

Introduction to Psychiatric Rehabilitation

1.1 Welcome



Notes:

Psychiatric Rehabilitation


Northeast and Caribbean MHTTC at Rutgers University
2023

1.2 Objectives

Objectives

Welcome! This course provides you with an overview of Psychiatric Rehabilitation.

At the end of this module you should be able to:

Use headphones for best audio experience 

Definitions Define Psychiatric Rehabilitation	Goals Identify 3 goals of Psychiatric Rehabilitation
Values Describe the values of Psychiatric Rehabilitation	Principles Discuss strategies to support individuals' goals



Northeast and Caribbean (HHS Region 2)
MHTTC Mental Health Technology Transfer Center Network
Supported by the Department of Health and Human Services, Administration for Community Health

Notes:

Welcome to this self-paced course on Psychiatric Rehabilitation. We are glad you could join us as we provide an overview of Psychiatric Rehabilitation.

Our journey into this topic starts with the story of Frida, a young woman with a serious mental illness. Frida's story is an example of how Psychiatric Rehabilitation can help people with mental illnesses achieve a good quality of life, integrate within the communities of their choice, and recover.

This is followed by a definition of Psychiatric Rehabilitation. Defining Psychiatric Rehabilitation has been an ongoing work in progress. While everyone may not agree on an exact definition, it is important to recognize characteristics that make Psychiatric Rehabilitation unique, and how it differs from other approaches such as the medical model.

Next, we'll explore and explain the **Goals** Psychiatric Rehabilitation is designed to achieve for its service participants, including improved quality of life, community integration, and recovery. These goals have a unique relationship with one another. Each of these goals is interrelated with the others but may be pursued independently.

The **Values** underlying Psychiatric Rehabilitation services provide important insights into the attitudes of Psychiatric Rehabilitation practitioners. You will see why values such as **empowerment** and **self-determination**, are key to successful services. While many of these values are shared with other human service disciplines such as social work and psychology, the respective importance or criticality of certain values may be different in Psychiatric Rehabilitation.

The **Principles and Practices** of effective Psychiatric Rehabilitation describe the clinical strategies that are employed to support the goals set by service participants.

Progressing through the module is straightforward. There are links at the top of the screen for resources and a transcript. You can pause the audio at any time.

1.3 Carlos Pratt

Your Guides



Carlos Pratt, Ph.D., CPRP

Professor Emeritus
Department of Psychiatric Rehabilitation and Counseling Professions
Rutgers, The State University of New Jersey

Prior to his retirement:

- Director of the PhD Program in Psychiatric Rehabilitation
- Coordinator of the PhD Program in the Health Sciences, Psychiatric Rehabilitation Specialization
- Past President of the NJ Psychiatric Rehabilitation Association
- Co-Author of Psychiatric Rehabilitation (textbook) and numerous peer-reviewed articles
- Research interests include peer provided services, the Psychiatric Rehabilitation workforce, and psychometrics

Notes:

The developers of the Psychiatric Rehabilitation course are Drs. Carlos Pratt and Melissa Roberts.

Dr. Carlos W. Pratt, PhD, CPRP is Professor Emeritus in the Department of Psychiatric Rehabilitation and Counseling Professions, at Rutgers, the State University of New Jersey. Prior to his retirement, Dr. Pratt was a tenured Professor of Psychiatric Rehabilitation in the Department.

Previously, he was the Director of the Ph.D. Program in Psychiatric Rehabilitation and Coordinator of the Ph.D. in Health Sciences, Psychiatric Rehabilitation Specialization. He is the past President of the New Jersey Psychiatric Rehabilitation Association, a board member of Collaborative Support Programs of New Jersey, a state-wide peer-led agency, and past President of the Board of Directors of Project Live Incorporated in Newark, NJ.


Dr. Pratt is first author of Psychiatric Rehabilitation, the first comprehensive textbook on the subject. In addition to numerous conference presentations, he has authored articles in the Psychiatric Rehabilitation Journal, Community Mental Health Journal, Psychiatric Rehabilitation Skills and Rehabilitation Education. He is past Book Review Editor of the Psychiatric Rehabilitation Journal and a member of the Editorial Board of the American Journal of Psychiatric Rehabilitation.

His research interests include peer-provided services, the Psychiatric Rehabilitation workforce, and psychometrics.

You can find his CV in the Resource section of this module.

1.4 Melissa Roberts

Your Guides



Melissa Roberts, Ph.D.
Professor Emerita
Department of Psychiatric Rehabilitation and Counseling Professions
Rutgers, The State University of New Jersey

Prior to her retirement:

- Director of the Integrated Employment Institute (IEI)
- Taught graduate and undergraduate courses in career services, organizational management and supervision
- Seasoned workshop presenter and trainer
- Co-Author of Psychiatric Rehabilitation (textbook), numerous peer-reviewed articles and training manuals
- Recipient of the NJ APSE Rebecca McDonald Leadership Award, the NJPRA Mort Gati Award and the UMDNJ Excellence in Research award

Notes:

Melissa M. Roberts, PhD., is Professor Emerita in the Department of Psychiatric Rehabilitation and Counseling Professions at Rutgers, the State University of New Jersey. Prior to her retirement, she was the Director of the Integrated Employment Institute in the Department. As director, she oversaw the development and delivery of training and technical assistance designed to improve employment services for people with psychiatric disabilities.

Additionally, she taught graduate and undergraduate courses in career services, organizational management, and supervision.

She has presented workshops and trainings at conferences throughout the United States, Canada and Europe. Dr. Roberts has extensive experience in the development and delivery of exemplary employment services. She has provided training to hundreds of service providers, peers, and families.

She served on the board of directors of the NJ Psychiatric Rehabilitation Association (NJPRA) and is a former president of the board of the NJ Association for Persons in Supported Employment (NJAPSE). Dr. Roberts is a recipient of the NJ APSE Rebecca McDonald Leadership Award, the NJPRA Mort Gati Award for a career that exemplifies the principles of Psychiatric Rehabilitation, and the UMDNJ Excellence in Research award.

Dr. Roberts is a co-author of the textbook Psychiatric Rehabilitation, currently in its third edition, as well as author and editor of several training manuals and

articles on employment for people with disabilities.

You can find her CV in the Resource section of this module.

1.5 Frida - A Story

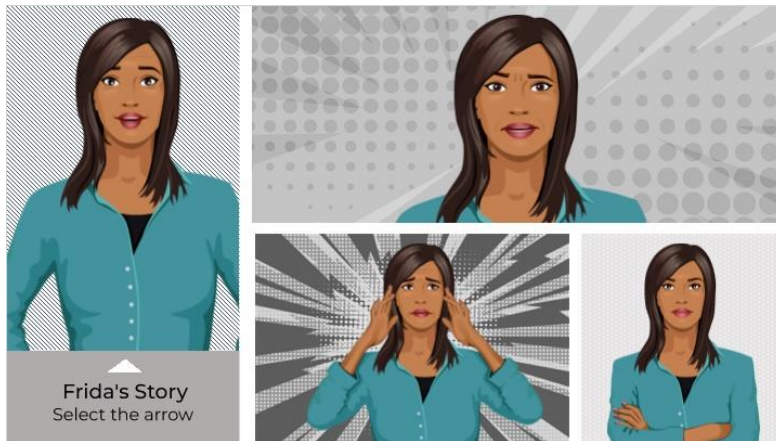


Notes:

Let's start our time together with the story of a young woman named Frida. As you listen to Frida's story on the next few slides, imagine the challenges she's facing and how you might respond to similar circumstances.

How do you think the disappointments and setbacks Frida's experiencing affect her ability to make future plans? If you were working with Frida, what do you think would be the most important attitude for you to convey to Frida about her future? How might you express that attitude in a genuine way?

1.6 Frida's Story



Notes:

Explore as Frida tells her story. Click on the arrow to make your way around the slide.

Hello. My name is Frida. I'm 23 years old. Just saying that makes me a little sad. I thought by now I'd be graduating from college and heading into a great job like most of my friends. But I'm not. Let me tell you a little bit about me.

Four years ago, I was starting out as a freshman at the State University. I was nervous and excited, like everyone else. I was taking all the intro courses that everyone has to; some were fun, some were boring, I was meeting new people, finding my way around, and just really happy. About halfway through the first semester I started feeling strange.

Suddenly I was having trouble concentrating in class. Every little thing distracted my attention, and I couldn't follow the lectures. Sometime after that I began to hear a voice telling me that I didn't belong at college. It was really frightening, and I ended up staying in my dorm room, missing classes and even missing meals. I went home before the end of the semester and told my parents what was going on and they took me to a psychiatrist that my father found online.

By that time, I was hearing voices a lot and I was really frightened. The psychiatrist recommended a short hospital stay since I had been experiencing these symptoms for over two months but assured me I wouldn't be there long. The hospital wasn't so bad a place and the staff seemed nice enough.

