Copyright 2002 by California Association of Social Rehabilitation Agencies (CASRA). All rights reserved. No part of this publication may be reproduced in any form without written permission from the publisher.

California community college instructors may reproduce materials for classroom use.

Published by: California Association for Social Rehabilitation Agencies (CASRA)

Phone (925) 229-2300
Fax (925) 229-9088
E-mail casra@casra.org
Website www.casra.org

The courses for the Certificate Program in Psychosocial Rehabilitation are funded by UCSF Center for the Health Professions Allied Health Workforce—Innovations for the 21st Century.
Instructor’s Manual

Introduction to Psychosocial Rehabilitation

This course is designed as an overview of the field of psychosocial rehabilitation. During the course, the student will review the principles and values of psychosocial rehabilitation, emphasizing consumer empowerment and recovery. The course will cover a brief history of the field, current practice models and identify important issues facing the psychosocial rehabilitation practitioner today.

Learning Objectives

1. Understand the basic principles and values of psychosocial rehabilitation.
2. Understand the impact of stigma on people who have a psychiatric disability.
3. Understand the principles of recovery and empowerment in working with people who have a psychiatric disability.
4. Understand the importance of bringing cultural sensitivity and awareness to all interactions as a practitioner.
5. Identify a range of practice models utilized in psychosocial rehabilitation.
6. Understand the impact of the social movements that have shaped the development and evolution of psychosocial rehabilitation services.
7. Demonstrate a basic understanding of ethical practice in psychosocial rehabilitation.
8. Understand the basics of formulating a rehabilitation goal, strengths assessment and documentation.
9. Understand the issues related to transitional youth and strategies for engaging them in their recovery.
# Handout 2  Syllabus

## Text

*Psychiatric Rehabilitation* Pratt, Gill, Barrett, and Roberts

### Class Topics and Readings

<table>
<thead>
<tr>
<th>Class</th>
<th>Topic</th>
<th>Reading</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Welcome and Introductions</td>
<td>Chapter 1</td>
</tr>
<tr>
<td></td>
<td>Class Structure</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Class Agreements</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Stigma and the Myths of Mental Illness</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>What Is Psychosocial Rehabilitation?</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Cultural Competence and Worldview Assessment</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Overview of Diagnosis</td>
<td>Chapters 2 &amp; 3</td>
</tr>
<tr>
<td>6</td>
<td>Models of Treatment</td>
<td>Chapter 4; “A New Vision of Recovery” by Fisher, M.D.</td>
</tr>
<tr>
<td>7</td>
<td>Models of Treatment, Continued</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Rehabilitation Goals</td>
<td>Chapter 5</td>
</tr>
<tr>
<td>9</td>
<td>Engagement: Finding Strengths</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Overview of the Mental Health System</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>The Consumer Movement</td>
<td>Chapter 6: pp. 139-145</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chapter 9: pp. 234-235</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chapter 10: pp.241-250</td>
</tr>
<tr>
<td>12</td>
<td>Working With Families</td>
<td>Chapter 11</td>
</tr>
<tr>
<td>13</td>
<td>Residential Services</td>
<td>Chapters 6 &amp; 9</td>
</tr>
<tr>
<td>14</td>
<td>Clubhouse Models and Psychiatric Day Programming</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Case Management</td>
<td>Chapter 8</td>
</tr>
<tr>
<td>16</td>
<td>Midterm Exam</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Intensive Case Management: Working On a Team</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Laws and Ethics in Psychosocial Rehabilitation</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Psychiatric Medications</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Site Visit Reports</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Self-Help Strategies and Advance Directives</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Focus on Young People: Transitional Youth Services</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Supported Education</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Cultural Issues</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Dual Diagnosis</td>
<td></td>
</tr>
<tr>
<td>Class</td>
<td>Topic</td>
<td>Reading</td>
</tr>
<tr>
<td>-------</td>
<td>------------------------------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>26</td>
<td>Staying Well on the Job</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Documentation</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>The Road to Work: Supported Employment</td>
<td>Chapter 7</td>
</tr>
<tr>
<td>29</td>
<td>Work Incentives and Reasonable Accommodations</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Consumers As Advocates and Service Providers</td>
<td>Chapter 10</td>
</tr>
<tr>
<td>31</td>
<td>Rehabilitation Presentations</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Rehabilitation Presentations</td>
<td></td>
</tr>
</tbody>
</table>
Class 8   Rehabilitation Goals

**NOTE:** You will need the following materials:
- Poster paper
- Enough colored markers for each student to have at least three.

