Psychosocial Rehabilitation for Serious Mental Illness

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Learning Objectives

1. Describe 3 features of the psychosocial rehabilitation and recovery model.
2. Identify 2 recovery attributes of social skills training for serious mental illness.
3. Describe 2 interventions for social skills training for serious mental illness.

What is *Recovery*?

- Common clinical definitions often imply something akin to **cure**
  - Complete symptom remission
  - No need for maintenance medication or treatment
  - Return to premorbid level of functioning
- This type of *recovery* is often difficult with regards to serious mental illness (SMI)

(Torgalsboen, 2005)

What is Recovery? Consumer/Client Perspective

- Recovery is a ***process***, rather than an end state or outcome
- Recovery is strengths-based, rather than symptom-based, and involves:
  hope, respect, and empowerment
- Recovery is a *model* that involves the nature of treatment, as well as a person variable

Psychosocial Rehabilitation and Recovery (PSR&R)

"Psychiatric rehabilitation promotes recovery, full community integration and improved quality of life for persons who have been diagnosed with any mental health condition that seriously impairs their ability to lead meaningful lives. Psychiatric rehabilitation services are collaborative, person directed and individualized. These services are an essential element of the health care and human services spectrum, and should be evidenced-based. They focus on helping individuals develop skills and access resources needed to increase their capacity to be successful and satisfied in the living, working, learning, and social environments of their choice."

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Mental Health Recovery

"Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential."

SAMHSA, 2006

Mental Health Recovery

"a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential"

SAMHSA, 2012

(Substance Abuse and Mental Health Services Administration, 2012)

Recovery Model

Core Principles of PSR&R

- All people have the capacity to learn and grow. Recovery is the ultimate goal of PSR. Interventions must facilitate the process of recovery
- PSR practices help people re-establish normal roles in the community and their reintegration into community life
- PSR practices facilitate an enhanced quality of life for each person receiving services

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Core Principles of PSR&R

- Culture and/or ethnicity play an important role in recovery. They are sources of strength and enrichment for the person and the services
- People receiving services have the right to direct their own affairs, including those that are related to their psychiatric disability
- All people are to be treated with dignity and respect

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Core Principles of PSR&R

- PSR practitioners make a conscious effort to eliminate labeling and discrimination, particularly based upon a disabling condition
- PSR interventions build on the strengths of each person
- PSR services are to be coordinated, accessible, and available as long as needed
- All services are to be designed to address the unique needs of each individual, consistent with the individual's cultural values and norms

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Core Principles of PSR&R

- PSR practices actively encourage and support the involvement of persons in normal community activities throughout the rehabilitation process
- The involvement and partnership of persons receiving services and family members is an essential ingredient of the process of rehabilitation and recovery
- PSR practitioners should constantly strive to improve the services they provide

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SAMHSA's Four Dimensions of Recovery

