Helping People Build Functional Skills to Succeed in Keeping Their Home

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What makes where you live a home?

Housing First (not second, or third) 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

Self-Determination Theory

Autonomy - Separateness... "I can do it myself"

Competence - Feedback Approval and Acknowledgment from significant others

Relatedness - Connectedness... "I'm not alone"

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.

“Disabling Condition” Is A complex interaction

- Consider thinking of it as “differently abled”
- Personal factors
- Contextual factors of the environment
- Health condition of the individual

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

Psychiatric Rehabilitation

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

Examples of Specific Problems with Regard to Functioning

- Boundary setting with guests
- Safe cooking
- Riding the bus
- Taking out trash
- Regulating home temp
- Safe use of cleaning supplies
- Budgeting

Improving Functioning

- Capacity (knowledge and skills)
- Self-efficacy
- Resources and supports
- Commitment (attitudes)
- Environment
- Actual Functioning
- Readiness
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

**KEEP CALM AND JUST DO IT**

- **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

**CON OF LEARNING**

- After 2 weeks we tend to remember:
  - 10% of what we read
  - 20% of what we hear
  - 30% of what we see
  - 50% of what we hear & see
  - 70% of what we hear & see & do
  - 90% of what we do & teach others

- Nature of Investment
  - Visual Receiving
  - Verbal Receiving
  - Visualizing
  - Written Work
  - Reading with Purpose
  - Visualization
  - Visual Receiving
  - Reading & Writing

- Tell, Show, Practice, Do
### 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

### Motivational Spirit: PACE Yourself!
- **Partnership** (not authority)
- **Acceptance** (not judgment)
- **Compassion** (not sympathy)
- **Evocation** (not education and explanation)

### 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.”

### 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 (it’s more objective than subjective)
  - Important to be rational in the framing of short-term goals

### 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
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 (tied back to an identified goal/interest)

Recovery Goal: Live in my apartment and neighborhood

<table>
<thead>
<tr>
<th>Symptoms/Behaviors</th>
<th>Barriers</th>
<th>Resource Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paranoia and Social Anxiety</td>
<td>Enhance Social Skills</td>
<td>Furniture, linens, kitchenware, food, household supplies</td>
</tr>
<tr>
<td>Social Skills</td>
<td>Increase Mobility</td>
<td>Purchase new bed, mattress</td>
</tr>
<tr>
<td>Increase Mobility</td>
<td>Medications</td>
<td>Budget and Meal Planning; Shopping</td>
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<td>Medications</td>
<td>Social Skills Training – Neighbors</td>
<td>Safe Cooking Skills</td>
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<td>Social Skills Training – Neighbors</td>
<td>Interventions</td>
<td>Reduced Items</td>
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<tr>
<td>Interventions</td>
<td>Rate Cessation Skills Development</td>
<td>Register at local food banks</td>
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<tr>
<td>Rate Cessation Skills Development</td>
<td>Meal Preparation</td>
<td>Begin looking for employment</td>
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<tr>
<td>Meal Preparation</td>
<td>Household Tenance</td>
<td>Assistance with moving items and home set-up</td>
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<tr>
<td>Household Tenance</td>
<td>Objectives/Short-Term Goals</td>
<td>Furniture, linens, kitchenware, food, household supplies</td>
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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.

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