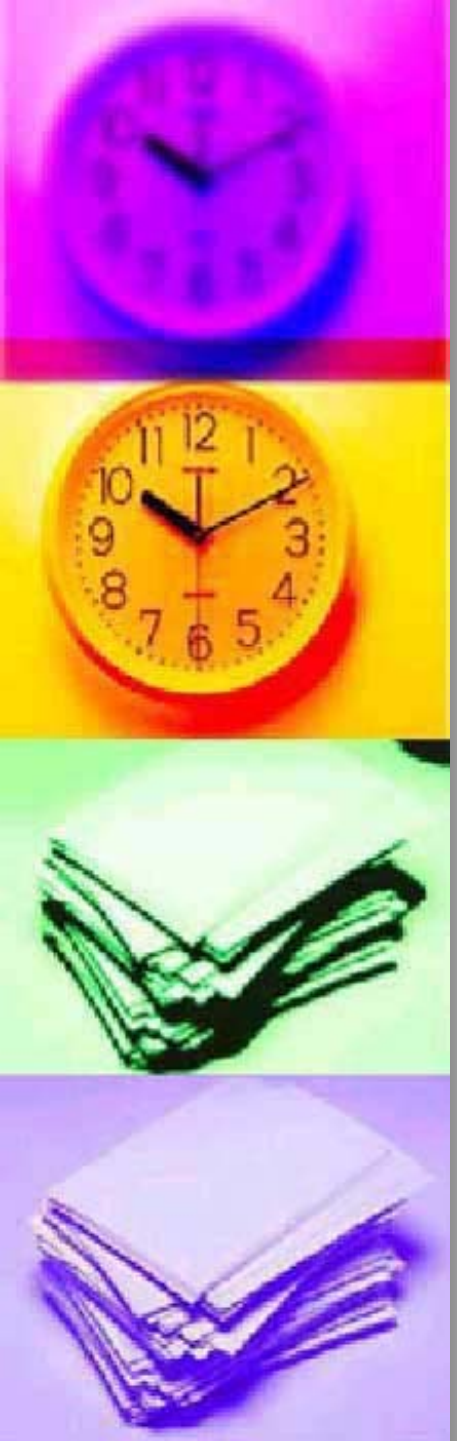
Skills Training and Development

Community Support Services

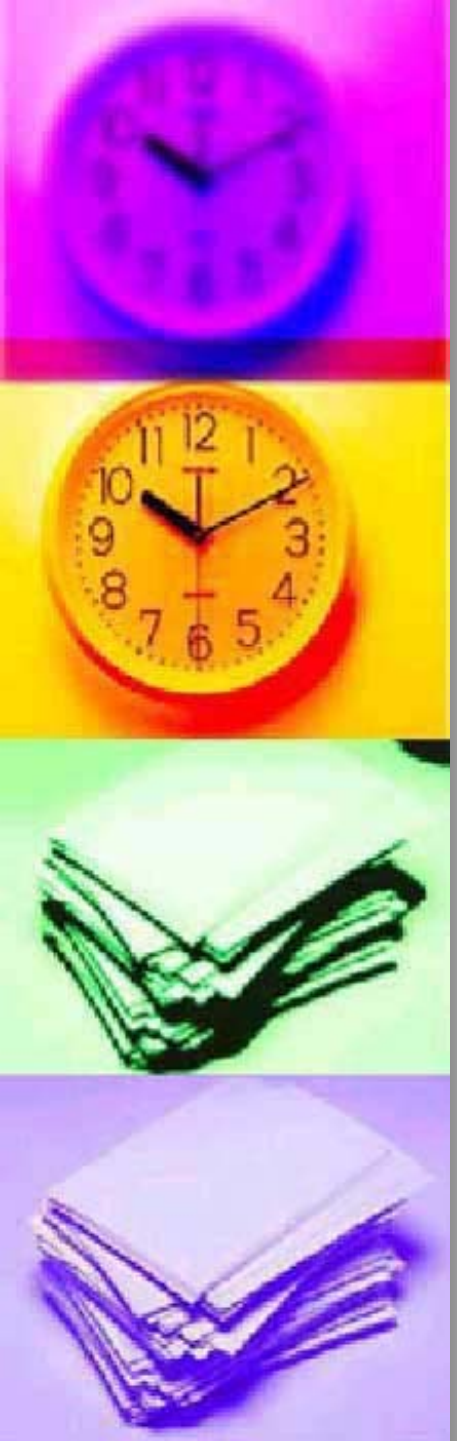
Rehabilitation Option

- Federal Definition:
  - "Any medical or remedial services (provided in facility, home or other settings) recommended by a physician or other licensed practitioner of the healing arts, within the scope of their practice under state law, for the maximum reduction of physical or mental disability and restoration of the individual to the *best possible* functional level."



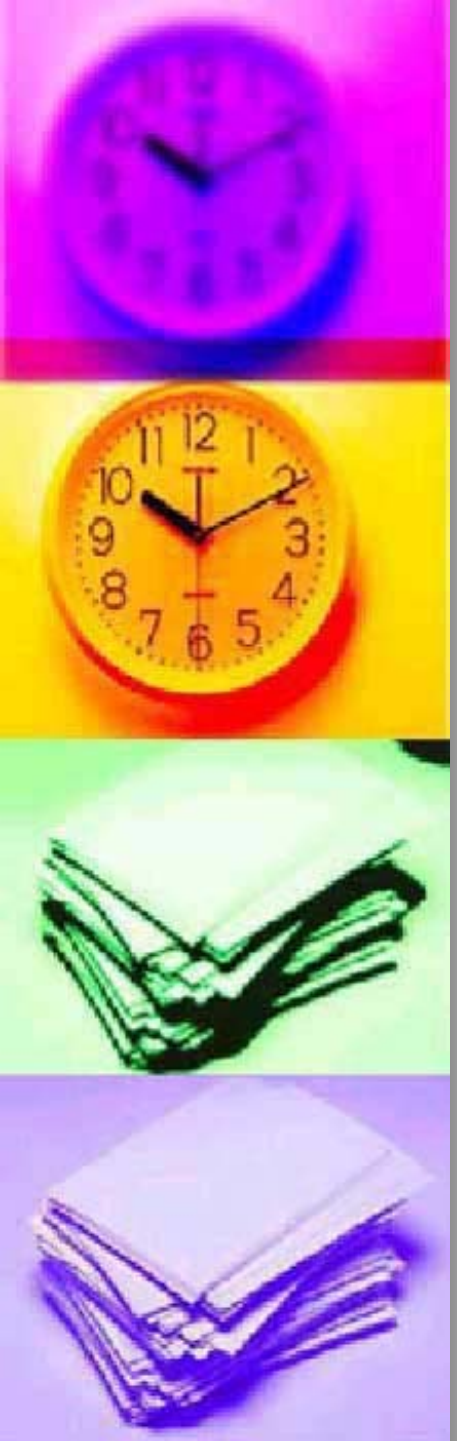
Rehabilitation and Children – MN regulations

- Services that "allow the child to replace inappropriate skills with developmentally and therapeutically appropriate daily living, social, leisure, and recreational skills."



Let's Use MN Def for Adults

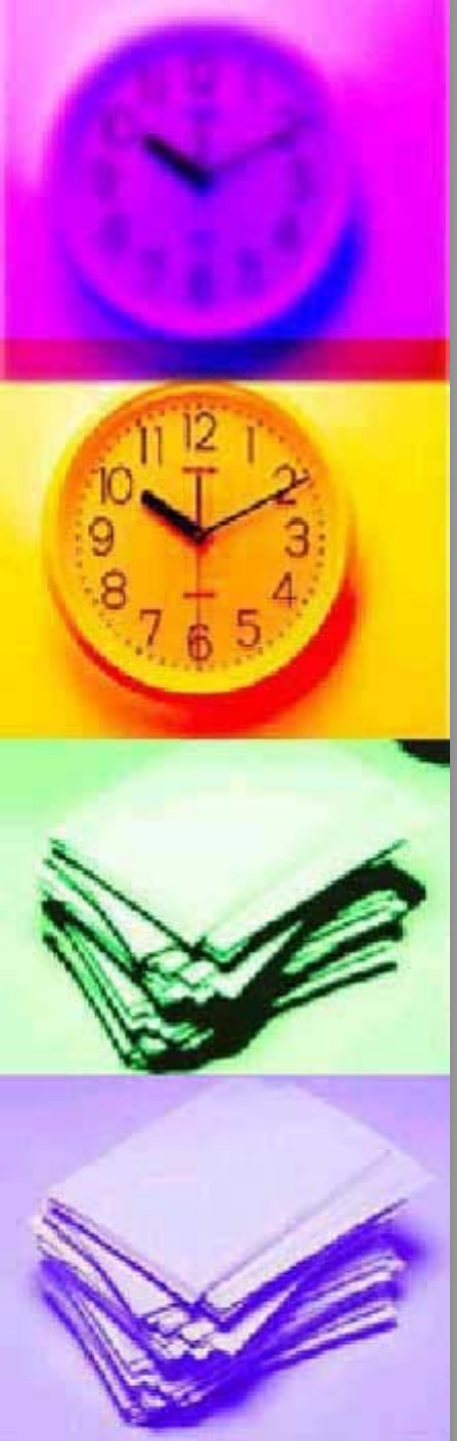
- Services that allow the adult consumer to regain or to replace inappropriate skills with developmentally and therapeutically appropriate daily living, social, leisure, and recreational skills.



Habilitation vs Rehabilitation

Habilitation

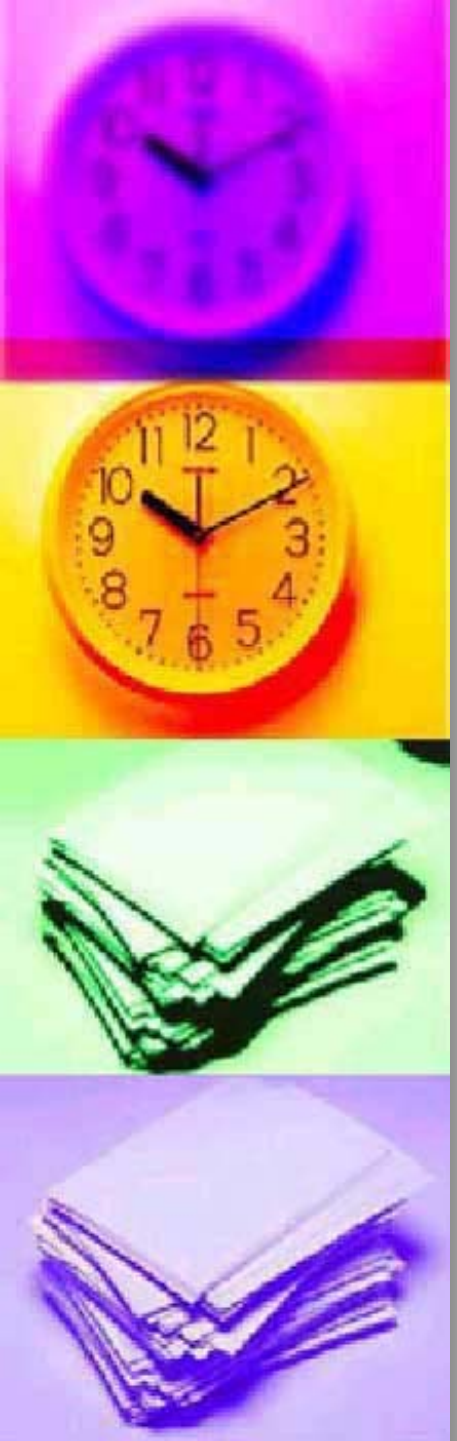
Rehabilitation



Traditional Outcomes are only the steps along the way now.

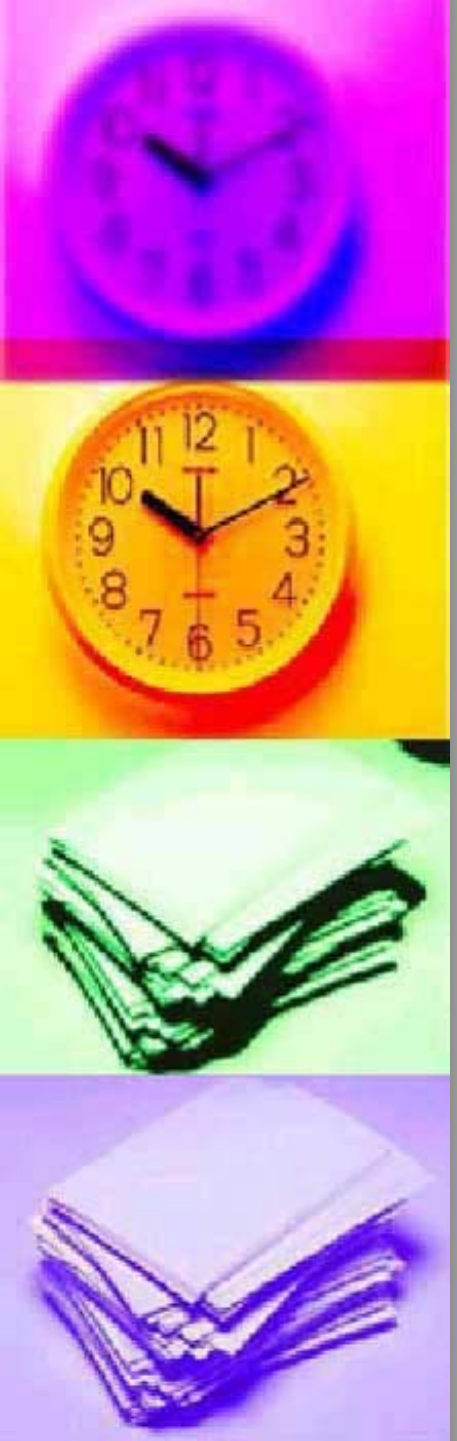
- Symptom reduction
- Decreased hospitalization
- Treatment compliance
- Elimination of behaviors
- Linkage to resources and supports

Adams, N. & Grieder, D. (2005). *"Treatment Planning for Person-Centered Care: The Road to Mental Health and Addiction Recovery"*. Elsevier Academic Press.



Rehabilitation/Recovery

- Medicaid focus is on:
  - Day to day functioning – what do they need to stay in community – both supports and skills
  - Organized approach to regaining and using skills
    - Think PT/OT
- Recovery is focused on Role Achievement and Maintenance

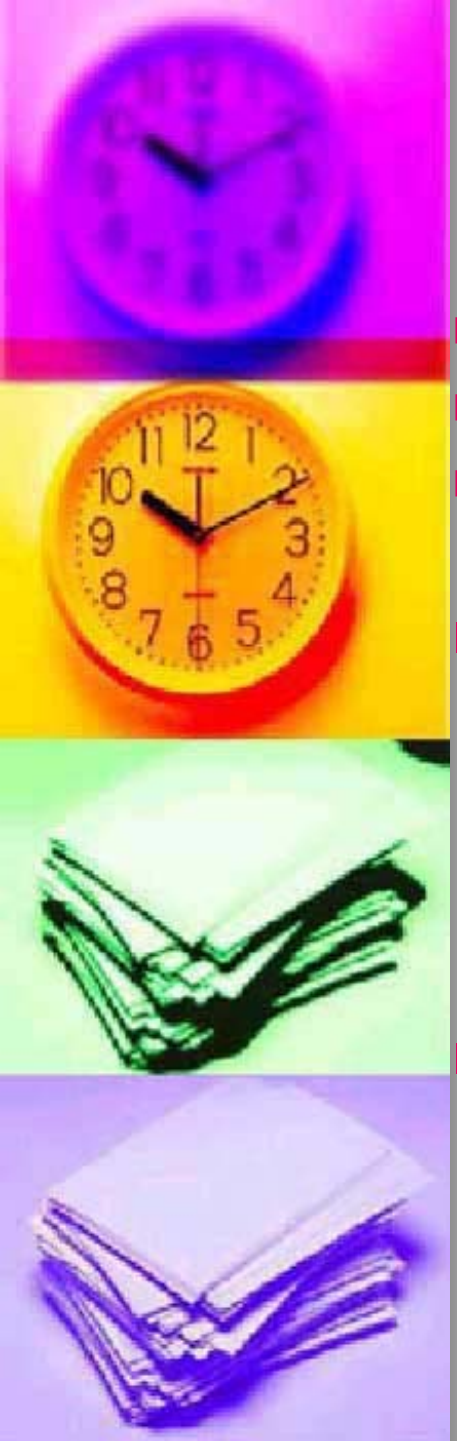


Problem or Solution?

- Medicaid pays for services

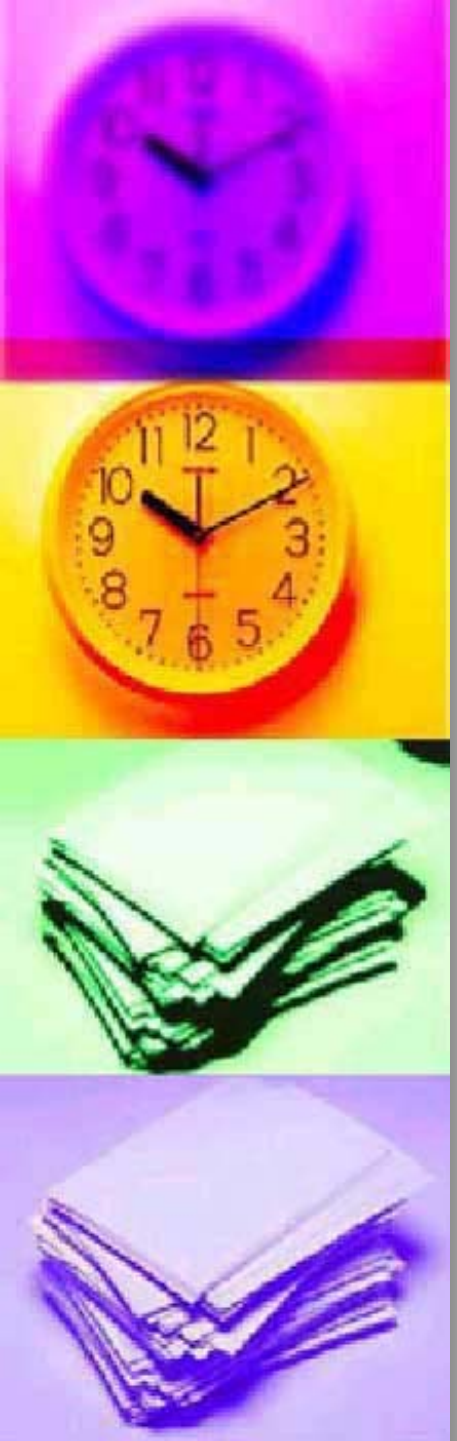
BUT….

- Success comes from the implementation of a process of engagement, education, support, and long term assistance with maintenance of achievements
- SO, services need to be integrated into the process



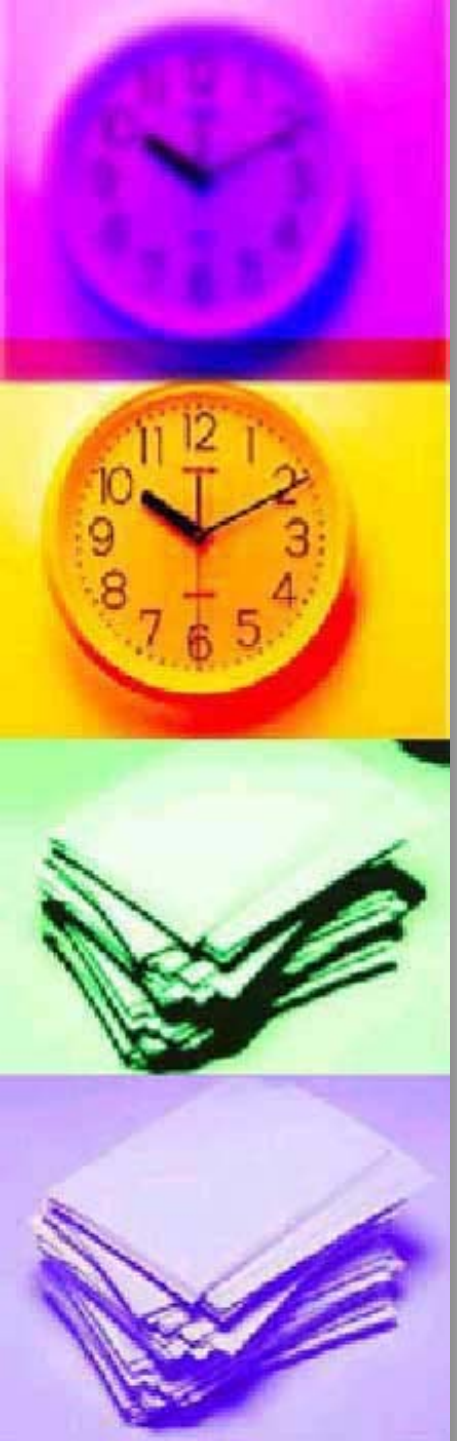
Steps to Recovery Thru Service Delivery

- Rehab readiness: determine or build
- Development of a rehabilitative goal
- Functional Assessment re: achievement of recovery goal: strengths/deficits – skills/resources
- Planning
  - Skill development
  - Skill performance
  - Resource development: coordination and modification/creation
- Interventions:
  - Skill development
  - Skill performance
  - Resource development



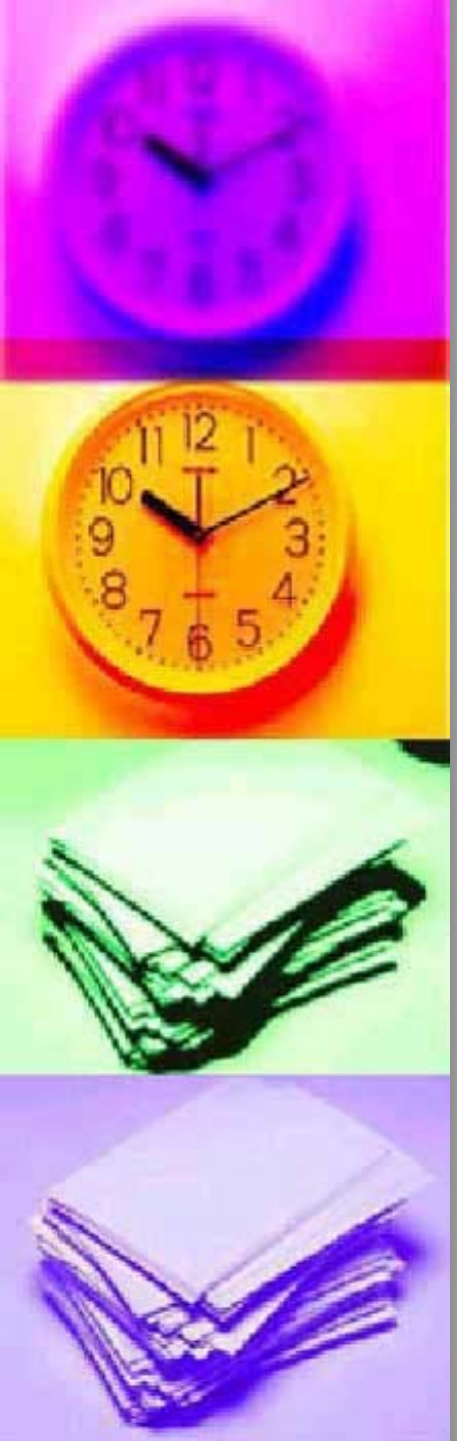
MRO Process: What the Consumer Does

- Determines their readiness to engage in recovery – change/hope/confidence
- Works on getting ready if not ready right now – building
- Chooses a goal for themselves – a environment based role
- Plans for how to reach goal –determines what kinds of help they need and what they need to learn
- Learns skills and develops supports
- Maintains their recovery goal

