Infusing Psych Rehabilitation Principles into Case Management Practices

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PsyR Competency

The ability to demonstrate the

- **Values**
- **Attitudes**
- **Principles**
- **Knowledge**
- **Skills** that promote recovery, community integration and an improved quality of life for adults with serious mental illness

The Rehabilitation Paradigm

- Medical Model to Recovery Model
- Deficit Approach to Strength Approach
- Treatment Approach to Rehabilitation Approach
- Team Choice to Person Choice
- Team Centered to Person Centered

The Mission and Philosophy of Psychiatric Rehabilitation (Anthony, Cohen, & Farkas, 2002).

- The mission of psychiatric rehabilitation is *to help people with psychiatric disabilities increase their functioning so that they can be successful and satisfied in the environments of their choice with the least amount of ongoing professional intervention*

The Primary Values In The PsyR Inherent In The Mission Statement

- Person orientation (a focus on the individual, not their "illness"),
- Consumer choice and involvement in the process,
- A focus on functioning and support in real world environments, and
- A focus on outcomes rather than theory.

Community Integration

"All people have a right to full community participation and membership." Carling (1995) p.21

Community Integration Requires

Paradigm shifts in:

- Housing
- Employment
- Education
- Service Providers

Community Resources

Definitions are important:

- Housing – group homes, residential treatment, nursing homes, staff supervised apartments
- Employment – sheltered workshops, prevocational skills classes, work crews
- Recreation – Recovery & Day treatment programs

Community Resources con't.

- Education – GED classes at center; daily living skills classes or groups
- Spiritual – clergy visits to residences or congregate programs
- Friendships – linkage to other clients, clubhouse or drop-in sites

Are there other choices that could work here?

Stigmatizing Myths

1. People with mental illnesses can't make reasonable choices.
2. People with mental illnesses are too disabled for regular housing, work, and social relationships.

6 BASIC PRINCIPLES

1. Focus on person's strengths, not pathology
2. Community viewed as oasis of resources
3. Interventions based on person's self-determination
4. Practitioner(e.g.CM)-client relationship as primary & essential
5. Aggressive outreach is preferred mode of intervention
6. Recovery is possible! – Persons suffering from serious mental illness can continue to grow, learn, change

Resources & 4 "A's"

1) Availability – what opportunities exist within the local community?
2) Accessibility – what are the options for getting to resources?
3) Accommodation – how are special needs negotiated and planned for initially?
4) Adequacy – do the resources meet the needs, functionally and in feeling?

Better Thoughts

- People like to be helpful. There are these people and organizations everywhere.
- People need information and support. When provided, they can generally manage with limited amounts of support.
- When choices are taken seriously, natural supports can and do operate successfully.

Assessing Rehab Readiness

- **Pre-Contemplation:** Avoidance, not considering change
- **Contemplation**: Acknowledging that there is a problem but struggling with ambivalence
- **Preparedness:** Taking steps and getting ready to change
- **Action:** Making the change and living the new behaviors, which is an all-consuming activity
- **Maintenance:** Maintaining the behavior change that is now integrated into the person's life

Source: http://www.samhsa.gov/co-occuring/topics/training/chan.asgepx

Process of Recovery

Three R's:

- **R**elapse
- **R**ecovery
- **R**ehabilitation

RELAPSE

- A relapse is define as a **return of symptoms** that are severe enough to *interfere* with activities of daily living.

1) **Triggers:** lack of money, cigarettes, basic needs, anniversaries, etc.
2) **Warning Signs:** Flat affect, isolation, cursing

Recovery

- Recovery is defined as deeply personal and unique experience of developing **new meaning** and **purpose** in life.
- Key Words:
  1) A Journey
  2) An Experience
  3) Recovery is what the individual does not the provider
  4) Stages

Source: Anthony, W., Cohen, M., Farkas, M., & Gagne, C. (2002).

