Lesson 7

Psychosocial Rehabilitation Practice

The lesson will focus on the values and principles of Psychosocial Rehabilitation Practice (PSR) and will discuss how PSR is an essential element of an effective support system in any mental health program whether located in a hospital or community setting.

At the conclusion of the lesson you should have considered how your own practice fits with the values and principles of Psychosocial Rehabilitation and begin to consider strategies of how you could involve community partners more in your own practice.

Learning Outcomes:

1. Understands the goals, values and guiding principles of PSR Practice.
2. Analyses own practice in relation to the goals, values and guiding principles of PSR.
3. Understands the importance of housing to Recovery.
4. Understands the importance of occupation to Recovery.
5. Understands the concept of community integration.

Key Readings that will be introduced throughout the lesson.

Competencies of Practice for Canadian Recovery-Orientated Psychosocial Rehabilitation Practitioners (2013) First Edition. PSR/RPS Canada


Supporting Recovery through Psychosocial Rehabilitation (PSR)

One way that practitioners can support an individual in their recovery is through the application of the goals, values and guiding principles of Psychosocial or Psychiatric Rehabilitation. These terms are often both used interchangeably. In the USA today, the term changed to Psychiatric Rehabilitation, while in Canada the term has remained Psychosocial Rehabilitation. For the purposes of this lesson we will refer to the practice as PSR.

Psychosocial rehabilitation (also termed psychiatric rehabilitation or PSR) promotes personal recovery, successful community integration and satisfactory quality of life for persons who have a mental illness or mental health concern. Psychosocial rehabilitation services and supports are collaborative, person directed, and individualized, and an essential element of the human services spectrum. They focus on helping individuals develop skills and access resources needed to increase their capacity to be successful and satisfied in the living, working, learning and social environments of their choice and include a wide continuum of services and supports. (PSR Canada 2014 retrieved from http://psrrpscanada.ca/index.php)

While the practice is directed toward adults, the values of PSR are applicable to all mental health practice across the age continuum.


Instructional Activity #1

1. Regardless of where you work, inpatient or outpatient, in your daily practice, what are some ways you can offer choice?
Guiding Principles of PSR Practice

All PSR practice is guided by and needs to adhere to core principles that form the foundation of all relationships and interventions. These principles keep practice focused and centered on the individual.

The importance of these principles to practice cannot be overstressed.

They are the backbone of all practice and can be applied in a variety of settings from community support to inpatient hospital programs.

PSR/RPS CANADA CORE PRINCIPLES & VALUES

1. Psychosocial rehabilitation practitioners convey hope and respect, and believe that all individuals have the capacity for learning and growth.

2. Psychosocial rehabilitation practitioners recognize that culture and diversity are central to recovery, and strive to ensure that all services and supports are culturally relevant to individuals receiving services and supports.

3. Psychosocial rehabilitation practitioners engage in the processes of informed and shared decision-making and facilitate partnerships with other persons identified by the individual receiving services and supports.

4. Psychosocial rehabilitation practices build on strengths and capacities of individuals receiving services and supports.

5. Psychosocial rehabilitation practices are person-centered; they are designed to address the distinct needs of individuals, consistent with their values, hopes and aspirations.

6. Psychosocial rehabilitation practices support full integration of people in recovery into their communities, where they can exercise their rights of citizenship, accept the responsibilities and explore the opportunities that come with being a member of a community and a larger society.

7. Psychosocial rehabilitation practices promote self-determination and empowerment. All individuals have the right to make their own decisions, including decisions about the types of services and supports they receive.
8. Psychosocial rehabilitation practices facilitate the development of personal support networks by utilizing natural supports within communities, family members as defined by the individual, peer support initiatives, and self- and mutual-help groups.

9. Psychosocial rehabilitation practices strive to help individuals improve the quality of all aspects of their lives, including social, occupational, educational, residential, intellectual, spiritual and financial.

10. Psychosocial rehabilitation practices promote health and wellness, encouraging individuals to develop and use individualized wellness plans.

11. Psychosocial rehabilitation services and supports emphasize evidence-based, promising, and emerging best practices that produce outcomes congruent with personal recovery. Psychosocial rehabilitation programs include program evaluation and continuous quality improvement that actively involve persons receiving services and supports.

12. Psychosocial rehabilitation services and supports must be readily accessible to all individuals whenever they need them; these services and supports should be well coordinated and integrated as needed with other psychiatric, medical, and holistic treatments and practices.

Discussion Forum #4:

Please e-mail your response to questions to loretta.whitehorne@cdha.nshealth.ca


- Please give specific examples of 3 of the above principles are currently used in your practice.
- Please give specific examples of how 3 of the above principles can be improved in your practice.
**Competencies of Practice**

The preceding principles are so important to PSR practice that Competencies of Practice for Canadian Recovery-Orientated Psychosocial Rehabilitation Practitioners were recently developed in Canada. They have been a part of PSR practice in the US for a number of years now.


