Rehabilitation Services

ODMHSAS Case Management Certification Training

Day 4
Rehabilitation Services

In Oklahoma behavioral health rehab services are funded primarily through:

- Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS)
- Oklahoma Health Care Authority (OHCA)

Both agencies have administrative rules and provider service manuals that outline service and program requirements.

- ODMHSAS- [www.odmhsas.org](http://www.odmhsas.org) (Administrative Rules)
  [www.odmshas.org/arc/htm](http://www.odmshas.org/arc/htm) (Documents)

- OHCA- [www.okhca.org](http://www.okhca.org) (Policy, Rules and Codes, Guides and Manuals)

Always refer to the manuals and rules when needed for work.
Rehabilitation Services

Face to Face services that develop skills necessary to perform activities of daily living and successful integration into community life.

Services Must:
- Be educational and supportive
- Focus on developing: independent living skills, self-care, social skills, lifestyle changes and principles and practices of recovery (including relapse provision).

CM II Must:
- Be Present
- Interacting
- Teaching
- Supporting
- Use the learning objectives of the consumer
- Use ENTIRE CLAIMED TIME
Primary Functions

Rehabilitation services are education based services which generally involve two (2) primary functions:

1. Curriculum based education- Class like educational experience, based on a pre-developed written curriculum

2. Skill Practice- Facilitation of opportunities to practice and give feedback.

Service should also provide encouragement and emotional help.
USPRA-Psychiatric Rehabilitation

Promotes recovery, full community integration, and improved quality of life for persons who have been diagnosed with any mental health condition that seriously impairs their ability to lead meaningful lives.

Psychiatric rehabilitation services are collaborative, person-directed and individualized. These services are an essential element of the health care and human services spectrum, and should be evidence-based.

They focus on helping individuals develop skills and access resources needed to increase their capacity to be successful and satisfied in the living, working, learning, and social environments of their choice.

United States Psychiatric Rehabilitation Association, 2018
Rehabilitation Services

Psychiatric Rehabilitation is much more than relearning to do something. It encompasses processes, skills and strategies aimed at supporting individuals to develop skills for the first time.

*Always teach the person the skill as if it is their first time learning it!*

The most vital components of rehabilitation are strategies and interventions that assist individuals to acquire new skills and build on their current skills.
Psychiatric Rehabilitation practice is guided by the basic philosophy of rehabilitation that **people with disabilities need opportunities to identify and choose for themselves their desired roles in the community with regards to living, learning, working, and social environments.**
Rehabilitation Services Practice

Three Strategies

1. Helping people identify goals.
2. Helping people plan strategies and acquire necessary skills to reach and maintain desired goals.
3. Helping people develop necessary supports to maintain those goals.
Activities & Techniques

Activities and Techniques are designed to provide the person with the opportunity to:

1. Become informed about the illness.
2. Assess what is needed to recover
3. Choose rehabilitation goal(s)
4. Plan for and obtain the experiences needed to develop the skills to achieve recovery.
Rehabilitation Services

- Services Focus on quality of life vs. treatment outcomes
- Highlights the consumers critical roles
- Instills hope, increases motivation, improves cognitive skills that promote change, respects, and values person hood.
- Builds real functional skills that the consumer needs to live a meaningful life
- Focuses on outcomes, growth, and mastery of skills an values the consumer’s input and participation.
- Focuses and builds on existing strengths and skills
- Focuses on assessing and teaching skills for needed social roles
- Develops resources and modifies external supports (people, places, things, activities) which support the opportunity for change.
Examples of Areas to Target for Skill Development

- Communication
- Organizational
- Social
- Employment
- Money Management
- Memory
- Conflict Resolution
- Attention Span
- Relationships
- Planning
- Prioritization
- Relaxation
- Relapse Prevention
- Self Motivation
- Assertiveness
- Coping
- Self-Care
- Leadership
- Team Work
- Housekeeping
- Menu Planning
- Food Storage
- Meal Preparation
Adult Learning and Curriculum Building
**Adult Learning**