**Discuss the importance of hopes and dreams when creating goals.**
- Where do you see yourself five years from now?
- Two exercises to identify goals:
  - **Exercise 1:** Guided visualization about visioning for the future. (20 minutes)
  - **Exercise 2:** Dream-mapping. (15 minutes)
- Discussion – How did the two exercises work for you? Were you able to visualize? Was drawing easier? Harder?
  - There are many different methods to approaching goals. Each individual learns differently and taps into their creativity using different styles.

**The Rehabilitation Plan**
- Definition – the “how to” plan to achieve goals – what are the skills and resources needed.
- Overall rehabilitation goal – the larger vision.
  - Consumer choice is central
- Functional assessment
  - What are the skills and behaviors needed
- Resource assessment
  - What resources are currently available and identifying what resources are needed.

**Exercise 3:** Functional Assessment and Resource Assessment
Skill Acquisition and Development

- Go over the following methodologies
  - Skills training and Direct Skills teaching
  - Role-modeling
  - Client-centered approach
  - Behavioral strategies
- Discuss the principles of skill development (Psych rehab, pg. 127)

Homework Assignment

- Complete the exercise outlined on pg. 131.
Exercise 1  Guided Visualization: Future Plans

- Ask students to get comfortable in their seats.
- Ask students to close their eyes, or focus on a spot a few feet ahead, and take three deep breaths.
- The following is a script for the relaxation and visualization exercise.
  - With each outbreath, allow yourself to relax more fully, letting go of the stresses you have today.
  - Stay with noticing your inbreath and outbreath for the next few minutes. Simply follow your breath as it flows in, and follow the outbreath as you exhale.
  - Do a mini-progressive relaxation exercise. Move through the general body parts from toes to head, tensing and releasing muscle tension.
  - Then you’re ready to begin the visualization.
  - You have the day free – and it’s a beautiful day to go to the beach. You arrive at a quiet beach area. Imagine the sunshine, the blue skies. Feel the gentle breeze and smell the salt air.
  - You have your beach chair or perhaps a blanket, and you begin to walk on the beach, looking for a good spot. The sand is warm on your feet. It feels comforting and supportive on your feet.
  - You find a spot that overlooks the ocean waves – you can see the beach for miles in the clear, warm day. In the distance you see a glint of something metal, perhaps, a bright spot that makes you curious. What type of treasure might it be?
  - You leave your chair, or blanket, and begin to walk towards the object. When you reach it, you see that it is a small treasure box, and the object that you saw glinting in the sun is a mirror. The mirror is very ornate, very elaborate and lovely, a treasure in itself.
  - You bring the mirror up to look at your reflection in it. And before you, you see an image of yourself as you have always wanted and hoped to be. The mirror reflects back an image of yourself in the future – what characteristics do you see?
  - Are you strong and healthy? Your optimum weight? What is your vocation, your work life like? Relationships? Other things that are important to you are reflected in this wonderful mirror.
  - (Allow the students to stay with this future self for a few minutes, adding details, feeling the positive energy and satisfaction of future goals met)
- Make affirmative statements about what you see. “I am strong and healthy.” “I am successful and happy”. “I am full of energy and creativity.” Whatever statements affirm the future self that you see.

- You begin to notice that the sun is going to set soon. It is time to walk back to your chair or blanket, and begin the trip home. You put the mirror back in the treasure box. You decide to leave the treasures on the beach, to let another person have the same experience as you.

