TAILORING, ADAPTING, AND SUSTAINING IMPLEMENTATION OF IMR

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Overview of Topics

- ✓ Flexible use of IMR
- ✓ Tailoring IMR
- ✓ Adapting IMR
- ✓ Successful implementation and sustaining of IMR
- ✓ Video example of IMR celebration

FLEXIBLE USE OF IMR

Defining Flexible, Tailored, and Adapted Implementation of IMR

- Flexible implementation refers to how the format, organization, and curriculum of IMR can be used in different ways to meet needs *of individual clients*
- Tailoring of IMR entails modifications to how IMR is implemented in order to meet needs of specific populations or people in treatment settings, without significant modification of education and skills curriculum
- Adaptation of IMR involves the actual modification of the IMR curriculum or skills to meet the unique needs of specific population, which may also involve modifications to how IMR is implemented

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Flexible Implementation of the IMR Program

- Order in which curriculum is taught
- Format
  - *Individual*
  - *Group format*
  - *Combination of individual and group*
- Targeted IMR focusing on immediate client needs
- Other engaging activities or projects that capture participants interest and enthusiasm (incorporation of art or games into sessions, community trips to practice skills, etc.)

Modifying the Order of Teaching IMR Curriculum

- When IMR taught in open-enrollment groups, people join at whatever module group is at, after completing Recovery Strategies
- Order of modules can be also be modified to address individual client needs or for a whole group, after Recovery Strategies
- Individual examples:
  - *Focus on Medication module first for a client undergoing medication changes*
  - *Focus on Preventing Relapses first for a client who has had a recent relapse*
  - *Focus on Coping with Symptoms first in client with distressing symptoms*
- For group, teach Stress Reduction module earlier and occasionally begin other modules by practicing a relaxation technique

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Benefits of Doing IMR Individually

- May be only feasible approach in some areas (e.g., rural settings)
- Can integrate with case management
- Easy to adjust to person's learning style
- Based on individual's pace
- More comfortable for some clients
- Easier to customize home assignments
- More opportunities to fit IMR skills and strategies with person's recovery vision

Benefits of Doing IMR in Groups

- Peer support
- Role models
- More opportunities for feedback
- More realistic practice of skills
- More economical
- Opportunities for co-leaders to learn skills

Combining Group and Individual IMR Formats

- Individual sessions often needed to set personal goals; may be helpful in following up on goals as well
- Individual sessions can supplement learning in groups for highly symptomatic or cognitively impaired clients
- Flexible combination of individual and group takes advantage of group support and economy of teaching approach, without penalizing clients who learn more slowly
- Need not be planned in detail in advance, but rather used as need appears

"Targeted" IMR for Urgent Needs

- IMR curriculum can be very helpful when an individual has an urgent problem or need, even if he/she is not involved in IMR
- Go straight to the skills (and modules) that will help individual the most
- Avoid heavy use of handouts (e.g., reading every single word) or skip the handouts altogether, and rely more on engaging client in discussion of problem, introducing strategy or skill, and modeling and role playing it
- Involve supporters in helping person practice, use skills
- Successfully addressing client's need may open the door to exploring further involvement in IMR program

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Examples of Urgent Needs that Have Benefited from Targeted IMR

- Severe, distressing symptoms (e.g., depression, psychosis, anxiety, mania)
- Significant substance use
- Recovering from recent relapse or experiencing signs of an impending relapse
- Problems related to medication (such as non-adherence or side effects)

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Case Example

- Janet, age 50, receiving ACT services
- Diagnosis of depression for several years
- When started IMR she was experiencing a significant episode of depression; couldn't leave her apartment; not taking care of herself
- ACT team approached her about learning strategies for coping with depression (module 9, topic 2), then added strategies for building social support (module 4)
- She eventually transitioned to full IMR

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TAILORING USE OF IMR

Examples of Tailoring IMR to Special Populations

- Implementation of IMR for homeless persons
  - *Center for Urban Community Services IMR program for women in homeless shelters*
- Provision of IMR for clients with similar goals
  - *IMR groups for clients enrolled in supported employment with work goals, at Brooklyn Community Services*
- Implementation of IMR in state hospital system
  - *IMR provided as part of "psychosocial mall" at Greystone Park Psychiatric Hospital in New Jersey*
- Integration of IMR into Assertive Community Treatment (ACT) teams
  - *In depth focus on ACT+IMR project in two states*

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WHY ACT+IMR?

- Can IMR improve effectiveness and efficiency of ACT?
- IMR: Most effective outcomes:
  - *Improving illness management*
  - *Improving functioning*
  - *Helping people to achieve personal recovery goals*
  - *Unique recovery orientation*
- ACT: Most effective outcomes:
  - *Reducing hospitalizations*
  - *Producing more independent and stable housing*
  - *Increasing treatment retention*
  - *Client and family satisfaction*

Challenges and Opportunities of ACT+IMR

Challenges

- Severity of impairment and acute needs of ACT participants
- Additional burden on team of providing new service
- Culture of ACT teams' focus on addressing needs and crisis prevention vs. planned rehabilitation
- Balancing specialized vs. generalist service service delivery (Who should deliver IMR?