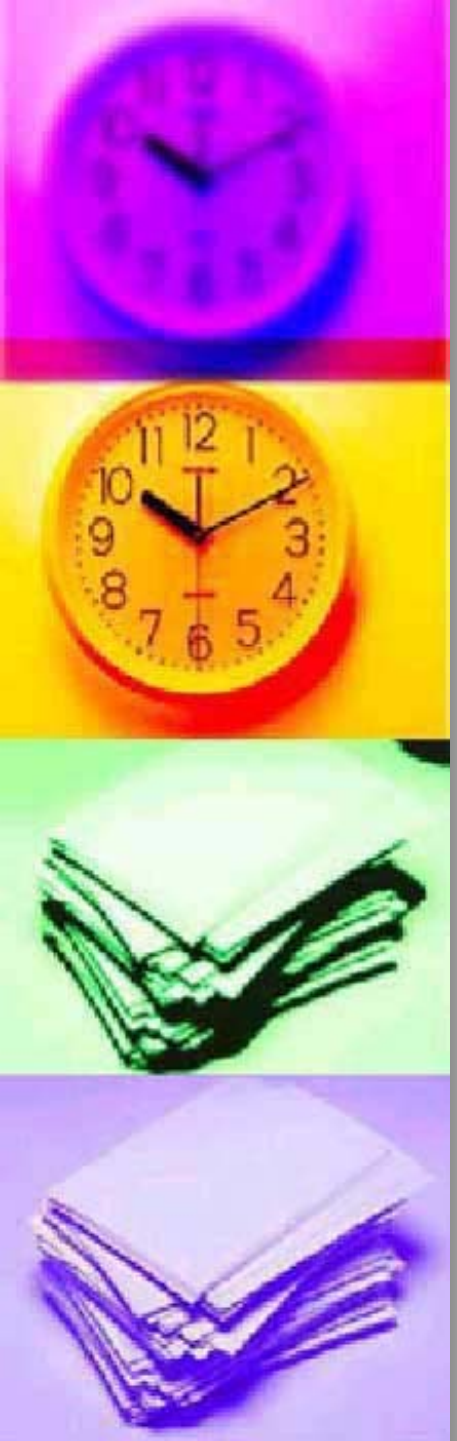


MRO Process: What We Do

- Engage and educate
- Assess need, eligibility, interest, and commitment
- Provide support to develop a recovery goal (s) and to risk recovery
- Provide treatment , CM, and other services as needed – support goal/help to reduce contextual barriers
- Help Plan – shared decision-making & PC
- Deliver skill building /other rehab services
- Support to maintain goal and change

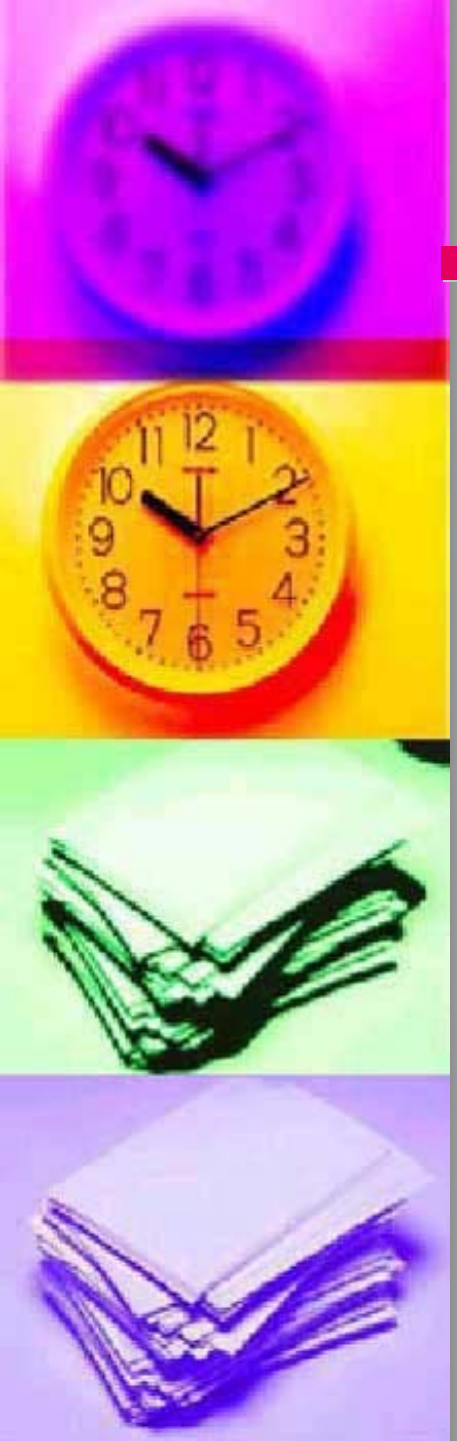


Recovery/Rehabilitation and Stages of Change



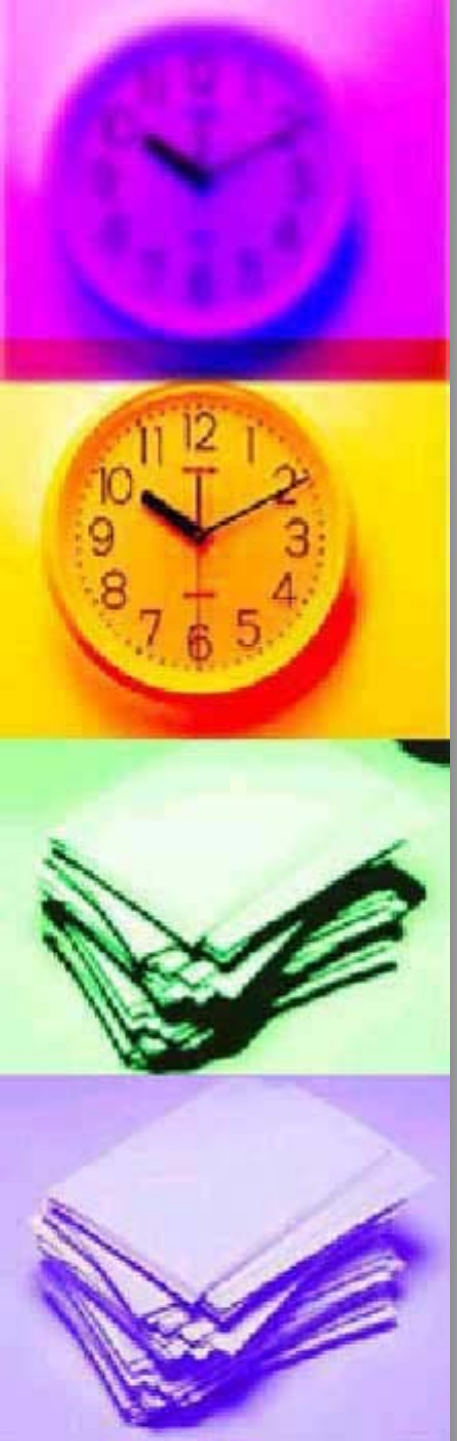
Staff Competencies Change

- Psych rehab model similar to Stages of Change model
  - Change is cognitive first, then behavioral
  - Cognitive techniques are needed during early stages
    - Skill often missing in traditional case management staff



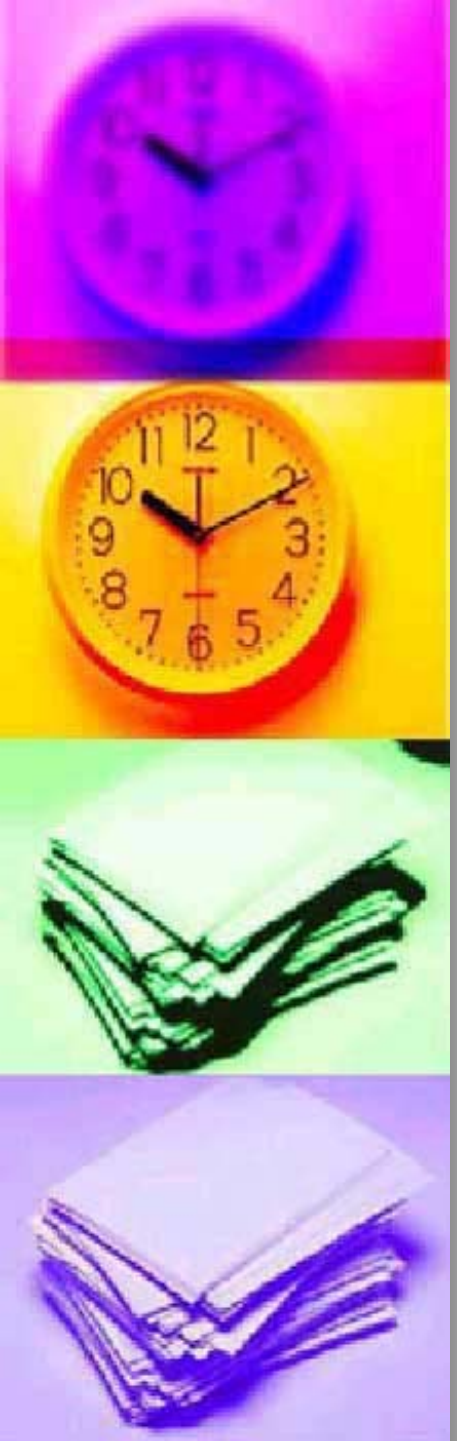
Look Again at the Rehab Steps

- Readiness assessment: cognitive
  - Maybe some skill building , e.g. building concentration and basic social skills, stop and think, developing therapeutic relationships, voicing opinions, prioritizing, etc.
  - Determining what is important
  - Possibly some IMR work at this time w/focus on daily functioning
  - Case management based on Maslow's hierarchy – helps to eliminate contextual barriers



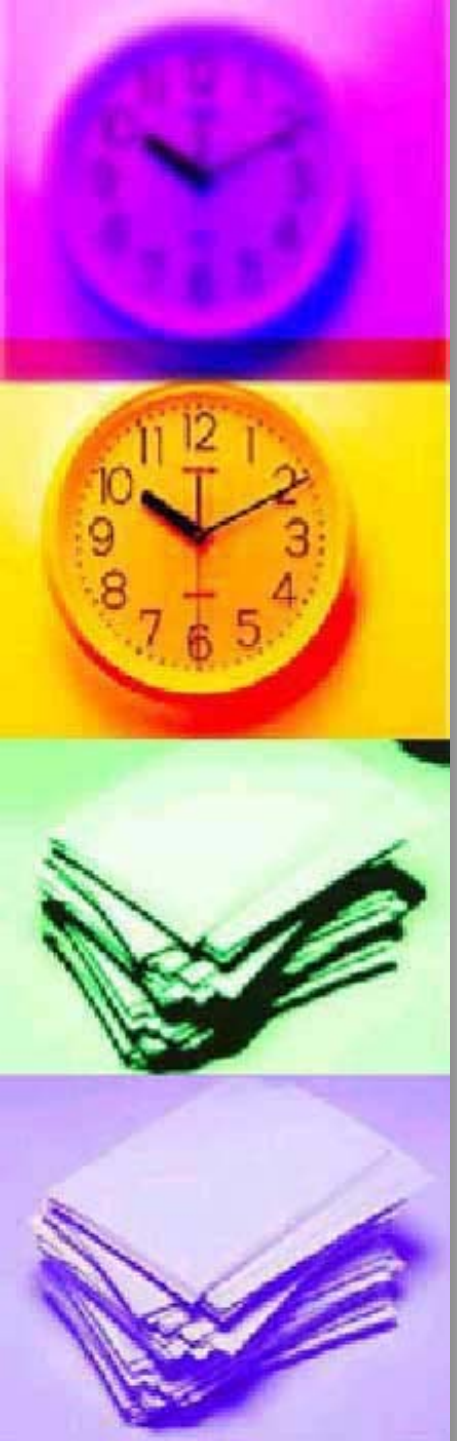
Readiness Development

- Cognitive work:
  - Developing motivation, self- confidence, etc.
  - Awareness of environments and choices within them
  - Understanding what supports are and how to use them
  - Some skill building: continuation of IMR work, participation in groups, other social skills
- CM continues with key linkages – but note still divorced from recovery goal



Choosing a Valued Role and Planning

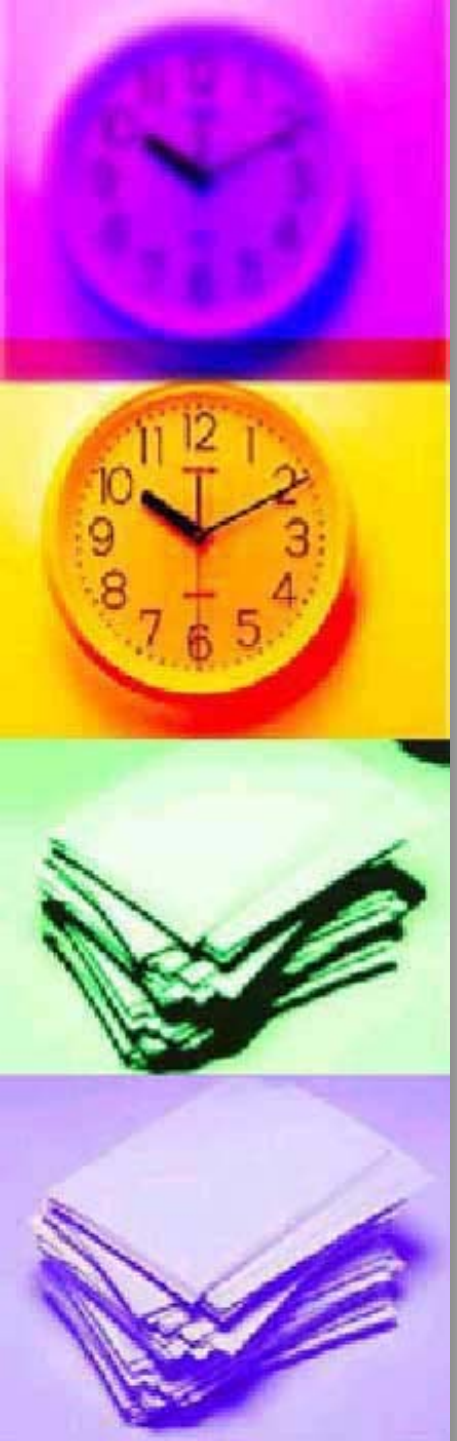
- Cognitive:
  - Some skill building around organizing research, informational interviews, etc.
  - Possibly some additional skill building around decision-making
- Continuation of high priority linkages but additional linkages to focused informational resources as well



What do people choose?

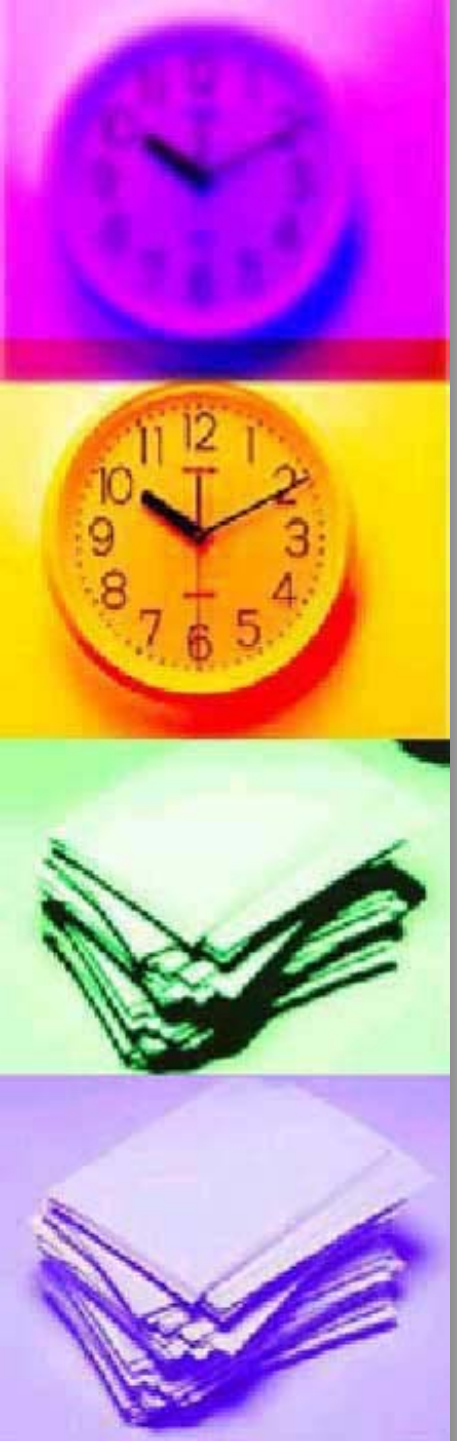
- Same as you and I
  - Living conditions: alone, supported, independent, with or without family, friends, etc.
  - Learning: hobby, intellectual challenge, trade, sport, etc.
  - Working: full or part time, volunteer, environment, etc.
  - Social: friends, church community, family, mother, father, etc.

Center for Psychiatric Rehabilitation, Boston University



Next:

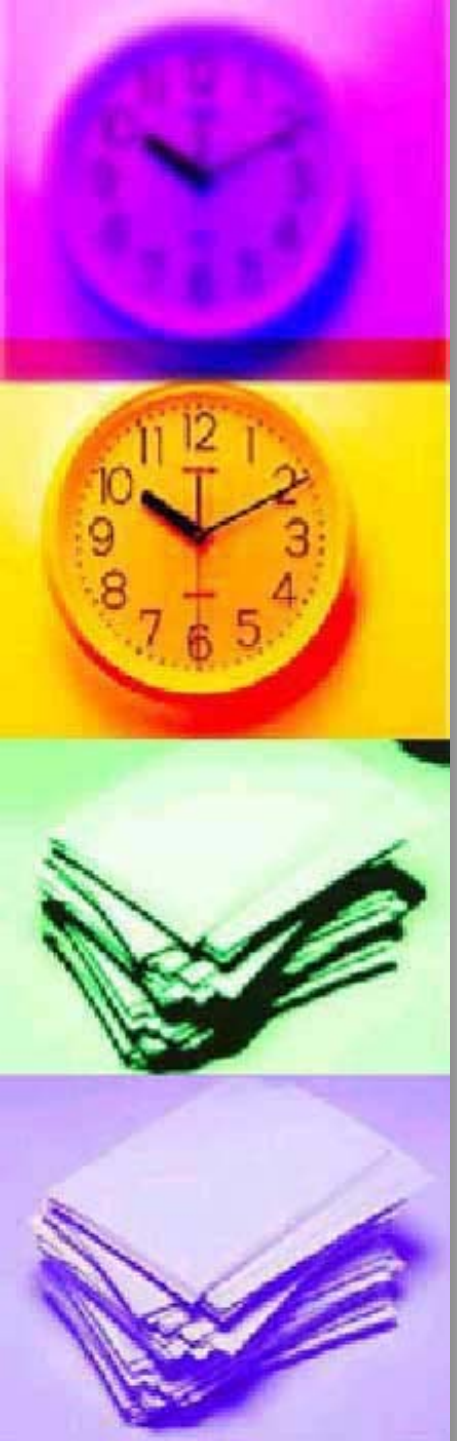
- Inventory: what is needed for me to attain and succeed in my chosen role?
- Developing skills
- Developing needed supports
- Now skills and supports are directly related to the Individual's desires



Skills and Resource Development and Mastery

- Behavioral
  - Skills and resource development focused on a specific recovery goal
  - Skills development but also skills use and practice are necessary
  - Development of resources and negotiation with them as to characteristics of their support

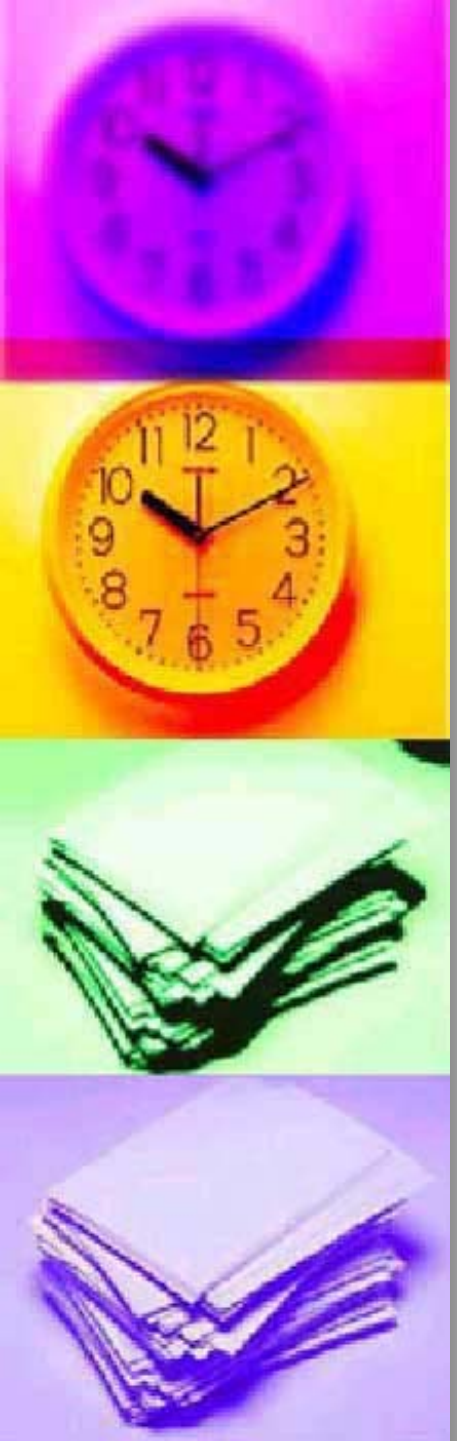
Center for Psychiatric Rehabilitation, Boston University



Maintenance

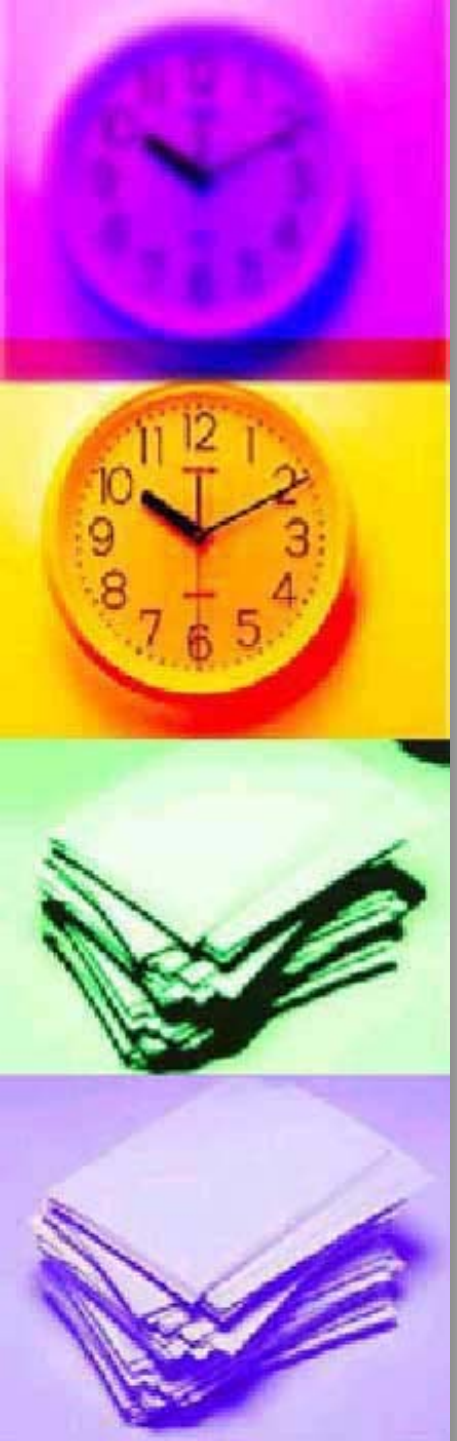
Cognitive/Behavioral work:

- Integrating skills and resources into daily life
- Reassessing and modifying as needed
- Reassurance, support, encouragement, on-going hope