As you can see the Competencies for this program are very much in alignment with the PSR Canada Competencies of Practice. Competencies that can be assessed help to promote the knowledge, skills, attitudes and behaviours that are best able to support an individual's recovery journey. PSR Canada has just recently begun the process of developing competencies for practice across programs and practitioners in Canada with the eventual goal of developing a Canadian Registry of Recovery Orientated/PSR Focused Programs. By taking this course, practitioners are gaining the knowledge, skills and performance that will enable them to perform competency assessed interventions with those they support.

To keep up to date on the Registry or to join PSR Canada please visit:

http://www.psrrpscanada.ca/

**The Impact of Poverty**

For many people living with mental illness, social isolation and poverty go hand in hand.

Practitioners need to recognize that recovery may be very difficult, if not impossible, for individuals who are living in unsafe housing, poverty, and without access to health and medical services. Referrals alone are not enough. Negotiating systems is a critical skill for all Practitioners. Individuals need to have safe housing, food to eat, financial support, and medical care in order to begin their recovery journey.

Practitioners must assist people they are supporting in getting connected to the essential supports they may need to survive. Knowing how to access the Department of Community Services, knowing where the local food programs and banks are and their hours, having good relationships with good landlords are all very practical for the practitioner. While not doing for the individual is essential in the practice, having the information to assist someone in their goals is.
Promoting Recovery  Lesson 7

Supporting an individual in getting the essential services they need, can be the first step in engaging someone in their own recovery. Not offering assistance with the basic necessities in life until someone is active in their mental health treatment is of no help.

**HOUSING**


**Instructional Activity #2**

In your own community, what housing supports are currently available for individuals who live with serious mental illnesses? Where are they offered from and by whom?

Please read:


**Instructional Activity #3**

In your own community, what supported education/employment supports are currently available for individuals who live with serious mental illnesses?

How might you improve your ability to support individuals with their OCCUPATIONAL goals?
Best Practice Guidelines for Supported Employment

- Focus on helping people get and keep competitive employment. (“real jobs for real pay”)
- Move job seekers into competitive jobs quickly.
- Offer choice, and build employment services around the preferences and interests of the job seeker.
- Provide continuous and long-term supports.
- Link services to clinical treatment to coordinate services in a way that supports, rather than impedes, employment.
- Provide extensive and ongoing benefits counseling.

(Nemec & Furlong-Norman (2014) p. 179)

Reflective exercise #1

Please reflect on your own experiences with working.

1. What positive elements from working affect your own quality of life?
2. Was there a time in your life that you were not working but wanted to? How did that feel for you?
3. What stressors in your work do you deal with? How do you deal with them?

Instructional Activity #4

Andre a 38-year-old male is working with his mental health clinician Amanda, on a biweekly basis. He has expressed a desire to take some courses at the Community College despite the fact that he had to drop out of a course there two years ago. He was unable to complete assignments on time. When he expresses his renewed desire to return to school, Amanda states she does not believe this is a good idea and that he should stay with his volunteer job at the hospital library. He is discouraged from pursuing this any further.

From your understanding of the Principles Guiding Best Practices in PSR, please answer the following questions:

1. From Andre’s perspective, what are the positive and negative effects of this discussion?
2. In reviewing the process the clinician used in her work with Andre consider what Principles Guiding Best Practice in PSR were followed or omitted.
3. Describe how you might work with Andre using the Principles Guiding Best Practice in PSR.

**Psychosocial Rehabilitation Programs**

While the values and principles of PSR practice can be incorporated into all areas of supporting recovery there have been some traditional areas that have served as the foundation of PSR practice.

1. **Clubhouses** are intentional facility based communities, which provide people living with mental illnesses opportunities to live, work and learn, while contributing their talents through a community of mutual support.
2. Clubhouse programs and partnerships originate in its units. Each unit is “home base” for a number of members and staff, who work together to develop and operate a particular activity. In each unit, as well, staff members provide community support for members, to ensure that they receive the benefits and services they need, from both the clubhouse and beyond.
3. Members volunteer their work, to make clubhouse work. Together, members and staff are able to derive a sense of accomplishment, build skills, and establish relationships, helping everyone to know that they are needed and appreciated.
4. Clubhouse offers 4 guarantees to its’ membership:
   - a place to come to
   - meaningful work,
   - meaningful relationships,
   - and a place to return to.

Please go to the following websites to experience clubhouse first hand. (www.fountainhouse.org) USA and http://www.progressplace.org Canadian

**Peer Support Programs** and opportunities provide safe, supportive community environments; provides an atmosphere of acceptance; supports people to feel needed and promotes self-worth, dignity and respect by increasing knowledge about the community by learning from one another. Peer programs range from self-help groups, peer run drop in centers to peer specialists providing case management services and education.” (Clay, 2005, pg.28)

*We will be spending an entire lesson on Peer Support in the next few weeks.*
Assertive Community Treatment

Assertive Community Treatment is a client-centred, recovery oriented mental health service delivery model that has received substantial empirical support for facilitating community living, psychosocial rehabilitation, and recovery for persons who have the most serious mental illnesses, have severe symptoms and impairments, and have not benefited from traditional outpatient programs.

