



Psychiatric Rehabilitation for Supervisors

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NYAPRS Rehabilitation and Recovery Academy
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Your Presenters



Center for Practice Innovations™
at Columbia Psychiatry
Building best practices with you.

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Recovery Is Our Expectation!

The New York Association of Psychiatric Rehabilitation Services (NYAPRS) and our training partners invite you to be a part of a world where people realize personally meaningful recovery goals.

Through online and in-person training, this site is your pathway to proven, innovative recovery skills growth and professional empowerment.

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Agenda

- ❖ Psychiatric rehabilitation basics
- ❖ Supervisor's role in leading and supporting innovation
- ❖ Key concerns (and solutions) about implementing psychiatric rehabilitation given realities in our field
- ❖ Open discussion

Learning Objectives

Participants will:

- ❖ Recognize at least five key psychiatric rehabilitation values
- ❖ Describe at least three important activities of the psychiatric rehabilitation process
- ❖ List at least three things that supervisors can do to lead and support innovation
- ❖ Name at least four concerns (and related solutions) about implementing psychiatric rehabilitation given realities in our field

Questions

- ❖ What do you know about psychiatric rehabilitation?
- ❖ If you have used psychiatric rehabilitation in your work, please tell us how?

Psychiatric Rehabilitation

A definition:

“Psychiatric rehabilitation promotes recovery, full community integration, and improved quality of life for persons who have been diagnosed with any mental health condition that seriously impairs their ability to lead meaningful lives. Psychiatric rehabilitation services are collaborative, person-directed and individualized. These services are an essential element of the health care and human services spectrum, and should be evidence-based. They focus on helping individuals develop skills and access resources needed to increase their capacity to be successful and satisfied in the living, working, learning, and social environments of their choice.”

Psychiatric Rehabilitation Association

Psychiatric Rehabilitation and Treatment

Psychiatric Rehabilitation

Focus on improved functioning and satisfaction in specific environments and roles.

Treatment

Focus on cure or symptom reduction, or the development of therapeutic insights

Values

- ❖ Person orientation
- ❖ Functioning
- ❖ Support
- ❖ Environmental specificity
- ❖ Involvement
- ❖ Choice
- ❖ Outcome orientation
- ❖ Growth potential

Anthony et al, 2002

Process

- ❖ Diagnosing
 - ❖ Assessing rehabilitation readiness
 - ❖ Developing rehabilitation readiness
 - ❖ Setting an overall rehabilitation goal
 - ❖ Functional assessment
 - ❖ Resource assessment
- ❖ Planning
 - ❖ For skills development
 - ❖ For resource development
- ❖ Intervening
 - ❖ Direct skills teaching
 - ❖ Skills use programming
 - ❖ Resource coordination
 - ❖ Resource modification



Questions:

How does/can psychiatric rehabilitation services fit into your work and the work of your staff?

As a supervisor, how can you support such efforts?

Best Practices in Supervision:
Supporting the Professional
Development of Staff
implementing Psychiatric
Rehabilitation



Let's Be Real!

- ❖ Supervisory roles, functions and expectations vary widely
- ❖ The experience, expertise and credentials of supervisees vary widely
- ❖ The time spent on various supervisory roles varies widely
- ❖ Organizations vary in their support for the supervisor's role as promoting the professional development (Knowledge and skills) of those they supervise.
- ❖ Organizations vary widely in the quality of supervision.



Show of hands: What % of your time is spent directly focused on enhancing the practice competencies of your supervisees.

- A. More than 50%
- B. 25-50 %
- C. 10- 25 %
- D. Less than 10%



Show of hands. How satisfied are you with the amount of time you spend on directly supporting your supervisees in developing practice competencies?

