APA Recovery to Practice Curriculum

8. Interventions II
Psychosocial Rehabilitation (PSR) Services: What are they?

- From a scientific viewpoint (what works), there are three categories of PSR services:
  - Evidence Based Practices (EBP)
  - Promising Practices
  - Supporting Services

While distinct as far as the evidence that supports them, components of the practices and services are sometimes present across the categories.
Before We Begin

People with serious mental illnesses want the same as you and I want:
- Work, friends, home, family, leisure activities, to be accepted

Research has determined that certain interventions work, i.e., help people achieve the things they want for themselves – substantial body of research evidence

When delivered as designed and researched – fidelity is extremely important!

These interventions are now the gold standard for helping people with serious mental illnesses to recover from the effects of their illness and regain their maximum functional capability
Interventions II: Evidence Based Practices

EBPs Build Skills & Resources to Achieve Goals

- Assertive community treatment
- Supported employment
- Cognitive behavioral therapy
- Family-based services
- Token economy
- Skills training
- Concurrent disorders interventions
- Psychosocial interventions for weight management

EBPs must be implemented with fidelity to the researched practice!

Interventions II – EBPs: Assertive Community Treatment

- Assertive Community Treatment (ACT)
  - The most well known and researched EBP
  - The model has been tested in countries all over the world and found to be effective
  - ACT is the most intensive case management service for those with serious mental illness
  - Cornerstone of effective community services for people who need support to remain out of hospital
  - Requires multidisciplinary team: 10 – 12 staff for 100 clients
  - Team members pool knowledge - no professional hierarchy
  - Staff respond in community 24/7 and adjust services as needed
  - Team meets daily to discuss each person & responds accordingly
  - Services adjusted quickly when necessary
  - Types and length of service depend on needs of client
  - Reduced recidivism is the outcome
Interventions II – EBPs: Supported Employment

**Supported Employment (SE)**

- One of the most researched EBPs
- Focus on competitive employment
- Rapid job searches
- Jobs tailored to individuals
- Case load 1 vocational specialist / 25 persons
- On-going support
- Time-unlimited follow-along supports
- Integration of vocational and mental health services
- Real world jobs
- Zero exclusion criteria (that is, no one is screened out because they are not thought to be ready)
Interventions II – EBPs: Family Psychoeducation

Family Psychoeducation

Family psychoeducation is one of the most researched EBPs

Essential elements:
- Provide information about clinical treatment
- Teach coping skills that family members can use as needed
- Consumer and family are partners in provision of services
- Provide educational workshops
- Teach skills building for community re-entry
- Provide social and vocational skills training
- Should be at least 6 – 9 months in duration

Outcomes include:
- Reduced hospitalization rates
- Higher rates of employment among those who participated
- Improved family member well-being, decreases in negative symptoms, and decreased costs of general medical care
Interventions II – EBPs: Cognitive Behavioral Therapy

Cognitive Behavioral Therapy (CBT)

CBT is a combination of:
- Cognitive therapy (teaches rational thinking)
- Behavior therapy (teaches skills)

Can be offered individually or in groups

Goals:
- Help people think more rationally, and
- Act differently based on more rational thinking

CBT is not aimed at eliminating symptoms
- CBT helps people manage symptoms by learning to challenge their irrational thoughts and act differently. Rather than “making the demons go away”, it helps people learn to “manage the demons”

Should be 4 – 9 months in duration

Like other EBPs, often improves symptomatology

A form of psychotherapy, must be provided by trained clinicians
Skills Training

- An application of behavior therapy
- Not aimed at reducing symptoms but at helping people live with their illness and its symptoms in a more functionally adaptive way
- Applicable to any area of life where better skill performance will help a person function more effectively
- Can include any area where better skill performance is desired:
  - Social interactions
  - Educational settings, work settings
  - Communication and assertiveness
  - Skills for personal care, independent living, community integration

Behavior shaping involves:

- Didactic instruction
- Modeling of behavior
- Systematic practice & reinforcement of desired behavior until criteria is met
**Token Economy**

Token economy interventions are only appropriate for long term care or residential settings.

- Used when behavioral improvement in daily living skills is needed, i.e., for specific problem behaviors.
- Based on social learning principles where an intermediate reinforcement (something that can be redeemed later for a desired object, such as a token) is provided contingent on performance of an identified behavior.

