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The Rehabilitation Plan Case Manager's new service: how coordinate Personal Recovery with Psychiatric Rehabilitation Services activities for create better Integration in the community

Max Lachman, Ph.D.

Senior Lecturer, Community Mental Health Dpt., Faculty of Social Welfare and Health, Haifa University, Consultant, The Laszlo N. Tauber Family Foundation

David Roe, Ph.D.

Chair of the Community Mental Health Department, Faculty of Social Welfare and Health, Haifa

Anat Netzer, B.S.W.

Recovery coordinator, Hess Association, Yehud

The presentation is about:

A New Service/Practice/Intervention

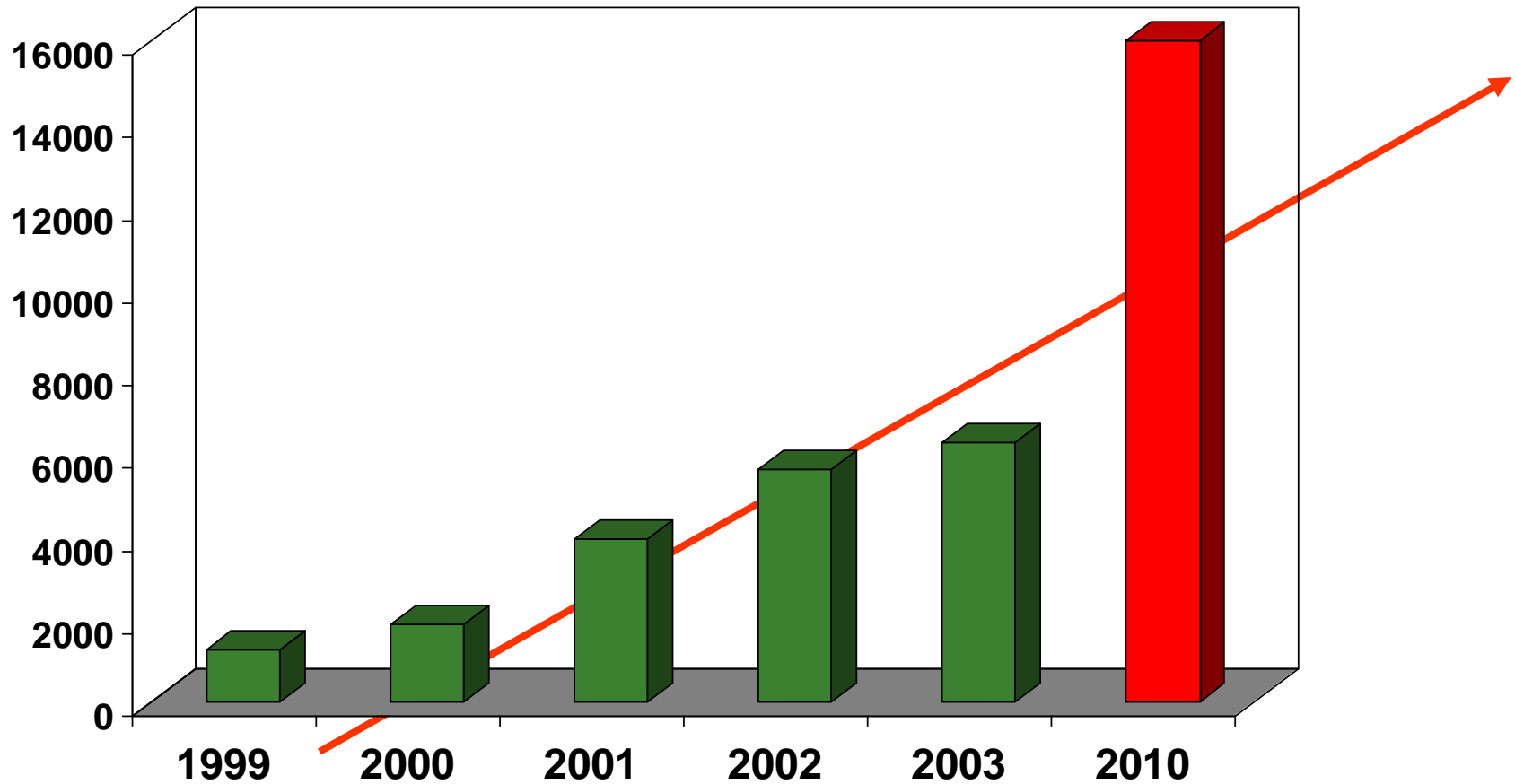
Why?

- Enhance Recovery values into the way services are given
- Enhancing clients' rights to choose and have control of their lives
- Focus Psychiatric Rehabilitation on the Person instead of the Service: change the culture of the organization
- Self-Determination as crucial element in recovery practice for support persons with severe psychiatric disorders be included in society and create citizenships.

