




1-877-914-MOM2
1-877-914-6662
www.mom2mom.us.com



National Peer Models Rutgers University Behavioral HealthCare

- ▶ UBHC Access Center - 20 years of expertise
 - ▶ COP 2 COP Program – 50,000 calls
 - ▶ National “best practice” FBI, A.A.S, DCOE
 - ▶ Post 9/11Fire, EMS, Teacher, NJ Vet2Vet, National Vets4Warriors, Care2Caregivers, Worker2Worker
 - ▶ Mom2Mom Reciprocal Peer Support
MOMS are First Responders
- 

Family First Responders? Imagine if you had a child with special needs..

Daily worry – What will he/she become? How will life unfold?

- ▶ Medical co-morbidity/illness/hospitalizations
- ▶ Home invasion – therapists, etc
- ▶ Peers, friends, work impact, finances
- ▶ Simple things – words, safety, bathroom, milestones, faith, etc
- ▶ Stigma, compassion fatigue
- ▶ Devastated, shocked, depleted, consumed w/child, traumatized, guilty



PROBLEMS- Review of literature

- ▶ Divorce rate is between 80%-90% (est.)
- ▶ Depression rates **double (8%)** typically developing- Autism – **tripled (16%)**
- ▶ 52% working, 25% part time (2000 survey)
- ▶ 12% rate- “good health”/40% norm
- ▶ Anxiety, Compassion fatigue, PTS symptoms,
- ▶ Either “Refrigerator Mothers” guilt or “Survivor guilt” if our children improve



Problems (continued)

- ▶ “Blame ...vaccines, diet, aging moms, perfect treatment, window of opportunity for the “cure”
- ▶ All programs focused on special needs child
- ▶ Research on family impact re; siblings, marriages
- ▶ Mothers support focus was to be better caregivers, advocates, therapists, etc
- ▶ Absence of faith based initiatives & traumatic loss
- ▶ Angry/offended by limits of support systems

▶ Absence of mental health support



MOM 2 MOM SOLUTION

*Decrease the Mental Health
burden on
Moms of Special Needs children
Utilizing Mom 2 Mom Peer Support*



MOM2MOM

Mom2Mom Program Evolution

- Grant funded by The HealthCare Foundation of New Jersey to the UMDNJ Foundation in July 2010
- “Go Live” date; available “24/7” on Nov 2010 at UBHC
- Statewide Expansion began Jan 2013 with the New Jersey Department of Children and Families
- Mom2Mom USA -- 2015
- 2016 Newark Public School and Autism Speaks

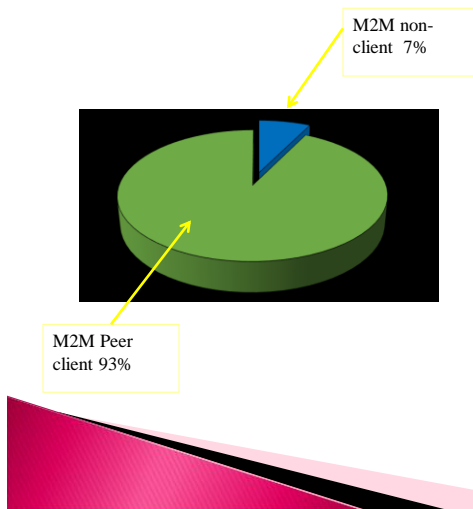


Dial 1-877-914-MOM2

- MOM2MOM Peer support
- MOM2MOM Assessment
- MOM2MOM Network of support services
- MOM2MOM Support Groups/ Focus Groups

“Decrease the Mental Health Burden on Moms of Special Needs Children by Utilizing Mom2Mom Peer Support”