Behaviors that token economy interventions are often designed to improve include:

- Personal hygiene
- Social interaction
- Behaviors adaptive for living in a long term care / residential setting
Token economies have been used successfully in institutional settings for several decades and there are many studies that support the efficacy of this highly effective intervention. Must be provided in a safe treatment environment. Fidelity to the EBP is essential and includes:

- Substantial investment in staff training prior to initiation of the program
- Careful and sustained supervision of all staff throughout the full duration of the intervention

Punishment is NEVER employed
Co-occurring Disorders

- Substance use disorders frequently co-occur with serious mental health disorders
- Range is from 27% to more than 60% (much higher in forensic populations)
- Use of psychoactive substances exacerbates the symptoms of mental illness and can impede treatment
- Treatment is most effective when the treatment for both disorders is integrated and offered by one provider who is knowledgeable about both disorders
- Motivational Interviewing (MI), a specific form of psychotherapy, has been identified as a helpful component of concurrent disorders treatment
Interventions II – EBPs: Integrated Dual Diagnosis/Concurrent Disorders Treatment

Key Elements of Integrated Dual Diagnosis Treatment Are:

- Knowledge about the effects of alcohol and drugs and their interactions with mental illness and the medications that are used to treat mental illnesses.
- Integrated services provided by the same clinician / clinical team.
- Stage-wise treatment provided as individuals progress over time through different stages of recovery.
- An individualized treatment plan that addresses both the substance use disorder and the person’s mental illness.
- Motivational Interviewing to help the individual develop awareness, hopefulness, and motivation.
- Coping skills training.
- Strategies to maintain engagement in treatment.
- Relapse prevention.
Weight Management and Serious Mental Illness

Many newer anti-psychotic medications, especially Olanzapine and Clozapine, cause weight gain and an increase in body mass index (BMI).

Due to effects of medications, controlling appetite and losing weight are very difficult.

Substantial weight gain can lead to serious health problems:
- Musculoskeletal disorders
- Arthritis
- Insulin resistance
- Metabolic syndrome

Metabolic syndrome – very serious condition:
- Much more prevalent in people using anti-psychotic medications
- Can lead to increased risk of type 2 diabetes, heart attack and stroke
Interventions II – EBPs: Weight Management Interventions

Weight Management and Serious Mental Illness

- Interventions appear to have greatest chance of success when delivered at the beginning of medication treatment.
- Goal setting, regular monitoring of results, ongoing support, and provision of feedback are important.
- Maintenance of weight loss and reduced BMI have not been consistently shown – very difficult for people on psychotropic medications!
- Due to the critical importance of maintaining normal weight, interventions for weight management should be an essential component of the PSR continuum of services available to all clients.
Interventions II: Essential Provisions for Evidence Based Practices

Fidelity

When providing a service that has been shown to be effective, it is extremely important to provide the service exactly as it was developed and researched.

When the service is not provided with fidelity, the provider is not providing the same service.

The provider is essentially providing a new, untested service.

There is no reason to believe that the new, untested service will work.

However, because providers and service delivery systems often call the new, untested intervention by the same name as the one that has evidence to support it, a serious dis-service is done to clients and to the field because in most cases, the revised (often limited) intervention fails to provide any benefit to the client, i.e., it has no effect.

This causes distrust among clients and administrators and often leads to a future unwillingness to provide researched services.
Interventions II: Essential Provisions for Evidence Based Practices

Appropriately Trained Staff

- Many EBPs and promising practices require certain clinical skill sets for the service to be provided appropriately.
- Without this knowledge and expertise, the service will not be provided as it was intended to be and as it was researched, i.e., determined to be effective.
- Although many clinicians are trained in some components of each of the practices, many are not trained thoroughly in all of the components of any practice.
- On-going continuing education and supervision are essential for all staff who provide clinical services.
Integration and Coordination of Services

- Ideally, one person or one team is responsible for providing all services to any given individual.
- Most often this is not the case. The classic example is mental health services which are almost universally separate from substance abuse services.
- When services are not integrated and coordinated by one provider or one team, they are usually fragmented, often work against each other, sometimes have conflicting goals, and many times become a destructive force which impedes rather than facilitates, recovery for the individual.
- Although a systems issue, it impacts directly on the effectiveness of individual services.
Interventions II: Essential Provisions for Evidence Based Practices

Services Tailored to the Wishes and Goals of Each Person

- Services should only be provided when:
  - The person expresses a desire for services
  - The person has set one or more goals for him/her self
  - A comprehensive rehabilitation assessment of capabilities and resources has been completed
  - The person has indicated a willingness to begin the rehabilitation process
  - Services should be tailored to the wishes and goals the person has set for him/her self and based on the rehabilitation assessment
Citation for this Module:


www.apa.org/pi/rtp

Citation for the full Curriculum:


mjansen@bayviewbehavioral.org or jansenm@shaw.ca

August, 2014