APA Recovery to Practice Curriculum

9. Interventions III
Those practices or services that have a body of research to support them but not sufficient evidence to be designated an EBP.

The PORT study designated four interventions as promising:

- Medication Management or Adherence
- Cognitive Remediation
- Psychosocial Treatments for Recent Onset Schizophrenia
- Peer Support/Peer-delivered Services

Important New Findings

- An integrated approach combining multiple interventions within a recovery oriented context, targeted to the unique needs of each individual including those in the justice system, may be the most effective approach.
- Increasingly clear - cognitive impairment is at the heart of functional skill deficits.
- Social cognition approaches needed for improving community functioning.
- Integrated approaches should include cognitive enhancement approaches as a fundamental component.

Including cognitive remediation “may result in a magnitude of change that exceeds that which can be achieved by targeted treatments alone” (Pinkham & Harvey, 2013)
Interventions III – Promising Practices: Medication/Illness Management

Medication/Illness Management

- Programs combine teaching people how to manage their illness to achieve their own recovery goals
- The strategies taught are a subset of those in several EBPs and promising practices
- Client concerns and preferences must be an integral part of the process

Common Elements:
- Education about mental illness, treatment, and wellness strategies
- Management of medication dosage and side effects
- Strategies to increase medication adherence
- Building social support (family, friends, peers)
- Relapse prevention/frequency reduction
- Coping with stress
- Coping with symptoms (cognitive behavioral strategies)
- Getting one’s needs met in the mental health system
Interventions III – Promising Practices: Cognitive Remediation

Cognitive Remediation

Neuropsychological functioning is often negatively affected, resulting in impaired thinking ability and an inability to function well in social, educational, and work settings.

Cognitive remediation can improve neuropsychological functioning and life skills outcomes especially when delivered in conjunction with other PSR interventions.

Programs generally provide computer assisted training sessions aimed at improving learning, memory, attention, concentration, and executive functioning.

Behavioral shaping is used, targeting the following neuropsychological functions:

- Attention and concentration
- Memory
- Planning
- Monitoring one's work & making adjustments based on feedback
Interventions III – Promising Practices: Early Psychosis Interventions (EPI)

Early Psychosis Intervention

- Most frequent onset of serious mental illness: between 15 and 26 years of age
- Warning signs can appear as early as 6 or 7 – prevalence of warning signs increases with age
- Age of typical onset is during a critical developmental period for learning social and vocational skills and for educational progress and attainment
- Suicide risk is much higher:
  - During first episode
  - Immediately following release from hospital
  - Especially for those not receiving treatment
Interventions III – Promising Practices: Early Psychosis Interventions (EPI)

Increasing Evidence

- There is a critical period which occurs soon after manifestation of symptoms where intervention is important to minimize the effects of the illness.
- Young people with psychotic symptoms often experience delays in assessment and treatment.
- Treatment effects are not sustained beyond the intervention period and continued intervention may be needed especially during what is considered the five year critical period from onset of symptoms.
- The longer an individual remains without treatment after evidencing psychosis, the poorer the long term outcome.
- Reducing treatment lag leads to better long term outcomes.
- Early intervention improves overall outcomes.
Early Intervention Programs Generally Include Multimodal PSR Interventions

- CBT
- Family based psychoeducation
- Illness management
- Educational and vocational interventions
- Case management
- Pharmacotherapy
- An assertive approach to treatment
Peer Delivered Services

Participation of consumers in the design, delivery, and evaluation of mental health services is a hallmark of a mental health system that truly supports recovery.

People with serious mental illness consistently say support of others who have gone through what they are going through is one of the most important & helpful services - focus of considerable research to determine if there is enough evidence to include it as an EBP.

Peer services are provided by individuals with serious mental illness who have recovered sufficiently to help others who have similar illnesses.

Peers listen, share their own experiences, offer support, hope, encouragement, and practical suggestions.
Interventions III – Promising Practices: Peer Delivered Services

Types of Peer Delivered Services:
- Peer led self help interventions, may include telephone lines
- Peer operated and managed services
- Traditional services, i.e., case management by peer providers in the mental health system
- Peer support, individually or groups, in or outside the system

Despite the many benefits of peer delivered services, some potential challenges exist including:
- Role conflict and confusion
- Potential for dual relationships
- Risk of violation of confidentiality

Training & resolution of personnel issues is crucial
Interventions III: Important Provisions for Delivering Promising Practices

Services Designated as Promising Should be Delivered:

- With fidelity
- By appropriately trained staff
- Integrated and coordinated with other services
- Tailored to the wishes and goals of each person
In addition to the EBPs and promising practices, there are several services that support people with SMI and help them achieve a healthy and satisfying life. These are often called supporting services and are part of a comprehensive system of services for people with serious mental illness.

Supporting services are those that have achieved some consensus among people with lived experience and service providers as helpful for achieving recovery.

These services are sometimes the subject of research to determine their effectiveness.