- A. Very satisfied
- B. Generally Satisfied
- C. Somewhat satisfied
- D. Not satisfied



The continuum of ways that supervisors support the professional development of supervisees

Level 1: Dissemination of information, tools and resources only

Level 2: Dissemination with follow up

Level 3: Individual supervision on clinical decision making and review of high priority clients

Level 4: Structured peer group supervision via case conferencing and/or formal client reviews

Level 5: Facilitating group participation in educational resources as a team with follow up discussion and action steps

Level 6: Intensive one on one detailed review of performance

Level 7: Direct supervisory observation and provision of feedback on performance

Level 1: Dissemination of Psychiatric Rehabilitation Information, tools, and resources with no or little follow up

Email or verbally shared information (hope someone will read it)

Follow up: briefly discuss at next staff meeting



Level 2: Dissemination of Psychiatric Rehabilitation Information, tools, and resources with follow up

- ❖ Follow up: Include the information as part of the formal staff meeting agenda
- ❖ Facilitated discussion of the information: relevance and applicability to improving the services to clients.
- ❖ Inquire if staff want additional information
- ❖ It is left to the staff to use the information or not.



Level 3: Individual supervision on psychiatric rehabilitation related decision makings

- ❑ Supervisor meets with each individual supervisee to discuss clients who are receiving psychiatric rehabilitation specific services
- ❑ Advice or guidance from supervisor is often the main goal for the supervisee to reinforce best practices in psychiatric rehabilitation
- ❑ Supervisors are often concerned about identifying challenging situations affecting progress on psychiatric rehabilitation process and outcomes



Level 4: Structured peer group supervision via case conferencing and/or formal client reviews

Formal client reviews to enhance decision support

- ❖ Organizing and facilitating case conferences focused on participants receiving psychiatric rehabilitation services.
- ❖ The challenge: developing efficient and effective processes to provide meaningful decision support



Level 5: Facilitating group participation in psychiatric rehabilitation specific educational resources as a team with follow up activities

Examples

- ❖ Facilitated team meeting: all staff view a live or archived webinar, module, or other presentation related to psychiatric rehabilitation.
- ❖ Supervisor facilitates a discussion that includes questions such as:
 - × Did you find any of the information presented to be relevant to your work?
 - × In what way will you apply what you have learned with one or more clients in the coming week?
 - × Who will be able to apply any of the ideas presented?
 - × What specific new approach will you apply?



Level 5: Facilitating group participation in psychiatric rehabilitation specific educational resources as a team with follow up activities

- ❖ Supervisor follows up as soon as possible to support the supervisee(s) who acquired important information and planned to apply it with one or more clients
- ❖ Supervisor facilitated discussion that includes questions such as:
 - ❖ Were you able to apply what you learned?
 - ❖ What was your experience in applying what you learned?



Level 6: Individual supervision focused on the report and experience of the supervisee

The supervisee provides a detailed report of implementing psychiatric rehabilitation with a specific participant.

The supervisee may complete a structured reporting form listing the critical elements of psychiatric rehabilitation and the degree to which those elements were employed successfully.

The supervisee is expected to identify the current focus of the psychiatric rehabilitation service, skills that were employed, challenges encountered, guidance requested of the supervisor.

The supervisor inquires as to the actual approaches employed, the response of the participant and plans going forward

The supervisor may employ role play to better assess actual performance and to enhance skills to improve performance going forward.



Level 7: Direct supervisory observation and provision of feedback on performance related to implementing psychiatric rehabilitation principles and practices

- ❖ Direct observation and provision of feedback on performance
 - ❖ Audio/ video tapes
 - ❖ Sitting in on groups
 - ❖ Joining individual session
 - ❖ Structured “fidelity” performance measure employed (shared understanding of performance indicators)



Millers Analogy Test Question – Training is to Effective Implementation as Chocolate Chips are to Cookies?

Training vs information dissemination



“We know from implementation research that **training alone does not result in changes in instructional practices and improved outcomes.** In short, *training is necessary for building... competency, but it is not sufficient if used alone.*”

Adapted with Permission from the National Implementation Research Network, 2013. Carver, D. (2014)
<http://nimr.fpg.unc.edu/>

Supervision and Coaching

“Learning any new skill does not occur without feedback”. One of the most consistent findings in motivational psychology is that feedback improves performance.

Trying to learn a counseling method without feedback is like learning to bowl in the dark: One may get a feeling on how to release a ball and subsequent noise will provide some clue about accuracy, but without information about where the ball struck, years of practice may yield little improvement.

