

Illness Management and Recovery Program for IMDs

**California State Department of
Mental Health and California
State University at Sacramento
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Learning Objectives

- **Understand the background for development of the Illness Management and Recovery (IMR) program**
- **Develop a basic understanding of this practice for providing recovery oriented services and supports in IMDs**
- **Learn about what is needed to implement the program effectively**
- **Have a framework for a shared vision of recovery between IMD and county staff.**

California's Olmstead Work (Federal Funding)

- **Two-year statewide study (2004) on counties and IMD use**
- **Initial interviews with all California counties**
- **Selection of 6 counties for in-depth study – L.A., Orange, Kern, Butte, Santa Clara, San Bernardino**
- **Visits to IMDs**
- **Study of individual clients and what happens to them over a two year period**

Selected Critical Learning from the Study

- **IMDs serve clients at one of the most vulnerable times in their lives**
- **IMDs should be short-term placements**
- **Counties think about and use IMD placements differently -- counties who see these placements as short term (always) are more active in the discharge process**
- **Clients, IMDs and county staff do not have a shared vision and model of the recovery process**
- **Families are not fully included even when clients return to live in their family homes**

California's Olmstead Work

- **Developed the IMD toolkit to help counties address these issues**
- **Toolkit was based on Substance Abuse Mental Health Services Administration (SAMHSA) work on recovery and wellness for individuals with serious mental illness**
- **Follow-up work with counties: LA and Orange**

The Basic Framework

- **An IMD is a short term placement**
- **An IMD needs to have a strong recovery/wellness orientation**
- **We do not know which clients can recover; we will not know until clients have been given the opportunity**
- **All solutions are local**
- **One day trainings are only the beginning**

Caveats

- **The IMR Toolkit for IMDs has been adapted from the SAMHSA IMR Toolkit which is primarily an outpatient model – works best if same approach is used in other parts of the county**
- **It is a major shift for many IMDs to move to a recovery culture**
- **It will take on-going fidelity assessments and state and local support to sustain the IMR program in IMDs**

Caveats (cont'd.)

- **Without incorporating this work into a system of care which supports community placement and client recovery it will not succeed. It includes:**
 - **Giving clients information and skills**
 - **Having effective discharge planning processes**
 - **Having adequate community services and supports**
 - **Having sufficient housing options**
 - **Engaging other stakeholders to help clients in the community**

Questions?

Steps to Implement the IMR Program

- **Build a consensus for change**
 - Administration and staff of the IMDs selected and all relevant county programs
- **Build momentum for change by connecting this program to other change initiatives in the Mental Health System – MHSA, other recovery programs**

Steps to Implement the IMR (continued)

- **Enlist key people who can engage other stakeholders such as conservators and public guardians, families, peer consumer leaders, psychiatrists**
- **Bring in experts as needed, such as consumer leaders who understand recovery work**

Steps to Implement the IMR (continued)

- **Conduct a “kick off” session to orient interested stakeholders to the IMR program**
- **Select the IMD or IMDs to begin the program**
- **Develop an implementation plan which includes training for leadership and staff including IMD and county staff**

Overview of Illness Management and Recovery Program

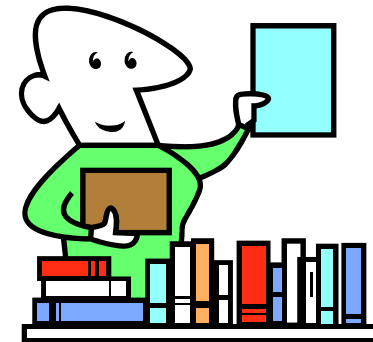
Overview of IMR Program



- **Introduction to Illness Management and Recovery Program**
 - Introduce the program, including core values, principles and concepts
 - Review the structure and teaching methods
 - Familiarize you with the program modules

Goals of IMD/IMR Program

- **Increasing client's knowledge about their mental illness**
- **Giving clients skills to help them manage their illness**
- **Teaching IMD staff how to use a more recovery-oriented approach in the facility**



Why the IMR Program?