The first thing they did was give me drugs to take. The drugs were really powerful, and they really knocked me out. After taking them for a while I became stiff and nearly mute, and they had to give me another drug to take away those side effects.

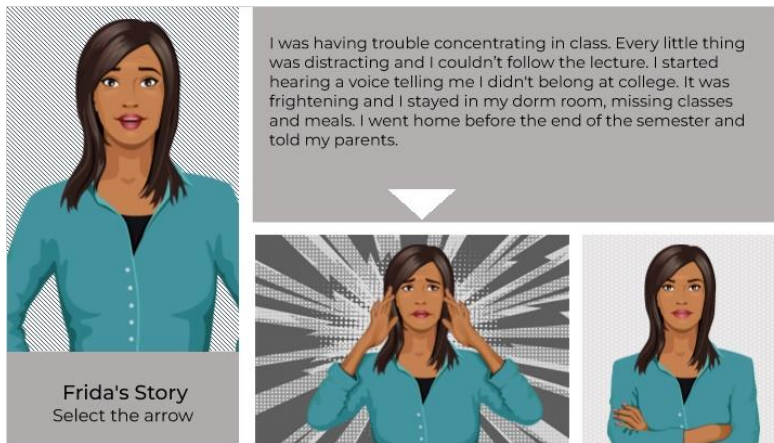
Layer 01 (Slide Layer)

Four years ago I was starting out as a freshman at the State University. I was both nervous and excited. I was taking the intro courses. Some were fun, some were boring. I was meeting new people, finding my way. Halfway through the semester I started feeling strange.



Frida's Story
Select the arrow

Layer 02 (Slide Layer)

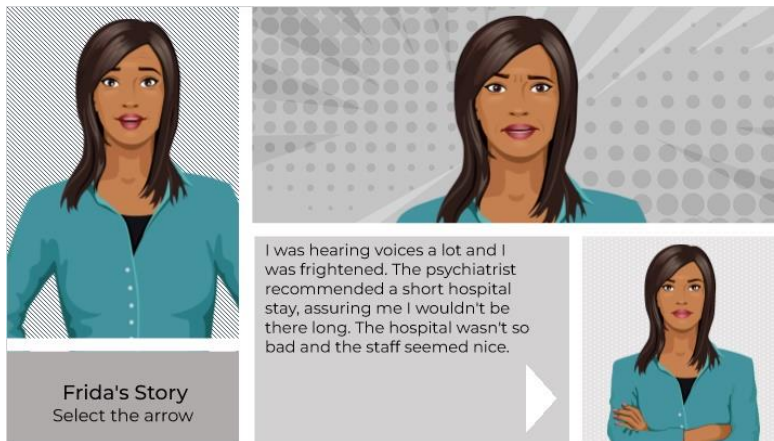


This slide layer for 'Frida's Story' features a vertical arrangement of three panels. The leftmost panel is a full-height portrait of Frida with a neutral expression. The middle panel shows her with her hands to her ears, set against a background of radiating lines, indicating distress. The rightmost panel shows her with her arms crossed. A text box at the top right contains a paragraph about her struggles in college. A white downward-pointing arrow is positioned below the text box.

I was having trouble concentrating in class. Every little thing was distracting and I couldn't follow the lecture. I started hearing a voice telling me I didn't belong at college. It was frightening and I stayed in my dorm room, missing classes and meals. I went home before the end of the semester and told my parents.

Frida's Story
Select the arrow

Layer 03 (Slide Layer)



This slide layer continues 'Frida's Story' with three panels. The left panel is the same neutral portrait. The middle panel shows Frida with a worried expression against a background of dots and radiating lines. The right panel shows her with her arms crossed. A text box at the bottom left describes her hospitalization. A white rightward-pointing arrow is located to the right of the text box.

I was hearing voices a lot and I was frightened. The psychiatrist recommended a short hospital stay, assuring me I wouldn't be there long. The hospital wasn't so bad and the staff seemed nice.

Frida's Story
Select the arrow

Layer 04 (Slide Layer)



This final slide layer for 'Frida's Story' consists of three panels. The left panel is the neutral portrait. The middle panel shows her with her hands to her ears against a background of radiating lines. The right panel is a solid teal block containing text about powerful drugs. A solid grey rectangular area is located at the bottom left of the slide.

They gave me powerful drugs that really knocked me out and had bad side effects.

1.7 Frida's Story #2



Notes:

Click on the arrow to continue to explore Frida's story.

Once those side effects stopped, they tried me on other drugs, until they thought they had the right type and dosage for me. That's when they told me they thought I had schizophrenia. It was really shocking and scary to hear that. I didn't know much about mental illness, but I knew schizophrenia was the worst one and I thought my life was doomed.

After observing me for a week on my new medications they discharged me back home to my parents. The instructions they gave my parents and me were to take the medications as they were prescribed, attend the local mental health clinic for therapy, and not do anything stressful. The next few years were like a blur.

I felt like I was on a roller coaster. After a month or so on the medications and going to group therapy I wasn't hearing voices and was able to focus.

Feeling better I decided to get a part-time job in a chain clothing store near my home and I found I really enjoyed the work. I was doing so well on the job that after a month or so

my boss started asking me to work extra hours. I was still feeling good, so I agreed. A month later I started feeling strange again. I was having trouble concentrating on my tasks at work. I tried to ignore it, telling myself I was just tired. I started taking days off from work just to rest.

Layer 01 (Slide Layer)


They tried a number of other drugs until they thought they had the right type and dosage. That's when they told me I had schizophrenia. I didn't know much about mental illness, but I knew schizophrenia was the worst one and I felt doomed.







Select the arrow

Layer 2 (Slide Layer)



After observation for a week on my new medications I was discharged. I was to take the medications, attend local mental health clinic for therapy and not do anything stressful. The next few years were a blur.





Select the arrow

Layer 3 (Slide Layer)



Select the arrow





I felt like I was on a roller coaster. After a month on the meds and going to group therapy I was not hearing voices and was able to focus.





Layer 4 (Slide Layer)





Feeling better I got a part-time job in a chain clothing store and I enjoyed the work. I was doing so well that I started working extra hours. However, in a month or two, I started to feel strange again. I was having problems concentrating. I thought I was just tired. I started taking days off from work just to rest.

1.8 Frida's Story #3



Notes:

Frida's story continues. Click to explore.

My boss was nice and asked if everything was ok but said I had to stop missing days. She offered to cut back my hours. I didn't really want to do that, but I thought maybe it would help so I agreed. It didn't help. Soon it became too hard to hide my lack of concentration and I started hearing voices again.

I got so scared that I eventually told my parents what was happening. They called the psychiatrist, and I went back to the hospital for two weeks. Both my parents and the therapy group leader said my symptoms must have gotten worse because work was too stressful. So, I quit. The problem was, then my life was all about "my illness". I go to therapy or to the psychiatrist or I stay home and watch TV all day. It's hardly a life at all.

Layer 01 (Slide Layer)


My boss asked if I was ok but said I needed to stop missing work. She offered to cut back my hours and even though I didn't want to, I agreed. It didn't help.

Soon it became too hard to hide my lack of concentration and I started to hear voices again.

Select the arrow



Layer 02 (Slide Layer)



I got so scared that I told my parents what was happening. They called the psychiatrist, and I was hospitalized for two weeks.

My parents and the therapy group leader said work must have been too stressful. So I quit. But now my life is all about "my illness". I go to therapy and to the psychiatrist or I stay home and watch tv.

1.9 Definition of Psychiatric Rehabilitation

Definition of Psychiatric Rehabilitation

Think about Frida's story. What happened to indicate that Frida was experiencing problems that affected her functioning? In what ways did her functioning change when she first became aware of problems and was hospitalized?

Type your thoughts in the box to the right and then check the feedback tab for our comments.

YOUR THOUGHTS

FEEDBACK

type your text here

Notes:

Think about Frida's story. What happened in the beginning to indicate that Frida was experiencing problems that affected her functioning? Type your thoughts in the box to the right and then check the Feedback tab for our comments.

Feedback

The first thing she noticed was that she wasn't able to concentrate and was easily distracted. She began staying in her room, missing classes and meals. Eventually she began hearing voices. Once she returned home, she was diagnosed and received treatment from a psychiatrist and was hospitalized.

Feedback (Slide Layer)

Definition of Psychiatric Rehabilitation

Think about Frida's story. What happened to indicate that Frida was experiencing problems that affected her functioning? In what ways did her functioning change when she first became aware of problems and was hospitalized?

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YOUR THOUGHTS

FEEDBACK

The first thing she noticed was that she wasn't able to concentrate and was easily distracted. She began staying in her room, missing classes and meals. Eventually she began hearing voices. Once she returned home she was diagnosed and received treatment from a psychiatrist and a hospital.

