

Recovery Model in Action: Facilitating Purposeful Occupations in a State Mental Health Facility

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Objectives

- Convey the significance of occupational therapy's contribution to the Recovery Model and need for evidenced-based interventions
- Articulate occupational therapy's unique role in supporting the vocation/avocational role of the individual with chronic conditions, particularly in the area of mental health
- Apply intervention strategies that develop & reinforce social participation & meaningful engagement

Southeast State Hospital

Where: Mandeville, LA, Southeast Louisiana, 30 miles north of New Orleans.

Number of Adult Beds:

Open: Female: 20 Male: 20 Total: 40

Closed: Female: 27 Male: 27 Total: 54

Client diagnosis: Mood disorders, Schizophrenia, Schizoaffective, Dual Diagnosis

Clinical Staff include: Dr., Nurse, SW, Psychology, RT, Art Therapy, OT

Support staff: Psychiatric Aids, Education, Librarian, Housekeeping, Dietary, Music Therapy, Volunteers, Deaf Action Center Representative

Educational Achievement:

With HS educ = 37.5%

With greater than HS educ = 22%

Without HS educ = 40.8%

Average Admit GAF: 34

Average Discharge GAF: 58

What Works

- Supportive Administration
 - OT is respected and supported
- Supportive volunteer services
- Ability to develop new programming
 - Serenity Rooms
 - Muffin Industry
 - Community- Re-entry
 - Garden
- Commitment to the elimination of restraints-seclusion
- Foundation in the Recovery Model
- Successful transition to independent living
- NAMI is on grounds
 - Support groups for families & individuals with M
 - Peer training
 - Collaborative efforts

Challenges

- Location
 - @ least 30 miles away from most clients homes
 - Not in an urban community
 - Limited transportation
- Housing Post-Discharge
 - Post-K
 - On grounds
 - Family & client resistance
- Change is SLOW
- Limited Coordinated Services
 - CD tx.
 - Voc Rehab
 - Day tx/Clubhouse
 - No Educational options past age 18
- Funding
 - DHH and Education vulnerable to budget cuts
 - Frozen state positions

Evidenced-Based Practices & the Recovery Model

- "degree of evidence-based practices by consumer advocates depends largely on the degree of disability of the persons for whom they are advocating" Frese, 2001

- Most seriously disabled consumers compared to those further along in the recovery process
- NAMI's 6 evidenced-based practices (core interventions)
 1. Assertive Community Treatment
 2. Medications within specific parameters
 3. Family psychoeducation (Family to Family, Living with Schizophrenia)
 4. Training in self-management of illness
 5. Supported employment
 6. Integrative MH and substance abuse tx.

Fundamentals of Recovery

The Consensus Statement defines mental health recovery as "a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her potential."

Empowerment Model of Recovery from Mental Illness

Includes the following two concepts:

1. Recovery is possible through a combination of supports needed to (re)establish a major social role and the self-management skills needed to take control of the major decisions affecting one's life
2. This combination of social supports and self-management helps the person regain membership in society and regain the sense of being a whole person

Four Dimensions of Recovery In a review of recovery literature, Ruth Ralph identified the following Four Dimensions of Recovery:

Internal factors

factors that are within the consumer, such as awareness of the toll the illness has taken, recognition of the need to change, insight about how change can begin & determination to recover

Self-managed care

an extension of the internal factors in which consumers describe how they manage their own mental health & how they cope with the difficulties & barriers they face

External factors

include interconnectedness with others; the supports provided by family, friends & professionals; & having people who believe that they can cope with & recover from their mental illness

Empowerment

"a combination of internal & external factors—where the internal strength is combined with interconnectedness to provide the self-help, advocacy, & caring about what happens to ourselves and to others" (Ralph, 2000)

Ten fundamental components of mental health recovery

1. Self-Direction

Consumers lead, control & exercise choice over, and determine their path of recovery
Optimizing autonomy, independence, and control of resources to achieve a self-determined life

How do we foster autonomy & independence with each client that we treat?

2. Individualized & Person Centered

Identify recovery as an ongoing journey

Must consider individual's unique strengths & resiliencies as well as needs, preferences, experiences and cultural background

Do we select therapeutic activities that are of specific interest and benefit to our client?

3. Empowerment

Consumers have the authority to choose from a range of options & to participate in all decisions

Clients join with other clients to collectively & effectively speak for themselves about needs, wants, desires and aspiration

Through empowerment, an individual gains control over their destiny & influences the organizational & societal structures in their lives

Are we listening to client's stories & using them to guide treatment goals?

4. Holistic

Includes mind, body, spirit and community

Embraces all aspects of life: housing, employment, education, treatment, spirituality, creativity, social networks, community participation & family support

Families, providers, systems & communities play a crucial role in creating & maintaining meaningful opportunities

Do we know about our clients spiritual life & role in their communities?

5. Non-linear

Not a step-by-step process

Based on continual growth, occasional setback and learning from experience

Begins with the awareness that positive change is possible

Do we offer to our clients realistic expectations & let them know when we see possible set backs & growth?