Provision of EBPs, promising practices, and supporting services in an integrated PSR model has been shown to improve the functional capability of individuals with serious mental illnesses and improve outcomes across a broad spectrum of domains when compared with standard care.
Interventions III: Supporting Services

Services Generally Agreed as Helpful and Supporting Are

- Motivational Interviewing*
- Supported Housing
- Supported Education
- Trauma Informed Care**
- Smoking Cessation
- Health Education
- Clubhouse and Drop-in Center Models
- Leisure Services
- Personal/Daily Life Services
- Gender Specific and Culturally Informed Services

* Evidence based for addictions work

** Trauma services are critically important especially for women, require adequate training, and often must be provided in women only groups
Motivational Interviewing (MI)

- MI focuses on empathy, an interpersonal relationship, and reinforcing talk of change in each client
- MI is non-confrontational and non-judgmental
- Highly effective in helping people make difficult behavioral changes, especially those associated with addictive disorders
- Uses a stages of change model
- MI is a form of psychotherapy and requires specific training in MI strategies
Interventions III – Supporting Services: Interventions for Trauma

Trauma Interventions

Factors influencing development of a trauma related disorder:
- Include age at which the trauma occurred with children being most vulnerable
- Emotional resilience
- Socio-economic status
- Severity of the traumatic event

Estimates of those who have experienced or witnessed trauma and develop a traumatic reaction range from 27 to 74%

Alcohol and drug abuse commonly occur with a trauma related disorder – concurrent treatment is important

Pharmacotherapy can be an important component to reduce the anxiety, depression, & insomnia often experienced with trauma reactions & PTSD, making it possible for individuals to participate in treatment

Trauma interventions are specialized psychotherapeutic interventions & require specialized clinical expertise, provided in a safe environment
Interventions III – Supporting Services: Interventions for Trauma

The Most Effective Interventions for People who Have Experienced Trauma Utilize:

- Exploration of feelings in a safe environment
- Education
- CBT
- Exposure
- Coping skills for anxiety - breathing retraining, biofeedback, cognitive restructuring
- Managing anger
- Preparing for stress reactions - stress inoculation
- Handling future trauma symptoms
- Addressing urges to use alcohol or drugs when trauma symptoms occur - relapse prevention
- Communicating and relating effectively with people - social skills/family relationships
Serious Mental Illness and Trauma

- Many individuals with serious mental illness have experienced severe trauma
- Trauma can be from prior events unrelated to the illness, BUT
- Many individuals also experience significant trauma at the hands of the treatment system
- Experiencing a psychotic episode for the first time can be highly traumatic and can lead to full PTSD or to PTSD symptoms. The trauma can be from terror experienced as a result of the psychotic symptoms or from experiences encountered in the treatment system, or both
- People with serious mental illness who are homeless, especially homeless women, have very high rates of trauma
Trauma and Women

Up to 97% of homeless women with mental illness experienced severe physical and/or sexual abuse; 87% experienced this abuse both as children and as adults.

Due to their increased vulnerability and poverty, women are more likely to be unable to control sexual situations and may be more often exposed to HIV/AIDS and other sexually transmitted diseases.

Women - Very Different Treatment Needs than Men

Women that have been abused by men will be unable to work through those issues in a mixed group - a mixed trauma group can exacerbate their trauma.

Services offered in women only groups are essential for women who have been abused both to help them recover and to avoid exacerbating their trauma.
Supported Housing

- Having decent, stable, affordable housing of one’s choice is the first step toward achieving recovery – Housing First
- Providing stable housing decreases homelessness
- Supports needed are often provided within an ACT program
- Case management and treatment for concurrent substance use are important components of supported housing
- Often individuals need support and skills training:
  - How to avoid losing their home and how to find a new home if needed
  - Skills for managing their home
Supported Education

Assisting people with serious mental illness to continue their education is increasingly recognized as vital to their recovery and ability to resume a normal life:

- Young people whose education was interrupted
- Adults wishing to obtain additional education

Supported education programs help consumers gain knowledge and confidence

Process helps people with serious mental illness return to education to achieve their learning goals and/or become gainfully employed in the career of their choice

Communication and collaboration between all stakeholders is vital
Interventions III – Supporting Services: Supported Education

Supported Education Programs

- Have a supported education team or specialist designated to work with consumer-students
- May offer preparatory assistance and options
- Offer support and assistance to acquire necessary resources for school attendance
- No non-educational eligibility requirements for entrance into the program
- Supported education specialist completes educational assessments with consumer-students
Interventions III – Supporting Services: Smoking Cessation

People with Serious Mental Illness Have Higher Prevalence Rates of Smoking

- Smoking rates may be as high as 80 – 90 percent in this population compared to prevalence rates of 20 – 30 percent in the general population.
- People with serious mental illness and concurrent substance use disorders consume 44% of cigarettes sold and smoke more per day.