1.10 Definitions


Definitions

Treatment

Rehabilitation

Psychiatric Rehabilitation

Click on the terms to the left to reveal their definitions



MHTTC
Mental Health Technology Transfer Center Network
Funded by the Department of Health and Human Services

Notes:

Let's look at some basic terms. Click on the terms to the left to reveal their definitions.

Treatment

Treatment is usually considered to be any action designed to cure a disease or ease its symptoms.

Rehabilitation

Rehabilitation, on the other hand, is usually defined as any action intended to reduce the negative effects of the disease on the person's everyday life.

Psychiatric Rehabilitation

Psychiatric Rehabilitation assists and supports people with mental health conditions to "... compensate for, or eliminate the functional deficits, interpersonal barriers and environmental barriers created by the disability, and to restore ability for independent living, socialization, and effective life management." (IAPSRs)

Psychiatric Rehabilitation practices are informed by a set of values and principles designed to support and promote the goals of Recovery, Community Integration, and Quality of Life.

Treatment (Slide Layer)

Definitions

- Treatment
- Rehabilitation
- Psychiatric Rehabilitation

Treatment is usually considered to be any action designed to cure a disease or ease its symptoms.

Outreach and Caribbean Partnership
MHTTC Model Health Technology Transfer Center Network
Care & Support from the Caribbean Community

Rehabilitation (Slide Layer)


Definitions

Treatment

Rehabilitation

Psychiatric Rehabilitation

Rehabilitation, on the other hand, is usually defined as any action intended to reduce the negative effects of the disease on the person's everyday life.



Northwest and Caribbean Interagency
MHTTC Mental Health Technology Transfer Center Network
United by Science, Bound by the Spirit of Innovation

Psychiatric Rehabilitation (Slide Layer)

Definitions

Treatment

Rehabilitation

Psychiatric Rehabilitation

Assists and supports people with mental health conditions to "...

"Compensate for, or eliminate the functional deficits, interpersonal barriers and environmental barriers created by the disability, and to restore ability for independent living, socialization, and effective life management." (IAPSR)

Psychiatric Rehabilitation practices are informed by a set of values and principles designed to support and promote the goals of Recovery, Community Integration, and Quality of Life.



Northwest and Caribbean Interagency
MHTTC Mental Health Technology Transfer Center Network
United by Science, Bound by the Spirit of Innovation

1.11 Definitions 2

Definitions

Environmental Modifications

Natural Supports

Peer(s)

Ongoing Services

Click on the terms to the left to reveal their definitions

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Notes:

Let's continue to explore some terms commonly used in Psychiatric Rehabilitation. Click on the terms to the left to reveal their definitions.

Environmental Modifications

Environmental Modifications are changes specifically designed to ameliorate functional deficits, such as extra time on tests or curb cut outs on sidewalks.

Natural Supports

Natural Supports are supports that already exist in the individual's environment, such as a friend or family member.

Peer(s)

In this context, a peer is a person who has a serious mental illness and may or may not still experience symptoms.

Ongoing Services

Ongoing Services are designed to be provided as long as needed by the recipient rather than being time or frequency limited.

Environmental Modifications (Slide Layer)

Definitions


Environmental Modifications

Natural Supports

Peer(s)

Ongoing Services

Environmental changes specifically designed to ameliorate functional deficits, such as extra time on tests or curb cut outs on sidewalks.



Northwest and Caribbean Interagency
MHTTC Mental Health Technology Transfer Center Network
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Natural Supports (Slide Layer)

Definitions

Environmental Modifications

Natural Supports

Peer(s)

Ongoing Services

Supports that already exist in the individual's environment, such as a friend or family member.



Northwest and Caribbean Interagency
MHTTC Mental Health Technology Transfer Center Network
United by Science, Bound by the Spirit of Innovation

Peer(s) (Slide Layer)

Definitions

Environmental Modifications

Natural Supports

Peer(s)

Ongoing Services

In this context, a person who has a serious mental illness and may or may not still experience symptoms.



Northwest and Caribbean Interagency
MHTTC Mental Health Technology Transfer Center Network
United by Science, Bound by the Spirit of Innovation

Ongoing Services (Slide Layer)

Definitions

- Environmental Modifications
- Natural Supports
- Peer(s)
- Ongoing Services

Ongoing services are designed to be provided as long as needed by the recipient rather than being time or frequency limited.

Northwest and Caribbean MHTC
MHTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

1.12 Goals of Psy Rehab

Goals of Psychiatric Rehabilitation

Can a person experiencing symptoms of schizophrenia or another serious mental illness be "in recovery"?

Type your thoughts in the box to the right and then check our comments by clicking Feedback.

YOUR THOUGHTS **FEEDBACK**

type your thoughts here

Notes:

Now that we've reviewed some key definitions, we'd like to talk some more about the goals of Psychiatric Rehabilitation that were mentioned just a moment ago. The first of those goals is recovery. Do you think a person who is experiencing symptoms of schizophrenia, or another serious mental illness can be "in recovery"? Type your thoughts in the box to the right and then check our comments by clicking Feedback.

Feedback

This is a bit of a tricky question because the term recovery has different meanings. The common understanding of recovery implies that a person is totally free from

their previous disease; free from all symptoms and medically recovered. This actually happens for about one out of four people diagnosed with schizophrenia; they fully, medically recover and no longer experience symptoms. But what about the other three out of four people diagnosed with schizophrenia? Like people with substance use disorders, these individuals may be recovering one day at a time living in recovery while coping with symptoms. So, yes, many, if not most, people with schizophrenia or another serious mental illness can and do recover.

Feedback (Slide Layer)

Goals of Psychiatric Rehabilitation

Can a person experiencing symptoms of schizophrenia or another serious mental illness be "in recovery"?

Type your thoughts in the box to the right and then check our comments by clicking Feedback.

YOUR THOUGHTS

FEEDBACK

The term recovery has different meanings. The common understanding implies that a person is totally free from their previous disease; free from all symptoms and medically recovered. This happens for about one out of four people diagnosed with schizophrenia; they fully recover.

But what about the other three out of four people diagnosed with schizophrenia? Like people with substance use disorders, these individuals may be recovering one day at a time living in recovery while coping with symptoms.

So yes, people can and do recover.

1.13 Goals of Psy Rehab

What Does Recovery Mean for Those With Mental Illness?

What does recovery mean for people that do not medically recover from a diagnosis of schizophrenia or other serious mental illness? What do their lives look like?

Type your initial thoughts in the box to the right and then check our comments to this question by clicking Feedback.

YOUR THOUGHTS

FEEDBACK

type your thoughts here

Notes:

So, what does recovery mean for people that do not medically recover from a diagnosis of schizophrenia or other serious mental illness? What do their lives look like? Type your initial thoughts in the box to the right and then check our comments by clicking Feedback.

Feedback

Essentially it means that the person accepts they have a chronic condition that they have to manage, but while doing so they can get on with their life. An analogy might be someone with Type I diabetes. That individual has a chronic condition they must deal with every day by taking medications, testing their glucose, managing their diet, and exercising. And yet, that person can live a full life with goals, a profession, a family, hobbies, and so forth.

Feedback (Slide Layer)

What Does Recovery Mean for Those With Mental Illness?

What does recovery mean for people that do not medically recover from a diagnosis of schizophrenia or other serious mental illness? What do their lives look like?

Type your initial thoughts in the box to the right and then check our comments to this question by clicking Feedback.

YOUR THOUGHTS **FEEDBACK**

In these cases, recovery means the person accepts they have a chronic condition they have to manage on a daily basis but while doing so they get on with their life.

People can have goals, a profession, a family, hobbies, and more.

1.14 Pat Deegan

Recovery Expectations

Being diagnosed with a serious and persistent mental illness can shatter your sense of self, your life's goals, and dreams. Recovering your sense of self is an important part of the recovery process.

Watch this video of Dr. Patricia Deegan, an early proponent of a recovery vision.

VIDEO

Video

Notes:

For many, being diagnosed with a serious mental illness can feel like a life sentence. Being told you have a psychiatric illness can shatter your sense of self and interrupt your life's goals and dreams. Recovery is a deeply personal and unique process of regaining a sense of self while incorporating the reality of psychiatric illness and establishing new or continuing one's life goals and dreams. This doesn't come easily or quickly, but with work, hope, and support a resilient self can emerge. Watch this video of Dr. Patricia Deegan, an early proponent of recovery, as she describes her process of regaining a sense of purpose and meaning in the midst of her diagnosis.

