



EVIDENCE-BASED
PRACTICES

KIT

Knowledge Informing Transformation

Training Frontline Staff

Illness Management and Recovery



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
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Training Frontline Staff

This four-part workbook will help Illness Management and Recovery (IMR) leaders teach practitioners about the principles, processes, and skills necessary to deliver effective Illness Management and Recovery services. The workbook includes the following topics:

- Basic elements and core values;
- Core processes;
- Recovery and the Stress-Vulnerability Model; and
- Motivational, educational, and cognitive-behavioral strategies.

The CD-ROM included in this KIT contains the *Practitioner Guides and Handouts* booklet which includes all of the guides, handouts, and forms that practitioners use to provide Illness Management and Recovery to consumers. Use both the CD-ROM and the *Training Frontline Staff* booklet to train practitioners.

Illness Management and Recovery

This KIT is part of a series of Evidence-Based Practices KITs created by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

This booklet is part of the Illness Management and Recovery KIT that includes a DVD, CD-ROM, and seven booklets:

How to Use the Evidence-Based Practices KITs

Getting Started with Evidence-Based Practices

Building Your Program

Training Frontline Staff

Evaluating Your Program

The Evidence

Using Multimedia to Introduce Your EBP



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How Program Leaders Should Use This Workbook

Training Frontline Staff introduces practitioners to the basic principles and skills they need to deliver effective Illness Management and Recovery services. Use this workbook with the *Practice Demonstration Video* and the English or Spanish *Introductory Video* on the DVD in this KIT.

Since being part of a team and learning how to process information together is an essential part of IMR, we recommend that you conduct group training rather than simply giving IMR practitioners the workbook to read on their own.

To make the content easy to manage, we divided the training into four modules.

The Four Illness Management and Recovery Modules in *Training Frontline Staff*

1	Basics Elements and Core Values
2	Core Processes
3	Recovery and the Stress-Vulnerability Model
4	Motivational, Educational, and Cognitive-Behavioral Strategies

The ultimate purpose of this workbook is to have practitioners understand the recovery theory behind the IMR model, how IMR is delivered, and the skills necessary to provide effective services. We have found that practitioners prefer to read one module at a time and then

discuss that module with colleagues as a group. Working through these modules as a group creates an opportunity to discuss and master the core values and teaching principles that are essential to effective IMR practice.

Decide on your program format

This workbook is designed to allow practitioners to offer IMR in either an individual or group format. Because the *Practitioner Guides and Handouts* differ depending on which format you choose, you must decide whether your agency will offer IMR in a group or individual format before training your IMR staff.

For more information about the advantages and disadvantages of offering IMR in a group or individual format, see *Building Your Program* in this KIT.

Prepare program-specific information

In addition to using the materials in this workbook, give practitioners information about IMR policies and procedures. These include the following:

- Criteria for admitting consumers to the program;
- Conditions under which consumers will be discharged;
- IMR assessment forms and the timeframe for completing them;
- Criteria for assessing the program's fidelity to the IMR model; and
- Outcomes that will be monitored.

For sample forms, see *Building Your Program* and *Evaluating Your Program* in this KIT.

How to Complete this Four-Session Training

- Arrange for IMR practitioners to meet at least once a week for 4 weeks. You will cover up to one module each week.
- In this workbook, on the page before each module, you'll find *Notes to the facilitator and IMR leader*. Review the notes to prepare for the training.
- Copy and distribute the module's reading materials so that practitioners can read them before the training session. You will find this booklet on the KIT's CD-ROM. 
- Copy the exercises for each module so that you can distribute them during each training session. You will find the exercises in this booklet on the KIT's CD-ROM. 
- For each session, ask a different group member to facilitate.
- Begin each training session by showing the corresponding segments of the *Practice Demonstration Video*. 
- Discuss the information in the video and workbook.
- Complete the suggested exercises for that module.
- At the end of this training series, give each IMR practitioner a copy of the *Practitioner Guides and Handouts* in this KIT. Discuss a plan for addressing issues and questions that may arise as practitioners use the *Practitioner Guides and Handouts* and provide IMR services.

Prepare agency-specific information

You should also develop a plan to train IMR practitioners about other policies and procedures that may be relevant to the agency in which the IMR program operates. These might include the following:

- **Consumers' rights:** Practitioners should be aware of the state and federal consumer rights requirements.
- **Billing procedures:** Practitioners must know how to document and bill for IMR services.
- **Safety:** Many agencies with existing community-based programs will have materials about safety. If training in this area is not already available, plan for training in de-escalation techniques.
- **Mandated reporting:** Practitioners must know how to report suspected abuse and neglect. They must also know what to do if they find out about other illegal activity and threats of harm to self or others.
- **Other policies and procedures:** Consult your agency's human resources office to learn of other program, agency, or state policies that the staff should know.

Visit an existing team

After your IMR team completes this workbook, we suggest that new practitioners observe an experienced, high-fidelity IMR program. If you are familiar with these materials before your visit, your visit will be more productive. Rather than using time to explain the basics, the host program will be able to show the new IMR practitioners how to apply the basics in a real-world setting.

Arrange for didactic training

After using this workbook and visiting an experienced IMR program, IMR practitioners will be ready for a trainer who will help them practice what they have seen and read. Some IMR leaders choose to hire an external trainer to help their team practice IMR principles, processes, and skills. The initial training should take 2 to 3 days.

Recruit a consultant

Once IMR practitioners begin working with consumers, you—along with the IMR coordinator/director—are responsible for ensuring that they follow the evidence-based model. This task can be challenging.

You must facilitate a staff development process, apply what you have just learned about IMR in your own clinical work with consumers, and, at the same time, ensure through clinical supervision that IMR practitioners follow the model.

It is very easy to stray from the evidence-based model and do something similar to but not quite the same as IMR. Sometimes this happens because practitioners believe they are diligently following the IMR model, but they miss some of the more subtle aspects of it. In other cases, IMR services start well, but, as more consumers are admitted to the program and pressure mounts, practitioners revert to older, more familiar ways of working.

To ensure that your team follows the IMR model, work with an experienced consultant throughout the first year of operation. A consultant can provide ongoing telephone and in-person support to help you with your challenging leadership role.



Cross-train

It is important that staff throughout your agency develop a basic understanding of IMR. Cross-training will ensure that other staff members support the work that the IMR team undertakes.

As discussed in *Building Your Program*, we also recommend that you use these materials to train members of your IMR advisory committee. The more information that advisory committee members have about IMR, the better they will be able to support the program and its mission.

Training is also an opportunity for IMR practitioners and advisory committee members to become familiar with one another. Make sure that the advisory committee members and IMR practitioners introduce themselves and that they are familiar with one another's roles.

To help you conduct your training, we include these multimedia materials in the IMR KIT:

- Introductory PowerPoint presentation;
- Sample brochure; and
- *Introductory Video*.



Once trained, you or your staff will be able to use these materials to present routine, inservice seminars to ensure that all staff members within the agency are familiar with the IMR program.

Module 1

Basics Elements and Core Values

Notes to the facilitator and IMR leader


Prepare for Module 1

- Make copies of Module 1. Your copy is in this workbook; print additional copies from the KIT's CD-ROM. 
- Distribute the material to the IMR practitioners who will participate in your group session. Ask them to read it before meeting as a group.
- Make copies of these exercises:
 - ☐ *Explore the Benefits of Illness Management and Recovery*
 - ☐ *Identify Consumers*
 - ☐ *Introduce Your Program*

Do not distribute the exercises until the group training. Your copies are in this workbook; print additional copies from the KIT's CD-ROM.

Make copies of your agency's policies and procedures for identifying consumers for IMR and discharging them from the program (if available). Guidelines for developing these policies are provided in *Building Your Program* in this KIT. Do not distribute them until your group training.

Conduct your first training session

- When you convene your group, view the Orientation session on the *Practice Demonstration Video*. Discuss the video and the content of Module 1. 
- Distribute the following:
 - ☐ Your agency's IMR admission policy
 - ☐ Your agency's IMR discharge criteria
 - ☐ The exercises for this module
- Review the distributed materials and complete the exercises as a group.

Facilitating the dialogue: One of the roles of a facilitator and IMR leader is to facilitate the dialogue during group training sessions. Some people have difficulty speaking in a group, perhaps because they are timid or soft-spoken. Others may feel professionally intimidated by those with more experience or higher degrees. Conversely, some practitioners will be self-confident and outspoken and will need to learn to listen openly to what others have to say.

As you work together on each module, encourage those who are more withdrawn to express their views and make sure that more vocal group members give others a chance to speak. Group training also provides the opportunity to assess the anxiety that IMR practitioners may feel about providing IMR services. Use your group training time to explore and address issues openly.

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Module 1: Basics Elements and Core Values

Module 1 explains the basic elements of Illness Management and Recovery (IMR), including the importance of recovery and the core values of the evidence-based model. This module orients practitioners to the content they will provide to consumers in either a group or an individual format.

What is Illness Management and Recovery?

Serious mental illnesses such as schizophrenia, bipolar disorder, and major depression are widely accepted in the medical field as illnesses with well-established symptoms and treatment. As with other disorders such as diabetes or hypertension, it is both honest and

useful to give people practical information about their mental illnesses, how common they are, and how they can manage them. Many people with mental illnesses report that this information is helpful because it lets them know that they are not alone and it empowers them to take control of their symptoms and their lives.

