Developing Psych Rehab Skills and Improving Managerial Outcomes

Marcie Cole, M.S., C.P.R.P.
Adjunct Professor at Drexel University and PRS Director at Horizon House Inc.
March 5th, 2015
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 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.
<table>
<thead>
<tr>
<th>PsyR Paradigm</th>
<th>Health-based developmental model</th>
</tr>
</thead>
<tbody>
<tr>
<td>View of Person</td>
<td>Person with a disability</td>
</tr>
<tr>
<td>Emphasis on</td>
<td>Strengths &amp; resources</td>
</tr>
<tr>
<td>Role of Professional</td>
<td>Consultant</td>
</tr>
<tr>
<td>Role of Consumer</td>
<td>Collaborator</td>
</tr>
<tr>
<td>Assessment of</td>
<td>Competencies</td>
</tr>
<tr>
<td>Goal of Intervention</td>
<td>Recovery, QOL, CI</td>
</tr>
<tr>
<td>Modus Operandi</td>
<td>Enhance coping</td>
</tr>
<tr>
<td>Systemic Perspective</td>
<td>Ecological system</td>
</tr>
<tr>
<td>Services Model</td>
<td>Educational model</td>
</tr>
</tbody>
</table>
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
References


- Designing A Data Collection System to Track Outcomes. (module3b). Retrieved February 27, 2015, from [http://Vanderbilt.edu/csefel](http://Vanderbilt.edu/csefel), 2010