

# The Essential Guide to Psychiatric Rehabilitation Practice

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**Boston University** Center for Psychiatric Rehabilitation



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## Preface

We have been practicing, teaching, writing, and/or researching the field of psychiatric rehabilitation for more than three decades. Early in our careers, the psychiatric rehabilitation field we entered had not achieved consensus on its underlying philosophy, had not integrated its research studies into a substantial knowledge base, had few model service programs and sources of funding in existence, had not developed a rehabilitation practice technology, nor articulated the psychiatric rehabilitation process. Gradually over the years, considerable agreement developed on the fundamental philosophy, principles, and values of psychiatric

Regardless of the discipline or background of the practitioner, the source of funding or the setting in which people are working, people who help people with severe mental illnesses improve their functioning and gain valued roles in the community should be aware of the essentials of the psychiatric rehabilitation process, its program models and the principles underlying its practice.

rehabilitation; a significant body of research shaped the knowledge base; funding options increased; a variety of model service programs were created, researched, and disseminated; pre-service and in-service training programs came into existence; a psychiatric rehabilitation technology was increasingly utilized; and the process of psychiatric rehabilitation described.

Importantly, consistent with this progress in psychiatric rehabilitation, recovery from severe mental illnesses became a fact—not a hope. In this recovery era, implementing the process of psychiatric rehabilitation has achieved greater prominence. The process of psychiatric rehabilitation, as this guide will describe, is designed to help people *be successful and satisfied in the living, working, learning, and social environments of their choice*. The President’s New Freedom Commission on Mental Health (2003) envisioned a future “*when everyone with a mental illness will recover and is helped to live, work, learn, and participate fully in their communities*” (emphasis added), a phrasing strikingly consistent with the outcomes emphasized in psychiatric rehabilitation. Unique to the psychiatric rehabilitation process is its targeted focus on assisting people to gain or regain valued roles in their

communities, as reinforced in the President’s New Freedom Commission report. It is difficult to see how the recovery vision will ever be achieved without wider implementation of psychiatric rehabilitation services.

Recently, the psychiatric rehabilitation field has tended to focus on rehabilitation *program* models (such as Clubhouse, ACT, IPS) and the program policies and procedures that faithfully guide the models’ implementation. These policies and procedures include such dimensions as the correct mix of disciplines, the place where services are offered, the structure of the work day, etc. In a complementary way, the psychiatric rehabilitation *process* focuses on the nature of the helping interaction between the practitioner and the consumer that occurs within any psychiatric rehabilitation program model and setting. Evidence-based psychiatric rehabilitation *principles* guide and structure the psychiatric rehabilitation process and program components.

In order to integrate of the psychiatric rehabilitation process into various program models and to capitalize on its critical role in promoting recovery, there must be a fundamental understanding of the basic psychiatric rehabilitation process and its evidence base. We are amazed at the lack of a thorough comprehension of what the psychiatric rehabilitation process is and is not, as well as the empirical base underlying the field of psychiatric rehabilitation.

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*Regardless of the discipline or background of the practitioner, the source of funding or the setting in which people are working, people who help people with severe mental illnesses improve their functioning and gain valued roles in the community should be aware of the essentials of the psychiatric rehabilitation process, its program models and the principles underlying its practice. Yet uncertainty often reigns about the fundamentals of psychiatric rehabilitation.*

We have developed ways to teach providers, including consumer-providers, both the fundamentals and the nitty gritty of the competencies required to deliver the rehabilitation processes and to design and implement rehabilitation programs. The field continues to confuse brief workshops, conference presentations or discussion groups for the intensive training and supervision over time required to change daily practice and the programs in which psychiatric rehabilitation occurs. Program structures, such as job descriptions, record keeping formats, and quality assurance mechanisms often are forgotten when attempting to embed the psychiatric rehabilitation process in an organization.