Rehabilitation

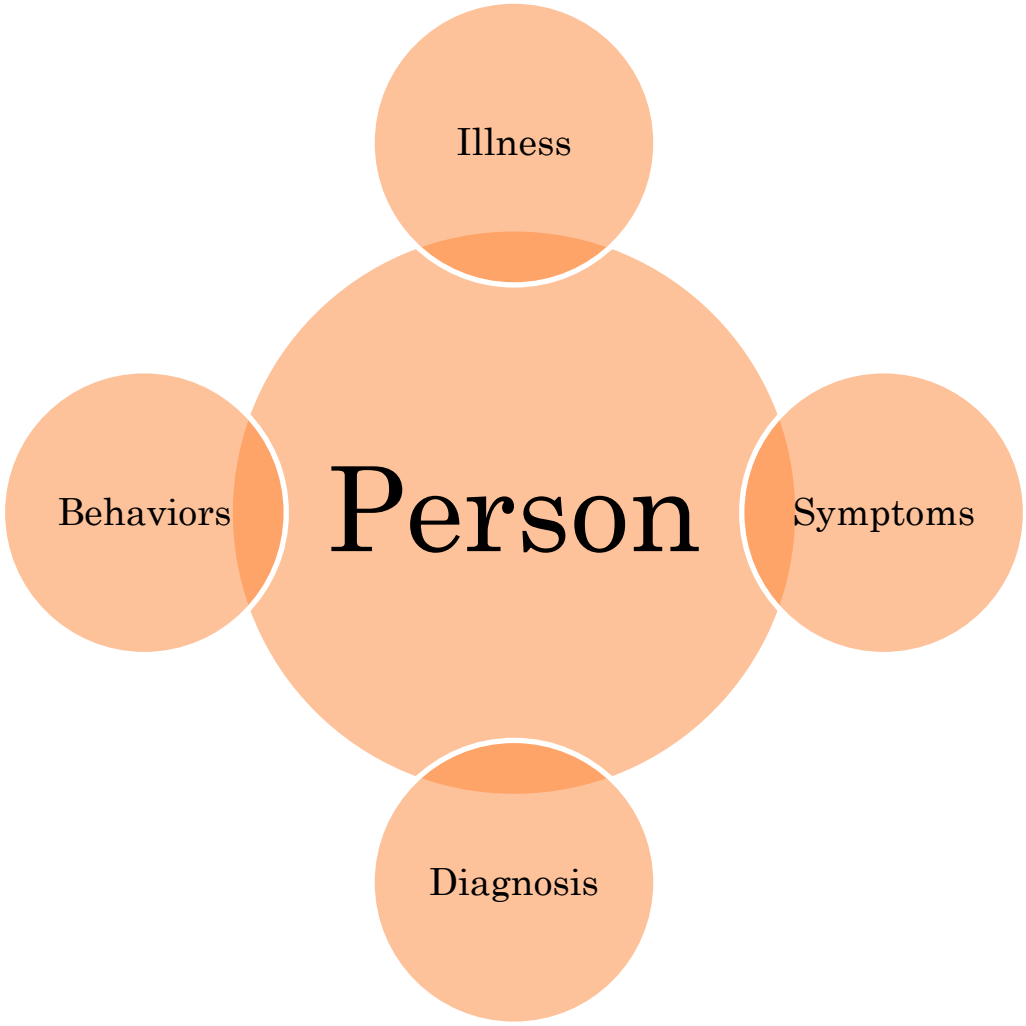
- Rehabilitation is define as implementation of a wellness plan that includes life-style changes needed to decrease psychiatric symptoms and increase coping with symptom triggers in order for an individual to **achieve an optimal quality of life**:

1) Changing behaviors and thoughts
2) Providing *Hope*
3) Partnering with the participant - **What the provider does**
4) *Celebrating* small steps and/or changes

