive Post Secondary Education?

- "Intellectual disability ranks within the top 20 sources of burden of disease (Begg et al., 2007) and among the top 20 most costly disorders (Polder, Meerding, Bonneux, & van der Maas, 2002). The burden is compounded when these two disorders coexist."

- "Collectively, these studies demonstrate rates of comorbidity for children and adolescents between 30 and 50%."

- **"Appreciation of this comorbidity needs to be a fundamental component of both mental health and intellectual disability services."**
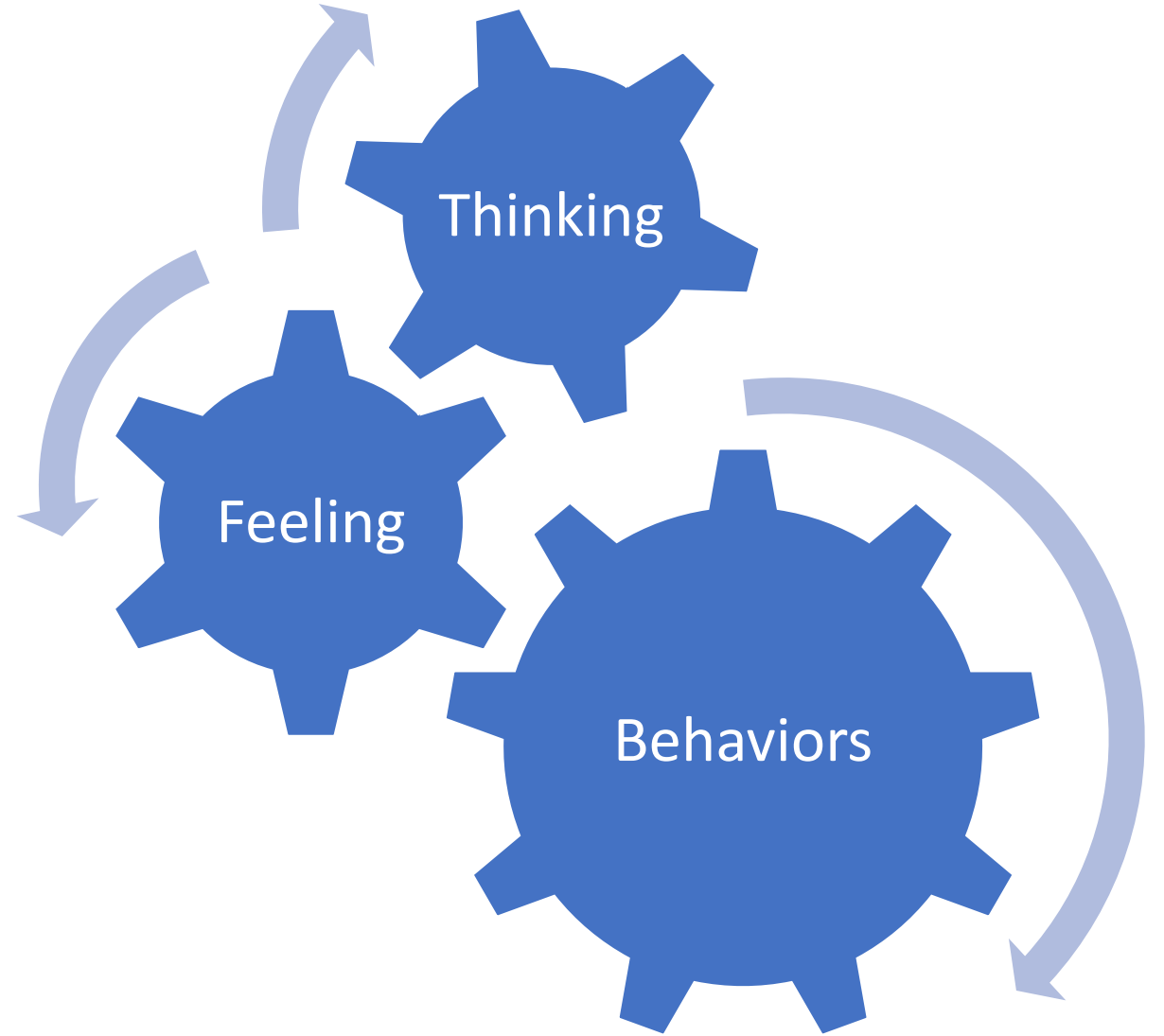
Brotheridge, C. and Grandey, A. (2002). Emotional labor and burnout: Comparing two perspectives of "people work". Journal of Vocational Behavior, 60(1), 17-39. https://doi.org/10.1006/jvbe.2001.1815

