Wisconsin Public Psychiatry Network Teleconference (WPPNT)

- This teleconference is brought to you by the Wisconsin Department of Health Services (DHS) Bureau of Prevention, Treatment and Recovery and the University of Wisconsin-Madison, Department of Psychiatry.
- The Department of Health Services makes no representations or warranty as to the accuracy, reliability, timeliness, quality, suitability or completeness of or results of the materials in this presentation. Use of information contained in this presentation may require express authority from a third party.

Recovery Based Treatment Planning

Ronald J Diamond M.D.
Department of Psychiatry, University of Wisconsin and
Wisconsin Bureau of Mental Health and Substance Abuse

Goal of Treatment

To help persons with severe and persistent mental illness achieve a stable life of decent quality, in an environment that provides an opportunity for life to have meaning.

Leonard I. Stein, M.D.

Clinician's Goals

med stabilize
stay on task 50% of time
remain living in the community
medicine compliance
writing skills improve
keep job
improve family relationships
increase ability to limit aggression
volunteer work
manage spending money
honestly report side effects of meds
eliminate alcohol abuse
avoidance of legal problems
complete neurological eval.
help Tom make friend
know & be able to anticipate increasing symptoms
move to group home from Badger Prairie (nursing home)

Client's Goals

get a job
making friends
to get paid more at work
living on my own
going back to school
losing weight
work on spirituality
to get along with family
to buy Christmas presents
travel
to get my own place
not get in any more trouble
go to church
getting married to my partner someday
$300.00 to buy a car
get a girl friend
to get a life

Effective Community Treatment:

Start with client's own goals

- What does he or she want?
- What is needed to make this happen?
- What has gotten in the way in the past?
- What can we change this time?

Issues with Client Goals

- Client may say he or she has no goals
- Client may not want any change/change is scary
- Goals may keep changing
- Client may talk about goals, but not be willing to make any preparatory steps to obtaining these goals
- Client may come with goals that seem unobtainable
- Client may give goals that seem more like staff goals than client goals

Treatment Plans

- Be concrete and realistic
- Help the person move towards his own goals
  - Small concrete steps
  - Be flexible about time required
  - Change is "non-linear"
- Include ways to measure progress
- Focus on strengths

Start with the Goals of Treatment

	Short Term Goals	Long Term Goals	Dreams
Client Goals			
Staff Goals			

Problem Focused

- Non-compliant with taking medications
- Continues to abuse alcohol
- Recently arrested after hitting his son

Traditional Treatment Goals

- Take medication regularly
- Stop using alcohol
- Attend Parent Effectiveness classes

Goal Focused

Jim wants to minimize medication side effects, especially the weight gain and sedation, but understands that some medication at least some of the the time can help him stay in control

Jim would like to get his driver's license back.

Jim would like to be a better father

Treatment Plans

- Who will do what when?
- What is needed to make it happen?
- Who else needs to be involved?

Treatment Plans Must Be Specific

- What is the goal (goals) of this particular staff contact?
  - Relationship building
  - Meeting concrete needs
  - Skill training
  - Planning/information gathering
  - Family/community support
  - Crisis intervention
- How can we make this contact more effective?
- How will we assess the impact of this contact?

Client has a goal of having more friends. What is needed to make this happen?

1. Where can the client go to meet more people? What fits into his or her interests and capacities?
2. What social skills does the client need to make friends?
3. What might get in the way, and how can this be overcome?

1. Where can the client go to meet people?

- What kind of suggestions would you make to a client about where he or she might go to make friends and increase social contact?
- Where do you meet people, and where do you go to have social contact?

Be Creative

- Consider resources outside of mental health
- How would someone do it if they did not have a mental illness
- What is the risk if we do it the client's way
- How could we keep from all of us making the same mistakes again

2. What skills does the client need to make new friends?

- Motivation and initiative
- Planning and follow-through
- Anxiety modulation and tolerance
- Social skills

3. What might get in the way, and how can this be overcome?

Cognitive deficits

Verbal memory--can't remember verbal instructions

Executive--problems considering data in making decisions--problems changing sets

Negative symptoms

Lack of persistence, initiation

Anxiety of doing something new

Treatment Goals:

- How much of our actual clinical time is spent focused on a client's own goals?
- Do we know how to really help this client achieve his own goals?
- What gets in the way?
- What do we have to learn or to rethink to be more effective in helping this client achieve his own goals?
- Does our documentation reflect this?