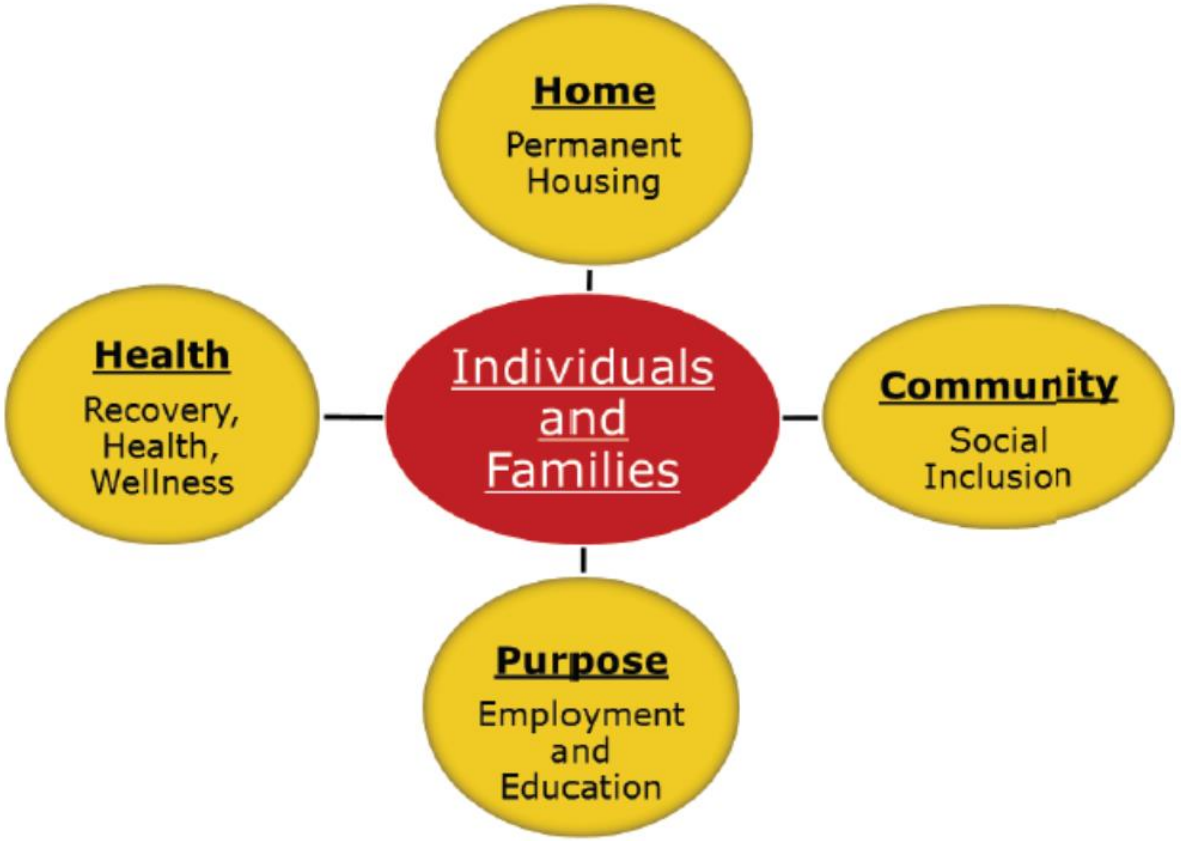


FIGURE 3-1 SAMHSA's four dimensions of recovery.
SOURCE: Workshop presentation by Steven Fry, February 2016.

Recovery Language

- Client-centered strengths based way of communicating symptoms and experiences
- Promotes acceptance and respect
- Reduces stigma and overgeneralization of client's experiences
- The language we use with clients and other providers has the potential to promote or hinder care

Frequently Used Terms	Client-Centered Language
Compliance	Adhering to our plan
Patient failed the treatment	The treatment was unsuccessful
Treatment resistant	Need of more treatment options

Comparison

Stabilization Model

- Traditional medical model (limited vision for recovery)
- Focus on stabilization
- Primary interventions are directed at symptoms
- Passive client participation
- Client looks to others to "heal" them
- **High levels of client apathy and staff burnout**

PSR&R Model

- Psychosocial rehabilitation model- vision for change
- Focus on recovery
- Primary intervention is goal-setting/achievement
- Active participation
- Clients are empowered and responsible for their recovery
- **Higher levels of client and staff satisfaction**

Utilizing Recovery-Oriented Services

Interdisciplinary Admissions/Intake

- Rehabilitation Teams
  - Interdisciplinary and multidisciplinary
  - Holistic care (including discharge planning)
- Person-centered treatment planning
  - Include client in planning
  - Multidisciplinary too complicated
- Rehabilitation and Recovery
  - Not just stabilize symptoms
  - Community re-integration
  - Quality of life
- Stages of change/readiness for treatment
- Motivation/motivational interviewing

(Geller, 2012; McQueen, 2011; Mcloughlin & Geller, 2010; Wolfson, Holloway, & Killaspy, 2009; Irish College of Psychiatrists, 2007; Stuve & Menditto, 1999)

Interdisciplinary Admissions/Intake

- Clinical Assessment
  - Multidisciplinary – different perspective
  - Intentional redundancy
  - Vulnerabilities/Areas for Intervention/Risk
  - Stage of change for each problem
- Diagnosis
  - Accurate and parsimonious
  - Track modifications
  - Resolve rule-outs

