

WRAP, Self-Help, and Coping Skills

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Today I Will Talk About

- Me
- Self-Management
- Coping Skills
- WRAP
- Peer Support in General
- NAMI Connection Specifics
- Bigger picture of mental health self-help
- ...and then take Q&A



Disclaimer

- Based on some knowledge of the research, but not in any way a “research talk”
 - Call me prn re:the research
- 45 minutes <<< 3 semester hours
- YMMV



Jay

- In service recipient, family member, and provider roles
- NAMI NEW JERSEY Statewide Consumer Outreach Liaison
- Several other paid and unpaid gigs in mental health – relevant ones today:
 - NJPRA Membership Chair
 - Wellness Dissemination Coordinator, CSPNJ
 - NAMI NEW JERSEY Statewide Consumer Outreach Liaison
 - Private practice consultant offering trainings, consultations, and life coaching in accordance with the principles and values of psychiatric rehabilitation, wellness, and recovery
 - Co-Chair, Monmouth County MI/CA Task Force
 - Vice President (Programs), NAMI-Greater Monmouth



Self-Management

All the things I do to control my condition (any condition)

- Choosing, selecting, applying, and adapting coping skills...
- Choosing, selecting, applying, and adapting professional services
- My stream of “self talk”
- My whole cognitive loop – see/hear - think – feel- act-adjust
- Maintaining Balance
- Maintaining Perspective



Coping Skills

- Things all people use every day to make each day a good one, or to catch a rotten day before it goes downhill
- Heterogeneity and commonality...
- Positive or Maladaptive
- One universal coping skill-sleep
 - Sleep Hygiene
- Two challenges with SMIs
 - Lose 'em when you need 'em most
 - Rotten can days go downhill fast
- Antidote: Practice, Practice, Practice!



Common Coping Skills for SMIs

- Routine/Structure
- Affirmations
- Journalling
- Faith
- Hobbies/relaxation
- Music
- Families
- Exercise, light, and fresh air
- Diet management
- WRAP
- Support of others
 - Peer support



Wellness Recovery Action Planning

- Now so much bigger than mental health
- Identifying daily maintenance plan, supporters, stressors, and triggers
- Learning to recognize signs of decline – in 5 levels of decompensation
- Final crisis plan, executed as an Advance Directive, is a powerful tool to “remain in some control when you are judged by others not to be.”



Peer Support Groups - Why Come

Applicable to any peer support group

- Life after professional treatment/Complements ongoing treatment
- Get Practical Ideas
- Get Empathy
- Give Practical Ideas and Empathy
- See People Modeling Recovery and Resiliency
- Therapeutic, Not Psychotherapy
- Leader Strives for egalitarianism, effectiveness, impression of effectiveness



The Open Door of Peer Support

- While professionals may suggest
- People choose to try, choose whether to return to a given peer support group
 - Say yay, nay, or maybe
- Do not need referral, diagnosis, insurance. Medicaid, Medicare
- May need help getting there – friend/sponsor/mentor
- Many groups pass a hat, but it is definitely OK to pass the basket on without contributing



Some Good Things to Expect at Peer Support Groups

- A sense of safety
 - Very limited taboos
- Place to process decisions which may not be applicable in professionally led groups
- Help with family
- Help with coping skills
- Help with recovery vision
- Help with self-advocacy
- Help assessing/proceeding along acceptance continuum



NAMI Connection (1/2)

- All diagnosis peer support
 - Anyone over 18
 - Open only to anyone who feels that they are dealing with some kind of mental/emotional disorder
- In self-help, we focus on our commonalities, not our differences
- 7 groups running now in NJ
- I am here to help launch more, and to schedule people for 9/11-9/13 training



NAMI Connection (2/2)

- All NC Facilitators have had 2½ days of training
- Structures designed to maximize mutuality, sharing, reality and perception of value....
- Specific structures and processes to deal with poisonous/traumatic events, maintain safety, deal with complex problems
- Close to the structures used in our Family-to-Family Support Groups, and our previous NAMI CARE Support Groups



Who Can Benefit?

Anyone Who Can and Will Follow Our Simple Group Guidelines

- Start and stop on time
- Time limit for check in
- Absolute confidentiality
- Be respectful
- Be mindful of others: no monopolizing or cross-talk
- Keep it here and now
- Empathize with each other's situation



Our Principles of Support (1/2)

- We will see the individual first, not the illness.
- We recognize mental illnesses are medical illnesses that may have environmental triggers
- We understand that mental illnesses are traumatic events
- We aim for better coping skills.
- We find strength in sharing experiences.
- We reject stigma and do not tolerate discrimination



Our Principles of Support (2/2)

- We won't judge anyone's pain as less than our own.
- We forgive ourselves and reject guilt.
- We embrace humor as healthy.
- We accept we cannot solve all problems.
- We expect a better future in a realistic way.
- We will never give up hope!



Stages of Emotional Response

DEALING WITH CATASTROPHIC EVENTS

Crisis/Chaos/Shock • Denial/"normalizing"/Hope Against Hope

- NEEDS: *Support *Comfort *Empathy for confusion *Help finding resources *Crisis Management * Reassurance *Empathy for pain & Permission to be numb * Hope *NAMI

LEARNING TO COPE

Anger/Guilt/Resentment • Recognition • Grief

- NEEDS: * Permit and vent feelings *Keep hope *Education *Self-care *Networking *Skill training *To let go * To learn the system *NAMI

MOVING INTO ADVOCACY

Understanding • Acceptance • Advocacy/Action

NEEDS *Activism * A sense of empowerment * Restoring balance in life *Responsiveness from the system *NAMI



Bigger Picture of MH Self-Help

- NAMI Family Support Groups, 866-NAMI-IFSS
- Clearinghouse, 800-367-6274
- Warmline, 877-292-5588
- Self-Help Centers
- DBSA
- GROW
- Recovery, Inc.
- DTR/DRA
- OCA



Questions

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Action Steps