Background on the Israeli context

- 10 years ago, the "Psychiatric Rehabilitation Act" passed and began to be implemented in Israel.
- The Act was written in a way that the field (practice) was not prepared to (in terms of attitudes, organization culture, knowledge's, skills and services orientation).
- The development and the implementation of the Act were the principal motor of the introduction of the Recovery Vision in Israel.

Number of Persons using Psychiatric Rehabilitation Services



Recovery Implementation: Principal Obstacles in the System of Care

- Treatment and Rehabilitation: two systems and two orientations
 - Split between the resources in the community (health, welfare and Mental health and others)
 - Hegemony of the medical model
 - Paternalistic approach of the professions
 - Focus on the "Service" and not the "Person" in Policy and Practice.
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Recovery Implementation: Principal Obstacles in the Rehabilitation System

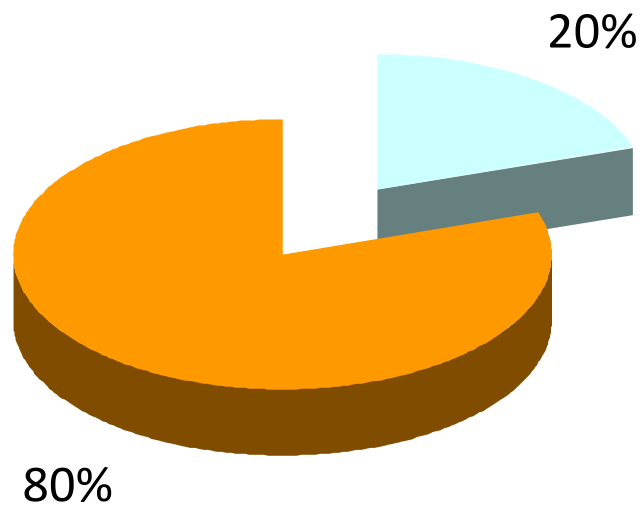
- A lack of preparation and guidance in the entrance to the Psychiatric Rehabilitation System.
 - Lack of motivation and involvement of the service users during the planning process in the services. (domination of paternalistic attitude and forced elements during the process)
 - "The client's choice" throughout all the stages of the implementation of the plan is still limited.
 - Conflict of interests between the consumer's will and ability and the economics interests of services providers.
 - A lack of use of "Individual Rehabilitation Plan" as practice in the services. No systematic evaluation of micro-outcomes.
 - The policy and the practice in Psychiatric Rehabilitation is not based on evidences that the services enhance personal goals
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Societal motivations in the change

Professionals motivations in the change

Person motivation in the change

Distribution of Users by Service Staff: Readiness to Change and ability to define personal goals*



- Most Service Users are perceived by staff as persons who don't want change and cannot define for themselves "Personals Goals" (80%)

The Service Definition

The "Individual Rehabilitation Plan – Case management Service" is a new Rehabilitation Service to support people with Psychiatric Disabilities. (who applied and receiving approbation to their personal programs from the Regional Psychiatric Basket of Services Committee – Psychiatric Rehabilitation in the Community Law-2000).

3 Partners

- The Laszlo Tauber Family Foundation
 - The Israeli Health Minister, Mental Health Dep't
 - University of Haifa, Department of Community Mental Health
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- The service is defined as pilot for 3-4 years and have a research team directed by Prof. David Roe
 - The service is available in two "rehabilitation areas"
 - After more than 2 years of activities more than 1000 persons have used the new service
 - Each service included: a professional area coordinator, 15 "rehabilitation plan coordinators", and administrative staff.
 - Each Case Manager will have a caseload of 30 service users
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Guiding Principles

- Learning who is the person and his values
- Create a good relationship (engagement), a partnerships
- Individualize services: personalization
- Maximize client preference and choice
- Ensure normalized, community basis
- Focus on strengths
- Use situational assessments
- Integrate efforts with treatment holistically
- Coordinate services, make them accessible