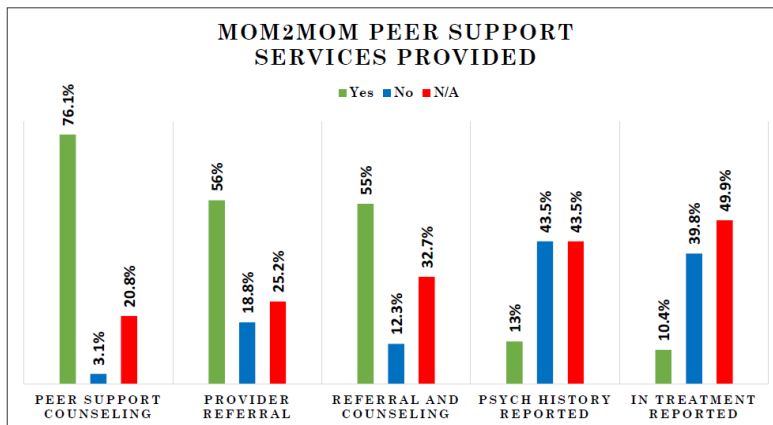
Total Call Volume: Dec 2010-Dec 2016



- ▶ Total Call Volume to Mom2Mom Peer Support Helpline; over 100,000 contacts.
- ▶ Call Activity comprised of receiving/making calls for a total of 3,638 individual callers; of which 2,720 were identified as clients.
- ▶ On average, there were 18.0 calls per client.
- ▶ The actual range was from 1 to 386

Mom2Mom Services: Dec 2010-Dec 2016

- Special Services Requested (from 30,842 client calls)



Reciprocal Peer Support (RPS) The Model

- ▶ The overarching themes and tasks associated with RPS are simply described in four tasks:
 - Task One - Connection and Pure Presence
 - Task Two - Information Gathering and Risk Assessment
 - Task Three - Case Management and Goal Setting
 - Task Four - Resilience Affirmation and Praise

- ▶ All of these tasks are cyclical and can repeat throughout the RPS experience.



Reciprocal Peer Support (RPS) The model

- ▶ RPS encourages and acknowledges the beneficial nature of peer support for both the peer supporter and the peer as it is experienced in a reciprocal manner.

- ▶ Most “helping professions” do not emphasize the benefit to the helper as well as to those served, however RPS is based on this motivation.

- ▶ The sense of intimacy, efficacy, validation, and spirituality derived from the connections made in RPS inspires strength and resilience for all involved.



Reciprocal Peer Support (RPS) The model

- ▶ RPS does not “fix” anything but rather offers an opportunity to normalize and relate.
- ▶ The overcoming of suffering and trauma are found in resilience and by sharing those tools the RPS peer supporter is consistently reminded of his or her own strengths .
- ▶ This sharing fosters the insight to others strengths as a basis for the RPS experience.



Reciprocal Peer Support (RPS) The model

- ▶ Often the populations served through RPS and the peer supporters themselves experience their struggles in a cyclical manner so the exchange between them will benefit both at one time or another.
- ▶ Supervision requires acceptance and guidance of RPS peer supporters throughout the process to ensure self-care is managed effectively



Statistics 2013-March 2017


82,208 Mom2Mom CONTACTS!

Year	TELEPHONE			Clinical /Face to Face	Grand Total
	Calls In	Calls Out	Total	Total	
2013	9,209	9,455	18,664	337	19,001
2014	6,075	13,587	19,662	480	20,142
2015	6,300	14,288	20,588	1,762	22,350
2016	5,217	14,223	19,440	1,275	20,715
Totals	26,801	51,553	78,354	3,854	82,208


Statistics-2010-2016

- ▶ 990 + “Real” Mom 2 Mom Peer Support/Client cases
- ▶ Top Ten Counties-Essex, Middlesex, Union, Bergen, Monmouth, Morris, Hudson, Ocean, Passaic and Mercer
- ▶ Avg calls-18,range from 1 – 386
- ▶ Calls from other 39 states in US

Mom 2 Mom Top Symptoms

- ▶ Family/Parenting Issues
 - ▶ School Issues
 - ▶ Depression/Mood Disorder/Suicidal Thoughts
 - ▶ Others- Finances/Anger Mgmt, Social Skills
 - ▶ Anxiety/Phobias
 - ▶ Marital/Couples
 - ▶ Legal Problems
 - ▶ Developmental Disability
 - ▶ Medical/Somatic Comp
 - ▶ Aggression/Violence
- 

Mom 2 Mom Child's Special Need-

- ▶ Autism Spectrum Disorder 51.7%
 - ▶ Medical Disorder/Illness 22.4 %
 - ▶ Developmental NOS 5.5%
 - ▶ ADHD 4.3 %
 - ▶ Mental Health 4.3%
 - ▶ Downs Syndrome 2.4%
 - ▶ Seizure Disorder 1.0%
 - ▶ Unknown 8.3%
- 

Topic discussed during calls in Mom Peer Cases in addition to symptoms and child issues