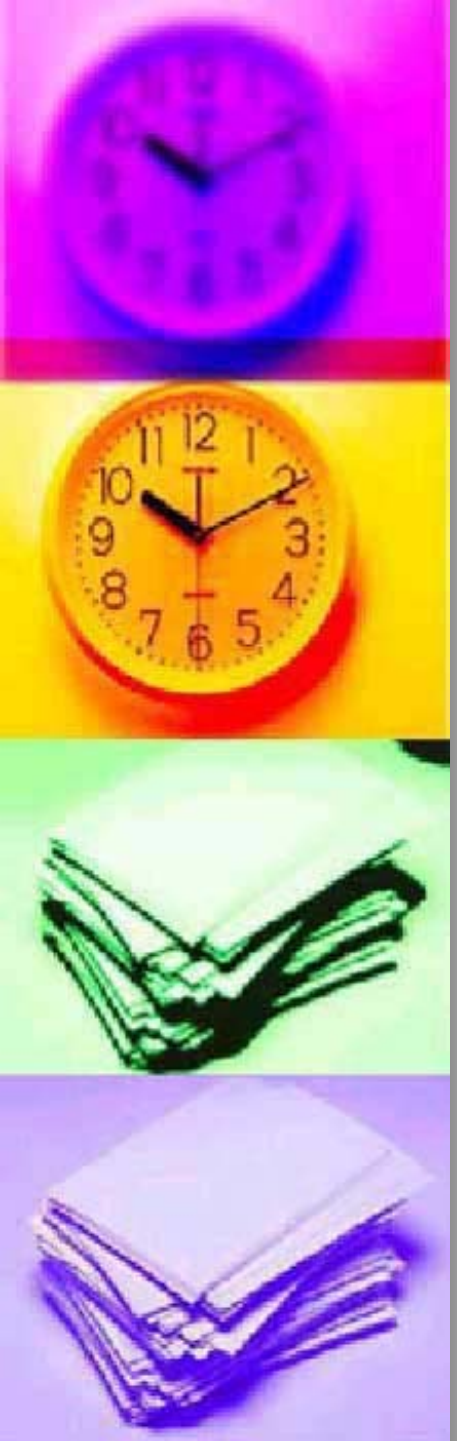
New Staff Competencies

- Engagement and use of motivational techniques
- Person-centered assessment
- Patience – continuous hope – don't take over (the CM role is one focused on independence from MH system as much as possible)
- Planning: the ability to strategize and individualize – regroup and move in a different direction

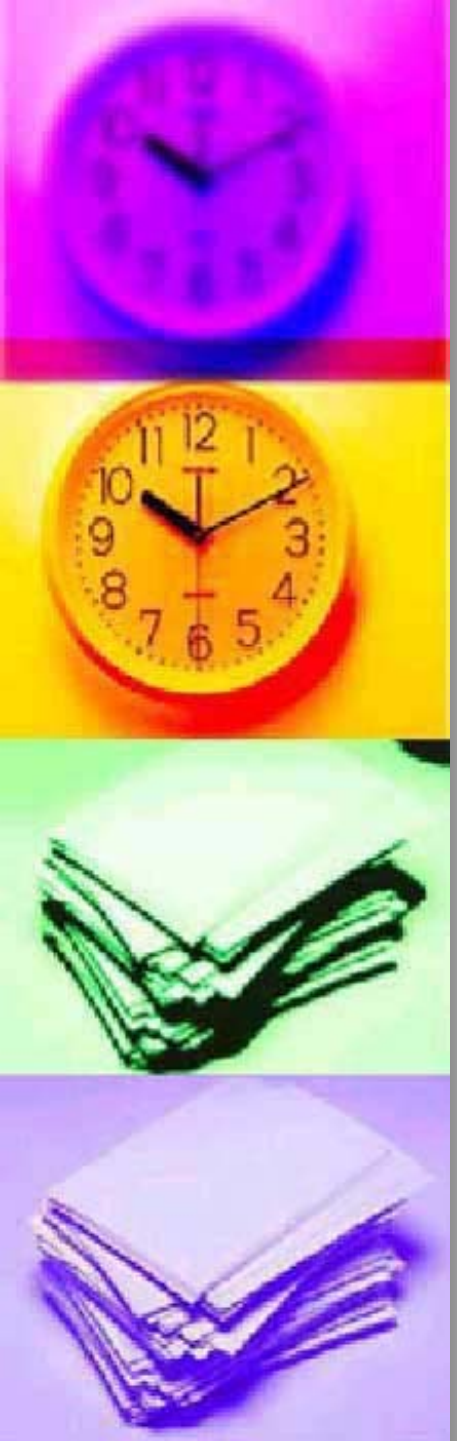


New Staff Competencies

- Planning: the ability to make the road accessible and understandable to the individual
- Skill building: Group, Individual
  - Community as well as facility based
- Supports development
- Graduation vs long term support

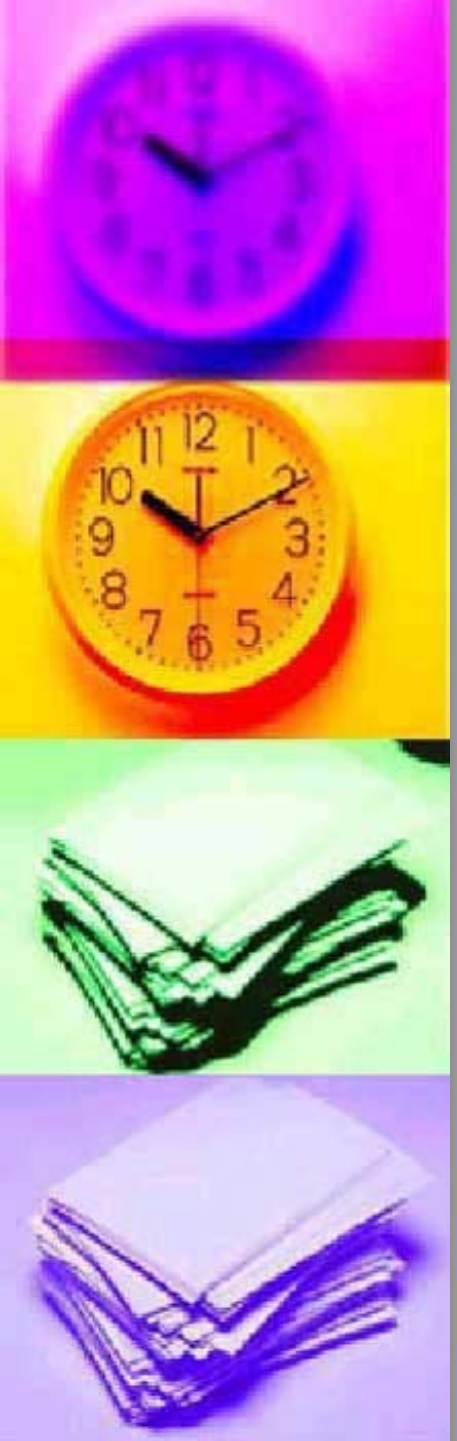


OTHER PROGRAMMING CONSIDERATIONS



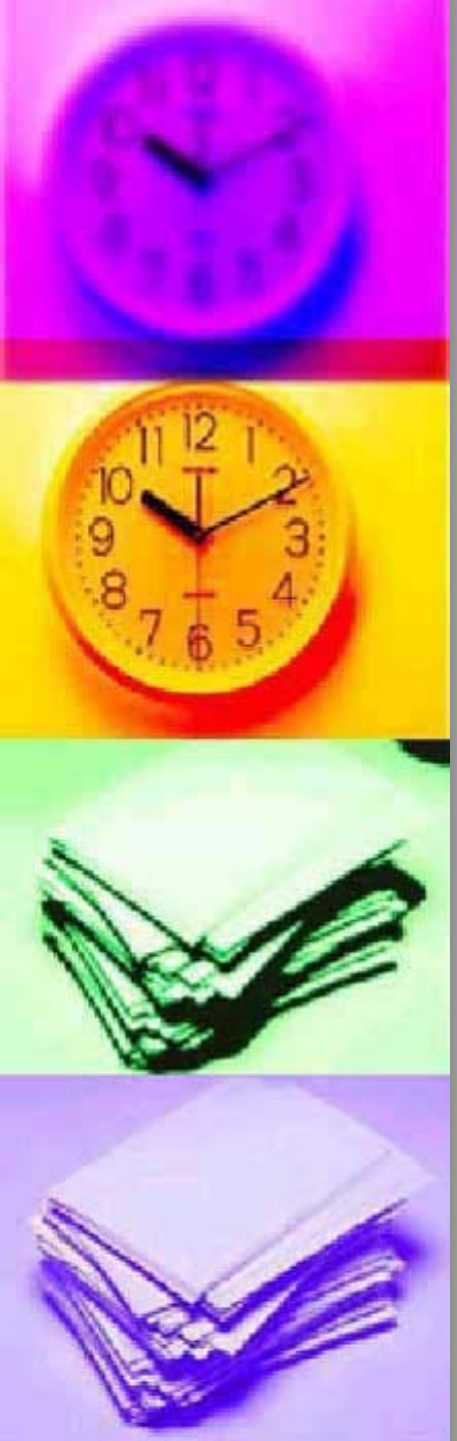
Considerations: Caseloads, CM, and Skill Building

- Active skill building is intensive and requires diligence
  - Appointments are critical –no show rates are meaningful
- Consideration of separate CM's and development of specialists in Rehab



Considerations: Caseloads, CM, and Skill Building

- Development of multiple, non-MH supports
- Development of curriculum libraries – use of a resource room
- Do not assume a day program will do it – it can't



Skills –Moving Away from the Basic and Concrete

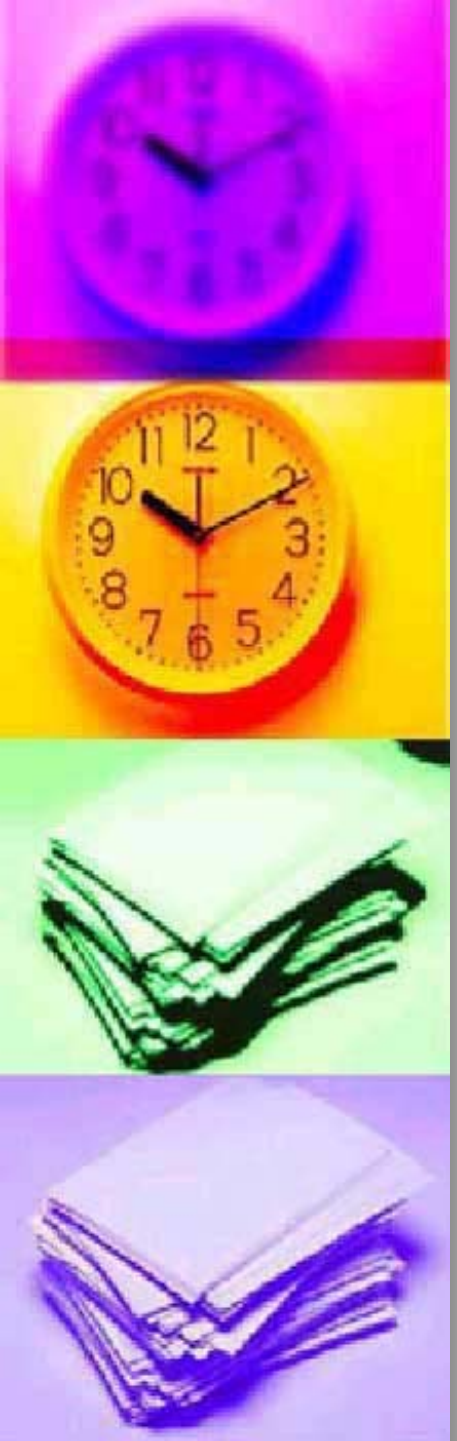
- Three views of skills lists:
  - Bazelon Institute
  - PSR Regulations: Michigan
  - Club House – Based on Psychiatric Rehabilitation Center, Boston University

BAZELON LIST

- **Basic Skills:** e.g. Food planning and preparation, Maintenance of living environment, Community awareness and mobility skills
- **Social Skills:** e.g. problem solving, conflict resolution, basic community interactions
- **Disability Management:** e.g. med management, symptom management
- **Residential Supports:** e.g. problems with living situations and skills needed to manage these
- **Therapeutic Social/Recreational:** e.g. using recreation as vehicle for clinical outcomes.
- **Educational/Vocational:** skills need to be very carefully curtailed so that Medicaid will pay
- **Peer Supports:** not self-help, engagement, affirmation, etc.

Skills List: (Michigan PSR Programs)

- **Community living competencies** (e.g., self-care, cooking, money management, personal grooming, maintenance of living environment).
- **Social and interpersonal abilities** (e.g., conversational competency, developing and/or maintaining a positive self-image, regaining the ability to evaluate the motivation and feelings of others to establish and maintain positive relationships).
- **Personal adjustment abilities** (e.g., developing and enhancing personal abilities in handling every day experiences and crisis, such as stress management, leisure time management, coping with symptoms of mental illness). The goal of this is to reduce dependency on professional caregivers and to enhance independence.
- **Cognitive and adult role competency** (e.g., task-oriented activities to develop and maintain cognitive abilities, to maximize adult role functioning such as increased attention, improved concentration, better memory, enhancing the ability to learn and establishing the ability to develop empathy).

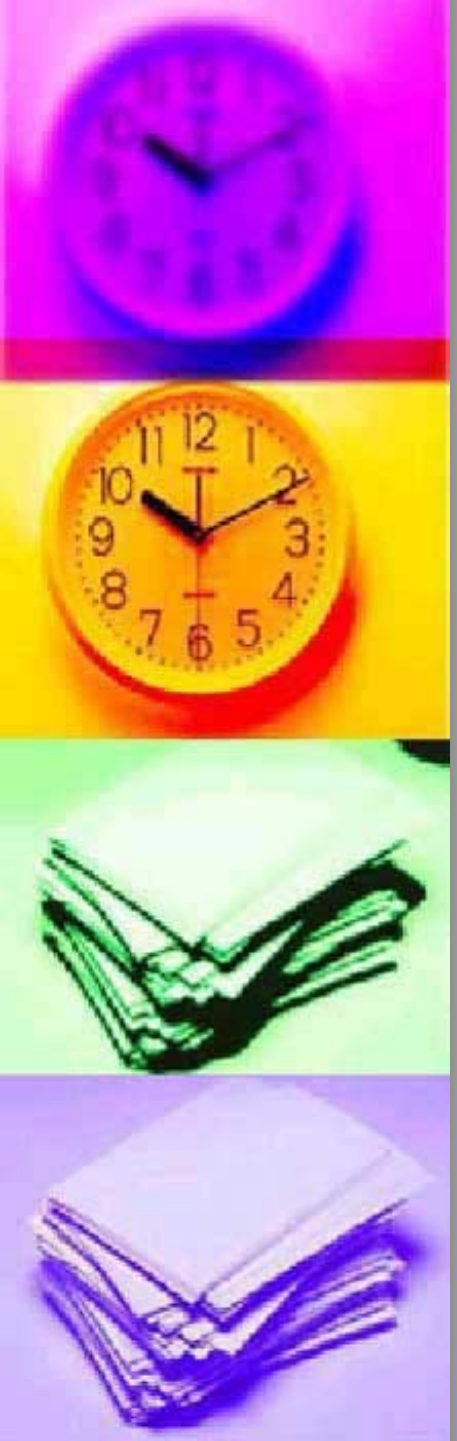


Club House Listing

- See attached
- List by environment
- Watch out some of this list is not Medicaid eligible

Skills Training

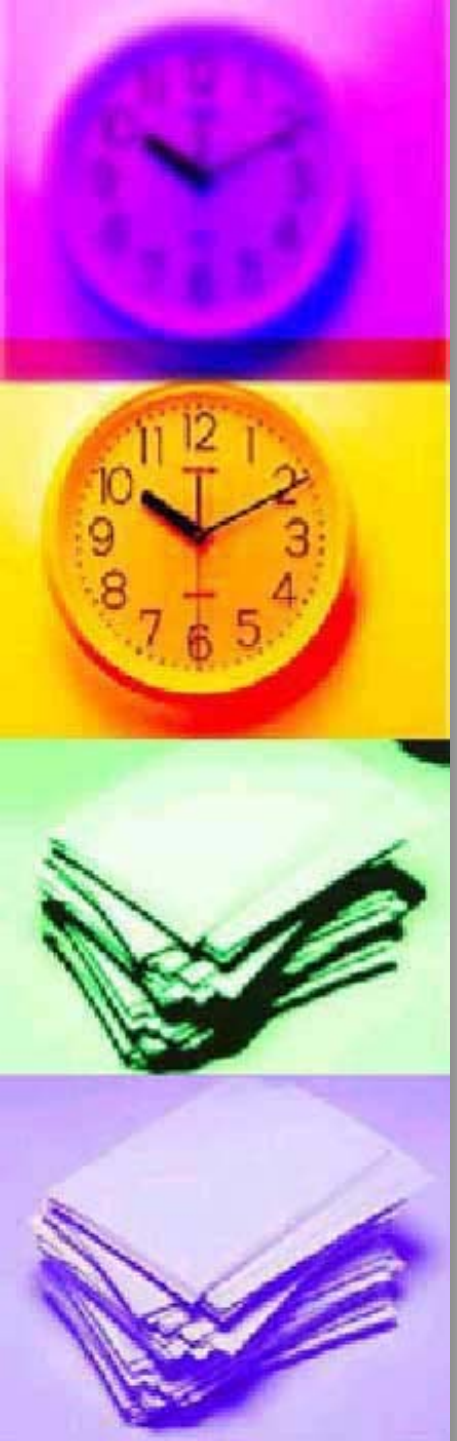
The Process



Skills Training

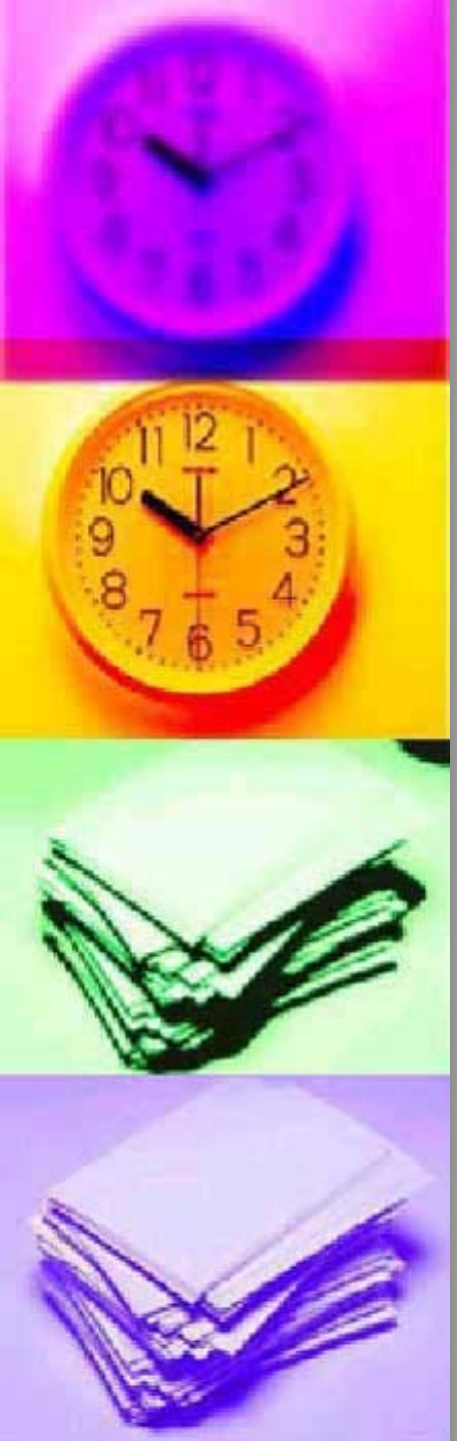
- Helps Individuals with SMI or SED to " perform physical, emotional, social, vocational, familial, problem-solving, and intellectual skills needed to live, learn, and work in the community with the least amount of help from agents of the helping professions *(underline added)*".

Bill Anthony, 1979, BU Center for Psychiatric Rehabilitation.



Skills Training

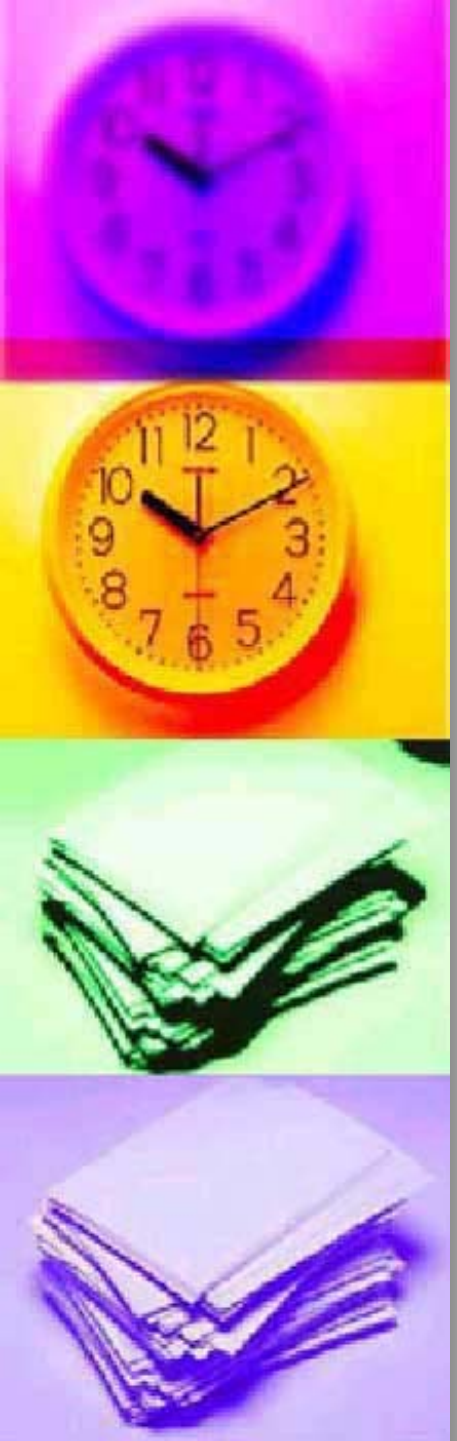
- What skills:
  - Missing now
  - Inappropriately learned and/or applied
  - New skills needed to compensate for missing and non-retrievable skills
  - New skills Individual capable of managing but may not have actually applied in life prior to onset of illness



Why Teach Skills

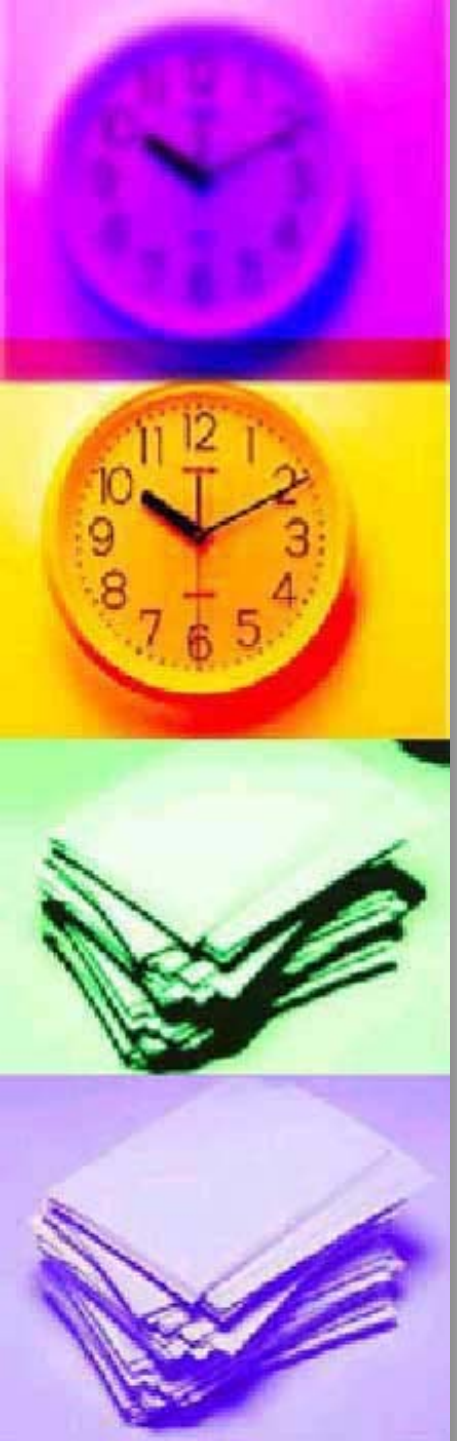
- Medication may help with symptoms, but “ no one ever learned a skill by taking a pill”
  - Skills training is not a stand alone. There is a continuum of care, other social supports, pharma treatment and other services that are often needed along with skills.

