

	<h2>Rehabilitation & Treatment:</h2> <p>Complementary Supports to Recovery</p>
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Objectives for Today

- Differentiate between Treatment and Rehabilitation
- Identify the differences between rehabilitation and treatment needs
- Describe how integrated approaches are most effective in serving those with varied and complex needs
- Differentiate between person-driven and helper-driven goals & objectives


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Customer **Psychiatric Rehabilitation** CONSUMER
Community-based Person-Centered
OUTCOMES
Consumer-Centered
Treatment *Recovery* Goal-Driven
System Change Customer-Focused **Choice**
Medically-Necessary Person-Served

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We tend to view situations and problems through our "lenses" that are shaped by our experiences, knowledge, education, and training.

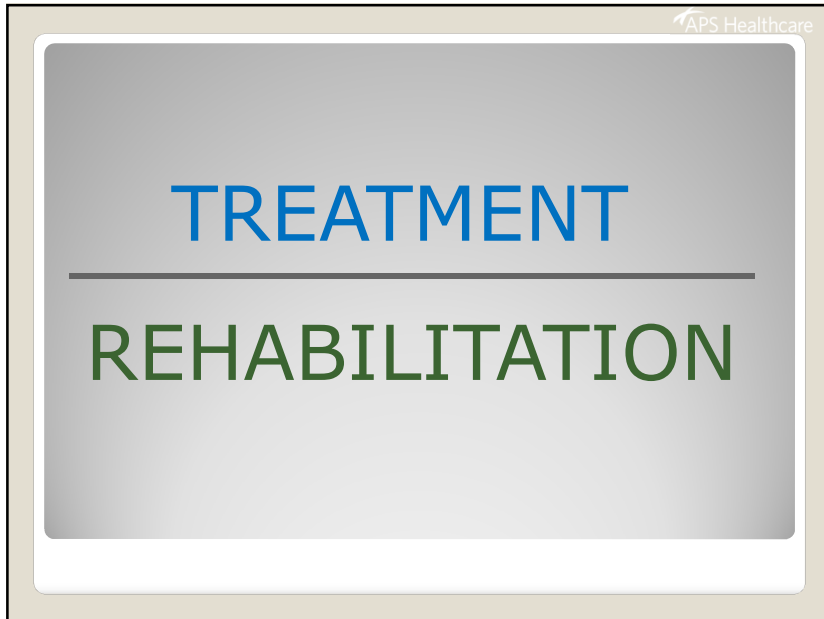
Thirty years ago, the US Dept. of Health recommended the establishment of multidisciplinary teams as ***"different approaches to treatment, and the participation of people from a number of professional disciplines are required to cater adequately for the needs of the mentally ill"***

~Planning for the Future (US Department of Health, 1984)

We've Known This for a While!




If my only tool is a hammer. . .





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Interventions by Domain

Impairment	Disability	Handicap
Condition/Symptom (Disease Process) 	Limitation of Function (Lack of Doing) 	Environmental, Societal (Discrimination/Barriers) 
Treatment -Reduction of Symptoms -Targeting Symptoms -Alleviating Distress	Rehabilitation - Rehab Diagnosis - Rehab Planning - Rehab Intervention	Advocacy - Changing the System - Changing Society - Improving Quality - Creating New Services

This table, titled 'Interventions by Domain', maps the relationship between different levels of disability and the corresponding interventions. It is organized into three columns: Impairment, Disability, and Handicap. Each column has a header, a description of the domain, a green arrow pointing downwards, and a list of interventions. The table is enclosed in a light brown border with the APS Healthcare logo in the top right corner.

What's the Difference?

Treatment:

Administration or application of remedies to a patient or for a disease or injury; medicinal or surgical management; therapy.

Rehabilitation:

Increasing the functioning of persons with psychiatric disabilities so they are more successful & satisfied in their environments of choice

What's the Difference?