What is Emotional Health?

The "emotional health" of staff and students associated with an FCPTP will lead to improved outcomes.

Staff stress and burnout must be managed

Students must be *empowered and given the tools* to manage their own emotional health.

What is Emotional Health?

Common Types of Challenges

- Depression
Anxiety
OCD

- Mania

- Intrusive thoughts

- Stress

- Burnout

- Secondary Traumatic Stress

- Compassion Fatigue

Wellness

- Wellness is **not** a component of FIU Embrace. Therefore, "wellness' is interwoven into all aspects of the FIU Embrace initiative. It is central to our work and is captured in the initiative's vision statement.
    - Language
    - Supervision of staff
    - It is interwoven throughout the network of supports
    - Managers are trained to identify the signs of burnout and are given flexibility to intervene
    - Flexibility and support of students and staff are a cornerstone of the FIU Embrace initiative
    - EAP is utilized when appropriate

Student Wellness

- Initial psychological evaluation

- Selection Committee identifies and discusses supports needed to be successful in the program

- Student wellness is discussed during weekly team meetings

- If a student is receiving mental health services, monthly meetings with program staff to discuss progress in the program

- Person Centered Planning

- WRAP

Opportunities to Support Student Wellness

Wellness Recovery Action Plan - WRAP

- An evidence-based practice, the WRAP peer-group intervention has been shown to increase hopefulness, improve quality of life, increase people's ability to self-advocate, increase feelings of empowerment, reduce the need to use healthcare services over time, and improve recovery outcomes.

- Offers the same simple wellness process that anybody can use to address a variety of physical, mental health, and life issues to help you achieve your wellness your way.

Wellness Recovery Action Plan - WRAP

- It is used by people in all kinds of circumstances and by healthcare and mental health systems all over the world. It is geared towards improving wellness and helping people feel empowered.

- It can used by themselves or alongside a co-facilitated WRAP group.

- We have one WRAP facilitator and each student must complete a Wrap Plan at the end of the first year of the program.

- Each subsequent year in the program, it is reviewed and updated.

WRAP is Designed to:

- Help you discover your own simple, safe wellness tools.

- Develop a list of things to do every day to stay as well as possible.

- Identify upsetting events, early warning signs and signs that things have gotten much worse and, using wellness tools, develop action plans for responding at these times

- Create a Crisis Plan

- Create a Post-Crisis Plan

- Five key recovery concepts provide the foundation of effective recovery work.

- **Hope** – People who experience mental health difficulties get well, stay well and go on to meet their life dreams and goals.

- **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.

- **Education** – Learning all you can about what you are experiencing so you can make good decisions about all aspects of you life.

- **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.

- **Support** – While working towards 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.

Key Recovery Concepts

WRAP Plan Development

- **Daily Plan** – Describe yourself when you are well, and list things you need to do every day to maintain wellness.

- **Stressors**– External events or circumstances that, if they happen, may make you feel uncomfortable. These are normal reactions, but if we don't deal with them in some way, they may actually cause us to feel worse.

- **Early Warning Signs** – Internal, subtle signs that let you know you are beginning to feel worse. Reviewing Early Warning Signs regularly helps us to become more aware of them and allow us to take action before they worsen.

