

Intensive Coordinated Support (ICS) at the University of Florida

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Overview

- ICS Taskforce
- Need for expanded options
- Components of Intensive Coordinated Support (ICS)
- Intentional Peer Support (IPS)
- Wellness Recovery Action Planning (WRAP)
- Goals
- Timeline
- Questions
- Additional Resources

Thank you for the opportunity to present on the Intensive Coordinated Support program.

Today we'll provide a brief background, and then introduce you to the major components of ICS, our goals, and our proposed timeline.

We'll save time for some questions at the end.

Intensive Coordinated Support (ICS) Taskforce

Taskforce members:

- Dr. Erik Gooch, Psychiatrist
- Dr. Sara Nash, Mental Health Counselor
- Dr. Jim Probert, Psychologist
- Joan Scully, Licensed Clinical Social Worker
- Dr. Meggen Sixbey, Mental Health Counselor
- Dr. Rosa West, Mental Health Counselor
- Lisa Winn, Mental Health Counselor

The ICS Taskforce met regularly for a year and developed a proposal to better address the needs of students requiring more intensive services.

Members, several of whom are here today, were appointed for their expertise and specializations related to the target population.

The Need

“There are so many traumatized people that **there will never be enough individual therapists to treat them.** We must begin to create naturally occurring, healing environments that provide some of the corrective experiences that are vital for recovery.”

Sandra L. Bloom, psychiatrist, author of [Destroying Sanctuary: The Crisis in Human Service Delivery Systems](#) and [Creating Sanctuary Toward the Evolution of Sane Societies.](#)

Simply put, we soon realized that no matter how innovative we are, if we stay within the current paradigm, we can't meet the need.

This is true all over the country--university counseling centers can't meet clinical demands.

As you know, the CWC is no exception.

Furthermore, a subset of students in significant distress have had negative or traumatic experiences w/ mental health professionals. These students may stop seeking services altogether and/or require ongoing meetings and monitoring through the Care Area and BCT.

The Need

“ . . . even if it were possible...that the majority of students at risk of committing suicide were seen at their college counseling centers, meeting the needs of these students . . . could require up to a 75% increase in counseling staff.”

Drum, D., et al. (2009). New Data on the Nature of Suicidal Crises in College Students: Shifting the Paradigm. Professional Psychology: Research and Practice, [Data from over 26,000 undergraduate and graduate students at 70 colleges and universities.]

A nationwide study of suicide danger in specific found that counseling centers cannot meet the existing need and that a campus wide community effort is needed—such as we see the beginning of already in Student Affairs here at UF.

At UT Austin, David Drum, the lead author of this study has served as the Vice President of Student Affairs, and Director of Counseling and Mental Health Service.

“The new paradigm . . . requires the entire campus community to share responsibility for reducing student suicidality. . . [and] broadens the personnel and resources available.”

Dr. Drum also describes a need for the very change we already see happening at UF, from disengaged adversarial relationships to more engaged supportive relationships.

Components of ICS

- ICS Coordinator
- Intern Specialization area
- Trauma-informed therapists and psychiatrists
- Purposefully coordinated CWC services (e.g. individual and group therapy, life skills groups, online activities)
- An Intentional Peer Support (IPS) community at UF
- Wellness Recovery Action Plan (WRAP) to promote student responsibility and crisis self-management strategies
- Drop-in Resource and Recovery Center
- Ongoing program evaluation and outcome assessments

Program to include clinical and non-clinical support options.

Some of these components are self-evident; others are novel components on a college campus that require more explanation and have a greater chance of significantly increasing our capacity to meet student needs for ongoing support and connection as they advance towards their goals.

These components are evidence based practices for community mental health recovery worldwide. UF is at the forefront of adapting these programs to a university for mental health recovery.

ICS Foundational Values

Intensive Coordinated Support (ICS) is a program of support and empowerment for promoting student mental health and well-being. **ICS** values student autonomy, responsibility, and choice.

ICS is inclusive, trauma-informed, culturally-responsive, and recovery-oriented.

Through offering this as a voluntary opt-in program, students will feel supported and empowered to recover.

Program will consist of a range of choices, both clinical and non-clinical sources of support.

Offices such as DSO or student conduct can offer this program to students in distress or at risk for departmental/university dismissal as an option. If the student is not interested in this option, they can work with the student to explore what he/she intends to pursue instead. This will keep the integrity of the program as supportive and empowering.

National Recommendations for Peer Support

The National Coalition for Mental Health Recovery's (2011) report: "Guidelines for Promoting Recovery Through Choice and Alternatives."