- Adult- Any person 18 years old or older.
- Adults do not learn the same way as children.
- Adults learn better when it is self directed. (Actively Involved)
- Adults learn better when they can challenge what they are learning.
- Adults retain information better when it’s applicable/relate.
- Adults learn better when they have to accept responsibility for their own learning.
Adult Learning

Three Domains For Learning

1. Cognitive-Knowledge or Subject Matter
   A. Lecture
   B. Brainstorming
   C. Discussions
Adult Learning

2. Affective-Emotions and Beliefs (Life Experiences)
   A. Exercises
   B. Group Process/ Consensus Seeking

3. Behavior- Practical Application
   A. Role Plays
   B. Simulations
   C. Teach Backs
Adult Learning

Three Primary Learning Styles

1. Auditory- Learn by listening, hearing, and speaking.
   
   A. Learns best through lectures, Discussions, and Brainstorming
   
   B. Interpret meaning of speech through voice tone, pitch, and speed etc.
   
   C. Written documents means very little
   
   D. Do better with reading text out loud and or listening to a tape recorder.
2. Kinesthetic-Learn by experiencing moving and doing.
   A. Need a hands on approach
   B. Needs to actively explore physical things around them
   C. Has difficulty sitting still for long periods of time
   D. Is easily distracted due to needing to explore or take part in an activity.
Adult Learning

3. Visual-
Learn by looking, seeing, viewing and watching. (Note Taker)

A. Need to see your facial expressions and body language.

B. Usually sits at the front of a class. (Avoid Distractions)

C. Thinks in pictures and learns best from visual displays.

We can learn through all three styles but are dominant in one style.
Adult Learning

Percentage of Retention for Learning Styles

- See
- See & Hear
- See, Hear, & Do

- Visual
- Auditory and Visual
- Auditory, Visual and Kinesthetic
Adult Learning

Assumptions

• Adults want to know why they should learn.
  Make the person understand why they need to know; Value

• Adults want to take responsibility.
  Empower them to take responsibility for their learning.

• Adults bring experience to learning.
  Respect and value their experiences.
Adult Learning

- Adults are ready to learn when the need arises.
  
  Some people will find training, groups etc. important and others may not.

- Adults are task oriented.
  
  Try to organize around task not subjects; Make it measureable with clear learning.
Curriculum

• Needs to be educational
• Facilitate Learning
• Should apply to Individual or Group Rehab
• Can come from existing material (Limited)
  1. May not meet everyone’s needs.
  2. Create your own (Evidenced Based Material)
Curriculum

Systematic

• Logical Order
• All steps cover all processes
• Steps can be applied universally; Reliable
• Empirical- the process will allow us to gather data.
• Create intentional learning opportunities for consumers.
ADDIE Model
ADDIE Model

Analysis Phase (Analyze)

- Understand and analyze the content you will present
- Key Data, Individual/Group Needs, and Subject Matter, Goals
- Identify what the learner needs know
  1. What will be the difficulty of content?
  2. What information meets the most needs?
  3. How do I measure their understanding?
  4. What will they do with what they are learning (Application)?
ADDIE Model

- Learner
  A. Do they have prior knowledge or experience?
  B. Do skills and abilities exist?
  C. How does the person/people see themselves in relation to others?

Four Considerations for training needs

1. Characteristics of the group/individual receiving training.
   A. Target Audience (Adult SMI, Children SED, Adult or Children SUD)
   B. Learning Style (visual/auditory/kinesthetic)
   C. Group- similarities and differences of people in the group (Age, Gender?)
   D. What are values, beliefs, motivations, and interest of the learners
ADDIE Model

2. What is the learner going to take away from session or group?
   A. What do you want them to learn?
   B. What skills do you want them to have?

