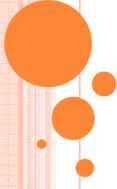# WELLNESS MANAGEMENT AND RECOVERY

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INTRODUCTIONS

LEARNING OBJECTIVES

- Identify the three diagnoses for which WMR is an EBP
- Explore the clinical application and use of WMR
- Identify necessary structural components to meet WMR fidelity
- Describe and discuss the fit of this example of an EBP for different settings

SUMMARY

Wellness Management and Recovery (WMR) is an EBP designed to help people who have experienced psychiatric symptoms:

- Develop personalized strategies for managing their mental illness and moving forward in their lives
- Set and pursue personal goals
- Learn information and skills to develop a sense of mastery over their psychiatric illness
- Help them put strategies into action in their everyday lives

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RECOVERY IS:

… a process, a way of life, an attitude, and a way of approaching the day's challenges. It is not a perfectly linear process. At times our course is erratic and we falter, slide back, regroup, and start again …

…The need is to reestablish a new and valued sense of integrity and purpose within and beyond the limits of the disability; the inspiration is to live, work, and love in a community in which one makes a significant contribution.

Patricia Deegan, 1988

ESSENTIAL THEMES OF RECOVERY

- Instill hope that change is possible
- Develop a collaborative relationship with a treatment team
- Help people establish personally meaningful goals to strive towards
- Teach information about mental illness and treatment options
- Develop skills for reducing relapses, dealing with stress, and coping with symptoms
- Provide information about where to obtain needed resources
- Help people develop or enhance natural supports for managing illness and pursuing goals

WMR AND RECOVERY

- Improved ability to manage one's illness is a common recovery goal
- Avoiding relapses and hospitalizations gives people greater control over their lives
- Less time dealing with mental illness allows more time for pursuing personal goals
- Less distress from symptoms, leads to better quality of life

RECOVERY GOALS

- Individualized

- Personally meaningful

- Exploration for personally meaningful goals often needed to engage client *before* effective symptom management can begin

CORE INGREDIENTS OF WMR

○ 9 educational handouts (+ one optional)

○ Practitioners use motivational, educational, and cognitive behavioral techniques

○ Clients set and pursue personal recovery goals

○ Clients practice skills in WMR sessions

○ Home assignments are developed together

PROGRAM FORMAT

○ Weekly sessions

○ Individual or group format

○ Generally lasts between three and six months

○ This is not a process oriented group

SELECTION OF PARTICIPANTS

○ Educational handouts have been written covering three common diagnoses: schizophrenia, bipolar disorder and major depression.

○ Because much of the information presented in *WMR is not specific to any one mental illness*, people with other psychiatric diagnoses may also benefit.

CLINICAL COMPONENTS OF WMR

- Psychoeducation

- Behavioral tailoring for medication adherence

- Relapse prevention training

- Coping skills training

- Social skills training

WMR MODULES

1) Recovery Strategies

2) Practical Facts about Mental Illness

3) Stress Vulnerability Model

4) Building Social Supports

5) Using Medications Effectively

WMR MODULES CONTINUED…

6) Reducing Relapses

7) Coping With Stress

8) Coping With Symptoms and Persistent Problems

9) Getting Your Needs Met in the Mental Health System

UNIT 1: RECOVERY STRATEGIES

- Build hope for reaching goals

- Help identify recovery goals

- Help develop plans and learn skills to achieve goals

UNIT 2: PRACTICAL FACTS ABOUT MENTAL ILLNESS

- Provide optimism about the future

- Help identify symptoms

- Reduce blame and stigma regarding mental illness

- Teaching modules covering Major Depression, Bipolar Disorder and Schizophrenia

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UNIT 3: STRESS-VULNERABILITY MODEL

- Role of stress and biological vulnerability in causing symptoms and impairments