Liberman, *Social Skills Training*, for Illinois DHS, Office of SA Services



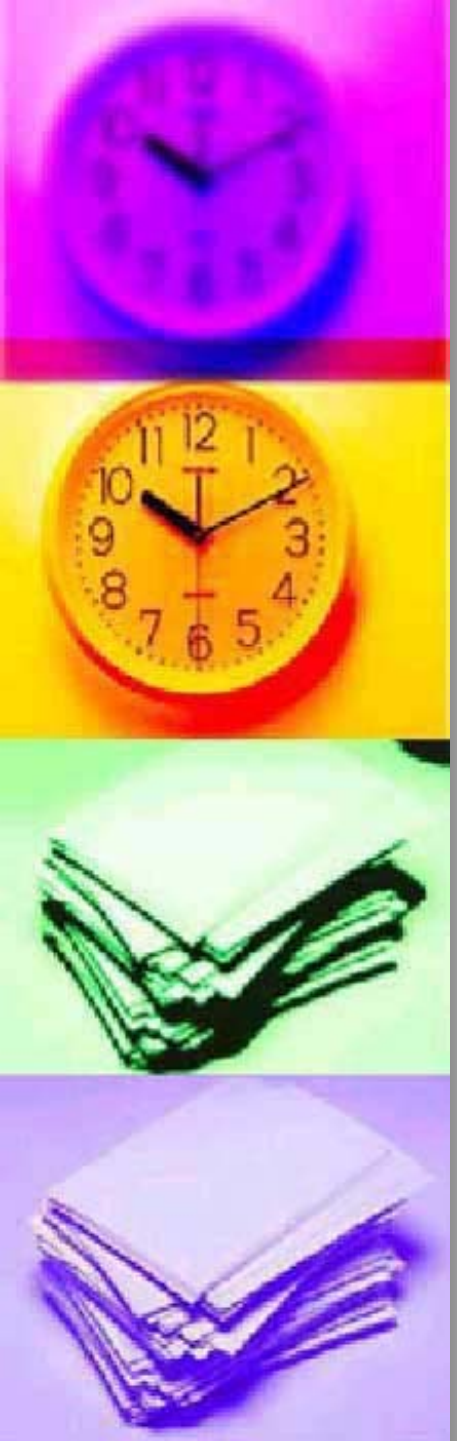
Process for Individual

- Acquisition of skills
- “Durable” maintenance (called development in Indiana)
- Transfer to daily life



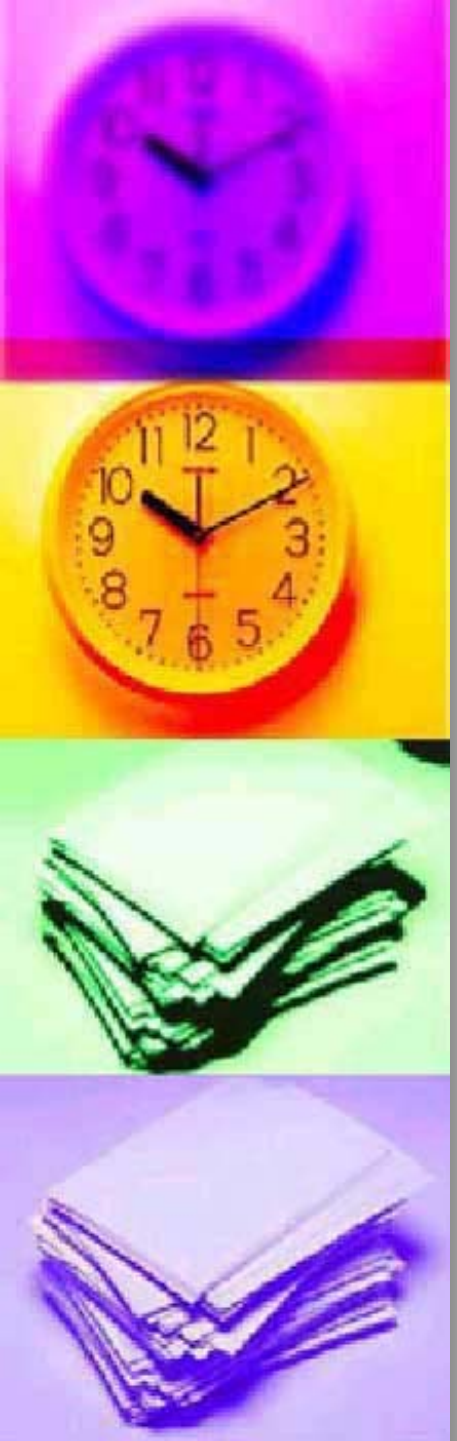
Outcome for Individual

- Greater personal efficacy
- Greater number of very realistic choices
- Greater autonomy
- Personal relevance of skill building activities



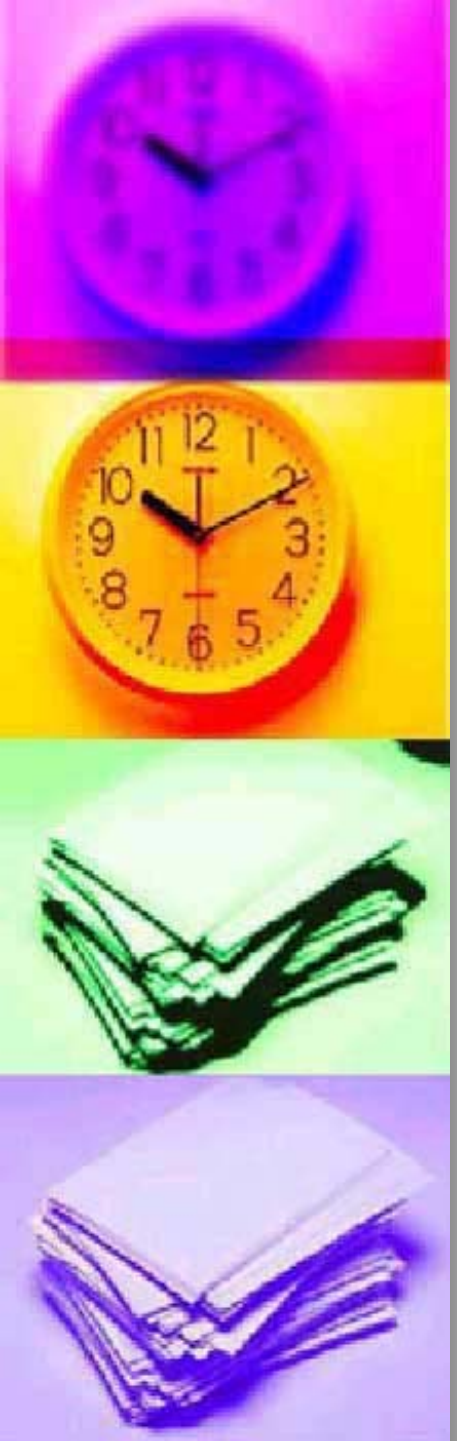
Can Everyone Benefit?

- Families: yes – focus on the indentified client and their ability to better support, manage, help grow
- Individuals:
  - Symptomatic through relatively stable: yes
  - On-going severe symptoms: no – need to be able to focus, and concentrate at least for short periods of time, and need to be able to retain from session to session (not all but some)



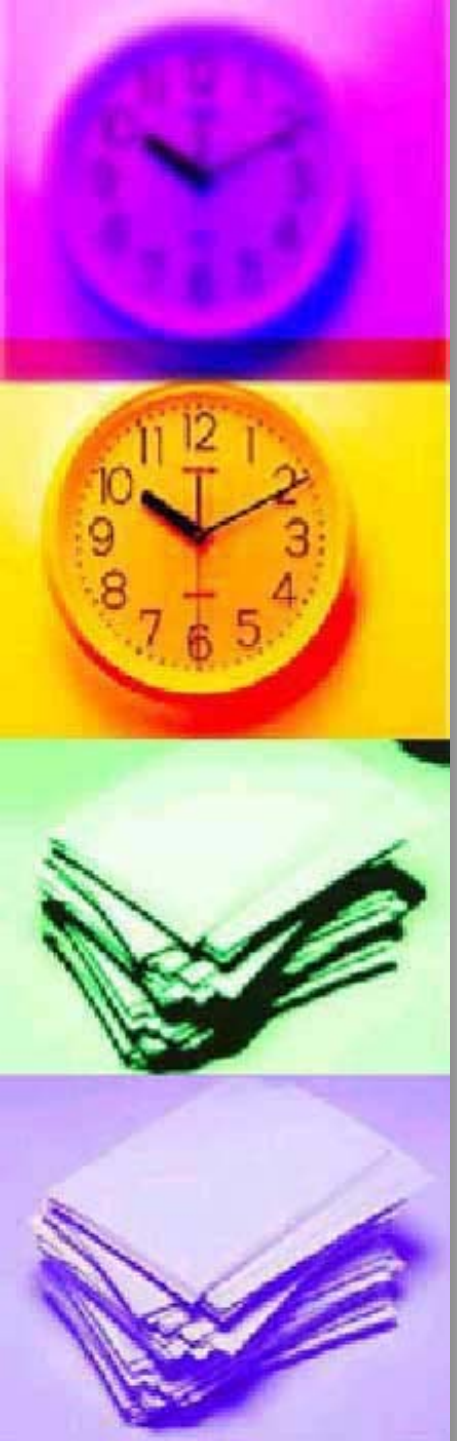
Common Outcomes

- Making friends
- Coping with anxiety
- Greater involvement with family
- Getting a job
- Intimate relationships
- Being a better parent



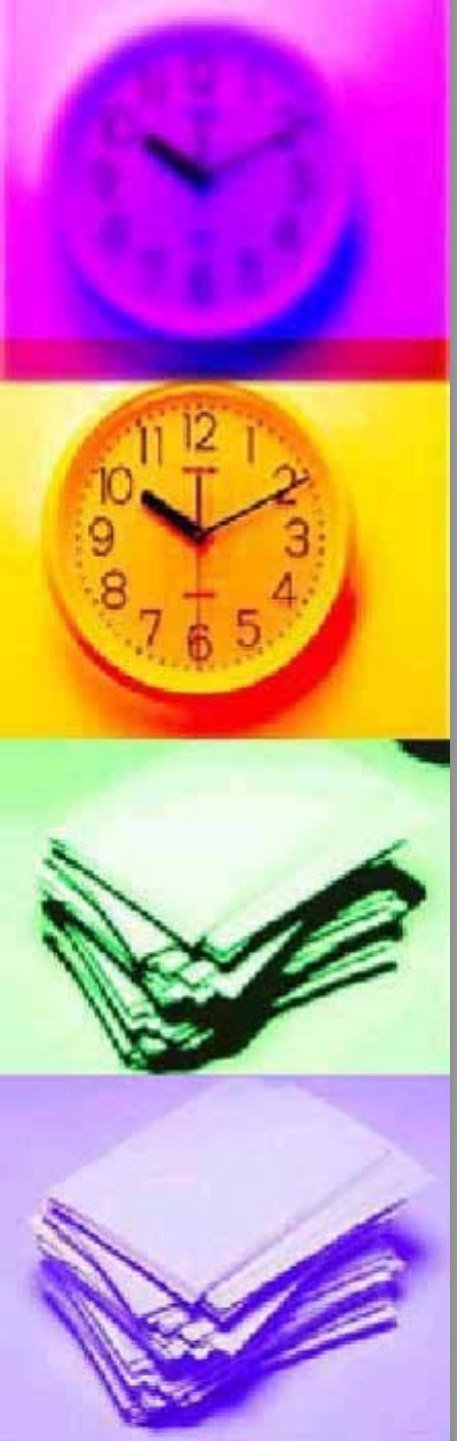
Process for Staff

- Instruction
- Modeling
- Rehearsal
- Coaching
- Corrective feedback
- Reinforcement – peer, staff, family
- Homework
- Maintenance



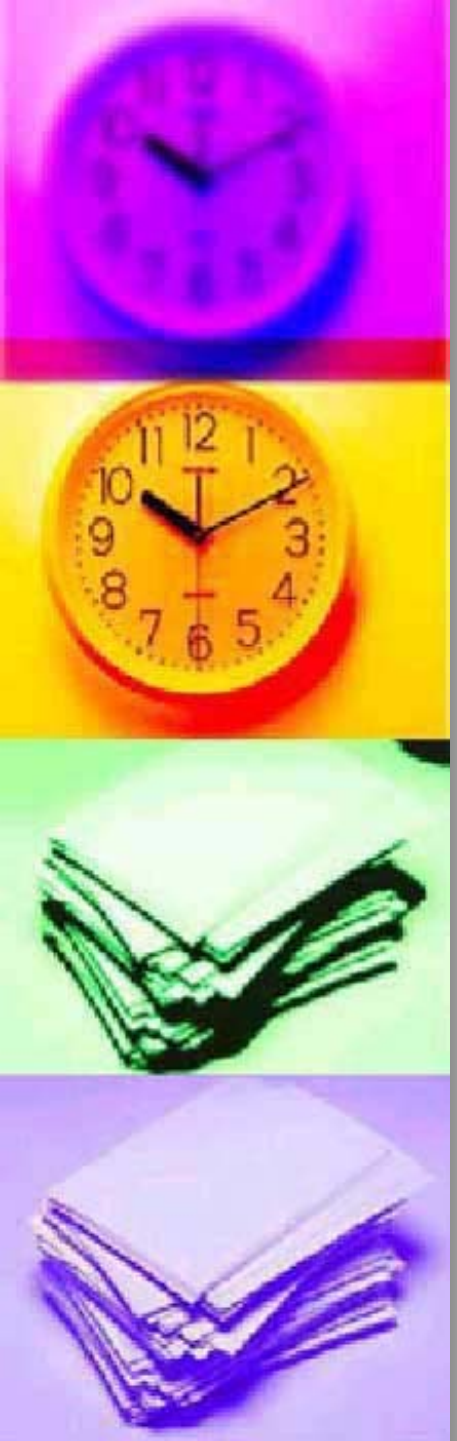
Detour to Staff Issues

- This is not case management
- Staff are treatment providers
- Scheduling is critical
- An organized agenda for each meeting necessary
  - These are more formal sessions
  - Some amount of introductory conversation is ok but if it goes beyond 5 minutes – do not bill



Detour to Staff Issues

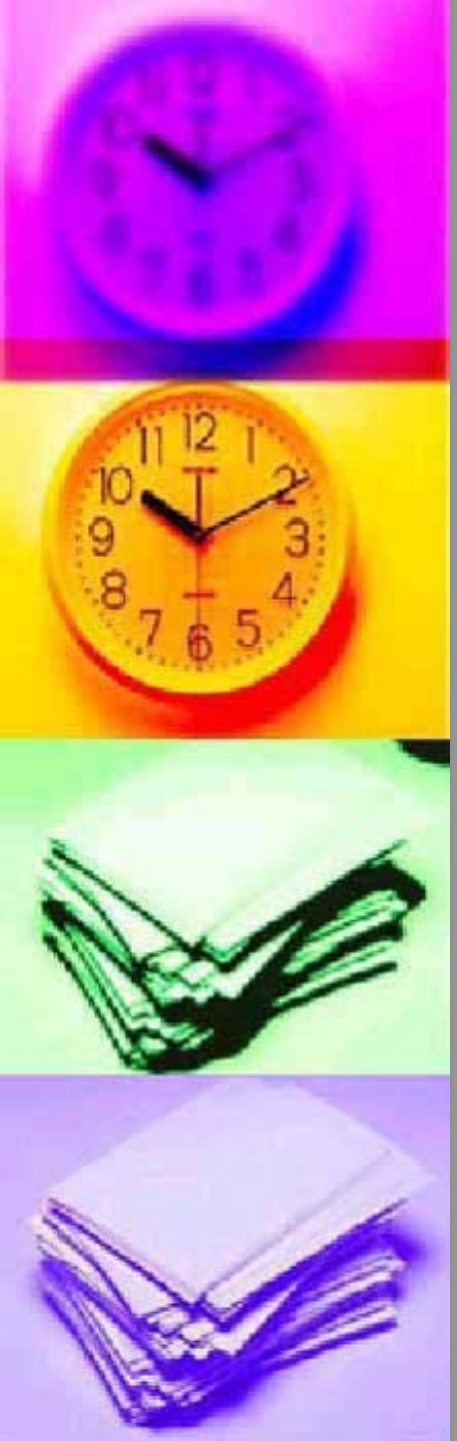
- Some solutions:
  - CM/Rehab combined: consider breaking up positions; manage agenda more closely; to do lists
  - Rehab treating former CM client: education and to do lists
  - CM now limited in types of interventions: focus on listing of what they can do; increase caseloads



Setting Goals: Teaching Starts Here

- List of potential goals: make them visual to be able to move and manipulate
- Assess for:
  - Relevance
  - Importance
  - Feasibility
- Review for clarity
- Get appropriate endorsements

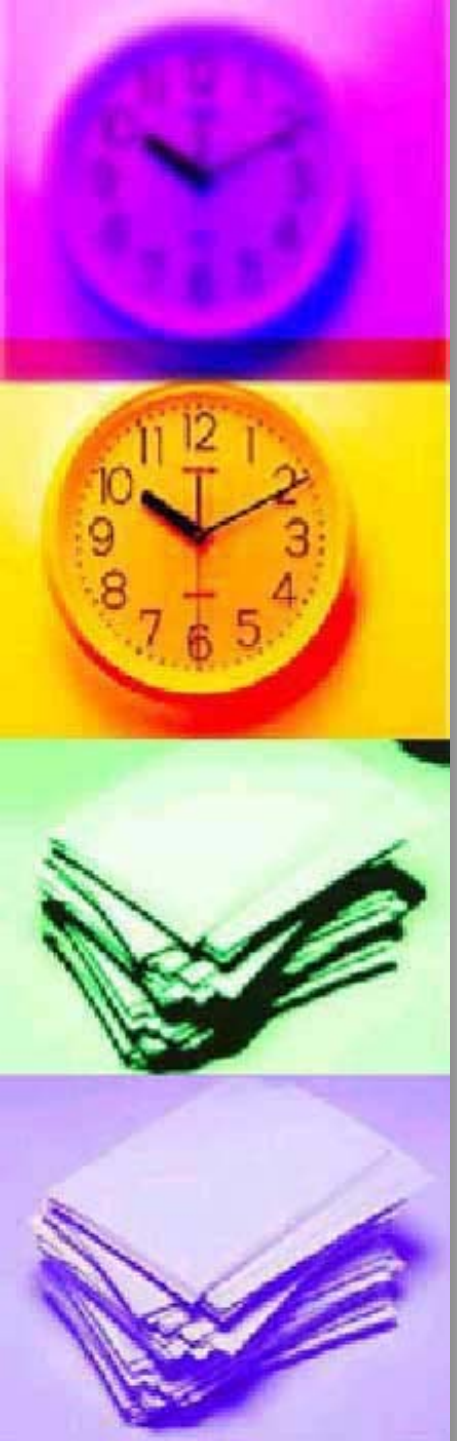
Liberman, *Social Skills Training*, for Illinois DHS, Office of SA Services



Inviting Others In

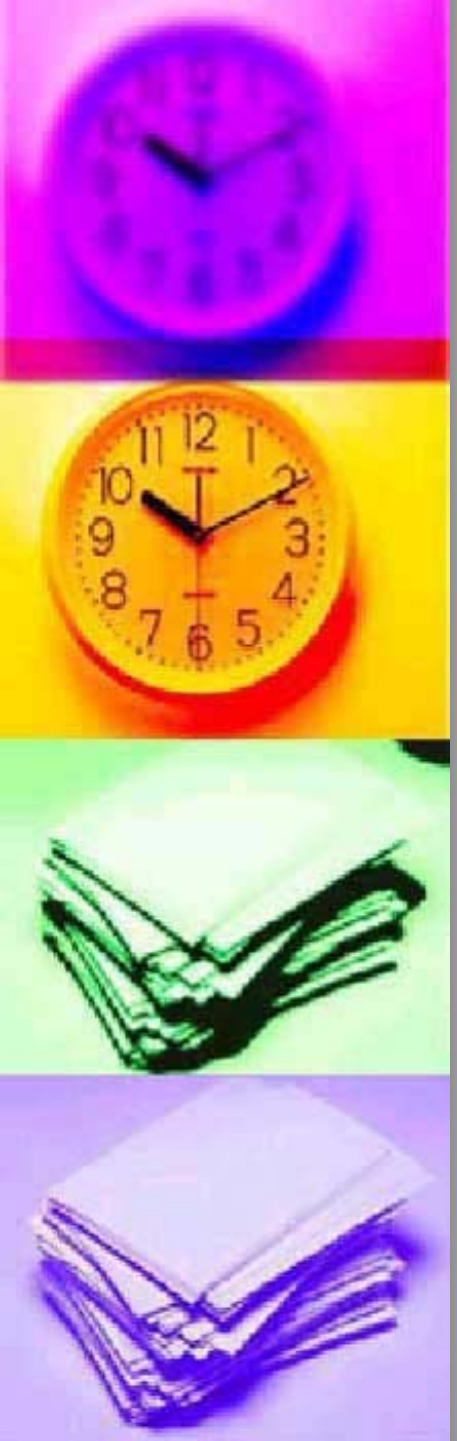
"One of the advantages of this is that the people closest to the individual can see for themselves where the deficits lie and how they can promote the use of skills learned. Input from the family is also helpful to the trainer in understanding how the skills are being generalized."

Liberman, *Social Skills Training*, for Illinois DHS, Office of SA Services



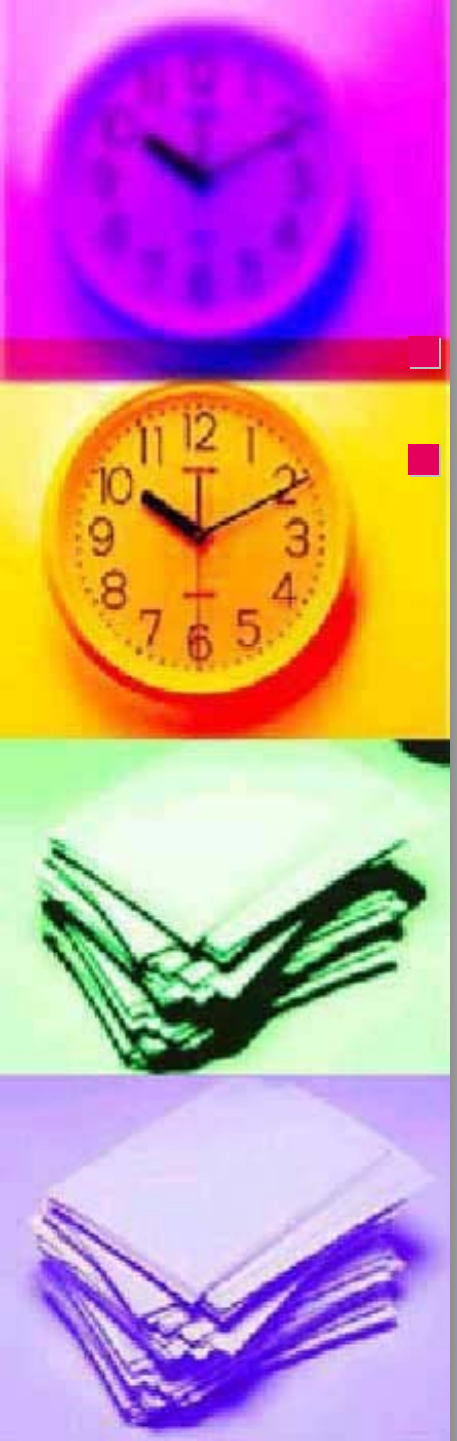
Goals

- Personally relevant to the Individual
  - Life/Recovery goals: life goal; role acquisition; important to Individual
  - Treatment goals: describes what the mental health's system will help the Individual accomplish in support of their recovery goal



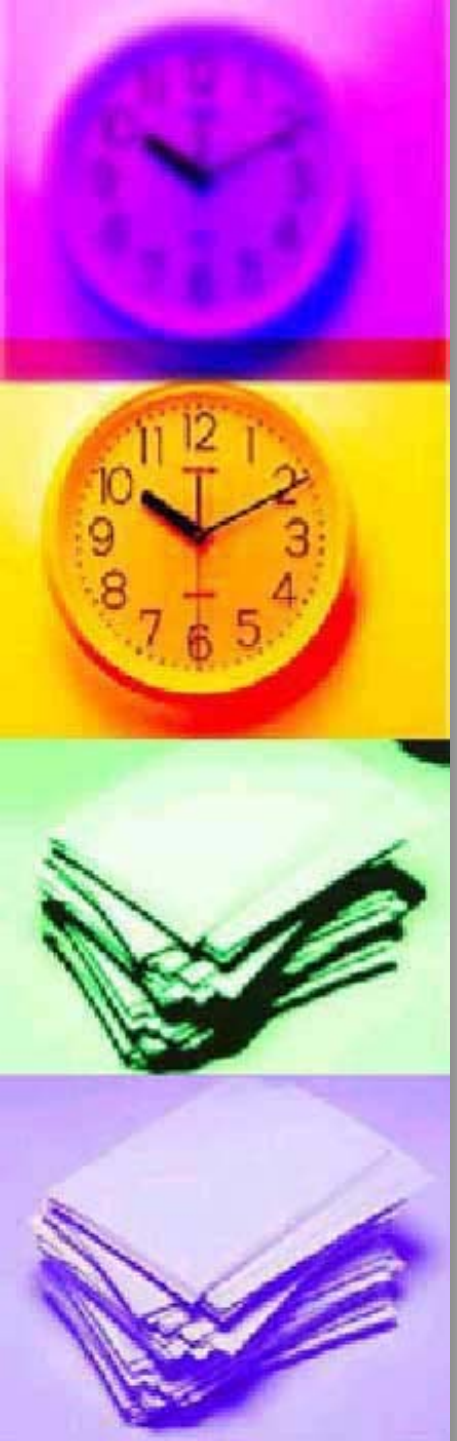
Recovery and Treatment Goals

- "I want to be a part of my family again"
  - NAME will be able to successfully manage symptoms and behaviors in family interactions.
- "I want to get a job."
  - NAME will be able to demonstrate control of symptoms and ability to use appropriate social skills that will allow him to achieve on-going employment.
- "I want to go back to school and be a famous writer"
  - NAME will be able to demonstrate ability to manage angry outbursts so that he is not expelled from 5th grade.