As one person with schizophrenia said:

If we do acknowledge and seriously study our illnesses, if we build on our assets, if we work to minimize our vulnerabilities by developing coping skills, if we confront our illnesses with courage and struggle with our symptoms persistently—we will successfully manage our lives and bestow our talents on society (Leete, 1989).

Illness Management and Recovery is an evidence-based, psychiatric rehabilitation practice. The primary aims of IMR are to empower consumers to do as follows:

- Manage their illness;
- Find their own goals for recovery; and
- Make informed decisions about their treatment by acquiring necessary knowledge and skills.

In the IMR program, practitioners meet weekly with consumers—either individually or as a group—for 3 and 10 months. The information covered in IMR sessions includes the following:

- Recovery strategies;
- Practical facts about mental illnesses;

- Stress-Vulnerability Model and treatment strategies;
- Building social support;
- Using medication effectively;
- Drug and alcohol use;
- Reducing relapses;
- Coping with stress;
- Coping with problems and persistent symptoms; and
- Getting your needs met by the mental health system.

Critical components of these 10 topics are summarized in educational Handouts that practitioners may review and distribute to consumers in the IMR sessions. See Modules 2 to 4 of this workbook for an introduction to the Handouts for these 10 topics and guidelines for covering information in group or individual formats. A copy of these materials may be found in *Practitioner Guides and Handouts* in this KIT.

Practice principles

For an overview of the IMR principles, see the following chart.

IMR is based on a core set of practice principles. These principles form the foundation of the evidence-based practice and guide practitioners in delivering effective IMR services.

IMR Practice Principles

Principle 1:

Recovery is defined by the individual.

Helping consumers in the process of recovery is the ultimate goal of IMR. In introducing the concept of recovery, consumers are encouraged to develop their own definitions of recovery and to cultivate their own strategies for taking steps toward recovery.

IMR practitioners help consumers establish personally meaningful recovery goals that are integrated throughout the practice. Specifically, practitioners help consumers in these ways:

- Helping them identify important personal goals;
- Instilling hope that they can accomplish important personal goals;
- Helping them identify and put into practice strategies that will facilitate progress toward recovery; and
- Helping them develop specific recovery plans.

For this reason, Topic 1 of the IMR curriculum is *Recovery Strategies*. For more information about recovery, see Module 3 in this workbook.

Principle 2:

Education about mental illnesses and their treatment is the foundation of informed decisionmaking.

People are empowered by knowledge. The more consumers understand the basic facts about mental illnesses, the better equipped they are to speak for themselves and to take an active role in their treatment and recovery.

IMR provides the opportunity to answer some common questions consumers have about mental illnesses including these:

- How are mental illnesses diagnosed?
- What are the symptoms of mental illnesses?
- What are the treatments for mental illnesses?
- How common are mental illnesses?
- What does the future hold for me?

For more information, see Topic 2: *Practical Facts About Mental Illnesses* on the CD-ROM, *Practitioner Guides and Handouts* in this KIT.

<p>Principle 3:</p> <p>The Stress-Vulnerability Model provides a blueprint for illness management.</p>	<p>IMR helps consumers understand the Stress-Vulnerability Model of mental illness. It describes the factors that contribute to the onset and course of mental illnesses.</p> <p>Based on the Stress-Vulnerability Model, several different treatment options are available to help consumers manage their mental illnesses and achieve recovery goals. Knowing more about mental illnesses helps consumers make informed decisions and engages them actively in the treatment process.</p> <p>IMR explains how stress and biological vulnerability contribute to symptoms of mental illnesses. Furthermore, treatment based on the IMR model conveys the message that consumers can reduce their symptoms and achieve their goals. This understanding allows consumers to become familiar with different treatment options.</p> <p>For this reason, Topic 3 of the IMR curriculum is the <i>Stress-Vulnerability Model and Treatment Strategies</i>. For more information about the Stress-Vulnerability Model, see Module 3 in this workbook.</p>
<p>Principle 4:</p> <p>Collaborating with professionals and significant others helps consumers achieve recovery goals.</p>	<p>Many consumers benefit from involving practitioners and other supporters in helping them manage their mental illnesses and take steps toward recovery. Involving other supporters may be helpful in several ways. Specifically, it may—</p> <ul style="list-style-type: none"> ■ Provide accurate information about mental illnesses to clarify misunderstandings; ■ Reduce criticism of consumers who experience symptoms; ■ Reinforce information and skills learned through IMR sessions; and ■ Generate support to help achieve consumers' personal goals. <p>The decision to involve other supporters in Illness Management and Recovery is always the consumer's choice.</p> <p>For more information, see Topic 4: <i>Building Social Supports</i> on the CD-ROM, <i>Practitioner Guides and Handouts</i> in this KIT.</p>
<p>Principle 5:</p> <p>Relapse prevention planning reduces relapses and rehospitalizations.</p>	<p>IMR helps consumers examine their previous experience with relapse in order to develop a Relapse Prevention Plan. IMR practitioners help consumers identify triggers, early warning signs, and steps they can take to help prevent relapses.</p> <p>For more information, see Topic 7: <i>Reducing Relapses</i> on the CD-ROM, <i>Practitioner Guides and Handouts</i> in this KIT.</p>
<p>Principle 6:</p> <p>Consumers can learn new strategies for managing their symptoms, coping with stress, and improving the quality of their lives.</p>	<p>IMR affirms that consumers can use cognitive-behavioral, motivational, and educational strategies to manage symptoms, stress, and relapses. Using these strategies can significantly improve their lives.</p> <p>For more information, see Topics 8: <i>Coping with Stress</i> and Topic 9: <i>Coping with Problems and Persistent Symptoms</i> on the CD-ROM, <i>Practitioner Guides and Handouts</i>, in this KIT.</p>

Program standards

One of the unique features of IMR is that the important characteristics of this evidence-based model have been translated into program standards to help programs replicate effective services. An instrument called the IMR Fidelity Scale summarizes these characteristics. The fidelity scale is available to help quality assurance teams assess how closely their program follows the evidence-based model (See *Evaluating Your Program* in this KIT). Your IMR leader will distribute this scale to you to review and discuss during training.

Basic Characteristics of Illness Management and Recovery

- Small number of people in session or group
- At least 3 months of weekly sessions or the equivalent
- Comprehensive curriculum
- Provision of educational handouts
- Involvement of significant others
- IMR goal setting
- IMR goal followup
- Motivation-based strategies
- Educational techniques
- Cognitive-behavioral techniques
- Coping skills training
- Relapse prevention training
- Behavioral tailoring for medication

How we know that Illness Management and Recovery is effective

IMR is based on research that shows that by learning more about managing mental illness, people who have experienced psychiatric symptoms can take important steps toward recovery. Specifically, IMR helps consumers do the following (Mueser et al., 2002):

- Learn more about mental illnesses;
- Reduce relapses and rehospitalizations;
- Reduce distress from symptoms; and
- Use medications more consistently.

Core components of Illness Management and Recovery

IMR includes a variety of interventions designed to help consumers improve their ability to overcome the debilitating effects of their illnesses on social and role functioning. The core components of IMR are as follows:

- Psychoeducation;
- Behavior tailoring;
- Relapse prevention; and
- Coping skills training.

Core Components

- **Psychoeducation** provides the basic information about mental illnesses and treatment options.
- **Behavior tailoring** helps consumers manage daily medication regimes by providing strategies for remembering to take medications.
- **Relapse prevention** teaches consumers to identify triggers of past relapses and early warning signs of an impending relapse and develop relapse prevention plans.
- **Coping skills training** involves identifying consumers' current coping strategies for dealing with psychiatric symptoms and either increasing their use of these strategies or teaching new strategies.

To effectively teach these core components to consumers, IMR practitioners use a variety of techniques including motivational, educational, and cognitive-behavioral strategies. IMR practitioners can learn these strategies by reading and applying the information in Module 4 of this workbook.

Core values in Illness Management and Recovery

IMR is based on several core values that permeate the relationship between the practitioner and consumers. These values include the following:

- Building hope;
- Recognizing consumers as experts in their own experience of mental illness;
- Emphasizing personal choice;
- Establishing a collaborative partnership; and
- Demonstrating respect.

Build hope

Primarily, the process of teaching IMR involves conveying a message of hope and optimism. The long-term course of mental illnesses cannot be predicted, and no one can predict anyone's future. However, studies suggest that consumers who actively participate in their treatment and who develop effective coping skills have the most favorable course and outcome, including a better quality of life (Mueser et al., 2002). The ability to influence one's own destiny is the basis for hope and optimism about the future.

IMR practitioners convey hope and optimism to consumers. People who experience psychiatric symptoms often report that having another person believe in them is empowering and validating.

In providing IMR, practitioners present information and skills as potentially useful tools that consumers can use in pursuing their goals. IMR practitioners retain an attitude of hope and optimism, even when consumers may be pessimistic.

Recognize consumers as experts

While IMR practitioners have professional expertise in the treatment of mental illnesses, consumers have expertise in the experience of mental illnesses. Consumers know what has been helpful and what has not.

Just as IMR practitioners share their expertise about information and skills for managing and recovering from mental illnesses, consumers share their expertise about how they experience mental illnesses and which strategies work for them. IMR practitioners seek each consumer's unique experience with mental illnesses and response to treatment. By paying close attention to consumers' expertise, IMR practitioners are more effective in helping consumers make progress toward their personal goals.

