LEARNING OBJECTIVES

• Describe the goal, values and principles of psychiatric rehabilitation
• Explain what is meant by a wellness and recovery orientation and its relationship to psychiatric rehabilitation
• Describe the strengths based model of case management and its relationship to psychiatric rehabilitation
• Identify the 8 dimensions of wellness

LEARNING OBJECTIVES

• Able to list 5 wellness benefits by individuals living with mental illness from competitive employment
• Describe the Olmstead decision, the ADA and their impact on NJ’s mental health service system
• Examine current provider agency (PA) service delivery and potential barriers to change
**GOALS, VALUES AND PRINCIPLES**

- **Goals**: Desired states or objectives to strive for and achieve
- **Values**: Beliefs and attitudes that influence our behavior
- **Principles**: Guidelines that are consistent with our values and help us focus on the overall goals in the day-to-day provision of the wellness and recovery approach

(Pratt, Gill, Barrett & Roberts, 2014)

**STIGMA & MENTAL ILLNESS**

- External & internal stigma can get in the way of recovery

Stigmatizing Language Examples:
- Schizophrenic
- Borderline
- Chronic
- Low functioning & High functioning
- Sociopath
- Patient

**PSYCHIATRIC REHABILITATION**

- Comprehensive strategy for meeting the needs of people with severe and persistent psychiatric disabilities
- Assists people with psychiatric disabilities to increase their functioning so that they are successful and satisfied in the environments of their choice with the least amount of professional intervention
- Strengths-based
- Focus on empowerment

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**GOALS OF PSYCHIATRIC REHABILITATION SERVICES**

- Help eliminate functional deficits, interpersonal barriers, and environmental barriers created by illness
- Restore independent living, socialization, and effective life management
- Focus on strengths
- Teach new skills and coping techniques
- Restore sense of self-confidence

**MAIN FOCUSES**

- Increase daily living skills
- Enhance social interactions
- Build problem solving skills
- Create skills that can be used in the community (outside a hospital or formal treatment setting)
- **Full community integration**

**3 GOALS OF THE WELLNESS AND RECOVERY APPROACH**

- Community Integration
- Recovery
- Quality of Life
Rutgers

6 VALUES OF THE WELLNESS AND RECOVERY APPROACH

1. Belief that everyone has the right of self-determination.
2. Respect for the dignity and worth of every individual.
3. Optimism that everyone has the capacity to recover, learn and grow.
4. Holistic focus on multiple life domains including physical health and wellness.
5. Respect for cultural diversity and sensitivity to cultural traditions and preferences.
6. Promotion of valued social roles and normalized environments.

(Pratt, Gill, Barrett & Roberts, 2014)

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GROUP EXERCISE: VALUES

- Select a partner
- Individually, write five areas in your life that you value most
- Share your rationale for the five areas that you selected
- Pass your list to your partner
- Eliminate three areas from your partner’s list
- Return the list to your partner
- Open discussion

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12 PRINCIPLES OF THE WELLNESS AND RECOVERY APPROACH

<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person-centered approach</td>
<td>Focus on work and career development</td>
</tr>
<tr>
<td>Partnership between service provider and service user</td>
<td>Assessment related to person chosen goals and environments</td>
</tr>
<tr>
<td>Partnership with family members and significant others</td>
<td>Emphasis on goal-related skills training, resource development, and environmental modifications</td>
</tr>
<tr>
<td>Utilization of peer support</td>
<td>Integration of treatment and rehabilitation services</td>
</tr>
<tr>
<td>Utilization of natural supports</td>
<td>Ongoing, accessible, and coordinated services</td>
</tr>
<tr>
<td>Strengths focus</td>
<td>Empirical orientation</td>
</tr>
</tbody>
</table>

(Pratt, Gill, Barrett & Roberts, 2014)

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Group Exercise: Principles

Handout: USPRA (PRA) Core Principles & Values

Assign: Group Scenario

• Identify a reporter and recorder
• Read and discuss the scenario

• Identify one principle that would help guide the ICMS worker as they move forward in supporting the consumer described
  - List key scenario content points
  - List your potential bias and judgments
  - What challenges could the ICMS worker encounter while helping the person?
  - What gets in the way of conveying “hope and recovery oriented services”

Wellness Definition

Wellness involves being aware of ourselves as whole people, including a sense of balance and comfort with our bodies, our lives, and our jobs. It is a sense that things are going well for us today, and can continue to go well for us tomorrow. It is a sense that we have meaningful relationships, love, and a sense of meaning and purpose. Although we have setbacks, or we experience stress and trauma, we are resilient, have emotional strength, material resources, and the support of others to survive and thrive.

—Peggy Swarbrick

Defining 8 Dimensions of Wellness
8 DIMENSIONS OF WELLNESS

• How do you or can you help people in these wellness areas?

• Share success stories about program participant wellness achievements e.g. reading, yoga, walking, history/nature channel, weight loss, job, school, GED, place of worship, sleep, decreased caffeine.