Relationships/family	11,734	19.9%
Unemployment	5,345	9.1%
Anger/Frustration	2,741	4.7%
Money/Financial	1,760	3.0%
Stress/Tension	1,658	2.8%
Medical issues	1,781	3.0%
Fear/Worry	1,412	2.4%
Sleep problems	853	1.4%
Isolation	702	1.2%
Drugs/Alcohol/Substance	476	0.8%
Weight Gain/loss/obesity	408	0.7%

MOM 2 MOM PEER/COUNSELING as of Dec 2016

Service	Yes	%	No	%	No data	%
Peer counseling	44,940	78.9	1,455	2.6	10,570	18.6
Provider referral	31,625	55.5	10,606	18.6	14,734	25.9
Both referral and counseling	31,291	54.9	6,740	11.8	18,934	33.2
Psych Hx	7,484	13.1	22,651	39.8	26,830	47.1
In treatment	5,630	9.9	19,892	34.9	31,443	55.2

Mom2Mom Focus Group Analysis



Mom2Mom Focus Groups

As of March 15, 2013

BASIS-24 Results

BASIS-24 scale	Cancer Mom	DDD Mom	UBHC OP
Depression	1.5	1.3	1.6
Interpersonal	0.9	1.1	1.7
Self harm	0.0	0.1	0.4
Emotional labil	1.5	1.6	1.6
Psychosis	0.1	0.4	0.6
Substance use	0.1	0.2	0.5
Severity (Avg)	0.9	1.0	1.3

Note: UBHC comparison data is for 4th quarter, 2010

Boundary Ambiguity Scale

	Cancer Mom	DDD Moms
Mean Score	38.2	37
Range	28 - 50	3 - 52



Mom2Mom Focus Group Analysis

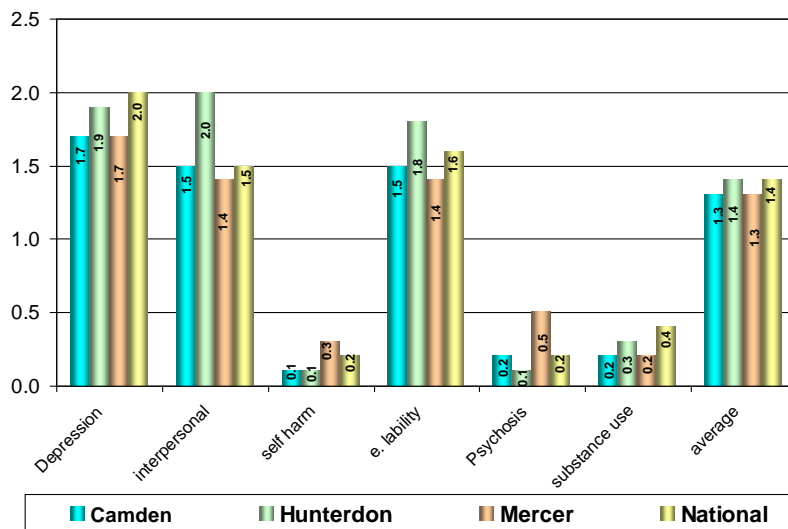
Mom 2 Mom Clinical Problems
N=81

Problem area	N	%
Family	735	53.7%
School	278	21.0%
Depression	218	16.4%
Anxiety/Phobias	198	14.9%
Marital	110	8.3%
Development	92	6.9%
Legal Issues	92	6.9%
Medical	58	4.4%
Aggression/Vio	50	3.8%
Conduct	28	2.1%
Physical abuse	31	2.3%
Recent Loss	19	1.4%
Substance Abuse	9	0.1%

Results from the Mom2Mom Four focus groups (2013-2015)

- ▶ Hunterdon county sample had the highest scores (more impaired) in the depression and interpersonal and emotional lability domains.
- ▶ Mercer had the highest scores in self-harm and Psychosis, and the national sample was highest in substance use
- ▶ The highest rated issues were:
 - Item 18 “Worried about what the future holds for your relative”
 - Item 9 “Experienced family frictions and arguments”
 - Item 7 “Had less time to spend with friends”
 - Item 20 “ Experienced physical strain/fatigue or other physical problem.