Recent Nicotine Research Suggests

- Psychotropic medications and nicotine have interactive effects on cognitive functioning – for people with these illnesses, nicotine appears to normalize the deficits in sensory processing, attention, cognition and mood.
- Nicotine may also offer some relief from the side effects of psychototropic medications because smoking decreases blood levels of these drugs.
Interventions III – Supporting Services: Smoking Cessation

Research Indicates that Several Factors are Common to Successful Smoking Cessation Programs:

- Advice to quit given by a physician
- Nicotine pharmacotherapy (both over the counter and by prescription)
- Counseling that is both long term and intensive
- A supportive public health environment and approach

Due to the high prevalence and negative health effects, smoking cessation programs are an essential service for those with serious mental illnesses.
Interventions III – Supporting Services: Health Education

Health Education

- People with serious mental illnesses are often vulnerable to sexual exploitation and abuse, with women being most vulnerable.

- Information about safe sex, HIV/AIDS, other STDs, risks of drug injection, safe injection practices, and other more general health information, is considered an essential service.

- Access to general health and dental care is important because many people with serious mental illness do not obtain health and dental care due to stigma, inability to pay, and importance of attending to other priorities before accessing health care.
Interventions III – Supporting Services: Clubhouse Model

Clubhouse Model

- Fountain House: first PSR intervention developed in New York in 1948 – many others, including ACT and SE, are based on the clubhouse model
- The model now includes housing supports and links to mental health and substance abuse treatment
- Essential daily activities include:
  - Providing individuals with serious mental illnesses opportunities to participate in the work activities of the clubhouse itself:
    - Administration and outreach
    - Hiring, training and evaluation of staff
    - Research on the effectiveness of the clubhouse
Studies Have Found:
- Clubhouse members are more successful in paid employment
- Have longer job tenure
- Move on to employment that is less supported than do those who are similarly ill and in other parts of the mental health treatment system, but not part of a structured clubhouse

Research on the Model has Consistently Found These Necessary Components:
- Education for clients and families
- Skills training for work and community living
- Case management
- Medication management
- Clinical follow up
Interventions III – Supporting Services: Drop-in Services

Drop-in Centers

- Drop-in centers are often loosely built around the clubhouse model but are generally much less structured.
- Other clubhouses are in operation that do not adhere to the model – sometimes these function more as drop-in centers or with features of both a clubhouse and a drop-in.
- The true Fountain House model is now the subject of considerable research and is showing excellent results. Fidelity to the researched model is important!
Interventions III – Supporting Services: Leisure Services

Leisure Activities

Leisure activities can play a key role in the restoration and maintenance of mental health by helping people:

- Develop self esteem
- Build confidence from learning new skills
- Make connections with others

Therapeutic recreation programs including moderate intensity exercise or even rest can reduce some psychological distress including depression, confusion, fatigue, tension, and anger

Leisure has benefits for everyone and is part of everyday life – leisure services are considered an important supporting service for people with serious mental illnesses
Interventions III – Supporting Services: Personal/Daily Life Services

Personal and Daily Life Services

Due to the developmental stage at which many develop serious mental illness, skills for managing every day activities may not be learned.

Services focusing on helping people manage aspects inherent in daily living are essential for success in the community.

All skills should be assessed as part of the functional assessment and training provided where needed.

Services can include skills training in:

- Personal care/self management
- Nutrition
- Physical health and safety
- Budgeting and finance
- Housekeeping
- Transportation
- Coping with stress
- Relationships
- Use of community resources
Interventions III – Supporting Services: Services Supporting Gender & Culture

Culturally Appropriate and Gender Sensitive Services

- Despite PSR’s focus on inclusiveness, PSR services may or may not meet the needs of all cultures or be gender appropriate.
- Those who need services often do not avail themselves of treatment.
- Issues related to gender and culture should be considered:
  - When problems arise that don’t have an immediately apparent cause.
  - Each time services are discussed with a client.
  - During interviews, assessments, and goal setting meetings.
  - When clients are participating in services.
  - At each service transition point.
Many Times the Issues are Subtle; Other Times Apparent

- Women are usually responsible for caring for their children but unable to access services with their children.
- Women are more likely to have been abused and may be further traumatized by groups that include men.
- Minority cultural groups may have substantial mental health problems but the reported prevalence is low due to reluctance to report problems, access needed services, and stigma.
- Cultural barriers are often not recognized by service providers, yet appropriate services could make substantial difference to the individual and his or her family.
- Those whose primary language is different from the majority language may need services that are in their primary language.
- Where stigma about mental illness is the norm, people may need to have providers from their culture who offer education, break down barriers, and include traditional providers.
Citation for this Module:


[www.apa.org/pi/rtp](http://www.apa.org/pi/rtp)

Citation for the full Curriculum:


[mjansen@bayviewbehavioral.org](mailto:mjansen@bayviewbehavioral.org) or [jansenm@shaw.ca](mailto:jansenm@shaw.ca)

August, 2014