

ILLNESS MANAGEMENT, RECOVERY PROGRAM AND A GROUP THERAPY INTERVENTION FOR TREATMENT OF PSYCHOLOGICAL DISORDER: A PILOT STUDY

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Abstract

Currently in field of psychological management, Illness Management is unique and effective strategy to treat psychological disorders. To evaluate the effectiveness a pilot study of Illness Management and Recovery program group therapy was conducted with clients of suffering from psychological illness. Illness Management and Recovery, a group intervention is an evidence based practice. To conduct study (N=10) clients were randomly selected from Recovery House Psychiatric Rehabilitation Center day care program were diagnosed by Clinical Psychologist and Consultant psychiatrists. They were diagnosed with depression Disorder, anxiety disorder, and Bipolar Effective disorder. All having history of illness from 5 to 25 years with education level of graduation. Their ages vary from 25 to 45 years (mean= 35.4) and gender Female (N=4) Male (N=6). Clients were enrolled for group therapy of Illness Management and Recovery sessions (each 45 minutes) twice a week for 6 months. Sessions were supervised and supported by clinical Psychologist. After 6 months sessions Illness Management and Recovery Program evaluation 15 points Rating Scale was administered to get results of IMR Group Therapy effectiveness. Assessment Scale reveals a significant difference in clients understanding and knowledge about their illness, achievements in short term recovery goals, social interaction, coping skills and improved sense of wellbeing.

Keywords Self Help Group, Illness Management and Recovery, Evidence Based Practice, Rehabilitation, Recovery goals.

INTRODUCTION

Illness management and recovery program is advance psychiatric rehabilitation strategy as evidence based practice with good out comes to treat clients suffering with mental illness in Group therapy interventions.

Anthony (1993) proposed that Recovery is a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and roles. It is a way of living a satisfying, hopeful, and contributing life, even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness.

Kim, et al., (2006) suggested that The Illness Management and Recovery (IMR) program was developed based on a comprehensive review of research on illness self-management strategies to clients with mental illnesses.

Lehman and Steinwachs (1998) describe that the past decade has witnessed an unparalleled focus on quality improvement in services for mental illnesses. Much of this focus has been stimulated by the identification of standards for care for mental illness based on research evidence, coupled with the finding that these practices were rarely provided.

Harding et al., (1987) explained that traditional medical definitions of recovery focus on remission of symptoms and return to prior functioning. These personal conceptualizations evoke several common themes, including hope, social connection, personal responsibility, meaningful life activities, a positive identity, full life beyond the illness, and personal growth.

Rogers et al., (1991). Explained that although new psychiatric treatments continue to be developed, persistent psychotic symptoms plague 25%–50% of clients , and these symptoms are associated with a host of negative outcomes, including depression and demoralization, impaired social functioning, and low employment. Over 85% of persons with mental illnesses are unemployed, despite the fact that most want to work and are capable of working in competitive jobs. Furthermore, although most clients live in the community, many lead lonely, isolated lives, without social or recreational outlets or personal purpose.

The IMR program was developed based on a review of controlled research on learning illness self-management strategies to clients with severe mental illness according to Day et al., (2005). They supported Five empirically strategies were identified in this review and incorporated into the program, including psycho- education about mental illness and its treatment, cognitive-behavioral approaches to medication adherence,

incorporating cues for taking medication into daily routines developing a relapse prevention plan, strengthening social support by social skills training, and coping skills training for the management of persistent symptoms.

Ridgway (2000) IMR develop hope, social connection, personal responsibility, meaningful life activities, a positive identity, full life beyond the illness, and personal growth.

Bellack (2004) explore that improvements in the quality of social relationships and social support may simply take longer to accrue. Thus, improved illness self-management, including skills for developing closer relationships with others, could lead to gradual improvements in social support over the longer term. Second, the relatively small amount of time devoted in the IMR program to improving social support (1 out of 9 modules) may be insufficient to make an impact on social relationships. Roe and Chopra (2003) suggested that social skills training has the best track record for improving social functioning in clients with programs usually involving a minimum of 3–6 months of concerted skills training, considerably more than is provided in Illness Management and Recovery group sessions.

Improvement in coping with symptoms and the stresses of daily life is another common theme of recovery, because such improvement allows people to spend less time on their symptoms and more time pursuing their goals. (Beale & Lambric, 1995).