Treatment:

Focus is on:

- *Disease process*
- *What's wrong*
- *Delineating symptoms*
- *Symptom mgmt.*
- *Disease mgmt.*
- *Disease eradication*

Rehabilitation:

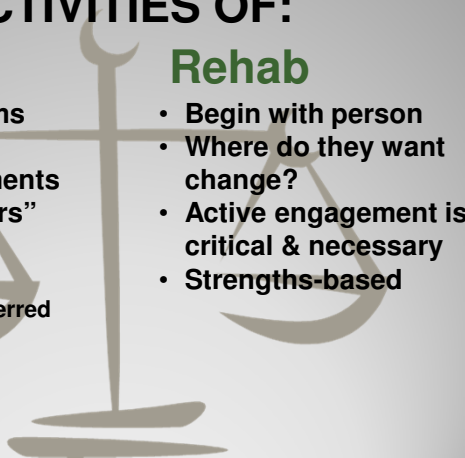
Focus is on:

- *Person & Environment*
- *What's right*
- *Strengths & Abilities*
- *Increasing Functioning*
- *Achievement*
- *Barrier eradication*
- *Success*
- *Satisfaction*

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ACTIVITIES OF:

<h3 style="color: #0070C0;">Treatment</h3> <ul style="list-style-type: none"> • Assess Symptoms • Diagnose Illness • Prescribe Treatments • “Follow Dr. Orders” • “We know best” • Can be passive: <ul style="list-style-type: none"> • Sometimes preferred • Often necessary 	<h3 style="color: #4F81BD;">Rehab</h3> <ul style="list-style-type: none"> • Begin with person • Where do they want change? • Active engagement is critical & necessary • Strengths-based
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Where Should We Focus?



- Treatment
- Rehabilitation
- Recovery
- Outcomes
- Person-Center
- Consumer-Driven
- Whole Health & Wellness
- Stage of Readiness

QUESTIONS:

- Do all people with psychiatric diagnoses always need treatment?
- Do all people with psychiatric diagnoses always need rehabilitation?
- Is Medication a treatment or a rehabilitation intervention?



Person-Centered
TREATMENT
Comprehensive
Recovery
Service
Rehabilitation
Multi-Disciplinary
Integrated
Planning

What we DON'T Like about it:

- It isn't easy!
- Have to get people together
- Always changing
- It's required
- Not sure it matters
- Takes time
- People change their minds!
- ??

PLANNING

What we DO Like about it:



PLANNING

The BENEFITS are:

- It is engaging/interactive
- Creates points of agreement
- Focuses work and efforts
- Collaborative / Organizes
- We miss less
- Directive to staff
- Flexible
- ??

PLANNING

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The BENEFITS are:

- Treat person as a whole person
- Take advantage of others'
 - Perspective
 - Expertise
 - Training
 - Experience
- Plans are more effective / fewer "holes"
- Efforts are coordinated / more effective

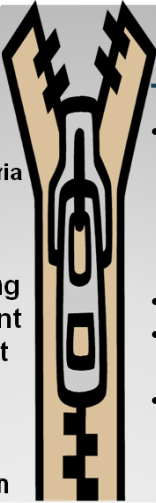
Comprehensive Planning

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Rehabilitation

- **Setting O.R.G.**
 - Identify personal criteria
 - Describe alternate environments
 - Choose goal(s)
- **Rehabilitation Planning**
- **Functional Assessment**
- **Resource Assessment**
- **Skills Teaching**
- **Skill Programming**
- **Resource Acquisition**
- **Resource Modification**

Treatment

- **Assessment**
 - Symptoms
 - History of illness
 - Family history
 - Biological factors
 - Socio-Economic
- **Diagnosis**
- **Treatment Planning**
- **Therapies**
 - Chemotherapy
 - Counseling
 - CBT
 - DBT

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Rehabilitation Goals

Based on:

- Environment(s) of Choice
- Valued role functioning
- Consumer values
- Interests and desire
- Knowledge of environments
- Consumer experiences
- Drive and motivation
- Support from others



Rehabilitation Goals

- *“I intend to work as a cashier at Target within six months.”*
- *“I intend to be a Certified Peer Specialist within one year.”*
- *“I intend to continue working as a cook at Piccadilly for the next year.”*
- *“I will work as a Certified Nursing Assistant at Home Care within a year.”*