“Self-perceived competence in delivering a behavioral treatment bears little or no relationship to actual practice proficiency.”

Miller. W.R., Sorensen. J.L., Selzer. J.A., & Brigham. G.S. (2006). “Disseminating Evidence-Based Practices in Substance Abuse Treatment: A Review with Suggestions.” *Journal of Substance Abuse Treatment.* 31, 25-39



What Constitutes Good Coaching and Supervision at Level 7?

- ❖ A recognition of the essential elements of an effective supervisory alliance, high level of trust, collaborative style, emphasis on self-efficacy, direct communication style, etc.
- ❖ A commitment to providing a sufficient dose of supervision.
- ❖ A process for direct observation of the work being delivered; live observation or audio-video review.
- ❖ Behaviorally specific written feedback from direct observation activities.
- ❖ Additional modeling of the skills/strategies to be employed.
- ❖ Ongoing opportunities for practice and feedback.
- ❖ Plan for incorporating feedback and continued direct observation.

Carver, D. (2014)

Staff Performance

Invest in Your Staff, Increase Quality Outcome
Expectations of Your Staff!

“Accountability must be a reciprocal process.
(supervisor)

For every increment of performance, I
demand from you, I have an equal
responsibility to provide you with the
capacity to meet that expectation.

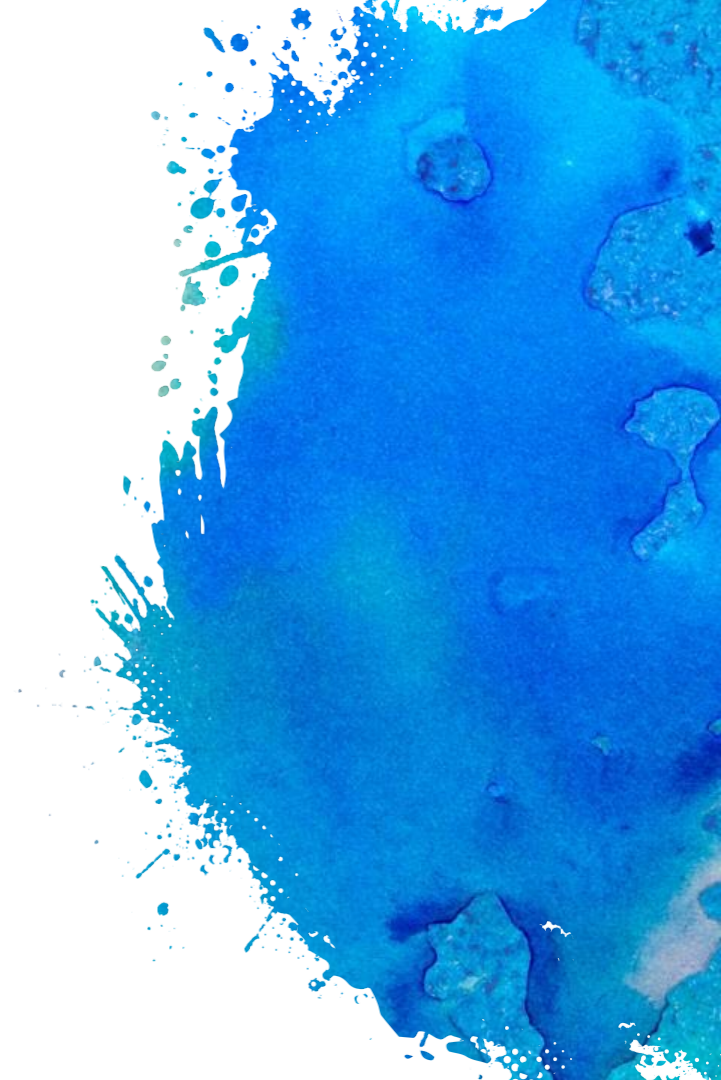
(staff)

Likewise, for every investment you make in
my skill and knowledge, I have a reciprocal
responsibility to demonstrate some new
increment in performance.”