Deegan (1988) define recovery refers not only to short-term and long term relief from symptoms but also to social success and personal accomplishment in areas that the person defines as important.

Research question

Illness management and recovery program is effective to treat psychological disorders
Group therapy is effective to improve coping skills and social relation among clients suffering from psychological disorder.

Hypothesis

1. Group therapy with Illness management and Recovery program will positively improve short term recovery goals.
2. Group therapy with Illness Management and Recovery program will help clients to cope with symptoms.
3. Group therapy with Illness Management and Recovery Program will improve social relation and social skills among clients.

Method

Current pilot study was conducted to find out the effectiveness of evidence based practice of Illness Management and recovery program as group therapy intervention

with clients suffering with mental illness. The study was conducted in The Recovery House, A Psychiatric Rehabilitation Center, and Karachi, Pakistan from Nov 2013 to May 2014. Clients (N=10) were enrolled in this study with their personal consent and family consent from The Recovery House Rehabilitation Day Care program. Client's readiness and motivation was assessed and it was found most of them were highly motivated to pursue their personal recovery goals in the process of Illness Management and Recovery program. Clients and family were assured about the confidentiality of their personal record and information. 25 to 45 years (mean= 35.4) and gender Female (N=4) Male (N=6) education level Graduation. IMR program Illness management and Recovery Program assessment scale was administered on clients and after 6 month program to evaluate the effectiveness of Illness management Program as group therapy intervention.

Procedure

Group sessions (each 45 minutes) were conducted twice a week with both groups (2 session/ week). New clients also received individual sessions to address their personal issues and were assisted for the understanding of IMR handouts. All clients' families were called for individual family education session, 4 families per week. After each IMR session clients received sheets to work as home assignments from the handouts.

All 15 clients participated in IMR program's 9 handouts:

Recovery strategies, Practical facts about illness, Stress Vulnerability Mode, Building social support, Using medication effectively, Reducing relapse, Coping with stress and Coping with Problems.

Clients received IMR program with supportive, educational, motivational and cognitive behavior interventions in group and individual session with practitioner.

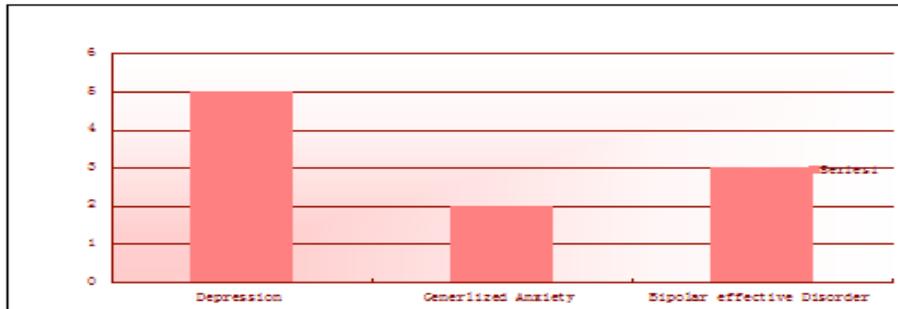
All IMR handouts were delivered with a standard format of IMR Manual; Social greeting, Review of previous session, Set current agenda, Active client's discussions about current handouts, Review personal recovery goals, Set home assignment. Throughout the study period Clients pursue their personal recovery goals, mostly short term goals which later empowered them to pursue long term goals. They were taught different coping skills, effective use of their medication, social relation and relapse prevention strategies.

As IMR was a long term group intervention, there were so many issues with client's regularity and family sessions. When client missed few sessions, then he/she received individual session to bridge the gap between the understanding of previous and new handouts. As most of the clients were Urdu speaking, so it was big challenge to translate from English to Urdu and relate the knowledge up to their understanding level. Practitioner's dedication and client's motivation made the difference to work on Recovery pathway.

Results and Discussion

Table- 1 clients scoring on IMR assessment form

short term Recovery Goals	80% Achieved	20% unfinished
understanding about illness	87% improved	13% little bit improved
Social Behavior	86% improved	14% little bit improved
coping Skills	79% improved	21% a bit improved



Graph-1 Clients Diagnosis

As the results reveals that most of the clients have an idea about their personal recovery goals but most of them have little effort to work on those goals. During IMR program they learned to take steps to find out strategies that can help them to pursue their personal recovery goals. Personal Recovery goals play very important key role to build self-esteem, hope and empowerment in clients suffering with mental illnesses. Results reveal that IMR Group sessions Personal recovery goals; pretty finished 20%, fully achieved 80%. Most of the clients achieved their short term personal recovery goals. Clients set their own recovery goals for their recovery, like to go for shopping, to get education, to get job, some clients have their recovery goals to make friends and for that step they learn social skills to interact with others and find people to talk with them in community, in parks and on social media, and they successfully made few reliable friends even within the group they showed friendly behavior and felt confident to talk with other group members.

