

UIC Solutions Suite Webinar Series

Transcript for how-to webinar on Keeping Healthy after the Hospital Guidebook

Recorded by Jessica Jonikas

Slide 1 (announcer):

Thank you for visiting the University of Illinois at Chicago's Health & Recovery Solutions Suite. The following recording comes to you from the UIC Center on Integrated Health Care and Self-Directed Recovery. Visit our online Solutions Suite to obtain free tools that promote health, self-direction, and employment for the behavioral health field.

Slide 2:

Hello. My name is Jessica Jonikas. I am the Associate Director of the University of Illinois at Chicago's Center on Integrated Health Care and Self-Directed Recovery. Our Center offers an online Solutions Suite, containing free tools for the behavioral health field. These tools promote wellness, self-direction, and employment for people in mental health recovery. You can visit our Solutions Suite on the web site where you found this webinar, at www.center4healthandsdc.org. Today, I'll be discussing how to implement the tool, *Keeping Healthy after the Hospital*, which was created and funded by the New York City Office of Behavioral Health and is offered in our Solutions Suite.

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The UIC Solutions Suite is jointly funded by two federal agencies. First is the National Institute on Disability, Independent Living, and Rehabilitation Research, of the U.S. Department of Health and Human Services, Administration for Community Living. Second is the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration. The work of the Center does not necessarily represent the policy of any agency or endorsement by the federal government.

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The guidebook, *Keeping Healthy after the Hospital*, is used in psychiatric inpatient and detoxification facilities to introduce patients to the role of wellness self-management in recovery from behavioral health conditions. The guidebook's basic premise is that recovery is fostered by people's determination to get better, their ability to self-identify their own needs or problems, and their motivation to work on their personal recovery.

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Regardless of the length of a hospital stay, while there, patients can begin to learn the rudiments of wellness self-management, including how to set attainable recovery or wellness goals. This process starts while they're in the hospital, but the real work of wellness self-management will continue once they're back at home.

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You may be wondering whether it's a good idea to start the self-management process right after someone has had a crisis and ended up in the hospital. People certainly need to start feeling better before clinicians initiate conversations about self-management. However, for many, being in the hospital can lead to self-reflection about what it will take to feel better. Starting small is

crucial. But when people engage in what's called "change talk," by expressing a desire to do things differently in the future, that's a good time for them to start thinking about recovery or wellness goals. This process won't be completed while they are in the hospital, of course. But clinicians can use this time to help patients engage in self-reflection, and to introduce wellness self-management as one proven way to feel better and take action.

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Clinicians lead patients through the *Keeping Healthy* guidebook, either in a group or one-on-one. Patients also are given a copy of the guidebook to keep. They will record their answers in their own copy, and they can refer back to the information about wellness self-management and making behavior changes whenever they'd like.

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Clinicians start by helping patients complete a self-reflection exercise about the circumstances that surrounded their hospitalization. This process orients patients to thinking about what might be getting in the way of their recovery or wellness. They start by recording their answer to the first question, which is why they think they're in the hospital or what led up to it. A sample answer guides them to think in more detail about the last few days or weeks. This can be difficult, so clinicians want to be sure that patients don't feel guilty or judged. Rather, the purpose of this reflection is to help them identify crisis triggers or struggles, which can then lead to new ideas about what they might want to work on or change.

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Next, clinicians ask patients to record what's helping them to feel better while in they're in the hospital, and what's helping them get ready to leave. A sample answer illustrates concrete ways that they might be managing their difficult feelings. Such strategies they're using in the hospital might include talking with their provider team, getting support in groups, meeting with a peer advocate on the unit, or taking their medications consistently. This reflection helps patients to consider whether and how they can use these same strategies to maintain their recovery and well-being once they're back at home.

Slide 10:

To conclude the self-reflection exercise, clinicians ask patients to write down ways that they can stay healthy after the hospital. Sample answers include keeping appointments with their providers particularly during the month after discharge, getting enough sleep, or finding peer support. While these might be strategies that could help prevent a future hospitalization, the focus is more on how they can manage their mental and physical health for overall wellness. Sometimes that might actually include a hospitalization, so clinicians want to focus here on an overall picture of what a healthy lifestyle looks like for each patient. This is the focus of the rest of the activities in the guidebook as well.