<<https://www.youtube.com/watch?v=jhK-7DkWaKE>>

1.15 IMR

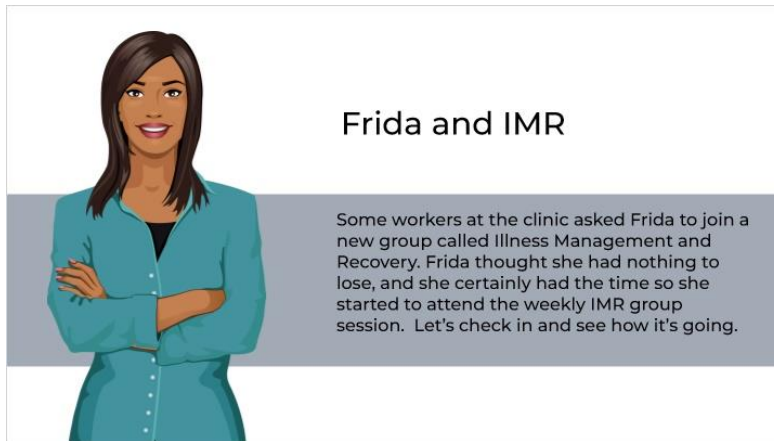


Notes:

Until recently, most people diagnosed with a serious mental illness, like Pat Deegan and Frida, were counseled not to expect anything close to a “regular” life. The message was that they had a debilitating disease that would not improve, but in fact, would likely worsen over time, and that they should not expect to have a career, a family, or their own place to live. We know now how wrong this prognosis is. There are now several evidence-based strategies to support people in living full lives; there are programs for teaching people to manage their illness, programs to support people in completing post-secondary education and pursuing employment, and programs to help people live independently in the community, among others.

Now that we understand a bit more about the Psychiatric Rehabilitation goal of Recovery, let’s return to Frida and see how she is doing.

1.16 Frida - IMR



Notes:

Some workers at the clinic asked Frida to join a new group called Illness Management and Recovery or IMR. It's a group that helps people learn about self-management strategies related to their mental illness. Frida thought she had nothing to lose, and she certainly had the time, so she started to attend the weekly IMR group session. Let's check in and see how it's going.

1.17 Frida - Goals



Notes:

Click on the arrow to continue to explore.

Unlike the therapy group I had been attending, IMR was very organized. Each of us had a loose-leaf binder with handouts, lessons, homework, and places to take notes. This was serious. The first thing the group started discussing was life goals and recovery, which was pretty exciting. They explained that the kind of recovery they were talking about was getting on with your life despite having a mental illness, schizophrenia in my case.

At first this kind of recovery seemed a little farfetched. When I tried to go to work, I failed. They explained that the task was for me to set my goals, what I wanted for my life, and then learn how to manage my illness so that I could work towards those goals. Hence the name: Illness Management and Recovery.

They also said that if I experienced symptoms I didn't necessarily have to stop working towards my goals, I had to learn how to manage the symptoms and keep going. They gave examples of similar problems like physical disabilities like muscular dystrophy or blindness. Many people with those conditions are able to have a life with goals and accomplishments and someone with schizophrenia can too.

As we worked through the group activities designed to help us identify our goals, I realized that some of my goals weren't just focused on work or school. I had other goals too.

Layer 01 (Slide Layer)



Layer 02 (Slide Layer)




Select the arrow


At first it seemed a little farfetched. They explained the task was for me to set up my goals, what I wanted for my life, and then learn how to manage my illness so that I could work towards those goals. Hence the name: Illness management and Recovery.




Layer 03 (Slide Layer)



Select the arrow



And if I experienced symptoms I didn't necessarily have to stop working towards my goals. I had to learn how to manage the symptoms and keep going, similar to other chronic illnesses



Layer 04 (Slide Layer)



As we worked through the activities designed to help identify our goals, I realized that some of my goals weren't just about going back to school and work.

1.18 Frida's Friends and Family

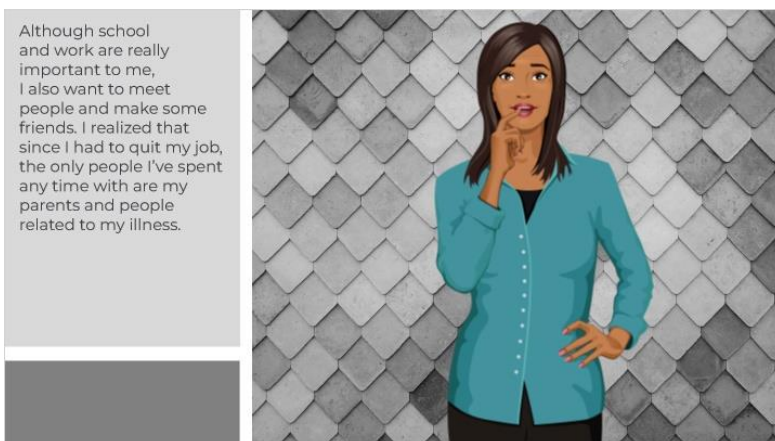


Notes:

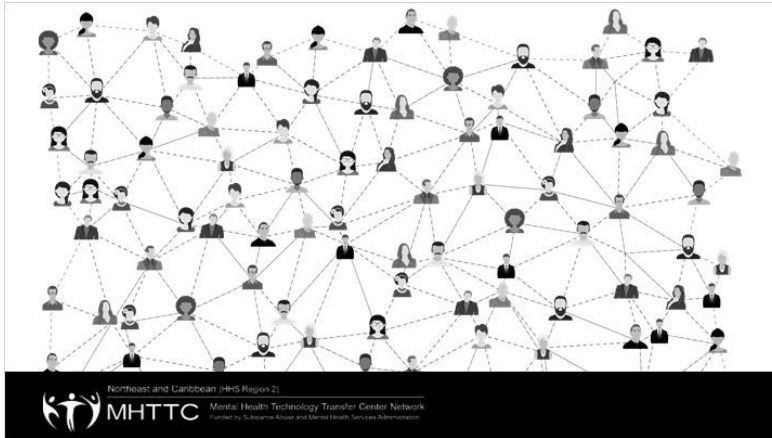
Select the arrow to continue.

Although school and work are really important to me, I also want to meet people and make some friends. I realized that since I had to quit my job, the only people I've spent any time with are my parents and people at the mental health program. I'd really like to make some new connections.

Layer 01 (Slide Layer)



1.19 Community Integration



Notes:

Humans are social animals who seek companionship and support from others and membership in a community. People with mental illnesses often have trouble being accepted by society because of the stigma attached to these conditions. Stigma has traditionally barred many people with serious mental illness from fully participating in society. Supporting these individuals to be full-fledged members of the community is a paramount goal of Psychiatric Rehabilitation. In fact, many Psychiatric Rehabilitation workers see achieving community integration as being synonymous with achieving recovery.

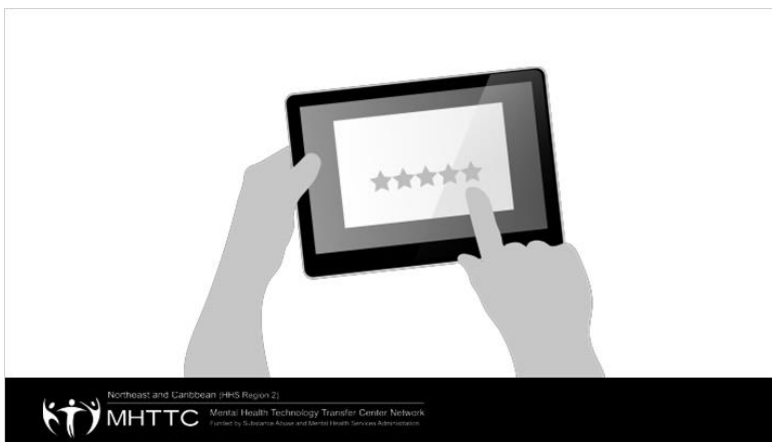
1.20 Goals and Community



Notes:

Like recovery and Quality of Life, community integration is a subjective phenomenon. Realistically, there are many “communities” one might belong to: work groups, places of worship, social gatherings, volunteer organizations, and so forth. And of course, in each of these communities there are degrees of participation and membership one might aspire to. Typically, life aspirations and goals involve some degree of community involvement, whether it’s having a family, a job, a support network of friends, or a religious group. All of these are forms of community involvement. Consider an individual who’s setting out on their recovery journey. How would this individual strive to create a new sense of self without having goals that involve some level of community integration?

1.21 Quality of Life



Notes:

An individual’s quality of life is largely based on their circumstances and expectations. Paraphrasing the old saying; Quality of Life, like beauty, is in the “eyes of the beholder.”

Actually, the goal of psychiatric rehabilitation is improved quality of life. Improved compared to what? A person’s quality of life is relative to their current circumstances, expectations, and perceptions about how others in similar circumstances are doing. And, to complicate matters further, quality of life is both subjective, for example “How do I feel about this?” and objective, for example “How much food, money, education, do I have”?

Regardless, the assessment of quality of life depends entirely on the individual. Some people in some rather poor circumstances, for example a locked unit of a psychiatric hospital, may rate their quality of life as satisfactory, while others in

rather posh settings with wealth and position might rate their quality of life as rather poor.