Emphasize personal choice

The overriding goal of IMR is to give consumers the information and skills they need to make choices about their own treatment. The ability and right of consumers to make their own decisions is paramount even when consumers' decisions differ from the recommendations of their treatment providers. Certain rare exceptions to this principle exist, for example, when legal constraints such as an involuntary hospitalization to protect consumers from themselves or others.

In general, IMR practitioners avoid placing pressure on consumers to make certain treatment decisions. Instead they accept consumers' decisions and work with them to evaluate the consequences in terms of their personal goals.

Establish a collaborative partnership

While IMR practitioners are teachers, they are also collaborators. IMR practitioners help consumers learn how to cope with their illnesses and make progress toward their goals. The collaborative spirit

of IMR reflects the fact that practitioners and consumers work side by side in a nonhierarchical relationship.

Demonstrate respect

Respect is a key ingredient for successfully collaborating in IMR. IMR practitioners respect people who experience psychiatric symptoms as fellow human beings, capable decisionmakers, and active participants in their own treatment. IMR practitioners accept that consumers may differ in their personal values and respect the right of consumers to make informed decisions based on these values.

IMR practitioners also accept that consumers may hold different opinions, and they respect consumers' rights to their own opinions. For example, consumers may disagree that they have a particular mental illness or any mental illness at all.

Rather than actively trying to persuade consumers that they have a specific disorder, IMR practitioners respect their beliefs while searching for common ground as a basis for collaboration. Common ground could include agreement on issues such as the following:

- Symptoms and distress that consumers experience (perhaps even conceptualized generally as stress, anxiety, or nerve problems);
- Desire to avoid hospitalization;
- Difficulties with independent living; or
- A specific goal they would like to accomplish.

Rather than insisting that consumers accept a particular point of view, IMR practitioners seek common ground as a basis for collaborating, thus demonstrating respect for consumers' beliefs.

Summary

In summary, this module reviewed the basic elements and core values of Illness Management and Recovery. This evidence-based practice is based on a core set of practice principles, that have been translated into program standards that agencies may replicate. Substantial research has demonstrated its effectiveness.

The next modules give practitioners information about the core processes for providing IMR services.

Exercise: **Explore the Benefits of Illness Management and Recovery**

Studies that have explored what makes a difference in whether practitioners adopt a new approach to treatment have found that practitioners are more likely to adopt a practice if it addresses an area in which they feel they must improve. Share your experiences about where the traditional service delivery system has been inadequate and identify aspects of IMR that address those inadequacies.

Some experiences where the traditional service delivery system has been inadequate:

■

■

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How IMR may address those inadequacies:

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Exercise: **Identify Consumers**

Answer the following questions to help reinforce your understanding of your agency's IMR policies and procedures.

1. What is your agency's IMR admission policy?

■

■

■

■

2. How will consumers be referred to your IMR program?

3. Under what circumstances will consumers be discharged from IMR?

Exercise: Learn More About Recovery

■ Learn from the National Empowerment Center (NEC)

The National Empowerment Center's web site has stories and articles written by people who have experienced mental illnesses. The articles give you a glimpse of what it is like to receive mental health services and include accounts of personal journeys to recovery.

Group Discussion: Download two articles or stories from <http://www.power2u.org>. Review and discuss the stories as a group.

■ Read more about recovery

Much of the information on recovery in this module comes from a Substance Abuse and Mental Health Services Administration (SAMHSA) report called *A Review of Recovery Literature* by Dr. Ruth O. Ralph (2000). This report is available from the SAMHSA web site <http://www.samhsa.gov>.


Group Discussion: Download this report (about 30 pages). Review and discuss it as a group.

Module 2

Core Processes

Notes to the facilitator and IMR leader


Prepare for Module 2

- Make copies of Module 2. Your copy is in this workbook; print additional copies from the CD-ROM in the KIT. 
- Distribute the material to those who are participating in your group training. Ask them to read it before meeting as a group.

- Make copies of these exercises:
 - ☐ *Compare Assessment Procedures*
 - ☐ *Complete a Progress Note*
 - ☐ *Involve Other Supporters*
 - ☐ *Improve Your Program*



Do not distribute the exercises until the group training. Your copies are in this workbook; print additional copies from the KIT's CD-ROM.

- Make copies of your agency's policies and procedures for assessing consumers and documenting services provided by your IMR program (if available). For a Model Assessment Form and Progress Note, see *Building Your Program* in this KIT. 

Also, make copies of these documents found in *Evaluating Your Program* in this KIT:

- ☐ Illness Management and Recovery Fidelity Scale
- ☐ General Organizational Index
- ☐ Outcome measures that your agency will monitor (if available)

Do not distribute the documents until the group training.

Conduct your second training session

- When you convene your group, discuss the content of Module 2.
- Distribute the following:
 - ☐ Your agency's policies and procedures for assessing consumers and documenting IMR services
 - ☐ The IMR Fidelity Scale
 - ☐ General Organizational Index
 - ☐ Outcome measures that your agency will monitor (if available)
 - ☐ Exercises for this module

Note: This module has no corresponding Practice Demonstration Video component.

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Module 2: Core Processes

Module 2 introduces you to the core processes of **Illness Management and Recovery (IMR)**, including referral and assessment procedures, the curriculum, and the session format. This module also discusses key aspects for providing effective services such as identifying, setting, and pursuing goals and using homework assignments to apply educational material.

Core Processes of Illness Management and Recovery

- A consumer is referred to your IMR program.
- The IMR leader or practitioner introduces the IMR program.
- IMR practitioner assesses the consumer using the *IMR Knowledge and Skills Inventory*.
- The consumer begins weekly or biweekly IMR sessions in a group format, individual format, or combination of the two.
- IMR practitioners teach consumers information presented in IMR curriculum.
- IMR practitioners help consumers apply knowledge and skills using exercises and homework assignments.
- IMR practitioners help consumers set and pursue personal recovery goals using IMR goal forms and exercises.
- IMR practitioners help consumers build support by involving family and other supporters.
- IMR practitioners document consumers' progress using the IMR Progress Note.
- IMR practitioners meet weekly for group supervision and individually with an IMR leader as needed.

Although you might think that integrating IMR core processes and paperwork into your daily routine is too time consuming and burdensome, these processes make IMR teams operate effectively and efficiently.

Engaging consumers is a continuous process

Engaging consumers in the process of IMR starts the moment that they are referred to the program. It is difficult, if not impossible, to engage consumers in a treatment process in any meaningful way unless you know their needs and goals and, at the same time, also know that what is being done focuses on reaching those goals. For this reason, whether your agency offers IMR in a group format or individually, we suggest meeting individually with consumers to conduct your IMR orientation sessions.

To explain the IMR program during your first meeting, use the Handout, *Orientation to Illness Management and Recovery* introduced in Module 1 and found on the CD-ROM, *Practitioner Guides and Handouts* in this KIT. Your next few sessions are dedicated to getting to know consumers better. IMR practitioners meet with consumers and their family members or other supporters to further describe the program and learn about consumers' immediate needs and goals.

The engagement process never stops. Whenever you meet with consumers, you learn more about their immediate needs and goals. If you want consumers to stay engaged, you have to continue to help them progress in a way that is meaningful to them. It may take some consumers a while to realize that you are offering something different from what they have received from the mental health system in the past.

Assess consumers' knowledge and skill level

In your second and third sessions, use the *Knowledge and Skills Inventory* to assess consumers. Your IMR leader will distribute and review this form during your group training. This assessment form focuses on consumers' positive attributes rather than on their problems or "deficits."

It is important to gather information in a friendly, low-key manner, using a conversational tone. If you ask questions too quickly, consumers may feel interrogated. Allow time for discussion and don't feel that every question has to be answered. Use consumers' responses to connect them to ways the IMR program can benefit them. At the end of each session, ask for feedback on the parts of the program that seem most interesting to them to continue the engagement process.

Follow the curriculum

Once you finish introducing consumers to the IMR program and assessing their knowledge and skill level, you are ready to begin offering weekly or biweekly sessions based on the IMR curriculum. The IMR curriculum consists of these 10 topics:

- Recovery strategies;
- Practical facts about mental illnesses;
- Stress-Vulnerability Model and treatment strategies;
- Building social support;
- Using medication effectively;
- Drug and alcohol use;
- Reducing relapses;
- Coping with stress;
- Coping with problems and persistent symptoms; and
- Getting your needs met by the mental health system.

Typically, the IMR curriculum can be followed in the order listed. However, for some consumers, it is important to tailor the program to respond to their individual needs. For example, when specific symptoms distress a consumer, address the problem early using Topic 9: *Coping with Problems and Persistent Symptoms*. We encourage you to use your clinical judgment about the order of topics in the IMR curriculum.

Practitioner Guides and Handouts have been developed to guide your work with the IMR curriculum. See the CD-ROM, *Practitioner Guides and Handouts* in this KIT.

Use Practitioner Guides

Practitioner Guides are available for each topic in the IMR curriculum. The guides give you a quick review of the topic's overall goal and the recommended structure for each session. The guides also give you reminders and recommendations such as the following:

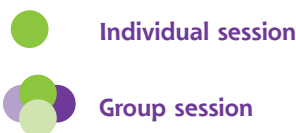
- Alert you to upcoming exercises so that you may allot time to complete them;
- Prompt you to make connections between information within the Handout and consumers' personal recovery goals; and
- Suggest homework assignments that appropriately reinforce knowledge and skills.