3. What is the learning environment like?
   A. Individual Setting or Group Setting?
   B. In group settings think about: communication skills of the group, social anxiety etc.
ADDIE Model

4. What are the characteristics of those people participating in the training?
   A. What are their strengths
   B. What are their weaknesses
   C. What are their learning styles.

Once you’ve figured out the learner and the content you can move on to design.
ADDIE Model

Design Phase (Design)

1. Learning Objectives
2. Organization
3. Exercise
4. Content
5. Subject Matter Analysis
6. Lesson Planning
7. Media Selection
8. Outcomes Measurement
9. End of Product
ADDIE Model

Outline for Instruction
Base it on what they are required to learn and the meaning of the content.

• Learning Objectives—should state what the person is going to do at the conclusion of the lesson or training. Needs to be measurable and specific

• Organization—How is the training organized. Make it understandable and in order.

• Needs to flow.

• Types of learning—Facts, Concepts, Principles, Procedures

• Types of Instruction
  1. Declarative Knowledge—information about something
  2. Procedural Knowledge—teaching how to do something
ADDIE Model

Principles - Prescribe the relationship(s) among two or more concepts.
- Do not solve the problems of your consumers, but train them to solve the problems themselves.
- Problem Solving - Combine learned principles, procedures, declarative knowledge and cognitive strategies in a unique way to solve un-encountered problems.
- Cognitive Strategies - Emphasize thinking skills to enhance learning. The learner should become self reliant, flexible and productive.
- Affect/ Attitude - Promote change or alternating an attitude.
- Psychomotor - Skills that are physical by nature
  Ex. Learning to use a gardening tool
ADDIE Model

• How is the training going to be presented?
  A. Lecture Based
  B. Will videos be shown
  C. Exercises etc.

• Adult V.S. Child learners
  A. What are the characteristics of the learner? (Guides the learning, instructions and training.)

• When designing for rehab, focus on common skills that aid in recovery.

  Examples
  Social Skills               Communication               Relationships
  Relaxation/Stress Mngt.    Conflict Resolution           Self Motivation
  Employment/Education       Problem Solving              Money Mngt.
ADDIE Model

• Address those deficits that prevent the person from being more effective in their community, living, learning and work environment.

• Make sure what you are teaching translates to the consumer.

• The objectives being used to design your curriculum can be used when designing the service plan.
ADDIE Model

Implementation Phase (Implement)

- Taking your instruction that was created and putting it to use.
- Training will be based on the curriculum.

Evaluation Phase (Evaluate)

- Consider what indicates success
- Determine if your instruction gave you the results you were looking for
- Do not create any evaluation tools until you think about those things.
ADDIE Model

• Evaluation Tools

  1. Pre/ Post Test- Can be multiple choice

  2. Questionnaires-
     A. Attitudinal- focuses on attitude about learning (ex. Rating Scale)
     B. Pictorial-works with children

  3. Observation- focus on group participation or how they connect with content.

ADDIE Model

What does the A in “ADDIE” stand for?

A. Advocate
B. Analyze
C. Anticipate
D. Action
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Facilitating Groups

Checklist

✓ Curriculum Developed

✓ All components of ADDIE have been included

✓ You know your audience

✓ You understand the needs of the audience

Next:

You need to know dynamics of facilitating
Correct application = Understanding of objectives
Facilitating Groups

Key Components

1. Guide, model, encourage and support learner groups
2. Give and receive feedback
3. Reinforce the goals of instruction
4. Be prepared and organized
5. Refocus the group when needed
6. Allow groups to think through content without jumping in to fill quiet space
7. Summarize the information at the end of the instruction
Effective Facilitation

1. Don’t lecture the entire time. Make the learning environment student centered.
2. Give and receive feedback
3. Discuss problems that arise
4. Provides a summary of information after instruction is over.
5. Does not dominate
6. Gives examples
7. Is not afraid to ask if the content is understandable.
Group Facilitation

What are two key guidelines for facilitation?

