Psychosocial Rehabilitation: Changing Models of Care in an Evidence-Based World

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What is Psychosocial Rehab anyway?

- According to Barton (1999), “researchers have noted the lack of a clear definition for the term psychosocial rehabilitation.”
  - How do you define psychosocial or psychiatric rehabilitation?
  - How does managed care?
What is Psychosocial Rehab anyway?

“Psychiatric rehabilitation services are collaborative, person-directed, and individualized, an essential element of the human services spectrum, and should be evidence-based. 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.”

(United States Psychiatric Rehabilitation Association, 2011)
What is Psychosocial Rehab anyway?

- International Association of Psychiatric Rehabilitation Services (IAPSRS) “Practice Guidelines for the Psychiatric Rehabilitation of Persons with Severe and Persistent Mental Illness in a Managed Care Environment” states that a practitioner will:

  - Foster hope, self-esteem, and empowerment
  - Encourage advocacy, peer support, and self-help
  - Support consumer-identified community goals
  - Promote education, role models, & self-determination
  - Teach life, stress, & symptoms management skills
  - Facilitate community-based normative experiences
  - Among others...
Turning Point: Previous Model

- Client enters program
- Client determines how many days/wk to attend
- Client gets assigned a primary counselor
- Client goes to group with primary counselor every day
- Client remains in this group until leaving the program
- Issues with this?
Turning Point: New Model

- **Creation time frame**
  - Critical to have practitioners fully involved in the process
  - Aides in the staff buy in – a must for successfully selling the change to the client

- Counselors, clients, & the Daily Living Activities 20 (DLA-20) provided input for group topics
  - Focusing on improving functional deficits and pre-vocational skills

- Counselors assigned a group each month to create the group format, utilizing identified curriculum on the topic
Turning Point: New Model

- **Next step: Create documents for distribution**
  - Group catalog/Group registration form
  - Provide documents to those working with or referring to your program

- **Establishing a timeline for implementation**
  - Provide time between informing and implementing
  - Best to inform in small groups, if not able to do so individually (ideal)
Why curriculum-based?

• Support for this format:
  ▫ “Psychosocial rehabilitation needs to have one or more of the following interventions to be accurately called psychosocial rehabilitation. Behavior skills training is used to increase cognitive functioning through curriculum-based interventions and learning experiences.” (Bloom, 2009, p. 6)

  ▫ “The first domain [associated with psychosocial rehabilitation] – skills training – involves systematic skill building through curriculum-based psychoeducational and cognitive behavioral interventions.” (Barton, 1999)
Turning Point Curriculum

• Refer to “Turning Point Group Catalog 2012”
  ▪ Review EBPs/Promising Practices
  ▪ GED/ABE classes
  ▪ Vocational Group
Group Selection

- How do clients select their groups?
  - Tx plan goals
  - DLA-20
  - Use of “Registration Form”
  - Coordinator makes final selection based on these requests
What is the DLA-20?

- Daily Living Activities Functional Assessment: Ensuring GAF Validity and Reliability (DLA-20)

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DLA-20

- Identifies functional impairments
- Guides development of specific, measurable goals
- Helps monitor progress towards recovery
- Consistent, sensitive, relevant and outcome driven
DLA-20: Key Elements

• Compares individual to GENERAL POPULATION

• Clinical assessment NOT SELF REPORT

• Based on functioning during the last 30 days
DLA-20: Scoring

- Rate each function

- 1 or 2 - very poor; treatment plan priority

- 3 or 4 - moderate impairment; would benefit from treatment

- 5 – 7 – WNL

- If uncertain, choose the lower number

- If you score all 20 items, divide total by 2; if less than 20, divide by the number of items scored and multiple by 10
DLA-20: Clinical Application

- 42 y/o WF with schizoaffective disorder
- Three Baker Act admissions during the last two months
- UDS negative but BAL on most recent admission was 0.12
- Lives with sister having similar symptoms; they fight frequently
- On disability with food stamps but behind in the rent
- Isolates and missed last medication appointment
DLA-20: Additional Resources


- [http://www.thenationalcouncil.org/cs/schizophrenia_advancing_care](http://www.thenationalcouncil.org/cs/schizophrenia_advancing_care)

- [http://www.mtmservices.org/HTML/Links-DLA.htm](http://www.mtmservices.org/HTML/Links-DLA.htm)
New Outcomes & Client Response

- Built-in level of care review
- Increased number of transitions/graduations
- Focus on areas critical to managed care
- Counselors are consistently pushed out of their comfort zone
- Straight from the mouths of clients:
  - “More than I ever hope for or expected...I’ve had a life changing experience with this program.”
  - “I can not choose no better classes it was terrific.”
  - “I like all the groups and I wouldn’t change nothing.”
  - “…that I was able to sit in class with my old and new friends and acquaintances...I like the paper award that I was given.”
Ongoing Issues

• Changing decades of past experiences & expectations
  ▫ With clients, staff outside of the program, & the community

• Questions?
References


• Executive Committee of the International Association of Psychosocial Rehabilitation Services (1997). *Practice Guidelines for the Psychiatric Rehabilitation of Persons with Severe and Persistent Mental Illness in a Managed Care Environment*. IAPSRS: Columbia, MD.