- **Has foundation in recovery approach**
- **Has evidence that the techniques used are effective**
- **Program is structured and provides step-by-step guidance for implementation**
- **Practitioners' Guide provides guidelines for each topic**
- **Educational handouts with ample worksheets and checklists are available for participants**
- **Can be used by staff at all levels**

Program Materials

- **Practitioner Guidelines**
- **Educational Handouts**
- **Sample Forms**
- **Fidelity Scales**

Program Content

- **Orientation session(s)**
- **One or two sessions to assess people's knowledge and skills**
- **Three to Six Months of Weekly Sessions using Four Modules**
 - **Recovery Strategies**
 - **Using Medication Effectively**
 - **Coping with Symptoms**
 - **Substance Use**

The Knowledge and Skills Inventory

- A conversation focused on discovering strengths, interests and possibilities.



Two-for-One



- **Two reflections for every question.**
- **Showing that you have heard and understood what's been said.**

Knowledge and Skills Inventory

- **Daily routine - living situation**
- **Educational & work activities**
- **Leisure activities, creative outlets**
- **Relationships**
- **Spiritual supports**
- **Health**
- **Previous experience with recovery based programs**
- **Knowledge about mental health**
- **What would you like to gain from this program?**

Structure of IMR Group Sessions

Informal socializing and identification of any major problems	1-3 minutes
Review previous session(s)	1-3 minutes
Review previous homework , if any	3-5 minutes
Follow up on goals for 2-3 consumers on rotating basis	1-3 minutes
Set agenda for current session	1-2 minutes
Teach new material or review previously taught material	30-40 minutes
Agree on new homework assignment, when appropriate	3-5 minutes
Summarize progress made in current session	3-5 minutes

Questions?

Illness Management and Recovery

**An Introduction to the
Strategies that are
used in the IMR Toolkit
for IMDs**

Illness Management and Recovery Program

- **Based upon teaching principles or strategies for which there is evidence of effectiveness**
- **Three teaching strategies:**
 - **Motivational**
 - **Educational**
 - **Cognitive-behavioral**

Motivational Strategies

- **People are motivated to learn things if they are relevant to personal goals (Importance)**
- **Connect IMR materials to goals**
- **Explore how illness has interfered with goals**
- **Convey hope and confidence in person**

Motivational Strategies (cont'd.)

- **The most powerful motivational strategy is helping people progress towards goals**



Educational Strategies

**Making the
learning
environment
fun!**



Cone of Learning (Edgar Dale)

After 2 weeks
we tend to remember...

10% of what we read

20% of what we hear

30% of what we see

50% of what we
hear and see

70% of what
we say

90% of
what we
say and
do

Nature of
Involvement

Reading

Hearing Words

Looking at Pictures

Watching a Movie

Looking at an Exhibit

Watching a Demonstration

Seeing It Done on Location

Participating in a Discussion

Giving a Talk

Doing a Dramatic Presentation

Simulating the Real Experience

Doing the Real Thing

Verbal Receiving

Passive

Visual Receiving

Receiving/
Participating

Active

Doing

Edgar Dale, *Audio-Visual Methods in Teaching* (3rd Ed.), Holt, Rinehart, and Winston (1969).

Educational Strategies (cont'd.)

- **Use handouts in interactive ways**
- **Use methods for all styles of learning**
- **Ask questions to check on understanding; ask for “own words”**
- **Use “chunking” to break down information into small bites**

Educational Strategies (cont'd.)

- **Adopt consumer's language**
- **Review the material, even if consumer is knowledgeable**
- **Encourage consumer to share material with significant others**

Cognitive-Behavioral Strategies

- **Increasing the likelihood that participants will learn the information**
 - **Reinforcement**
 - An increase in things that are pleasant
 - A decrease in things that are unpleasant
 - **Shaping**
 - Understanding that people learn at their own pace

Cognitive-Behavioral Strategies (cont'd.)

- **Modeling**
 - Demonstrating skills to help people learn
 - Getting feedback on what the person(s) observed
 - Gauging how effective the skill appeared to be



Cognitive-Behavioral Strategies (cont'd.)

- **Cognitive restructuring**
 - Helping participants develop an alternative, more adaptive way of looking at things
 - Learning about common cognitive distortions

Cognitive-Behavioral Strategies (cont'd.)



- **Practice and Role Play**
 - Using the skill in a real-life simulation
- **Homework assignments**
 - Practicing in the real world

Questions about strategies?