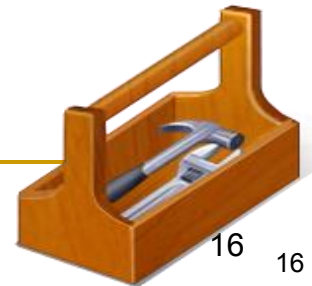
The need for re-learning

- New values, attitudes, skills and knowledge's
 - New recovery practices
 - New ways organizes and directed services
 - Users\Consumers as experts
 - Training and academic programs
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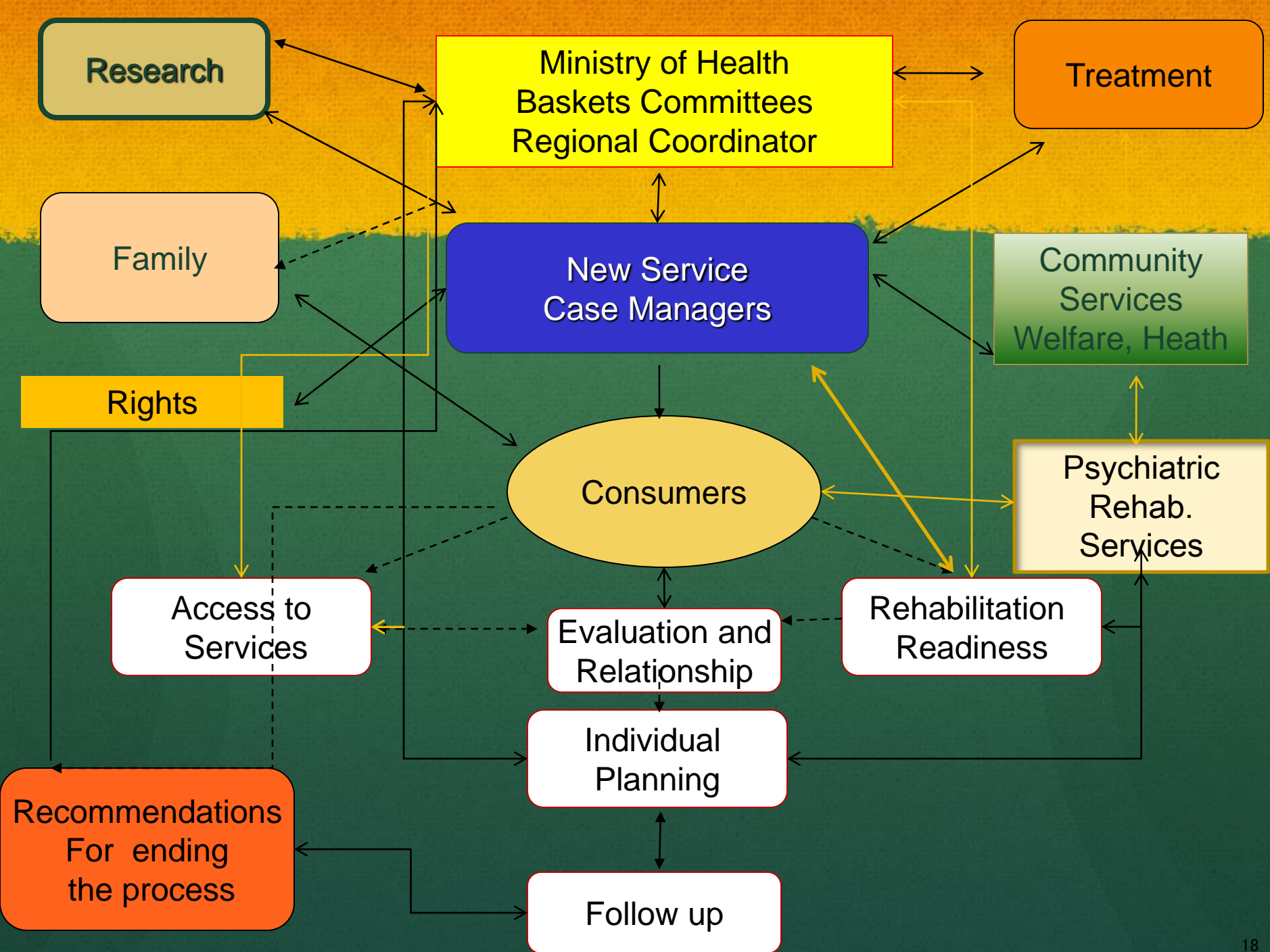
Implementation of Recovery Oriented Practice

- Strengths Model -Rapp C.
- Rehabilitation Readiness, Boston University ,Farkas M. et al.
- Definition of Setting an Overall Rehabilitation Goal (SORG)
- Collaborative Goal Technology (CGT) -Oades L. G. et al.
- Prochaska and DiClemente's Stages of Change Model
- Recovery Interview – Lachman M.



Direct Professional activities

- Getting to know the clients and create a trust relationship.
 - Evaluate the client' desire of change.
 - Define with the client his plan in the most operative level (objectives, tasks, scheduling, ...)
 - Recruiting internal and external resources for the plan realization.
 - Knowing and being in contacts with the partners involved in the realization of the plan .
 - Reporting and document the activities to the service and the "Rehabilitation Basket Committee"
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Individual Rehabilitation coordinated Plan (IRP)

- Focused on client's desires and needs
- Integrative rehabilitation plan for each client—plan per service vs. plan per person
- Review of the plan every 3 months
- The plan is computerized
- IRP Template *[Format for Individual Rehabilitation Plan 16 02.docx](#)

1. Want to change things in life and able to define personal goals
2. Want to change things in life but don't have define personal goals
3. Don't want changes but have the need to preserve achievement

Distribution of Services Users by CM's