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Clinicians use the next section to offer some brief, introductory information about recovery, medications, physical health, and substance use. For example, they are guided to share with patients that recovery means taking daily steps towards improving one's mind, body, and spirit. Recovery might be a long process, but people can and do achieve it. In terms of physical health

and substance use, clinicians share that people with mental illnesses are more likely to die prematurely because of such things as tobacco use, obesity, and the misuse of drugs or alcohol. Upon hearing this information, patients can see that, while there are many reasons for hope, there also are concerns about people's health and well-being. The intention is to catch patients' attention, and to create motivation to work on a healthier lifestyle. This information is most impactful when presented in a group where people can share their thoughts and get support.

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The next section of the guidebook features the Stages of Change model, first developed by James Prochaska and Carlo DiClemente. Studies of change have found that people move through a series of stages when modifying their health behaviors. As outlined in the guidebook, the first stage is called Pre-Contemplation, which means that people aren't thinking about changing their behaviors. The second stage is called Contemplation, which means that people are thinking about changing, and wondering what it would mean for them. The next stage is called Preparation, which is when people make plans for a specific health behavior change. The fourth stage, Action, is when people start making the planned change. The final stage is called Maintenance, which is when people work to sustain the change they've made. This information is important for *clinicians* as they consider where their patients might fall on the change continuum, and how to help them move towards action. This information on the stages of change is important for *patients* as they consider how ready they are to make the changes they think would improve their recovery or wellness.

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Next, clinicians use the guidebook to present strategies for working on health behavior changes in each of the stages. For example, someone in the contemplation stage might ask a close friend what he thinks might be leading her to go into crisis. This conversation could help her learn something new about herself or her health behaviors. As another example, someone in the preparation stage might make plans in advance for how to safely deal with difficult feelings that can trigger him to use substances. Clinicians want to be sure to provide time for patients to safely discuss what they think will help them feel better, and then, to compare that with how they view their current health behaviors. Encouraging patients to state aloud the future they would like to have, as compared to how their lives are currently going, can be a powerful motivator for change.

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A unique and helpful section of the guidebook is used to show patients what the stages of change sound like. Sometimes, people are more likely to recognize the stage they're in based on what they're saying, rather than on what they're doing. So, for example, someone in the pre-contemplation stage might say something like, "I don't know why everyone is making such a big deal about my being irritable. I think they are the ones with the problem." As a different example, someone in the contemplation stage might say something like, "I'm starting to think that smoking is making my asthma worse." A beneficial group activity involves asking people to call out examples of how these stages sound, based on their own statements or ones that they've heard others use. The point of this activity is not for people to memorize the different stages, but to help them recognize that there are different levels of readiness for change. That way, as they

move into the next activity, they'll have a greater understanding of the various strategies used to increase their motivation for change.

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Clinicians next guide patients to begin recording information about changes they might want to make in their mental health, physical health, and substance use. For each area, patients engage in an exercise about the pros and cons of keeping things the same or making a change. For example, they might record that one *negative* outcome of keeping their mental health the same is that they could lose their job. On the other hand, one *positive* outcome of changing their mental health could be keeping their job or enjoying their work more.

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This pros and cons activity is based on the motivational interviewing principal that all of our behaviors have both benefits and costs. Having a safe space to reflect on the benefits and costs of our own behavior, without judgments, is a useful exercise when promoting change. The intention here is for clinicians to help patients see that, while there are always reasons to stay the same, patients also can find stronger or better reasons to engage in healthier behaviors. This is a good time for clinicians to convey that moving forward does not mean that anyone has to change everything all at once. Small steps can be taken, and will add up to larger changes over time.

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Next, clinicians ask patients to consider how prepared they are to make a change in each of the three areas of mental health, physical health, and substance use, on a scale of 0 to 10. Circling 0 indicates not being prepared to change. Circling 10 indicates already having made a change. If patients circle anything less than 10, they're asked to write down 2 or 3 feasible things that would increase their motivation to make a change in their mental health, physical health, and substance use, so they can move towards a 10. Ideally, these will be readily achievable actions that patients can work on once they're back at home. Some examples are finding a new doctor to help with medication side effects, or getting a counselor through an EAP at work, or joining a weight management group in the evenings. Again, for these activities, patients are not necessarily focusing on what will prevent future hospitalization, although they certainly can do this if they would like. Rather, they are recording simple and safe strategies they can use at home to self-manage their recovery and wellness for a healthier life.