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8 DIMENSIONS OF WELLNESS

• Under each dimension(s), list one specific example of what you are currently doing to help your wellness.

• Let’s review your responses and discuss strengths and weaknesses and challenges to maintain balance in these 8 dimensions of wellness.

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EMPLOYMENT IS A KEY TO A WORLD OF POSSIBILITIES!!!

Handout: IPS Supported Employment

• How does competitive employment impact wellness for people living with a psychiatric condition(s)?

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STRENGTHS-BASED CASE MANAGEMENT

Based on two assumptions:

1. To be successful, one must be able to use, develop, and access their own potential and have the resources to do so.

2. Behavior is dependent on the resources one has available.

WHAT SETS IT APART?

- Unlike traditional approaches to case management, the strengths and interests of the individual are the primary emphasis.

- Focus on problem solving and resource development

- Problems are de-emphasized and interventions are focused on helping individuals use strengths to succeed in the natural environment of their choice and niches within that environment

Comparison of Case Management Types

<table>
<thead>
<tr>
<th>Program Feature</th>
<th>Botanical Care Management</th>
<th>Clinical Care Management</th>
<th>Supported Community Model</th>
<th>Assertive Community Treatment</th>
<th>Intensive Care Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-patient ratio</td>
<td>1:50</td>
<td>1:50</td>
<td>1:20:50</td>
<td>1:50</td>
<td>1:50</td>
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<tr>
<td>Direct to patient</td>
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<td>Low</td>
<td>Low</td>
<td>Low</td>
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<tr>
<td>Staff ratio</td>
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<td>No</td>
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<tr>
<td>24-hour coverage</td>
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<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Community input</td>
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<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Tiers of care</td>
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<td>Low</td>
<td>Low</td>
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<td>Low</td>
</tr>
<tr>
<td>Frequency of treatment</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>Level of services</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>Integration of treatment</td>
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<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>Direct service provision</td>
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<td>No</td>
</tr>
<tr>
<td>Target population</td>
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<td>SMA</td>
<td>SMA</td>
<td>SMA</td>
<td>SMA</td>
</tr>
</tbody>
</table>
CASE MANAGEMENT GROUP DISCUSSION

• What type of case management service is ICMS most closely aligned?

• Are there opportunities to incorporate elements of the strengths-based approach to case management in your daily practice?

Two women, known as L.C. and E.W., with developmental disabilities and diagnosed with mental illness (schizophrenia and personality disorder respectively) were voluntarily admitted to Georgia Regional Hospital for treatment in a psychiatric unit (Atlanta Legal Aid Society 2004).

After some time, they indicated their preference for discharge and the professionals working with them assessed that they were ready to move into a community setting with appropriate support.

OLMSTEAD V. L.C., 527 U.S. 581
• However, they were not successfully discharged from hospital and in 1995 the Atlanta Legal Aid Society brought a lawsuit against the Georgia State Commissioner of Human Resources (Tommy Olmstead) and it was eventually heard by the Supreme Court.

• The Supreme Court ruled the women had the right to receive care in the most appropriate integrated setting, and that their unnecessary institutionalization was discriminatory and violated the ADA.

**OLMSTEAD DECISION**

- The Supreme Court held that public entities are required to provide community-based services to persons with disabilities when:
  - Such services are appropriate
  - The affected persons do not oppose community-based treatment
  - Community based services can be reasonably accommodated, taking into account the resources available to the entity and the needs of others who are receiving disability services from the entity

*Olmstead v. L.C., 527 U.S. at 607*

**OLMSTEAD DECISION**

- The Supreme Court explained that this holding reflects two evident judgments:
  - "institutional placement of persons who can handle and benefit from community settings perpetuates unwarranted assumptions that persons isolated are incapable of or unworthy of participating in community life."
  - "confinement in an institution severely diminishes the everyday life activities of individuals, including family relations, social contacts, work options, economic independence, educations advancement, and cultural enrichment."

*Olmstead v. L.C., 527 U.S. at 600-01*
CHALLENGING OUR ASSUMPTIONS ACTIVITY

- Participants will break up into work groups and discuss the following questions:
  - What assumptions do we make about a person's readiness to live in the community?
    - Why are we assuming this?
    - Under what condition is this assumption true?
    - How do you help to illuminate and address underlying assumptions and fears that you may hold about a person's 'readiness' and ability to live in the community?

IMPACT OF INSTITUTIONAL ASSUMPTIONS

- How are the individuals you provide services to impacted by institutionalization?
- What are some of the more challenging thoughts, feelings or behaviors exhibited by individuals you work with? What makes these so challenging for you?
- What are some effective service activities or interventions you can provide to combat the impact of institutionalization?

NEW JERSEY SETTLEMENT

- Target Population: Individuals with mental illness in state psychiatric hospitals who no longer meet commitment criteria and are awaiting community placement
- Filed by Protection & Advocacy group
- Serve 1,065 being discharged from state hospitals or who are at risk of hospitalization
- Includes target numbers and timeframes
- 2010 - 2014
Q&A AND EVALUATIONS

REFERENCES