(Mcloughlin & Geller, 2010)

Interdisciplinary Admissions/Intake

- Recovery Assessment
  - Client's self-assessment
  - Knowledge, Skills, and Supports
  - Strengths
    - Education, skills, and recreational interests
    - Community resources and social supports

(Mcloughlin & Geller, 2010 ; Wilson, Desmarais, Nicholls, & Brink, 2010; Doyle, Lewis, & Brisbane, 2008; Vogel, Ruiter, Bouman, & Vries Robbe, 2007)

Recovery Planning

- Master treatment plan
  - **Interdisciplinary formulation**
  - Educate regarding mental health/discharge planning
  - Client's focus (may not be symptom reduction)
  - Interdisciplinary engagement
  - Psychiatric advanced directives
  - Discharge criterion/Recovery goals

(Elbogen, Swanson, Swartz, Dorn, Ferron, Wagner, & Wilder, 2007)

Interdisciplinary Formulation

- Identifying data and current symptoms
- Reason for admission/intake
- Biological/Social/Cultural/Personality (Positive/Negative)
- Factors of past success
- Client's Desires/Expectations/Preferences
- Client strengths
- Short-term risk (immediate inpatient)
- Long-term risk (post-discharge)
- Treatment focus/Priorities/Discharge expectations
- Short-term/Long-term goals

(Mcloughlin & Geller, 2010)

Recovery Services and Treatment

- Best practice from general mental health
- Address trauma history
- Psychopharmacology and psychotherapy collaboration
- Models of treatment
  - Psychopathology-specific intervention
  - Strengths-based models

(Bouman, Nieuwenhuizen, Schene, & De Reuiter, 2008; Bouman, Schene, & De Ruiter, 2009; Robertson, Barnao, & Ward, 2011; Ward & Brown, 2004)

Common Elements of PSR&R Services

- Individualized assessment and curriculum planning (e.g., "What do you want to achieve?" Utilizes strategies such as motivational interviewing, clarification of life values, goals, and roles, and CBT)
- Skills training classes
- Psychoeducational classes
- Illness Management and Recovery classes

Common Elements of PSR&R Services

- Wellness programming
- Peer leadership and support services
- Family psychoeducational and family educational programs
- Designed to integrate customer feedback into development of curriculum and curriculum changes

Other PSR&R Services

- Psychiatric diagnostic services
- Primary care
- Case management services
- Vocational rehabilitation
- Incentive therapy
- Supported employment

Recovery Services and Treatment

Peer support specialists serve as:

- Role models for risk free effective behaviors
- Communicators between consumer and the professional staff
- Identifiers and innovators for improved consumer care procedures
- Mediators during complaint or grievance resolutions
- Mentors and teachers for self-advocacy skills for the attainment of treatment, housing, education, employment and economic recovery goals

(Short et. al, 2011; Simpson & Penney, 2011)

Evidence-based Psychosocial Treatment Approaches: Schizophrenia PORT Update 2009

- Supported Employment
- Family Interventions
- Skills Training
- Cognitive Behavioral Therapy
- Token Economy Interventions
- Psychosocial Interventions for Weight Management
- Psychosocial Interventions for Alcohol and Substance Abuse

(Kymalainen et. al, 2010)

Social Skills Training for Serious Mental Illness

What are social skills?

"Social skills are interpersonal behaviors that are normative and/or socially sanctioned. They include such things as dress and behavior codes, rules about what to say and not to say, and stylistic guidelines about the expression of affect, social reinforcement, interpersonal distance, and so forth."