*The National Action Alliance for Suicide Prevention: Suicide Attempt Survivors Task Force's (2014) report [developed in accordance with the National Strategy for Suicide Prevention]: "The Way Forward: Pathways to hope, recovery, and wellness with insights from lived experience."

*The Bazelon Center for Mental Health Law's (2007) Report [referenced by The Suicide Prevention Resource Center]: "Supporting Students: A Model Policy for Colleges and Universities."

*The National Mental Health Association's (2002) report: "Safeguarding your students against suicide: Expanding the safety net. Proceedings from an expert panel on vulnerability, depressive symptoms, and suicidal behavior on college campuses."

**contain specific recommendations for Peer Support on college campuses*

1) People who have recovered--or are in recovery--from diagnoses of serious mental illnesses and suicide crises are breaking our silence to join the national conversation. Our message consistently emphasizes the importance of peer support from people with shared lived experiences as vital for recovery and maintaining our well-being.

2) Other national organizations have also called for Peer Support for mental health recovery on college campuses:

3) Peer support for substance abuse is already here and working at UF--as evidenced by the Campus Recovery Community and the amazing work of Joan Scully and her colleagues and peers.

4) And while there is nothing as broadly available and well-known as the 12-step programs--within *mental health* recovery, the two programs that are most broadly valued and utilized are Intentional Peer Support (IPS) and Wellness Recovery Action Planning (WRAP).

Intentional Peer Support (IPS)

"Intentional Peer Support (IPS) is the most common training used in Peer Run Crisis Respite.. . (where) services focus on person-centered recovery ... (and) emphasize trust and mutuality to build relationships to diffuse crises. Building hopeful relationships with people who have experienced their own recovery increases safety and security."

Laysha Ostrow & Dan Fisher. (2011). Peer-Run Crisis Respite: A review of the model and opportunities for future developments in research and innovation. From the SAMHSA-funded National Empowerment Center website.

Intentional Peer Support (IPS) is the gold standard of training for peers working in crisis respites—hospital diversion programs serving individuals experiencing extreme states and/or suicide danger who voluntarily enter the respite before the lose the capacity for self-determination.

There is a growing body of empirical evidence for the effectiveness of crisis respites. One of my community allies has been told by several respite directors, on site visits, that they would not consider using any training other than IPS.

IPS training is a central component of the \$17.6 million Parachute project –of the New York City Department of Health and Mental Hygiene. Parachute NYC includes crisis respites, mobile emergency outreach teams and telephone support lines. Trained peers constitute a significant part of the workforce and support participants in the pursuit of self-identified wellness and recovery goals.

The Yale Medical School's Recovery Program is currently coordinating specific in-depth research on the effectiveness of IPS

Encouragement for Intentional Peer Support

“IPS is one of the most beautiful applications of trauma theory I've ever seen. It's wonderful that you are using it.”

Andy Blanch, Senior Consultant, National Center for Trauma Informed Care (Personal communication, 9/10/14)

“...nurturing a community of people who are invested in building a community of peer supporters would likely cut down on...over-worked therapists and counselors. **What a different experience every freshman would have if they were met by peers before they ever had to come to the counseling offices.**”

Cheryl Sharp, Senior Advisor for Trauma-Informed Services, National Council for Behavioral Health (Personal communication, 9/9/14)

We've already begun to consult with leaders in the field of trauma-informed care and mental health recovery and have gotten very positive feedback about this plan.

Wellness Recovery Action Plan (WRAP)

- An **evidence based practice** used world-wide by people dealing with mental health challenges.
- A self-designed plan for staying well and feeling better when not feeling well that increases personal responsibility and improves quality of life.
- *“When I think of WRAP as a tool for life and the ability of young people trying to come to terms with newfound freedom and new challenges, it would be an amazing tool to promote wellness and resilience.”*

