

Facilitating Recovery: Integrating IMR with ACT

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- * Susan Gingerich, MSW and Kim Mueser, Ph.D. – Co-Developers of the IMR model
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Illness Management and Recovery (IMR): What is it?

- An evidence-based practice (EBP) for people with serious mental illness
- The focus is on:
 - teaching people to manage their psychiatric symptoms
 - thereby increasing their capacity to achieve self-defined personal recovery goals

Why add IMR within ACT?

- * **ACT:** Most effective outcomes –
 - * Reducing hospitalizations
 - * Producing stable housing/ending homelessness
 - * Increasing treatment retention
 - * Client and family satisfaction
- * **IMR:** Most effective outcomes –
 - * Reducing symptoms
 - * Improving functioning
 - * Helping people to achieve personal recovery goals

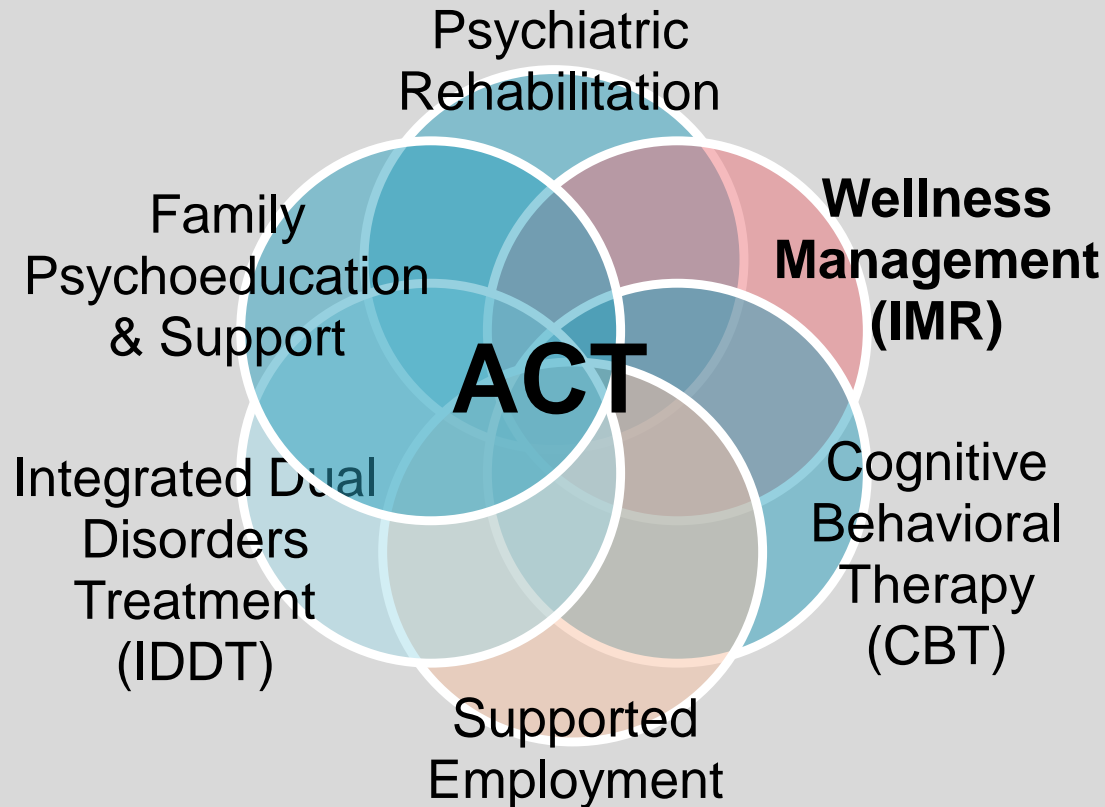
ACT+IMR: Synergy for Recovery

- * Combining the two should allow for best participant outcomes and greater cost-effectiveness for people with highest needs
- * Builds on unique features of each
 - * ACT offers opportunities to practice skills where they'll be used
 - * Multiple team members can offer more opportunities to reinforce, follow-up and practice skills, check in on progress on goals, etc.