- **When Things are Breaking Down** – List signs that let you know you are feeling much worse, like feeling sad all the time, or are hearing voices. Using your Wellness Toolbox, develop a powerful action plan to help you feel better as quickly as possible and prevent an even more difficult time.

- **Crisis Plan** – Identify signs that let others know they need to take over responsibility for your care and decision making. Outline a plan for who you want to take over and support you through this time, healthcare, staying home, things others can do to help and things they might choose to do that would not be helpful. This kind of proactive advanced planning keeps you in control even when it seems like things are out of control.

WRAP Plan Development

- **Post-Crisis Plan** – You may want to think about this part of the plan in advance and write some things to do post crisis. When you have a clearer picture of what you need to do for yourself to get well.

WRAP Plan Example

Organizational and Staff Wellness

Organizational Wellness

- Compassion Fatigue
- Secondary Traumatic Stress
- Stress
- Burnout

- Secondary Traumatic Stress (STS) is the emotional duress that results when an individual hear about the first hand trauma experiences of another person.

- For therapists, child welfare workers, case managers, and other helping professionals involved in the care of traumatized children and their families, the essential act of listening to trauma stories may take an emotional toll that compromises professional functioning and diminishes quality of life.

- Individual and supervisory awareness of the effects of this indirect trauma exposure is a basic part of protecting the health of the worker and ensuring that children consistently receive the best possible care from those who are committed to helping them.

Secondary Traumatic Stress

The National Child Traumatic Stress Network (n.d.). Trauma-Informed Care: Secondary Traumatic Stress – Introduction. https://www.nctsn.org/trauma-informed-care/secondary-traumatic-stress/introduction

Burnout and Stress

- According to psychologist Christina Maslach, Ph.D.—the burnout condition has three components: overwhelming exhaustion, cynicism and detachment, and a sense of ineffectiveness and lack of accomplishment (*Maslach Burnout Inventory Manual,* fourth edition, 2016).

- "People kind of switch to doing the bare minimum instead of doing their very best," says Maslach, a professor emeritus of psychology at the University of California, Berkeley, and Co-Editor-in-Chief of the journal Burnout Research.

Burnout and Stress

- Furthermore, the impact of burnout on job performance needs to be considered as a threat to the level and quality of services being provided to clients. Kahill (1988) raised the concern that the ethical and practical implications have not been backed by empirical research. Behavioral, interpersonal, and attitudinal symptoms outlined in the literature are suggestive of unproductive and negative practices.

Common Symptoms

Cognitive
Lowered Concentration
Apathy
Rigid thinking
Perfectionism
Preoccupation with trauma

Emotional
Guilt
Anger
Numbness
Sadness
Helplessness

Behavioral
Withdrawal
Sleep disturbance
Appetite change
Hyper-vigilance
Elevated startle response

Physical
Increased heart rate
Difficulty breathing
Muscle and joint pain
Impaired immune system
Increased severity of medical concerns

Organizational Prevention Strategies

Create	Create an organizational culture that normalizes the effects of working with trauma survivors.
Adopt	Adopt policies that promote and support staff self-care.
Allow	Allow for diversified workloads and encourage professional development.
Create	Create opportunities for staff to participate in social change and community outreach.
Ensure	Ensure a safe work environment.
Provide	Provide STS education to and encourage open discussion of STS among staff and administrators.
Make	Make counseling resources and Employee Assistance Programs available to all staff.

