

Peer Crisis Responder

Participant Manual

1st Edition

Peers Crisis Responders

Welcome!

Welcome to the Peers Crisis Responders course provided by Foundation for Recovery! The purpose for this course is to expand the understanding of Peer Recovery Support Specialists on concepts and best practices for crisis response and mental health systems in Nevada. Mental Health Crisis Systems need to be on par with other emergency response systems. Just like firemen respond to a fire, there should be a specialized team of individuals that respond to the millions of Americans that experience mental health crises in the United States. Peer Support Specialists that are trained in crisis response are part of this system of care. This course will also touch on how to support some of our most vulnerable populations, including seniors and transition age young adults. We will also touch on the importance of self-care and boundaries to avoid burnout, compassion fatigue, and secondary trauma.

How to Use this Manual

This manual was created to enhance your learning experience. Its pages include key points from the topics discussed and blank spaces for you to complete the exercises and take notes on the material, podcasts, and videos. It also includes questions to highlight key terms and definitions and encourage critical thinking. This manual is yours to keep, write in, and mark as needed; it does not have to be sent in to be graded or reviewed.

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Lesson 1: Mental Health Crisis Systems

Topic 1: Important Definitions from the NRS

- Define person with mental illness:

- Define danger to self:

- Define danger to others:

Topic 2: Crisis Now

- Expand on the purpose of Crisis Now.



Browse through the Crisis Now Website. What important information did you learn?



Watch: The Promise of 988: Crisis Care for Everyone, Everywhere, Every Time

Reflect on the importance of 988 in your community. What does 988 need to thrive where you are?



Watch: It's Been a Bad Day (Crisis Now)

Reflect on the services available for mental health crises. If you were experiencing a mental health crisis, how do you think waiting 18 hours to three days for services would make you feel?

Topic 3: Mental Health Crisis Hold

- What is an emergency mental health hold?
- Who can be held on a mandatory 72-hour hold?
- Who can petition for emergency mental health holds?
- When are emergency holds longer than 72 hours, and how does this happen?



Watch: Mental Health Crisis Hold for Adults

What did you learn about the process for 72 hour holds?



Read: Adult Mental Health Crisis Hold Packet

What stands out to you?



Watch: Mental Health Crisis Hold for Adults

What did you learn about the mental health crisis hold for youths?



Read: Adult Mental Health Crisis Hold Packet

What stands out to you? What differences do you notice between the two packets?

Key Points

- Under the legal definition, a person with a mental illness is someone who as a result of their mental illness presents a clear and present danger of harm to himself or others because their capacity to exercise self-control, judgment and discretion is diminished.
- Someone is legally a danger to themselves if within the immediately preceding 30 days they have been unable to care for themselves and there exists a reasonable probability that they will experience serious physical injury, physical debilitation or death within the next 30 days; OR if they have attempted to die by suicide or engaged in self mutilation.
- Someone is legally a danger to others if they have threatened to inflict serious bodily harm or another person within the last 30 days as a result of their mental illness; OR they have made threats to inflict harm and committed acts in furtherance of those threats and there exists a reasonable probability that they will do so again.
- Crisis Now, an organization led by the National Association of State Mental Health Program Directors, is dedicated to improving crisis care across the United States. The goal is to have safe, effective crisis care in all communities.
- We need to build a system of care on par with medical, fire and other emergencies that is comprehensive and built to address mental health crisis, substance use and suicidal ideation. This includes regional and statewide crisis hotlines, like 988; mobile crisis outreach teams that deliver care to people wherever they are; and crisis receiving facilities that say yes to every individual that walks through their door.
- 988 is a nationwide crisis call center. This component of the Crisis Now Model needs additional community supports in order to bridge individuals from the point of crisis to the level of care they need.
- An emergency mental health hold is a 72-hour detention for adults or youth who are a danger to themselves or others. These holds allow individuals to be held unwillingly to receive mental health care for 72 hours and can be extended. This process can be authorized by trained professionals by completing a legal hold packet. If the crisis is longer than 72 hours, the hold can be extended through a legal petition.

Lesson 2: Psychiatric Advance Directives

Reflection: Read through Don's scenario. As a helping professional, how would you support Don?