Practitioner Guides also include suggestions for motivational, educational, and cognitive-behavioral strategies that are tailored to the topic area. For a more detailed discussion of these strategies, see Module 4 of this workbook.

Two sets of Practitioner Guides are in the booklet:

- Practitioner Guides for individual sessions; and
- Practitioner Guides for group sessions.

Each Practitioner Guide is marked with one of the following icons on the top right corner of the page to identify whether it was developed for use in the individual or group format:



If the Practitioner Guide can be used in either format, both icons will appear.

Before each session, select and review the appropriate Practitioner Guide for the topic that you will be discussing. Use this material to help comprehensively cover the topics in the IMR curriculum.

Use Handouts for consumers

Handouts for each topic are also available for you to distribute and review with consumers during your sessions. The Handouts have practical information and skills that consumers can use in the recovery process. They are written in simple, easy-to-understand language and include informative text, summary boxes, probing questions, and exercises to help consumers learn the material in a number of different ways. They are not meant to be stand-alone documents. It is important that you help consumers integrate the knowledge and skills presented in them.

Similar to the Practitioner Guides, some Handouts may differ depending on whether you are presenting the material in an individual or group format. Each Handout is also marked with one of the following icons on the top right corner to identify whether it was developed for use in the individual or group format:



If a Handout may be used in either format, both icons will appear.

During the first IMR session, give each consumer a three-ring IMR binder. Tell consumers to bring the binders to every session and to insert their Handouts after completing them.

If consumers have difficulty remembering to bring their binders to the sessions or if they lack a secure place to keep them, set up a storage area near the location of your IMR sessions. Have extra copies of the IMR Handouts available for consumers who forget their binders. You can collect those extra copies at the end of your session.

Pace your sessions

Typically, IMR sessions are offered weekly and last between 45 and 60 minutes. The length of the IMR program varies between 3 and 10 months.

The length of the IMR program and pacing of the sessions depend on a variety of factors, including the following:

- Consumers' prior knowledge and skill level;
- The problem areas that they would like to work on; and
- The presence of either cognitive difficulties or severe symptoms that may slow the learning process.

Use the information collected in the orientation sessions to help predict the pacing of the sessions. Some consumers may have limited attention spans, comprehension problems, or severe symptoms that make it difficult to focus for more than 30 minutes. Consider taking breaks during sessions or conducting more frequent, brief sessions, such as meeting for 20 to 30 minutes two or three times a week.

Consider the format of your sessions

The IMR program may be offered in either the individual or group format or a combination of the two. The length of the IMR program and the pacing of the sessions will differ depending on the format that your agency chooses.

Ask your IMR leader which format your agency will offer. Refer to the appropriate Practitioner Guide and Handout for each session.

Using a group format

When you offer IMR in a group format, establish general group guidelines. Common guidelines include the following:

- What is said in the room stays in the room;
- Treat all group members and property with respect; and
- Regular attendance is expected.

During the first group session, tell consumers about the general group guidelines. Ask them to notify you if they cannot attend the IMR group.

You can deal with violations to the guidelines in various ways. Raise less serious ones in a general way, not by confronting a specific consumer, but by reminding all consumers of the guidelines and asking for a recommitment to them. You can deal with more serious violations by meeting separately with specific consumers. Only in the most extreme situations should you confront a consumer in front of others in the group.

Structure your sessions

IMR practitioners have found that following the outline shown in the box helps them work through the IMR curriculum more efficiently with consumers. For this reason, the Practitioner Guides for each topic recommend that you follow this structure for your IMR sessions.

Suggested Structure for Individual and Group Sessions

	Individual sessions	Group sessions
Socialize informally and identify any major problems	1–3 minutes	1–3 minutes
Review previous sessions	1–3 minutes	1–3 minutes
Review homework	3–5 minutes	5–10 minutes
Follow up on goals	1–3 minutes	5–10 minutes
Set agenda for current session	1–2 minutes	1–2 minutes
Teach new material or review previously taught material	30–40 minutes	20–25 minutes
Agree on new homework assignment	3–5 minutes	5–10 minutes
Summarize progress made in current session	3–5 minutes	3–5 minutes

Provide homework assignments

Homework assignments are a critical vehicle for helping consumers practice and apply what they learn. With sufficient practice, consumers can integrate new skills to the point where they become automatic and can be used with little or no forethought.

The Practitioner Guides include suggestions for homework assignments. Suggestions may include the following:

- Reviewing a section of the Handout;
- Finishing an exercise that was started during the session; or
- Actively practicing a newly acquired skill.

When homework involves practicing a new skill, it is helpful if consumers make a specific plan for how that will be accomplished. For example, if consumers indicated that they would like to practice the strategy of exercising regularly, help make a plan about what type of exercise, how many minutes, which days of the week, what time of day, and how to overcome anticipated obstacles.

Help consumers troubleshoot obstacles that might interfere with completing the homework. This gives consumers some options and helps them avoid becoming distressed.

Be aware that some consumers will be fine with the term *homework assignment*, while others may feel uncomfortable with it. If this is the case, use different terminology, such as *something to follow up with what we talked about today*, *an opportunity to practice what we're learning*, or *recovery action steps*.

Follow up on homework assignments

Ask consumers to share their experiences of trying to complete the homework assignment. Praise consumers for their efforts and accomplishments on the homework. Explore the following questions:

- What were you able to do?
- What were you unable to do?
- What might you do differently in the future to follow through with homework?

If consumers did not complete a homework assignment, identify obstacles that they may have encountered. Problem-solve ways that they may overcome these obstacles. For example, if the homework assignment was to attend a support group meeting and they did not have transportation, you could help identify a bus or subway that they could take to the meeting.

If consumers did not complete the homework, discuss reasons and collaboratively modify the assignment to be more achievable. For example, if the homework was to attend a support group meeting, but consumers were very apprehensive about being with people they don't know, a modified assignment might be to start by calling the contact person for the support group and asking a few questions.

It is important to tailor homework assignments to address consumers' needs and interests. This may be more challenging when providing IMR in a group format. Use consumers' responses to the review questions at the end of each session to assess how much of the information and skills they have mastered. Tailor homework assignments to help consumers continue to pursue their goals.

Setting and pursuing goals

As mentioned in Module 1, setting and pursuing personal goals is an essential part of recovery. In IMR, consumers define what recovery means to them and identify personal recovery goals.

The first IMR topic, *Recovery Strategies*, contains specific information about setting goals. However, throughout the entire program, IMR practitioners help consumers set meaningful, personal goals and follow up on those goals.

Two exercises help consumers set and pursue goals:

- *Working on Goals* identifies one or two goals and a few steps towards achieving them; and
- *Step-by-Step Problem-Solving and Goal Achievement* outlines more detailed goal planning.

Although you can find these exercises attached to the IMR Handout—Topic 1: *Recovery Strategies*, use these exercises during any IMR session to help consumers define or revise their goals and establish steps for pursuing them.

Since it is expected that consumers will develop and pursue multiple goals over the course of the IMR program, we developed a form to help consumers track their goals and progress. Instruct consumers to insert the form, *Goals Set in the IMR Program*, in the front of their IMR binder and update it weekly. This form is also attached to IMR Handout—Topic 1: *Recovery Strategies* on the CD-ROM, *Practitioner Guides and Handouts* in this KIT.

Practitioner Guides for each session will prompt you to follow up on consumers' progress toward their goals. If you are providing IMR in a group format, follow up on the goals of two or three consumers during each session. Focus on different consumers each week to ensure that all group members have an opportunity to review their progress.

It is important to monitor several aspects of consumers' progress, including:

- Breaking goals down into small steps;
- Recognizing progress in achieving each step;
- Helping consumers adjust or revise goals; and
- Setting new goals when old ones have been reached.

Consider rewarding consumers' accomplishments. If you are offering IMR in a group, applaud consumers' achievements. You could also consider giving other rewards such as certificates or token gifts.

Keep consumers' goals in mind throughout the IMR session. Make as many connections as possible between consumers' goals and how the topic information and skills can help them meet their goals.

Involve other supporters

Developing and enhancing natural supports is a goal of the IMR program. Family members or other supporters who are involved in IMR are more supportive of consumers' mental health treatment and recovery goals.

While IMR Topic 4: *Building Social Supports* is dedicated to building a support network, you should integrate this task into every IMR session. During IMR orientation sessions, explore the benefits of developing support networks. Review different types of people that consumers can consider including in their support network. In addition to family members, consumers may include the following people:

- Friends;
- Support group members;
- Leaders of self-help programs;
- Boyfriends or girlfriends;

- Roommates;
- Classmates;
- Case managers;
- Staff members from Supportive Housing or Supported Employment programs;
- Counselors from other programs;
- Family Psychoeducation program group members;
- Church members;
- Other spiritual group members; or
- Others.

Look for ways to help consumers build their support network. For example, you may encourage families to participate in specific IMR sessions.

Other ways that family members and other supporters can be involved in the IMR program include the following:

- Helping consumers review and master information in the IMR curriculum;
- Helping consumers practice newly learned skills;
- Taking a role in implementing one or more steps in consumers' plans for achieving a personal recovery goals; and
- Taking a role in consumers' Relapse Prevention Plan, Plan for Coping with Persistent Symptoms, or Plan for Coping with Stress. For more information about these plans, see Topics 7, 8, and 9 on the CD-ROM, *Practitioner Guides and Handouts* in this KIT.