6. Strengths-based

Focuses on valuing & building on the multiple capacities, resiliencies, talents, coping abilities & inherent worth of individuals

These strengths can foster new life roles

Recovery moves forward with supportive, trust-based relationships

Does the rapport we establish with clients allow them to share important habits, roles, routines & rituals of their life with us?

7. Peer Support

Mutual support

Sharing experiential knowledge and skills and social learning

Peers support one another with a sense of belonging, supportive relationships, valued roles and communities

Do we encourage our clients to utilize their support systems, do we know what support systems are available to our clients?

8. Respect

The development of community, systems and societal acceptance and appreciation of each individual

Protection of rights, eliminating discrimination and stigma

Self-acceptance and regaining belief in self

Inclusion and full participation in all aspects of life

Do we advocate for our client populations at multiple levels? Do we know what struggles they face?

9. Responsibility

Consumers have a personal responsibility for their own self-care and journey

Takes great courage

Consumers strive to understand & give meaning to their experiences, identify coping strategies & the healing process that promotes their own wellness

Are we operating with a concept of overall wellness when we provide interventions, do we foster this in our clients?

10. Hope

The belief and understanding that people can and do overcome the barriers and obstacles that confront them

Hope is internalized

Hope is fostered by peers, families, friends, providers and others

Hope is the catalyst of the recovery process

How do you foster hope in your clients?

Community in the Literature

- Research suggests that providing holistic, community-based support services enhances treatment outcomes (McLellan, 2003; Work Group on Substance Abuse Self-Help Organizations, 2003).
- Experience shows that ongoing community support is important to sustaining recovery (White, 2000; 2002).
- 65 years of experience from 12-step groups highlight the importance of community-based services in recovery (e.g., Work Group on Substance Abuse Self-Help Organizations, 2003)
- Ruth Ralph – Four Dimensions of Recovery
- Empowerment Model of Recovery from Mental Illness (Fisher & Ahern, 1999)
- Recovery Advisory Group Recovery Model

OT as Consultant

- Equipment provision- Wheelchair, Hygiene items
- Head injury consultation
 - Head injury assessment (on adult, acute unit)
 - Memory book
 - Physical Complaints
 - Back exercises
 - Referral to hand therapist
- Safety awareness/DC readiness
 - Michelle
 - Parenting Center information
- Peer to Peer training
 - Joel – group home
 - Anne – teaching deep breathing
- Issues of placement
 - Emelda’s “home” at the hospital
- Job creation
 - Lisa – OT liaison, Anne – Library liaison, Donald – chef assistance, Deidre – church announcer, Donnell – peer facilitator

OT as Provider of 1:1 Intervention

- End of life issues Barbara, Emelda, Michael
- Serenity room/sensory modulation Joyce, Dionne – weighted vest, Denise – weighted vest
- Educational assistance Deidre – math worksheets
- Grading into group participation
 - Sewing, and mending
 - Cooking

- Anthony L, Andrea , April, Denise (Church, Productive “paperwork” activity, fringe cooking group member, checkers, weighted vest)
- Special Projects – Recipe/journal book,*

OT Group Intervention

A. Structured Task

- Current Events door decorations

Holiday	Therapeutic Focus	Task
New Year's	"I resolve to"	Scrolls
Chinese New Year	"My wish for my community ..."/birthyear personality traits	Red envelopes (folding task)
MLK	"I have a dream ..."	Clouds (art)/MLK fact bingo
Valentine's Day	"Love means"/"Self-nurturance activities	Norwegian woven hearts
Mardi Gras	"What do I keep from others"	Beaded/sequin masks
St. Patrick's Day	"I treasure ..."	Rainbows & pots of gold (art)
Spring	"Possibilities"	Flower collage
Flag Day	"Freedom means"	Flag paper mosaics
4th of July	"Independence"	Fireworks color scratch
Back to School	"Life Lessons"	Chalk drawings
Fall	"Fall into Better Habits"	Leaf/tree cutouts
Halloween	"What Lifts Your Spirits?"	Whirly ghosts (art)
Thanksgiving	"Blessings"/Nutrition	Cornucopia
Christmas	"Giving of my self to others"	Wrapped packages/box origami
Kwanzaa	"Working together we can"/Treatment team	Woven placemats

- Quilts -Paper, Batik, Cloth, donated
- Dish project
- Seasonal ceramics projects
- Leather projects
 - Key chain
 - Book mark
 - Leather purse
- Tiles (x2)
- Decoupage' – theme
- Collage
- Bird feeders, bird houses
- Gardening
 - Inside
 - Outside
- Poetry/Quotes
- Baby clothes to bags
- Art Gallery
 - Fish
 - Alligators
 - Impressionistic works
- Christmas decorations*

B. Avocational Group

- Interest Checklist/brainstorming
- Categorization of activities along with goals
- Leisure Exploration
 - Chicken Foot*
 - Cajun Poker*
 - Take Away Bingo*
 - Themed Bingos
- Sensory Groups
 - Aromatherapy,
 - feelings with senses,
 - sensory room promotion
- Outing
 - Fishing
 - YMCA
- Gardening
 - Greenhouse - OT garden to Hospital-wide garden
 - Linkage with on grounds NAMI
 - Partnering with LSUHSC OT students