Organizational Strategies for Prevention and Intervention
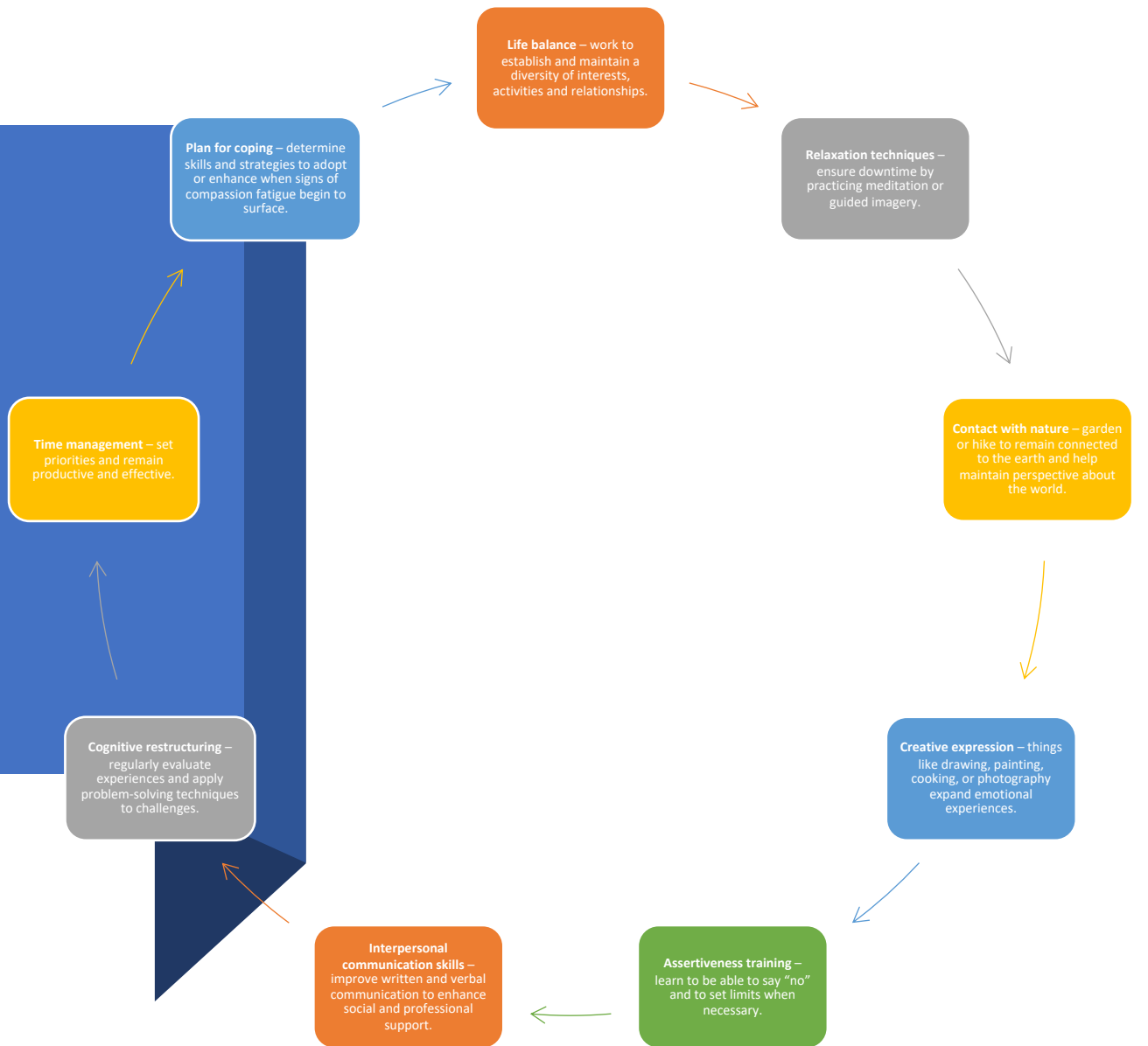

A multidimensional approach to prevention and intervention—involving the individual, supervisors, and organizational policy—will yield the most positive outcomes for those affected by secondary traumatic stress.

The most important strategy for preventing the development of secondary traumatic stress is the triad of psychoeducation, skills training, and supervision.

Individual Prevention Strategies

Plan for coping – determine skills and strategies to adopt or enhance when signs of compassion fatigue begin to surface.

Life balance – work to establish and maintain a diversity of interests, activities and relationships.

Relaxation techniques – ensure downtime by practicing meditation or guided imagery.