If consumers are uncomfortable involving family members or other supporters on their own, offer to initiate contact with the people they choose. With consumers' permission, offer to keep the family member or other supporter informed by regularly calling or by sending them IMR handouts or other relevant written materials.

Another idea is to have a monthly support group for consumers, family members, and other supporters. Support group members would review the IMR Handouts and discuss ways to support what consumers are learning in the IMR program.

Remember that the decision to involve a family member or other supporter is the consumer's choice. Therefore, it is important to listen to consumers and respect their decisions about whether and in what ways to involve family members or other supporters.

Complete Progress Notes

After every IMR session, complete an IMR Progress Note to document the services that you provided. The Progress Notes will help you track the following information:

- Consumers' personal goals;
- Kinds of interventions provided (motivational, educational, cognitive-behavioral);
- Evidence-based skills that are taught (coping skills, relapse prevention skills, and behavioral tailoring skills); and
- Homework assignments.

Ask your IMR leader for a copy of the IMR Progress Note.

Participate in supervision

As part of an IMR team, you are expected to meet weekly with your IMR leader for individual or group supervision. Weekly supervision meetings are critical for ensuring open communication among team members.

Discuss consumers' goals and the progress that they are making toward their recovery. Talk with your IMR leader and fellow IMR practitioners about how to respond to issues that arise in your IMR sessions.

Every 6 months, your IMR leader will also present the results and recommendations from your IMR fidelity assessment. Use this information to discuss as a team how your IMR program may be improved. For more information on the IMR fidelity assessments, see *Evaluating Your Program* in this KIT.

Summary

In summary, this module introduced the core processes of IMR, including referral and assessment procedures, the IMR curriculum, and the format for IMR sessions. The next module introduces the concept of recovery and the Stress-Vulnerability Model.

Exercise: **Compare Assessment Procedures**

Distribute and review your agency's IMR assessment form. (For a model *Knowledge and Skills Inventory* assessment form, see *Building Your Program* in this KIT. For this exercise, use the version that your agency has adapted.)

- **Group discussion:** Review your agency's IMR assessment form and procedures for completing it. How does it compare to assessment forms that you have used in the past?

Exercise: **Complete a Progress Note**

Distribute and review your agency's IMR Progress Note. (For a model form, see *Building Your Program* in this KIT. For this exercise, use the version that your agency has adapted.)

- **Group Discussion:** Complete the form, based on the role-play of the *Orientation to Illness Management and Recovery* that you completed in your last training. Discuss your responses as a group.

Exercise: **Involve Other Supporters**

- **Role-play:** Select two practitioners to play the roles of consumer and practitioner. Model how IMR practitioners will discuss with consumers the importance of building support networks. Provide options for different people who may be included and how they may participate. Show respect for consumers' decisions.

Exercise: **Improve Your Program**


- Distribute these documents:
 - IMR Fidelity Scale
 - General Organizational Index (GOI)
 - Outcome measures that your agency will monitor (if available)
- Discuss how your IMR program will be evaluated.


Module 3

Recovery and the Stress-Vulnerability Model


Notes to the facilitator and IMR leader

Prepare for Module 3

- Make copies of Module 3. Your copy is in this workbook; print additional copies from the CD-ROM in the KIT. 
- Distribute the material to those who are participating in your group training. Ask them to read it before meeting as a group.
- Make copies of these exercises:
 - ☐ *Reinforce Your Understanding of Recovery and the Stress-Vulnerability Model*
 - ☐ *Practice What You've Learned About the Stress-Vulnerability Model*
 - ☐ *Learn More About Recovery*

Do not distribute them until the group training. Your copies are in this workbook; print additional copies from the CD-ROM.
- Make copies of the materials described in the exercise Learn More About Recovery that you wish to review during the training. Also, make copies of the Practitioner Guides and Handout for Topic 1: Recovery Strategies found on the CD-ROM in this KIT. Do not distribute them until the group training. 

Conduct your third training session

- When you convene your group, view the following three segments of Practice Demonstration Video: 
 - ☐ *Recovery Strategies*
 - ☐ *Practical Facts About Mental Illnesses*
 - ☐ *The Stress-Vulnerability Model and Treatment Strategies*
- Discuss the video and the content of Module 3.
- Distribute the exercises and related materials. Discuss and complete them as a group.

Training Frontline Staff

Module 3: Recovery and the Stress-Vulnerability Model

Two concepts are essential to understanding the goals and objectives of Illness Management and Recovery (IMR):

- Recovery, especially in the context of serious mental illness, embraces a hopeful vision for people who experience psychiatric disorders. Since the ultimate goal of IMR services is to support consumers' recovery processes, it is important to focus on this concept.
- The Stress-Vulnerability Model provides a useful framework for understanding mental illnesses and factors that influence their onset and course. The Stress-Vulnerability Model also offers a framework for thinking about information and skills that consumers need for recovery.

Recovery means more than just coping

The idea of recovery from serious mental illnesses may be new to you if you came of age professionally in an earlier era when the mental health field generally held low expectations for people with serious mental illnesses. Today *recovery* embraces a more hopeful vision for people who experience serious mental illnesses.

In a recovery framework, the expectation is that consumers can live a life in which mental illnesses are not the driving factor in their lives. Recovery means more than expecting people to simply cope with mental illnesses or maintaining people with mental illnesses in the community. As an IMR practitioner, you are called on to be a source of hope, support, and education, and to partner with consumers on their journey through mental illness and the accompanying social contexts.

Consumers are looking for the following from you:

- Support and education so they can better manage their symptoms;
- Encouragement to set personal goals and work toward them; and
- Information, skills, and support.

A Substance Abuse and Mental Health Services Administration (SAMHSA) publication prepared by Dr. Ruth Ralph for the National Technical Assistance Center for State Mental Health Planning (NTAC) and the National Association for State Mental Health Program Directors (NASMHPD), describes recovery as follows:

...a process in which consumers learn to approach daily challenges, overcome disability, learn skills, live independently, and contribute to society (Ralph, 2000).

Helping consumers in the process of recovery is the ultimate goal of IMR.

The dictionary talks about *recovery* in terms of regaining something or getting something back. In consumers' comments about recovery, they repeat themes of regaining hope, motivation, self-confidence, meaning, and independence. Consequently, it is important for IMR to convey the belief that consumers can achieve the following:

- Get well and stay well for long periods of time;
- Work toward and meet personal goals; and
- Lead happy and productive lives.

Consumers who were involved in developing this KIT discussed the importance of goals in providing meaning and instilling hope. As one consumer said:

I have to have goals. That's what gives my life meaning. I'm looking to the future.

According to another consumer:

It's about motivation.

For another consumer, the issue is self-esteem:

Recovery is about having confidence and self-esteem. There are things I'm good at, and I have something positive to offer the world.

Independence is also important:

The most important thing in my recovery is to be as independent as possible. I'm working at that all the time.

IMR practitioners work with consumers to help them achieve maximum independence in many areas including housing, finances, and medication management. IMR practitioners can also help consumers become more independent in their relationship with the mental health system by educating them about mental illnesses and treatment options and by relating to them as partners in the treatment process rather than as the subjects of treatment.

Learn from other perspectives

We are not suggesting that recovery means that consumers simply go back to where they were before the onset of illness. For one thing, we are all continuously changing, growing, and learning. Further, being diagnosed with a serious mental illness can be a life-altering experience. For these reasons and others, some consumers prefer to talk about the experience of mental illness in terms other than recovery.

For a broader view of consumers' thoughts about the experience of mental illness, consider these quotes:

I am not recovered. There is no repeating, regaining, restoring, recapturing, recuperating, retrieving. There was not a convalescence. I am not complete. What I am is changing and growing and integrating and learning to be myself. What there is, is motion, less pain, and a higher portion of time well-lived (Caras, 1999).

Our lives seem not to follow a traditional linear path; our lives appear to be like advancing spirals. We relapse and recuperate, we decide and rebuild, we awaken to life and recover/discover, and then we spiral again. This spiral journey is one of renewal and integration, the dynamic nature of this process leads to what can only be described as transformation. Recovery and rehabilitation imply that someone was once broken and then was fixed. Transformation implies that proverbial making of lemonade after life hands you lemons. It is the lesson, hard learned, of the opportunity available in the midst of crisis that evokes a substantive change within ourselves (Cohan & Caras, 1998).

Think about recovery as a process

Recovery does not mean the same thing as *cure*. When we use the term *recovery* in this book, we do not imply that consumers will never experience psychiatric symptoms again; we are talking about an ongoing process.

Consider the ongoing process of recovery as a journey through mental illness to a place where consumers have the courage, skills, knowledge, and aspiration to struggle persistently with psychiatric symptoms and the impairments that can limit them from living independent and meaningful lives (Ralph, 2000).

The process of recovery involves consumers' experiencing and processing their feelings about having mental illnesses and the consequences of those illnesses in their lives. Consumers write and speak of experiencing grief, frustration, loneliness, despair, and anger at God, at the mental health system, and at society's treatment of people with mental illnesses.

As you work with consumers, it is important to allow them to express their feelings about having mental illnesses. Anger, grief, frustration, hopelessness, and despair are all normal emotions that people who are diagnosed with major illnesses might experience. Be careful not to ignore these feelings as being merely symptoms of mental illness, mood swings, or labile affect.