ACT is a platform for EBP's

- * ACT participants have a wide range of biopsychosocial needs
- * An opportunity to meet those needs via delivery by a clinically savvy team with a range of skills
- * Example EBPs to integrate with ACT:
 - * Integrated Dual Disorder Treatment
 - * Supported Employment
 - * Cognitive therapy for psychosis
 - * Psychiatric rehabilitation
 - * IMR!!!

Integrating other EBPs: *The key to teaching skills!*



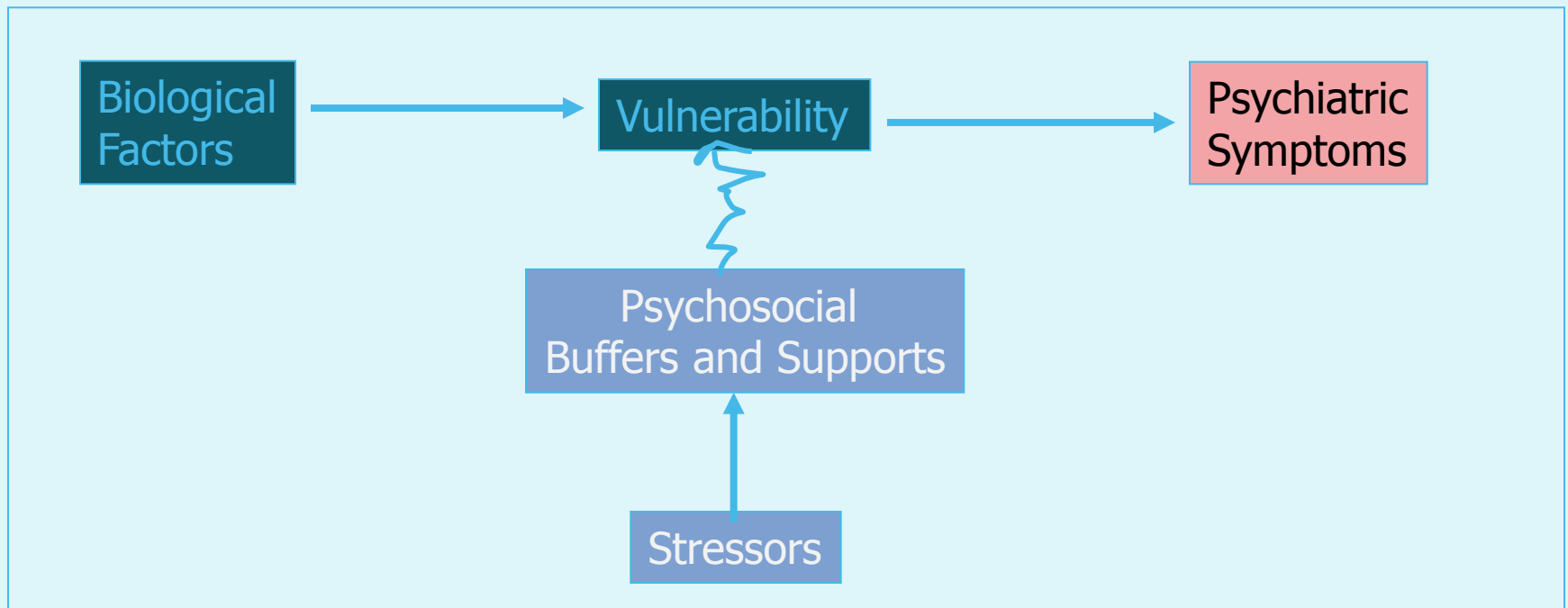
IMR Overview & Basics

Overview of IMR Modules

See handout on Overview of IMR Modules and Sessions

1. Recovery Strategies
2. Practical Facts about Mental Illness
3. The Stress-Vulnerability Model
4. Building Social Support
5. Using Medication Effectively
6. Drug and Alcohol Use
7. Reducing Relapses
8. Coping with Stress
9. Coping with Problems and Persistent Symptoms
10. Getting Your Needs Met in the Mental Health System
11. Healthy Lifestyles

The Stress-Vulnerability Model



✓ Implications for the work we do in ACT and working toward recovery!