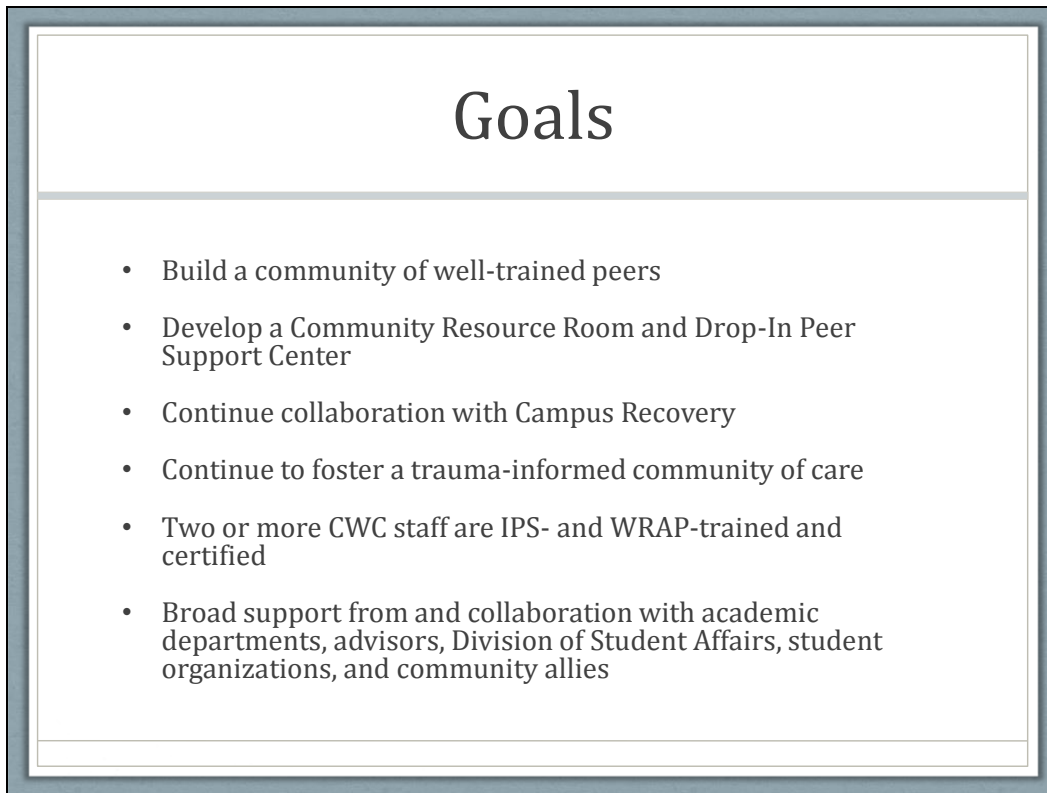
Cheryl S. Sharp, MSW, ALWF, Senior Advisor for Trauma-Informed Services, National Council for Behavioral Health

WRAP is about a systematic way for people to get responsibility back into their lives. WRAP involves listing your personal resources, your Wellness Tools, and then using those resources to develop an Action Plan to use in specific situations which includes a Crisis Plan or Advance Directive. There is empirical evidence for using WRAP with people diagnosed with serious mental illness comparable to or greater than the people struggling the very most on our campuses

*A major study in Minnesota and Vermont used WRAP with people diagnosed with severe mental illness. The study found **significant positive changes in self-management attitudes, skills and behaviors** by a majority of participants in both states, including :*

- **hopefulness for their own recovery;**
- **awareness of their early warning signs** of decompensation;
- **use of wellness tools in their daily routine;**
- **awareness of their own symptom triggers;**
- **having a crisis plan in place;**
- **having a plan for dealing with symptoms;**
- **having a social support system; and**
- **ability to take responsibility for their own wellness.**

Cook, J. A., et. al. (2010). Developing the evidence base for peer-led services: Changes among participants following Wellness Recovery Action Planning (WRAP) education in two statewide initiatives. [Psychiatric Rehabilitation Journal](#)