Topic 1: Psychiatric Advance Directive in Nevada

- What is covered under Nevada's Psychiatric Advance Directive?
- What is the purpose of a PAD?
- When would a Psychiatric Advance Directive be a good idea?

Watch: One Family's Journey



Read: Advanced Directive for Psychiatric Care



Reflection: Think back to Don's scenario. Now that you understand PAD's a little better, what might you tell Don to ease his fears?

Activity: Psychiatric Advance Directive True or False

Statement	True	False
A PAD automatically allows a family member to make psychiatric decisions for someone, including committing the person to a psychiatric facility.		
In Nevada, a PAD covers information including what medications a person is willing and unwilling to take, acceptable treatments, and what to do in crisis.		
A PAD decreases a person’s control over their mental health care.		
A PAD immediately goes into effect when a peer is in crisis.		
PAD’s help reduce trauma and increase positive outcomes by giving mental health professionals the information they need to provide appropriate care.		
PAD’s are confidential, and only the peer should have access to them.		
Saving a PAD to the Secretary of State’s Lockbox is a free and confidential service that allows medical professionals access the information once a peer cannot make their own decisions.		
Mental health providers can decide not to follow portions of a PAD if compliance is not consistent with generally accepted standards of care.		
PADs must be completed in full in order to be notarized.		

Key Points

- Psychiatric Advance Directives are state-specific. In Nevada, PADs include information such as what medications a person is willing or not willing to take, what helps a person in crisis, acceptable treatments, emergency contacts, and other important aspects of care.
- Nevada's PAD does not authorize an alternative decision maker and does not lessen a person's control over their treatment
- PAD's give peers more opportunity to decide their care. The information contained in PADs can help reduce trauma and increase positive outcomes by giving professionals the information they need to effectively care for others.
- If peers are interested in having an Alternative Decision Maker, they must complete a Durable Power of Attorney.
- PAD's must be notarized and witnessed. Peers can also choose to keep their PAD in the Secretary of State's Lockbox, where it will be confidentially held until it needs to be used. If the peer chooses to do this, they should keep the identification card with the registration number on their person.

Lesson 3: Supporting Peers Through a Crisis

Topic 1: Recognizing a Crisis

- Why is it important to be able to recognize a crisis?

- What are some warning signs a person might be in crisis?

Topic 2: Crisis De-escalation

- Expand upon the steps to crisis de-escalation:
 - Step One:

 - Step Two:

 - Step Three:

 - Step Four:

 - Step Five:

- Step Six:

- Complete this chart with the dos and don'ts of crisis de-escalation

Dos	Don'ts

Topic 3: PRSS in Crisis Care

- What roles can PRSS play at the different levels of crisis care?

Key Points

- PRSS play a crucial role in crisis support. Crisis support is short-term and centers around providing assistance and non-judgemental support and resources.
- A crisis is in the eye of the person experiencing the crisis.
- Some warning signs that a person is experiencing a crisis include agitation, anxiety, rapid mood swings, risky-behavior, unpredictable behavior, paranoia, and withdrawal or isolation.
- Crisis de-escalation includes helping a person stay safe, manage their crisis, and get connected to further support. Before providing crisis support, check in with yourself and make sure you are able to do so. While providing crisis support, your role is to stay calm and promote calm. Do not dismiss a person's feelings, argue with them, or promise what you can't deliver.
- PRSS play various roles in crisis care, including providing one-on-one support, facilitating groups, serving as advocates, and linking people to resources.

Lesson 4: L.E.A.P.

- What is LEAP?



Watch: I'm not Sick, I Don't Need Help

What are the two main lessons shared by Dr. Xavier Amador?

What can you take away from his experiences?

Using the video, expand on the following LEAP concepts:

- L
- E
- A
- P

Breaking it Down: Listening

- What can you learn by listening? What do you think is the importance of understanding how another person perceives themselves and their illness?
- Expand on the tips for listening to a person living with a mental illness
- Expand on listening while someone is going through a difficult time
- **Reflection:** Think back to a time when you were going through a difficult time and others supported you. What did others do that was helpful? What did others do that was not helpful?

Breaking it Down: Empathizing

Watch: Empathy by Brene Brown



“ Listening will naturally lead to empathy

How to Practice Empathy

Do this...	Not this...