Opportunities

- Community focus of ACT increases opportunity for in vivo practice of skills taught in IMR and work on recovery goals
- Frequent team meetings can facilitate coordinated work on illness management skills and recovery goals
- Specific targeting of illness management could accelerate graduation from ACT to less intensive services
- Nature of ACT teams and opportunities for getting support of all ACT team members for client recovery goals and IMR skills suggests need to study IMR+ACT in cluster randomized controlled trial (RCT) design

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NIMH R34 Grant: Monroe-Devita, Morse, Mueser, Gingerich

- **Stage 1:** Develop ACT+IMR Manual
- **Stage 2:** Open clinical trial to pilot test ACT+IMR approach on 4 ACT teams (2 in Washington:WA, 2 in Missouri: MO)
- **Stage 3:** Multi-site pilot cluster RCT;
  - *8 ACT teams in two states (4 in WA and 4 in MO)*
    - 4 randomly assigned to ACT+IMR (N=53)
    - 4 randomly assigned to ACT-only (N=48)
  - *Participants randomly selected for the study*
  - *Research interviewers assessed participants across 7 outcome domains at baseline, 6, and 12 months*

Integrated IMR +ACT Model for 1-Yr. Stage 2 Open Trial

- IMR fully integrated within ACT team
- Recovery goals routinely reviewed in team meetings and home practice assignments for IMR skills discussed
- IMR delivered by IMR specialists on team, with team leader as supervisor who also learns IMR
- Training in IMR provided to whole team with additional training and consultation for IMR specialists
- Group IMR as preferred format, but individual IMR provided when group not feasible
- Opportunities by ACT team members to engage natural supports with message of recovery, support for client goals, and learning of illness management skills

Results from Stage 2 Open Trial

Encouraging Findings

- Clients and ACT team IMR specialists liked the IMR curriculum and its recovery orientation
- Clients who were engaged in IMR made progress towards goals
- Team meetings were effective at getting broad support for clients' recovery goals

Challenges

- Much effort spent trying to get clients into IMR groups, resulting in slower progress and many clients getting little or no IMR
- Due to slow progress implementing IMR, specialists still did not have good working familiarity with IMR curriculum after 1 year
- ACT team members who were not specialists resented not getting IMR training

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Solutions to Stage 2 Challenges

- Assumption made that *all* ACT team members need to learn IMR curriculum and have experience teaching it
- IMR training model modified to involve all ACT team members
- Accelerated review of IMR curriculum by ACT team encouraged, with leader facilitating review of all IMR module topics within 3 months of initiating training
- De-emphasis on group IMR as preferred format for delivery of IMR, with primary emphasis on individual engagement of clients in IMR and setting of personal recovery goals
- Group IMR format optional, but not at cost of engagement of client in IMR
- Explication *of targeted IMR* option as alternative to individual or group IMR

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ADAPTING IMR FOR SPECIAL POPULATIONS OR SETTINGS

Integrated-IMR (I-IMR) for Co-Occurring Medical Illnesses

- High rates of medical problems in SMI account for premature mortality
- Principles of physical and psychiatric illness management overlap
- Physical illness management of specific diseases incorporated into structure of IMR (e.g., diabetes, coronary artery disease)
- IMR curriculum abbreviated in order to include medical illness self-management
- Evidence from one RCT supports effectiveness of integrated program (Bartels et al., 2014)
- Manual available: Pratt et al. (2015)

IMR for Forensic Clients

- High involvement of persons with SMI in criminal justice system, partly due to poor illness management
- Need to teach illness self-management skills to reduce criminal offending
- Pilot study of IMR in Bronx, New York, in jail diversion program for persons with SMI (PIs: Broner, Rotter; Consultants: Gingerich, Mueser)
- Special adaptations in IMR to address:
  - *Processing jail/prison experience*
  - *Counterproductive adaptations to prison environment*
  - *"Criminogenic" thinking styles*
  - *Skills for managing angry feelings and frustration*

IMR for Persons with SMI and Intellectual Disability

- Clients with intellectual disabilities have higher rates of SMI
- Cognitive limitations require modification of rehabilitation methods for this population
- Adapted IMR program for Jewish Employment and Vocational Services in Philadelphia: the Healthy Happy Life Class
- Focus on clients who live in small group homes and have high levels of residential staff involvement
- Simplified educational handouts for consumers, more detailed guidelines for leaders, frequent group activities to demonstrate and practice critical points and skills
- Authors: Gingerich, Arnold, Mueser Available on request