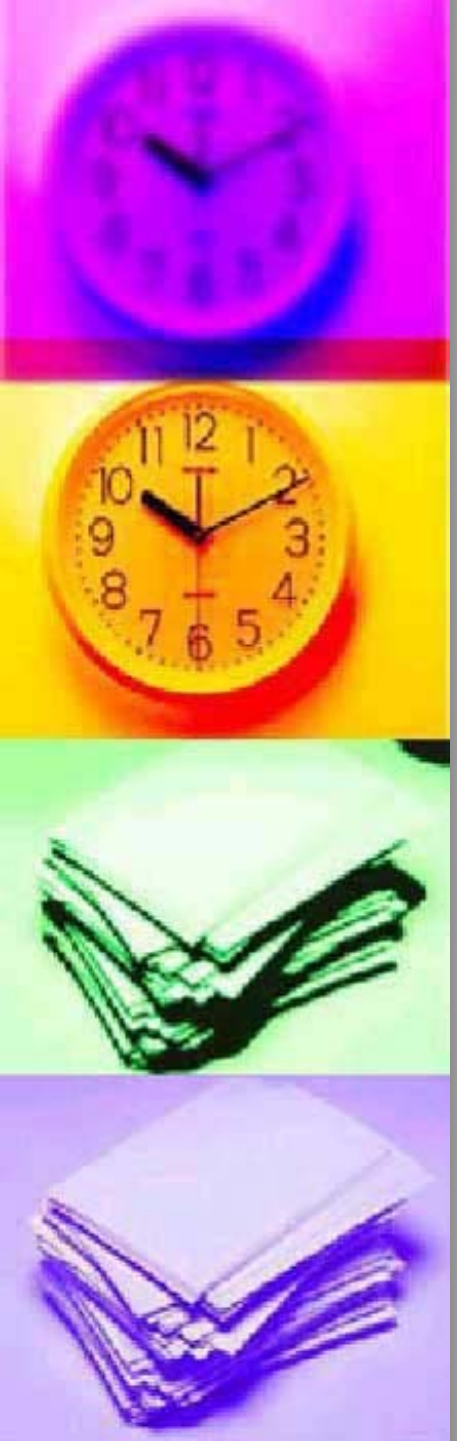
Objectives: the Steps

- Necessary and in order
- Measurable and observable
  - "I want to move back to California"
    - Jack will be able to develop and implement a plan for moving to a community of his choice within one year.
      - Initiate at least one communication with Mom and Sister in California
      - Identify transitional housing outside of the local shelter
      - Make and follow through on one appointment at the Community Health Center



Goals and Objectives Group Work

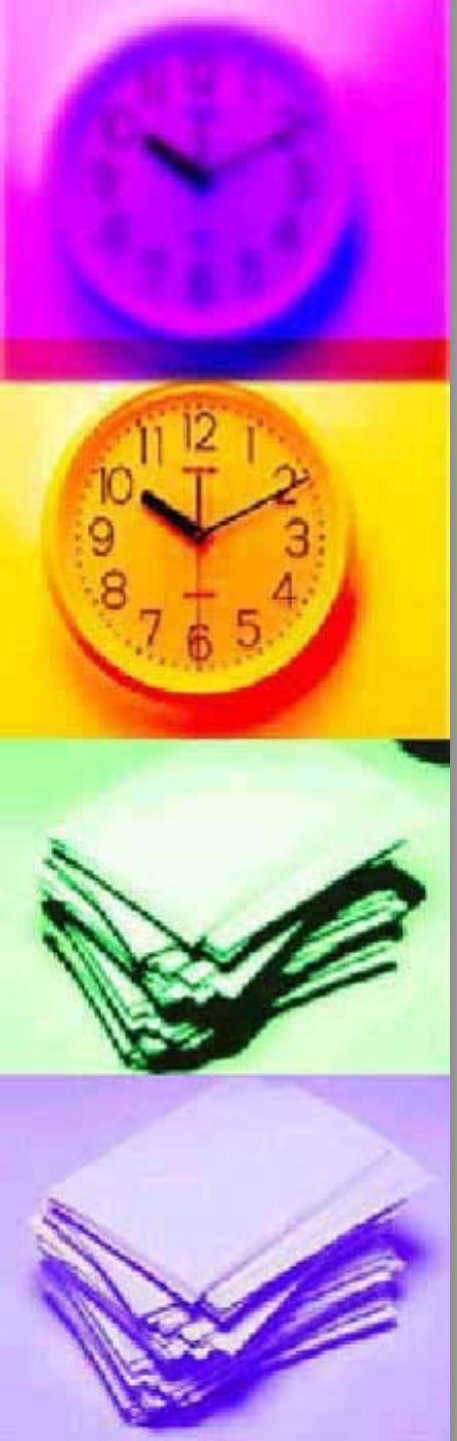
- See handouts



Developing Skills: Basic Principles*

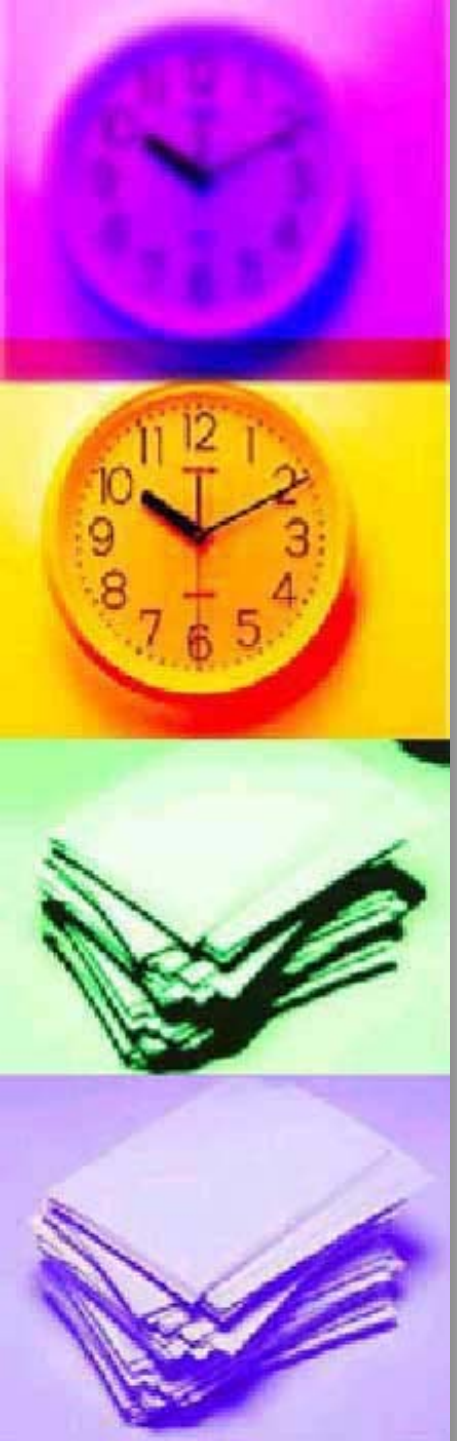
- Knowing what a skill is
- Use skills to solve consumer identified needs and problems
- Teach step by step with focus on use in natural locations

*from Indiana curriculum Community Supports, copyright MTA, Inc and BCPR



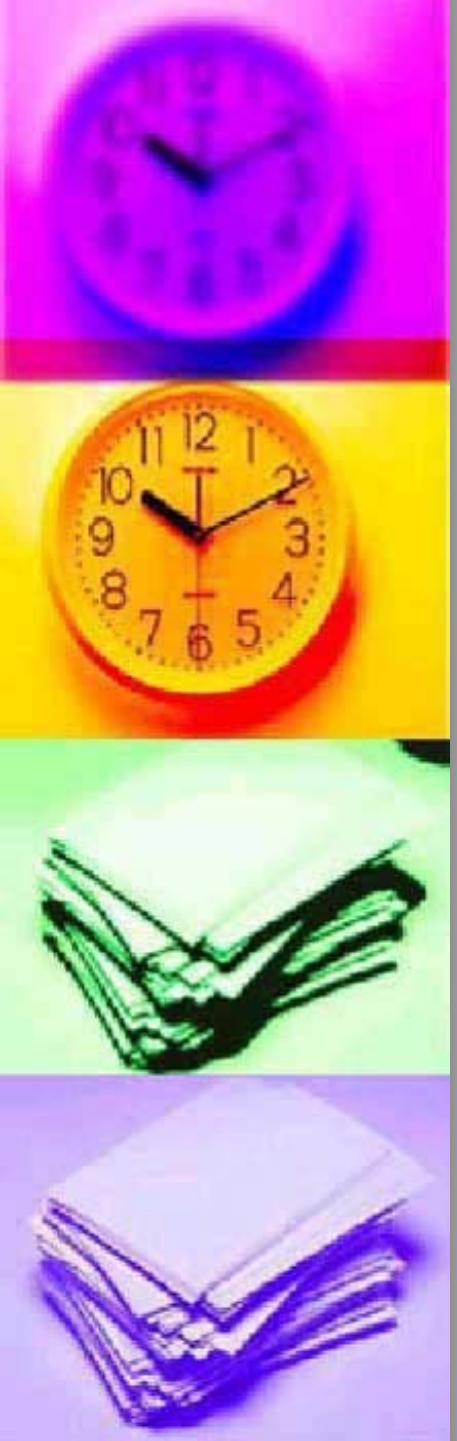
Detour to Staff Issues

- Some common problems:
  - CM/Rehab combined: services can be co-mingled and difficult to time and bill correctly
  - Rehab treating former CM client: role differentiation is difficult
  - CM now limited in types of interventions – how do they remain productive



Skill Building Session

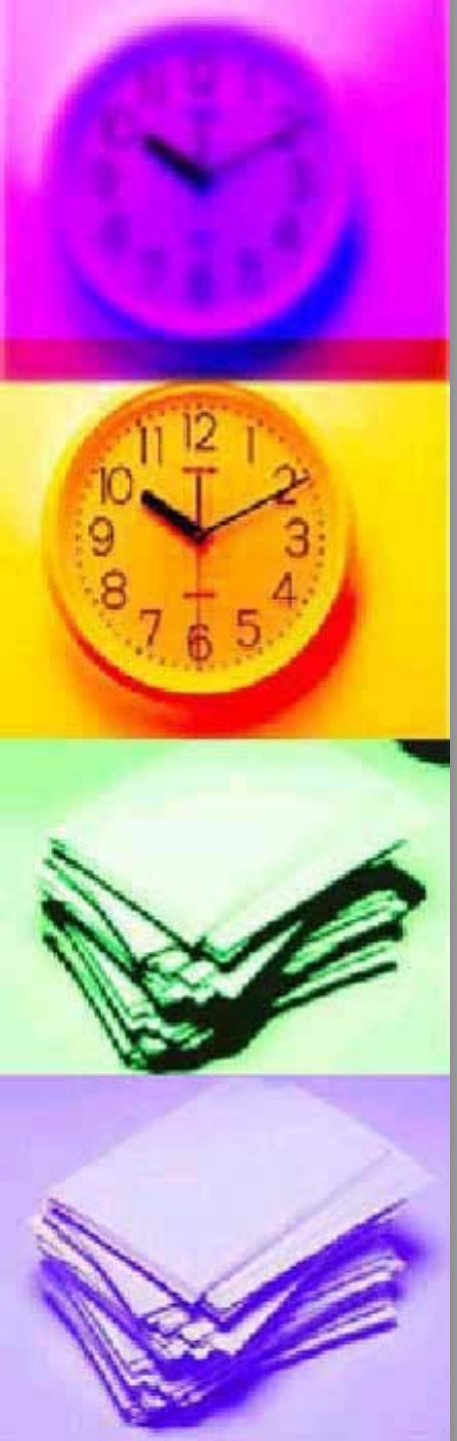
- Review rules and expectations: We will be spending the next hour on……. Today I am going to be …….. You will need to make sure you ask questions if you don't understand something. And, remember that we always want to practice what we are learning, so we will do a role play. I want to start by reviewing the community practice you and I agreed to last week.
- Review homework



Providing Skill Building Services

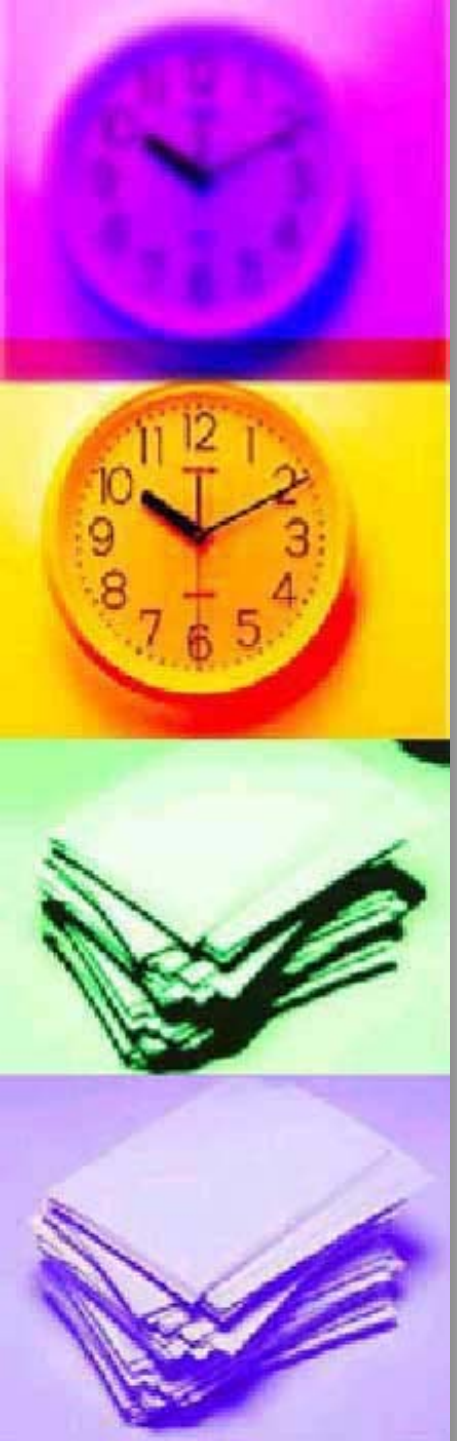
- I. What is a skill? *
  - Behavioral: requires action that can be seen or heard or in case of thinking skills can be described or written down
  - Purposeful: done for a reason
  - There is a “right” and a “wrong” way – doesn’t eliminate options
  - Generalizable: can be performed usually in many locations/situations

*from Indiana curriculum Community Supports, copyright MTA, Inc and BCPR



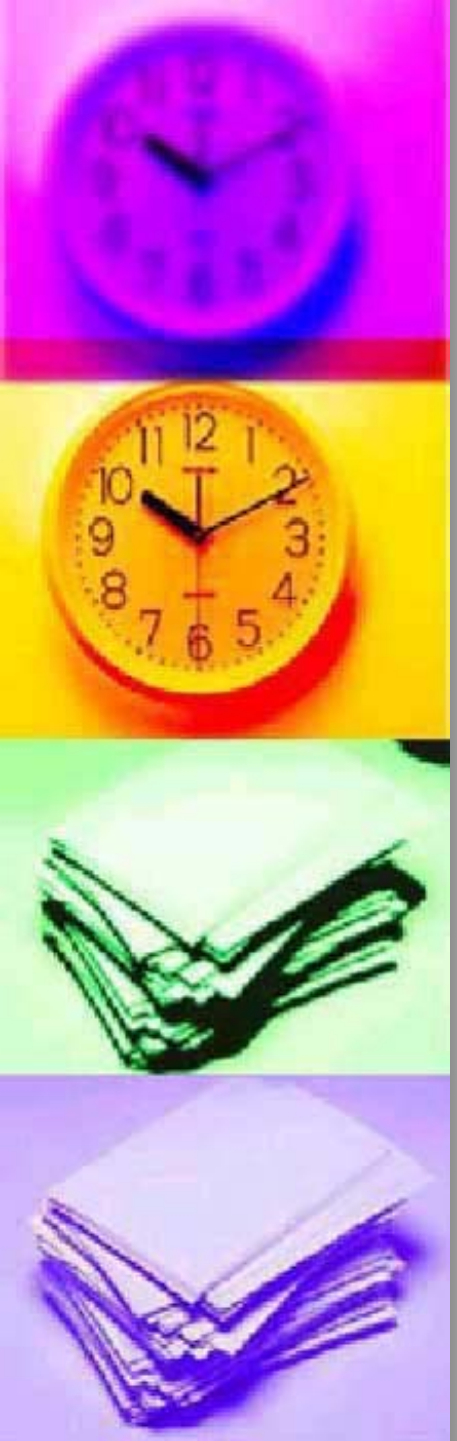
Skills Lists

- Organizational lists help to sort curriculum and make them more accessible
- As staff become more experienced they will begin to develop their own.



Determine Your Organization's Approach to Skills Lists

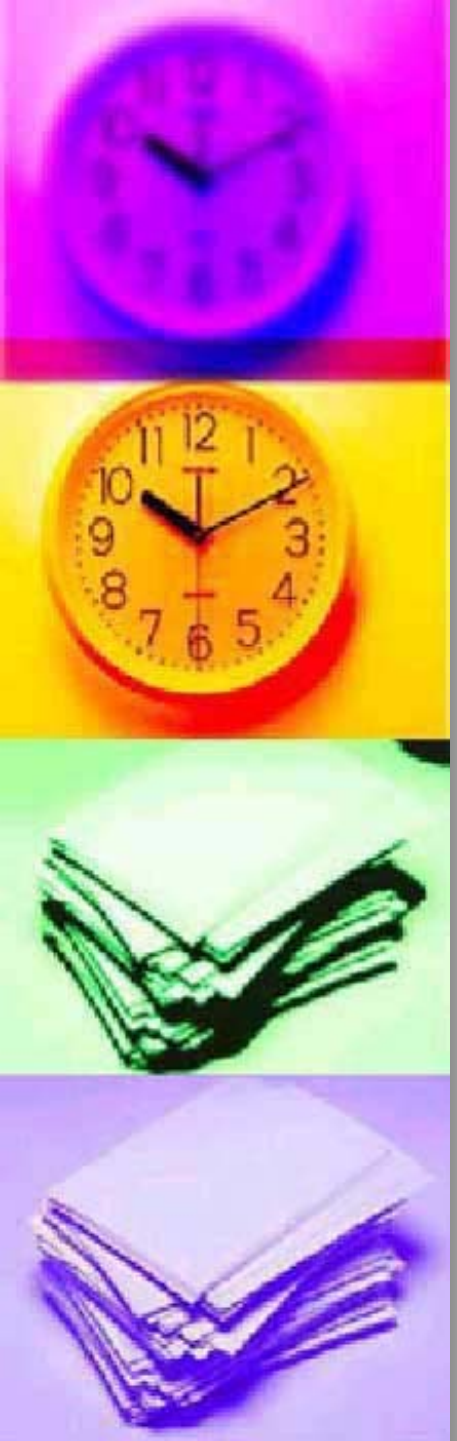
- BU Model:
  - Living, learning, working, socializing environments – skills are specific to each with overlap where a skill may be beneficial in more than one area
- Michigan Model:
  - See handout
- Bazelon lists general types of skills covered by Medicaid



Providing Skill Building Services

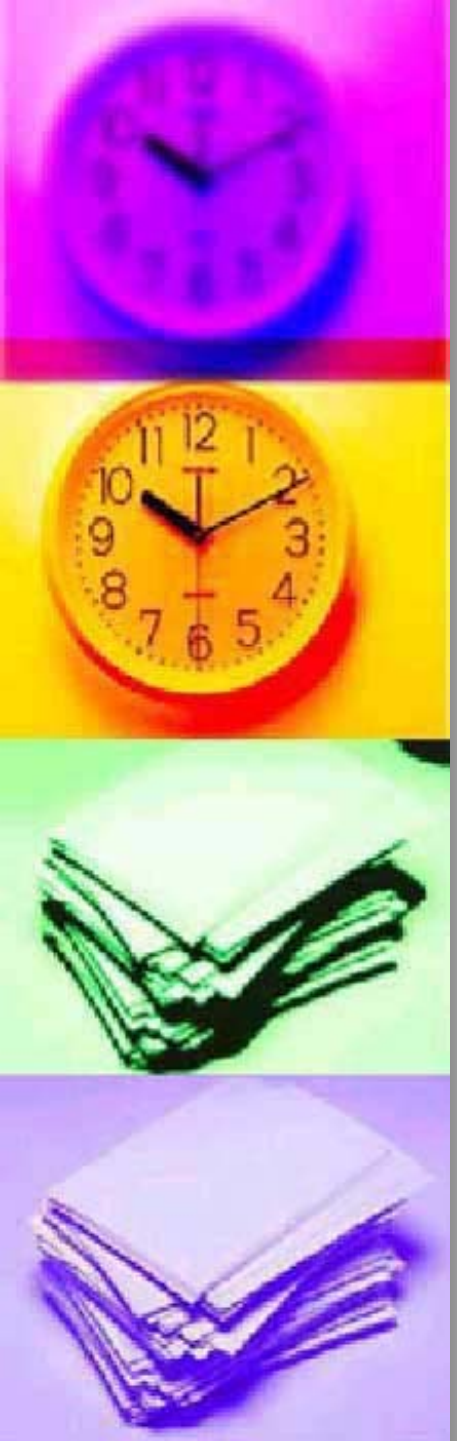
- II. Solving needs or problems identified by the consumer:
  - Help consumers/families make the connections between the skill and benefits
    - Does consumer believe there is a good reason to learn the skill
    - Can consumer identify concrete situations in which skill might be helpful