Listen and validate consumers' feelings, without discounting or minimizing their experiences. Help them refocus on what they are able to do and how they can decrease the symptoms they experience, prevent them from recurring, and become involved in meaningful adult activities that interest them.

Convey hope

It is easy for people who are diagnosed with serious mental illnesses to lose hope. It can be very difficult to live with the symptoms of mental illnesses. Historically, we have sent a clear message that consumers are less valued members of our society. Until recently, even the mental health profession has sent the message that the best consumers might hope for is to cope.

While progress is slowly being made to change attitudes and eliminate the stigma associated with mental illnesses, consumers still receive many negative messages, which are easy to internalize. Your job involves countering those negative messages by showing the people you work with the same respect and consideration you would any adult and by helping them envision social roles for themselves other than those of patient or consumer.

Offer consumer-directed care

Through learning information about mental illnesses and treatment, developing skills for reducing relapses, dealing with stress, and coping with symptoms, consumers can become empowered to manage their own illnesses, to find their own goals for recovery, and to assume responsibility for directing their own treatment.

Consumers are not passive recipients of treatment. The goal is not to make them comply with treatment recommendations. Rather, the focus of IMR is to provide consumers with the information and skills they need to make informed decisions about their own treatment.

Help consumers pursue personal goals

Being able to set and pursue personal goals is an essential part of recovery. In IMR, consumers define what recovery means to them and they identify goals.

The first IMR curriculum topic, *Recovery Strategies*, has specific information about setting goals. However, throughout the entire program, IMR practitioners help consumers set meaningful, personal goals and follow up on those goals. As consumers gain mastery over their psychiatric symptoms, they gain more control over their lives and become better able to realize their vision of recovery.

In each IMR session, practitioners should follow up with consumers' progress toward their personal goals. The IMR curriculum includes exercises designed to help consumers set and pursue personal recovery goals.

Understand the Stress-Vulnerability Model

The ultimate goal of IMR is to help consumers reach a point where having mental illnesses is not central in their lives. To help them reach that point, you must understand something about the onset and course of mental illnesses. The Stress-Vulnerability Model gives you a framework for thinking about mental illnesses; it is a practical schema for conceptualizing the objectives of services.

According to some views of the Stress-Vulnerability Model, an episode of serious mental illness such as schizophrenia, schizoaffective disorder, bipolar disorder, or major depression involves two factors (Mueser et al., 2002; Ingram & Luxton, 2005):

- Psychobiological vulnerability; and
- Stress.

For people to develop a mental illness, they must have a *psychobiological vulnerability*. Researchers are not certain of the exact precursors of these vulnerabilities, but some research suggests genetics, biochemical agents, and early biological development. The illness may then develop spontaneously or it may develop when they are exposed to stress.

Everyone is familiar with stress. Some stressors are major, unpleasant life events or traumas, such as losing a loved one, being fired, losing your home, being arrested, and being hospitalized. Stressors can also be events and experiences that are generally considered positive or desirable. For example, being discharged from the hospital, being released from prison, giving birth to a child, receiving a job promotion, getting an increase in pay, and starting a new relationship are experiences that would generally be considered changes for the better. The key is that they involve change. Even when it is for the better, change can be stressful.

Stressors do not always have to be major events. Daily hassles such as traffic jams, cranky children, rude people, or deadlines can also be stressful. At times, people may be particularly susceptible to stress. Sometimes even little things that normally would not bother people can be stressful, such as feeling hungry, tired, lonely, or ill (as shown in Table 1).

Triggered by stress, the illness may recur periodically. In some consumers, vulnerability appears to increase with repeated episodes of illness. Consumers who receive IMR services often have had multiple episodes of illness or experience symptoms that may not fully remit.

Some conditions and circumstances make it easier for people to cope with stress, such as when they are getting exercise, proper rest, and good nutrition. Social support—having people who will listen and offer support when things are not going well—can also make it easier for people to cope with stress.

Table 1: Stressors and Susceptibility to Stress

Stressors			Susceptibility to stress	
Major negative events	Major positive events	Everyday hassles	Increase susceptibility	Decrease susceptibility
<ul style="list-style-type: none"> ■ Major illness ■ Hospitalization ■ Serious injury ■ Victimization ■ Loss of your home ■ Divorce or separation ■ Having a child taken away ■ Arrest or incarceration ■ Loss of a job ■ Family crises 	<ul style="list-style-type: none"> ■ A new home ■ Hospital discharge ■ A new baby ■ Release from jail ■ A new relationship ■ Getting married ■ Starting a new job ■ A promotion ■ A pay raise ■ Giving up addictive drugs 	<ul style="list-style-type: none"> ■ Deadlines ■ Rude people ■ Forgetting something important ■ Traffic ■ Cranky children ■ Paying bills ■ Not receiving a check on time 	<ul style="list-style-type: none"> ■ Not feeling well ■ Being tired ■ Being hungry ■ Noisy living environment ■ Crowded living environment ■ Social isolation ■ Negative or pessimistic attitude ■ Lack of meaningful stimulation 	<ul style="list-style-type: none"> ■ Good health ■ Adequate rest ■ Adequate nutrition ■ Adequate financial resources ■ Social support ■ Opportunities to relax ■ Exercise ■ Positive or optimistic attitude

Implications for intervention

Considering the basic premise of the Stress-Vulnerability Model, you could conclude that when people who are vulnerable to mental illnesses encounter stressors, they risk relapse. Logically then, interventions that change someone's biochemistry, exposure risk, and factors that influence susceptibility to stressors can favorably alter consumers' odds of experiencing psychiatric symptoms.

For this reason, in addition to teaching consumers about recovery and practical facts about mental illnesses, the IMR curriculum includes the following topics:

- The Stress-Vulnerability Model and strategies for treatment;
- Using medication effectively;
- Drug and alcohol use;
- Reducing relapses;
- Coping with stress; and
- Coping with problems and persistent symptoms.

For more information, see *Practitioner Guides and Handouts* in this KIT.

Change consumers' biochemistry

One way to alter the stress-vulnerability equation is to alter biological processes. Medications can alter the workings of chemicals within the brain to reduce or eliminate psychiatric symptoms. These medications can have substantial side effects and using them effectively requires a close working relationship between consumers and their doctors.

Drugs and alcohol also affect the chemistry in the brain and can worsen psychiatric symptoms. Effectively addressing psychiatric symptoms means also treating co-occurring substance use disorders.

Change consumers' risk of exposure to stressors

Many consumers also face major negative life experiences such as job loss, arrest, and injury. To change consumers' exposure to stressors, you must think ahead about what skills, support, and resources consumers need to prevent such events from occurring. For example, perhaps consumers can avoid evictions if you help them devise and carry out a plan to pay their rent on time or coach them to keep their apartment clean. Perhaps you can help consumers avoid arrest through coordinated interventions that include helping them occupy their time with activities that provide alternatives to using illegal substances.

Confront some stressors

Consumers may not want to avoid positive stressors, such as moving to a new apartment, being discharged from the hospital, or finding a new job. In these instances, you will want to work with them to find ways to make the changes less stressful.

One approach to managing positive events is to break them into manageable pieces. For instance, moving to a new apartment might begin with the consumer spending part of a day there with familiar people. On the next visit, the consumer's supporters might stay for only part of the time. The next step might be for the consumer to spend time in the apartment alone, eventually spending a night alone. Starting a new job might be done similarly. The consumer might spend increasing amounts of time on the job, gradually reducing the amount of immediate support until the consumer is comfortable in the situation. These types of interventions—and the need for them—will vary from consumer to consumer.

Help consumers deal with hassles

Not all stressors are major events. Life is full of hassles that can be sources of stress. Some may be easier to deal with if you can anticipate them; then you can plan to either avoid the hassles or you can rehearse strategies for coping with them. For example, if traveling to a job during rush hour is intolerably stressful for a consumer, you may want to help the consumer plan to leave work at a different time to miss the rush. Another alternative might be to rehearse a conversation that the consumer may have with a job supervisor about starting work at a different time.

Summary

The topics within the IMR curriculum are based on the concepts of recovery and the Stress-Vulnerability Model. Information and exercises within the IMR curriculum help consumers recognize and manage a variety of problems and stressors. For more information on these topics, see *Practitioner Guides and Handouts* in this KIT.

Exercise: **Reinforce Your Understanding of Recovery and the Stress-Vulnerability Model**

Complete the following questions. Discuss your answers as a group.

1. What does the word *recovery* mean to you?

2. What advice would you give to someone with a mental illness who is discouraged about recovery?

3. According to the Stress-Vulnerability Model, what are the main factors that contribute to psychiatric symptoms?

4. How can consumers reduce their biological vulnerability?

5. How can consumers cope with stress?

Exercise: Practice What You've Learned About the Stress-Vulnerability Model

Read the action steps developed with Mr. Jones and decide which step addresses each change shown. Check all that apply.

Action step	Check all that apply			
	A Change the person's biochemistry	B Change the person's risk of exposure to stressors	C Change the person's susceptibility to stressors	D Other
See psychiatrist every 4 to 6 weeks for prescriptions, symptom assessment, supportive therapies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attend weekly IMR group to learn about mental illnesses and coping strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schedule a one-to-one motivational interview three times a week with an integrated treatment specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attend weekly co-occurring disorders group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Find safe, affordable housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meet monthly to review budget and liaison with payee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meet monthly with IMR practitioner and other supporter to identify stressors and their impact on personal goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Exercise: Learn More About Recovery

■ Learn from the National Empowerment Center (NEC)

The National Empowerment Center's web site has stories and articles written by people who have experienced mental illnesses. The articles give you a glimpse of what it is like to receive mental health services and include accounts of personal journeys to recovery.