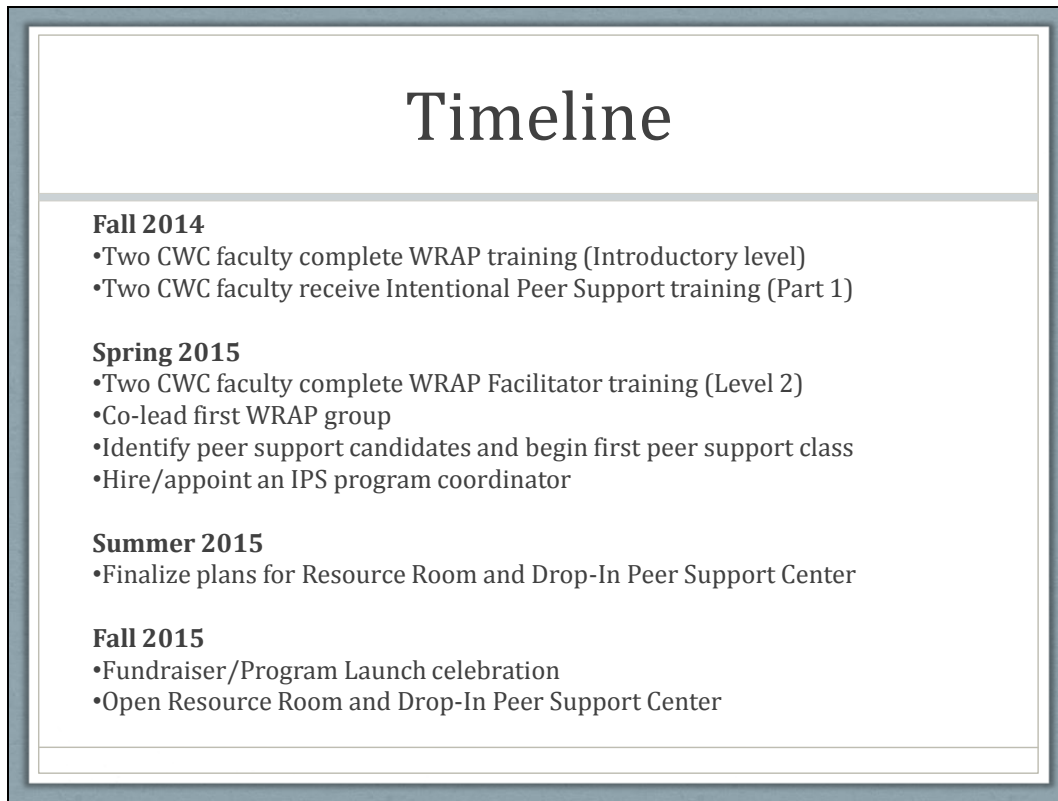
Goals

- Build a community of well-trained peers
- Develop a Community Resource Room and Drop-In Peer Support Center
- Continue collaboration with Campus Recovery
- Continue to foster a trauma-informed community of care
- Two or more CWC staff are IPS- and WRAP-trained and certified
- Broad support from and collaboration with academic departments, advisors, Division of Student Affairs, student organizations, and community allies

We have specific ideas about what we hope to unfold and when we can do that, we also realize that we have to be responsive to what unfolds if it's going to be genuinely empowering and build investment from the ground up.

We are talking to national leaders about what they've learned

We have envisioned and beginning to engage collaboration with a number of other departments on campus. Yet, we envision this as part of an even larger community-wide trauma informed initiative (like that modeled in Tarpon Springs). At a CWC staff meeting in the wake of the recent assaults on campus, we talked about the Peace4Tarpon model and what it might be like if we could channel that outpouring of energy for preventing and supporting recovery from trauma on an ongoing basis. And so, we have already begun to have dialogues with leaders of both the Tarpon Springs and of the emerging Gainesville/UF trauma-informed community initiatives.



Here is our vision of a timeline for unfolding this program. We are still working on funding, one step at a time. We are grateful to Student Affairs and the CWC for funding us both to attend the Core Training for IPS in December.

We are also very hopeful that we may be granted the space we have requested on the fourth floor of Peabody Hall—when that becomes available next Fall—to build this program.

We have had numerous conversations with Steven Morgan, the program manager for IPS. Sara and I were talking to him yesterday. And he was saying it would be possible to use IPS in *some* way without a dedicated space, yet having the space will be crucial for the *plan we are envisioning* to be actualized.

(We also envision inviting other peer groups—such as Active Minds, To Write Love on Her Arms, NAMI—to hold their meetings in this space. And so the importance of having a continually open drop in space as well as a group meeting room becomes apparent if we genuinely want to be available to students in crisis.)

Questions

- Questions
- Concerns
- Considerations

Resources

- [Intentional Peer Support \(IPS\)](#)
- [Wellness Recovery Action Plan \(WRAP\)](#)
- [Tarpon Springs model](#)
- [Creative Vision Factory](#)
- [What Recovery Means to Us](#) –article by the creators of IPS and WRAP

Intentional Peer Support. Website homepage. Available at <http://www.intentionalpeersupport.org/> (accessed 29 August 2014).

Wellness Recovery Action Plan. Website homepage. Available at <http://www.mentalhealthrecovery.com/wrap/> (accessed 29, August, 2014).

Peace4Tarpon: Trauma informed community initiative. (N.d.) Website homepage. Available at <http://www.peace4tarpon.org/> (accessed 29 August, 2014).

Creative Vision Factory. (N.d.) Website homepage. Available at <http://thecreativevisionfactory.org/> (accessed 29 August, 2014).

Mead, S. and Copeland, M.E. (2000). "What Recovery Means to Us." Plenum: NYC. Available at <http://www.intentionalpeersupport.org/wp-content/uploads/2014/02/What-Recovery-Means-To-Us.pdf> (accessed 1 September, 2011).