AUTHORS

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Overview

U.S. Surgeon General Vivek Murthy declared that the United States is facing a loneliness epidemic, which calls attention to the importance of social connection for individual health, as well as on community-wide metrics of health and well-being and the significant consequences when social connection is lacking (OSG, 2023, p. 6). Social connection is a fundamental human need, as essential to survival as food, water, and shelter (OSG, 2023, p. 9). Murthy identifies that people with disabilities are among those who may face the highest prevalence for loneliness and isolation. Additionally, individuals with depression, anxiety, and a history of trauma are found to have an increased risk of experiencing loneliness, while loneliness itself also increases the risk of developing depression and anxiety (OSG, 2023, p. 29). As a result, this research poster aims to explore the relationship between START Therapeutic Supports (Therapeutic Coaching and The Resource Center) and reported depressive, anxiety or trauma related symptoms of START Enrollees. Utilizing information from SIRS, the START Plan, and ABC Subscales the team explored the impact of therapeutic supports on these reported symptoms and whether there is longevity in overall well-being for START Enrollees. Initial analysis of data presented the research team with a lack of meaningful information around the short-term impact of Therapeutic Supports on mental health symptoms and intensity. To explore the initial research question will require additional research tools in order to draw conclusions around loneliness, such as implementing pre/post surveys to capture more concrete data around loneliness. However, the data revealed a significant impact of Therapeutic Supports on crisis outcomes. Therefore, through an in-depth review of SIRS data, specifically reviewing crisis contacts pre/post Therapeutic Supports, as well as Coaching Activities facilitated in START Therapeutic Coaching, this poster will explore the correlation between Therapeutic Supports and decreased crisis contacts.



Graph 1: Coaching Activities

Graph 2: Impact of START Therapeutic Services on Emergency Crisis Service Outcomes: Before and After Intervention



Therapeutic Supports: Essential in Decreasing Crises and Increasing Stabilization

Methods

We conducted a retrospective analysis of individuals diagnosed with depression, anxiety, or trauma to assess the impact of coaching on symptom reduction and crisis outcomes. Participants were divided into a study group, consisting of individuals with qualifying diagnoses who received therapeutic supports (including subgroups of STC-only, RC-only, and both services), and a control group without therapeutic supports. To evaluate the long-term effects of therapeutic supports, we focused on inactive START recipients, allowing us to analyze outcomes across the full duration of their program involvement. As part of this, we reviewed the relationship between the presence or absence of therapeutic supports and the reason for inactivity (focusing on stability, declining services, and inability to contact).

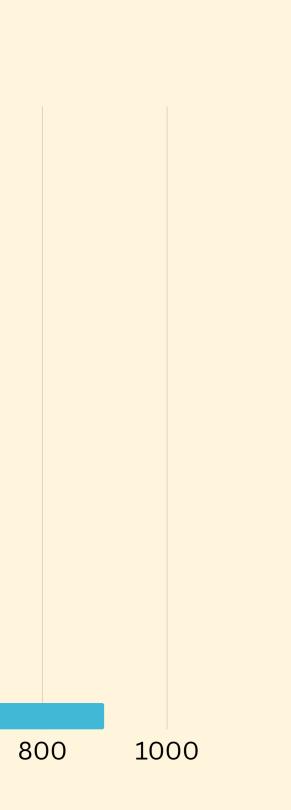
We performed a comparative analysis of assessment data at intake and post-coaching, utilizing:

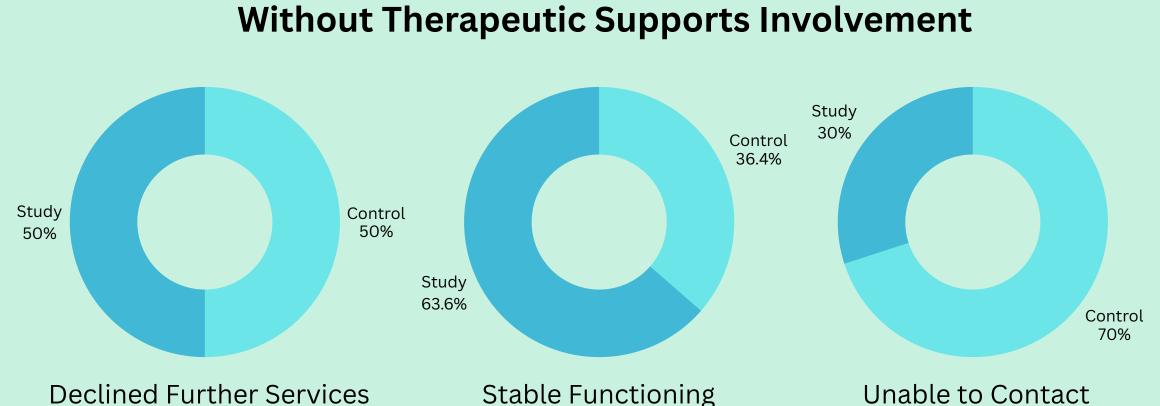
- ABC assessments
- START plan subscales

• Key START plan items about suicidality, homicidality, depression, anxiety, and trauma Additionally, we examined crisis outcomes before and after coaching to determine its influence on crisis reduction.

