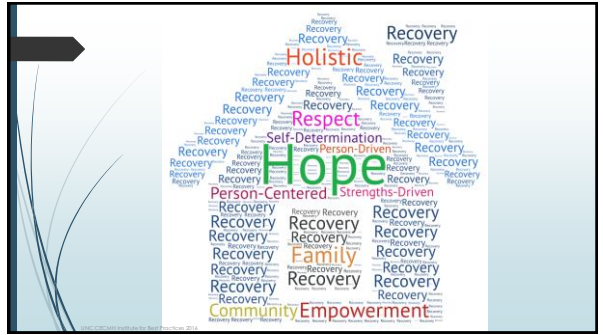


# Helping People Build Functional Skills to Succeed in Keeping Their Home

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## What makes where you live a home?

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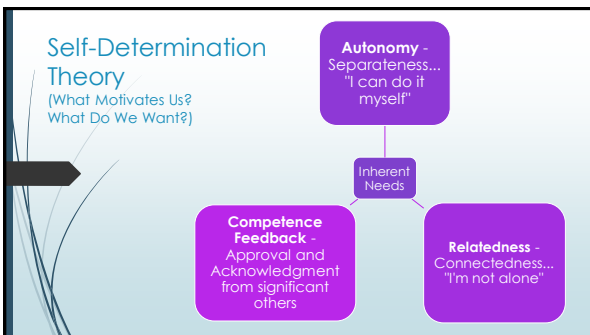
## Housing First (not second, or third) Model

**Housing First Model:**

- Immediate focus on finding permanent supportive housing
  - "place then train" (not "train then place")
- Then offer a range of services to support the individual to help them be successful in their housing

- Permanent standard lease; not transitional
- Safe immediate area and neighbors; relatively low risk of victimization
- Decent clean, in good repair
- Affordable no more than 30% of income, which includes both rent and utilities
- Community-based Is integrated, not separated from community at large

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## Deinstitutionalization

"The Supreme Court stated that the right of people in the community to not be bothered is important, but not as important as the right of the bothersome to be free." (Krieg, 2001, p. 369).

The number of mentally ill patients in U.S. public psychiatric hospitals in 1955 was 558,239. Considering increases in the population, 95%+ decrease in available hospital beds.

## Where do individuals with serious mental illness live?

- ▶ Then: Institution
- ▶ Now:
  - ▶ Homeless
  - ▶ With family
  - ▶ In supervised group homes/residential
  - ▶ In "transitional" housing
  - ▶ Institution/jail/prison
  - ▶ Independently (alone or with room mate(s))
  - ▶ Interpreting "least restrictive setting" (Olmstead decision)

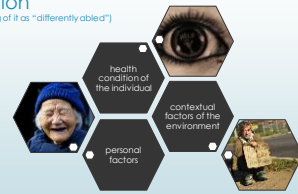
Did you know that....schizophrenia is among the top 10 **disabling conditions** worldwide for young adults?

When psychosis is active, it is the third most **disabling condition**, following quadriplegia and dementia.

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## "Disabling Condition" Is A complex interaction

(consider thinking of it as "differently abled")



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## Change is possible

All people are more apt to change positively when

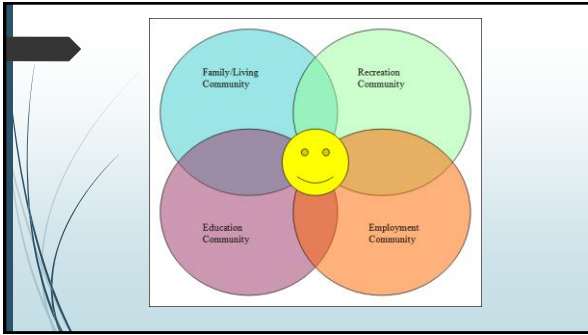
- ▶ In the context of a **positive relationship**
- ▶ When they **set their own goals**
- ▶ **Receive support**
- ▶ Have positive expectations or **hope** for the future
- ▶ When they believe in their **self-efficacy**
- ▶ **Are taught skills**

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## Psychiatric Rehabilitation

- ▶ Key to facilitating Recovery
- ▶ Includes environment modification, resource allocation, skill development
- ▶ Emphasizes functioning
- ▶ Restoring/regaining **valued social roles**

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### Psychiatric Rehabilitation – Breaking it Down

- It's about gaining and restoring **valued social roles** → tied to a **meaningful life worth living, as selected by the person**
- Targeted interventions leverage a person's existing strengths/supports, while **addressing needs**
- via interventions – developing skills and cultivating supports and resources.