(Bellack et al., 2004, p. 3)

Skills Training (PORT, 2010)

Individuals with schizophrenia who have deficits in skills that are needed for everyday activities should be offered skills training in order to improve social interactions, independent living, and other outcomes that have clear relevance to community functioning. Skills training programs vary widely in content, but typically include a focus on interpersonal skills and share several key elements, including: ***behaviorally-based instruction, role modeling, rehearsal, corrective feedback, and positive reinforcement.***

Social Skills Model

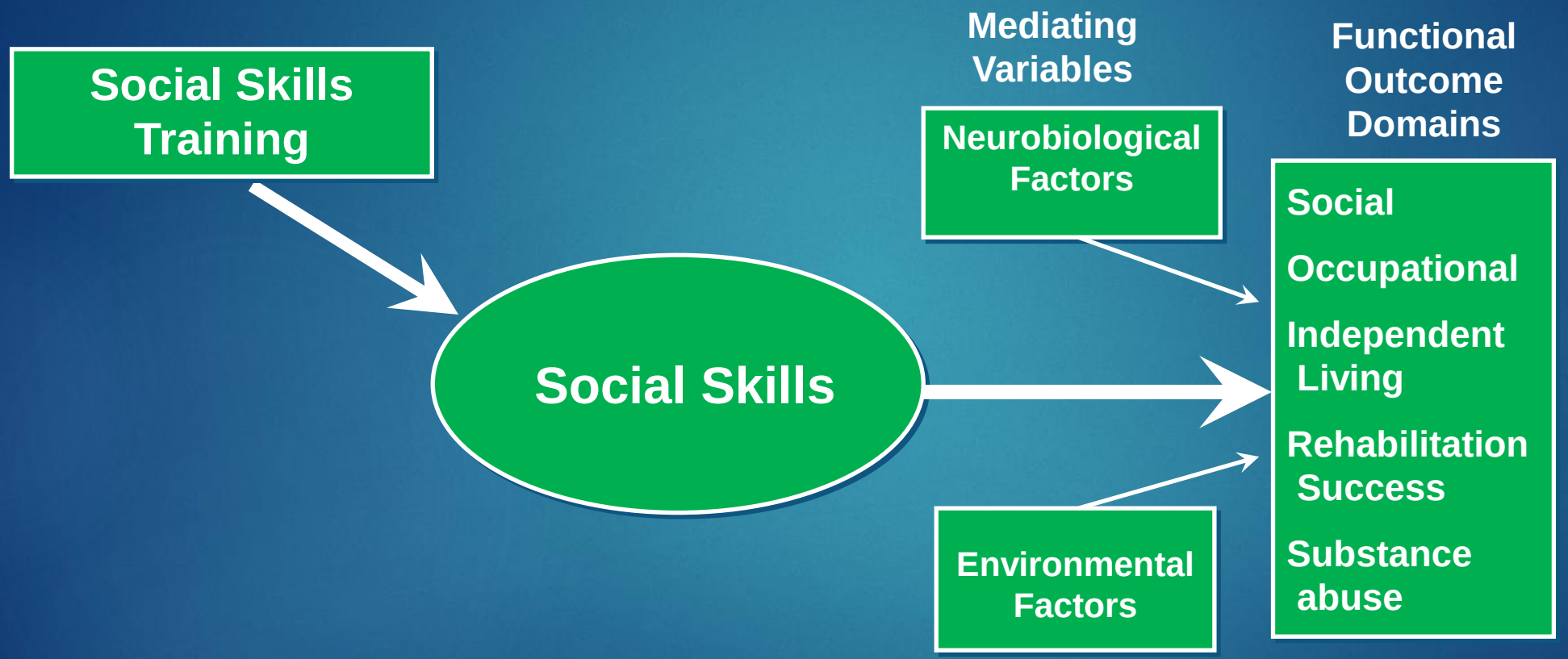
Social skill is a hypothetical construct conceptualized as comprising three interrelated functions:

1. *Social perception*
   ability to accurately perceive social cues
2. *Social problem solving*
   ability to correctly analyze the social situation and identify an effective response
3. *Behavioral competence*
   ability to effectively implement the response

Behavioral Components of Social Skill

- Speech Content
- Paralinguistic Features
  - voice volume
  - pace
  - pitch
  - tone
- Nonverbal Behavior
  - proxemics
  - kinesics
  - gaze
  - facial expression

Model of Social Skills, SST, Mediators and Functional Outcome



Key Issues

- Skills vs Symptoms
- Self-efficacy vs Motivation
- Environmental support vs hindrance