Enhanced IMR for Co-Occurring Psychiatric and Substance Use Disorders

- Module 1: Recovery Strategies. Integrates definition of recovery to include recovery of both psychiatric disorders and substance use disorders
- Module 2: Practical Facts about Psychiatric Disorders: includes information about higher risk for substance use in persons with psychiatric disorders and vice versa
- Module 3: Practical Facts about Substance Use Disorders: includes more detail about nature of substance use
- Module 4: Stress-Vulnerability Model: Adds more prominent role of substance use to the model/diagram

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Enhanced IMR, cont'd

- Module 5: Coping with Stress: includes information about how psychiatric disorders and substance use disorders are both subject to stress; also importance of learning how to cope with stress without substances
- Module 6. Social Support: encourages people to develop support network that includes those who do not use substances; also learning how to have fun without substances
- Module 7. Using Medications Effectively: adds information about medications for substance use disorders
- Module 8. Coping with Problems and Symptoms: Includes strategies for coping with cravings

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Enhanced IMR, cont'd

- Module 9. Healthy Lifestyles: no additions
- Module 10. Making a Plan to Stay Well: adds information about how to avoid relapses of substance use
- Module 11. Getting Your Needs Met in the Health Care System: adds information about substance use treatment programs

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Adapting IMR for Other Psychiatric Disorders

- Add educational handout about specific disorder ("Practical Facts about _____")
- Add pertinent information about medications for the disorder
- Add additional coping strategies for symptoms as needed
- Evaluate whether there are any additional factors to consider regarding relapse prevention

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FACTORS LEADING TO SUCCESSFUL IMPLEMENTATION OF IMR

Involving Agency Leaders and Administrators

- Get "buy-in" from agency leaders prior to implementation
- Clarify the gains expected from implementing
- Lay out the "ingredients" that you will need: clinicians/practitioners, training, time for preparation, regular supervision and/or consultation, space, supplies

Agency Leaders, cont'd

- Set up regular meetings with leaders to inform them of progress, including clients achieving goals
- Identify things you need their help with
- Invite leaders to observe occasional groups
- Invite leaders to attend occasional supervision/consultation meetings
- Invite leaders to IMR celebration parties

Forming a Team of IMR Practitioners

- One person serves as team leader/supervisor (provides updates to agency leaders, too)
- Meet regularly (for example, weekly)
- Practitioners support each other
- Practitioners provide suggestions to each other
- Practitioners can help each other regarding absences and turnover

Monitoring Provision of IMR

- Attendance
- Number of modules covered and how many sessions each one took
- Number of people who achieve their goals and the nature of those goals
- Use the IMR scale (14 items based on different aspects of the content)
- Measuring fidelity, potentially using the IT-IS scale

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Keeping IMR "Fresh"

- Invite guest speakers to IMR team meetings
- Stay abreast of new developments in IMR
- Consider aligning with other teams to sponsor "booster" training that includes advanced skills
- Consider adoption of variations of IMR model to address special problems or needs, such as:
  - *Co-occurring medical problems (I-IMR)*
  - *Co-occurring substance use (E-IMR)*
  - *IMR group for clients in supported employment*

SUSTAINING CLIENT AND STAFF INTEREST IN IMR

Make Sure that Clients Have Set Goals they Really Care About

- Then do all you can to help them achieve them, which may mean breaking them down into smaller short-term goals and more manageable steps

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Keep Sessions Lively

- Use lots of role plays, incorporate “props”
- Invite guest speakers
- Do a project together as a group (such as volunteering to make meals for homeless or putting together a list of resources for the area)
- Show relevant videos about recovery
- Consider a talent show
- Consider holiday parties
- Consider visiting other IMR groups or having joint events

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Involve Interested Graduates of IMR as Co-Leaders

- With training and support, peer specialists make good co-leaders
- The “lived experience” of peers with mental illness can be inspiring to other clients
- Peer leaders serve as valuable role models for other clients, showing that people with a mental illness can contribute to society

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Involve Family Members and Other Supporters

- Start a monthly “ Recovery Support Group”
- Invite family members and other supporters, along with clients, to meetings aimed at supporting recovery and reviewing topics covered in IMR
- Engage family members and other supporters in discussion with clients to explore how they can help them:
  - *Practice skills and strategies at home or elsewhere*
  - *Take steps towards personal goals*

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Celebrate Accomplishments

- Provide a certificate and organize a small party whenever a module is completed or a goal is achieved
- Go out for dinner when you reach half-way point of modules (consider inviting family members)
- When curriculum is completed, organize a graduation ceremony, designed by clients, and attended by family members, staff, and agency leaders

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VIDEO OF GRADUATION AT “PLACES FOR PEOPLE” IN ST. LOUIS, MISSOURI