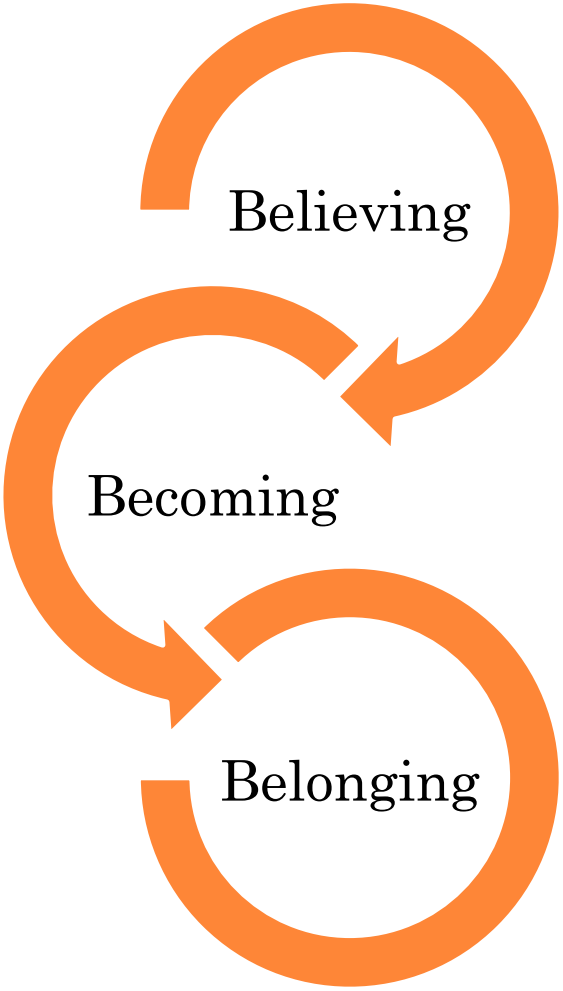
Treating The Person

- **Medical** model treated the illness, symptoms, behaviors, and diagnosis
- **Recovery** model treats the person having the above identifiers, focusing on the individual
- Partnering with individuals can be successful if you focus on **"What happen to you"** and *not* focusing on "What's wrong with you."

Recovery Values



Recovery Goals



Collaborative Relationships

Working Together

- Clearly defined **roles** and **responsibilities**
- Clearly defined **tasks** and **duties**
- Clearly developing distinct and different **Recovery Goals**
- Good **Communication**

Recovery Goals

- Developing Smart Goals
- Smart Goals must have **five** key elements:

1) **S**=Specific
2) **M**=Measurable
3) **A**=Attainable
4) **R**=Realistic/Relevant
5) **T**=Timely

Progress Notes

- **SOAP**=Subjective, Objective, Assessment, and Plan
- **DAP**= Data, Assessment, and Plan
- **BIRP/DIRP**= Behavioral/Data, Intervention, Response, and Plan
- All are used in different Recovery milieus
- Documentation is a key factor in Case Management and other Behavioral Health positions

Source: Woodside, M., McClam, T. (2006).

Connecting the Dots

- Telling a story by using the following:
  1) **Assessments**
  2) **Evaluations**
  3) **Goals**
  4) **Progress Notes**

Conclusion

- Person Centered Language
- Person Choice
- CM Roles: Advocate, Coordinate, Negotiate, and Brokers
- Did you leave the person better off, than when you met him or her
- Recognition that you work with the whole person Take in to consideration the total problem/s
- Strengths Based

Scenario & Group Discussion

- Handouts
- Group Discussion
- Report Out

Case Study

- This case study is designed to give Case Managers some practice in considering issues associated with working with individuals that have a mental illness and/or history of suicide, so that they will be better prepared to deal with such situations should they arise. Mental illness and suicide are sensitive and complex issues and it is natural that some people may feel uncomfortable talking about them.

The scenario and case study materials

- This case study presents a potential news story involving complaints against a family day care service because a person working there has schizophrenia. The service is currently run by an older woman, who would now like her daughter to take over the business. The daughter, who has been helping her mother for some years, has applied to "Community Welfare" for approval to run the service. On her application, she has indicated that she receives treatment for schizophrenia. Community Welfare has disclosed this information to parents during interviews with them about the service. Prior to this, the parents were not aware of the woman's illness. The video scenes follow the journalist as he speaks to the parents, the woman who runs the family day care service, the director of Community Welfare and a psychiatrist (with extra cut-aways on the VHS/DVD version). In addition to the video footage, a transcript of the interviews is provided. Some of the information and quotes included could, if reported, lead to quite a sensational story. These choices are presented to allow case managers to develop an appreciation of how their roles and responsibilities can influence the lives of people receiving Behavioral Health Services.

http://www.mindframemedia.info/__data/assets/pdf_file/0016/8404/Case-Study-2-Student-Notes.pdf

Group Discussion

1) How would your CM team advocate and/or support your participant with acquiring her mother's day care company?
2) How would your CM team educate the community about Mental Illness?
3) What type of goal(s) would your CM team set to ensure your participant's MH wellness?

- *Hint: Using Psych Rehab Principles and Values*

Questions

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