**BIG TICKET QUESTION:**  
Why haven't you been able to achieve and/or maintain (that valued social role) on your own?

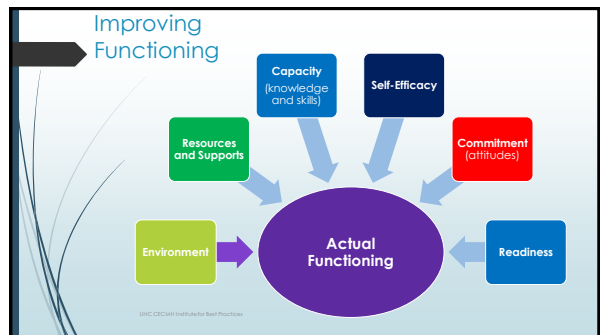
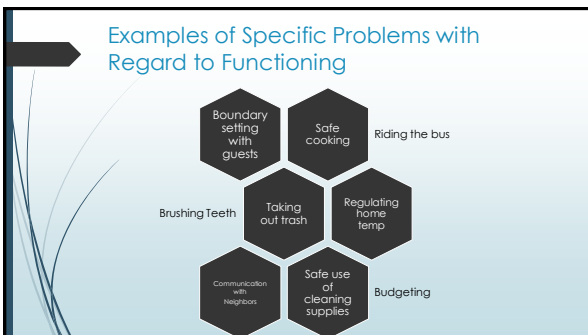
### Debilitating Symptoms and Impairments of Schizophrenia:

- Positive symptoms (hallucinations, delusions)
- Negative symptoms (reduction of emotional responsiveness, motivation, socialization, speech, and movement)
- Cognitive impairments (problems with processing speed, attention, working memory, social cognition)

Which of these is most closely associated with functional impairments?

### Why People May Struggle to Succeed with Independent Housing?


- Loneliness and Boredom
  - No hobbies/recreation
  - No friends to spend time with
  - No employment
  - Limited access/mobility
- Safety/Health Concerns
  - With others/boundaries
  - Household maintenance
  - Food maintenance
  - Nutrition/exercise/self-care (e.g., diabetes management)
- Violating Lease/Legal
  - Apartment uncleanliness (attracting infestations)
  - Damage to living space
  - Disruptive with neighbors



## Building Self-Efficacy

- Self-efficacy is believing yourself capable – having the skills necessary to accomplish tasks and meet goals (vs. self-esteem - feeling good about yourself).
- How can we help build it?
  - Communicate Hope and Optimism - Activate the Person as an Agent of Change
  - Identify, emphasize, and reinforce the positives
  - Challenge negative thinking (seek to find the evidence)
  - Help set more intermediate goals where necessary skills are mastered (experience success)
  - Praise the process (how they are attempting the task) not just the result
  - Celebrate successes!
  - Other ideas?

## Cognition

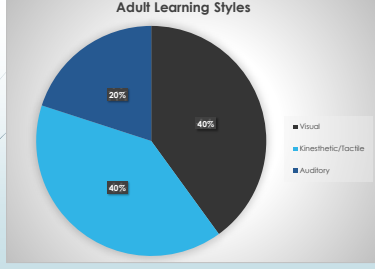


- Executive Functioning
  - Organizing, Planning ("goal-driven behavior"), Decision-Making, Inhibition
- Working Memory
  - Ability to remember relevant information while completing a complex task
- Attention
  - Sustained, Selective, Divided
- Processing Speed
  - Rate of input -> output



- Addressing Functional Impairments: **Just Do It** (not, "Just Say It!")
- Once you've assessed where there may be functional impairments/needs that interfere with goal, **develop targeted interventions.**
- Skill-building** is the name of the game!
- People learn in different ways

### Adult Learning Styles



Learning Style	Percentage
Visual	40%
Kinesthetic/tactile	40%
Auditory	20%

### CONE OF LEARNING

After 2 Weeks we tend to remember	Nature of Involvement	Learning Style
10% of what we READ	Reading	Verbal Receiving
20% of what we HEAR	Hearing Words	Visual Receiving
30% of what we SEE	Looking at Pictures	
50% of what we HEAR & SEE	Watching a movie Looking at an Exhibit Watching a Demonstration Seeing it Done on Location	Receiving/Participating
70% of what we SAY	Participating in a discussion Giving a Talk	
90% of what we SAY & DO	Doing a Dramatic Presentation Simulating the Real Experience Doing the Real Thing	Doing