1.22 Improvement in Quality of Life



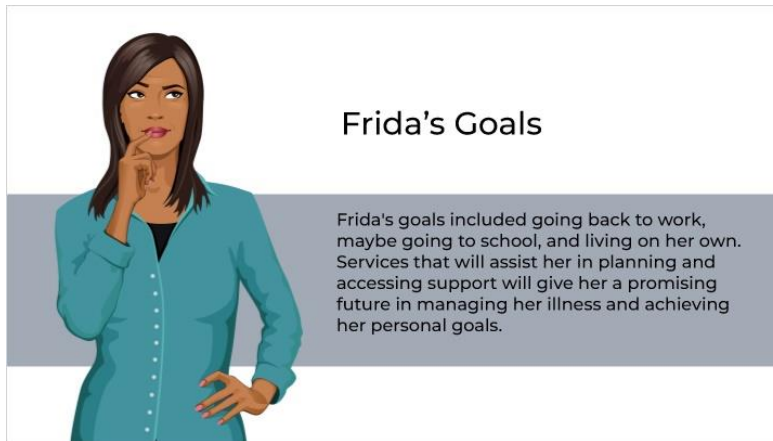
Notes:

A person in recovery likely has recovery goals that relate to improved quality of life in some fashion. For example, completing an educational goal may improve one's self-esteem while leading to improved employment, which are both subjective and objective aspects of quality of life.

It is important to keep in mind that a portion of people with psychiatric disabilities are unemployed, financially struggling, living in subsidized, and possibly substandard, housing, unmarried or without a significant other, and with a predictably shorter life span than average. So, there may be lots of room for enhancements to their quality of life.

Quality of life standards may be highly subjective, but for persons with psychiatric disabilities even incremental improvements can be steps towards recovery.

1.23 Frida - Goals



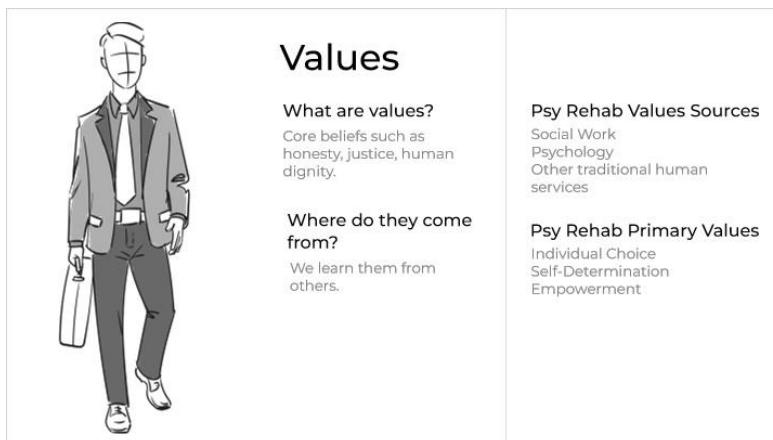
Frida's Goals

Frida's goals included going back to work, maybe going to school, and living on her own. Services that will assist her in planning and accessing support will give her a promising future in managing her illness and achieving her personal goals.

Notes:

How do the goals of Psychiatric Rehabilitation apply to Frida's story? Her attempts at returning to employment as she started feeling well suggest that her goals included working, perhaps returning to school, and living on her own. Although her early attempt did not work out as she had hoped, services that assist her in planning and accessing support, such as the IMR group, will make it possible for her develop skills to manage her illness and achieve her goals.

1.24 Values



Values

What are values?
Core beliefs such as honesty, justice, human dignity.

Where do they come from?
We learn them from others.

Psy Rehab Values Sources
Social Work
Psychology
Other traditional human services

Psy Rehab Primary Values
Individual Choice
Self-Determination
Empowerment

Notes:

What are the values that underlie psychiatric rehabilitation services? In fact, what are values and how do they differ from goals and principles and practices? Values

are things we believe in such as honesty, justice, and human dignity. We may hold values without necessarily verbalizing them or even being aware of them unless they're violated. For example, if we observe someone being cruel to an animal, we may respond without first considering whether it violates our values.

The question of where our values come from is interesting. Clearly, we are taught values from birth at home and throughout our education. In the case of psychiatric rehabilitation, many of its values were carried over from the values of more traditional human services such as social work and psychology. While the values may not be unique, psychiatric rehabilitation may prioritize certain values differently than other professions. For example, for psychiatric rehabilitation, individual choice, self-determination, and empowerment are primary values, whereas other professions may hold these values, but not prioritize them in the same way.

What are the core values of psychiatric rehabilitation? Let's take a closer look on the next slide.

1.25 Psy Rehab Core Values

Core Values of Psychiatric Rehabilitation

Choice	Dignity	Optimism	Wellness	Diversity
--------	---------	----------	----------	-----------

What are the core values of Psychiatric Rehabilitation?
Practitioners hold numerous values. Click on each one of the core values above to find out more.

Notes:

Click on each one of the core values to find out more.

Individual Choice

The primary value of psychiatric rehabilitation is individual choice. Everyone's recovery journey is unique, and everyone must identify their own goals if they are to be successful. That selection process guides all the psychiatric rehabilitation efforts that follow.

Dignity

Regardless of their circumstances or history each person is treated with dignity and seen as a valuable member of society.

Optimism

Everyone has the capacity to recover, learn, and grow. This value captures the idea that every person, despite their condition, can improve. Conversely, as service providers we might consider the effect that pessimism has on a person's ability to improve their circumstances.

Wellness

In addition to their presenting challenges, individuals are encouraged to assess and address their circumstances in multiple life domains. A wellness focus affirms that all aspects of someone's life are important to their recovery and the achievement of their goals.

Diversity

As service providers we are sensitive to and respect that individuals come from different cultural, ethnic, linguistic, religious, and geographic backgrounds that can affect the meanings of language and behavior.

Individual Choice (Slide Layer)

The slide is titled "Core Values of Psychiatric Rehabilitation". At the top, there is a horizontal row of five white boxes with black text: "Choice", "Dignity", "Optimism", "Wellness", and "Diversity". Below this row is a large rectangular area with a dark, moody background image of a person climbing a rock. On the left side of this area is a teal square with the number "01". To the right of the square, the text reads:

Self-determination and Empowerment
The primary value is individual choice. Everyone's recovery journey is unique; each individual must select their own goals. That selection process guides the psychiatric rehabilitation efforts that follow.

Dignity (Slide Layer)

Core Values of Psychiatric Rehabilitation

Choice	Dignity	Optimism	Wellness	Diversity
--------	---------	----------	----------	-----------

02 Dignity and Worth of Every Individual

Regardless of their circumstances each person is treated with dignity and seen as a valuable member of society.

D I G N I T Y

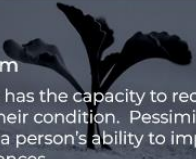
Optimism (Slide Layer)

Core Values of Psychiatric Rehabilitation

Choice	Dignity	Optimism	Wellness	Diversity
--------	---------	----------	----------	-----------

03 Optimism

Everyone has the capacity to recover, learn, and grow, despite their condition. Pessimism can have a negative effect on a person's ability to improve their circumstances.



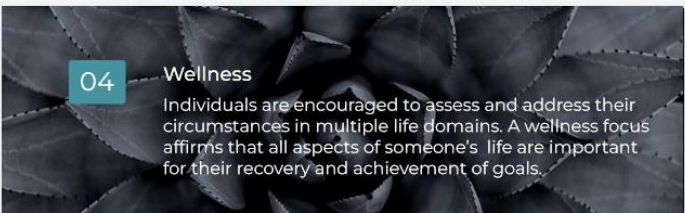
Wellness (Slide Layer)

Core Values of Psychiatric Rehabilitation

Choice	Dignity	Optimism	Wellness	Diversity
--------	---------	----------	----------	-----------

04 Wellness

Individuals are encouraged to assess and address their circumstances in multiple life domains. A wellness focus affirms that all aspects of someone's life are important for their recovery and achievement of goals.



Diversity (Slide Layer)

The slide is titled "Core Values of Psychiatric Rehabilitation". At the top, there is a horizontal row of five white boxes with black text: "Choice", "Dignity", "Optimism", "Wellness", and "Diversity". Below this row is a large black rectangular area. On the left side of this area is a teal square containing the white number "05". To the right of the square, the word "Diversity" is written in white. Below "Diversity" is a paragraph of white text: "As service providers we are sensitive to and respect that individuals come from different backgrounds and experiences that affect the meanings of language and behavior." The background of the black area features a close-up, high-contrast image of dark, reflective spheres, with one sphere in the center being more prominent and in focus.