Group Discussion: Download two articles or stories from www.power2u.org. Review and discuss the stories as a group.

■ Read more about recovery

Much of the information on recovery in this module comes from a Substance Abuse and Mental Health Services Administration (SAMHSA) report called *A Review of Recovery Literature* by Dr. Ruth O. Ralph (2000). This report is available from the SAMHSA web site www.samhsa.gov.


Group Discussion: Download this report (about 30 pages). Review and discuss it as a group.

Module 4

Motivational, Educational, and Cognitive-Behavioral Strategies

Notes to the facilitator and IMR leader

Prepare for Module 4


- Make copies of Module 4. Your copy is in this workbook; print additional copies from the CD-ROM in the KIT. 
- Distribute the material to those who are participating in your group training. Ask them to read it before the group training.

- Make copies of the complete set of *Practitioner Guides and Handouts* on the CD-ROM in this KIT for use in completing the following exercises:

- ☐ *Practice What You've Learned*
- ☐ *Review the Illness Management and Recovery Curriculum*

Do not distribute them until the group training. Your copies of the exercises are in this workbook; print additional copies from the CD-ROM in the KIT.

Conduct your fourth training session

- When you convene your group, view the last four IMR segments of the *Practice Demonstration Video*: 
 - ☐ *Reducing Relapses*
 - ☐ *Coping with Stress*
 - ☐ *Coping with Problems and Persistent Symptoms*
 - ☐ *Getting Your Needs Met by the Mental Health System*
- Discuss the video and content of Module 4.
- Distribute the *Practitioner Guides and Handouts* and exercises and complete them as a group.

Training Frontline Staff

Module 4: Motivational, Educational, and Cognitive-Behavioral Strategies

Practitioners use specific clinical skills to help consumers learn the information and skills in the Illness Management and Recovery (IMR) curriculum. These skills include motivational, educational, and cognitive-behavioral strategies. Module 4 reviews these clinical skills and gives IMR practitioners an opportunity to apply them.

Motivational strategies

Motivational strategies address the fundamental question of why consumers should be interested in learning the information and skills that are included in the Illness Management and Recovery curriculum. If consumers do not view learning certain information or skills as relevant, they will not be motivated to learn.

Never assume that consumers are motivated to learn about and develop recovery skills. Developing this motivation is critical for teaching each topic in the IMR curriculum. For this reason, Practitioner Guides for each IMR curriculum topic include suggested motivational strategies tailored specifically to each topic.

In general, motivational strategies involve helping consumers see how learning information and skills from the IMR curriculum will benefit them and help them achieve their personal recovery goals. As discussed in the other modules, setting and pursuing personal recovery goals is a critical component of the IMR program. You can engage consumers and help them become motivated by making connections between consumers' personal recovery goals and the information and skills contained in the IMR curriculum.

Using motivational strategies is an ongoing process that occurs throughout the IMR program. Use these strategies to collaborate with consumers in their personal recovery process.

Motivation can wax and wane over time, especially if consumers perceive their goals to be distant and difficult to achieve. To help consumers sustain their motivation, convey confidence that they can accomplish their personal recovery goals. Support consumers' optimism, self-confidence, and self-efficacy.

Educational strategies

The IMR curriculum contained on the CD-ROM, *Practitioner Guides and Handouts* in this KIT has a large amount of information to convey to consumers. It is impossible for consumers to simply read the IMR Handouts on their own and master this material. Although you are asked to use the IMR Handouts in every IMR session, it is not effective to simply read them to consumers. Instead, use the following educational techniques to effectively teach the information in the IMR curriculum.

Use an interactive, not didactic teaching style

Teaching in an interactive style makes learning interesting and lively. Interactive learning involves frequently pausing when presenting information to get consumers' reactions and perspectives. Talk about what the information means and answer any questions that may arise. An interactive teaching style conveys to consumers that they have important contributions to make to the learning process and that you are interested in what they say.

Present the material in a conversational tone by summarizing the key points and giving relevant examples. Avoid the monotony of having just one person speak. Instead, consider taking turns reading paragraphs of the Handouts. Keep in mind that while some consumers may enjoy reading aloud, others may have minimal reading skills and may be embarrassed to do so.

At all times, communication should be two way between you and the consumer; it must never seem like a lecture. People learn by actively processing information in a discussion with someone else. Depending on consumers' prior knowledge of the topic material, consider asking them to read the material before the session and use the sessions for discussion.

Check consumers' understanding of the information

How often you check consumers' understanding of the information will vary from person to person. Avoid asking *yes* or *no* questions. Have consumers summarize information in their own words. Hearing them explain their understanding of basic concepts allows you to know which areas they understood and which need clarification. See *Practitioner Guides and Handouts* in this KIT for questions tailored to each topic that you may use to check for understanding.

Break information down into small chunks

Some mental illnesses cause impairment in cognitive functioning, which can result in a slower rate of processing and the need to present information in very small chunks. Presenting small amounts of information at a time and frequently pausing to check for understanding allows consumers to learn at their own pace. Consider simplifying the main points instead of reading from the Handout directly.

Periodically review information that you already covered

Use these strategies to review information:

- Summarize information after it has been discussed;
- Prompt consumers to summarize information that has been discussed;
- Make connections between previously learned and new material; and
- Ask consumers to review sections of the Handouts as a homework assignment.

In addition, begin each IMR session with a brief summary and discussion of the information you covered in the previous session. To check if consumers retained the information and to reinforce topics that you previously discussed, ask them to summarize what they remember.

Adopt consumers' language to facilitate communication

People have their own ways of understanding their experiences, thinking about their lives, and looking into the future. The more you can speak the same language, the easier it will be to make connections and avoid misunderstandings.

Practitioner Guides for each IMR curriculum topic include suggested educational strategies tailored specifically to each topic. Use these educational strategies during the teaching component of the IMR program.

Cognitive-behavioral strategies

In addition to learning the information in the IMR curriculum, consumers must be able to apply it in ways that help them manage their mental illnesses and promote their recovery. Use the following cognitive-behavioral strategies to help consumers apply what they are learning.

Reinforcement

Two types of reinforcement exist:

- Positive reinforcement; and
- Negative reinforcement.

Positive reinforcement refers to an increase in something that is pleasant. For example, a nice meal, money, a hug, praise, and working at an interesting job are examples of positive reinforcement.

Negative reinforcement refers to a decrease in something that is unpleasant. Examples of negative reinforcement include lessening the feeling of anxiety, anger, and boredom; having fewer symptoms; and spending less time in the hospital. Do not confuse negative reinforcement with *punishment*, which is when something undesirable happens.

The principles of reinforcement play an important role in teaching recovery skills. As consumers learn and apply information and skills, they will experience benefits when desired changes are accomplished. Keep this in mind and encourage consumers to pursue their goals and use the skills that they are learning.

Use reinforcement in two fundamental ways:

- Use positive reinforcement in the form of praise, smiles, interest, and enthusiasm to encourage consumers to learn information and skills during and after IMR sessions. Acknowledge consumers' efforts and help them feel good about themselves.
- Highlight examples of negative reinforcement. For example, if consumers begin using relaxation techniques and experience less distress from persistent symptoms, help them monitor this progress. Personalize your work with consumers to maintain focus on their individual goals and the progress that they achieve.

Shaping

Some skills taught in the IMR program are complex and take time to learn. To take a *shaping* approach with consumers means that you help them break the learning process down into small, manageable steps. The expression, "Rome wasn't built in a day," summarizes the concept of shaping.

Consumers will learn at their own pace. It is important to acknowledge each step, summarize progress, and offer praise. Breaking complex skills down into small steps maximizes consumers' rate of success.

Exercises are embedded throughout the IMR curriculum to help you take a shaping approach to teaching recovery skills. Allow time during your IMR sessions for consumers to complete the exercises.

Modeling

Modeling is one of the most powerful methods for teaching skills. *Modeling* refers to demonstrating skills for the purposes of teaching. When modeling a new skill, first describe the nature of the skill and then explain that the skill will be demonstrated to show how it works.

After demonstrating the skill to consumers, ask for feedback. Obtaining feedback will help you assess their understanding and learn their perspective of whether the skill may be useful for them.

You can use modeling to demonstrate a wide range of different skills, including those used in social settings as well as those used while alone. When modeling a skill that consumers can use alone, talk aloud to explain what you are thinking, and then demonstrate the skill. For example, demonstrating a relaxation skill would include first talking aloud about feelings of anxiety or nervousness, deciding to use the exercise, and then practicing the exercise itself.

When modeling a skill to be used in a social situation, first demonstrate the skill for consumers and then suggest role-playing the skill. For example, when working on the skill of starting a conversation, demonstrate how to start a conversation with someone. Then take the role of the conversant and ask consumers to practice the skill with you.

Role-playing

The expression, “Practice makes perfect,” is well suited to learning IMR skills. To learn new skills, consumers must practice them, both in sessions and outside of sessions. Practice helps consumers become more familiar with a new skill, identifies obstacles to using the skill, and provides opportunities for feedback. It is only by practicing skills outside of the sessions that consumers can improve their ability to manage their symptoms and make steps toward recovery.