- Convey optimism that treatment and coping strategies work

- Provide information about treatment options

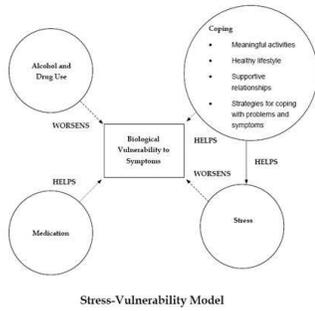STRESS-VULNERABILITY MODEL

Stress-Vulnerability Model

UNIT 4: BUILDING SOCIAL SUPPORT

- Benefits of social support

- Learn skills and resources for meeting new people

- Getting closer to people you already know

UNIT 5: USING MEDICATION EFFECTIVELY

- Accurate information about medications

- Weighing pros and cons of taking medications

- Developing a partnership with medical staff

- Developing strategies for taking meds

UNIT 6: REDUCING RELAPSES

- Identifying triggers of past relapses
- Recognizing early warning signs
- What helps when a relapse is starting to happen?
- Developing a relapse prevention plan
- Learning how to involve a support system to help prevent relapse

RELAPSE PREVENTION PLAN

- **The plan should contain:**
  - Reminders of past triggers
  - Reminders of past early warning signs
  - What helps you when you're having an early warning sign
  - Who you would like to assist you
  - Who you would like contacted in an emergency

UNIT 7: COPING WITH STRESS

- Identifying stressors and strategies for preventing stress
- Identifying and practicing strategies for coping with stress that can't be avoided
- Encouraging involvement of significant others
- Developing a specific plan for coping with stress

UNIT 8: COPING WITH PROBLEMS AND
PERSISTENT SYMPTOMS

- Using a step-by-step method for solving
  problems and achieving goals

- Identifying problem areas, especially
  persistent symptoms

- Selecting & practicing strategies for
  coping with problems and persistent
  symptoms

UNIT 9: GETTING YOUR NEEDS MET IN THE
MENTAL HEALTH SYSTEM

- Identifying current services received and
  those that person would like to pursue

- Develop and practicing skills for
  advocating for oneself in the system

DRUG AND ALCOHOL (OPTIONAL)

- Effects of substance abuse on biological
  vulnerability

- Helping client weigh the pros and cons of
  using drugs and alcohol

- If client wants to change his or her use,
  helping to develop an action plan

WMR SESSION STRUCTURE

1. Informal socializing

2. Review previous session

3. Review home assignments

4. Follow up on goals (for group, follow up on goals of 2-3 clients on rotating basis)

5. Set agenda for current session

WMR SESSION STRUCTURE (CONT'D)

6. Teach new material from handout (usually a few pages); use educational, motivational, CBT and social skills training strategies as needed

7. Develop a home assignment in collaboration with client(s)

8. Summarize session and progress made

WMR TEACHING STRATEGIES

o Motivational Strategies

o Educational Strategies

o Cognitive-Behavioral Strategies

MOTIVATIONAL STRATEGIES

- People are motivated to learn things if they are relevant to personal goals
- Connect WMR materials to goals
- Explore how illness has interfered with goals
- Convey hope and confidence in the person
- Help the person explore the costs and benefits of change

EDUCATIONAL STRATEGIES

- Goal: help clients learn more about their illness & how to manage it
- Use handouts in interactive ways (e.g., take turns reading)
- Ask questions to check on understanding and application
- Assign homework and reading outside of group
- Educate about symptoms and diagnosis, but don't push client to accept diagnosis

COGNITIVE-BEHAVIORAL STRATEGIES

- Shaping task focused behavior, homework completion
- Modeling, role playing, positive feedback
- Behavioral tailoring
- Relapse prevention training
- Relaxation training
- Coping skills enhancement

Home Assignments

- Help clients transfer information and skills into their daily lives

- The "real" therapy is what happens outside of the session

- Always develop home assignments collaboratively at end of each session

Involving Significant Others

- Teach clients how to include significant others in their recovery

- Significant others can support progress towards recovery goals & help practice skills learned in WMR