*from Indiana curriculum Community Supports, copyright MTA, Inc and BCPR



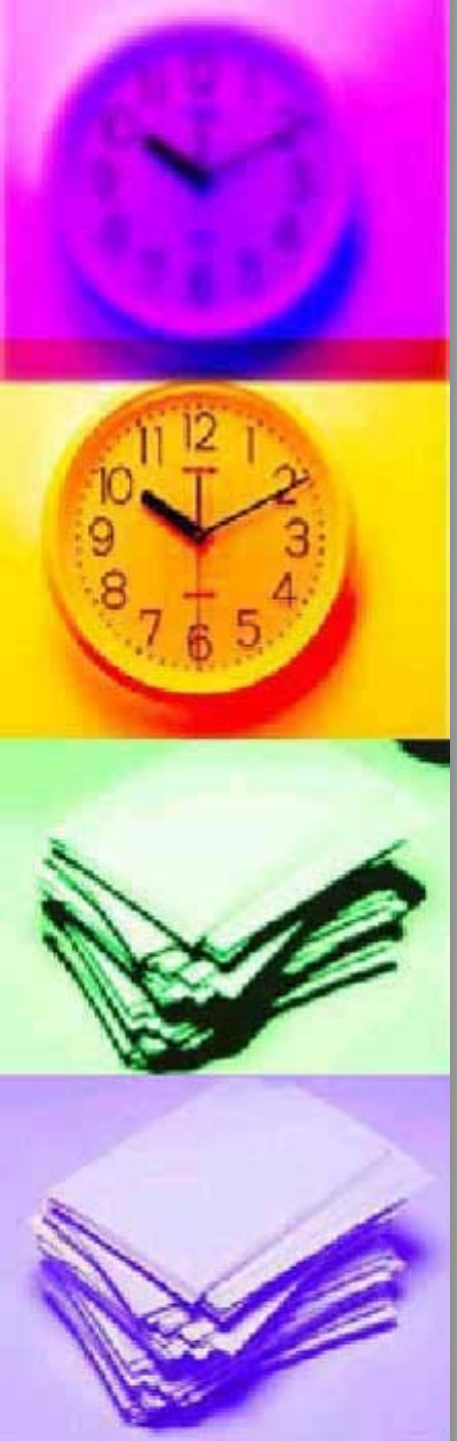
Relevance of the Skill

- Early stages:
  - Basic communication and illness management skills are critical
  - See SAMHSA IMR Curriculum (note educational as well as skills) – movement towards stability as focus



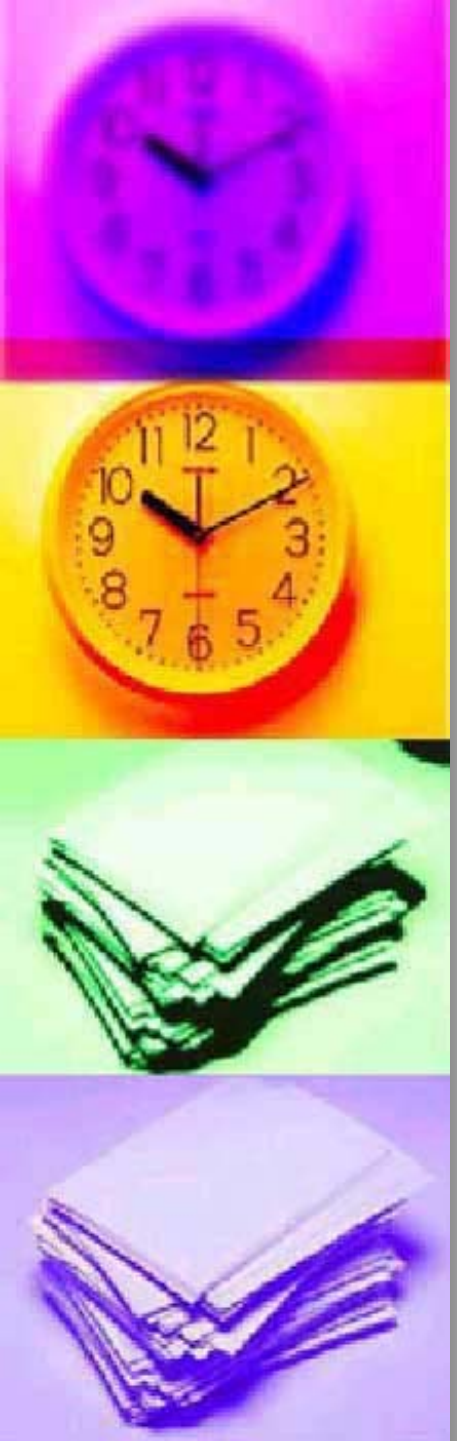
Relevance of the Skill

- Early stages:
  - Basic Social Skills recommended as building blocks for all:
    - Listening to others
    - Making Requests
    - Expressing Positive Feelings
    - Expressing Unpleasant Feelings
- BU: Readiness development – movement towards greater motivation and personal specificity – also a combination of teaching and skill building



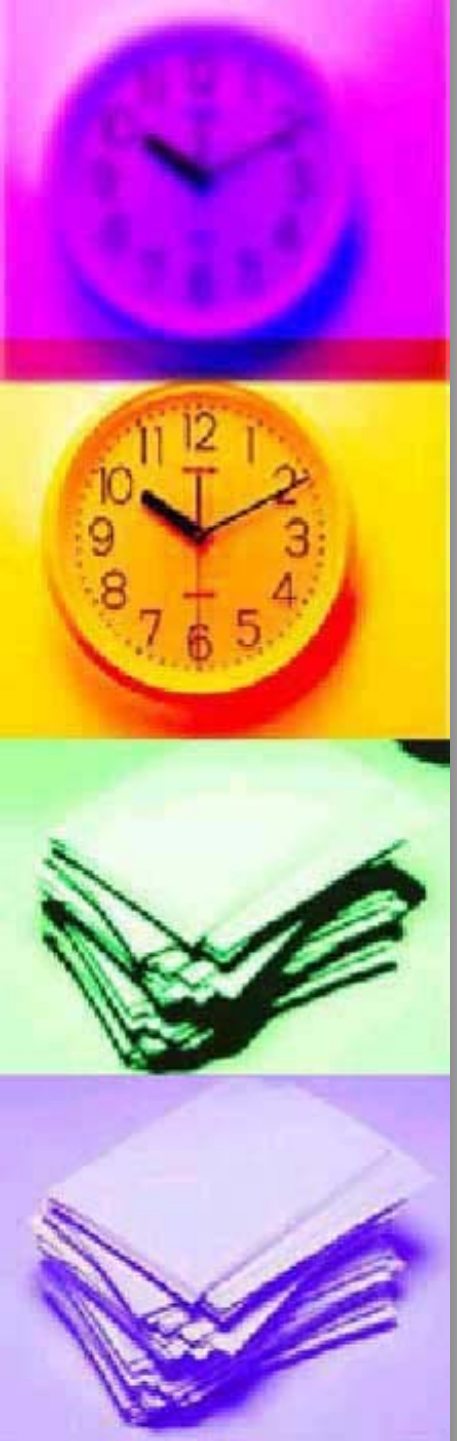
Relevance of the Skill

- If there is a valued role/life goal
  - Functional assessments
    - CASIG: completed with Individual and also used for goal setting. Adult tool
    - DLA's: note these have a copyright
    - Others?



Matching Skills to Objectives

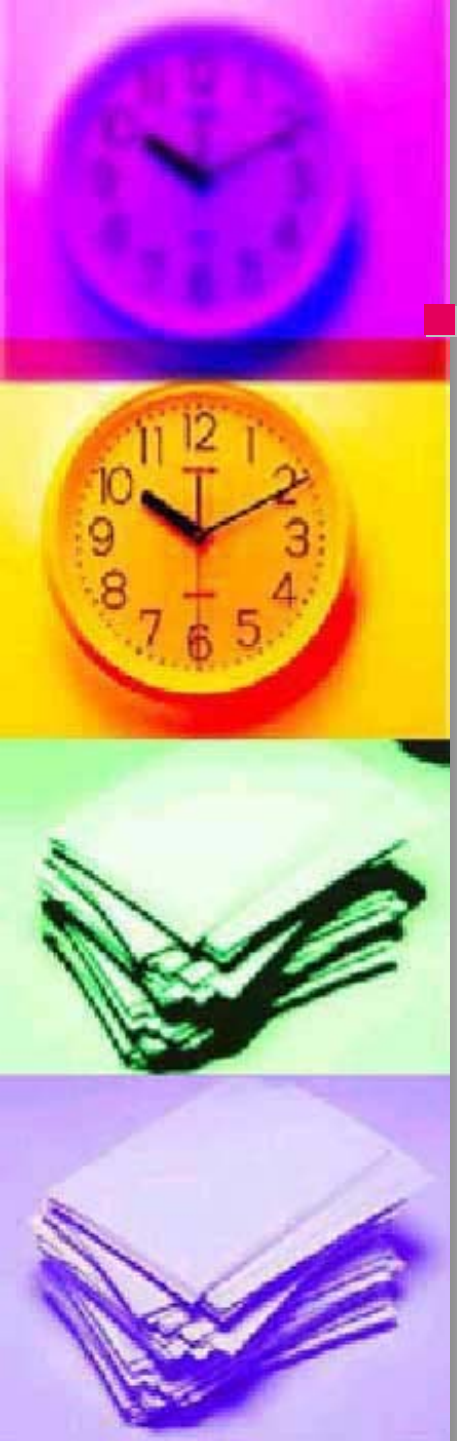
- See handouts and exercise



Providing Skill Building Services

- III. Step by step process
  - Skills must be broken down into steps
  - Taught in order
  - Benefits described and demonstrated
  - Used in natural and hopefully multiple locations

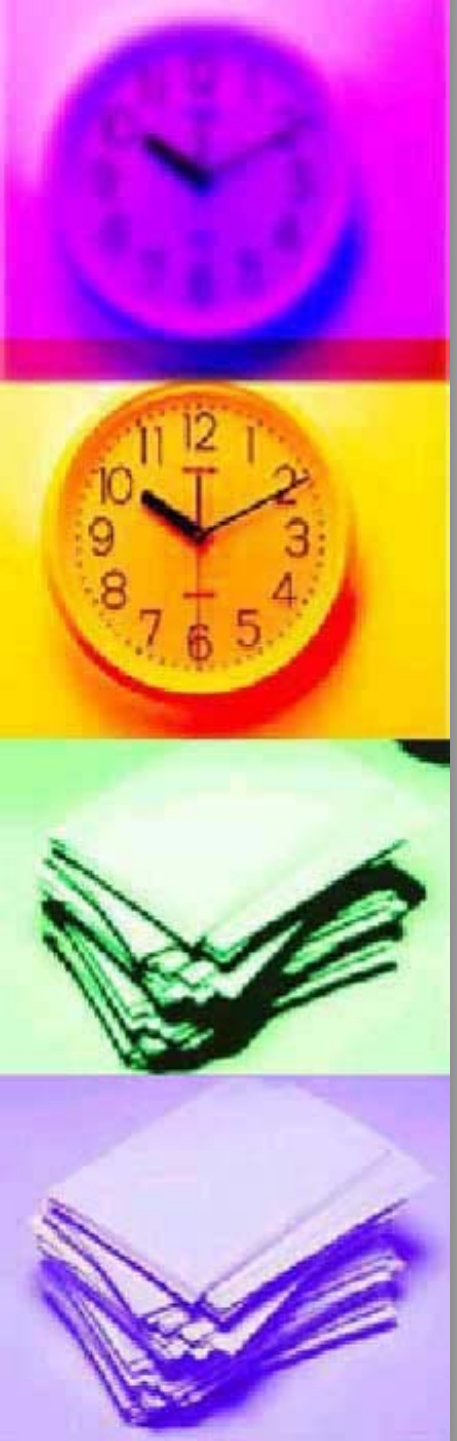
*from Indiana curriculum Community Supports, copyright MTA, Inc and BCPR



Skills Training

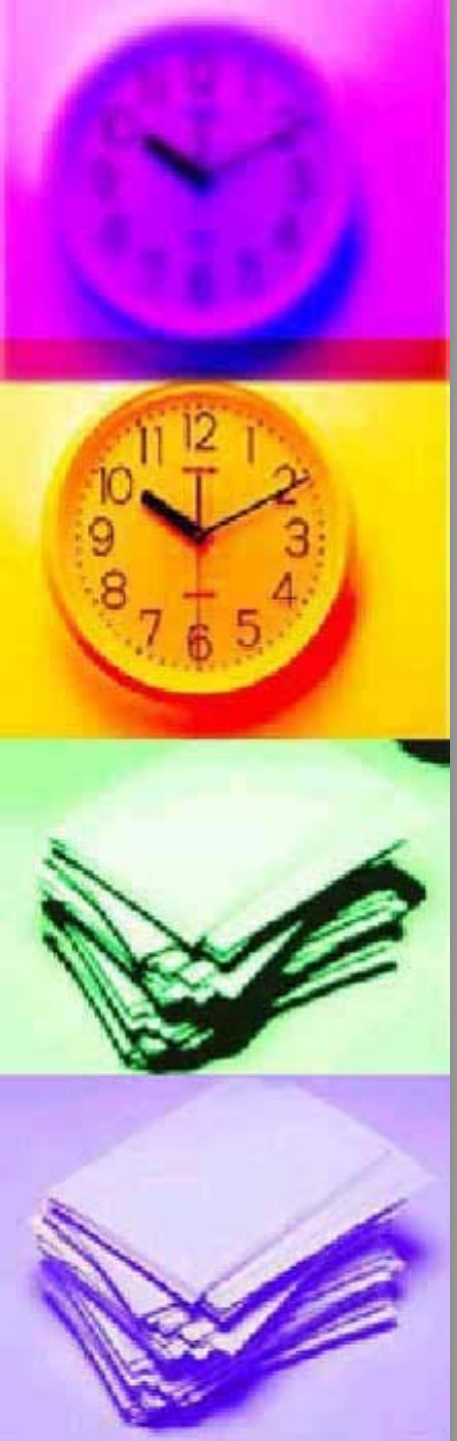
- Evidence based process on research into how people learn and retain skills
  - Clear expectations
  - Specific instructions
  - Coaching and prompts
  - Modeling/role playing
  - Rehearsal
  - Lots of feedback and reinforcement – successive approximations

Liberman, *Social Skills Training*, for Illinois DHS, Office of SA Services



Skills Training

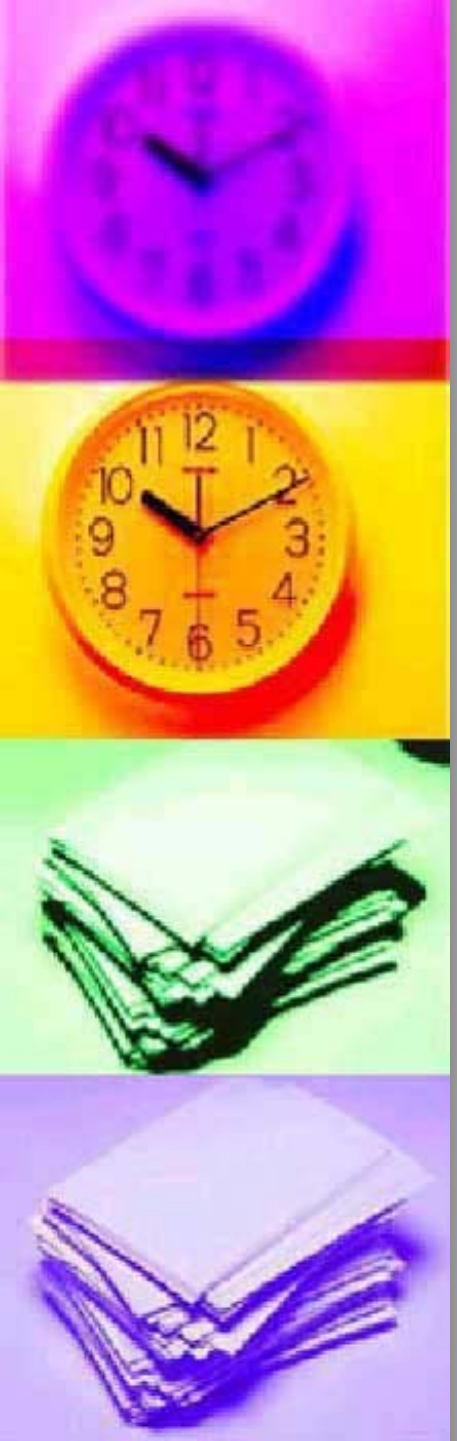
- Practice with “homework” in natural settings
- Cognitive accommodation: slow, small chunks, repetition, numerous reviews, lots of reinforcement, recognition and celebration of small successes.



Skills are Hard: Making and Keeping an Appointment

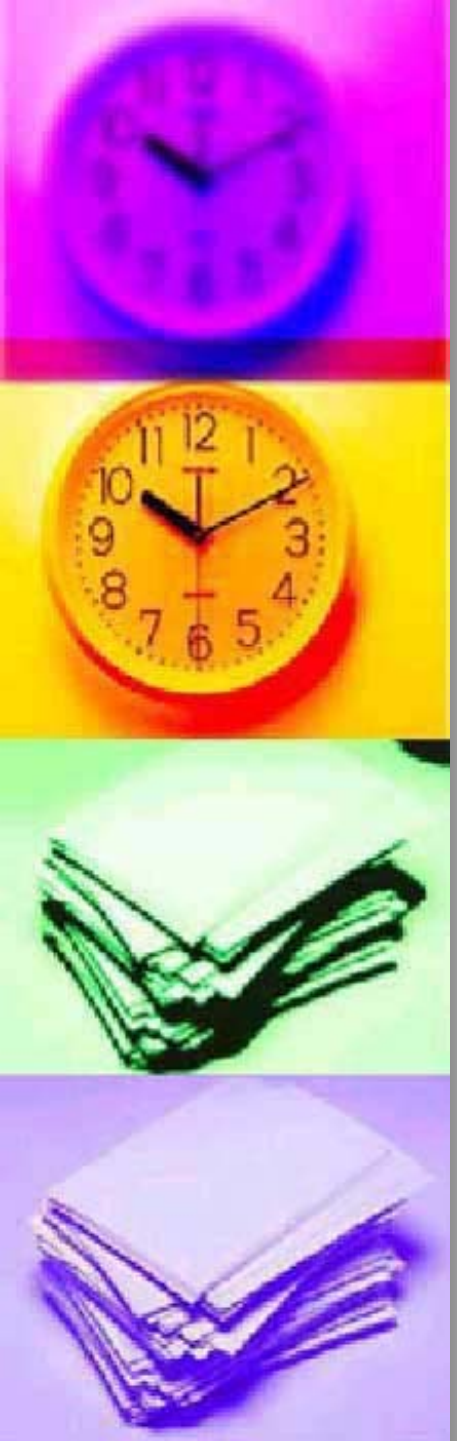
- If you are given a doctor's appointment: *
  - pay attention to the secretary
  - understand what has been said or written
  - think about other appointments you have made so as to avoid a schedule conflict,
  - remember to write down the appointment
  - remember to look at the calendar on the designated day
  - plan how you will get to the appointment
  - organize yourself to make sure you are there on time
  - make notes about the things you will need to discuss at the appointment.
- Skills needed include: cognitive skills: attention, language comprehension, memory, organization and planning.

* Dealing with Cognitive Dysfunction Associated with psychiatric disabilities, Alice Medalia, Ph.D.and Nadine Revheim, Ph.D. NY OMH,



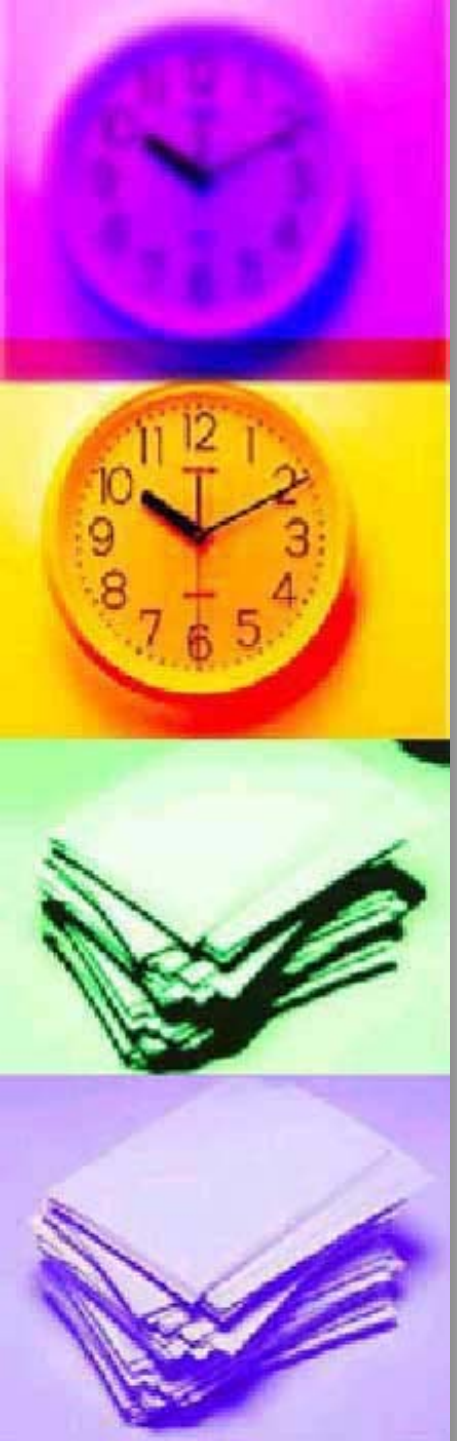
Skill Building Sessions

- See handout
- Overall management of time important
- Order and structure of actual skill building time is also important of key activities/outcomes will be missed



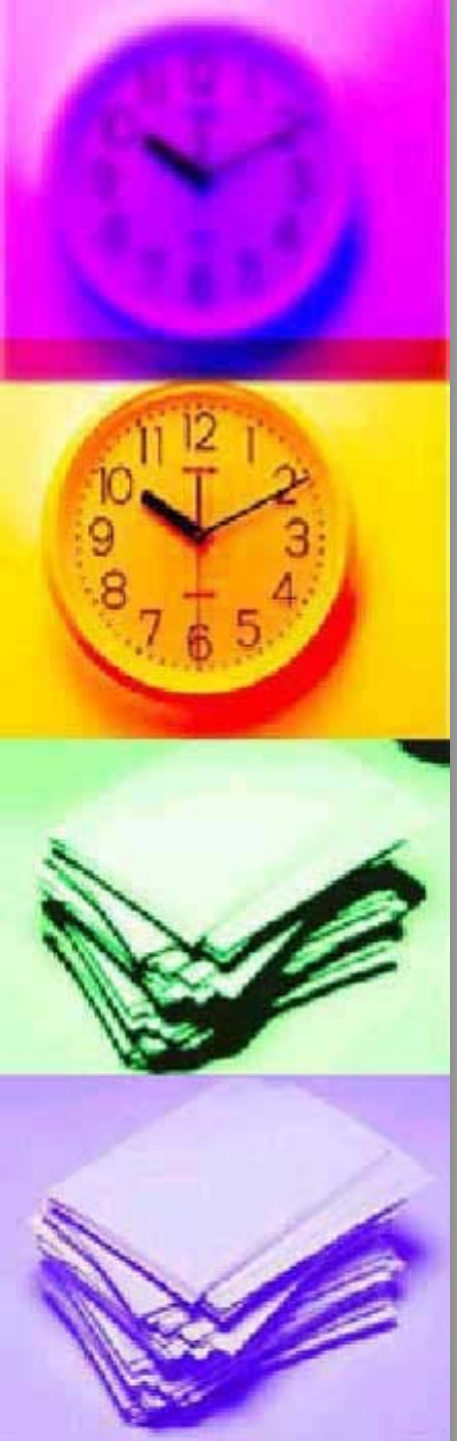
How Long and How Often

- 30 to 90 minutes – depending on attention span, age, level of social disability
- Once per week to once per day – again depending on above
  - > disability = > and more intensive services but shorter duration of each
  - More complex = more often
  - Practice in between is essential



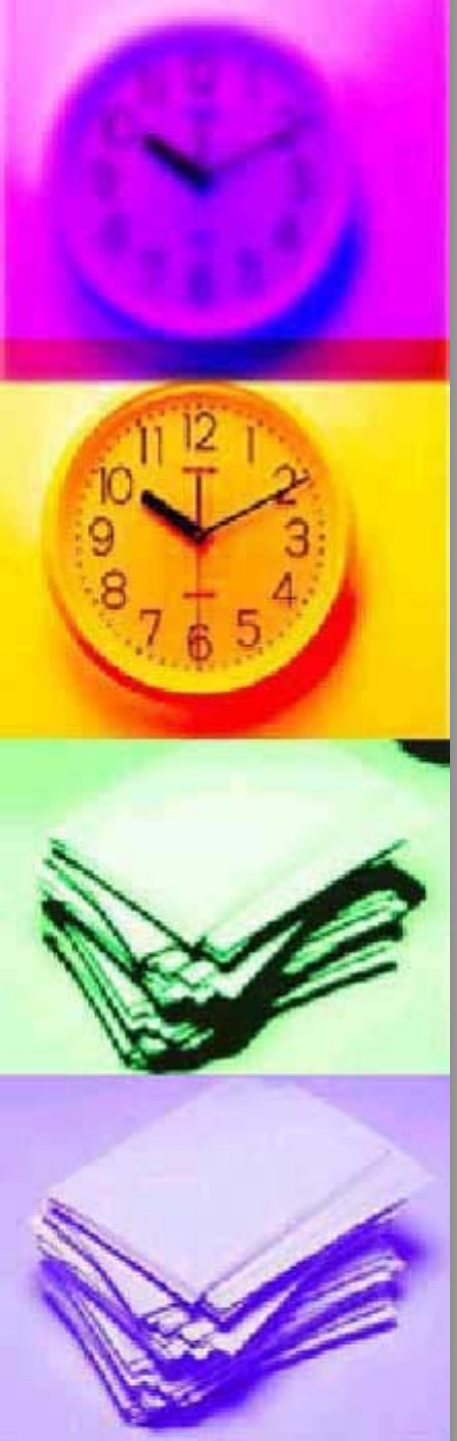
What if they don't want to participate?

