

Illness Management and Recovery

Lindy Fox

3/20/09

Philosophy of IMR

- ♦ IMR is based on Essential Themes of the Recovery Movement:
 - ♦ Hope
 - ♦ Respect
 - ♦ Optimism
 - ♦ Confidence
 - ♦ Well – being
 - ♦ Expectations

How are Recovery & IMR Related?

- ♦ Both promote hope
- ♦ Both promote respect
- ♦ Both promote personal responsibility in wellness
- ♦ Both promote learning (information, skills & strategies)
- ♦ Both promote collaboration

What is IMR?

- ♦ IMR is an Evidence-based practice program that helps people:
 - ♦ Set meaningful goals for themselves
 - ♦ Obtain information & learn skills to have power over psychiatric illness
 - ♦ Maintain focus on and make progress towards personal goals

What is an Evidence-based Practice?

- ♦ Evidence-based practices are interventions for which there is scientific evidence consistently showing that they improve client outcomes.
- ♦ Drake, R.E., et al (2001) Implementing Evidence Based Practice in Routine Mental Health Services Settings. *Psychiatric Services* 52:179-182

EBPs identified by SAMSHA for

- ♦ Illness Management and Recovery
- ♦ Assertive Community Treatment
- ♦ Supported Employment
- ♦ Integrated Treatment for Dual Disorders
- ♦ Family Psycho-education
- ♦ Medication Algorithms

Where did IMR come from?

- ♦ Research based:
 - ♦ Review of 40 randomized controlled studies of illness management programs
 - ♦ Identified five effective components shared by all the successful programs
 - ♦ Psycho-education
 - ♦ Behavioral tailoring
 - ♦ Relapse Prevention
 - ♦ Coping skills training
 - ♦ Social skills training

IMR Modules

- ♦ Recovery Strategies
- ♦ Practical Facts about Mental Illness
- ♦ Stress – Vulnerability Model
- ♦ Building Social Support
- ♦ Using Medication Effectively
- ♦ Drug & Alcohol Use
- ♦ Reducing Relapses
- ♦ Coping with Stress
- ♦ Coping with Problems and Symptoms
- ♦ Getting your Needs Met in the Mental Health System

IMR Resources

- ♦ Educational handouts for each module
- ♦ Practitioners' guidelines
- ♦ Group leader's session-by-session guide
- ♦ Introductory videotape (15 min.)
- ♦ Practice demonstration videotape (3 hrs)

IMR Timeline

- ♦ Engagement – IMR introductory video
- ♦ Orientation – Appendix I & Appendix IV
- ♦ Assessment – Knowledge & Skills Inventory
- ♦ Scales – Client & Clinician versions: before module 1, after modules 3,6 &10
- ♦ Goals Setting – during module 1, reviewed monthly

IMR Scales

- ♦ 15 item questionnaire covering IMR domains
- ♦ Behaviorally anchored
- ♦ User-friendly language
- ♦ Clinician and Client version
- ♦ Completed at baseline, after modules 3,6 & 10
- ♦ Use to evaluate progress in IMR
- ♦ Results should be integrated into Goal Tracking Sheet & IRP

Structure of IMR Sessions

1. Informal socializing
2. Review previous session
3. Review home assignments
4. Follow up on goals (for group, follow up on goals of 2-3 consumers each session on rotating basis)
5. Set agenda for current session

Structure of IMR Sessions, cont'd

6. Teach new material from handout (usually a few pages); use educational, motivational, CBT and social skills training strategies as needed
7. Develop a home assignment in collaboration with consumer(s)
8. Summarize session and progress made

Skills for Leading IMR Groups

- ♦ Ability to structure a session
- ♦ Empathic and responsive
- ♦ Elicit feedback (open ended questions)
- ♦ Involve all group members throughout session

Continued

- ♦ Selectively ignoring/minimize attention to off-topic statements
- ♦ Ability to redirect focus of group when discussion veers off topic back to module
- ♦ Give members praise (reinforcement) when they make efforts to participate, learn skills, follow up on assignments & take steps towards goals

Strategies for running IMR groups

- ♦ Use Group session-by-session manual (including adapted module #2)
- ♦ Avoid tendency for groups to become psycho-education only by focusing on skills teaching
- ♦ Attend to each participants IMR goal at least once a month

Continued

- ♦ Make sure goals are individualized: personally meaningful & measurable
- ♦ Use motivational, cognitive behavioral and educational strategies with participants
- ♦ Tailor practice assignments to individuals short term goals & steps

Special Issues for Groups,

- ♦ Develop a model of “rotating admission”
- ♦ Develop a plan for making up missed sessions
- ♦ Enlist assistance of other staff members in supporting IMR)
- ♦ Make special effort to involve significant others; consider a monthly “IMR Friends and Family Group”

Breaking down Module #1 into Group Sessions

- 1 Session 1: The importance of recovery
- 1 Session 2: What helps people in the process of recovery?
- 1 Session 3: Identifying goals to work on
- 1 Session 4. Strategies for achieving goals

Collaboration in goal setting

- ♦ Take your time
- ♦ Avoid overusing the word “goals”
- ♦ Explore how the person would like their life to be different if they accomplished the goal

Continued

- ♦ Support ambitious goals
- ♦ Help people break goals into smaller steps that are realistic & measurable
- ♦ Remain impartial

Continued

- ♦ Help person consider goals that have to do with improved role functioning (parent, worker, student, relative, friend, etc.)
- ♦ Aim for short term goals that are achievable in 3 – 6 months
- ♦ Revisit goals minimally once a month: check to see if person is working on it.