Toolkit Modifications

Modifications for IMDs

- **IMD IMR program includes only four of the ten modules**
 - Time - lengths of stay
 - Appropriateness
- **Modified handouts**
- **Specific adaptations for clients with the most challenges**

Program Modules

**An Overview of the
Modules in the Illness
Management and
Recovery Toolkit**

Recovery Strategies

- **Goals for this module**
 - Help the person define recovery for himself/herself
 - Instill hope that the person can accomplish important personal goals
 - Help the person identify strategies that will help him/her make progress toward recovery
 - Help the person identify goals that are important to her/him
 - Help the persons develop a specific plan for achieving one or two goals

Defining Recovery



Nice Job!



Strategies Used in this Module

- **Motivational**
 - Finding out what has worked for clients.
- **Educational**
 - Asking clients to share their wisdom and knowledge with each other.
- **Cognitive-Behavioral**
 - Help clients begin to think more positively about themselves
 - Help clients identify strategies that will help them in recovery

Satisfaction with My Life



- **It's more than being stable...**

Using Medications Effectively

- **Goals for this section**
 - Provide accurate information about medications for mental illness, both + and -
 - Provide an opportunity for people to talk about their experiences with medication
 - Help people weigh the pros and cons
 - Help people develop strategies to help them use medication more effectively

Strategies Used in this Module

- **Motivational**
 - Help people come to their own conclusions about what is best for them
- **Educational**
 - Provide fact sheets about medications and side effects
- **Cognitive behavioral**
 - Behavioral tailoring - help people use medication more effectively

Creating the Life You Want



Coping with Problems and Symptoms

- **Goals for this Section**
 - Convey confidence that people can deal with problems and symptoms effectively
 - Help people identify problems they experience
 - Introduce a step-by-step method of solving problems and achieving goals
 - Help people select and practice strategies for achieving goals

Strategies Used in this Module

- **Motivational**
 - Use “common problems checklist” to help people identify problem areas and help them see how they can develop strategies for dealing with them
- **Educational**
 - Give people approaches to dealing with problems using a step-by-step approach
- **Cognitive behavioral**
 - Help people learn strategies by modeling and using role-playing

Substance Use

- **Goals for this Section**
 - Provide accurate information about the interaction between substance use and mental illness
 - Give clients an opportunity to talk openly about their experiences using substances - both + and -
 - Help clients weigh the pros and cons of substance use
 - Help clients who plan to not use substances when they leave the IMD develop a personal sobriety plan

Strategies Used in this Module

- **Motivational**
 - Help clients see that they have a choice about their substance use
 - Help them see how substance use affects their personal goals
- **Educational**
 - Provide information about the positive and negative effects of using substances
- **Cognitive-Behavioral**
 - Help consumers apply what they are learning to their own lives and their own recovery goals

Questions about IMR Program?

Evidence Base for IMR Program

- **Research on illness management for persons with severe mental illness, including 40 randomized controlled studies, indicates:**
 - **psychoeducation improves people's knowledge of mental illness**
 - **behavioral tailoring helps people take medication as prescribed**
 - **relapse prevention programs reduce symptom relapses and rehospitalizations**
 - **coping skills training using cognitive-behavioral techniques reduces the severity and distress of persistent symptoms.**

Fidelity Assessment

- **Fidelity refers to the degree of implementation of the practice**
- **On-going fidelity assessment is important to know if you are providing the intervention/practice in the way it was intended - High Fidelity**
- **IMR Fidelity Assessments assess both the practice itself and the organizations capacity to implement and sustain the practice**

Crosswalk Between Title XXII and IMR Program

22 California Code of Regulations §72445

- a) The program objective shall be to provide a program aimed at improving the adaptive functioning of chronic mentally disordered patients to enable some patients to move into a less restrictive environment and prevent other patients from regressing to a lower level of functioning

THE IMR PROGRAM MEETS THIS OBJECTIVE

Crosswalk (cont'd.)

b) The facility shall have the capability of providing all of the following special rehabilitation program services. Individual programs shall be provided based on the specific needs identified through patient assessments

Title XXII	IMR
Self-Help Skills Training	Recovery Strategies
	Using Medication Effectively
	Controlling Problems and Symptoms
Behavioral Intervention Training	Controlling Problems and Symptoms Group and Individual Counseling

Crosswalk (cont'd.)

