

**COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH**

**OFFICE OF THE MEDICAL DIRECTOR**

**4.4 PARAMETERS FOR THE USE OF PSYCHOSOCIAL REHABILITATION INTERVENTIONS**

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## **I. INTRODUCTION**

- A. Psychosocial rehabilitation services are viewed as a necessary, but not exclusive, set of interventions, which are used in concert with other services, provided to individuals disabled by severe and persistent mental illness.
- B. **Comprehensive services provided to such individuals may also include but not be limited to:**
  - 1. **The use of psychotropic medications,**
  - 2. **Medical and dental care,**
  - 3. **Remediation of cognitive deficits,**
  - 4. **Psychotherapy, and**
  - 5. **Substance abuse services when appropriate.**
- C. **Although reduction in the use of emergency, inpatient, and institutional care are goals of psychosocial rehabilitation services, it is acknowledged that such interventions are sometimes necessary and play an important role in a comprehensive system of care.**

## **II. PSYCHOSOCIAL REHABILITATION INTERVENTIONS:**

- A. **Definitions**
  - 1. Psychosocial rehabilitation interventions are services intended to reduce the disabilities and limitations in role functioning experienced by individuals diagnosed with severe and persistent mental illnesses.

- 2. Psychosocial rehabilitation is oriented toward helping service recipients utilize existing strengths and develop new skills in order to maximize their ability to achieve personal goals and experience enhanced quality of life.**

### **III. PSYCHOSOCIAL REHABILITATION SERVICES**

#### **A. Characteristics**

- 1. Services are oriented toward growth and increasing levels of independence in self-care, illness management, interpersonal relationships, residential stability, and meaningful activity including employment and education in “normalized” community settings.**
- 2. Psychosocial rehabilitation services further attempt to reduce inappropriate utilization of inpatient or institutional care, as well as involvement with the criminal justice system.**

#### **B. Assessment**

- 1. Self-determination is a core principle of psychosocial rehabilitation. Thus, the selection of specific, individual goals is driven by the values and aspirations of the service recipient working in a collegial relationship with the treating professional.**
2. Once goals have been identified, a psychosocial rehabilitation assessment should include:
  - a. Determination of the consumers’ current strengths and abilities;
  - b. The environmental demands of the setting in which the

goal will be exercised; and

- c. Skills which will need to be developed in order to maximize the likelihood of goal attainment.**

3. Specific domains which should be addressed in a psychosocial

rehabilitation assessment include:

- a. Daily living skills,
- b. Symptom management skills,
- c. Social supports and interpersonal skills,
- d. Finances, benefits, and resource management skills,
- e. Housing,
- f. Education and employment issues,**
- g. Legal concerns, and**
- h. Transportation needs.

4. Psychosocial rehabilitation assessment is an ongoing process. Goals, abilities, and interventions should be re-evaluated on a regular basis. Attainment of goals and satisfaction with services should be included in this re-assessment process.

### **C. Interventions**

1. Interventions should be *individualized* to meet the specific needs, and achieve the personal goals of the service recipient.
2. Psychosocial rehabilitation interventions should be coordinated with other services needed by the individual including *psychotropic medications, physical health care, substance abuse services, crisis intervention, and other supports and interventions.*
3. Interventions should be *sensitive to the cultural values* of the individual being served.

4. Intervention often requires *active outreach* into the community settings in which consumers live and work. Some consumers are reluctant to enter traditional treatment settings or may lack the ability to conform to inflexible treatment schedules. Moreover, delivery of services in community settings can help skills generalize to the environments in which they are needed.
5. Interventions should *ensure* that service recipient's *basic needs* for housing, finances, food, clothing, and transportation are being met.
6. Psychosocial rehabilitation interventions should support the achievement of *employment and educational* goals. This may include, but is not limited to, resource identification, training and/or tutoring, job coaching, and job development.
7. Psychosocial rehabilitation interventions include the active teaching, modeling, and rehearsal of new *skills*.
8. The psychosocial rehabilitation perspective includes an understanding that the disabilities and limitations faced by persons with severe mental illnesses often reside outside the individual being served. Thus, interventions often involve *community education, advocacy, and environmental modification*.
9. Whenever possible, psychosocial rehabilitation interventions should include *family* members and other significant support persons in a consumer's life. Such involvement must, however, be sensitive to the wishes of the service recipient and their rights to privacy and confidentiality.
10. Psychosocial rehabilitation interventions include making available *settings* and activities in which skills and abilities can be developed, practiced and supported.
11. Psychosocial rehabilitation interventions help individuals to develop and make use of *natural supports* in the community, including use of "self-help" programs.

#### **D. Documentation**

#### **and Outcome**

#### **Monitoring**

1. Psychosocial Rehabilitation Psychosocial rehabilitation goals should be clearly documented. Goals should be written in such a manner that attainment would be observable, measurable, and specific to the service recipient.

2. Psychosocial rehabilitation services which are delivered should be documented so that their relationship to the goals and/or needs of the client are clear.
3. Psychosocial rehabilitation service programs should monitor functional skill development, social supports, housing status and stability, employment and educational gains, involvement with the legal system, and impact on utilization of inpatient and emergency services among their enrollees.

## References

Research Committee of the International Association of Psychosocial Rehabilitation Services (2000). Toolkit for Measuring Psychosocial Rehabilitation Outcomes – Version 2000. IAPSRs: Columbia, MD.

Executive Committee of the International Association of Psychosocial Rehabilitation Services (1997). Practice Guidelines for the Psychiatric Rehabilitation of Persons with Severe and Persistent Mental Illness in a Managed Care Environment. IAPSRs: Columbia, MD.