Overcoming challenging barriers to community engagement associated with severe and persistent mental illness using evidence-based treatment interventions

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Historically individuals who experience severe and persistent mental health symptoms are identified as experiencing chronic symptoms requiring long-term treatment. Treatment of these symptoms typically produces modest results and the focus shifts from achievement of meaningful and desired goals to maintenance of the individual’s “baseline” level of functioning. This leads to a cycle of long-term placement in residential or inpatient settings with relapses resulting in higher levels of care. Individuals trapped in this cycle tend to be insulated within a system of care and with little connection to the supports and resources in the community at large and few opportunities to engage in meaningful work.

Our aim has been to systematically target those symptoms which create the greatest barriers for individuals working to return to living productive and enjoyable lives after the onset of mental health symptoms. Utilizing CBT-based interventions for these symptoms, that are historically challenging to treat, is the best way help individuals integrate into their communities and become less reliant on the mental health system.

Objectives

- Reduce disruption to one’s life caused by symptoms
- Reduce inpatient hospitalizations
- Educate practitioners on effective interventions
- Increase engagement in meaningful activities

**Recovery**

**Introduction**

**Implementation Process**

**Timeline of Implementation**

- **Preparation**
  - Obtain agency buy-in
  - Identify goals of using this model with the specific population.
  - Collect baseline outcomes for at least 3 months prior to implementation.

- **Development of Expertise**
  - Identify programs and population
  - Identify project leaders
  - Intensive, experiential training with an expert in the practice

- **Implementation**
  - On-going consultation with expert
  - Staff at all levels are trained to provide treatment.
  - Project leaders develop & provide training for new staff
  - Adapt for service needs

- **Continuous Improvement**
  - Outcomes specific to model are collected
  - One measure used across models for comparison purposes.
  - On-going fidelity monitoring conducted.

**Dialogical Behavior Therapy (DBT)**

A cognitive behavioral therapy for people with severe emotion dysregulation or with impulse control problems, such as suicidal and self injurious behavior, risky substance use, and eating disorders. DBT’s approach balances a focus on behavioral change with acceptance, compassion, and validation for the individual.

**Illness Management and Recovery (IMR)**

Helps people set meaningful goals for themselves, acquire information and skills to develop more mastery over their psychiatric illness, and make progress towards their own personal recovery. IMR is designed for almost anyone who experiences symptoms caused by a major mental illness. The program can be provided in individual or group formats.

**Supported Employment and Education (SEE)**

Is an approach to vocational rehabilitation for people with serious mental illnesses that emphasizes helping them obtain competitive work in the community and providing the supports necessary to ensure their success in the workplace. SEE programs help consumers find jobs that pay competitive wages in integrated settings in the community.

**Cognitive Restructuring for PTSD (CR for PTSD)**

This is a non-exposure treatment for PTSD that focuses on the thoughts and belief associated with trauma. It is provided in 12 to 16 individual therapy sessions. There are three parts of the treatment: breathing retraining, education, and cognitive restructuring. These skills reduce symptoms of PTSD. They also reduce anxiety, distress, irritability, and high levels of body tension.

**Recovery Oriented Cognitive Therapy (CT-R)**

CT-R is a cognitive therapy model developed for individuals that are challenging to engage due to low motivation and energy, and other treatment techniques and strategies are not sufficient. CT-R teaches staff strategic ways to build connections with individuals in order to help them move towards recovery. Individuals are treated as equals and staff learn how to engage and connect constantly.

**References**

- Grant, P., Brinen, A. (2016) ABCT mini-workshop in this topic in November 2014 and in the training conducted for the Bridge by Aaron Brinen in May 2016.

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**Things to Consider**

1. Base interventions in the community whenever possible for increased applicability and generalization.
2. While it is important that the program serving the individual is familiar with the treatment they are involved in, it is helpful to provide the treatment in an outpatient or outreach context whenever possible to ensure that the treatment sessions feel different from day to day activities.
3. Create a system for outcomes collection at the point of implementation and gather baseline data for at least 3 months prior to implementation.
4. Plan for a sustainable practice at the outset. Even when starting small, have an idea of who will champion the practice at the various levels of service and what direction you plan to move in next.