

# **A Local Training Strategy for Integrated Care of Families and People with Psychiatric Disabilities**

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## **Background**

As described in the ENTER Mental Health Conference Monograph (2002) the programme - “Education in Psychosocial Rehabilitation – Case Management”, was launched in Stockholm in 1993. Students were trained in evidence-based methods for treating people with severe mental illness, organising and planning care and the coordination of services. Students gained 20 Swedish higher education credits for the total course (30 ECTS).

Ian Falloon’s model for community-based rehabilitation – Integrated Psychiatric Care – was used as the main model for the training. The central principles are that services must be local, accessible, flexible and consumer-oriented. The service has to strengthen the clients’ potential for solving their own problems, adequately reflect the ethnic and cultural background, focus on the strengths of clients, be delivered in natural settings, meet their special needs, and must be evaluated (Falloon et al, 1997). According to Falloon, staff must manage the following activities:

- Problem analysis and goal-setting
- Medication
- Information to clients and their families
- Stress management
- Crisis intervention
- Development of social competence
- Specific strategies for drug abuse, positive psychotic symptoms and anxiety

After completing the fourth course, we decided to change the course curriculum and instead offer four different modules of five credits each. The reason for this was that many of the students – staff with full-time work - had difficulties attending a course continuously over a one and a half year period. Another reason was our desire to make the courses available to teams with limited available time for training. In our experience, a team which learns and reflects together, is more likely to make later use of the knowledge gained.

## **Principles of the Programme**

- Structured in Modules

- *Based on Lifelong Learning*
- Evidence Based Learning
- Reflecting a Broad Approach
- Multi-disciplinary and Inter-agency: available to professionals and non-professionals
- Flexible with the possibility of changing one's choices
- Arena for discussions
- Learning through dialogue and "learning by doing"
- Opportunity for a Master's Degree

### **Students**

Students are expected to have a background in psychiatry, social welfare ( including personal representatives ), primary care or social insurance. They may also come from families, consumer organisations or the political field. The target group thus includes both professionals and non-professionals.

### **The Four Modules**

The content in the four modules will be similar to that in our former programme, but it will be revised to give greater emphasis on:-

1. General Responsibilities and Legislative Cooperation Between Agencies
2. Cognitive Approach
3. Care-and-Service Planning
4. Evidence-based Psychiatry

### **Alternative or Supplementary Modules**

If we have the opportunity to create a Master's programme we need supplementary modules such as those below. We must be able to add extra modules when require in order to improve the programme.

- Specific Problem Areas
- Quality Assurance and Research
- Transcultural Psychiatry

- Dissertation
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### **Module 1 - “General Responsibilities and Legislative Cooperation Between Agencies”**

This module will include education on legislation, mental health care policy, resources in healthcare and the social system. The range of responsibilities between the participants will be illustrated. It will also focus on cooperation between agencies to achieve the aims of legislation.

### **Module 2 - “Cognitive Approach”**

“Cognitive approach” provides knowledge on the philosophical background, psychological theories and evidence base for cognitive interventions in psychiatry. Students will be trained in specific methods and techniques underlying these interventions. Socratic dialogue is a core component in skills training for developing a working-alliance, data collection and implementing the interventions.

### **Module 3 - “Care-and-Service Planning”**

In this module we will place emphasis on the planning process. A central part of the module is how to work within a resource group to support the patient.

### **Module 4 - “Evidence-Based Psychiatry”**

This module will supply students with up-to-date knowledge on psychiatric treatment. Students will also study the official guidelines for diagnostic groups of patients and the psycho-educational skills needed for different patients and their families.

As explained above, the current case management-training course has been divided into four separate modules. Students are expected to complete the four modules - or have acquired knowledge equivalent to these modules – in order to title themselves case managers. Those not wishing to become fully qualified case managers can choose training in other modules.

The two modules directly touching upon case management work – Care-and-Service Planning and Evidence-based Psychiatry – are discussed below.

#### **“Care-and-Service Planning” module**

Training may be conducted as shown in the flow chart (see figure below). Students will follow a patient from first contact to the situation where the patient, with the help of a developed support system, can live a more independent life in society. The flow chart shows three main phases: assessment, planning and realisation. Within each phase are various items which student and patient are obliged to deal with in the progression towards a more independent life. Training length is estimated at two terms (one academic year). For approximately one year from the middle of the first term, students will also have supervision to help with practical application of their newly acquired knowledge. The various components will now be briefly described.