“Good” Treatment Goals

Based on:

- Increasing health & wellness
 - More than just stopping something
 - Focus on replacing and increasing
- Eliminating illness & disease
- Learning / Doing something
- Adherence rather than “compliance”

Treatment Goals

- *“Joe will commit to sobriety by October 1, 2014”*
- *“Susan will be free of suicidal thoughts by August 31, 2014”*
- *“Bob’s symptoms of depression will begin remission by September 1, 2014.”*
- *“I will have no impulses to hurt myself for the next six months.”*

Different Types of Goals

- Personal growth goals
- Health and wellness goals
- Basic support goals
- Financial goals
- Treatment goals
- Rehabilitation goals
- Advocacy goals

Rehabilitation: Skills Examples

- **Asking Questions**
 - “90% of the time per week, Sue inquires of others when she lacks needed information or understanding of an assigned task.”
- **Requesting Assistance**
 - “75% of the time, John will request that another co-worker or his job coach help him when he is feeling overwhelmed.
- **Clarifying Instructions / Feedback**
 - “80% of the time per week, John will ask questions and/or paraphrase instructions/feedback he is given by his supervisor to be sure he understood what was said.”

Sample Goals: Susan

- *“Within one year, I intend to receive certification as a Certified Peer Specialist.”*
- *“Within 18 months, I intend to work as a Certified Peer Specialist.”*

Rehabilitation: Skills Exercise

GOAL: “Within eighteen months, I intend to work as a Certified Peer Specialist.”

Barrier: Susan is completing coursework to become a CPS while working another job with support from SE. She has always had a difficult time with feelings of anxiety and worry. This has, in the past, interfered with her reaching her goals.

- **Skill Name:** *Managing Anxious Feelings*
 - **Description:** *During 90% of her practice sessions, Susan will employ the seven strategies of anxiety management when she begins feeling “nervous”.*

Rehabilitation: Skills Exercise

GOAL: “Within eighteen months, I intend to work as a Certified Peer Specialist.”

Barrier: Sometimes Susan over-promises and over-extends herself, promising more than she can deliver. This gets in her way of achieving what she really wants.

- **Skill Name:** *Recognizing Limits*
 - **Description:** *Susan will assess all current commitments and available time before making any new ones when she is asked to take on another task.*

Rehabilitation: Skills Exercise

GOAL: “Within one year I intend to receive certification as a Certified Peer Specialist.”

Barrier: Susan says “yes” to people when she really needs to say “no”. She wants people to like her but she over-extends herself and has no time to focus on the important things in her life.

- **Skill Name:** Saying “No”.
 - **Description:** *Susan will decline requests from others that take time away from her studies when she is asked to take on another task.*

Rehabilitation: Progress Note

Name: **Susan B. Anthony**

Date of Service: **5/1/14**

Time: **1:15 – 2:15 PM**

Code: **H2025U4U7**

Units: **4**

Skill Addressed: “Saying No”

Intervention: *I met with Susan at her home for our first session on her needed skill of saying no to others' requests. We discussed how this skill is a bit complicated because it involves social, intellectual, and emotional components. We:*

R: Reviewed her need for the skill and how she will use it

O: I gave an overview the skill behaviors and performance condition

P: I presented the skill with behaviors, examples, and demonstration

E: I assigned Susan an exercise for her to use the skill with me

S: Summarized our session and gave Susan feedback

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Rehabilitation: Progress Note

Name: **Susan B. Anthony**
Date of Service: **5/1/14** Code: **H2025U4U7**
Time: **1:15 – 2:15 PM** Units: **4**

Consumer Response: *Susan was able to demonstrate all the behaviors of "saying no" to others with me. She said she will need more practice at it, especially in the "real world" with someone who really needs her help, like a family member or co-worker.*

Plan: *The next time we meet, I will review this skill and ask Susan to demonstrate the behaviors again with me. We will then create a plan for this skill's use in real-life situations with family, friends, and co-workers.*

John T. Dixon 5/1/14
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QUESTIONS

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