A. Be prepared and organized
B. Allow the group to go off topic as long as it wants
C. Give and receive feedback.
D. Both A and B
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15 Minute Break ?
Chris
Chris

Chris is a 35 year old man who has a history of Alcohol Abuse, Chronic Homelessness and Bipolar Disorder Type II. During Chris’s life he has never held a job. He also has difficulty reading and writing. Chris says, “People have tried to help me with my reading but it didn’t work.”
Chris

Chris has no siblings. His mother and father have been divorced for 20 years. His mother (Charla) remarried and has been a major support in Chris’ life. His step father (Ed) does not allow Chris to come over when he is home. When asked why? Chris says, “I don’t know he doesn’t like me.” Ed says, “It’s because the boy comes over drunk all the time.”
Chris

Chris says, “I don’t drink a lot of liquor”, but it’s been reported that he drinks two cases of beer a week.

Chris’s biological father (Charles) is also in the picture. He seems to be more of an enabler because he purchases alcohol for Chris and pays for hotel stays a week at a time.

Charles is also the same person who gets angry with Chris and bans him from his property after they get into arguments. According to Chris, “We get into arguments and then he wants to make me leave.”
Chris

He gets arrested, goes to court and they add more to the legal fees that he already owes. In fact he has been arrested so many times most of the officers in town know him by first name.

He has been banned from the majority of hotels in the area and he has never been able to get stable enough to stay in a place of his own. Usually it’s an altercation that gets him evicted.
Chris

Chris has SSDI. Chris had a budget that was created by a case manager in the past but he does not follow it. Currently the majority of his money goes to food, beer and legal fees.

Chris talks a lot about wanting his own place. He talks about saving his money to rent a house. He wants to start a garden in the backyard.
Chris

He used to go to a clubhouse, but got kicked out for getting into fights.

He presents angry at appointments and he’s threatened staff. He gets angry when he is not allowed to get extra money for the weekends and he also places himself in dangerous situations when he gets into altercations with people on the street.
Chris

When he has attended appointments for his physical health there have been few times he needed medication. He visits his psychiatrist to help stabilize his moods.

The psychiatrist says he needs to decrease his alcohol intake and work more on changing his behavior. Chris says, “I want to stop drinking and I’ll do better” but his actions show differently.
Chris told his doctor and his case manager about his long term goals.

“I need a girlfriend and a job. I’m tired of being alone. I want to be able to take a woman out to dinner sometimes.”

“I want a job where I can use my hands. Something like landscaping. I want to get out there and make peoples yards look nice.”

“I need a hobby too. I used to love to fish.”
The last case manager experienced burn out.
Strengths, Deficits, and Goals
Psychiatric Rehabilitation Competencies-
Case Manager II
Psychiatric Rehabilitation Competencies

Competency
The ability for a case manager to demonstrate their knowledge and skills through practice.

Seven Competency Domains

I. Interpersonal Competencies
II. Professional Role Competencies
III. Community Integration
IV. Assessment, Planning, and Outcomes
V. Interventions for goal achievement
VI. System Competencies
VII. Diversity & Cultural Competency
Interpersonal Competencies

- **Communicate** with persons with psychiatric disabilities in order to develop a collaborative relationship.

- Use collaborative relationships in order to facilitate personal change in persons with psychiatric disabilities

- Instill hope by engaging in positive interactions (verbal and non-verbal communication) regarding an individual’s potential for recovery from psychiatric disability
A Competent Case Manager

Considerations

1. Why did I want to become a case manager?
   A. Needed a job.
   B. I need to pay back my student loans.
   C. A real desire to help people
   D. The first step in obtaining a professional goal.