- **Assessment Phase**

The first task students will face is learning how to develop a working alliance with patients. Such an alliance should be in the form of a collaborative relationship based on the patient's strengths and on agreed rehabilitation goals. Thus students will learn to develop their ability to listen for and identify the needs and problems of the patient. Group discussions will provide a forum in which students bring material gathered in interviews with their patients. A decisive element of training will be the development and application of the underlying theoretical model and a thorough understanding of the research literature. Once the student and the patient have more or less agreed on what "should be done", the next phase in the module commences.

- **Planning Phase**

This consists chiefly of two components.

1. Setting up a personal rehabilitation plan and creating a resource group for the patient. When the student and patient have developed a sufficiently good working alliance and reached agreement, the next phase of rehabilitation starts. This consists of developing a preliminary personal development plan where the various interventions are carefully described, suggesting who could be of help to the patient. Such help could come from both those professionally involved with the patient and those in the patient's private network.

On the basis of what has emerged, the interview must clarify how such key people can be of help in the rehabilitation process. The student must create a successful working alliance with these key people on behalf of the patient. Training concentrates on developing the student's ability to conduct a psycho-educational and network-oriented process aimed at teaching the resource group to support the patient in her or his efforts and collaborate across traditional professional and role boundaries.

2. Arranging Resource Group meetings. Those people willing to support the patient in her or his rehabilitation are considered the patient's resource group.

This group will meet very regularly at first, and then roughly once every six months. Patient and student will chair group meetings together. Training is oriented towards teaching students to work within resource group meetings in a constructive manner, and to deal with those processes preventing the group from reaching its goals.

- **Realisation Phase**

The resource group enables both patient and student to jointly construct a personal development plan. Long-term and short-term goals are identified, together with problems that could prevent these goals being reached. The actions by those people in the resource group are also identified, along with a crisis plan. Students develop an understanding of the various “ingredients” of personal plans - objectives, arrangements and goals. Student and patient together will then ensure that the various elements of the personal plan are carried out. Students also have the task of arranging new resource group meetings. This may be necessary if the plan cannot be accomplished or if a crisis arises during the process. Here students will help clarify the feasibility of the plan to be carried out, enable early recognition of a crisis and increase the ability to deal with such crises. Despite their active role, students must take care **not** to take over full responsibility for the rehabilitation process. They must ensure that this is shared between the various members of the resource group. A successful rehabilitation process will result in the student taking an increasingly smaller role, and the patient and members of resource group taking greater control.

## **Evidence-based psychiatry**

This course is designed to provide students with a knowledge of the current psychiatric research on care and treatment and allow students to apply effective rehabilitation techniques. The course is laid out as follows:

- **Guidelines for different diagnosis.**

The student learns about national and regional guidelines. Emphasis is placed on the guidelines for psychosis, affective disorders and personality disorder.

- **Psycho-educational interventions in general**

Students are trained to treat patients with severe dysfunction disorders using approaches such as *Relapse Prevention* and *Problem-Solving Techniques*

- **Specific psychoeducational interventions**

Students learn specific skills for managing problems such as:-

### **Psychosis**

How patients can learn to handle their medication in a satisfactory way.

How patients can be taught to communicate in a satisfactory way.

How patients can learn to handle voices and delusions.

### **Affective disorders**

How patients can learn to handle their medication in a satisfactory way.

Cognitive methods for dealing with depressive symptoms.

### **Personality disorder**

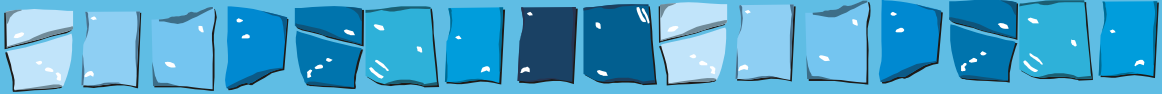
Students use methods in accordance with dialectical behavioural therapy (DBT).

They learn to work with personality disorders and their special problems in different life situations. They focus on achieving an awareness of the present, cope with impulses and feelings and handle difficult situations without acting out.