Literature Reviews

Narrative	**Period**	**# studies**
Halford & Hayes, 1991	1984-1990	5
Bellack & Mueser, 1993	1983-1992	6
Scott & Dixon, 1995	1993-1996	7
Penn & Mueser, 1996	1984-1995	6
Smith et al., 1996	1983-1985	9
Heinssen et al., 2000	1994-1999	27
Huxley et al., 2000	1980-1999	13
Bustillo et al., 2001	1996-2000	5

Meta-analyses		
Benton & Schroeder, 1990	1972-1988	27
Corrigan, 1991	1970-1988	17
Dilk & Bond, 1996	1970-1992	68
Pilling et al., 2002	1980-1999	9
Turner et al., 2018	1986-2015	27

Training Procedure

- Instructions
- Modeling
- Role Play
- Positive Feedback and Shaping
- Repeat Role Plays

Recovery Attributes

- Focuses on behavior rather than symptoms
- Teaches skills needed to increase independence
- Provides choice
- Fosters hope: assumes change is possible
- Fosters self-efficacy
- Based on respect: assumes failures result from skill deficits and/or the environment, not personal faults (e.g., low motivation)

Two Key Components of SST

1. Individual session for engagement, orientation, obtaining consent, and goal setting

2. Group sessions for teaching specific social skills

Individual Goal Setting Session

Benefits

- Helps with engagement, building rapport
- Prepares clients for what to expect in a skills training group
- Links SST to recovery
- Uses client goals to select curriculum, set up meaningful role plays, develop home assignments
- Helps clients track their progress towards goals

Examples of Common Goals

- Making friends
- Developing leisure activities to do with others
- Getting a job
- Keeping a job
- Getting along with roommates
- Reducing substance use
- Being a better parent
- Dating
- Dealing more effectively with anger

SST Curriculum: Nine basic categories

1. Basic skills
2. Conversation
3. Assertiveness
4. Conflict management
5. Communal living
6. Friendship and dating
7. Health maintenance/Communicating with providers
8. Vocational/Work
9. Coping skills for drug and alcohol use

Basic Skills

- Listening to Others
- Making Requests
- Expressing Positive Feelings
- Expressing Unpleasant Feelings

Group Session Sequence

1. Set agenda for the session
2. Review practice/homework
3. Discuss rationale for today's skill
4. Review the steps of the skill
5. Model the skill with feedback
6. Role-play the skill (three times)
7. Group gives feedback after each role-play
8. Plan for practice/homework

Making a Request

In anyone's life, situations come up where it is necessary to ask another person to do something or to change his or her behavior. A request that is heard as a demand or as nagging usually does not make the other person want to follow through with the request. Making a request in a positive way, however, is usually less stressful and is more likely to lead to the request being met. There are no guarantees, of course, but a request usually goes better if you keep in mind the following points.

Making a Request

1. Look at the person.
2. Say exactly what you would like the person to do.
3. Tell the person how it would make you feel if they did what you requested.

In making your request, try using phrases such as

"I would like you to. . ."

"I would really appreciate it if you would. . ."

"It's very important to me that you help me with. . . ."

Important Characteristics of SST Groups

- Structured format in every session
- Abstractions are minimized
- Emphasis on role playing and practice
- Focus on one skill at a time
- Curriculum is planned

Important Characteristics of SST Groups

- Role plays and home practice are tailored to each member
- Group demands geared to members' abilities
- Communications are always positive
- Explicit and frequent reinforcement

Conducting SST Groups : Methods Used

- Modeling
- Role playing
- Reinforcement
- Feedback
- Taking a shaping approach
- Overlearning
- Generalization of learning

Modeling

- Leaders set up a role play to demonstrate how they would use the steps of the skill in a situation that group members might have experience with
- Group members are asked to observe the leaders and to discuss how they followed the steps

Role Plays

- Set up role plays to be realistic and lively
  - Individualize scene
    - Set the Scene – when, where
    - Specify role of Role Play Buddy – relationship, name
    - Keep in mind goals identified by group member
  - Choose appropriate level of complexity
    - If not sure, start easy and build up
  - Review steps prior to role play to make sure group member understands what is expected
- Aim for **3 role plays**: "Third time is the charm!"