1.26 Principles and Practices

The slide is titled "Principles and Practices in Psychiatric Rehabilitation". It features a dark grey background. On the left side, there is a vertical stack of six white rectangular tabs with black text. From top to bottom, the tabs are: "Person-Centered Approach", "Partnership Between Provider and User", "Partnership With Family and Significant Others", "Utilization of Peer Support", "Utilization of Natural Support", and "Strengths Focus". To the right of these tabs is a large orange rectangular area. Inside this orange area, there is white text that reads: "Refers to how practitioners help individuals achieve their goals while conforming to the values of Psychiatric Rehabilitation." Below this, it says "Each person's recovery journey is different." and "Click on the tabs to the left to explore."

Notes:

Principles and Practices refer to how practitioners support individuals to achieve their goals while conforming to the values of Psychiatric Rehabilitation. As each person's recovery journey is unique, the emphasis on certain principles and practices will likely be different for everyone.

The mix of principles and practices may change as someone moves along their recovery path, achieving some goals and then moving on to others. Some of these principles apply to any individual in any situation. For example, Psychiatric

Rehabilitation is always person-centered regardless of the goal.

On the other hand, while the use of natural supports is an important principle, they may not be available to all individuals.

In the same way, the practice of forming a partnership between the practitioner and the family can be critically important for a successful recovery journey, but some people no longer have families with whom to partner.

Click the tabs on the left to explore.

Person-centered approach: As everyone's recovery journey is unique, the Psychiatric Rehabilitation process starts with the individual's choices regarding the environments they wish to inhabit and the goals they wish to achieve.

Partnership between service provider and service participant: Trust and dependability are key elements for any successful relationship. The term "partnership" indicates that each person contributes important knowledge, experience, and effort to the process and works together to achieve the goal.

Partnership with family members and significant others: An effective support network can be vitally important to a successful recovery journey. Forming an alliance with an individual's support network can ensure that everyone has the correct information and supports the individual's recovery journey.

Utilization of peer support: Peers have the advantage of having been there and being able to serve as role models. We are all aware of the bond that is created between people who share similar experiences. Not surprisingly, many people can accept advice and support more readily from a peer than from a professional.

Utilization of natural supports: Natural supports are people, things, and characteristics that exist within an individual's setting and are typically less formal than psychiatric rehabilitation services. Natural supports are less stigmatizing because everyone relies on natural supports and more sustainable than paid or artificial supports. Natural supports also often occurs in the one's community and therefore support community integration. For example, Psychiatric Rehabilitation always favors integrated work, housing, educational, and social settings rather than options designed specifically for people with a diagnosis of mental illness.


Strengths focus: A strengths focus accentuates a person's abilities and positive qualities. A thorough understanding of a person's preferences, skills, and positive prior experiences along with the challenges they may be experiencing creates a more comprehensive and accurate picture of who they are as an individual. These

strengths are also important to recognize and highlight so they can be incorporated as the person pursues their goals.

Person-Centered - Choice (Slide Layer)

Principles and Practices in Psychiatric Rehabilitation

Person-Centered Approach
Partnership Between Provider and User
Partnership With Family and Significant Others
Utilization of Peer Support
Utilization of Natural Support
Strengths Focus



Each person's recovery is unique. The Psychiatric Rehabilitation process starts with the individual's choice of environments and goals.

Provider and User (Slide Layer)

Principles and Practices in Psychiatric Rehabilitation

Person-Centered Approach
Partnership Between Provider and User
Partnership With Family and Significant Others
Utilization of Peer Support
Utilization of Natural Support
Strengths Focus



A psychiatric rehabilitation provider partners with the individual, recognizing that each of them has important information and experiences to contribute.

Family and Significant Others (Slide Layer)

Principles and Practices in Psychiatric Rehabilitation

Person-Centered Approach
Partnership Between Provider and User
Partnership With Family and Significant Others
Utilization of Peer Support
Utilization of Natural Support
Strengths Focus



Forming an alliance with an individual's support network can insure that everyone has the correct information and supports the individual's recovery journey.

Peer Support (Slide Layer)

Principles and Practices in Psychiatric Rehabilitation

Person-Centered Approach
Partnership Between Provider and User
Partnership With Family and Significant Others
Utilization of Peer Support
Utilization of Natural Support
Strengths Focus



Peers have the advantage of having "been there", providing role models. People accept advice and support more readily from a peer than from a professional.

Natural Support (Slide Layer)

Principles and Practices in Psychiatric Rehabilitation

Person-Centered Approach
Partnership Between Provider and User
Partnership With Family and Significant Others
Utilization of Peer Support
Utilization of Natural Support
Strengths Focus




Natural supports are people, things, and characteristics that exist within an individual's typical environment. These are less stigmatizing and more sustainable than paid or artificial supports.

Strengths Focus (Slide Layer)

Principles and Practices in Psychiatric Rehabilitation

Person-Centered Approach
Partnership Between Provider and User
Partnership With Family and Significant Others
Utilization of Peer Support
Utilization of Natural Support
Strengths Focus



Psychiatric Rehabilitation focuses on the individual's abilities and positive characteristics and utilizes them to support goal achievement.

1.27 Continued Principles

Principles and Practices in Psychiatric Rehabilitation (continued)

Focus on Career Development
Assessments For Goals and Environments
Emphasis on Training, Resources and Environment
Integration of Services
Ongoing, Accessible, Coordinated Services
Empirical Orientation

Understanding these principles and practices will provide guidelines for service provision. However, not all people will have all of these supports available to them.

Click on the tabs to the left to explore.

Notes:

Understanding the relationship of these principles and practices to the values and goals of Psychiatric Rehabilitation provides clear guidelines for service provision and supporting people to achieve successful outcomes.

As you continue to go through these principles and practices, keep in mind that they are guidelines for the Psychiatric Rehabilitation practitioner. In some cases, these standards may not be fully achievable in the provider's current circumstances. For example, ongoing, accessible, and coordinated services may be

unavailable in some situations, despite their importance for effective outcomes.

Click the tabs on the left to explore more principles and practices.

Focus on work and career development: Work, however it is defined, is an integral part of being an adult in modern society. A focus on work and career development encourages community integration and improved quality of life: both of which are keys to recovery.

Assessments related to person-chosen goals and environments: People pursue different goals related to different environments of their own choosing. A person wishing to work in an office environment must learn skills and attitudes very different than a person who wishes to work as a mason. Conducting successful assessments for rehabilitation planning focuses on these specific goals and environments.

Emphasis on goal-related skills training, resource development, and environmental modifications: A successful rehabilitation strategy combines and coordinates skills training, resource development, and environmental modifications in the most efficient manner to achieve the person's goals.

Integration of treatment and rehabilitation services: We know that treatment and rehabilitation services strongly interact with one another. Just as treatment services may enhance rehabilitation efforts, success at a job may positively affect treatment outcomes. As with integrated services, close coordination of treatment and rehabilitation helps ensure the best outcomes for both.

Ongoing, accessible, and coordinated services: This is the gold standard for service delivery. Services should be time unlimited, available, and services coordinated with one another to avoid problems.

Empirical orientation: At the practice level, an empirical orientation means recording what a practitioner did and what the result was. This allows the practitioner to focus on successful approaches and move on from unsuccessful ones. At the systems level, evidence-based practices represent the current best methods for achieving certain outcomes for people.

Work and Career Development (Slide Layer)

Principles and Practices in Psychiatric Rehabilitation (continued)

Focus on Career Development
Assessments For Goals and Environments
Emphasis on Training, Resources and Environment
Integration of Services
Ongoing, Accessible, Coordinated Services
Empirical Orientation



Work is an integral part of being an adult in our society. A focus on work and career development encourages community integration and improved quality of life and is key to recovery.

Assessments Related to Goals and Environments (Slide Layer)

Principles and Practices in Psychiatric Rehabilitation (continued)

Focus on Career Development
Assessments For Goals and Environments
Emphasis on Training, Resources and Environment
Integration of Services
Ongoing, Accessible, Coordinated Services
Empirical Orientation



People pursue different goals related to different environments. Different jobs require different skills and attitudes. Conducting successful assessments take this into account.

Emphasis on training, resources, and environment (Slide Layer)

Principles and Practices in Psychiatric Rehabilitation (continued)

Focus on Career Development
Assessments For Goals and Environments
Emphasis on Training, Resources and Environment
Integration of Services
Ongoing, Accessible, Coordinated Services
Empirical Orientation



A successful rehabilitation strategy combines and coordinates skills training, resource development, and environmental modifications to achieve the individual's goals.

Integration of Services (Slide Layer)

Principles and Practices in Psychiatric Rehabilitation (continued)

Focus on Career Development
Assessments For Goals and Environments
Emphasis on Training, Resources and Environment
Integration of Services
Ongoing, Accessible, Coordinated Services
Empirical Orientation



Treatment and rehabilitation services closely interact. Coordination of treatment and rehabilitation helps ensure the best outcomes.