### **References**

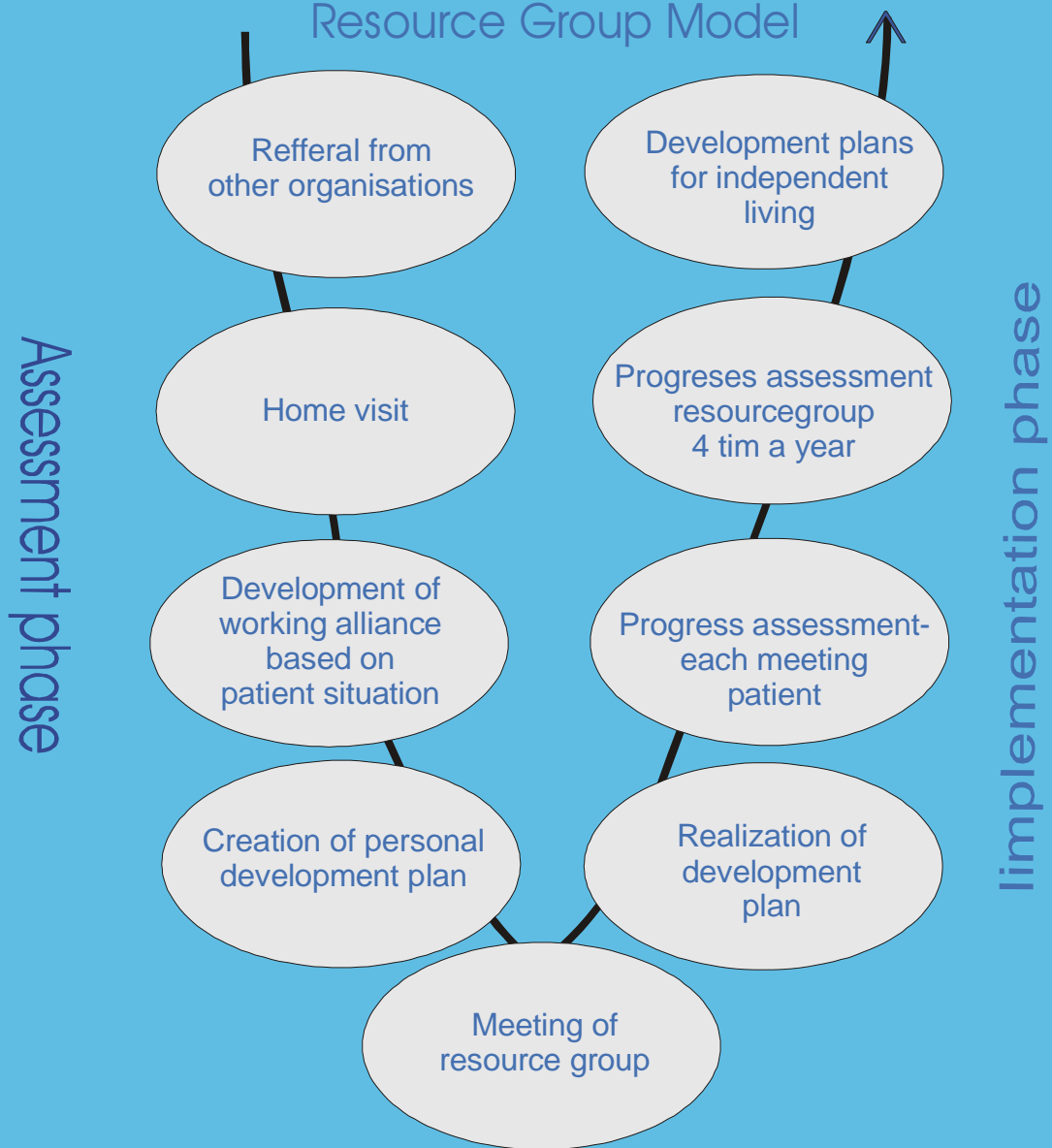
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**Falloon I et al.** (1997) *Integrerad psykiatri. Varnamo: SPRI och Psykologia*



Objective: Following completion of course, course participants shall be wellinformed an able to apply the model for integrated psychiatry

## Resource Group Model



Assessment phase

Implementation phase

## Planning phase