IMR Goal Tracking Sheet

- ♦ Consumers set long-term meaningful goals
- ♦ To be included in Individual Recovery Plan (IRP)
- ♦ Helps consumers develop short-term goals
- ♦ Helps consumers break down short-term goals into measurable & manageable steps
- ♦ Ideal goal is able to answer the question: "How will we both know when this goal is achieved?"

Helping Consumers Set Long-term Meaningful Goals

- ♦ Review answers from IMR Knowledge and Skills Inventory
- ♦ Assess persons confidence in their ability to achieve goal
- ♦ Evaluate personal depth of interest in goal

Continued

- ♦ Program for success:
 1. Identify the smallest step possible
 2. Make step as specific as possible (measurable)
- ♦ Involve significant others (friends, family, other people attending program, staff, etc.)

Core Clinical Competency skills used in IMR

- ♦ Motivational Strategies
- ♦ Educational Strategies
- ♦ Cognitive –Behavioral Strategies

Motivational Strategies

- ♦ People are motivated to learn things relevant to personal goals
- ♦ Connect IMR materials to goals
- ♦ Explore how illness has interfered with goals
- ♦ Convey hope and confidence in person

Continued

- ♦ Help person explore costs and benefits of change
- ♦ Explore past successes
- ♦ Reframe past challenges as evidence of personal strengths
- ♦ Make the consumer the “expert” and put them in charge of something

Following up on Goals

- ♦ The most powerful motivational strategy is helping people progress towards goals
- ♦ Follow up on goals at beginning of each session
- ♦ Help set new goals when others achieved
- ♦ Review progress regularly with consumer

Bridging the Gap

- ♦ Connecting the client's goal with the information and skills in the module will:
- ♦ Help the client to see the relevance of the skills to their own life
- ♦ Provide an example of how the client could use the skill
- ♦ Provide motivation to try the skill

Cognitive - Behavioral Strategies

- ♦ Helps People:

1. Practice strategies and skills in IMR sessions
2. Put skills into action in their everyday lives

-

CB strategies

- ♦ Modeling (demonstrating) skills
- ♦ Behavioral rehearsal (role playing)
- ♦ Reinforcement, focused on specific behavior change
- ♦ Shaping (reinforcing steps toward desired behavior)
- ♦ Behavioral tailoring for medication

CB: Skills Training

- ♦ Social skills training
- ♦ Relaxation training
- ♦ Relapse prevention training
- ♦ Coping Skills training

* It is necessary for learning that these skills be demonstrated and practiced in IMR session, and practiced outside of program*

Educational Strategies

- ♦ Helps Consumers learn and retain information about recovery and illness management by:
 - Checking for understanding
 - Breaking down information
 - Reviewing information
 - Use handouts in interactive ways (e.g., take turns reading)

Ed Strategies Continued

- ♦ Adopt consumer's language
- ♦ Don't push consumer to accept diagnosis
- ♦ Review the material, even if consumer is knowledgeable
- ♦ Encourage consumer to share material with significant others

Involving Significant Others

- ♦ Involvement is critical to optimizing outcomes
- ♦ Significant others are defined by the consumer
- ♦ Explore who the consumer spends time with (e.g., could be other IMR group members or consumers who attend program or consumers at group home)
- ♦ Talk with other team members
- ♦ Consider home visits
- ♦ Approach significant others with “good news”
- ♦ If needed, clinicians can be significant others
- ♦ Aim for monthly contact with significant others

Significant Others can be Involved in Different Ways

- ♦ Talking on the phone
- ♦ Reading handouts
- ♦ Assisting with home assignments
- ♦ Helping develop relapse prevention plan
- ♦ Helping to follow up plans for achieving goals
- ♦ Attending IMR sessions or special family group, such as "Friends and Family Recovery Support Group"

Homework

- ♦ Integral part of IMR
- ♦ Provides for further education
- ♦ Opportunity to practice skills and new behaviors
- ♦ Way to work on goals

Homework (cont.)

- ♦ Increasing likelihood of success
 - ♦ Tailor assignment to client- be 90-100% sure they will do it. Err on side of too easy
 - ♦ Provide a rationale as to how and why the assignment might help
 - ♦ Set homework collaboratively. Seek input and agreement
 - ♦ Make homework a no-lose proposition

Homework (cont.)

- ♦ Begin assignment in session
- ♦ Help set-up a system for remembering to do assignment- tailoring
- ♦ Anticipate possible problems. Do rehearsal when indicated
- ♦ Prepare for a negative outcome- discussion of potential problems

Homework Problems

- ♦ Is the amount of homework reasonable for the client?
- ♦ Is the degree of difficulty appropriate for the client?
- ♦ Does it seem overwhelming?
- ♦ Does it seem logically related to the client's goals?

Problems (cont.)

- ♦ How likely is the client to do it?
- ♦ What practical problems may get in the way(time, energy, opportunity)?
- ♦ What thoughts may get in the way?

Homework Not Done

- ♦ Too difficult- simplify assignment
- ♦ Too ill-defined- be more explicit
- ♦ Didn't remember- tailoring, behavior chart, problem-solving
- ♦ Psychological distress- assess situation, very small assignment
- ♦ Ambivalent about homework- motivational work, pros and cons

IMR Supervision

- ♦ IMR Team Leader provides group supervision to all IMR Practitioners once a week
- ♦ Lasting 1 hour
- ♦ Focus on practical implementation issues in the beginning
- ♦ Alternate mini-trainings with IMR case presentations from staff