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At this point, clinicians ask patients to repeat the self-reflection exercise that I explained earlier in this webinar. When they're done, clinicians ask patients to compare their 2 self-assessments to see if they've changed any of their answers, and why or why not. This is a good time for clinicians and group members to offer one another encouragement, focusing on the progress each patient has made while in the hospital. Perhaps they've made new acquaintances or friends. Maybe they've learned new things about their health behaviors and what might be getting in the way of change. Hopefully, they've all recorded some achievable goals to improve their overall emotional and physical wellness.

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Clinicians now help patients to identify simple stress management or crisis prevention strategies that they can use in the hospital and at home. These techniques help people see that shifting their focus, also called planned distractions, can help them to manage their bad feelings or crisis triggers. For example, they can listen to soothing music, squeeze a stress ball, use a weighted blanket, take a walk, or soothe their senses by smelling a freshly cut lemon. Clinicians convey that what we see, smell, hear, and touch can change our moods. Holding a warm cup of tea can help us feel comforted. Seeing a photo of someone we love can make us smile. Petting a cat or a dog can help regulate our breathing. These simple tools can be an important part of patients' daily wellness self-management.

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The guidebook also includes self-management tips that clinicians review with patients, along with the benefits that each tip can offer. For example, if patients use the tip to identify crisis triggers ahead of time, they can avoid those situations in the future. If they use the tip to join a peer support group, they may feel less lonely. Additionally, helping others is a powerful recovery tool. If they use the tip to keep all of their medical appointments, they may be better able to manage their medication side effects and health issues. Discussing these tips, and others that group members suggest, can help patients think of things they haven't considered previously about how to self-manage their recovery or wellness following a hospitalization.

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Following this, clinicians encourage patients to make a Personal Health Plan to support their overall well-being once they are out of the hospital. This plan is similar to an advance crisis management plan. Patients record signs that show they either aren't taking good care of themselves, or are in unhealthy or risky situations. They also record whom to call when this happens and where they should go. They write down what others can do to help them get back on-track, what has been most useful in the past to manage a crisis, and the things they don't want people to do based on what's been unhelpful previously.

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Also as part of their Personal Health Plan, patients make a list of all of the providers they plan to call or see after the hospital about their mental health, physical health, and substance use. This includes names and phone numbers of providers and programs, as well as dates and reasons for the appointments. Clinicians clarify here that following through on appointments with various providers, both traditional and peer, can be an important part of self-managing one's recovery and health. In each of the three areas, patients also record achievable wellness self-management goals they will commit to working on when they're back at home, in order to promote a healthier lifestyle. These may include getting adequate sleep, going to regular AA meetings, lowering their weight, or reducing their tobacco use.

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To aid them in following through on their plans, the guidebook includes contact information for community and advocacy resources, mutual aid and mental health peer support groups, physical health programs, and employment and education programs, along with hotlines for food, shelter,

and domestic violence assistance. Web-based educational resources also are included to support people's ability to self-manage their recovery or wellness after the hospital.

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Guidebook users are encouraged to transfer the information from their Personal Health Plan into a Portable Health Plan that fits into a purse or a wallet. A template for the portable plan is provided. It contains the core information about what patients want done if they go into a crisis, along with a list of free hotlines they can call. The Portable Health Plan can be filled out when patients are still in the hospital, or they can be encouraged to complete it at home. Either way, it should be updated regularly with current providers and contact information.

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You can visit our Center's web site to download the *Keeping Healthy* guidebook, the Portable Health Plan template, and instructions for clinicians. The guidebook and portable plan are offered in multiple languages, including English, Spanish, French, Traditional Chinese, Polish, Bengali, and Russian.

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Thanks for your interest in how to use *Keeping Healthy after the Hospital*. If you still have questions, you can request free technical assistance from our Center, which we offer on a time-limited basis. Call us at 312.355.1696 or click the "free technical assistance" button on the *Keeping Healthy* guidebook page of our web site.

Slide 27 (announcer):

Thank you for listening. You can obtain additional Solutions Suite recordings, or download a transcript, by visiting the Center's web site.