



**Psychiatric
Rehabilitation
Training
Technology**



**TRAINER
ORIENTATION**

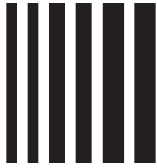
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Introduction

The number of persons with long-term psychiatric disabilities on the caseloads of mental health agencies is increasing, yet research studies suggest that the rehabilitation outcome of these individuals is poor, particularly in the areas of independent living and vocational status. Research also indicates that rehabilitation outcome can be improved by using a rehabilitation approach characterized by the development of skills and environmental supports. However, only recently has it become possible to specify the practitioner skills and knowledge needed to implement a rehabilitation approach with persons who have severe psychiatric disabilities.

The psychiatric rehabilitation process of diagnosing, planning, and intervening can be facilitated by practitioners expert in the technology of psychiatric rehabilitation. A technology can be defined as the application of scientific knowledge to the solution of individual or societal problems, and/or the attainment of individual or societal goals. In the case of psychiatric rehabilitation, the technology can be thought of as a human technology (Carkhuff & Berenson, 1976) as differentiated from a mechanical technology. That is, a human technology applies scientific knowledge to achieve human resource development goals rather than industrial or commercial goals. In psychiatric rehabilitation, the goals are related to reducing the disability and handicap for persons with long-term psychiatric disabilities.

Psychiatric rehabilitation technology operationally defines the knowledge and skills the practitioner needs to assist consumers through the rehabilitation process. The essential components of psychiatric rehabilitation technology are clearly defined practitioner skills and the underlying knowledge about how to use the skills most effectively.

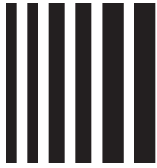
For over two decades, the staff of the Center for Psychiatric Rehabilitation worked to develop a training technology to teach the critical skills needed by practitioners. First the skills were identified, defined, and organized into a systematic model called the psychiatric rehabilitation approach. Then, a training program was developed and field tested. Thousands of practitioners participated in the training program.

In an effort to broaden the dissemination of the training program in psychiatric rehabilitation skills, the Center developed a “training of trainers” strategy through a grant funded by the National Institute of Mental Health. Since the development of that strategy, hundreds of trainers have been trained, representing over 200 service settings. Evaluation results indicate the training strategy facilitated effective practitioner training and use of the psychiatric rehabilitation skills.

In response to an increasing number of requests for training in psychiatric rehabilitation, the Center produced five training technology packages that can be used independent of Center training staff. The five packages include: *Rehabilitation Readiness*, *Setting an Overall Rehabilitation Goal*, *Functional Assessment*, *Direct Skills Teaching*, and *Case Management*.

The training technology packages provide detailed, organized procedures for developing practitioner competence and expertise by presenting how to perform skills, demonstrating models for skill performance, and providing opportunities for supervised skill practice. They provide a systematic training program that can be used by any trainer to teach the kind of “how-to-do-it” knowledge to practitioners that produces a consistently high level of practitioner skill performance.

In addition, the training technology sessions focus on the goal of performance of skills. A systematic follow-up strategy of ongoing supervised practice and study groups is required to be able to use these skills in on-the-job settings. Although the follow-up strategy is not included in the training technology, it is taught as part of the “training of trainers” program offered by the Center for Psychiatric Rehabilitation.



Content of the Training Technology

Rehabilitation Readiness

While the psychiatric rehabilitation approach focuses on developing the skills and the supports an individual needs to successfully function in his or her environment of choice, these training technology packages only teach how to develop skills. Before consumers begin their participation in rehabilitation activities, the practitioner assesses their readiness for rehabilitation and, if necessary, develops their readiness for rehabilitation. The training technology package entitled *Rehabilitation Readiness* is used to teach the skills involved in assessing and developing a person's readiness to participate in rehabilitation activities.

A readiness assessment determines a person's level of interest and ability in setting and achieving overall rehabilitation goals. It also identifies those areas of readiness that need further development. Based on the results of this assessment, the individual could begin using psychiatric rehabilitation services, choose to use alternative mental health services, or decide to participate in activities to develop his or her readiness for rehabilitation.

Individuals cannot benefit from rehabilitation services if they do not feel a need for change, if they are not committed to change, if their awareness of themselves and alternative environments is too limited to make informed choices, and if their significant others do not support their participation in rehabilitation services. The readiness assessment focuses on these five dimensions: need for change, commitment to change, self-awareness, environmental awareness, and the support of significant others. If the person's ratings on these dimensions are low, then the practitioner leads him or her through activities designed to improve the ratings in which he or she scored low. At the conclusion of the readiness assessment and, if necessary, the readiness development activities, the person is prepared to participate in the activities of the psychiatric rehabilitation process.

Setting an Overall Rehabilitation Goal

Skill development begins with the practitioner and consumer choosing an overall rehabilitation goal that identifies the environment in which the consumer wishes to live, learn, work, or socialize during the next 6 months to 2 years. The training technology package entitled *Setting an Overall Rehabilitation Goal* is used to teach the skills involved in helping the individual choose an optimal living, learning, working, or socializing environment.

The overall rehabilitation goal is established during a series of interviews with the individual in which his or her satisfaction and dissatisfaction with the current environment and choice of future environment is explored. The overall rehabilitation goal is critical because the hope of achieving it motivates the person to develop skills. In addition, the overall rehabilitation goal focuses the practitioner and the consumer on those skills and supports that are relevant to success.

Functional Assessment

Once an overall rehabilitation goal has been established, the practitioner conducts a functional assessment. The training technology package entitled *Functional Assessment* is used to teach practitioners how to evaluate the consumer's use of the skills needed to succeed in the chosen environment. During the functional assessment, the practitioner helps the consumer identify critical skills based on the requirements of the environment and the skills that are personally important to him or her. For each critical skill, the practitioner and consumer describe the frequency the consumer needs to use the skill in specific circumstances in the environment. An evaluation of the individual's present ability to use these skills is then completed.

Direct Skills Teaching

Persons with severe psychiatric disabilities often do not use skills as needed either because they cannot perform the skills or they have a problem using the skills in the particular environment. When individuals cannot perform skills, they usually need to be systematically taught. The technology package entitled *Direct Skills Teaching* is used to teach practitioners how to lead the consumer through a systematic series of instructional activities resulting in the individual's competent use of new behaviors. Direct skills teaching is more than modeling the skill for the individual and/or reinforcing approximate skill behaviors. As part of direct skills teaching, the practitioner prepares for instruction by outlining the critical knowledge to be taught and planning a lesson that incorporates the instructional activities that lead to skill learning. During the teaching of the lesson, the practitioner coaches the consumer to ensure his or her participation and progress. Following the lesson, the practitioner works with the consumer to develop a program to use the skill when, where, and as often as needed.

Case Management

Case management is a process by which individuals are supported in negotiating for services that they need and desire. It is a person-oriented approach that responds to the individual's needs for assistance rather than the needs of the service system. The case management technology consists of four essential activities: planning for services, linking clients to services, advocating for service improvements, and connecting. These case management activities may be taught in conjunction with the psychiatric rehabilitation process, or they may be taught independently as a stand alone process.