2013-2015 Mom2Mom Focus Groups, Camden, Hunterdon, Mercer, National

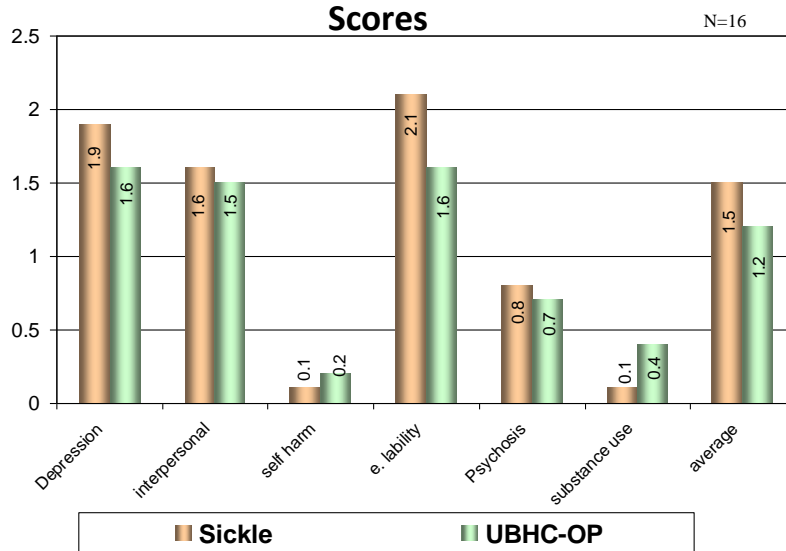


Mom2Mom IFSS

Mom2Mom Four Focus Groups 2013-2015				
In the past six months, because of your relative's illness, to what extent have you:				
Item	Camden	Hunterdon	Mercer	National
1. Had financial problems	2.6	2.1	2.4	2.2
2. Missed days at work (or school)	1.0	2.0	1.0	1.4
3. Found it difficult to concentrate on your own activities	2.8	3.0	2.5	2.9
4. Had to change your personal plans such as taking a new job or a vacation	2.7	2.1	1.1	2.1
5. Cut down on leisure time	3.0	2.5	1.5	2.6
6. Found that the household routine was	2.5	3.1	2.5	2.4
7. Had less time to spend with friends	2.6	3.0	1.9	1.9
8. Neglected other family member's needs	2.3	3.0	1.6	1.9
9. Experienced family frictions and arguments	2.4	3.4	2.6	2
10. Experienced frictions with neighbors or	1.6	2.0	1.3	1.4
11. Became embarrassed because of your relative's behavior	1.6	2.3	2.4	2.4
12. Felt guilty because you were not doing enough to help your relative	1.9	2.5	2.8	2.6
13. Felt guilty because you felt responsible for causing your ill relative's problem	1.8	1.9	2.1	2.1
14. Resented your relative because s/he made too many demands on you	1.5	1.9	2.3	1.8
15. Felt trapped by your care-giving role	2.6	2.8	2.5	2.4
16. Were upset by how much your ill relative had changed from his/her former self	1.9	2.5	2.4	1.7
17. Worried about how your behavior with your relative might make the illness worse	1.6	2.1	2.1	2
18. Worried about what the future holds for your relative	3.6	3.8	3.6	3.5
19. Found the stigma of the illness upsetting	2.0	3.1	2.3	2.3
20. Experienced physical strain/fatigue or other physical problem	2.9	3.0	2.6	2.9
Average:	2.2	2.6	2.2	2.2

Note for each item the highest score is bolded (most burden)