Clinical Approaches That Increase Clinical Effectiveness

- Skill training
- Illness management
- Cognitive Behavioral Therapy
- Motivational Interviewing

Skill training

- Taking the person grocery shopping, or helping the person learn how to grocery shop
- Dispersing money, or helping the person learn budgeting skills
- Taking the person to a drop in program, or teaching conversational skills
- Teaching skills of how to get a boyfriend or girlfriend

Illness Management and Recovery: Relapse Prevention

- Teach how to recognize early symptoms of relapse, and how to keep things from getting worse
- Often combined with stress management skills
- 5 studies all demonstrated decreased relapse

Mueser et al Psych Services 2002

Social Skills:

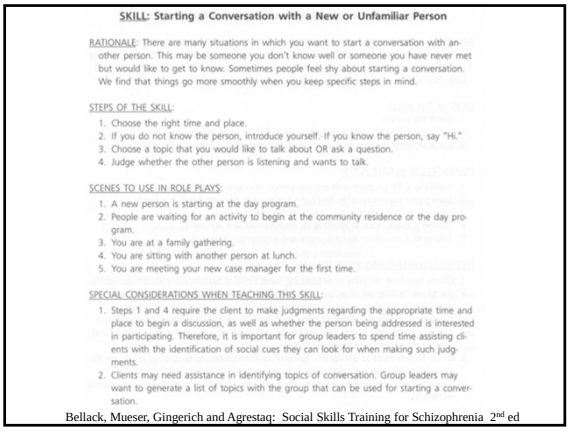
- Conversational skills
- Assertiveness skills
- Conflict management skills
- Friendship and dating skills
- Health maintenance skills
- Vocational/work skills
- Copies skills for drug and alcohol use

Bellack, Mueser, Gingerich and Agrestaq: Social Skills Training for Schizophrenia 2nd ed

Conversational Skills

- Listening to others
- Maintaining conversations by asking questions
- Maintaining conversations by giving factual information
- Maintaining conversation by expressing feelings
- Ending conversations
- Entering into ongoing conversations
- Staying on topic
- Getting your point across
- What to do when you do not understand what a person is saying

Bellack, Mueser, Gingerich and Agrestaq: Social Skills Training for Schizophrenia 2nd ed



SKILL: Starting a Conversation with a New or Unfamiliar Person

RATIONALE: There are many situations in which you want to start a conversation with another person. This may be someone you don't know well or someone you have never met but would like to get to know. Sometimes people feel shy about starting a conversation. We find that things go more smoothly when you keep specific steps in mind.

STEPS OF THE SKILL:

1. Choose the right time and place.
2. If you do not know the person, introduce yourself. If you know the person, say "Hi."
3. Choose a topic that you would like to talk about OR ask a question.
4. Judge whether the other person is listening and wants to talk.

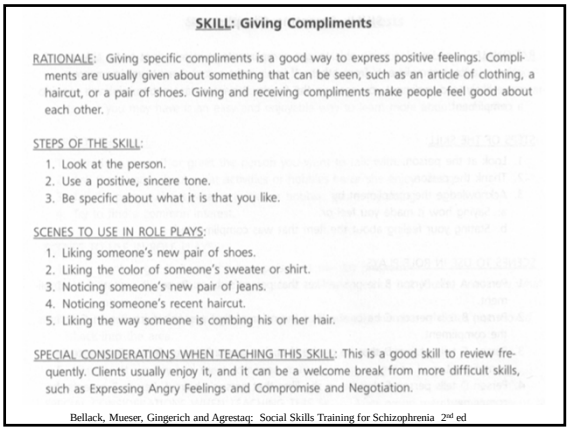
SCENES TO USE IN ROLE PLAYS:

1. A new person is starting at the day program.
2. People are waiting for an activity to begin at the community residence or the day program.
3. You are at a family gathering.
4. You are sitting with another person at lunch.
5. You are meeting your new case manager for the first time.

SPECIAL CONSIDERATIONS WHEN TEACHING THIS SKILL:

1. Steps 1 and 4 require the client to make judgments regarding the appropriate time and place to begin a discussion, as well as whether the person being addressed is interested in participating. Therefore, it is important for group leaders to spend time assisting clients with the identification of social cues they can look for when making such judgments.
2. Clients may need assistance in identifying topics of conversation. Group leaders may want to generate a list of topics with the group that can be used for starting a conversation.

Bellack, Mueser, Gingerich and Agrestaq: Social Skills Training for Schizophrenia 2nd ed



SKILL: Giving Compliments

RATIONALE: Giving specific compliments is a good way to express positive feelings. Compliments are usually given about something that can be seen, such as an article of clothing, a haircut, or a pair of shoes. Giving and receiving compliments make people feel good about each other.

STEPS OF THE SKILL:

1. Look at the person.
2. Use a positive, sincere tone.
3. Be specific about what it is that you like.

SCENES TO USE IN ROLE PLAYS:

1. Liking someone's new pair of shoes.
2. Liking the color of someone's sweater or shirt.
3. Noticing someone's new pair of jeans.
4. Noticing someone's recent haircut.
5. Liking the way someone is combing his or her hair.

SPECIAL CONSIDERATIONS WHEN TEACHING THIS SKILL: This is a good skill to review frequently. Clients usually enjoy it, and it can be a welcome break from more difficult skills, such as Expressing Angry Feelings and Compromise and Negotiation.