2. What biases do you have that may influence the development of relationships?
   A. Alcoholism
   B. Enabling Parents
   C. Homelessness

3. Personal Values that may affect the services provided.
   A. Being on time to appointments
   B. Money Management
   C. Honesty
Question 1

Before entering the helping profession, a competent case manager must consider:

A. Their initial motive for entering a helping profession
B. Personal biases that may influence the development of relationships
C. Personal values that may affect the services provided
D. All of the above
Before entering the helping profession, a competent practitioner must consider:

A. Their initial motive for entering a helping profession
B. Personal biases that may influence the development of relationships
C. Personal values that may affect the services provided
D. All of the above
Question 2

Collaboration and partnership require:

A. Trust, an honest exchange of accurate information, and flexibility
B. Clarification of roles and responsibilities
C. Regular meetings to communicate effectively
D. Memorandums of understanding
Question 2

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D. Memorandums of understanding
II. Professional Role Competencies

- Acquire knowledge and skills in order to provide services that are evidence-based and emerging best practices

- Facilitate informed decision making by persons with psychiatric disabilities by communicating information about laws and regulations affecting their rehabilitation and recovery

- Emphasize choices for persons with psychiatric disabilities to help them achieve their goals
II. Professional Role Competencies

• Provide **practical and meaningful activities** to persons with psychiatric disabilities to live in the environment of choice

• **Advocate** that persons with psychiatric disabilities **need to make informed choices to further their own recovery**

• **Promote the effectiveness of psychiatric rehabilitation with colleagues and the service delivery system**
II. Professional Role Competencies

- Maintain personal wellness to ensure the effective provision of services to others

- Take intentional personal action to support the recovery of persons with psychiatric disabilities

- Seek input and feedback from stakeholders in order to determine ways of improving services

- Recognize one’s own role during conflict in order to facilitate resolution
Question 3

You get asked a lot of question about social security but don’t have the answers. What can you do to improve in your role?

A. Send those people to the Social Security Administration office to ask questions.
B. Print out the regulations for your clients to read.
C. Take the online SOAR training offered by SSA.
D. Set your consumer up with an appointment to meet with a Vocational Rehabilitation Specialist.
Question 3

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III. Community Integration

• Develop linkages with a wide range of community resources specific to meet the needs and goals of persons with psychiatric disabilities.

• Link persons with psychiatric disabilities to appropriate entitlement and benefit programs.

• Integrate community resources and entitlement programs into assessment, planning and outcomes.

• Promote the use of natural supports within the neighborhood and community of persons with psychiatric disabilities.
III. Community Integration

- **Challenge situations in the community that discriminate** against persons with psychiatric disabilities

- **Connect persons with psychiatric disabilities to legal and advocacy resources** as needed and/or requested in order to **promote self-advocacy**

- **Provide information on alternatives and complementary supports to traditional psychiatric treatment**

- **Develop community resources** to meet needs of persons with psychiatric disabilities
Question 4

Chris wants a place to live and his mother (Charla) is willing to pay the deposit. Chris wants you to find him a place to live. You proceed to:

A. Call the apartment complex’s to find out if one’s available.
B. Look for available houses for rent and give Chris the information.
C. Hand Chris the phone and phone numbers and tell him to call.
D. Teach Chris how to explore all housing options and make the calls together.
Question 4

Chris wants a place to live and his mother (Charla) is willing to pay the deposit. Chris wants you to find him a place to live. You proceed to:

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C. Hand Chris the phone and phone numbers and tell him to call.
D. **Teach Chris how to explore all housing options and make the calls together.**
Advocates for community integration have cited several reasons for people with psychiatric disabilities to become engaged in civic life. Which of the following is a reason to engage in civic life?

A. Self-efficacy  
B. Social integration  
C. Personal interests  
D. All of the above
Question 5

Advocates for community integration have cited several reasons for people with psychiatric disabilities to become engaged in civic life. Which of the following is a reason to engage in civic life?

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C. Personal interests
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Question 6

Chris tells you he would like to start dating but he does not know how to ask someone out. What is the most appropriate response to give as the case manager?

A. “People with mental illness are not good at dating.”
B. “Call an online dating service! I can’t help you with that.”
C. “I can develop a dating skills training program.”
D. “You need to address your relationship issues. Not me.”
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IV. Assessment, Planning & Outcomes

- Assist persons with psychiatric disabilities to identify personal priorities, preferences, strengths and interests in order to help them establish goals that are consistent with their worldview.