Title XXII	IMR
Interpersonal Relationships	All parts of IMR
Pre-Vocational Preparation Services	Some vocational counseling may be included in IMR
Pre-Release Planning	All parts of IMR

Crosswalk (cont'd.)

- (d) The facility program plan shall include provisions for accomplishing the following:**
- (1) In conjunction with the local mental health director shall make an initial individual assessment of each patient to identify the current level of functioning and program needs of the patient. The assessment shall be standardized and recorded on forms approved by the Department.**

THE IMR PROGRAM REQUIRES AN INDIVIDUAL CLIENT ASSESSMENT. THE KNOWLEDGE AND SKILLS INVENTORY THAT IS PART OF THE PROGRAM CAN BE HELPFUL IN DEVELOPING AND REFINING THE ASSESSMENT. THE FACILITY'S CURRENT FORM CAN BE MAINTAINED ALTHOUGH SOME FACILITIES MAY WANT TO ADD ONE OR TWO RECOVERY ORIENTED ITEMS TO THEIR CURRENT ASSESSMENT.

Crosswalk (cont'd.)

(2) At least every four months, the facility, in conjunction with the local mental health director or designee shall reassess each patient to determine the need for continue certification of the patient in the special treatment program.

UNDER THE IMR PROGRAM THE FACILITY'S CURRENT PROCEDURES FOR MEETING THIS REQUIREMENT CAN AND SHOULD BE MAINTAINED

(3) A minimum average of 27 hours per week of direct group or individual program service for each patient.

ALL IMR GROUPS CAN BE COUNTED IN MEETING THIS REQUIREMENT.

What outcomes can we expect from using the IMR Toolkit?

Preliminary Results

- **No formal evaluations have been done**
- **Feedback**
 - **IMR program strengthens and supports a recovery orientation**
 - **Clients and staff like the program**
 - **Although numbers were small, pre and post Recovery Assessment Scale scores were positive for discharged clients**

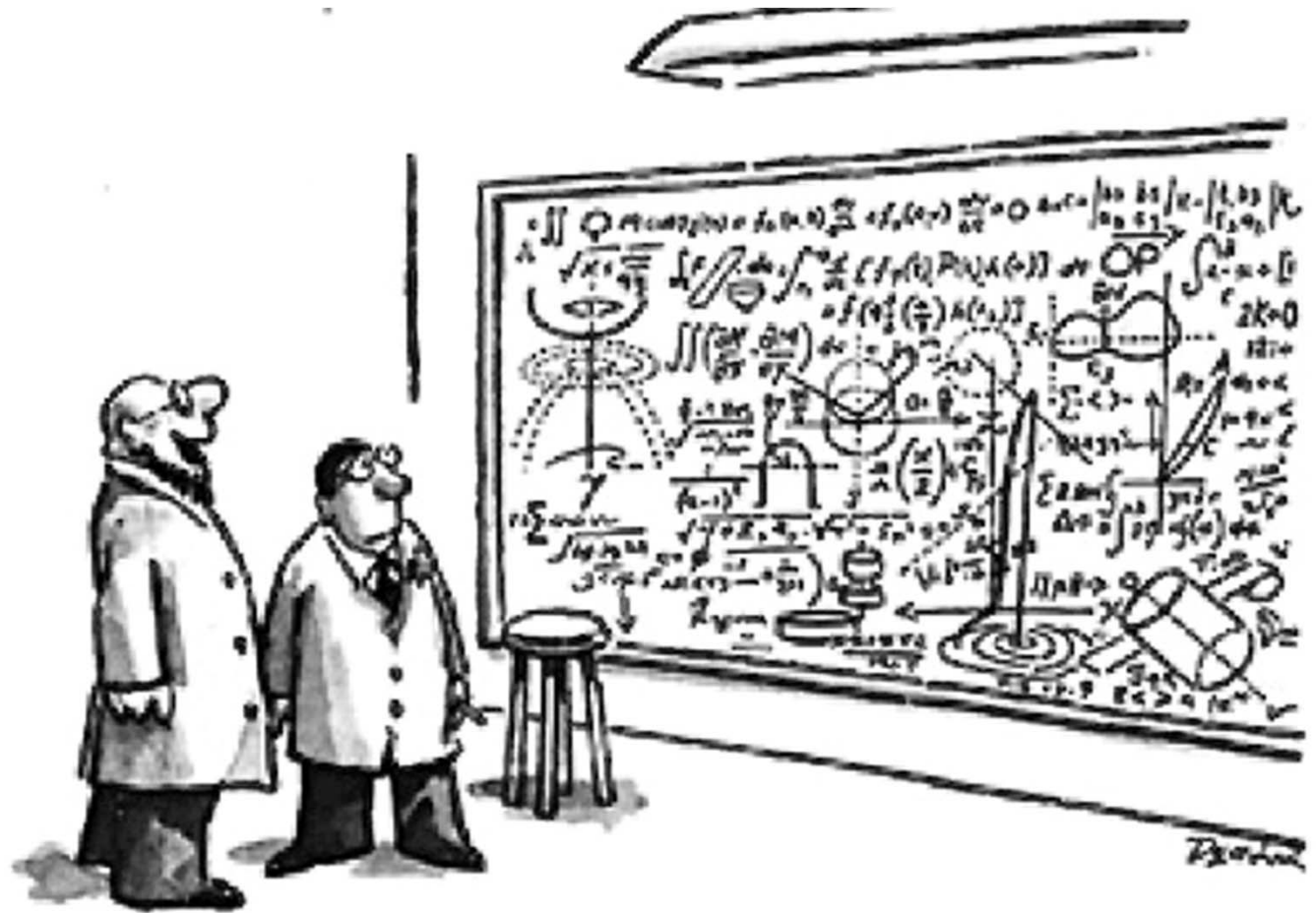
Preliminary Results (cont'd.)

