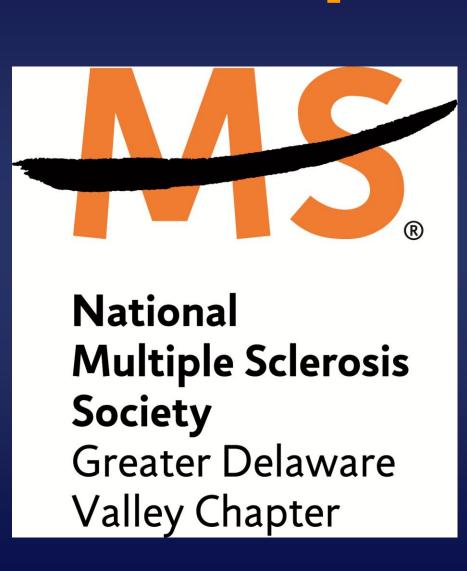
# The Implementation of Emotional Support Pilot Programs for Individuals with Multiple Sclerosis



Evan B. Marcus, MA

# National Multiple Sclerosis Society, Greater Delaware Valley Chapter

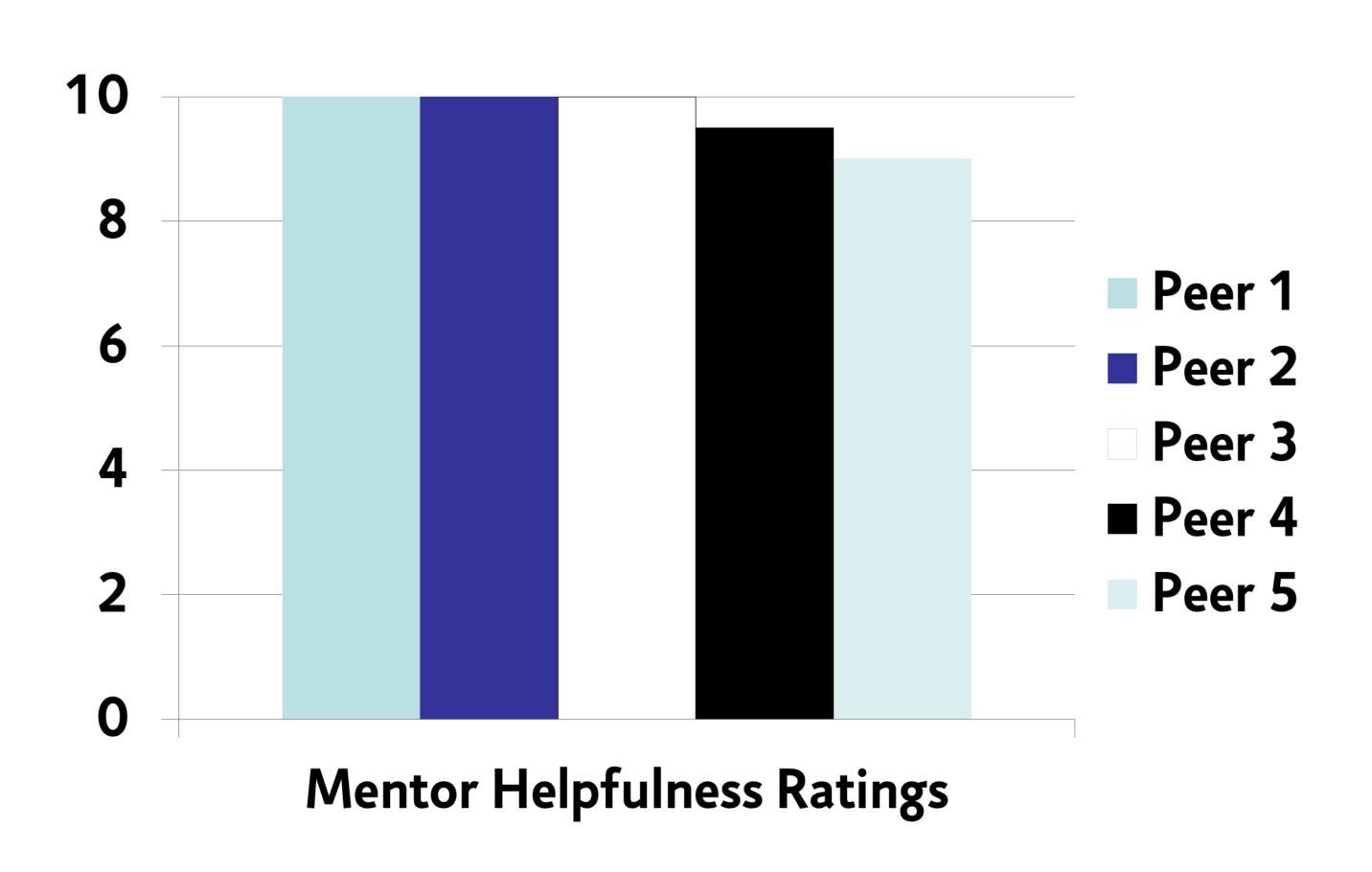
### Introduction

Research suggests that up to fifty percent of people with MS experience depression during their lifetimes. Emotional difficulties make dealing with an MS diagnosis that much more challenging for patients with the disease. It's imperative that organizations working with this population provide innovative emotional support programming and services geared toward the prevention of the onset of depression as a secondary symptom of MS.

#### Feedback

"The mentor helped bring the peer back to a level of control and calmness after dealing with the recent diagnosis."

--Report from peer exit survey



"It was wonderful to talk with someone that is living with the same illness and to gain tips and guidance on where to find help."

--Peer comment regarding overall experience

Homebound Initiative volunteers' conversations focused on the following topics: pharmaceutical treatments, symptoms, family relationships, and other comorbid illnesses.

#### Methods

Homebound Initiative Pilot Program

Choose and Train Volunteers to Provide Emotional Support Match Volunteers with Homebound Clients

Homebound Initiative Volunteers and Clients Speak Monthly Volunteers Participate in Monthly Supervision Sessions

Establish Ongoing Homebound Initiative Program

Chapter staff created two pilot programs tailored to support clients with MS. The Peer Mentor Pilot Program focused on helping newly diagnosed members with one-on-one, in-person meetings with mentors who have lived with the illness for at least three years. Over the course of three months, five mentors were matched with five peers. Mentors provided