- The sun is setting, the air is cooler. You pick up your things and begin the walk back to your car, or perhaps you will take a bus or walk on home. With each step, you feel the positive energy of the image of your future self.

- Begin to move your body now, starting to return to the classroom. In a couple of minutes, open your eyes and feel refreshed and energize
Exercise 2  Dream-Mapping

- Using the information from the guided visualization, draw a map to your dreams.
- Instruct the class that they need not be artists to do this exercise. Some may want to use a time-line approach and words. Some may want to draw simple sketches of the steps along the way to their hopes and dreams.
Exercise 3  Functional Assessment and Resource Assessment

- Break into small groups.
- Each group will use the following scenario:

  Harry wants to get a job as a math teacher. He has not been in school for several years. He always enjoyed algebra and any math class that he has taken. He completed several general education requirements prior to his first hospitalization. Currently he is living with roommates. His living situation is crowded, with not much privacy or quiet. He is attending the self-help center activities on a regular basis and feeling positive about starting back in school. He is concerned about the fact that he hears voices when he is in new surroundings and when he is feeling stressed. Harry is hoping that you can assist him in achieving his goal.

  From the information that you have been given, what skills and behaviors are needed for Harry to become a math teacher?

  What resources are already in place?

  What resources may be needed?

  What information is necessary, but may be missing in the information given here?
Class 17  Intensive Case Management: Working on a Team

The Team Approach

- In intensive case management, the client is served 24hrs/day, seven days a week.
- This type of program offers a full range of services, individually designed to help the individual live successfully in the community and attain the highest quality of life.

Exercise 1: Referral to Intensive Case Management

- Allow 15 to 20 minutes

Why Use A Team Approach?

- **Two important points:** First, the team includes the client. Reinforce the PSR value that the client directs the process.
  
  - How do you do this if the client isn’t always present at the meetings?
  
    - Whenever possible, have meetings with the client present.
  
    - Each team member is responsible to have the client’s expressed needs and desires represented at the meeting.
  
    - Additionally, team members must make an effort to have the whole person in their conscious awareness, not just the details of the crisis situation at hand.

- Secondly, good communication is absolutely essential.

Exercise 2: Teamwork—Communication

- Allow 40 minutes

- Handout 1: The Advantages of Teamwork
Exercise 1  A Referral to Intensive Case Management

- Using the following person as an example, what problems may come up?
- What types of services are likely to be needed?

**Scenario**

Joe is a 35 year-old Hispanic male, who has a diagnosis of schizophrenia, paranoid type. He also has a history of polysubstance abuse, with current intermittent usage of marijuana and alcohol. He has been hospitalized at a long-term locked facility for eight years. During his stay at the hospital, he has repeatedly AWOLed and been picked up by the police. He has been threatening to other patients when he believes they are taking his cigarettes.

The staff has felt that until Joe can remain clean and sober for six months, not threaten any other patients and be on a pass system successfully, he cannot be tried out in the community.

The STAR program is a new intensive case management program that is interviewing for possible participants. Joe is one of the people interviewed. In the interview Joe states that the most important goal for him is to live in an apartment in the community. He responds well to questions about his independent living skills and is very engaging to the interviewer. When asked about substance abuse, Joe acknowledges that it has been a problem in the past, but he thinks it has been way overblown. He believes that an occasional beer or joint of marijuana is no big deal.

Joe’s mother is very involved. She visits him every week and worries about him a lot. She often calls the staff and asks for information and feedback, but the staff is hesitant to get very involved with her even though Joe has given permission for them to talk. Joe usually gets along with his mother and appreciates her support, but sometimes he is rude and yells at her. He has a sister and brother who are angry at all the pain he has caused the family and do not speak to him at all. His father does not have anything to do with him.