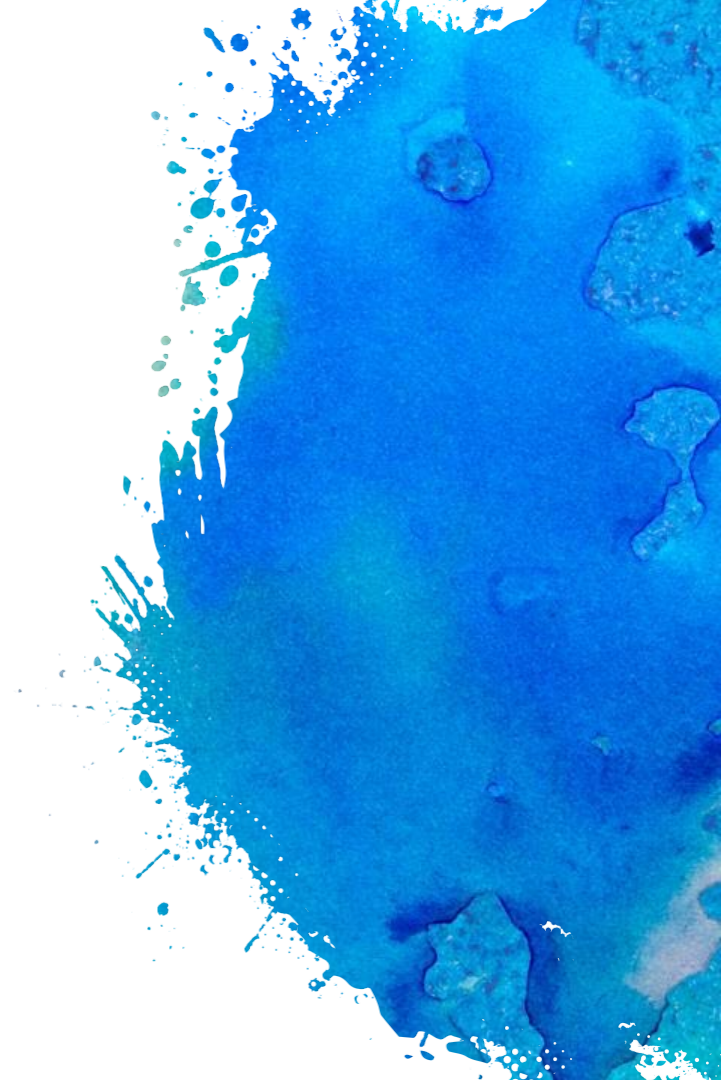


“MISS WILCOX, SEND IN SOMEONE TO BLAME.”