emotional support and company that only someone who understands what it is like to have MS can give. This pilot program differs from other NMSS peer mentor programs in that peers met with mentors in person and in their communities. The chapter's Homebound Initiative Pilot Program involved training nursing home residents with MS to provide emotional support by phone to socially isolated homebound clients in the community.

#### Methods

Volunteers for both programs received training sessions regarding giving emotional support from chapter staff. These volunteers also participated in monthly supervision sessions. Homebound Initiative volunteers were expected to spend one hour per month on the phone with homebound individuals.

### Results

Mentor and peer participants in the Peer Mentor Pilot Program overwhelmingly felt they benefitted from the program. The chapter has approved an ongoing Peer Mentor Program for the 2014-15 fiscal year. The Homebound Initiative Pilot Program ended on January 15, 2015. During supervision sessions, volunteers expressed that they enjoyed their monthly phone sessions with clients who cannot leave their homes. The chapter plans to expand the program and add three additional volunteers during the summer of 2015.

#### Conclusion

People with MS, with and without mental health difficulties, benefit from additional emotional support, especially from individuals who know about the illness firsthand.

## Acknowledgements

I would like to thank NMSS staff, Roberta Richard, Lucy Lubinski, the Abramson Center for Jewish Life, and all of the emotional support volunteers for their help with this project.

Mentors provided over fifteen hours of emotional support to the chapter's newly diagnosed clientele.

On program evaluations, peers overwhelmingly felt that they benefitted from the pilot program.

The chapter has launched a regular Peer Mentor Program.