

# Thought leader interview: WRAP Facilitator

## Susan Haggard



Susan Haggard BS, CRSS, is a Certified Recovery Support Specialist and Certified WRAP facilitator. She has worked in The Living Room program at Turning Point Behavioral Health Care Center in Skokie, Illinois since its inception in 2011. She received her bachelor's degree in human services with an emphasis in mental health from Washburn University. Susan has spoken publicly on mental health and peer support, representing DBSA on a panel at the Making Health Care Better Series at the White House in 2016. She enjoys spending time with her husband and family, traveling, scuba diving and giving back to her community. She is a volunteer with The USO of Illinois.

**(eMpowered for Wellness - EFW)** Susan, can you share with our readers some background about your interest in supporting peers during and after crisis?

**(Susan Haggard - SH)** I have been working in The Living Room program at Turning Point in Skokie, Illinois since 2011. We are a program for adults in psychiatric crisis and an alternative to the emergency department. I am also on a crisis team with other clinicians responding to crisis phone calls and in-house emergencies. I find working in crisis very exciting and interesting. No day is ever the same and no person ever has the same needs. What brought me to this job is my own experience with mental illness, my journey of recovery and my capacity for empathy. It feels like a calling to me that I can turn those experiences into helping support others in their times of crisis.

**(EFW)** What role do peer specialists and peer support play during and after a crisis?

**(SH)** In my workplace, peers play a crucial role both during and after a crisis. We greet our clients when they come in and welcome them as if they are a guest in our own living room, helping them to feel as comfortable and as safe as possible. After their assessment with a therapist, we are then paired with them for a one-on-one visit. I see my role with our clients as an equal, a listener and a supporter in problem-solving. I also see myself as an advocate, helping to empower people to make healthy decisions, navigate the systems of care and educate them on subjects they might not know about.

One of the most important things I do is sit before a client as a living example of a person in recovery from mental illness. I am proof that there is a lot of hope at a time when it may seem like there is none. I may not know exactly how they feel, but I believe that pain is universal. When appropriate, I will share some of my own experience to instill hope. I help clients come up with coping skills to use based on their experiences and mine. We can then develop a follow-up plan with the person for the next 24-

48 hours so that they walk away with an initial plan of how to cope. Our clients are welcome to come back as needed if their symptoms continue to escalate or if they need more resources.

**(EFW)** As a peer specialist, what have you learned about supporting peers in crisis over the course of your work? What recommendations would you make to help improve health outcomes for peers in crisis?

**(SH)** I have learned that we can make a quick connection because we have had similar experiences. It can be very helpful when you are coming from a place of familiarity and knowledge in order to guide someone through a crisis. People just want to be heard, and many just need to make a human connection. I do my best work when I actively listen to the client's needs and am as present as possible. I am then able to focus on the person and help facilitate the appropriate intervention at that moment. I think it is also very important to highlight and work to further develop people's strengths. Clients know their own needs best! It may take time for them to express how to meet their needs, and my role is to help identify how they can get these needs met. I would advocate for peers' direct input into their own treatment process. This reduces an individual's agitation and increases trust.

I would recommend that crisis workers take time with each person to understand what they are asking for and work with them to identify any potential resources that could support goals toward healthy choices. It would be useful if people could have access to peers for support over the course of their recovery to help keep them out of crisis, the hospital and the criminal justice system. Peer support services help nurture the initial engagement in the recovery process, which leads to interactions that promote hope and empowerment for improved health outcomes.

**(EFW)** What do you wish treatment teams knew or understood about the impact of peer specialists as members of crisis response teams and in post-crisis transitions?

**(SH)** I wish treatment teams knew how much of a positive impact we could make. Peer specialists bring a different perspective to the clinical team. Doctors understand the medical side of people, therapists have more of a diagnostic viewpoint and peers know what it's like to actually be in a mental health crisis and work through it. As a member of a crisis response team, a peer can self-disclose personal experiences with mental illness to broaden the perspective of the clinical staff and quickly make an important connection. This self-disclosure is a key part of a peer's role. Other clinicians are not trained to do this as part of their job; we are. We bridge the gap between our lived experience and the other clinicians' knowledge to provide the best care possible.

