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978-1-909-72633-8 — Enabling Recovery

Edited by Frank Holloway , Sridevi Kalidindi , Helen Killaspy , Glenn Roberts

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This book is dedicated to the memory of Paul Wolfson, who died while it was being written. Paul was a long-standing member of the Executive Committee of the Faculty of Rehabilitation and Social Psychiatry of the Royal College of Psychiatrists and latterly its vice-chair. He was an inspirational leader within rehabilitation psychiatry and brought important lived experience into his work. Most importantly he was a very nice and very funny man. He is much missed.

Enabling Recovery

The principles and practice
of rehabilitation psychiatry

Second edition

Edited by Frank Holloway, Sridevi Kalidindi,
Helen Killaspy and Glenn Roberts

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Contents

List of contributors	viii
List of figures, tables and boxes	xi
Preface	xv
<i>Part 1: Setting the scene</i>	
1 Rehabilitation in a historical context <i>Paul Wolfson and Frank Holloway</i>	3
2 What is psychiatric rehabilitation? <i>Tom Craig and Helen Killaspy</i>	18
3 Rehabilitation as a values-led practice: the contribution of recovery, social inclusion and personalisation <i>Glenn Roberts, Jed Boardman and Kevin Lewis</i>	39
4 A comprehensive approach to assessment in rehabilitation settings <i>Alan Meaden and Sridevi Kalidindi</i>	61
5 Understanding madness: a psychosocial perspective <i>Elina Baker and Glenn Roberts</i>	79
6 First-person narratives <i>Jerome Carson</i>	99
<i>Part 2: Treatment approaches</i>	
7 Treatment approaches: overview <i>Sridevi Kalidindi, Frank Holloway, Helen Killaspy and Glenn Roberts</i>	113
8 Rehabilitation at the coalface: practical approaches to helping people improve their functional skills <i>Simon Tobitt, Thérèse Jenkins and Sridevi Kalidindi</i>	120
9 Cognitive approaches: cognitive–behavioural therapy and cognitive remediation therapy <i>Craig Steel, Til Wykes and Rumina Taylor</i>	136

CONTENTS

10	Family interventions <i>Gráinne Fadden</i>	153
11	Working with challenging behaviour <i>Shawn Mitchell and Sanjith Kamath</i>	171
12	Working with coexisting substance misuse <i>Cheryl Kipping</i>	188
13	Creative therapies and creativity <i>Frank Röhricht, Stuart Webster and Simon Procter</i>	208
14	Management of medication when treatment is failing <i>Georgina Boon, Melinda Sweeting and James MacCabe</i>	224
15	Physical healthcare <i>Joseph Hayes and David Osborn</i>	239
<i>Part 3: Key elements of a rehabilitation service</i>		
16	Key elements of a rehabilitation service: overview <i>Helen Killaspy, Frank Holloway, Sridevi Kalidindi and Glenn Roberts</i>	257
17	Rehabilitation in hospital settings <i>Steffan Davies and Helen Killaspy</i>	262
18	Community-based rehabilitation and recovery <i>Sridevi Kalidindi and Frank Holloway</i>	279
19	Housing: a place to live <i>Helen Killaspy, Stefan Priebe and Geoff Shepherd</i>	295
20	Work and employment <i>Jed Boardman</i>	308
21	Peer support in mental health services <i>Julie Repper and Emma Watson</i>	324
22	Leadership, management and service development in rehabilitation practice <i>Tom Edwards and Frank Holloway</i>	337
<i>Part 4: Special topics in psychiatric rehabilitation</i>		
23	Special topics in psychiatric rehabilitation: overview <i>Frank Holloway, Sridevi Kalidindi, Helen Killaspy and Glenn Roberts</i>	353
24	Rehabilitation and acquired brain injury <i>Ryan Aguiar and Czarina Kirk</i>	359
25	Autism spectrum disorder <i>Dene Robertson and Daniel De La Harpe Golden</i>	374
26	Risk management in rehabilitation practice <i>Shawn Mitchell</i>	391
27	Rehabilitation: an international perspective <i>Frank Holloway, Matthew Erlich and Lloyd I. Sederer</i>	409

CONTENTS

28	Psychosocial rehabilitation across culture: the experience in low- and middle-income countries <i>Rangaswamy Thara and Dinesh Bhugra</i>	425
29	Expanding the evidence base <i>Helen Killaspy and Steffan Davies</i>	436
<i>Part 5: Future directions</i>		
30	Psychiatric rehabilitation: future directions in policy and practice <i>Helen Killaspy, Sridevi Kalidindi, Glenn Roberts and Frank Holloway</i>	451
31	Rehabilitation and recovery in the 21st century <i>Helen Killaspy, Sridevi Kalidindi, Glenn Roberts and Frank Holloway</i>	458
	Index	465