- Allow for reluctance
  - Stages of Change or BU Stages of Rehabilitation
- Use modeling instead of role-play – get feedback
- Use Motivational Interviewing and Engagement techniques and approaches



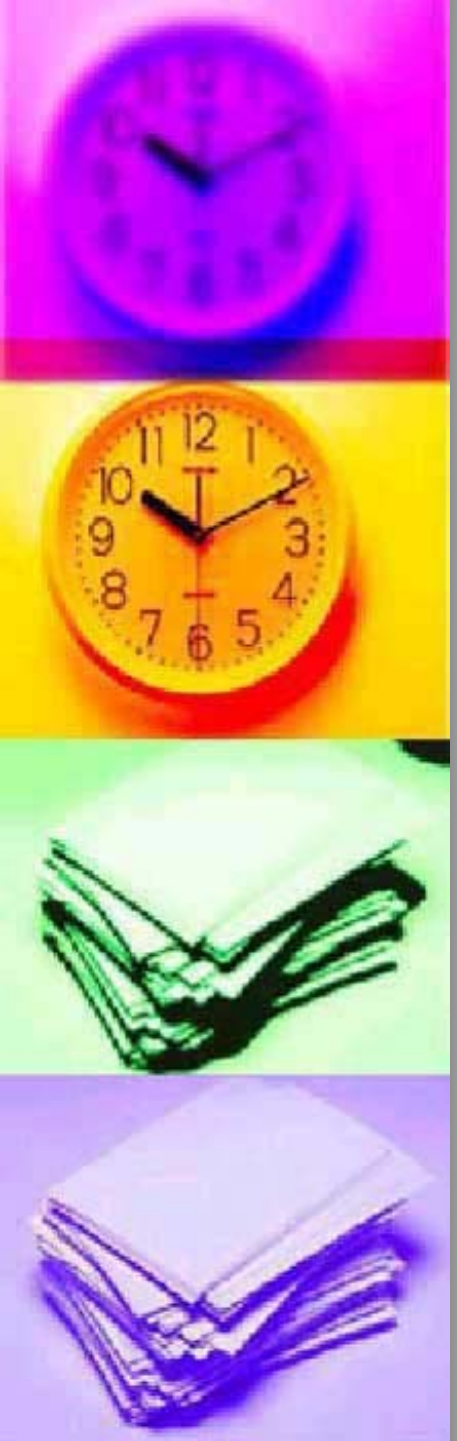
Provider Skills: Modeling

- Modeling: the Individual learns by observing. This is helpful for those who have difficulty because of cogintive deficits or because of age understanding verbal feedback or instruction. Modeling usually will take place within a role play that is relevant. Use a lot.



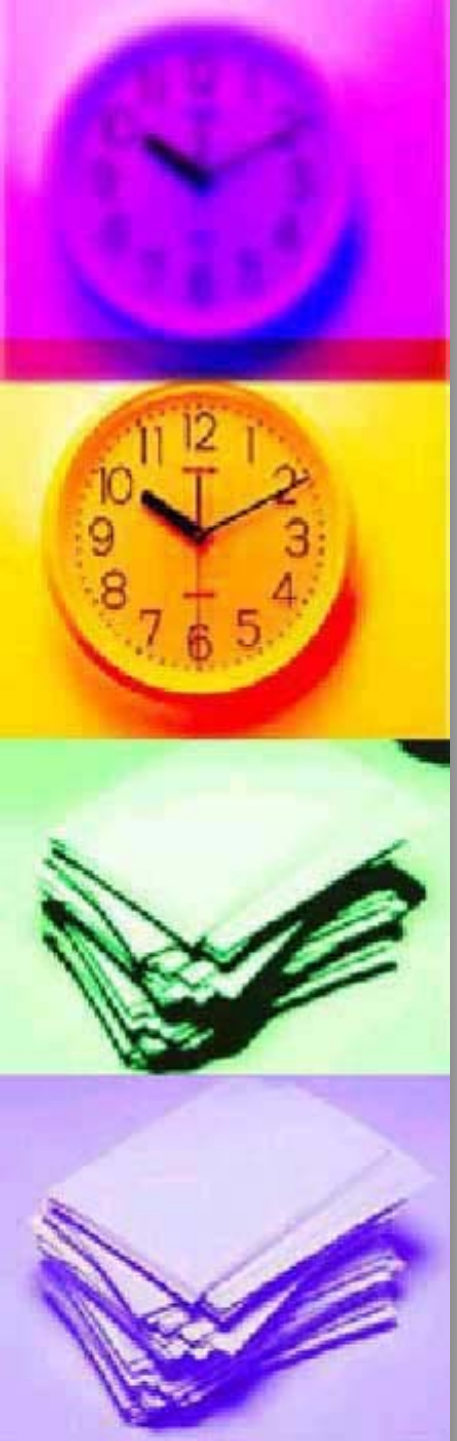
Provider Skills: Reinforcement

- Reinforcement
  - Positive: good outcome following in a behavior (praise, walk outside, etc)
  - Negative: bad outcomes decrease as a result of behavior
- Positive used usually – and at least first – abundant amounts.
  - As Individual learns skill the placement of the outside positive reinforcement moves
  - The individual provides internal positive reinforcement for the earlier steps or negative reinforcement is provided in that behavior no longer elicits “bad” consequences.



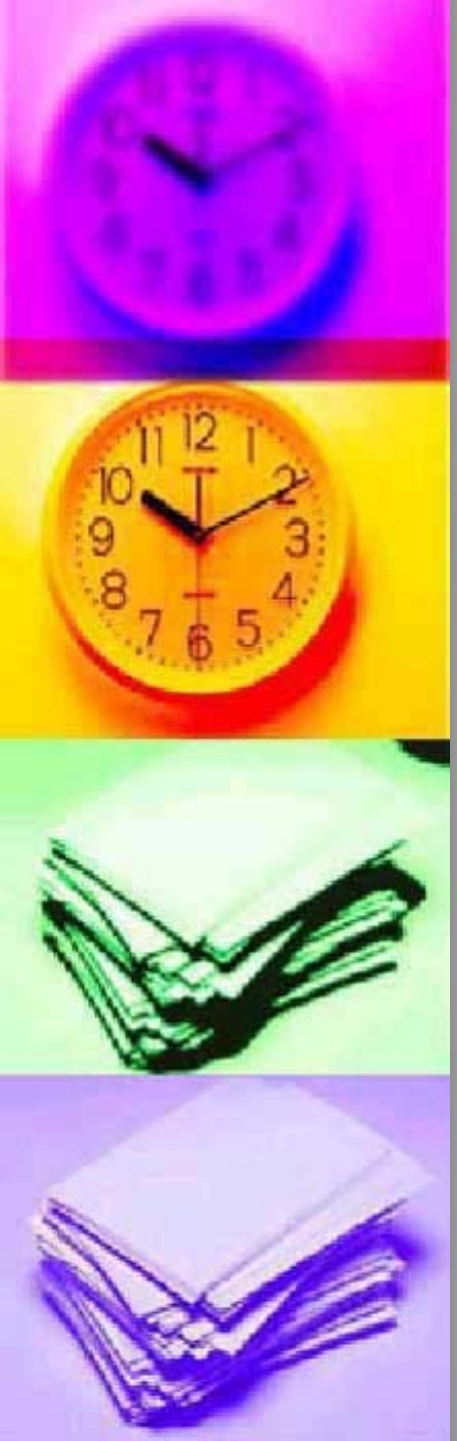
Provider Skills: Shaping

- Successive approximations
- Because of complexity of skills gradual accomplishment and its recognition is important
- “shaping attitude”



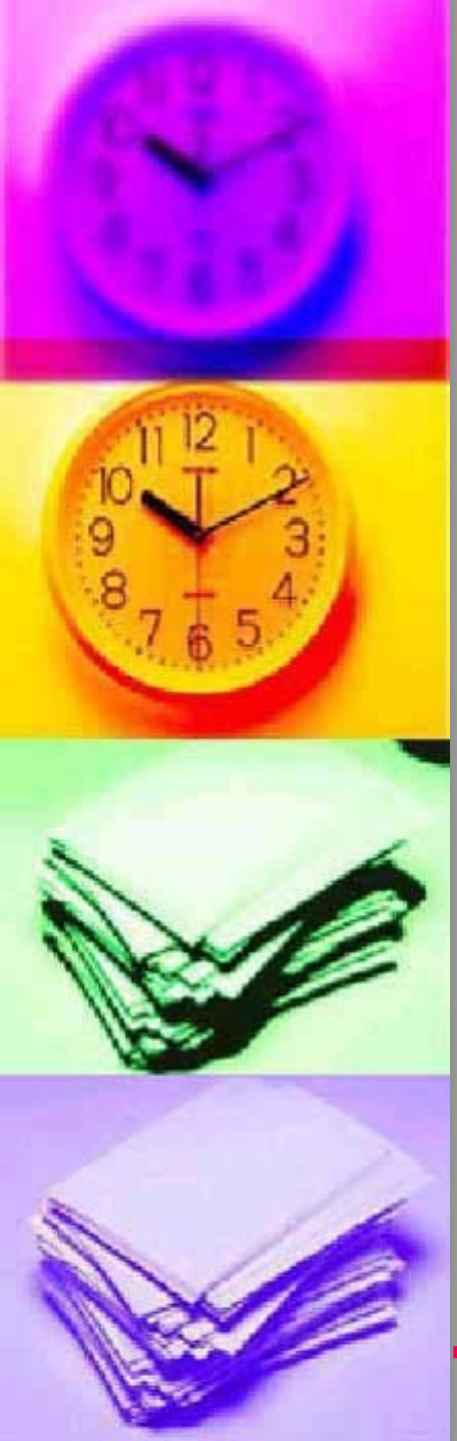
Provider Skills: Overlearning

- Repeated practice – movement away from highly aware of what they are doing and the steps to a point where the skill and steps used automatically
- Role plays plus homework



Provider Skills: Generalization

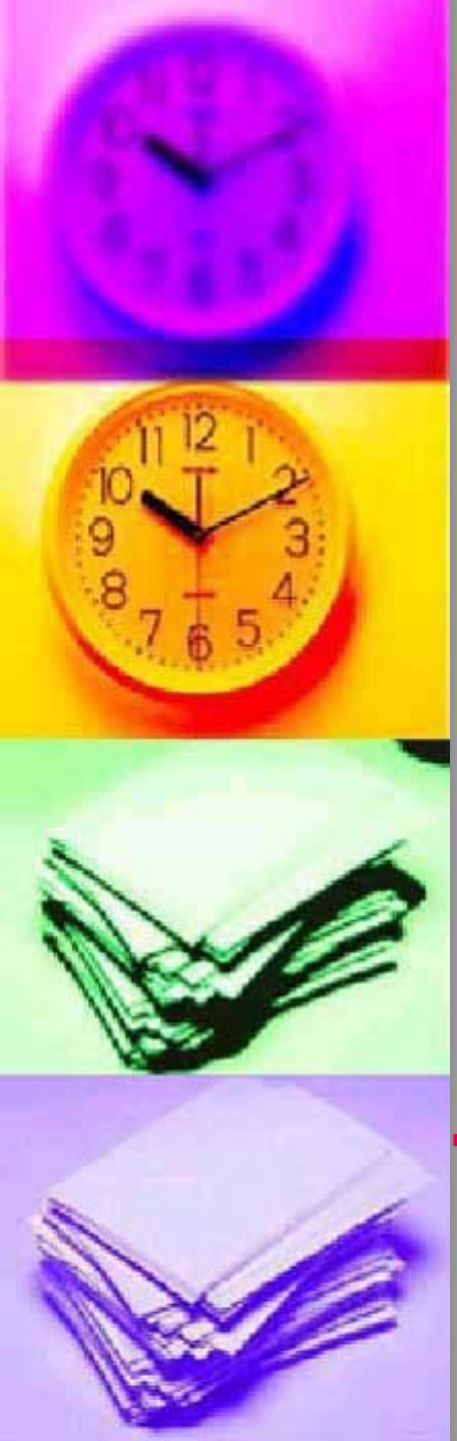
- Skills used in one place seen as applicable to another.
- Homework
  - With others
  - In natural settings
  - In unique settings
- IVAST: “in vivo amplification skills training” – rehab specialist in the community with the Individual – working together



Training Sessions*

- Establishing a Rationale
  - Elicit – how would this be helpful, where could this be helpful, what kind of problem might there be if it wasn't used, why is it important
  - You Explain – "introducing yourself helps to establish contact", "reduces fear or anxiety if you don't know someone", "helps to start a conversation"
  - Amplify – in addition to what you said..
  - Always check to make sure it is understood
  - Repetition does not hurt

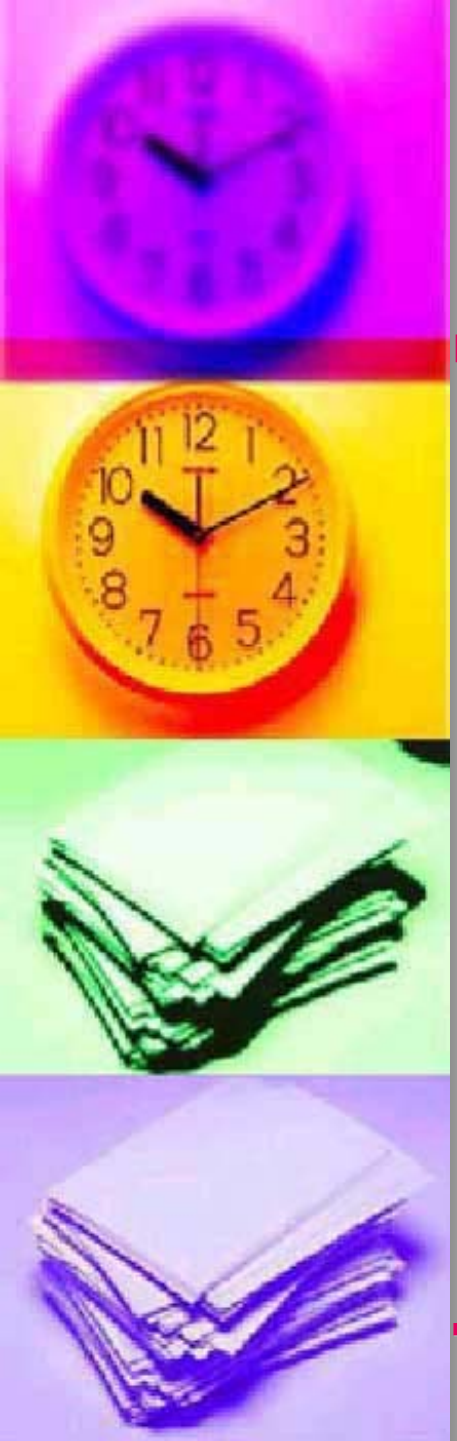
* Taken from *Social Skills Training for Schizophrenia.*



Training Sessions*

- Discuss the Skill Steps
  - Skills should have 2-5 steps – if large and complicated try to break down into easier, digestible segments
  - Handouts or writing them on an easel pad
  - Briefly describe each step – very short
  - Check for understanding:
    - " Step one is making eye contact or looking directly as someone. Why might that be important."

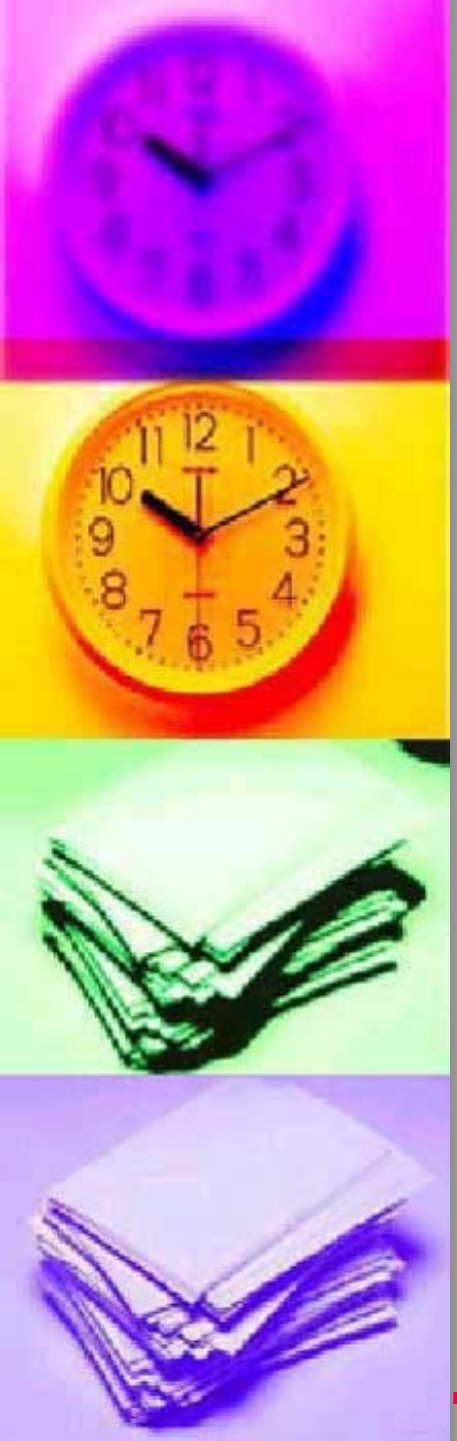
* Taken from *Social Skills Training for Schizophrenia.*



Training Sessions*

- Modeling the skill in a role play and then discussing
  - This helps participants understand how it all fits together.
  - Plan this in advance
  - Help Individual see how all the steps were used.
  - With role play be careful to have clear start and ends – signals or words to make sure Individual understands
  - Discrimination modeling: do it 2 ways

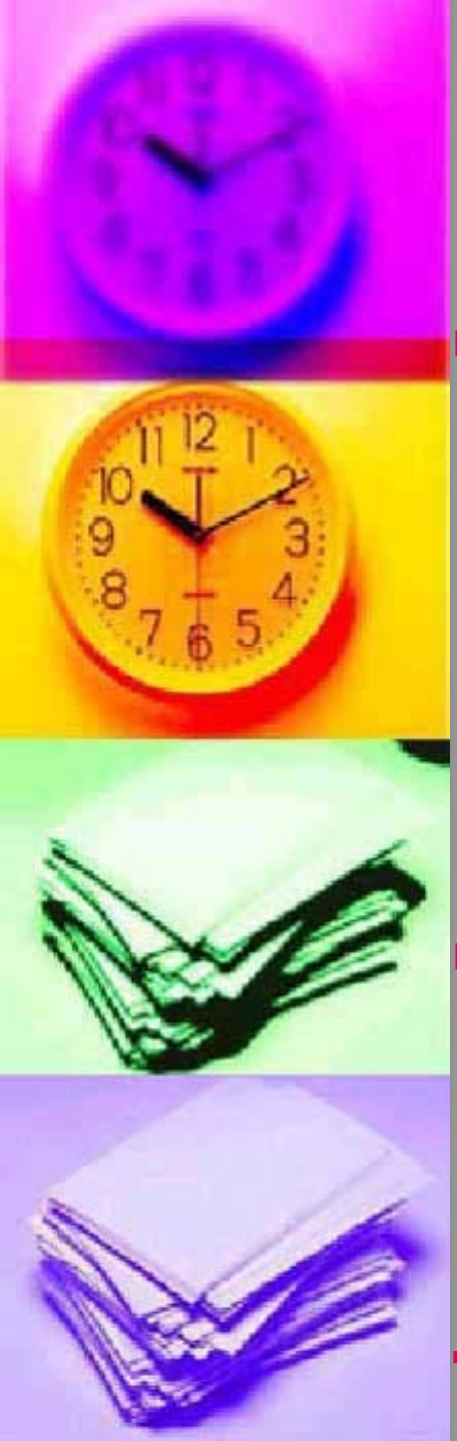
* Taken from *Social Skills Training for Schizophrenia.*



Training Sessions*

- Engaging the Individual in a Role Play
  - Initially it may be easier to use the one you just modeled – less confusing, less anxiety provoking
  - Always have back ups, note down potential role plays based on information about real life coming from the individual
  - This out of the box – go out into the community
  - Coaching (verbal) and prompting (non-verbal) can be used effectively during the role plays

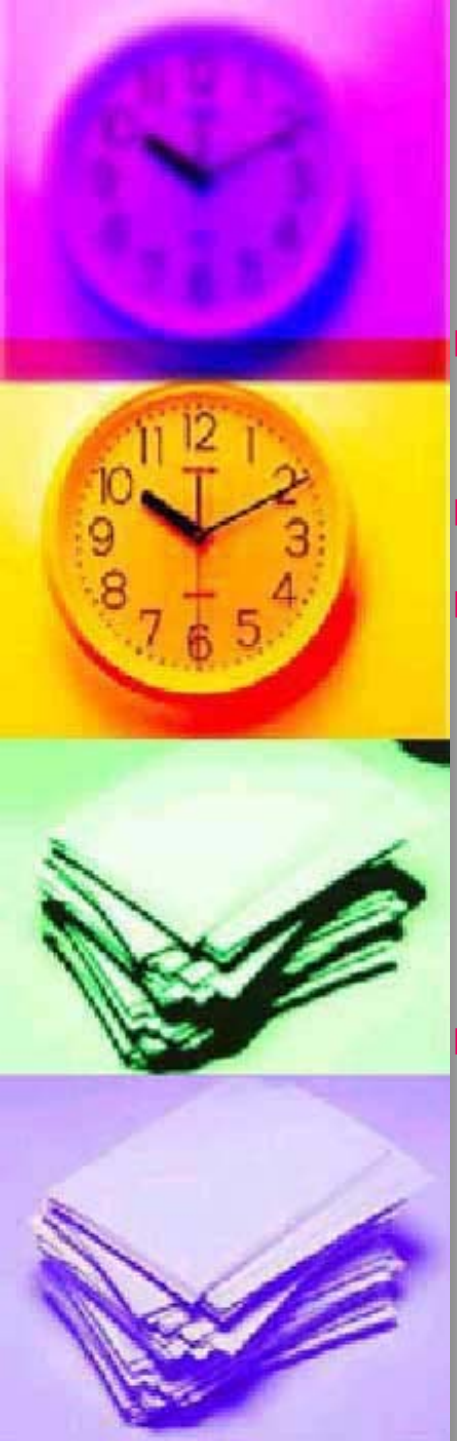
* Taken from *Social Skills Training for Schizophrenia.*