- Perform holistic assessments across multiple life domains with persons with psychiatric disabilities in order to identify strengths, supports and barriers.

- Collaborate with persons with psychiatric disabilities to help them identify their individual preferences in dealing with crisis.

- Collaborate with persons with psychiatric disabilities to write goals with specific action steps in order to develop effective treatment/rehabilitation/recovery plans.

- Identify opportunities that empower persons with psychiatric disabilities transition from professional provider service so natural community supports.
IV. Assessment, Planning & Outcomes

- Regularly evaluate with the service recipient, his/her satisfaction with progress toward rehabilitation goal

- Modify the rehabilitation plans based on service recipient’s evaluation of progress toward rehabilitation goal

- Consult with individuals and their self-identified participants in their recovery about the individual’s satisfaction with current progress toward rehabilitation goal
Question 7

What is the purpose of the functional assessment in rehabilitation services?

A. To set rehabilitation goals
B. To diagnose symptoms
C. To identify skill learning needs
D. To identify resource needs
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Question 8

What is the most important reason to get input from the person with whom you are working as you begin the process of goal setting?

a. To placate the person so he will want to follow the plan you make for them
b. To identify things that are not accomplishable
c. To recognize that the person is their own expert in what works and what is needed
d. Most jobs require that you get input from those you serve
Question 8

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Question 9

Chris wants to modify his rehabilitation plan. What is the best reason for modifying his plan?

a. Your agency requires the plan to be reviewed every 6 months

b. The person says that they are tired of working on the current goals and wants to change. You suspect it’s due to lack of progress

c. The person has just been released from the hospital and is not doing as well as everyone had hoped

d. The person is constantly developing new strengths/skills and reducing deficits.
Question 9

Chris wants to modify his rehabilitation plan. What is the best reason for modifying his plan?

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V. Interventions for Goal Achievement

- Use outreach techniques, including telephone, mail and personal visits, in order to engage persons with psychiatric disabilities in interventions

- Teach communication skills to persons with psychiatric disabilities to help them achieve their goals

- Provide interventions for change to persons with psychiatric disabilities in order to promote the recovery process

- Develop relapse prevention strategies for mental and physical health and co-occurring disorders

- Utilize group formats to engage persons with psychiatric disabilities in a wide range of activities
V. Interventions for Goal Achievement

- **De-escalate crises** experienced by persons with psychiatric disabilities in order to avoid negative outcomes

- **Modify environments** of persons with psychiatric disabilities strategies to initiate and sustain the recovery process

- **Use motivational enhancement and readiness** development strategies to initiate and sustain the recovery process

- **Encourage persons** with psychiatric disabilities to **continue fulfillment of desired roles**

- **Provide best-practice procedures, treatments, and approaches** which help persons with psychiatric disabilities achieve their goals.
V. Interventions for Goal Achievement

- Provide education on issues related to psychiatric disabilities (e.g., etiology, course and biological factors of psychiatric disorders; psychiatric rehabilitation, psychotropic medication and other mental health approaches; and legal issues, benefits and entitlements)
Question 10

Chris is upset that someone at the clubhouse took his spot in the kitchen during lunch time. How should you react?

A. Call the clubhouse and address the issue with the staff.
B. Ignore Chris so he will calm down by himself.
C. Talk to the person who took Chris’ spot and see if they will give it back.
D. Assess the situation by talking to Chris to help deescalate the crisis.
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Question 11

Chris believes that he is struggling with symptoms of the “Evil Eye”. He is in crisis now and needs help. How would you help him?