**(EFW)** Based on what you have learned about the health challenges facing individuals in and following crisis, what guidance would you offer peers? How would you recommend a peer plan ahead in case a crisis arises?

**(SH)** I would recommend that people plan ahead by developing a personal crisis plan, which they can prepare on their own or as part of a WRAP (Wellness Recovery Action Plan). This plan includes who

their supports/emergency contacts are along with contact information, a list of their medications and doses, any other medical conditions, their preferred hospital or treatment facility and who their power of attorney is, if they have one. It is also important for people to have an advocate or advocates if they can't be one for themselves; someone they trust and who can support them in their crisis. These people and all other supports listed on the plan should have a copy. Carry an electronic copy on your phone if you can. Most important, don't be afraid to ask questions, speak up for yourself and be a partner in your treatment. The more prepared you are for a crisis, the better the outcome. This plan should be updated regularly, as people and life situations can change.

**(EFW)** What are your thoughts about the role of technology as a tool to help improve access to care when someone is in crisis? Are there other tools you would recommend peers explore for crisis response, intervention and recovery?

**(SH)** Technology can be very helpful for the right people. I have given out referrals to the Crisis Text Line and some people have found it helpful, while others prefer a human voice or face-to-face interaction. I know people who use online support groups and find them very helpful, and others who call a warm line regularly. With apps on portable devices such as guided meditation and digital/cognitive behavioral therapy tools, many people now have unlimited access to tools for intervention and recovery. Some therapists and psychiatrists offer services by Skype or other virtual programs. It is important that everyone has access to treatment, so the more options there are, especially for people who live in rural areas or who are homebound, the better. I am interested to see what tools are developed in the years to come.

**(EFW)** Looking forward, how do you hope to see the peer support field evolve in the future? As peer specialists continue to make positive impacts in the mental health field, how do you see crisis response protocols changing?

**(SH)** In the near future, I hope to see more peer-staffed programs geared toward prevention and recovery so that mental health crisis is reduced overall. However, since there will always be people in crisis, I hope to see peers in every emergency department, on every psychiatric unit and in every psychiatric facility helping to navigate the often-chaotic and sometimes traumatic process of being checked into the hospital. I also want to see peers on every law enforcement crisis response team across the country.

I would love to see more programs like The Living Room diverting people in psychiatric crisis away from the hospital and the criminal justice system. I see more opportunities for a workforce of peers who want to help others in crisis. Peers can assist with trainings to broaden perspectives and provide a network of support, both within and outside of the current systems of care.

**(EFW)** Can you share an experience that you have had in your work with those in crisis where peer support has made a huge difference?

**(SH)** I have seen people come into The Living Room in crisis who have been in a very desperate place in their lives. Among the people that I have been able to keep up with, I have seen some incredible changes and growth. It reminds me that one day in crisis is a brief moment in someone's long journey through recovery. I sat with them and shared parts of my life experience to model hope, encouragement and a push, when needed, in order to find the strength I can see in them, as they struggle to see it in themselves. Some of the more powerful moments are when someone comes back to me after the crisis is over to share a victory that occurred in their recovery.

One example that comes to mind is a client who has arrived in The Living Room in crisis over and over again. This person described being in crisis all the time, she did not want treatment, she was suicidal on a daily basis and came to us after being in and out of the hospital. She was returning to a chaotic environment and felt lost. She felt the only option to stop the stress of her daily life was suicide.

When she came to us, I shared with her the possibility of changing her thoughts in order to feel better. At first she did not believe in the possibility, she had not had the experience of connecting with someone around the difficulty of managing these thoughts. I talked about my experience of learning new ways to cope with troubling thoughts. I told her she cannot do it alone and she would need to find help and support. The shift came when she agreed to start going to therapy and attending groups. I found that I did not see her in crisis as often. She has returned twice with a different outlook, no longer held down by thoughts of suicide. When I see her talking and laughing with others before her group, she smiles at me and I smile back, knowing that she has come so far from when we first met. These are the moments that encourage me to share the hope of a new day with the next person in crisis.

**(EFW)** Thank you very much, Susan, for your time and willingness to share your perspective with our readers!