Breaking it Down: Agreeing & Partnering

- What actions can you take to agree & partner with a person?

- **Reflection:** What similarities do you see between this approach and the principles of providing peer support?

L.E.A.P. Reflection:

You are a recovery peer support specialist. You have a peer sitting in front of you that is struggling to get out of bed, because every time they open their eyes they see pink snakes everywhere. They are apprehensive to open their eyes even now, sitting in front of you. They know that medications can help make the pink snakes go away, but do not like to take medications because they help them feel like a zombie. Using the L.E.A.P approach, list specific examples of actions and statements you would take to support this peer.

- **L**

- **E**

- **A**

- **P**

Key Points

- The LEAP Model was developed by Dr. Xavier Amador as a way to support others living with mental illness
- LEAP stands for Listen, Empathize, Agree and Partner.
- Listen: When you listen, you make an effort to gain an understanding of the peer and the sense they make of their experiences.
- Empathize: Make an effort to take the perspective of your peers and empathize with their experiences.
- Agree: You can always find common ground.
- Partner: Collaborate to achieve goals that are set by your peers.

Lesson 5: Suicide Prevention

Topic 1: Warning Signs & Risk Factors

- What are some warning signs of suicide?
- What are some risk factors that increase a person's chance of completing or attempting suicide?
- What terminology is not used when discussing suicide? Why?

What Can I Do?

- What can you do if you believe someone is having thoughts of suicide? What should you **not** do?

Topic 2: Columbia Suicide Severity Rating Scale

- How does the C-SSRS work? What does this scale gauge?



Read: Columbia Suicide Severity Rating Scale

What do you notice about these questions?

- Does your organization have a process to follow if a person is moderate or high risk of attempting suicide? What is that process?



Watch: C-SSRS Ideation Demonstration

Watch: C-SSRS Behavior Demonstration



Key Points

- Some warning signs of suicide include making threats or comments about suicide; mentioning feelings of hopelessness, feeling trapped, or feeling like a burden; looking for ways to end their life; aggressive behavior; social withdrawal; dramatic mood swings; and impulsive behaviors.
- Some risk factors of suicide include mental health or substance use disorders, access to lethal means, chronic illnesses, prolonged stress, history of trauma, exposure to others who have died by suicide, previous attempts, and life stressors.
- The best way to help someone who might be having thoughts of suicide is to ask. Be cautious not to debate the value of life or give advice. Always take situations seriously.
- The Columbia Risk Severity Ranking Scale is a tool used to assess risk of suicide. It is simple to read and follow and written in everyday english.

Lesson 6: Senior Citizens

Reflection: Does Irene and Bernie's story surprise you? Do you know a senior that is in a similar situation?

Topic 1: Nevada by the Numbers

- Review the statistics available on this page. Are any of them surprising to you? Which ones stand out?

Topic 2: Factors Impacting Depression

- What factors influence senior depression?

- What are the risk factors for senior depression?

Topic 3: Know the Symptoms

- Why is it important for us PRSS to know about these symptoms?

- **Reflection:** You are meeting a peer for the third time. This peer is a senior and opens up about their difficulty sleeping, eating and concentrating. What questions might you ask to find out more, being mindful not to cross into a clinical role?

Topic 4: Making an Impact

- How can you help a senior living with depression?

- **Activity:** Open a new tab and find a few resources that support seniors in your area. Search for things like senior centers, meals-on-wheels, or organizations that provide support and services to seniors.



Read Mental Health Concerns and Aging | Psychology Today

Key Points

- Many seniors believe that feelings of depression are a natural part of aging. They often experience prolonged isolation, which has the same health impacts as smoking 15 cigarettes a day.
- Seniors in Nevada experience lack of social support, feelings of dissatisfaction with their lives, depression, mental distress, and anxiety higher or second higher than other age groups.
- Transportation issues, poor health, life transitions, role loss, societal barriers, and lack of access are some factors that impact senior depression and isolation.
- Some symptoms of senior depression include persistent feelings of sadness, loss of interest, feelings of hopelessness, feelings of guilt, decreased energy, difficulty concentrating and sleeping, changes in appetite, and thoughts of suicide.
- While PRSS are not medical professionals, they can still help connect seniors experiencing depression to support.

