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Caitlin Papovich

The Principle Components of Psychiatric Rehabilitation

Jeremiah Schimp
Concordia University – Saint Paul

Psychiatric rehabilitation is rooted in the hope of recovery and increased quality of life for those with mental illness. To best understand psychiatric rehabilitation, we must look at the three core principle components: emotional, social, and vocational wellbeing. The fostering of increased quality of life is generated by the integration of psychosocial and person-centered interventions that build skill mastery in emotional health, symptom management, social functioning, relationship building, and employment-related tasks (Kelbrick & Abu-Kmeil, 2016). Mental health providers often witness how the impact of severe mental illness curtails effective life skills and functional abilities in their clients. The psychiatric rehabilitation model of care is critical to helping clients develop the skills and functioning needed to live successfully (Corrigan, Mueser, Bond, Drake, & Solomon, 2008). We will examine the three core components below.

EMOTIONAL HEALTH

Symptom management in psychiatric rehabilitation, though also accomplished with other psychological services and medication, specializes in skill development and helping clients manage their illness (Corrigan et al., 2008). The foundation of psychological interventions in psychiatric rehabilitation is rooted in decades of psychological science, research, and practical application of therapy with clients. Emotional health and well-being through psychological interventions, namely cognitive-behavioral therapy (CBT), has found its way nicely into psychiatric rehabilitation services. CBT offers a foundational therapeutic philosophy that involves the "…systematic use of learning principles to the teaching of illness self-management information and skills" (Meyer, Gingrich, & Mueser, 2010, p. 35). In psychiatric rehabilitation interventions, the focus is most often on practical skill-building to better manage the symptoms of the disorder. Clients work on assembling a toolbox of coping skills to take with them throughout their life activities. This skill-building takes the form of modeling by the provider, behavioral rehearsal, practice, reinforcement, and homework to help clients cope better with symptoms of their illness (Meyer et al., 2010). Also, symptom management skill teaching in psychiatric rehabilitation services can be delivered by unlicensed mental health clinicians, opening the door for clients to benefit from a variety of providers.

SOCIAL SKILLS

The social functioning aspect of psychiatric rehabilitation services cannot be denied. First, many psychiatric rehabilitation services are established in social settings. The need for connection

with others and social-skill building sets the stage for the use of residential treatment programs, clubhouse models, drop-in centers, supported employment, and the use of group programming (Raeburn, Halcomb, Walter, & Cleary, 2013). Social interventions in a group setting involve observing behaviors, goal setting, teaching new skills, practice, and the use of role play. The practitioner in these interventions can take many different roles, ranging from role model to coach to facilitator (Kingsep & Nathan, n.d.; Meuser, Deavers, Penn, & Cassisi, 2013). Aside from the utility found in offering group programming, evidence has shown that people with mental illness need structured social connections to develop social support, skills, and meaningful relationships. Also, people with mental illness often face many social challenges, including loneliness, low self-esteem, stigma, and impairments from mental health symptoms. Positive social support in the context of psychiatric rehabilitation offers hope, person-centered care, and greater autonomy (Moran et al., 2014).

VOCATIONAL FUNCTIONING

The rate of unemployment or underemployment among people with severe psychiatric disorders remains exceptionally high, at 80%. People with mental illnesses struggle with many employment barriers, with employment gaps and problems maintaining employment being the most significant barriers. The vocational rehabilitation component of psychiatric rehabilitation has most recently embraced the supported employment model and the use of community-based vocational specialists. These models of employment offer support and on-the-job training to get people into competitive employment as quickly as possible (Khare, Mueser, & McGurk, 2016; Raeburn et al., 2013). Khare et al. (2016) argue that these employment problems our clients face are not due to a lack of desire among people with serious mental illness. Most people with mental illness want to work, but not enough supported opportunities exist. The alternative to supported employment has been to engage clients in non-competitive work opportunities (Khare et al. 2016). The desire to work is foundational to building a meaningful life in recovery and is an integral part of psychiatric rehabilitation.

These three key components serve as the guiding treatment elements of psychiatric rehabilitation. Through attention to psychological health, social skills development, and connections to the workforce, providers show clients that they are interested in being a coach and guide as they reassemble their lives. Recovery from mental illness is a journey that involves hard work, dedication, and the right treatment opportunities. In the spectrum of mental health services, psychiatric rehabilitation has carved out a unique role to offer person-centered treatment in community-based settings.

AUTHOR'S BIOGRAPHY:

Jeremiah Schimp, Ph.D., CPRP, has been working in the mental health field for the past 14 years, holding leadership positions in community and residential programs. He currently holds the position of intake supervisor at an intensive residential treatment program with Regions Hospital in St. Paul, Minnesota. He oversees admissions, supports programming, provides

training, and staff development. In addition, he is an adjunct psychology instructor at Concordia University – St. Paul and University of the People. He teaches counseling, research, personality, cognitive psychology, and health psychology. Jeremiah's research and training interests are in the area of burnout and resiliency in mental health workers. He has provided training on burnout to groups of mental health providers at conferences and workshops. He earned his Ph.D. in psychology from Walden University with a specialization in health psychology, a master's in counseling psychology and a post-secondary teaching certificate from Bethel University, and a bachelor's in psychology from Cornerstone University. Jeremiah is a certified psychiatric rehabilitation practitioner.

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