The Anchor: Focusing on Personal Recovery Goals

- * Where IMR comes alive!
- * Not just about participating in a group or following a curriculum
- * Participants focus on something meaningful to them that they want to accomplish
- * Some modules will directly address the goal
- * Others will support because they help manage symptoms/build skills in the service of the goal

IMR Tools

- * IMR Manual:
http://www.hazelden.org/OA_HTML/ibeCCTpltmDspRte.jsp?item=99108&siteX=10020:22372:US
 - * Implementation Guide
 - * Session Guidelines for clinicians for each module
 - * Handouts for participants for each module (on a CD-ROM)
 - * For ACT teams – print out in a binder and have at the ready!
- * ACT+IMR Manual (under development)
- * DVD practice demonstrations
- * CD-ROM with more tools (e.g., Payoff Matrix, IMR Clinician and Participant Scales to evaluate progress)

IMR Logistics

- * Takes 11-12 months weekly to complete the full IMR curriculum
- * Three possible formats, some of which can be combined: individual, group, or targeted
- * Session length tends to be shorter in ACT:
 - * Individual: 45 to 60 minutes
 - * Group: 30-60 minutes
 - * Targeted: variable time frames

IMR Modalities

- * **Individual and/or Group:**

- * Regular weekly sessions focused on the curriculum
- * Participants set and track personal recovery goals
- * Groups may be co-facilitated by two team members
- * Group participants get the added benefit of supporting one another
- * Make-up sessions may be added to the schedule if participants miss group or scheduled individual sessions – where team-based approach can maximize engagement

IMR Modalities

- * **Targeted IMR:**

- * For participants experiencing particular symptoms, concerns around participation, time restrictions
- * Teach a sub-set of strategies & skills
- * Selection of strategies and skills driven by the needs of the participant
- * Participants may participate in full IMR curriculum after completing targeted modules

IMR Teaching Strategies

**Motivational
Educational
Cognitive-behavioral**

Motivational Strategies

- * We are more motivated to learn and change when there's a connection to our personal goals
 - * Keep coming back to participants' personal goals – make linkage between goals and the modules covered
- * Understand where they're coming from – validate/empathize
 - * Active listening
 - * Reflective listening (i.e., paraphrasing)
 - * Ask clarifying questions
- * Develop discrepancy
 - * Examine how illness, symptoms, behaviors interfere with goals
 - * Use questions to explore how challenging behaviors may interfere with personal goals
 - * Use Socratic method to help reach his/her own conclusions

Motivational Strategies

Cont'd

- * Explore resistance rather than opposing it
 - * Identify and problem-solve the consumer's specific concerns about behavior change
 - * Help explore pros and cons of change
 - * Express disadvantages of change so they own the side of change
- * Convey hope and confidence
 - * Review examples of past achievements in other areas
 - * Reframe prior "failures" as examples of personal strengths in coping
- * Acknowledge their expertise, putting them in charge

Educational Strategies

- * Not just about reading the materials
- * Use handouts in interactive ways (e.g., take turns reading, pull for examples)
- * Ask questions to check on understanding
- * Ask for “own words” – adopt that language
- * Use “chunking” to break down information into small bites
- * Encourage participants to share material with natural supports and/or other team members

Cognitive Behavioral Strategies

- * Learn skills in IMR sessions
- * Practice learned skills outside of sessions
 - * Where the nature of ACT makes a big difference
- * Stepwise skills training:
 - * Modeling skills (demonstrating)
 - * Practice/Behavioral rehearsal (role playing)
 - * Feedback (Reinforcement, focused on specific behavior change)
 - * Shaping (reinforcing steps toward desired behavior)

Cognitive Behavioral Strategies, cont'd

- * Social skills training
- * Relaxation training
- * Relapse prevention training
- * Behavioral tailoring and other strategies for medication adherence
- * Coping skill enhancement (e.g., distraction, positive self-statements, mindfulness techniques)

IMR Goal Setting & Tracking

Using the Goal Tracking Sheet

- * **Long-term goals:** Typical focus is on better role functioning (e.g., employment, taking classes, making more friends)
- * **Short-term goals:** Break down into 3 goals
- * **Manageable steps:** Break down from short-term goals
- * **A helpful question to keep in mind:**
“How will we both know when this goal is achieved?”