- **It is difficult to sustain without state and county support**
 - **Too hard to complete current Special Treatment Program (STP) documentation requirements and IMR requirements**
 - **Needs to be integrated into, not added on top of current STP program**
 - **More placement options need to be available when clients are ready to leave**

Implementation Science

*Change doesn't
happen based
solely on
enthusiasm nor
knowledge of
specific skills*

(Harn 2008)



“Hey, no problem!”

Formula for Success

Effective INTERVENTION Practices(IMR)

+

Effective IMPLEMENTATION Practices

=

GOOD OUTCOMES

Definition of Implementation

- **Implementation is defined as a specified set of activities designed to put into practice an activity or program of known dimensions**
- **Implementation requires *both***
 - **Building of competency and confidence**
 - **Changing organizations and systems**

Implementation Science

- **Difference between:**
 - **Letting it happen**
 - **Recipients are responsible**
 - **Helping it happen**
 - **Recipients are responsible**
 - **Making it happen**
 - **Implementation team is responsible**

Based on Greenhalgh, Robert, MacFarlane, Bate, & Kyriakidou, 2004

Implementation Drivers

- **Implementation appears most successful when you have an Implementation Team focused on:**
 - **Practitioner Competence**
 - **Management and Administrative supports**
 - **Community Supports**
 - **Government Supports**

Research on Effectiveness

Implementation Team	No Implementation Team
Effective use of Implementation Science and Practice	Letting it happen Making it happen
80% effective over 3 years	14% effective over 17 years
Fixsen, Blasé, Timbers and Wolfe, 2001	Balas and Boren, 2000

Questions about Implementation Science?

What It Takes to Support IMR Program in IMDs

- **Shared vision - IMD, county, state**
 - Reinforcement of recovery approach at all levels
 - Commitment from state/community/county providers at all levels
 - Inclusion of IMD in system of care
 - Adequate supports for clients in transition
 - Fidelity to evidence-based program
 - Effective implementation
 - On-going training and support
 - On-going fidelity reviews

Acknowledgements

- **Dean Fixsen, Ph.D., National Implementation Research Network**
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- **Kim Meuser, Ph.D.**

Final Questions or Thoughts?

Websites

- **DMH site for IMR Manual for IMDs**
 - [http://www.dmh.ca.gov/Services and Programs/Adult/Olmstead.asp](http://www.dmh.ca.gov/Services%20and%20Programs/Adult/Olmstead.asp)
- **SAMHSA site for IMR Toolkit**
 - <http://store.samhsa.gov/product/Illness-Management-and-Recovery-Evidence-Based-Practices-EBP-KIT/SMA09-4463>