A. Help him identify what has worked in the past to relieve the uncomfortable feelings and support him in using those tools.
B. Tell him the “Evil Eye” doesn’t exist.
C. Tell him he need to work it out on his own.
D. Reinforce his belief in the ‘Evil Eye” and tell him to be afraid.
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VI. System Competencies

- Intervene to stop stigma, oppression, discrimination, and prejudice against persons with psychiatric disabilities in order to increase their access to jobs, housing and community activities

- Advocate for better access to public services and resources for persons with psychiatric disabilities in order to facilitate their recovery and full integration into the community

- Advocate for needed regulatory policies related to persons with psychiatric disabilities in order to reduce discrimination and to increase resources for services and accommodations
VI. System Competencies

• Advocate for system integration among public resources and community resources in order to expand opportunities for persons with psychiatric disabilities

• Advocate for system changes to make services responsive to the needs of persons with psychiatric disabilities

• Advocate civil rights and protections as well as human rights and protection for persons with psychiatric disabilities

• Assist persons with psychiatric disabilities in their use of other service systems to meet their personal goals

• Develop leaders among persons with psychiatric disabilities in order to advocate for and work with peers
Question 12

Your organization wants to improve its services to be more culturally sensitive. Which of the following should be included?

A. Individuals and family members
B. Staff members
C. Community leaders
D. All of the above
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C. Community leaders
D. All of the above
Question 13

Chris has been homeless on and off for 5 years. He’s been working a 12-step program and has not had a drink in 4 months. His psychiatric symptoms are under control and he has a job as a landscaper. He wants to enter a supported housing program that will not accept him because he has not been sober for 6 months. What should you do?

a. Tell them that those are the rules and that he will have to stay in the shelter for 2 more months

b. Have them talk to their family and encourage them to take them for 2 months

c. Go to the program’s funding source and advocate for the program to lose their funding because the rules aren’t fair

d. Together, meet with the program director and to discuss Chris’ recovery program. Try to convince them that the consumer has demonstrated a stage in their recovery that is consistent with what they want and that the strict rule is not valid in this situation
VII. Diversity & Cultural Competency

- Teach persons with psychiatric disabilities and their natural support systems the skills to recognize and overcome cultural barriers.

- Receive input and provide feedback to persons with psychiatric disabilities and their natural support systems in order to provide services that meet their needs.

- Evaluate service utilization rates to determine consistency with community demographics.
Psychiatric Rehab Interventions

Interventions focus on:

1. Setting Short Term and Long Term Goals
2. Setting Priorities
3. Planning Interventions
4. Implementing Interventions
Psychiatric Rehab Interventions

Ask Yourself:
1. What is the current level of functioning?
2. What resources are available in the community for support?
3. What can we do to measure the level of functioning?
   A. Self Report
   B. Role Plays
   C. Others Reports
Psychiatric Rehab Interventions

What is a skill?

- An ability acquired by systematic effort to do something well.
- Skills maybe physical, intellectual, emotional or social/behavioral
- Skills can be observed, taught, measured
- Should increase success and satisfaction with the persons role and environment
- Requires knowing the roles and environment demand of the individual.
Psychiatric Rehab Interventions

Communication
Organizational
Social
Employment
Money Management
Memory
Conflict Resolution
Attention Span
Relationships
Planning
Prioritization
Relaxation
Relapse Prevention

Self-Motivation
Problem
Solving
Assertiveness
Coping
Self-Care
Leadership
Teamwork
Housekeeping
Menu Planning
Food Storage
Meal Preparation
Critical Skills: Children vs. Adults

Child:
Asking for help
Completing homework independently
Conversing with classmates
Sharing anxious feelings with teacher and family
Waiting for a turn in class

Adult:
Conversing with neighbors
Managing Anger
Improving Hygiene
Managing Time
Planning a balanced/nutritious meal
Cooking a simple meal
Managing Money
“None of us got where we are solely by pulling ourselves up by our bootstraps. We got here because somebody - a parent, a teacher, an Ivy League crony or a few nuns - bent down and helped us pick up our boots”

-Thurgood Marshall
References

Principles of Adult Learning and Instructional Systems Design

Clip Art
https://vectortoons.com/

Case Management Training Slides