One of the best methods to help consumers practice a new skill is to conduct a role-play. Follow these steps to set up your role-play:

1. Elicit reasons why learning the skill is beneficial;
2. Discuss steps for applying the skill;
3. Demonstrate the skill and ask for feedback;
4. Engage consumers in a role-play using the same situation;
5. Provide positive feedback;
6. Provide corrective feedback (Make one suggestion for how the role-play could be even better);
7. Engage consumers in another role-play using the same situation;
8. Provide additional feedback; and
9. If you are providing IMR in a group format, engage other consumers in role-plays and provide feedback as in steps 4 through 8.

Using role-plays to learn and practice new skills is an invaluable way for consumers to integrate IMR skills into their daily lives. Be aware that if you are providing IMR in a group format, some consumers may feel vulnerable or shy when doing role-plays in front of others. However, consumers who are reluctant to participate in role-plays in a group setting may be willing to participate with you

individually. Provide that option, if possible, to allow consumers to become comfortable with the role-playing experience.

Structuring role-plays using the suggested format will help you minimize the risk of consumers having an unpleasant role-play experience. Specifically, it is important to always follow a role-play by first reinforcing what consumers did well. Be gentle in the corrective portion of the process. Generalize criticism whenever possible. For example say the following:

Most of us find it hard to make eye contact at first. It usually gets easier with practice. Let's try that again.

Limit your criticism. One corrective suggestion per role-play goes a long way. Tailor your corrective feedback to have the goal of shaping a specific step toward the desired behavior rather than listing all the things that should improve.

In addition to conducting role-plays during IMR sessions, encourage consumers to practice recovery skills on their own. Consumers are more likely to master a skill if they complete specific homework assignments to practice skills soon after a skill has been taught. For a homework assignment to be effective, consumers should be confident that they can perform the skill successfully. Make sure they are familiar with the skill and have specific plans for when and where to practice it. If the skill involves someone else, help consumers select someone with whom to practice the skill.

Follow up on homework assignments. Ask consumers to demonstrate the skill instead of just talking about it. When the skill works as planned, praise consumers for their efforts. When consumers encounter problems using the skill, explore what went wrong, make and practice modifications, and develop another homework assignment to practice the skill. With sufficient practice, consumers can master new skills so they become automatic.

Cognitive restructuring

Consumers' beliefs about themselves and the world shape how they respond to events. Their responses are also influenced by their personal style of processing information. A variety of factors can influence consumers' beliefs and cognitive processing styles, including the following:

- Personal experience;
- Mood; and
- What others have told them.

Sometimes beliefs or cognitive processing styles may be inaccurate or based on distorted reflections of the world around them. Perhaps their beliefs may have been accurate once or under one circumstance but are no longer accurate. Other times beliefs or cognitive processing styles may be accurate but unhelpful.

Cognitive restructuring helps consumers develop an alternative, adaptive, and often more accurate way of looking at things. It often occurs in the process of providing basic information to people, understanding their personal conceptualizations, and working with them to develop more adaptive ways of looking at things. For example, if consumers assume that having mental illnesses means that they will be unable to pursue and achieve goals, help them restructure their thinking by introducing the concept of recovery. The IMR Handout—Topic 1: *Recovery Strategies* includes examples of consumers in recovery who are pursuing and achieving goals. Use this information to encourage consumers to change their thinking.

While cognitive restructuring may occur informally, it may also be taught more formally as a coping skill for dealing with negative emotions or symptoms. For example, when reviewing IMR Handout—Topic 9: *Coping with Problems and Persistent Symptoms*, use cognitive restructuring to help consumers develop an adaptive way of looking at troubling symptoms. Rather than viewing symptoms as intrusions into their well-being, help consumers view their symptoms as bothersome experiences that may be minimized by practicing coping strategies.

In such circumstances, cognitive restructuring involves helping consumers describe the symptom or situation leading to the negative feeling. Next, help consumers link the symptom or negative emotions and the implicit thoughts associated with those feelings. Then, help consumers evaluate the accuracy of those thoughts and, if they are found to be inaccurate, identify an alternative way of looking at the situation more accurately. To do so, teach them about common cognitive distortions such as overgeneralizations, jumping to conclusions, “black-and-white thinking,” catastrophic thinking, and selective attention (paying attention to only one piece of information while ignoring others).

Convey the message that feelings are the byproduct of thoughts, that such thoughts are often inaccurate, and that people can decide to change their thoughts based on examining the evidence. By using cognitive-behavioral strategies, you will help consumers learn and apply a variety of complex skills presented in the IMR curriculum. For more information about specific cognitive-behavioral strategies tailored to each IMR topic, see the Practitioner Guides on the CD-ROM, *Practitioner Guides and Handouts* in this KIT.

Other clinical skills

The IMR program is not intended to be implemented as a cookbook treatment program in which specified interventions are provided in a rote manner. Instead, we encourage you to use your clinical expertise as a guide in presenting and applying the IMR curriculum. Other clinical skills that you may use include behavior tailoring, relapse prevention, and coping skills enhancement.

Behavior tailoring

Behavior tailoring is used in IMR to help consumers develop strategies in their daily lives that incorporate taking medication. The rationale behind behavior tailoring is that building medication into an existing routine will give consumers regular cues to take their medication, minimizing the chance that they will forget.

Interest in taking medication is usually established by motivational techniques, including eliciting and reviewing the benefits of taking medication. (For more information, see IMR Handout—Topic 5: *Using Medications Effectively*.)

When using behavior tailoring, first explore consumers' daily routines, including activities such as eating meals (where and when) and personal hygiene (brushing teeth, showering, using deodorant, using contact lenses, etc.). Then, identify an activity that can be adapted to include taking medication. For example, consumers may choose to take medication when they brush their teeth in the morning and evening. To create a cue for taking medication at these times, suggest attaching their toothbrush to their medication bottle with a rubber band so that they remember to take the medication before brushing their teeth.

To ensure that the plan is carried out, first model the routine and then engage consumers in a role-play. After practicing the routine in a session, suggest implementing the plan as homework. Encourage involving family members or other

supporters. Schedule a home visit as part of the followup plan. Remember, praise small steps and efforts and reinforce and reward progress.

Relapse prevention

Relapse prevention involves helping consumers identify early warning signs of a relapse and developing a plan to respond to those signs in order to avert or minimize the severity of a relapse. Developing a Relapse Prevention Plan involves a number of steps such as the following:

- Engage consumers in a discussion of past relapses:
- Discuss the advantages of preventing or minimizing the severity of future relapses:
- Explain the nature of relapses such as their gradual onset and the emergence of early warning signs:
- Discuss consumers' most recent relapses to identify possible early warning signs;
- Select the most prominent signs to monitor; and
- Determine a set of steps for how to respond to these signs.

Relapse Prevention Plans are most effective when they involve someone else who is supportive to the person, such as a family member or friend.

Once the steps for responding to the signs of a possible relapse have been established, they are written down. You can use role-plays to help consumers become familiar with the steps that they have outlined and to make any needed modifications. Homework assignments can involve additional role-playing and sharing the plan with other supporters.

For more information about relapse prevention and developing Relapse Prevention Plans, see IMR Handout—Topic 7: *Reducing Relapses* on the CD-ROM, *Practitioner Guides and Handouts* in this KIT.

Coping skills training

Coping skills training helps consumers develop more effective strategies for dealing with problems and persistent symptoms. Similar to behavior tailoring and relapse prevention, coping skills training is primarily based on cognitive-behavioral strategies, while also using motivational and educational strategies.

Steps used in coping skills training include the following:

- Identify a problem or persistent symptom;
- Conduct a behavioral analysis to determine situations in which the symptom is most distressing;
- Identify coping skills that consumers used in the past;
- Evaluate the effectiveness of previously used coping skills;
- Increase the use of effective coping skills;
- Identify new coping skills to try;
- Model and practice new coping skills in role-plays;
- Gain feedback on the effectiveness of the new coping skills and the increased use of previously used ones; and
- Further tailor or adapt the coping strategies to meet consumers' needs.

Practicing new coping skills is most effective when consumers involve family members and other supporters. For more information, see IMR Handout—Topic 9: *Coping with Problems and Persistent Symptoms* on the CD-ROM, *Practitioner Guides and Handouts* in this KIT.

Conclusion

Providing IMR services involves integrating a variety of clinical skills, including motivational, educational, and cognitive-behavioral strategies. While the specific mix of clinical interventions will differ from one consumer to the next, most IMR sessions will include a combination of each.

Exercise: Practice What You've Learned

- **Role-play:** Review the *Practitioner Guides and Handouts* for Topic 8: *Coping with Stress*. Conduct a role-play to practice motivational, educational, and cognitive-behavioral strategies that you may use in your IMR sessions.
 - **If you are offering IMR in an individual format**, select two IMR practitioners to play the roles of consumer and practitioner.
 - **If you are offering IMR in a group format**, have one practitioner introduce IMR to those participating in your IMR group training.

- **Group discussion:** Discuss the motivational and educational strategies that you would use to help consumers who find it difficult to identify signs that they are under stress. What types of cognitive-behavioral strategies could be used?

Exercise: **Review the Illness Management and Recovery Curriculum**

- Distribute copies of the *Practitioner Guides and Handouts* to IMR practitioners.
- Discuss a plan for addressing issues and questions that may arise as practitioners use the *Practitioner Guides and Handouts*.