See Handout:
IMR Goal-Tracking Sheet

How long to aim for achieving each goal or step?

“Rule of Six’s”

| Goal/Step | Could be achieved in... |
|------------------------------|-------------------------|
| Long-term Goal | 6 months |
| Short-term Goal | 6 weeks |
| Steps Toward Short-term Goal | 6 days |

Setting Meaningful Goals

- * Take your time, don't rush just to get something down
- * May want to shift language from "goal" to "what you want"
- * Don't impose your own beliefs
- * Explore how he or she would like his or her life to be different
- * Don't discourage ambitious goals!
- * Make sure you both know the meaning of achieving the goal:
 - * *What would you be doing if this goal were achieved?*
 - * *How would your life be better?*

Follow up on Goals

- * Check on progress towards goals regularly
 - * Individual: weekly
 - * Group: at least monthly - rotate review among members
- * Reinforce steps that were taken
- * Help problem-solve obstacles
- * Help to learn additional skills that will help him or her achieve goals

Home Practice Assignments

Home Practice Assignments

- * Helps to transfer information and skills into their daily lives
- * The “real” therapy is happens outside of session
- * Use home practice sheet at end of each topic in the handout, but develop actual assignment COLLABORATIVELY
- * See sample home practice assignment:
 - * Part A: Several options for completing home assignment related to that specific session/module
 - * Part B: Home assignment related to each person’s Recovery Goal

Home Assignments, cont'd

- * Use alternative term if necessary
- * Be as specific as possible (when, where, how, etc.)
- * Elicit assistance from the rest of the team, natural supports
- * Always follow up on home assignments
 - * *How did I do?*
 - * *How did it go?*
- * When people don't complete assignments, explore obstacles and problem-solve
- * Assure understanding of the role of homework
- * Assure assignments are understood & feasible
- * Shape homework adherence & praise efforts

Integration within ACT

Typical Structure of IMR Sessions

1. Informal socializing (1-3 min)
2. Review previous session (1-3 min)
3. Review home assignments (3-5 min)
4. Follow up on goals (1-3 min or 5-10)
5. Set agenda for current session (1-2 min)
6. Teach new material from handout (usually a few pages); use educational, motivational, and cognitive-behavioral strategies as needed (**30-40** min)
7. Collaboratively develop home assignment (3-5 min)
8. Summarize session and progress made (3-5 min)

Tailoring IMR

- * Be strengths-based, taking a skill-building approach to areas in need of “strength”
- * Consider teaching specific skills from other modules as needed
- * Be as active as possible, including modeling and role playing to increase learning and to keep sessions lively
- * Help participants apply what they are learning to their own lives and situations
- * Enlist the help of natural supports and other ACT team members

Involving Natural Supports

- * Involvement is critical to optimizing outcomes
- * Explore who is in the participants' life
- * Natural supports are defined by the participant
- * Engage around IMR participation:
 - * Reading handouts
 - * Assisting with home assignments
 - * Helping develop relapse prevention plan
 - * Helping to follow up plans for achieving goals
 - * Attending some sessions as appropriate

All ACT Team Members Support Participants' Work in IMR

- * Practicing new IMR strategies and skills
- * Helping to take concrete steps towards personal goals
- * Prompting use of IMR strategy in home/community
- * Teaching an IMR strategy when a problem comes up
- * Helping with IMR home assignments of all varieties
- * Providing make up sessions for missed group meetings