The important characteristics of ACT programs are:

- **ACT** serves clients with serious mental illnesses that are complex and who have very significant functional impairments, and who, because of the limitations of traditional mental health services, may have gone without appropriate services. Consequently, the client group is often over-represented among the homeless and in jails and correctional facilities, and has been unfairly thought to resist or avoid involvement in treatment.

- **ACT** services are delivered by a group of multidisciplinary mental health staff who work as a team and provide the majority of the treatment, rehabilitation and support services that clients need to achieve their goals. The team is directed by a team coordinator and a psychiatrist and includes a sufficient number of staff from the core mental health disciplines, at least one peer specialist, and a program/administrative support staff who work in shifts to cover 24 hours per day, seven days a week to provide intensive services (multiple contacts may be as frequent as two to three times per day, seven days per week, and are based on client need and mutually agreed upon plan between the client and ACT staff). Many, if not all, staff share responsibility for addressing the needs of all clients requiring frequent contact.

- Act Services are individually tailored with each client and address the preferences and identified goals of each client. The approach with each client emphasizes relationship-building and active involvement in assisting individuals with serious mental illness to make improvements in functioning, to better manage symptoms, to achieve individual goals, and to maintain optimism.

- The ACT team is mobile and delivers services in community locations to enable each client to find and live in their own residence and find and maintain work in community jobs rather than expecting the client to come to the program. Seventy-five percent or more of the services are provided outside of the program offices in locations that are comfortable and convenient for clients.
ACT services are delivered in an ongoing rather than time-limited framework to aid the process of recovery and ensure continuity of caregiver. Serious mental illnesses are episodic disorders and many clients benefit from the availability of a longer-term treatment/service approach and continuity of care. This allows clients opportunity to re-compensate, consolidate gains, sometimes slip back and then take the next steps forward until they achieve recovery.

ACT teams are required to have policies and procedures for each of the areas identified in the Standards. Once policies and procedures are in place, they maintain the organizational and service structure that supports the work and are useful in orienting and training new staff. (Government of Ontario. 2004 p.4)

For more information on these standards please see the Ontario Program Standards for ACT Teams. Second Edition October 2004 in your readings.

The National Association for Case Management defines case management and its functions as follows:

**Case Management** and service coordination are professional practices in which the service recipient is a partner, to the greatest extent possible, in assessing needs, defining desired outcomes, obtaining services, treatments and supports, and in preventing and managing crisis. The focus of the partnership is a process that assists the person to achieve the greatest possible degree of self-management of disability and/or life challenges. The individual/family and the practitioner plan, coordinate, monitor, adjust, and advocate for services and supports directed toward the achievement of individualized, personal goals for community living.

- Engaging in a hopeful relationship with the person/family served.
- Assessment of strengths and needs
- Developing in partnership with the person/family a service plan to achieve desired outcomes.
- Locating, linking and following up with needed services and supports.
- Monitoring, coordinating and adjusting services and supports to achieve desired outcomes
- Crisis prevention and intervention
- Advocacy for the person/family.

For more information on Case Management see (www.yournacm.com) and the Intensive Case Management Service Standards for Mental Health Services and Supports May 2005 in your readings.

**Conclusion:**

**Best Practice Guidelines for Psychiatric Rehabilitation Interventions**

1. Design interventions to help individuals make progress towards their personal goals rather than assigning the same generic interventions to multiple people.
2. Use psychiatric rehabilitation interventions that build the skills and supports needed to help people choose and achieve their personal goals.
3. Include in skill development intervention activities designed to address using each skill in the person's real-life environment.
4. Use educational best practices in skills teaching, such as multi-modal learning and performance practice with feedback.
5. Include support development interventions as needed to strengthen the use of natural supports and decrease reliance on professional mental health services.
6. Plan strategic interventions to increase engagement and discover motivation as well as increase empowerment and responsibility for setting and achieving personal goals, not maximizing adherence to provider-generated requirements.
7. Document interventions in ways that capture the relevance to the person (not the service system), and include information on how the person participated in choosing the intervention, the person's reaction to the intervention, and the resulting progress toward achieving the person's desired goals and objectives.
8. Recognize that lack of progress following delivery of an intervention is an intervention failure, not a personal failure of the service provider and not a shortcoming of the person served.

**Reflection and Action**

1. Please share one **AHA** moment you had during this lesson.

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2. Please share how you plan to **incorporate** this learning into your own practice over the next few weeks.

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Bibliography


Caldwell D. (2005) Assessment in Psychosocial Rehabilitation. In Best Practices in Psychosocial Rehabilitation. IAPSRS Maryland USA


IAPSRS (1997) Practice Guidelines for the Psychiatric Rehabilitation of Persons with Severe and Persistent Mental Illness in a Managed Care Environment. IAPSRS.