- Significant others are defined by the client

- Explore who the client spends time with

Tracking Progress

- Use goal tracking sheet to monitor progress
- Follow up on goals every session (individual) or every 2-3 sessions (group)
- Break down goals into smaller steps if lack of progress, or modify
- Bring goal tracking sheets to supervision

USING WMR

- Example Exercises

  • Unit 1: Goal Setting

  • Unit 3: Stress-Vulnerability Model

ILLNESS MANAGEMENT RESEARCH*

- Reviewed 40 randomized controlled studies of illness management programs utilizing existing methods
- Identified and incorporated five empirically supported strategies of successful programs
- Made unique emphasis on developing and pursuing recovery goals

*See: Mueser, K.T. et al. (2002). Illness management and recovery for severe mental illness: A review of the research, *Psychiatric Services*, 53, 1272-1284.

RESEARCH FINDINGS

- Participants showed improvement in all WMR domains including increased coping skills, decrease in symptom severity, increased knowledge of illness, and improved attitude regarding hope and recovery.
- Participants also reported high levels of satisfaction, finding the program useful, respectful, and effective in helping with their symptoms and moving towards their goals.

*See: Mueser, K.T. et al. (2006). The Illness Management and Recovery Program: Rationale, Development, and Preliminary Findings, *Oxford Journals*, 32, 32-43.

FIDELITY PROTOCOL AND CHECKLIST

1. # people in a session or group: IMR is taught individually or in groups of 8 or less consumers.
2. Program Length: Consumers receive at least 3 months of weekly IMR sessions or equivalent (i.e. biweekly for at least 6 months).
3. Comprehensiveness of the curriculum: includes the modules outlined earlier.
4. Provision of Educational Handouts: All consumers participating in IMR receive IMR handouts.

FIDELITY PROTOCOL AND CHECKLIST CONT.

5. Involvement of Significant Other: At least one IMR-related contact in the last month OR involvement with the consumer in pursuit of goals (e.g., assisting with homework assignments.
6. IMR Goal Setting:
   - Realistic and measurable
   - Individualized
   - Pertinent to recovery process
   - Lined to IMR plan

FIDELITY PROTOCOL AND CHECKLIST CONT.

7. IMR Goal Follow-up: Practitioners and consumers collaboratively follow up on goals.
8. Motivation-Based Strategies:
   - New info & skills
   - Positive perspectives
   - Pros & cons of change
   - Hope & self-efficacy

FIDELITY PROTOCOL AND CHECKLIST CONT.

9. Educational Techniques:
   - Interactive teaching
   - Checking for understanding
   - Breaking down info
   - Reviewing info
10. Cognitive-Behavioral Techniques:
    - Reinforcement
    - Shaping
    - Modeling
    - Role playing
    - Cognitive restructuring
    - Relaxation training

FIDELITY PROTOCOL AND CHECKLIST CONT.

11. Coping skills Training:
    - Review/amplify/enhance current coping
    - Behavioral rehearsal
    - Review effectiveness, modify as necessary
12. Relapse Prevention Training:
    - Identify triggers
    - Identify early warning signs
    - Stress management
    - Ongoing monitoring
    - Rapid intervention as needed

FIDELITY PROTOCOL AND CHECKLIST CONT.

13. Behavioral Tailoring for medication: Behavioral tailoring includes developing strategies tailored to each individual's needs, motives and resources (i.e.., choosing medication that requires less frequent dosing, placing medication next to one's toothbrush, etc.).

WMR at La Frontera

- Explanation by site
- Changes made to IMR for use at LFC
- Budget issues
  - Why WMR works for us

LFC Outcomes

Toolkit Components

- Manual
- Information brochures for different participants (client, family, clinician, etc)
- Introductory video
- Training video
- Fidelity scales
- Outcome measure

WMR Toolkit

http://mentalhealth.samhsa.gov/
cmhs/CommunitySupport/toolkits/illn
 ess/