Developing Psych Rehab Skills and Improving Managerial Outcomes

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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, and Gagne, 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.

PsyR Paradigm	**Health-based developmental model**
View of Person	**Person with a disability**
Emphasis on	**Strengths & resources**
Role of Professional	**Consultant**
Role of Consumer	**Collaborator**
Assessment of	**Competencies**
Goal of Intervention	**Recovery, QOL, CI**
Modus Operandi	**Enhance coping**
Systemic Perspective	**Ecological system**
Services Model	**Educational model**

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 – partial & 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

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

Some Other Difficulties

- Use of formal systems generates revenues for providers. Use of natural support systems does not.
- It takes more time and creativity to find and use natural support systems in the community, even though they are generally far more useful, satisfying, and lasting.

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.

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

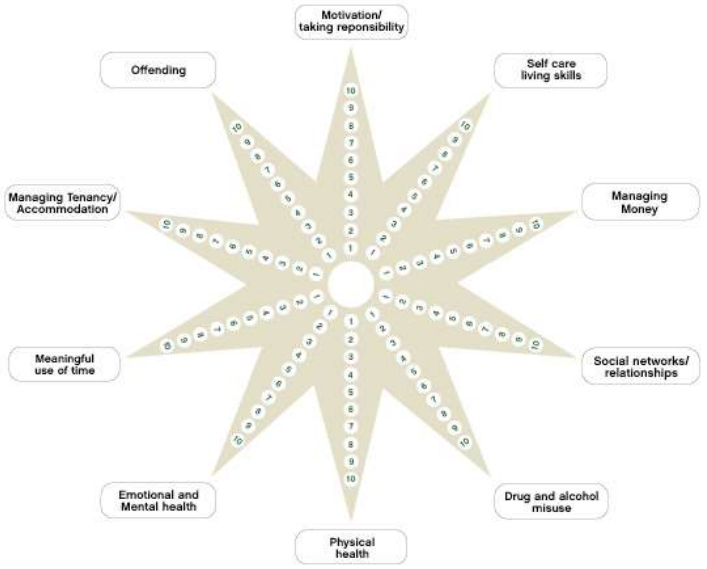
Resources & 4 "A's"

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?

Outcome = Income

- Tracking Data:

1) Employment
2) Education
3) Volunteerism
4) Physical Wellness
5) Mental Health Wellness
6) Community Connections
7) Reducing CRC Visits
8) Productivity/UOS



Tracking Data

- The Three I's

1) Individualized
2) Intensive
3) Intervention

Vanderbilt.edu/csefel, 2010

Individualized

- What to measure

1) Set Clear Objectives
2) Set Clear Expectations
3) Set Time frames
4) Should not interrupt the flow of your program a/o team

Intensive

- How to measure

1) Must give you meaningful data
2) Staff must understand the importance of obtaining the goal
3) Documenting the measures
4) Documenting the challenges

Intervention

- Who to measure

1) Staff must understand their role(s)
2) Staff must understand their responsibilities
3) Staff must have a platform to voice their ideas a/o suggestions
4) Staff must understand the entire process to ensure "buy in"

Let's Put into Practice

- Handouts
- Group Discussion
- Report Out

Questions and Answers

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