Feedback

- Leaders provide feedback and routinely elicit it from group members
- Emphasis on positive feedback; always start with positive
- Feedback should be specific, and related to steps of the skill
- Corrective feedback usually involves only one or two suggestion for improvement at a time
- Corrective feedback can be integrated into second and third role plays ("One thing that might make your role play even more effective. . . . ")

Logistical Considerations

- Small groups (6-10 max)
- Predefined curricula (content and goals)
- ~2 sessions per week @ 60-90 min
- Co-therapists preferred but not required
- Group duration varies with content
- Emphasis on behavioral rehearsal
- Level of training geared to clients
- Closed groups preferred but not required

Points to Remember

- Skills training is **teaching**, not traditional group psychotherapy
- Keep sessions lively and interactive
- Use flip charts, white boards, handouts
- Prepare for sessions
- Stay with the structure
- Do not work in isolation
- Do not passively expect participation
- Be patient: learning skills will benefit group members but it takes time and repetition

Challenges for clinicians learning SST

- Allow too much time for discussion/processing
- Hesitant to take role of "being in charge"
- Quickly accept when clients do not want to role-play
- Models scenarios or develops role play scenarios that are complicated and not relevant
- Insufficient amount of positive reinforcement
- Provides/allows vague, non-behavioral feedback
- Does not engage or encourage group members to be actively involved in group
- Experiencing practical/systems issues in starting SST

Role-Play Time

MAKING REQUESTS

Making a Request

In anyone's life, situations come up where it is necessary to ask another person to do something or to change his or her behavior. A request that is heard as a demand or as nagging usually does not make the other person want to follow through with the request. Making a request in a positive way, however, is usually less stressful and is more likely to lead to the request being met. There are no guarantees, of course, but a request usually goes better if you keep in mind the following points.

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"It's very important to me that you help me with. . . ."

Social Skills Outside Practice Record
Making Requests

The steps are:

Step 1. Look at the person.

Step 2. Say exactly what you would like the person to do.

Step 3. Tell the person how it would make you feel.
In making your request, use phrases like:
"I would like you to _____."
"I would really appreciate it if you would do _____."
"It's very important to me that you help me with _____."

Name:_____ **Date Assigned:**_____

Person Assisting with Outside Practice:

Skill Being Practiced:

Brief description of assignment (my plan):

Date practiced:_____**Location:**_____

Briefly describe what took place:

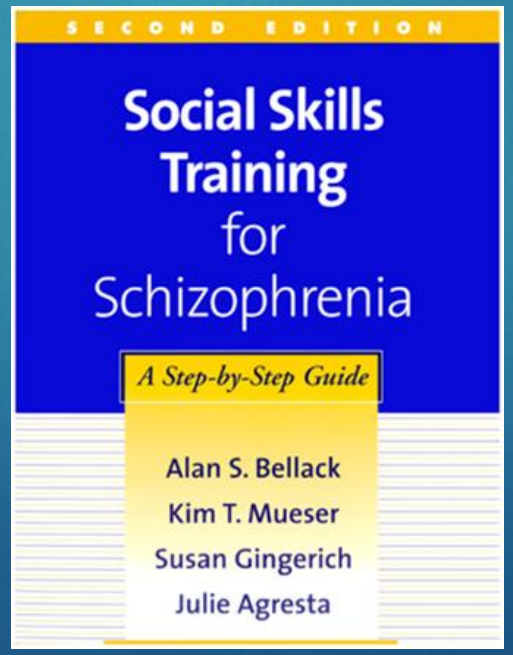
How effective were you at using the skill during the outside practice? Please check one:

- ☐ 1. not at all effective
- ☐ 2. a little effective
- ☐ 3. moderately effective
- ☐ 4. very effective
- ☐ 5. highly effective

Social Skills Training Resources

VA VISN 5 MIRECC:
https://www.mirecc.va.gov/visn5/training/social_skills.asp

Social Skills Training for Schizophrenia: A Step by Step Guide, 2nd Edition. Bellack, A., Mueser, K., Gingerich, S., and Agresta, J.



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