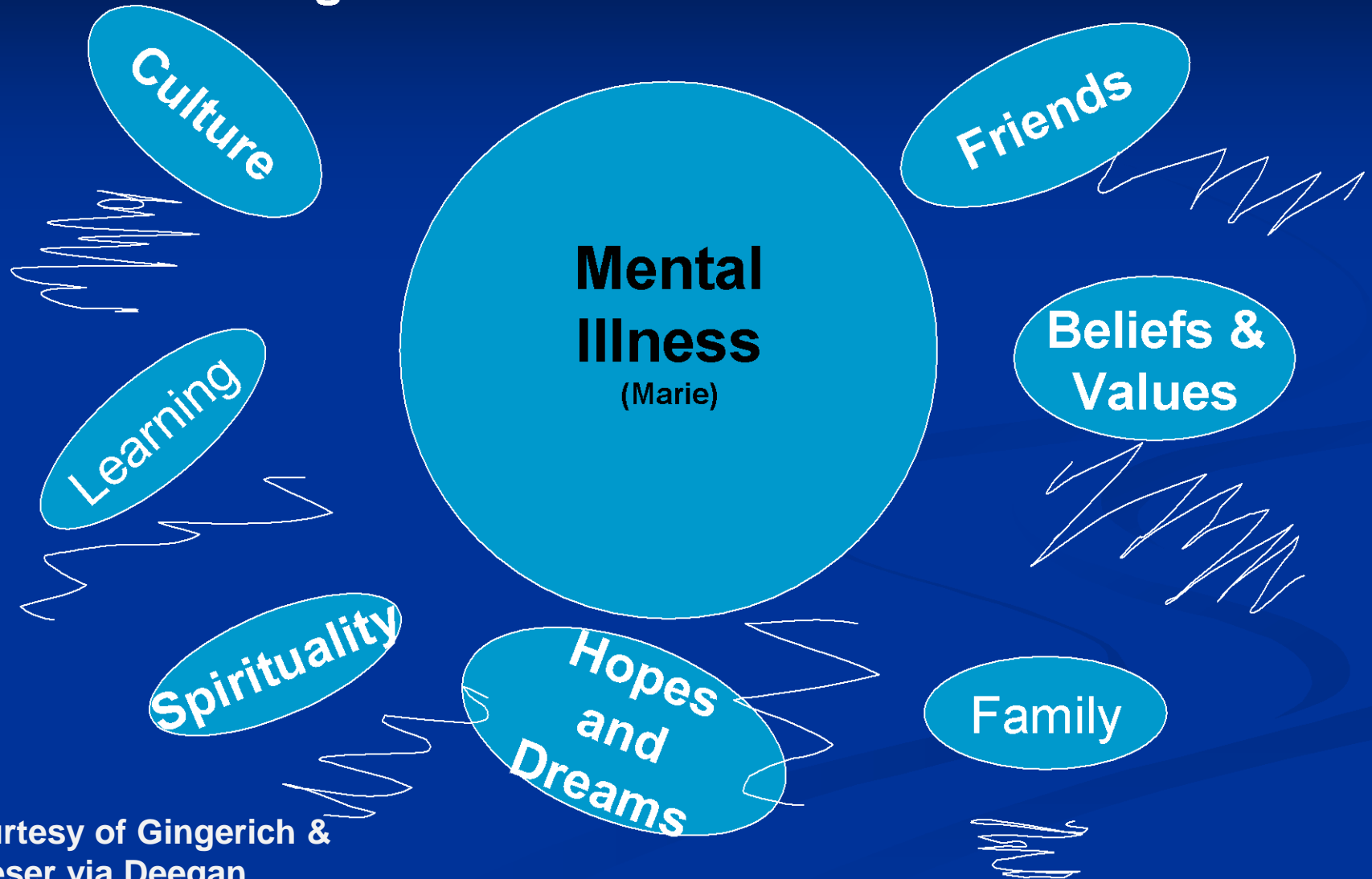
Communication as Integration

- * Regular review of IMR participants by whole team
- * At least weekly in-depth communication
 - * Posted information
 - * Emails
 - * On the heels of one of the daily team meetings each week
- * In the daily team meeting
 - * Status and activity report from last session (if IMR provided in past 24 hrs)
 - * Personal recovery goal (if progress since last meeting or if it has changed)
 - * How others can support goal attainment & skills acquisition if relevant (e.g., home practice assignments, practicing skills)