Coordination of Services (Slide Layer)

Principles and Practices in Psychiatric Rehabilitation (continued)

Focus on Career Development
Assessments For Goals and Environments
Emphasis on Training, Resources and Environment
Integration of Services
Ongoing, Accessible, Coordinated Services
Empirical Orientation



Services should be provided as long as they are needed. They should be readily available and be coordinated with one another.

Empirical Orientation (Slide Layer)

Principles and Practices in Psychiatric Rehabilitation (continued)

Focus on Career Development
Assessments For Goals and Environments
Emphasis on Training, Resources and Environment
Integration of Services
Ongoing, Accessible, Coordinated Services
Empirical Orientation



An empirical approach means recording what was done and the result. Evidence-based practices represent the best methods for achieving certain outcomes for people.

1.28 Promising Services



Notes:

Although the Psychiatric Rehabilitation process can take place in almost any setting, the services provided are those that are “evidence-based” or “promising practices”. Evidence-based services have been shown through empirical studies to be effective. Promising practices are those that are acquiring empirical evidence of efficacy.

Explore these practices on the following slides.

1.29 Illness Management and Recovery (IMR)



Notes:

Illness Management and Recovery (IMR), sometimes called Wellness Management and Recovery, is designed to provide the knowledge and skills necessary to understand one's mental health condition, develop strategies to minimize or cope with its effects, and pursue personally meaningful goals. IMR assists individuals with establishing a recovery goal, learning about their mental health conditions, medications, relapse prevention, and coping skills, helping them to establish a medication regimen that promotes adherence, and building social supports.

1.30 Assertive Community Treatment (ACT)

Assertive Community Treatment (ACT)

 **ACT**
Designed to provide treatment in the community. ACT teams are available 24/7. The team consists of a psychiatrist, nurse, case manager, substance use counselor, vocational specialist, and sometimes a peer provider.

ACT provides counseling, medication, integrated substance use services, vocational rehabilitation, crisis intervention, and coordination with a housing provider.




Notes:

Assertive Community Treatment (ACT) is designed to provide all needed treatment in the community. These are known as in-vivo, or in-life, services. ACT teams are available 24 hours a day, 7 days a week. The team typically consists of a psychiatrist, nurse, case manager, substance use counselor, vocational specialist, and sometimes a peer provider. The number of people receiving services from an ACT team is kept small, and the whole ACT team works with everyone participating in services.

The team provides all needed services including counseling or psychotherapy, medication, integrated substance use services, vocational rehabilitation, crisis intervention, and coordination with a housing provider.

1.31 Integrated Co-Occurring


Integrated Co-Occurring Disorders Treatment (ICDT)

 **ICDT**
Refers to the treatment for mental health conditions and substance use disorders.

ICDT is based on the understanding that both conditions must be addressed simultaneously since each condition affects the other.

Click on the button below to explore strategies.

[ICDT Strategies](#)



Notes:

Integrated Co-occurring Disorders Treatment (ICDT) refers to the integration of treatment for a mental health condition and a substance use disorder when an individual experiences both. ICDT is based on the understanding that both conditions must be addressed simultaneously since each condition affects the other.


ICDT Strategies

ICDT includes strategies such as:

1. motivational interventions, which consider the person's readiness to change,
2. stage-wise interventions, which meet the person's where they are in their stage of change,
3. outreach to the person in their own environment,
4. access to comprehensive services so all areas of a person's life are addressed, and
5. group treatment for co-occurring disorders to address both substance use and mental health conditions.

Strategies (Slide Layer)

Integrated Co-Occurring Disorders Treatment (ICDT)



ICDT
Refers to the treatment for mental health conditions and substance use disorders.

ICDT is based on the understanding that both conditions must be addressed simultaneously since each condition affects the other.

Click on the button below to explore strategies.

[ICDT Strategies](#)

[Return](#)

ICDT Strategies

1. motivational interventions, which take into account the person's feelings about readiness to change,
2. stage-wise interventions, consistent with the person's stage of change,
3. outreach to the person in their own environment,
4. access to comprehensive services so that issues in all areas of a person's life are addressed, and
5. group treatment for co-occurring disorders to address both substance use and mental health conditions.

1.32 Supported Employment

Supported Employment (SE)



SE
Also known as Individual Placement and Support (IPS).

A highly individualized service that assists individuals in identifying their job or career of choice, obtaining employment, maintaining employment, and advancing their career.

Helps identify career interests and values to identify desired jobs or careers.

SE supports may be provided in community settings or in the workplace.




Notes:

Supported Employment (SE), sometime called Individual Placement and Support (IPS), is a highly individualized service that helps someone identify their job or career of choice, obtain employment, maintain employment, and advance their career. Characterized by rapid placement, SE job coaches or employment specialists help the individual identify career interests and values, using these to help find desired jobs or careers. The SE coach then assists the individual to successfully obtain employment, and access, and/or develop needed supports to maintain an attachment to the workforce. SE services may be provided in community settings or, when appropriate, in the workplace.

1.33 Supportive Housing

Supportive Housing (SH)

 **SH**
Assist individuals with mental health conditions to obtain and maintain a home of their own.
Provide skills training and resource acquisition strategies to help the individual maintain their home and live independently in the community.





Notes:

Supportive Housing (SH) programs help individuals with mental health conditions obtain and maintain a home of their own. Typically provided on an as-needed basis, SH professionals employ skills training and resource acquisition strategies to support the resident in maintaining their home and living as an independent member of the community.

1.34 Supported Education

Supported Education (SEd)

 **SEd**
Assists individuals with mental health conditions to successfully complete post-secondary education.
With the help of a coach, students develop skills and supports needed to be successful in school.
Supports may be provided off or on campus and often utilize the student support services provided to all students by the school.




Notes:

Supported Education (SEd) assists individuals with mental health conditions to successfully complete post-secondary education. With the help of an education coach, students develop the skills and supports needed to be successful in school.

Supports may be provided off or on campus and often utilize the student support services provided to all students by the school.

1.35 Peer Provided Services


Peer Provided Services (PPS)

 **PPS**
Services provided by people with the lived experience of mental health conditions.

PPS may be found in drop-in centers, self-help centers, peer mentoring programs, education/advocacy programs, among other models of service.

Click on the button below to explore what's included.

[What's Included](#)



Notes:

Peer Provided Services (PPS), sometimes previously referred to as Consumer Operated Services, are services provided by people with the lived experience of mental health conditions. PPS may be found in drop-in centers, self-help centers, peer mentoring programs, education and advocacy programs, among other models of service.


What's Included

Wherever they're provided, peer provided services typically include:

1. A program structure focused on individual control and participant responsiveness,
2. A safe, accessible, and informal environment,
3. An emphasis on mutual support, empowerment, choice, recovery, respect for diversity, and spiritual growth, and
4. Advocacy.

What's Included (Slide Layer)

Peer Provided Services (PPS)



PPS
Services provided by people with the lived experience of mental health conditions.

PPS may be found in drop-in centers, self-help centers, peer mentoring programs, education/advocacy programs, among other models of service.

Click on the button below to explore what's included.

[What's Included](#)

[Return](#)

What's Included in PPS Services:

1. A program structure focused on individual control and participant responsiveness,
2. A safe, accessible, and informal environment,
3. An emphasis on mutual support, empowerment, choice, recovery, respect for diversity, and spiritual growth and
4. Advocacy

1.36 Family PsychoEducation

Family PsychoEducation (FPE)



FPE
An educational program for people with mental health conditions and their family members.

Provides information about mental illness etiology, course, and treatment, as well as medications, side effects, treatment options and psychiatric rehabilitation.

Courses include problem-solving strategies and stress reduction techniques.

Families are provided with supports for as long as needed.



Notes:

Family Psychoeducation (FPE) is an educational program for people with mental health conditions and their family members. FPE programs provide information about mental illness etiology, course, and treatment, as well as medications, side effects, treatment options, and psychiatric rehabilitation. FPE courses include problem-solving strategies and stress reduction techniques. Families are provided with support for as long as needed.

1.37 Frida - Conclusion



The Conclusion

When Frida finished the IMR group she felt very hopeful. She knew it wouldn't be easy to go back to school or work and she had lost contact with old friends. She was anxious about meeting new ones. What would she tell people about herself? Let's hear her thoughts and find out what happened.

Notes:

Returning to Frieda. When she finished the IMR group she felt very hopeful. She knew it wouldn't be easy to go back to school or work. She had lost contact with old friends and was anxious about meeting new ones. What would she tell people about herself? Let's hear her thoughts and find out what happened.

1.38 Frida Conclusion #2



Frida's Story
Select the arrow

Notes:

Select the arrow to explore.

Even though I was nervous, I was ready to try. My parents were mostly worried and quietly pessimistic, but I couldn't blame them.

Raj, my Illness Management and Recovery counselor, had referred me to a career services program. He said they had supported education and supported employment services and they could help me get back to school and work.