Contact with nature – garden or hike to remain connected to the earth and help maintain perspective about the world.

Creative expression – things like drawing, painting, cooking, or photography expand emotional experiences.

Assertiveness training – learn to be able to say "no" and to set limits when necessary.

Interpersonal communication skills – improve written and verbal communication to enhance social and professional support.

Cognitive restructuring – regularly evaluate experiences and apply problem-solving techniques to challenges.

Time management – set priorities and remain productive and effective.

Individual Prevention Strategies

- Self-care doesn't have to be expensive or time-consuming, either. It shouldn't feel like another item on an overly long to-do list, adds Rebecca Schwartz-Mette, Ph.D., who chairs APA's Advisory Committee on Colleague Assistance (ACCA). "Repeated small doses of self-care are more effective than a once-a-week event," she says, citing the restorative power of a quick walk outside or even a cold glass of water.

Individual Intervention Strategies

- **Focusing on self-care** – making a healthy diet, exercise, and regular sleep priorities reduces adverse stress effects.

- **Journaling** – writing about feelings related to helping or care giving and about anything that has helped or been comforting can help make meaning out of negative experiences.

- **Seeking professional support** – working with a counselor who specializes in trauma to process distressing symptoms and experiences provides additional perspectives and ideas.

- **Joining a support group** – talking through experiences and coping strategies with others who have similar circumstances can enhance optimism and hope.

- **Learning new self-care strategies** – adopting a new stress management technique such as yoga or progressive muscle relaxation can reduce adverse physical stress symptoms.

- **Asking for help** – asking social supports or co-workers to assist with tasks or responsibilities can hasten healing.

- **Recognizing success and creating meaning** – identifying aspects of helping that have been positive and important to others assists with resolving trauma and distress.

Strategies to Build Resiliency and Address Secondary Traumatic Stress (STS)

Organization

- Provide adequate clinical supervision, including reflective supervision
- Maintain trauma caseload balance
- Support workplace self-care groups
- Enhance the physical safety of staff
- Offer flextime scheduling
- Incorporate STS training into EBP training for clinical staff
- Create external partnerships with STS intervention providers
- Train organizational leaders and non-clinical staff on STS
- Train organizational leaders on organizational implementation and assessment
- Provide ongoing assessment of staff risk and resiliency

Individual

- Use supervision to address STS
- Increase self-awareness of STS
- Maintain healthy work-life balance
- Exercise and good nutrition
- Practice self-care
- Stay connected
- Develop and implement plans to increase personal wellness and resilience
- Continue individual training on risk reduction and self-care
- Use Employee Assistance Programs or counseling services as needed
- Participate in a self-care accountability buddy system

References

- Brotheridge, C. and Grandey, A. (2002). Emotional labor and burnout: Comparing two perspectives of "people work". *Journal of Vocational Behavior, 60(1),* 17-39. https://doi.org/10.1006/jvbe.2001.1815

- *Burnout Inventory Manual,* fourth edition, 2016

- Einfeld, S., Ellis, L. and Emerson, E. (2011). Comorbidity of intellectual disability and mental disorder in children and adolescent: A systematic review. *Journal of Intellectual and Developmental Disability, 36(2),* 137-143*.* doi: 10.1080/13668250.2011.572548

- Munir, K. (2016). The co-occurrence of mental disorder in children and adolescents with intellectual disability/intellectual development disorder. *Current Opinion in Psychiatry, 29(2),* 95-102*.* doi: 10.1097/YCO.0000000000000236.

- The National Child Traumatic Stress Network (n.d.). *Trauma-Informed Care: Secondary Traumatic Stress – Introduction.* https://www.nctsn.org/trauma-informed-care/secondary-traumatic-stress/introduction

- The National Child Traumatic Stress Network (n.d.) *Resources: Training.* https://www.nctsn.org/resources/training

- https://www.wrapandrecoverybooks.com/store/wrap-2018.html