C. Personal Recovery Group

- Education regarding the recovery model
- Introduction activities such as group word search
- Monopoly to Recovery (various topics)
- Groups
 - Keys to Recovery
 - Nutrition, Stress Mgmt., Exercise
 - Clip Board Calendar*
 - Trivial Pursuit
 - Family Feud
 - Wheel of Fortune
- Hospital activities
 - Adult Services Ambassadors for Hospital Christmas Open House
 - Annual Great Wake Up Race

Resources

- Anti-Coloring Books by Susan Striker
- Benson, H. (1992) The Wellness Book: The comprehensive guide to maintaining health & treating stress-related illness.
- Korb-Khalsa, K. & Leutenberg, E. – Life Management Skills Books I-VII
- Davis, M., Eshelman, E, McKay, M. (1995) The Relaxation & Stress Reduction Workbook.
- Reader's Digest Crafts & Hobbies from Readers' Digest Association
- S & S Crafts @ 1-800-288-9941 or [www.swww.com/S&S Worldwide](http://www.swww.com/S&S_Worldwide)
- The Real-World Aptitude Test ("The Rat") by Homer Moyer
- Tubbs, C., Drake, M. – Crafts and Creative Media in Therapy, 3rd ed.

www.butlerwebs.com
www.worksheets4teachers.com
www.scholastic.com
www.dltk-kids.com
www.activityvillage.co.uk
www.enchantedlearning.com
www.kaboose.com
www.puzzlemaker.com

D. Cooking Group

- Muffin industry
 - Rotation of cooks
 - Adaptation of recipes*
 - Cultural awareness/education through food
 - Planning/cooking
 - Weekly sales
 - Catering jobs
 - OT outreach

Supported Employment (Bond, 2001,2004)

- ✓ Unemployment rate for individuals with disabilities is approximately 75%
- ✓ The unemployment rate for individuals with psychiatric disorders is between 80-90%
- ✓ Most consumers with SMI want to work
- ✓ Supportive employment is based on the idea that it is better to get persons with mental illness on the job and help them keep the job rather than just providing vocational training
- ✓ Surveys find that assistance with employment is a major unmet need, and is sometimes unrecognized by practitioners (Crane-Ross, Roth, & Lauber, 2000)

Critical Goals for Supported Employment

1. Pay is at least minimum wage
2. People with and without disabilities work together
3. Support is ongoing and provided as needed
4. Services are individualized
5. Job selection is based in personal preferences and skills
6. Competitive employment is the goal

Supported Employment for Persons with Psychiatric Disabilities: A review of effective services

The Tenants of Supported Employment (Individual Placement & Support Model -Drake & Becker, 1993,2003, Becker & Bond 2002, Bond, 1998)

- A. Services Focused on Competitive Employment**
- B. Eligibility Based on Consumer Choice**
- C. Rapid Job Search**
- D. Integration of Rehabilitation & Mental Health*
- E. Attention to Consumer Preference*
- F. Time-Unlimited & Individualized Support

E. Supported Employment Group

- Weekly supervision/topic focused
- Guiding principles of supportive employment
- Tax form completion 1:1
- Involvement in muffin industry
 - “Top of the muffin to you!”
 - Money management
 - Credit Union
 - Marketing
- Local job opportunity exploration
 - Disability Job Fair
 - Grocery
 - University
 - On ground library

F. Book Club

- Offshoot from library visit
- Internet access
- Space considerations
 - Beautiful, light, open
 - Internet connection
- “The 5 People You Meet In Heaven”
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What Does the Evidence Say?

- 8 randomized controlled trails
- 3 quasi-experimental studies
- Looked at conversion services (day tx to SE)
- ✓ Small group identified loss of social contact
- ✓ Discovered satisfying ax. Outside the MHcenter
- ✓ Cost-effective
- ✓ Significant gains in obtaining & keeping employment
- ✓ Interventions that do not target job placement directly have little impact on employment outcomes
- ✓ SE increased time of employment and employment earnings
- ✓ Re-hospitalization rates were unaffected
- ✓ Clients who worked reported improvement in self-esteem, and control of symptoms
- ✓ For best results, the client’s vocational support needs to be separate from their MHP

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- Review of Recovery Literature @ http://www.nasmhpd.org/general_files/publications/ntac_pubs/reports/ralphrecovweb.pdf
- Outside the Office: What's Community Got To Do With Recovery? NAMI Louisiana/Office of Mental Health Conference October 3, 2008 <http://www.dhh.louisiana.gov/offices/publications/pubs-305/Outside%20the%20Office.final.ppt> , Anna L. Goodwin, MPS, Training Manager and Field Manager, Area 1, NAMI Connection Recovery Support Group Program, NAMI Education, Training and Support Center

You may retrieve instructions for * activities from: <http://alliedhealth.lsuhs.edu/occupationaltherapy/> (under the continuing education link. Will be available the week of May 4th or contact Shannon @ smangu@lsuhsc.edu

Thanks!