Mom2mom Sickle Cell Focus Group, Compared With UBHC Outpatient



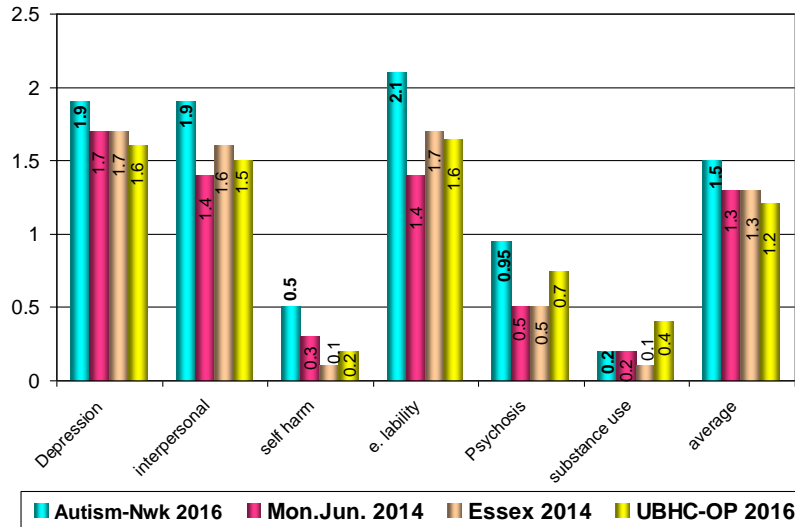
Mom2Mom Sickle Cell IFSS

Mom2Mom focus groups, 2013-2014

In the past six months, because of your relative's illness, to what extent have you:

Item	Score
1. Had financial problems	3.1
2. Missed days at work (or school)	2.8
3. Found it difficult to concentrate on your own activities	2.8
4. Had to change your personal plans such as taking a new job or a vacation	2.7
5. Cut down on leisure time	2.9
6. Found that the household routine was disrupted	2.8
7. Had less time to spend with friends	3.1
8. Neglected other family member's needs	2.3
9. Experienced family frictions and arguments	2.7
10. Experienced frictions with neighbors or friends	1.8
11. Became embarrassed because of your relative's behavior	1.7
12. Felt guilty because you were not doing enough to help your relative	2.9
13. Felt guilty because you felt responsible for causing your ill relative's problem	2.4
14. Resented your relative because s/he made too many demands on you	1.8
15. felt trapped by your care-giving role	2.0
16. Were upset by how much your ill relative had changed from his/her former self	1.9
17. Worried about how your behavior with your relative might make the illness worse	2.3
18. Worried about what the future holds for your relative	2.9
19. Found the stigma of the illness upsetting	2.5
20. Experienced physical strain/fatigue or other physical problem	2.7
Average:	2.5

Mom2Mom Focus Groups, Compared With UBHC Outpatient Scores



Mom2Mom Newark-Autism Group


Mom2Mom focus group: Comparison of Newark-Autism with two focus groups in 2014

In the past six months, because of your relative's illness, to what extent have you:


Item	Newark Autism	Mon.Junc.	Essex
1 - Had financial problems	2.3	2.4	3.0
2 - Missed days at work (or school)	1.9	1.0	1.1
3 - Found it difficult to concentrate on your own activities	2.8	2.5	2.9
4 - Had to change your personal plans such as taking a new job or a vacation	2.3	1.1	2.5
5 - Cut down on leisure time	2.3	1.5	2.9
6 - Found that the household routine was disrupted	2.7	2.5	2.9
7 - Had less time to spend with friends	2.9	1.9	3.5
8 - Neglected other family member's needs	1.8	1.6	2.6
9 - Experienced family frictions and arguments	2.6	2.6	3.0
10 - Experienced frictions with neighbors or friends	2.2	1.3	2.4
11 - Became embarrassed because of your relative's behavior	2.1	2.4	2.3
12 - Felt guilty because you were not doing enough to help your relative	3.1	2.8	3.0
13 - Felt guilty because you felt responsible for causing your ill relative's problem	2.2	2.1	1.8
14 - Resented your relative because s/he made too many demands on you	1.8	2.3	1.9
15 - felt trapped by your care-giving role	2.3	2.5	2.4
16 - Were upset by how much your ill relative had changed from his/her former self	1.5	2.4	2.0
17 - Worried about how your behavior with your relative might make the illness worse	2.3	2.1	2.0
18 - Worried about what the future holds for your relative	3.3	3.6	3.3
19 - Found the stigma of the illness upsetting	2.0	2.3	2.6
20 - Experienced physical strain/fatigue or other physical problem	2.8	2.6	2.9
Average:	2.4	2.2	2.6

Mom2Mom Survey Analysis as of 2015

Total surveyed clients:	348
▶ Did you get through on the line easily?	95% yes
▶ Did you feel listened to on the phone?	97% yes
▶ Did you get the information/service required?	89% yes
▶ Did you request counseling services?	11% yes
• Have you used the treatment referral you were given?	53 % yes
• (If Yes) Are you going to continue?	85% yes
• (If No) Do you plan to?	10% yes
• (If No) Do you plan on seeking other treatment?	50% yes
▶ Were Mom2Mom follow up calls and services done to your satisfaction?	94% yes
▶ Would you recommend Mom2Mom program to others?	96% yes



Mom 2 Mom & Newark Public School Leaders: Parents as Partners- 2016!