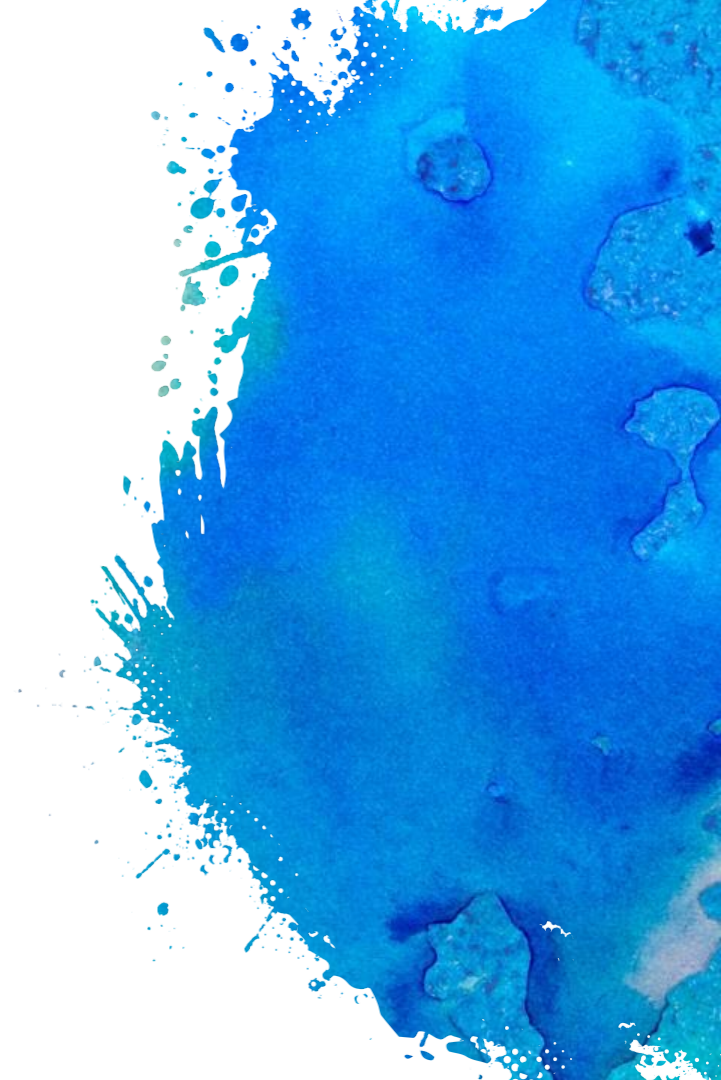
Emerging Issues & Key Concerns



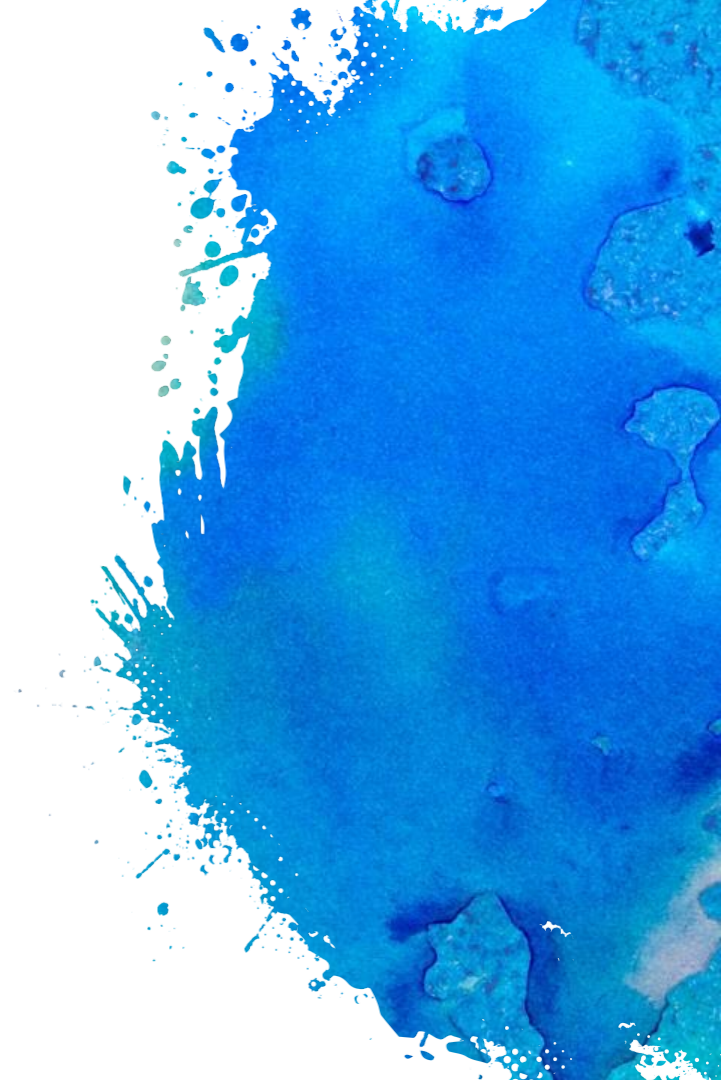
1. What can we do when staff report not having enough time?



2. How do we manage teaching PR to new and existing staff who are in different places of learning?



3. Where do you suggest we start?



4. How can we
conjure up hope on
tougher days?



You are
doing the
best with
what you
have...

An official validation 😊



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A large, circular teal watercolor splash with a textured, painterly appearance, centered on a white background. The splash has irregular, feathered edges with some darker teal and some lighter, almost white, areas, giving it a dynamic and artistic feel.

Thanks!

Any questions?