I was nervous meeting Marta because my previous attempt at college had been a failure and I couldn't even manage a part-time job. I had zero qualifications and no experience.

I figured she'd tell me she couldn't really help me until I at least managed six months of work experience.

Layer 01 (Slide Layer)



Layer 02 (Slide Layer)



This slide layer features a large illustration of Frida on the left. To her right is a grey text box containing two paragraphs of text. Below the text box is a white downward-pointing arrow. At the bottom of the slide, there are two smaller illustrations of Frida: one on the left with a neutral expression and one on the right with a sad expression and her arms crossed.

Raj, my IMR counselor, had referred me to a career services program. He said they had supported education and supported employment and they could help me get back to school and work.

When I went to that program, I met with a career specialist named Marta.

Frida's Story
Select the arrow

Layer 03 (Slide Layer)




This slide layer features a large illustration of Frida on the left. To her right is a grey text box containing a paragraph of text. Below the text box is a white rightward-pointing arrow. At the top right of the slide is a large illustration of Frida with a sad expression. At the bottom right, there is a smaller illustration of Frida with a sad expression and her arms crossed.

Frida's Story
Select the arrow

I was nervous meeting Marta because my attempt at college had been a failure and I couldn't even manage a part-time job. I had zero qualifications and no experience.

Layer 04 (Slide Layer)



This slide layer features a large illustration of Frida on the left. To her right is a grey text box containing a paragraph of text. Below the text box is a white rightward-pointing arrow. At the top right of the slide is a large illustration of Frida with a sad expression. At the bottom right, there is a smaller illustration of Frida with a sad expression and her arms crossed.

I figured she'd tell me she couldn't really help me until at least managed six months of work experience.

1.39 Frida Conclusion #3



Notes:

Continue to explore by clicking on the arrow.

I decided I'd ease the tension, which was all mine, and introduced myself as a dismal failure. Marta smiled a little and asked me to tell her about my job at the clothing store. She asked me a lot of questions as I described the experience, but they were all about me - what I'd liked, what I hadn't liked, what I did really well, what made me happy to work there, what my least favorite things about the job were.

She also asked about when I started to have a hard time and we talked about what kind of supports might help me at those times. We must have talked for an hour about that one job! Over our next few meetings, Marta helped me figure out my career goals and what steps could help get me there.

So, at this point, I've decided to go back to school but I'm going to start with one course. Marta helped me choose the course and registered.

We've worked out a support plan which includes getting together at the campus coffee shop once a week. We'll see how this first semester goes. I'm hoping next semester to get

back to a bigger course load and, who knows, maybe I'll get a part-time job between semesters.




Layer 01 (Slide Layer)

I decided I'd ease the tension (all mine) and introduced myself as a dismal failure.


Marta smiled a little and asked me to tell her about my job at the clothing store.

She also asked me a lot of questions ...

Select the arrow





Layer 2 (Slide Layer)

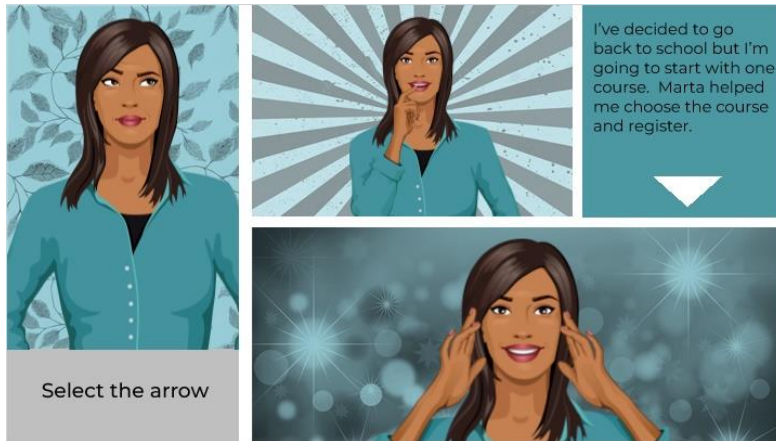


She also asked about when I started having a hard time and what kind of supports might have helped me at those times. We must have talked for an hour about that one job! Over our next few meetings, Marta helped me figure out my career goals

Select the arrow



Layer 3 (Slide Layer)

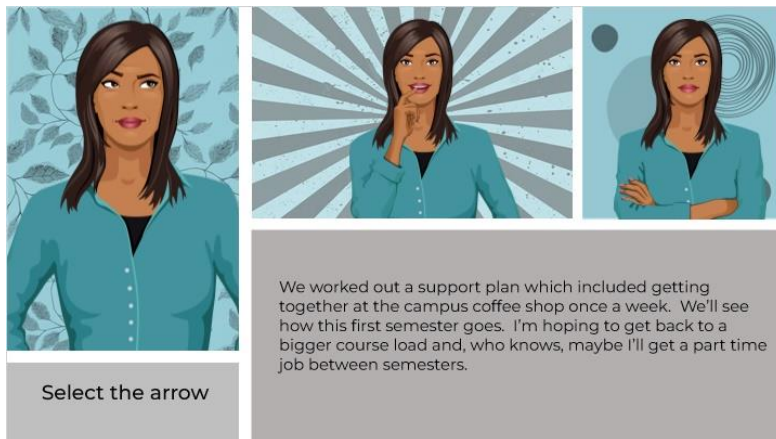


This comic strip for Layer 3 consists of four panels. The first panel shows a woman with long dark hair and a teal button-down shirt against a background of light blue leaves. The second panel shows the same woman with her hand on her chin, looking thoughtful, against a background of radiating lines. The third panel shows her with her hands on her cheeks, looking surprised or happy, against a background of bokeh light effects. The fourth panel is a solid teal box containing text and a white downward-pointing arrow.

Select the arrow

I've decided to go back to school but I'm going to start with one course. Marta helped me choose the course and register.

Layer 4 (Slide Layer)

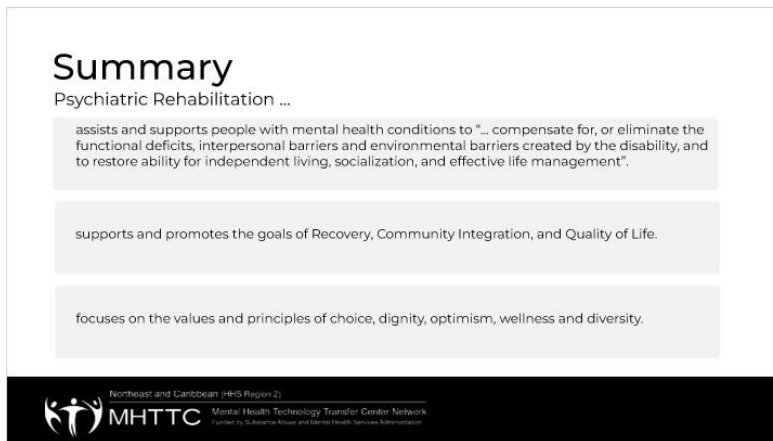


This comic strip for Layer 4 consists of four panels. The first panel shows the woman against the leaf background. The second panel shows her in a thinking pose against the radiating lines background. The third panel shows her with her arms crossed against a background of concentric circles. The fourth panel is a large grey box containing text.

Select the arrow

We worked out a support plan which included getting together at the campus coffee shop once a week. We'll see how this first semester goes. I'm hoping to get back to a bigger course load and, who knows, maybe I'll get a part time job between semesters.

1.40 Summary



Summary
Psychiatric Rehabilitation ...

- assists and supports people with mental health conditions to "... compensate for, or eliminate the functional deficits, interpersonal barriers and environmental barriers created by the disability, and to restore ability for independent living, socialization, and effective life management".
- supports and promotes the goals of Recovery, Community Integration, and Quality of Life.
- focuses on the values and principles of choice, dignity, optimism, wellness and diversity.

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Notes:

Let's summarize the main points we've made in this module.

Psychiatric Rehabilitation assists and supports people with mental health conditions to "... compensate for, or eliminate the functional deficits, interpersonal barriers and environmental barriers created by the disability, and to restore ability for independent living, socialization, and effective life management."

Psychiatric Rehabilitation supports and promotes the goals of Recovery, Community Integration, and Quality of Life.


Psychiatric Rehabilitation is informed by the values and principles of Choice, Dignity, Optimism, Wellness, and Diversity.


1.41 Exit

In Closing

People with mental health conditions can and do recover, succeed in school, pursue careers, develop relationships, create families, and contribute to their communities.

Psychiatric Rehabilitation services, which are evidence-based and provided by skillful practitioners, contribute to these outcomes.





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Notes:

Thank you for joining us to learn about this important topic. Remember that people with mental health conditions can and do recover, succeed in school, pursue careers, develop relationships, create families, and contribute to their communities. Psychiatric Rehabilitation services, which are evidence-based and provided by skillful practitioners, contribute to these outcomes.