- ▶ Partnership expansion with NPS as of October, 2016
 - ▶ MOM2MOM Peers in pilot program in 9 Newark Schools
 - ▶ MOM2MOM peer will provide liaison/mentor function, host focus groups, support groups and link to statewide services weekly on site!
 - ▶ MOM2MOM peers leading monthly support groups for parents at each school will expand client base
 - ▶ Forging relationships with M2M & CST, and building leadership
 - ▶ Offering (phone-based) peer support to Moms outside of the school day
- 

Reciprocal Peer Support & The WHO M2M AS PST in Newark-

Oct. 2016

- ▶ RPS Peer Support will enhance the PST experience
- ▶ Existing peer support relationships foster potential group members
- ▶ Peer support/Reminder calls before meeting
- ▶ Calls from Mom-peers after each meeting, allowing families to provide feedback in an informal and timely manner, documented
- ▶ M2M Peers who had raised children with ASD to encourage & support parents in the PST

“Resilience for Resource Families (R4R) Peer Support Program”

R4R peer support program is for resource families who are routinely exposed to highly stressful situations and deserve innovative program services to enhance their resilience.

The staff will be comprised of experienced Resource family peers and former NJ DCP&P staff, who are familiar with the challenges of this experience, and trained in RUBHC’s nationally renowned “Reciprocal peer support” model.

Our focus is always to maintain the confidentiality of all resource families.

Access Center Transfer Center

- * single entry point to support a statewide behavioral health services system.
- *screen and schedule medical and mental health care appointments
- * facilitates timely referrals and continuity of care between UBHC programs and external providers.



- * understand the challenges of military life or the transition that occurs when leaving the service due to same shared lived experiences.
- *support to Active Duty, National Guard and Reserve service members, Veterans or family members/caregivers

*The **Vets4Warriors** Peer Support Network is staffed by Veterans with a licensed clinician always available. We are a non-profit through the



* Statewide Suicide Prevention Hotline provided in partnership with Rutgers University Behavioral Health Care and the New Jersey Division of Mental Health and Addiction Services.

*Available 24 hours a day, 7 days a week as long as you

* We'll help you find hope.



*24/7 confidential peer support helpline.

*Any Veteran, New Jersey National Guard member or family member/caregiver can contact a peer who understands the many challenges the callers face and can help

* Peers are veterans and have lived the military life. They are educated and trained on a wide variety of resources to help the callers meet each challenge



- *COP2COP is the first program of its kind in the nation legislated into law to focus on suicide prevention and mental health support for law enforcement officers
 - *helping to avert more than 260 suicides in its 18 years of existence.
 - *answered by retired cops and cop clinicians who have a deep understanding of officers' concerns, problems and family issues.
- *COP2COP team members are trained in CISM (Critical Incident Stress Management) and will respond to and will conduct debriefings and defusing that are the result of a critical incident.



- *A pilot for Northern New Jersey
- * offers peer support to military moms around the clock.
- *family works hard to maintain stability during deployments, training exercises or state missions.



- *Care2Caregivers is a telephone support line for anyone caring for a person with memory loss such as Alzheimer's Disease, Dementia or a related disorder.
- *Compassionate and professionally trained staff who have also been family caregivers provide resources, education, referrals, coaching, tips on coping and help negotiating community resources.
- *Monthly support groups and customized trainings for caregivers and professionals. .



- ***Confidential** peer-counseling support helpline for **Division of Child Protection and Permanency** employees to help you manage the unique stresses of their jobs.
- *7-day-a-week helpline featuring peer support, telephone assessments and a network of referral services.





*AID-NJEA is a free, confidential 24 hour telephone helpline for school staff members and their families.

*Staffed by active and retired educators and school counselors who are trained to counsel and support their colleagues.

*Program provides telephone support, information and resources for school employees experiencing some distress in their work or personal lives.



IME Addictions Access Center INTERIM MANAGING ENTITY

*Interim Managing Entity (IME) for addiction services.

*Provides a coordinated point of entry for those seeking treatment for substance use disorders.

*Assist clients to find the right provider for their needs and help them navigate the substance abuse treatment network



In one word, what does MOM2MOM mean to you?