Not ones to give up, *The Essential Guide to Psychiatric Rehabilitation Practice* is yet another attempt on our parts to clear the confusion. It spells out, in a succinct and straightforward way, the psychiatric rehabilitation field and the underlying knowledge base that we and our colleagues at the Boston University Center for Psychiatric Rehabilitation have been developing, demonstrating, teaching, and disseminating. Anyone who works with people with severe mental illnesses in any capacity should possess this basic level of familiarity with the field of psychiatric rehabilitation. For those who directly practice and study in the psychiatric rehabilitation field, and who want considerably more expertise than this guide provides, various training and technical assistance resources are available for you, on- or off-site, written and electronic. Helpful references and resources are provided in the appendices of this guide.

The content of the guide is excerpted and condensed from the following 5 books, previously published by the Boston University Center for Psychiatric Rehabilitation. These books are: *Psychiatric Rehabilitation* (2002), *Toward a Vision of Recovery* (2007), *Principled Leadership* (2008), *A Primer on the Psychiatric Rehabilitation Process* (2009), and *Readings in Psychiatric Rehabilitation and Recovery* (2011). Readers who wish to review the over 1,000 pages in the original source material, and the hundreds of references cited in these sources should directly consult these books. For ease of reading, and as the name “guide” implies, this text contains no references, but refers readers to the Appendices for additional material of interest.

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President’s New Freedom Commission on Mental Health. (2003). *Achieving the promise: Transforming mental health care in America, final report* (No. Pub. No. SMA-03-3832.). Rockville, MD: U.S. Department of Health and Human Services.



# Section 1: Introduction

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## Purpose of This Guide

The purpose of this guide is to describe the complexities of the psychiatric rehabilitation process, programs and principles in a most straightforward and parsimonious way, in order to improve the implementation, practice, and study of psychiatric rehabilitation. To advance the readers' understanding of psychiatric rehabilitation, the guide strives to make perfectly clear the major elements of the psychiatric rehabilitation process, programs and underlying principles. The guide is composed of the following 4 major sections:

The purpose of this guide is to describe the complex process of psychiatric rehabilitation in its most straightforward and parsimonious way, in order to improve the implementation, practice, and study of psychiatric rehabilitation.

## Section 1: Introduction

- Understanding the Background of Psychiatric Rehabilitation

## Section 2: Process

- Tracking the Psychiatric Rehabilitation Process
- Recording the Psychiatric Rehabilitation Process

## Section 3: Programs

- Fundamental Program Elements
- Examples of Program Models

## Section 4: Principles

- Practice Principles
- Recovery Principles
- Research Principles
- Leadership Principles

Several appendices provide examples to further one's understanding of the process.

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## Intended Audience for This Guide

The guide is useful to a variety of individuals. For example, it can be useful to:

- **Educators**—as a resource for teaching about the psychiatric rehabilitation field in an efficient and effective manner.
- **Students**—as a comprehensive overview of psychiatric rehabilitation so that they can grasp the fundamentals of psychiatric rehabilitation more easily and quickly.
- **Practitioners**—as guidelines so that they can implement the practice more skillfully and knowledgeably
- **Supervisors**—as a checklist to structure the practitioners' implementation so that the practitioners feel more supported.
- **Trainers**—as a way to assess what additional expertise is needed by practitioners and supervisors so that training is targeted to the individual's need.
- **Consumers**—as a picture of the practices of the psychiatric rehabilitation field so that their involvement is facilitated.

- **Program and system administrators and leaders**—as a blueprint to design program and system components so that the implementation of psychiatric rehabilitation is initiated and sustained.
- **Researchers**—as background for when they study the field so that their research hypotheses are related to the actual psychiatric rehabilitation practice that is being implemented.
- **Funding bodies**—as a way to ensure that evidence-based rehabilitation practices being funded are actually occurring.

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### **Underlying Assumptions of This Guide**

In presenting only the basic amount of information needed to understand and implement psychiatric rehabilitation, this Guide is based on the following assumptions:

- Individuals who need additional skills and knowledge with respect to implementation of certain psychiatric rehabilitation components will seek out the needed information. To facilitate additional learning, helpful examples, resources, and references appear in the appendices.
- The successful practice of psychiatric rehabilitation is dependent on individuals' engagement or interpersonal skills (e.g., observing, listening, and responding). Information on training to assess and upgrade these skills is available at: [www.bu.edu/cpr/training](http://www.bu.edu/cpr/training).