We also analyzed coaching activity data, comparing the frequency of coaching interactions between individuals who received both START Therapeutic Coaching (STC) and outreach versus those who received outreach only.

Lastly, we performed an enhanced clinical review and evaluated therapeutic supports, coaching activities, and crisis line calls, to get a sense of how therapeutic supports affect crisis contacts





Declined Further Services

Analysis

Data analysis from the START plan and ABC reviews was inconclusive for our initial research question, as these tools are more appropriate in capturing longitudinal data rather than the efficacy of a short-term service on overall presentation. However, our analysis did yield results when looking at Therapeutic Supports and crisis contacts, showing a significant reduction in emergency crisis service outcomes per a before service/after service analysis. Notably, when STC is combined with RC stays, crisis outcomes are reduced by 88.4%, as demonstrated in Graph 2. Furthermore, a significant portion of the study group became inactive due to stability compared to the control group as seen in Graph 3, compared to those who became inactive due to declining further services or being unable to contact the system. These findings indicate that Therapeutic Supports are crucial for supporting systems in stabilization and decreasing crisis contacts. However, findings also suggested that Therapeutic Supports may lengthen the time START services are used. In our enhanced clinical review, we found that through access to Therapeutic Supports, Edward and his team were given strategies to support crisis prevention and intervention through specific therapeutic approaches and coaching activities. Opportunities to practice active listening and emotion regulation were particularly integral for decreasing crises and increasing feelings of safety and validation for Edward. Findings from this data indicate that Coaching Activities like active listening, strength spotting, problem solving, reframing, and emotional regulation are key approaches that can deescalate a crisis and increase stabilization, which is demonstrated in Graph 1. Our data analysis also showed that those who received Therapeutic Coaching received about three times as many coaching activities compared to the control group, which indicates the efficacy of coaching activities on stability.

Graph 3: Reported Reasons for Inactivity With and

Enhanced Clinical Review: Edward

Age: 20

Diagnoses: Mild ID, ASD, ADHD, Generalized Anxiety Disorder **Therapeutic Supports Utilized:**

- Planned Therapeutic Coaching • Crisis and Planned Resource Center Stays
- **Other Supports Utilized**:
- Crisis Line Calls (frequently used) **Reasons for Therapeutic and Other Supports:**
- difficult
- Challenges with emotion regulation as a whole
- <u>In Therapeutic Coaching:</u>
 - Active listening and validation

 - Reframing
 - Strength-spotting
- Communication strategies
- During Crisis and Planned Center Stays
 - Active listening and validation

 - Schedules: routines
 - Movement
- Art
- Drama
- For Crisis Line Calls
 - Active listening and validation

 - Problem-solving/identifying ideas and solutions

- intervention
- implemented

Recommendations

For NCSS:

- Activities done while at the Resource Center For local START teams:
- we serve
- earlier in projected START service timeline
- services and with individual systems to promote increased stability

Office of the Surgeon General (OSG). Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community [Internet]. Washington (DC): US Department of Health and Human Services; 2023–. PMID: 37792968 Special thank you to Ann Klein for ongoing SIRS Support



• Recent transition from the family home into a new group home

• History of trauma that made big transitions and relationship-building with new staff

• Lack of understanding around Edward's vulnerabilities from new staff **Primary Therapeutic Strategies/Coaching Activities Implemented:**

Emotion regulation: co-regulation, interoception activities

Emotion regulation: co-regulation, interoception activities

• Emotion regulation: co-regulation, interoception activities

Outcomes of Therapeutic and Other Supports on Crisis Contacts:

• The Therapeutic Strategies/Coaching Activities used were recommended in both coaching and center discharge planning for ongoing use by Edward's team in crisis prevention and

• Telehealth crisis prevention was most effective when using the recommended strategies • There was a **75% reduction** in overall crisis contacts after therapeutic supports were

• Consider adding additional categories within SIRS to better capture the Therapeutic

• Consider implementing pre/post surveys within Therapeutic Coaching (such as The Flourishing Scales Statements or PERMA profiler) to capture more concrete data around loneliness through analyzing the types of and qualities of relationships in a person's life. Note: it is recommended that these surveys be modified for accessibility to the population

• Referrals to Therapeutic Coaching as an earlier intervention strategy to increase stability

• Coordinate increased follow-up from Resource Center stays or Therapeutic Coaching through Coaching/Counselor visits to support caregiving systems in moving toward stability and confidence with using Coaching Activities in their day-to-day lives • Consider how key Coaching Activities can be implemented across all areas of START