Joe feels like the medications he is on now are helping him think more clearly. His goal is to get off these meds altogether and get out of the mental health system. He realizes he needs a job for this to happen. He has had some small jobs over the last ten years, but never been able to hold one down for more than a couple of months. He is interested in being trained in something – maybe computers – so he can make a decent living.
Discussion

- Identify the services that Joe is potentially going to need.
  - Dual diagnosis
  - Education about diagnosis
  - Education about meds
  - Interpersonal skills – assertiveness skills
  - Vocational/educational counseling
  - Connections in the community
  - Inclusion of the family

- What are some system issues that might arise in working with Joe?

- The belief that a person must successfully complete a hospital treatment plan BEFORE being eligible of community-based services is often debated. What are the pros? What are the cons?
Exercise 2  Teamwork: Communication

- Larry is well-connected to many services in his county. The following people are represented on his team:
  - Psychiatrist
  - Nurse Practitioner
  - Case Manager
  - Residential counselor
  - Vocational counselor
  - Peer counselor
  - Housing coordinator
- Have students break up into groups of eight.
- Give each person one of the roles listed in the Description of Roles section. Have “Larry” meet with each of his team members individually for a few minutes. Set the individual meeting space up outside of the main room, or at least in an area far enough away that no one can hear the interactions. Each professional must write up a progress note after each meeting, documenting the outcome of the meeting.
- After all the meetings have occurred, return to the large group. Have the team discuss the outcomes of their individual meetings.
  - Were there any conflicts in outcomes?
  - Who was missing important information?
- Meet now as a team and discuss the various issues.
- Come up with a coordinated treatment plan.
Description of Roles

Larry has many irons in the fire.

He is currently staying at Hawthorne House, a residential treatment facility. He is in the Future Planning Group, as he is close to his discharge date from the House. Larry has a hard time communicating with others and is not very assertive. Larry deals with each interview as separate and distinct from the others – he does not transmit information from one to the other.

- Psychiatrist – increase Larry’s medication, have him take more in the morning to reduce his anxiety during the day. Discourage the idea of working, especially while he is currently so symptomatic with anxiety.
- Nurse Practitioner – Go over the dietary guidelines for diabetes with Larry, again, with a focus on reducing his bread intake.
- Residential Counselor – Focus on a roommate issue that is going on – Larry has been complaining of his roommate snoring and not sleeping well at night. Also, make sure Larry can go to the big picnic that is coming up on Thursday, 11am – 3pm.
- Case Manager – You have filled out the paperwork for Section 8 Housing and referred Larry to the Housing Coordinator. You think that Larry looks down, so you take him out to a nice sandwich place for lunch to see if it will perk him up.
- Job Developer – You have an opening in a janitorial spot at General Hospital! It is a great job, with opportunities for increasing hours and pay. Larry needs to be there at 7am, with his shift ending at 2pm, Monday, Tuesday and Thursday.
- Peer Counselor – Larry meets with his peer counselor for French fries and sodas. The peer counselor offers support.
- Housing Coordinator – You have received a referral for Larry. You make an appointment to look at an apartment that is available. It is nice, but it’s a long walk to the bus, which also has a reduced schedule to that area.
Handout 1  The Advantages of Teamwork

For the client

- Flexible resources
- Additional person-power
- Variety of expertise
- Each team member brings a different background of experience, information and insight to the group
- Creates a network of support for the client
- Broadens the support system, reducing the reliance on one individual
- Includes different types of staff – peer counselors, attendants, med support, relief staff, etc, increasing the likelihood that someone on the team will be able to make the helping connection.
- Actively develops the natural supports in the community
- Family, neighbors, landlords, board and care operators, etc.
- Creates more continuity in the rehab plan
- Team members reinforce the rehab plan in all interactions

Teamwork is also supportive of case managers

- Shared responsibility
- Shared successes, shared failures, shared commitment to try again
- Reduces the isolation of the job
- Reinforces a mindset of inclusiveness among team members
- Increases the fun on the job
- Helps to prevent burnout
- Helps to keep hope alive
- Staff offer encouragement to each other, mutual support