According to Mueser et al. (2002), illness management and recovery are closely related, with illness management focused primarily on minimizing people's symptoms and relapses and recovery focused primarily on helping people develop and pursue their personal goals.

In the IMR program, motivational interviewing is used at the beginning and throughout the program to help clients develop their own vision of recovery, to identify and pursue their personal goals based on that vision, and to explore how improved illness management can help them achieve these goals (Corrigan, McCracken, Holmes , 2001).

Evaluation shows that most of the clients have little or no knowledge about their illness. Illness management and Recovery program's main focus is education about illness and its management.

Results revealed that IMR helps clients to know about their illness symptoms and its management strategies. 87% of clients reported improved understanding about their illness and 13% reported a bit improved. As IMR main focus is to educate people to learn what illness they are suffering and how they can manage it to improve their life by living their life with illness. Mostly clients relate and share their experiences of symptoms and its effects on their life and increase their level of understanding for further recovery with each other.

Baxter & Diehl (1998), described that Illness Management and Recovery group sessions, help to switch from being a passive recipient of care to an active partner.

IMR program help to improved social functioning, according to results 86% have very much improved and 14% little bit improved social functioning. IMR program helped clients to improve their social behavior with others and family members. Most of clients become socially active and cooperative and supportive behavior. They started playing games in group, shopping with group friends and starting having got to gather parties of their family and become very supportive and encouraging toward their recovery. They learned to make friends, initiate conversations and helped others clients in the groups and outside the group in to activities.

The three studies of comprehensive illness management according to Atkinson, et al., (1996) suggest that emerging evidence of the effectiveness of such programs. Improvements were seen in several important areas, such as social adjustment (Hornung , et al., 1999) and quality of life. In severe mental illnesses clients social functioning impaired and they faced problems in social relation due to their illness effect. It was analyzed during assessment that they respond only when they needed or someone want to talk with them.

Results showed that most of the clients were able to manage their symptoms during understanding their illness, 72% revealed that they have decreased level distress related to their illness and 21% reported a bit improved level of functioning and decreased level of distress. They were educated to manage symptoms by listening music and diverting their attention in other activities like drawing, painting, and gardening, writing about their feeling and thoughts, and games. They learn to manage their anxieties by doing exercises and participating in deep breathing and other relaxation strategies and other cognitive behavior strategies.

McGuire, et al., (2014) suggested that IMR shows promise for improving some consumer-level outcomes. Important issues regarding implementation require additional study.

Coping skills were improved after the group intervention as results revealed that 79% improved coping skills and 21% a bit improved. After IMR sessions clients were more able to handle their stressors by talking with their friends, doing excises, writing about their feelings, painting and drawing, playing active inside and outside games activities. Results shows that as psychiatric illness effects clients daily living skills and routine activates and most of clients reveals that they have not very well equipped with knowledge or understanding about coping skills of strategies.

Limitations

Illness management and recovery program is evidence based practice and help clients to pursue their personal recovery goals and increase their quality of life. But during the course of IMR program many challenges were encountered. Client's level of motivation fluctuated during all program was an immense challenge to work on their motivations through motivational strategies. But constant appreciations and friendly group social interaction made things positive for their recovery journey.

There were many variable that encounter IMR sessions as challenge; some families were more cooperative and supportive and some family have their own personal, and financial issues which effects clients turn out and attendance. Clients level of active participation toward homework assignments were a big challenge due to some cognitive functioning impairment. Their mental conditions during all period of program were stable vs. unstable that influence their active participation. The group was heterogeneous and having different level of intellectual capacity and social background. It was a big challenge to deliver all handouts with them according to their level of understanding and to relate the knowledge with their personal social and intellectual capacity.

Further Recommendation: occupational functioning, supportive education, supportive employment, and community integration are recommended to pursue client's further recovery goals. Need for further research studies to evaluate the effectiveness of IMR sessions with variety of psychological disorder in individual and group settings.

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