Lesson 7: Transition Age Young Adults

Topic 1: The Struggle of the Transition Age Young Adult

- What are the statistics regarding the age of onset of mental illness in young adults?

- What are some reasons why the transition into adulthood might be more difficult for transition-age young adults living with mental illness?

Topic 2: Tips for Interacting with Transition Age Young Adults

- What are some tips for interacting with transition age young adults? How is this different from providing support to others?



Watch: Stress and Anxiety in Adolescents

Key Points

- Transitioning from adolescence to adulthood is always a difficult time. It is also when the average onset of mental illness occurs. Just as youths are transitioning into adulthood, 1 in 5 also live with a mental illness.
- Many transition age young adults are dealing with a new found freedom and may choose to stop going to the doctor or taking medication. They might also begin to self-medicate. For others, they might reject the label of their mental illness, or not fully comprehend their illness.
- Family support is crucial when supporting TAYA.
- Some tips for interacting with transition age young adults include accepting them as a person, not a child; guiding them; embracing where they are in their journey; and connecting them to resources.

Lesson 8: Self-Care, Compassion Fatigue & Boundaries

Topic 1: What is Self-Care?

- Define self-care
- What is the wrong way to practice self-care?
- **Reflection:** What is part of your self-care toolbox? What have you done for your self-care this week? What are you going to do for your self-care in the upcoming days?

Topic 2: Recognizing Compassion Fatigue & Burnout

- Define compassion fatigue and list the common symptoms

- Define burnout and list the common symptoms

- Define secondary traumatic stress and list the common symptoms

Topic 3: What are Boundaries?

- Define boundaries

- Complete the table by defining the following types of boundaries and list common ways these boundaries are violated.

Boundary Type	Definition	Boundary Violation
Physical Boundaries		
Intellectual Boundaries		
Emotional Boundaries		
Material Boundaries		
Time Boundaries		

Topic 4: Setting & Maintaining Healthy Boundaries

- Why are healthy boundaries important?
- **Reflection:** What are some of your limits and boundaries?

- **Reflection:** What is your experience setting limits with others?

- **Reflection:** How did you learn to do this?

- **Reflection:** Do you sometimes struggle with keeping others from violating your boundaries? Why do you think that is?

- What are healthy boundaries in your role as a PRSS?

- Why are healthy boundaries important in your role as a PRSS?

Topic 5: How to Practice Self-Care

Complete the following table expanding upon each of these dimensions of wellness.

Emotional Wellness	Physical Wellness
Occupational Wellness	Intellectual Wellness
Financial Wellness	Social Wellness
Environmental Wellness	Spiritual Wellness

Some Examples of Self-Care Exercises

- List some examples of self-care exercises

- **Reflection:** Pick an example from the above list. Take a few minutes to practice it.

Topic 6: Self-Compassion Assessment



Take about 10 minutes to take this self-compassion assessment. Reflect on your score and how you can work to improve your self-compassion and self-care.

Key Points

- Self-care is taking the time to refuel and regenerate to maintain your physical, emotional, spiritual and mental wellness. Self-care includes finding ways to reduce stress and help you feel good.
- Compassion fatigue is a physical and mental exhaustion that occurs when a helper is not able to refuel. It reduces the capacity to be empathetic.
- Burnout is a state of emotional, physical, and mental exhaustion caused by excessive and prolonged stress with a gradual onset. It occurs when you feel overwhelmed, emotionally drained, and unable to meet constant demands.
- Secondary traumatic stress is a shift in our worldview that occurs as a result of exposure to other's traumatic experiences. It has a more rapid onset than burnout.
- Boundaries are limits that rules that we set for ourselves, that increase and decrease intimacy in interactions and protect everyone involved.
- Some types of intimacies are physical, intellectual, emotional, material, and time boundaries.
- Healthy boundaries are essential for healthy relationships. In the PRSS role, they include taking care of ourselves and understanding the scope of our role.
- When practicing self-care, it's important to touch on all dimensions of wellness. These dimensions include emotional, physical, occupational, intellectual, financial, social, environmental, and spiritual.
- Self-compassion is an important indicator for employee burnout.



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