Bellack, Mueser, Gingerich and Agrestaq: Social Skills Training for Schizophrenia 2nd ed

How to teach a skill:

- Modeling
  - Observational learning
- Reinforcement
  - Positive reinforcement for behaviors that you want to increase
- Shaping
  - Reinforcement of steps towards the skill
- Overlearning
  - Practicing a skill until it becomes automatic
- Generalization
  - Transfer of skills from one setting to another

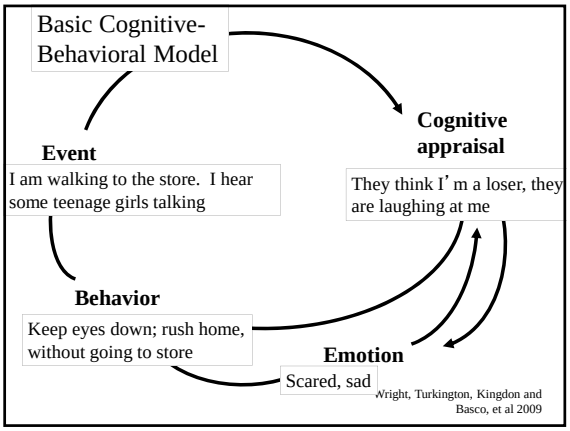
Bellack et al Social Skills Training for Schizophrenia 2004

Cognitive Behavioral Therapy for Schizophrenia
(Ellis and Harper 1961)

How we interpret and think about an event or a thought influences how we feel and how we behave

A	Activating event
B	Beliefs about that event
C	Consequences

- All clinical problems are "C" (Behaviors)
- Problems arise from "B" (beliefs) and not "A" (activating event)



Wright, Turkington, Kingdon and Basco, et al 2009

Steps for CBT of Psychosis

1. Engagement and assessment
2. Normalizing and educating
3. Case formulation and treatment planning
4. Working with specific symptoms

Normalizing Statements for people with hallucinations

- Many people hear voices
- People who are deprived of sleep for long periods are prone to hallucinate
- People who have been involved in combat or severe trauma can experience hallucinations
- One person in every 50 is a voice hearer
- Lots of famous people are voice hearers
- Voice hearers often hold down good jobs
- The human brain hallucinates fairly easily in response to stress

Wright et al 2009

DBT : Dialectical Behavioral Therapy

Basic DBT Skills

- Mindfulness
- Distress tolerance
- Emotion regulation
- Interpersonal effectiveness

OARS

- Open ended questions
- Affirmations
- Reflective listening
- Summaries

Affirmations

- I am glad you were able to get here today. I know that is difficult for you.
- I think it is great that you were able to stop smoking for two weeks.

Matching Treatment and Readiness

Pre-contemplation: ⇨ **Increase awareness and raise doubt**

Contemplation: ⇨ **Tip the balance**

Preparation: ⇨ **Negotiate a plan**

Action: ⇨ **Assist behavior change through small steps**

Maintenance: ⇨ **Prevent relapse and help lifestyle change**

Todd C. Campbell 2003

People who do not have any goals

Who does not want their life to be better in some way?

- Too angry
- Too afraid
- Too dispirited
- Too distrustful

Start Small

- Build on whatever preferences are offered
- Assume that at the beginning, goals have little reality

Evidence-Based Practices: toolkit for shaping mental health services towards recovery

- **Daily routine: who do you spend your day**
- **Educational and work activities:**
- **Leisure activities/creative outlets**
- **Relationships**
- **Spiritual supports**
- **Health**
- **Permanent Supported Housing**
- **Illness Management and Recovery**

http://store.samhsa.gov/pages/searchResult/EBP+kit

Neglect-Over Protect Continuum

Neglect ⟷ **Toxic Help**

It's the client's choice

We are supposed to support choice.

Let him/her do what he/she wants

We can get the client to do the right thing. Arrange things so he/she has to do it our way

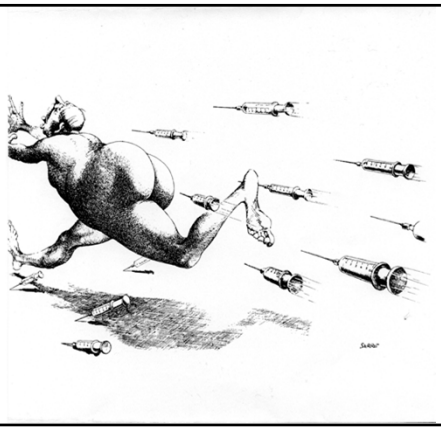
Pat Deegan

Navigating Choice

Be clear about the issue:

- **Comfort Zone: what you can easily support**
- **Conflicted Zone: choices that are difficult**
- **Non-negotiable zone: choices that are too risky or too dangerous to support**

Pat Deegan



WRAP: Wellness Recovery Action Plan

- **Your goals**
- **Wellness: what keeps you well**
- **Triggers: how to avoid and cope with triggers**
- **Early warning signs**
- **When things are breaking down: crisis planning**
  who to involve and what to do

Mary Ellen Copeland

If you treat an individual as he is, he will stay as he is, but if you treat him as if he were what he ought to be and could be, he will become what he ought to be and could be

Johann Wolfgang von Goethe
From Miller and Rollnick Motivational Interviewing 2nd ed

Find areas where you can say "yes"

- Find something you can feel good about saying "yes" to
- Focus on what you can do, rather than what you cannot do
- Validate the underlying feeling behind the request, even if you cannot help with the request itself
- The more clear you are that you can protect yourself, the easier it will be to find something that you can give