Balancing IMR with other ACT duties

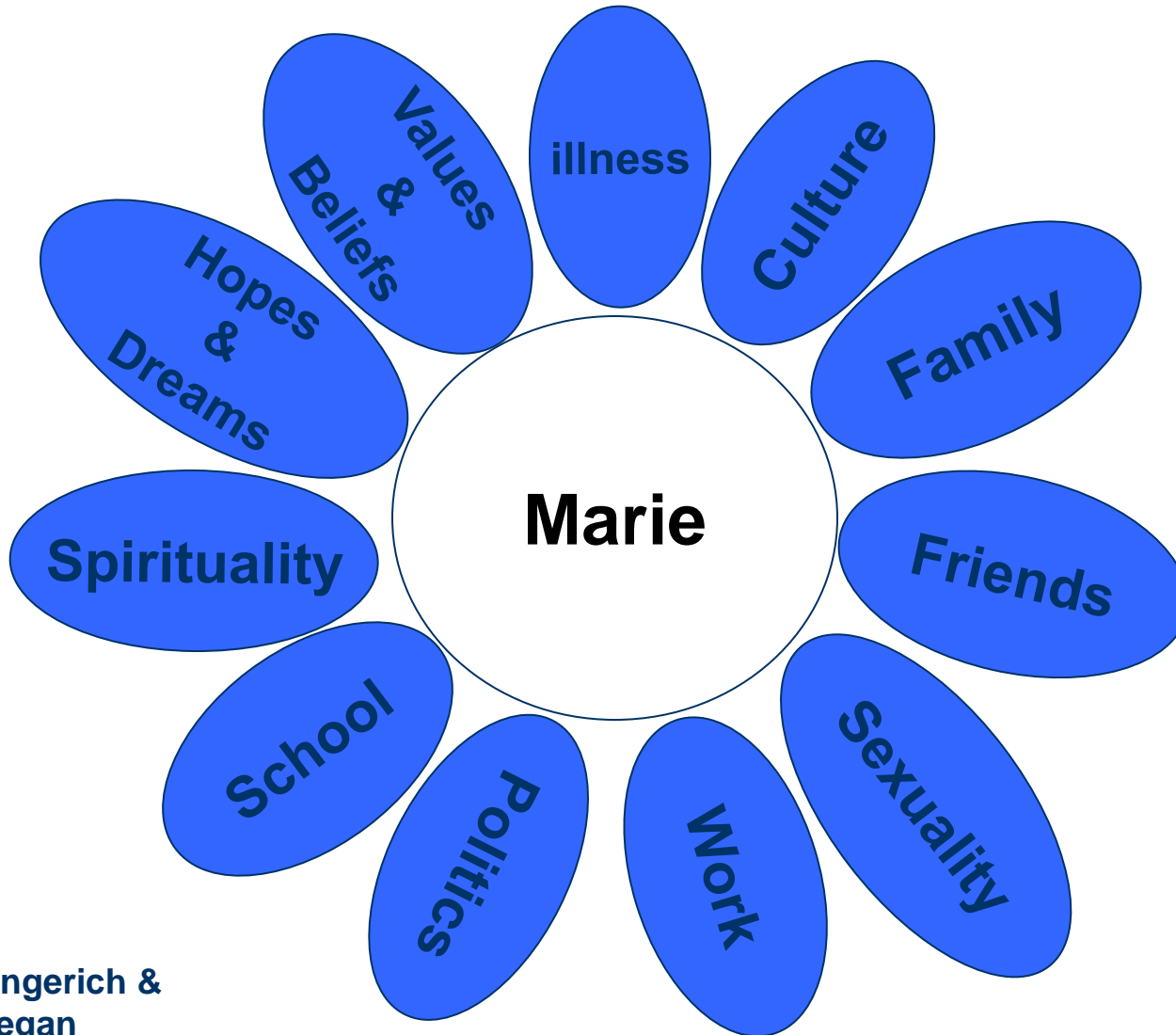
- * Initially may feel like added workload
- * Focus on integrating IMR activities into overall treatment plan goals and activities/ create synergies
- * Examples:
 - * How can IMR help to achieve rehabilitation goals?
 - * Are there specific skills learned in IMR that can help the person gain employment?
 - * Symptoms continue to be debilitating and medications aren't helping – how can IMR skills help to address?

How I am Seen By Others After Being Diagnosed With Mental Illness



Courtesy of Gingerich & Mueser via Deegan

Recovery: Putting myself back in the center of my life (illustration based on P. Deegan)



Courtesy of Gingerich & Mueser via Deegan

Thank you!
And best of luck!

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