Source: Edgèr Dale



### What about those possible cognitive challenges? Possible strategies to help in skill-building efforts

- Orientation to task ("role induction")
- Using more visuals, with pictures
- Repetition
- Demonstrations (show and observe)
- Creating a schedule/calendar
- Break complex tasks down to simple tasks
- Write out steps of a task – use a checklist
- Enlisting help of natural supports
- Using phone prompts
- Using timers to help with time management
- Communicate with simple sentences
- Avoid more abstract concepts and language
- Group together steps that are alike one another
- Limit the time spent on a task
- Eliminate/reduce environmental distractions
- Speak more slowly and frequently check for understanding

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### Motivational Spirit: PACE Yourself!

- Partnership (not authority)
- Acceptance (not judgment)
- Compassion (not sympathy)
- Evocation (not education and explanation)

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### Long-Term (Recovery) Goal

- This is the big ticket item
- What the person really wants
  - Often tied to a meaningful life and valued social role
  - May reflect what they want to obtain, and/or keep
  - Typically takes longer to achieve/sustain with success
- May have more than one, but ideally is focused on one major thing where other goals "hook into."

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### Short-Term Goal (or Objectives)

- When dissecting a long-term (recovery) goal, consider
  - "what is that, or could, get in the way of achieving/keeping this goal?"
  - resources, skills, efficacy, readiness, symptoms
  - multiple life domains via assessment data
- Identify a few of the major objectives that, once achieved/sustained, will take a clear step towards the person's long-term goal
- Objectives are typically written to be "measurable"
  - it becomes clear if one has achieved it or not (its more objective than subjective)
  - important to be rational in the framing of short-term goals

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### Now That We Know the Destination, and Road-Blocks (via assessment) ... Identify Service Options (this is the planning)

**Interventions**

- Medications
- Therapies
- Rehabilitation (functional skill-building)\***
- Family-Involvement
- Care Coordination/CM\***
- Treatment modalities, settings, frequency/dose
- group or indiv;
- community or office

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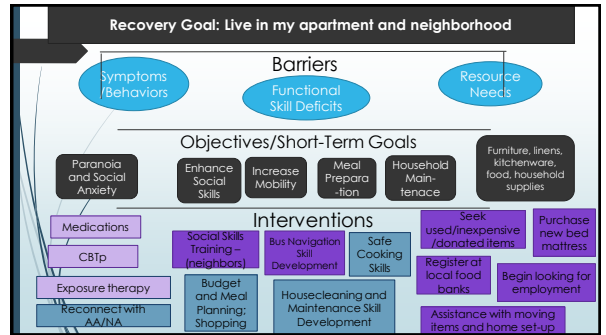
### Tasks and Interventions: Create a Treatment Roadmap

- Tasks are steps the individual and their natural supports will carry out (not billable)
  - Build on person's strengths and resources
  - Helps focus investment in "their" plan
- Interventions
  - Be specific
  - What, who, why, when, how often
  - Logical tie to the short-term goal/objective

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### Helping develop interventions based on functional assessment data

- Semi-structured interviews/assessment intended to gather information on functional strengths and impairments across various activities of daily living skills
- Can help break down a complex task into simpler tasks for the sake of interventions
- Can help better target where the problem lies and where to intervene
- Should also consider satisfaction levels and readiness to change (fled back to an identified goal/interest)



### Break Out Exercise

- 1) Pick one of the below categories.
  - Social/Interpersonal
  - Household Maintenance
  - Self-Care/Appearance
- 2) Identify three **specific functional challenges** and relevant resource needs related to that area.
- 3) For **one identified challenge** (#2 above), generate a list of psychiatric rehabilitation skill-building strategies and resources to secure to help someone become more independent/higher functioning in that area.
  - Consider potential cognitive impairments when developing strategies!

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### Summary

- People we serve want the things we all want
- Services should target the things "getting the way" as well as build on strengths
- People often are more concerned about challenges with functioning than symptoms themselves
  - Medications and therapy address symptoms and behaviors
  - Psychiatric rehabilitation addresses functional skills and modifies environment
  - Case management/care coordination addresses resource needs
- Effective teaching of a skill should be well-planned – analyze where the source of the problem is, create a plan for environmental modification and/or skill building
  - Skill building is multi-modal and repetitive
  - Cognitive strengths and limitations are considered in how to teach
- Don't take the challenges of social isolation and boredom lightly – often a major challenge for people as they move into their own place