Training Sessions*

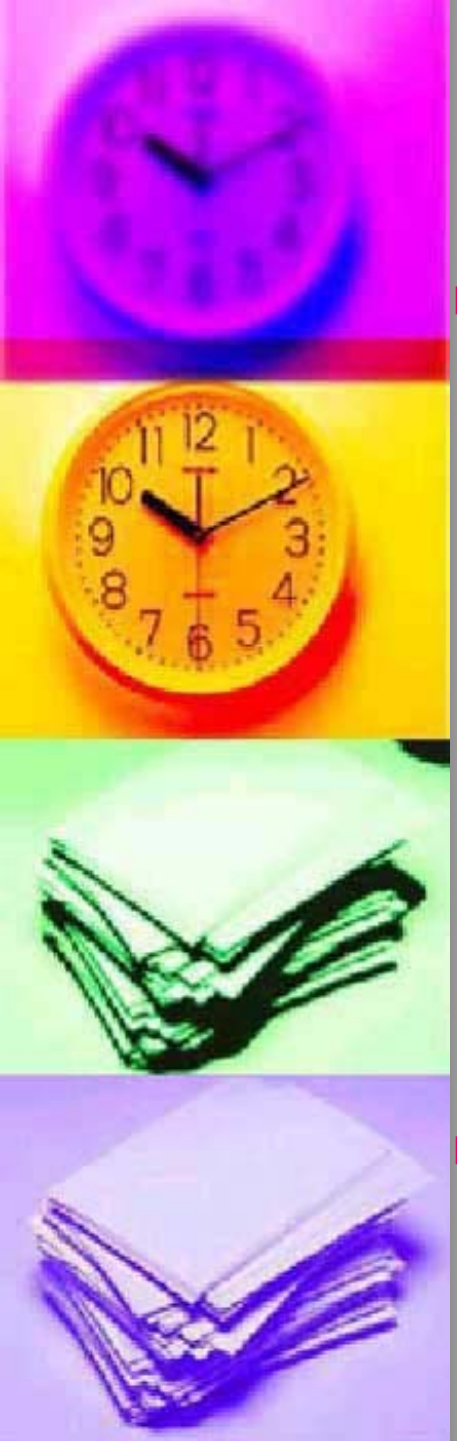
- Provide Positive Feedback
  - Order of feedback is important
  - Always find something
  - Look for body language, other non-verbal actions used – they may be deserve praise as well
  - Be specific
- Then provide Corrective Feedback
  - Brief, non-critical (constructive), focused and specific
  - Focus on the more critical issues- remember shaping

* Taken from *Social Skills Training for Schizophrenia.*



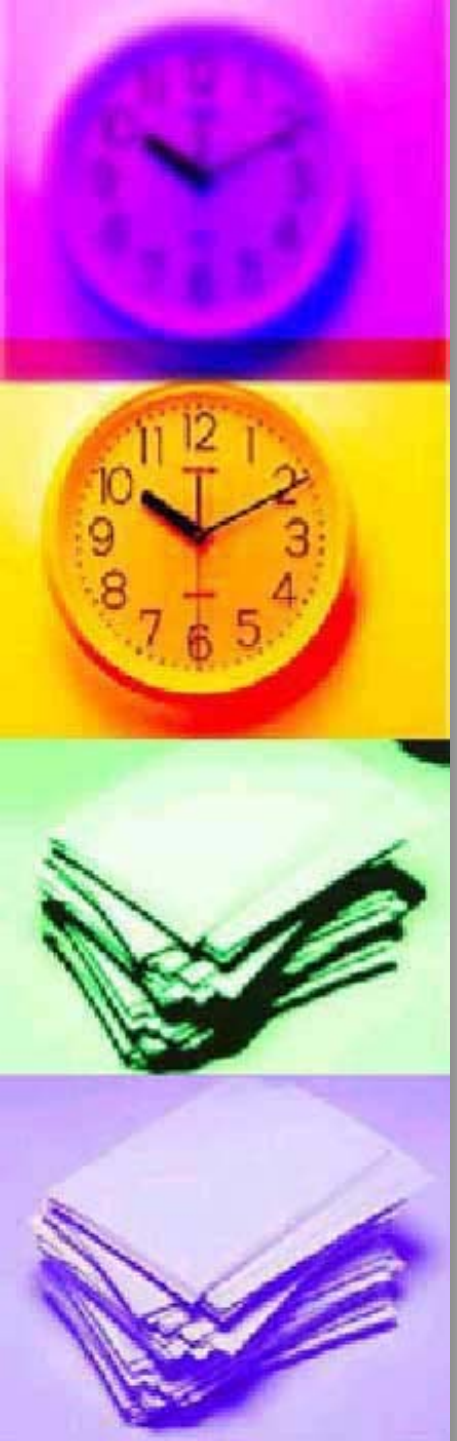
Training Sessions*

- Consider additional role plays after the feedback to reinforce
- Provide additional feedback in correct order
- Consider additional role plays
  - Especially where there is no learning from prior feedback – try to hone in on one or two specifics to get a “win” for the session
  - Especially if they are gaining ground –take advantage of this.
- Additional corrective feedback – often lost if given at end of session. Useful best when it can be used right away



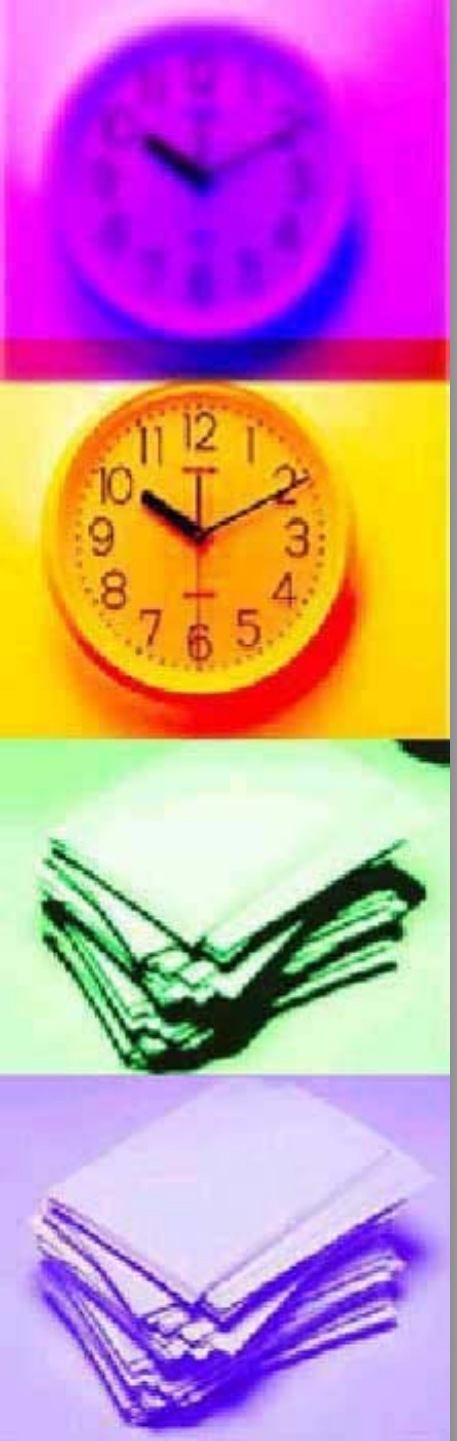
Training Sessions*

- Assigning Homework
  - Always reviewed at the beginning of the next session
  - Make sure understood – what to do and why
  - Maybe journal outcome?
  - Others involved? IVAST?
  - Make it relevant – have them help with the assignments
- Reviewing homework: maybe build role-plays on successes or failures; discuss obstacles



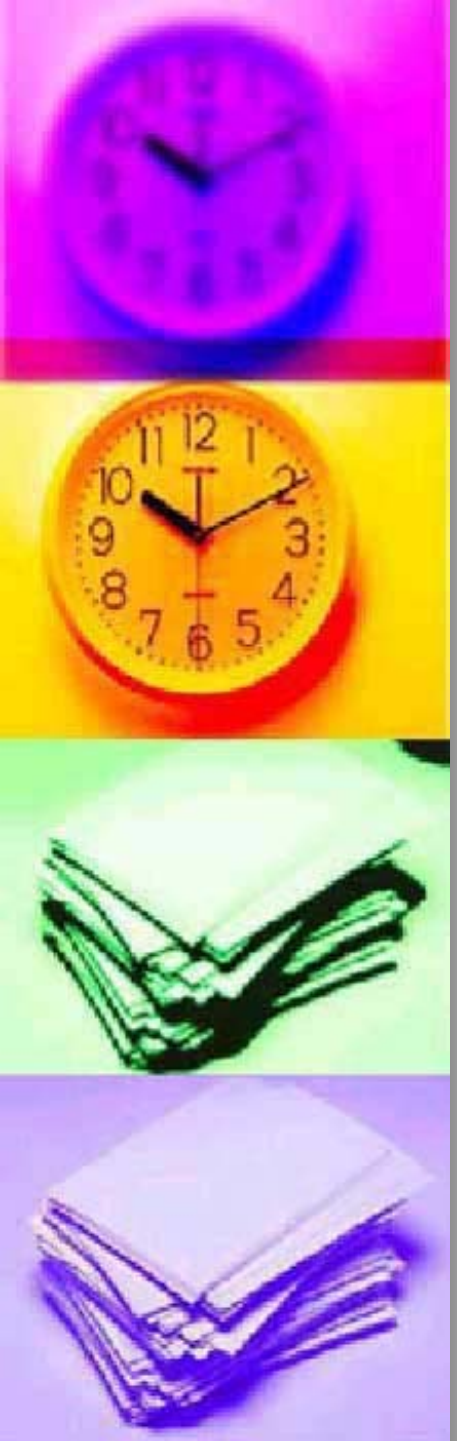
Homework and Role Plays

- See handout and exercise



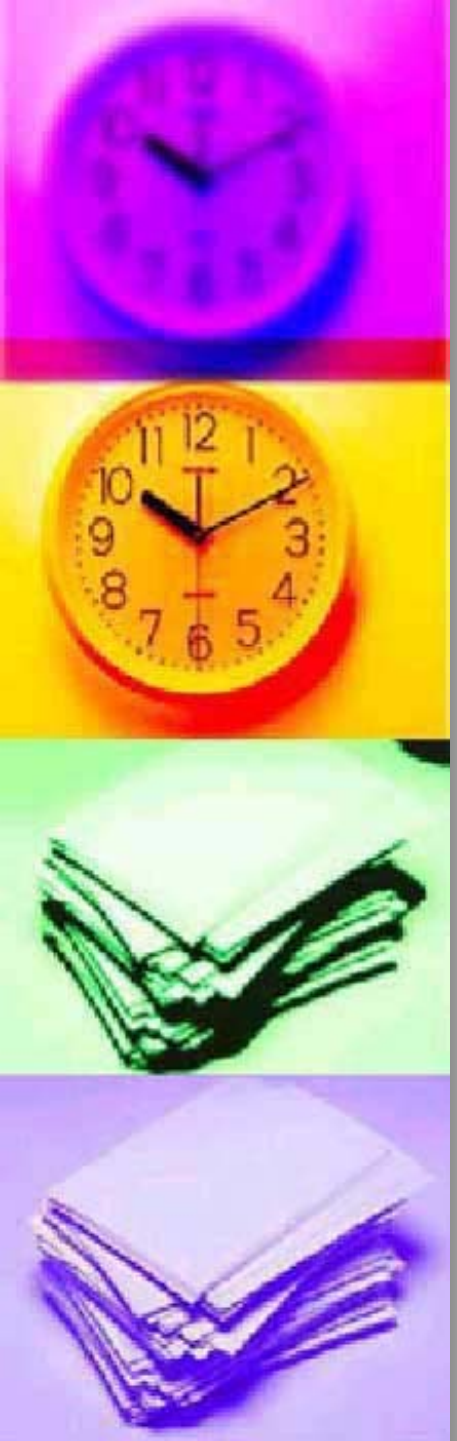
Using Curriculum: what are they?

- Curriculum
  - Specific instructions for teaching – topics, step approach to gaining and integrating subject matter – breaking larger goals into smaller, more manageable steps
  - Teaching tools – handouts, transparencies, etc.
  - Suggestions for discussion, activities, role plays, homework, sub-group work – opportunities for consumer to demonstrate expertise



Using Curriculum: what are they?

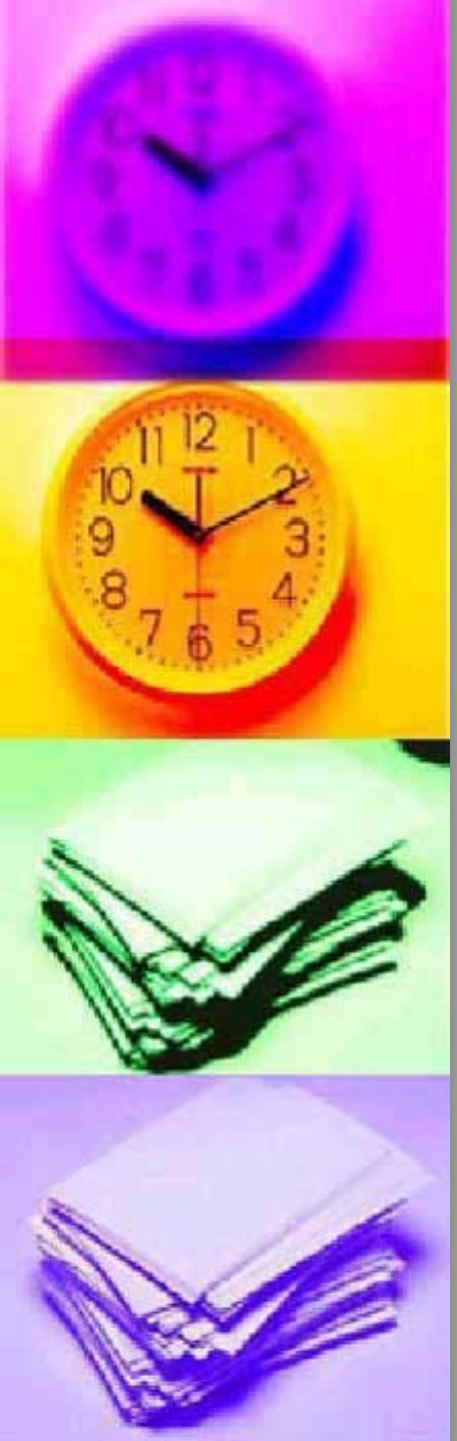
- Curriculum
  - Plans for how to generalize skills to community and other environments
  - Additional resources for consumers, family, and staff
  - Plan for skills retention - individualized



MRO Course: Using Curriculum

(from Indiana Curriculum for CS, Copyright MTA,Inc. and BPCR)

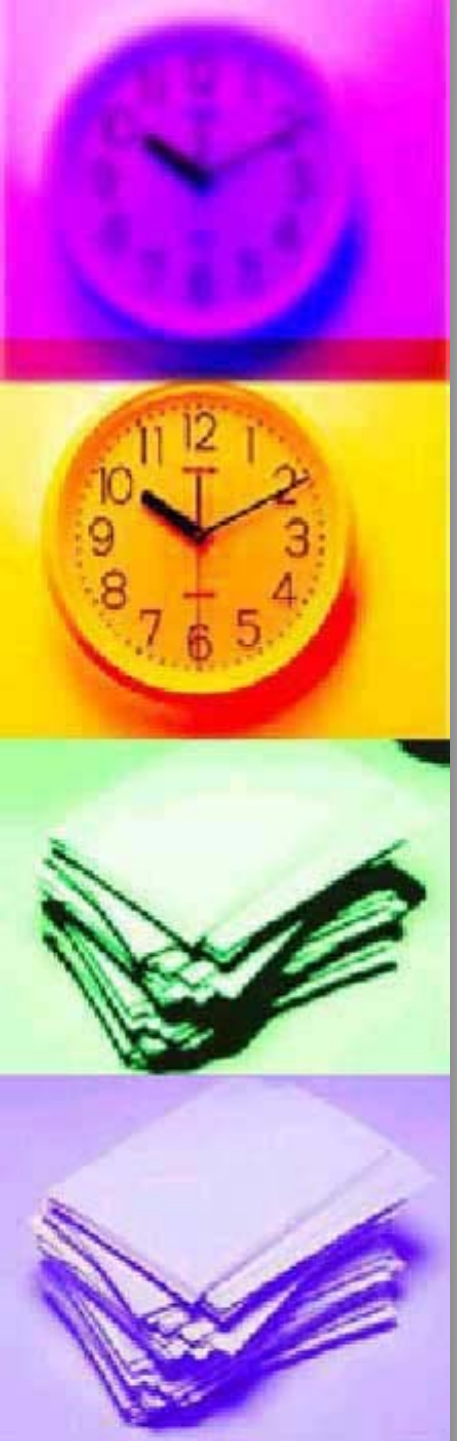
- Using Skill Teaching Curricula
  - Thorough review prior to use
    - Because you know how to do it doesn't mean you can teach it
    - Need to understand the structure and steps: where are you going with this?
    - Practice or rehearse ahead of time if you are unfamiliar with materials



MRO Course: Using Curriculum

(from Indiana Curriculum for CS, Copyright MTA,Inc. and BPCR)

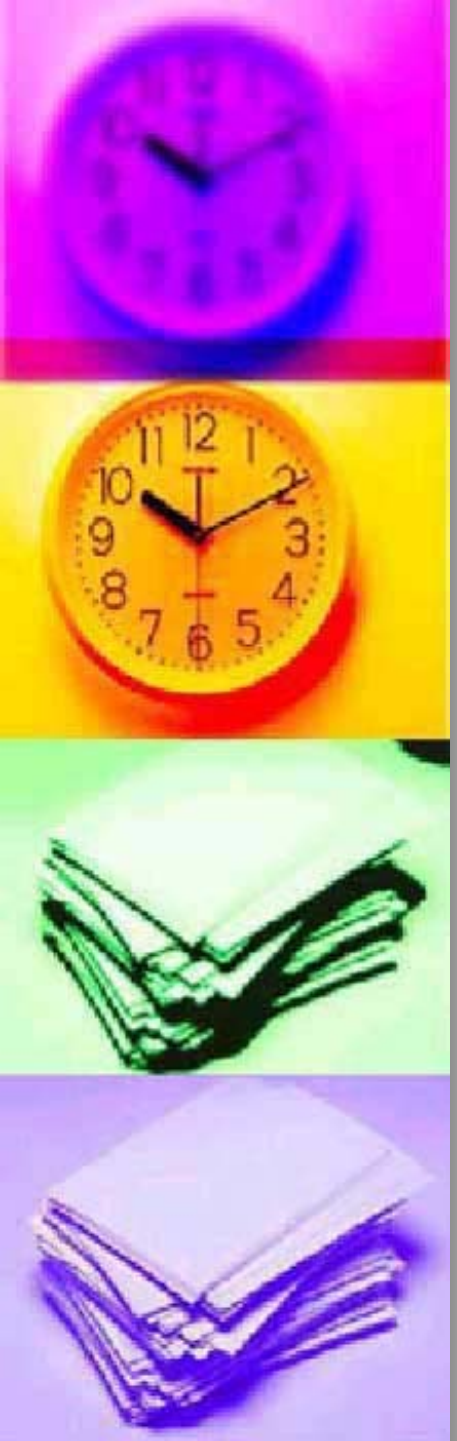
- Using Skill Teaching Curricula
  - Tailoring material to match learner's needs
    - Most curriculum developed for a class of people, not an individual
    - Don't change content unless you are very experienced but do make modifications as necessary to enhance experience
    - Some things you might change:
      - Language: easier, more culturally appropriate
      - Elaborations
      - Change role plays
      - Simply exercises



MRO Course: Using Curriculum

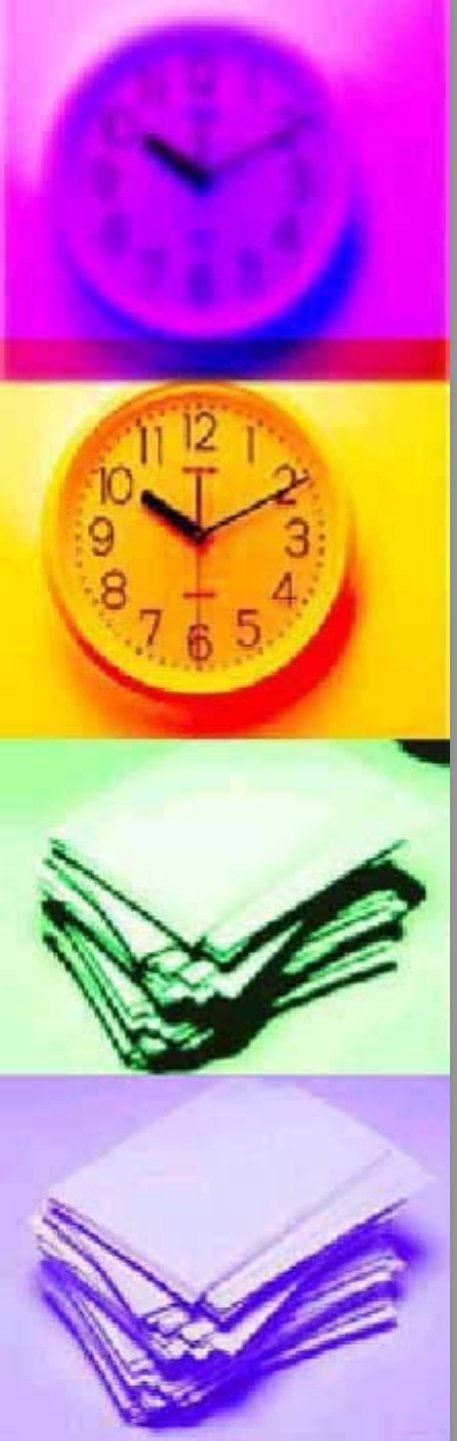
(from Indiana Curriculum for CS, Copyright MTA,Inc. and BPCR)

- Using Skill Teaching Curricula
  - Effective use of curricula means not being to rigid or too free flowing
  - Don’t wing it or skip steps
  - Watch for boredom –think out of the box on locations and role plays



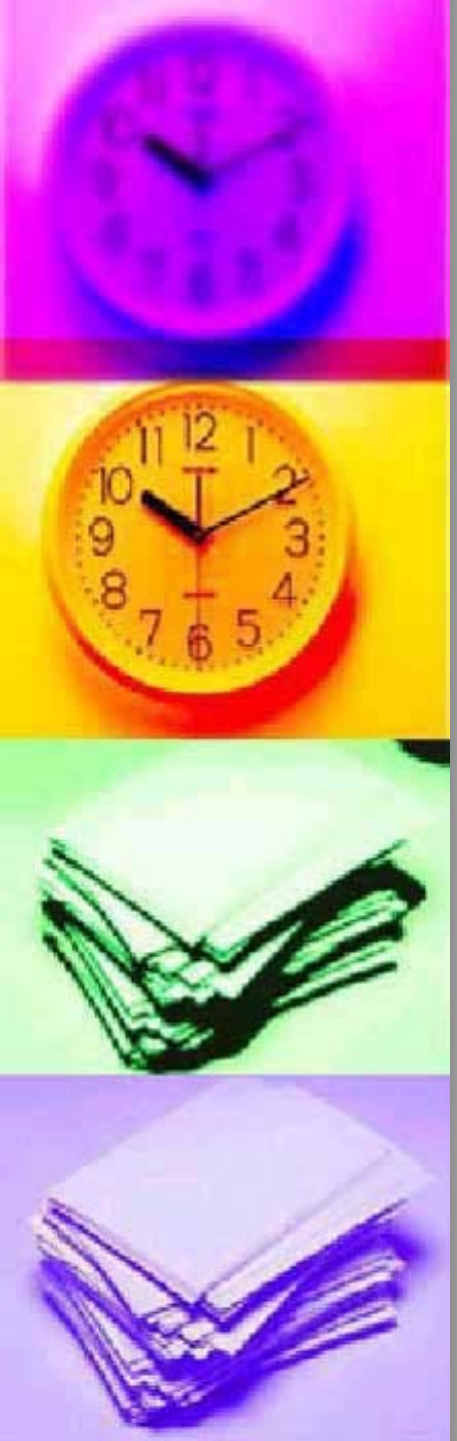
How Do You Know If They are Learning

- Each session assess:
  - Receiving and processing skills
  - Evaluate homework and its impact on learning and practicing – don't start off with the hard stuff



How Does It Stay Learned

- Booster shots
- Success at generalizing
- Greater levels of self-efficacy
- Resources providing positive and on-going reinforcement



Mary Thornton
Mary Thornton & Associate, Inc.
617-730-5800
mthornton@marythornton.com

THANK YOU