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Figures, tables and boxes

Figures

2.1 Components of a ‘whole system’ rehabilitation care pathway	25
4.1 Shared formulation of a fictional case	75
10.1 Levels of family intervention	155
11.1 A simple ABC chart	176
11.2 Management of challenging behaviour	185
12.1 Example section from a drink and drug diary	193
12.2 Example of a decision matrix: continuing to drink alcohol	193
12.3 Example section from a parallel timeline	194
12.4 Cycle of change and four-stage treatment model	197
12.5 Example of a change plan for harm minimisation	201
16.1 The whole-system mental health rehabilitation care pathway	258
24.1 The WHO model of disability	368

Tables

6.1 Characteristics of the recovery journey	105
6.2 Recovery processes	106
8.1 Framework of a decisional balance	124
8.2 A stepped problem-solving approach	130
8.3 A framework for undertaking graded exposure	132
10.1 Examples of level 2 family intervention services	156
11.1 Side-effects of medication potentially contributing to challenging behaviours	183
12.1 Cycle of change, four-stage treatment model and treatment approaches/interventions	198
21.1 The core principles of peer support	326
21.2 Peer support: the reframe	332

LIST OF FIGURES, TABLES AND BOXES

24.1	Classification of the severity of traumatic brain injury	361
24.2	Components of the International Classification of Functioning, Disability and Health model	368

Boxes

3.1	Understanding recovery: one word, three meanings, five usages	41
3.2	An outline curriculum for training in recovery-oriented practice	45
3.3	Definitions of social exclusion	48
3.4	Exclusion of people with mental health problems	49
3.5	Proposed principles for socially inclusive mental health services	51
4.1	Preparations on receiving a referral	64
4.2	Initial assessment for rehabilitation	65
4.3	Basic assessment tools for assessment in psychiatric rehabilitation	69
4.4	Areas in which people with a diagnosis of schizophrenia commonly have cognitive deficits	70
8.1	Summary of skills areas with which rehabilitation clinicians work	121
10.1	Content of psychoeducational family interventions	159
11.1	Behavioural assessment template	176
11.2	Psychological interventions in challenging behaviour	179
13.1	The music group at blueSCI	218
13.2	The Seymour Poets at blueSCI	218
14.1	Approaches to the assessment of the patient whose symptoms persist	225
14.2	Principles of compliance therapy	232
15.1	Physical health monitoring for people with a mental illness	245
15.2	Interventions that improve physical health	247
15.3	Medications affected by smoking	249
17.1	A typology of in-patient mental health rehabilitation units	268
18.1	Outline contents of a SLaM recovery and support plan	283
20.1	Why is work important?	309
20.2	Barriers to employment	310
20.3	The individual placement and support (IPS) approach – key principles	312
20.4	Elements of a good vocational service	316
20.5	Championing employment – suggestions for clinicians	317

LIST OF FIGURES, TABLES AND BOXES

20.6 Occupational health reports from mental health professionals to occupational health staff: suggestions for good practice	318
20.7 Examples of ‘reasonable adjustments’ in the workplace	319
22.1 Seven steps to reduce out-of-service placement	344
22.2 Guidelines for commissioners on rehabilitation services: ten key messages	346
24.1 ICD-10 psychiatric diagnoses associated with acquired brain injury	359
24.2 Intervention strategies used within cognitive and neurobehavioural rehabilitation	370
24.3 Intervention strategies used in neurobehavioural rehabilitation	371
25.1 Treatments that should <i>not</i> be used for the core symptoms of autism	378
26.1 Principles to guide risk assessment and risk management	392
26.2 Management of violence on an in-patient ward: involving the patient after the incident	393
26.3 Service user experience of the risk assessment and risk management process	394
26.4 Principles surrounding risk assessment	396
26.5 Issues to consider in assessing risk for people who engage in self-harm	398
26.6 Actions to promote service users’ involvement in safety management and therapeutic risk-taking	403
27.1 The four components of PROS	420

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Frontmatter

[More Information](#)

Preface

This book aims to provide a comprehensive account of contemporary practice within psychiatric rehabilitation services and indeed beyond mental health services that have a specific rehabilitation badge. As the second edition of a book first published in 2006, it is a celebration of significant progress in the specialty of rehabilitation and in our broader understanding of how people experiencing severe mental health problems can be supported (or not) in their personal recovery journeys. It is also a celebration of diversity: our authors come from diverse backgrounds and use a wide range of theoretical and practical approaches in their work. Throughout you will read a range of terms to describe the people with whom the services work: ‘patients’, ‘clients’, ‘service users’ (the most popular term), ‘sufferers’ and ‘experts by experience’ are all used by different authors in different contexts. What unites our authors is a passion to support service users in recovering a sense of agency, to allow them to get back control over their lives.

There is no ‘magic bullet’ in rehabilitation practice akin to an antibiotic used early in the course of a bacterial infection. Inevitably, practitioners need to be pragmatic and eclectic in their day-to-day work. This pragmatism rightly involves of being aware of the evidence base, but, given the limitations, conflicts and complexities surrounding that evidence base, rehabilitation practice must also reflect the values of the practitioner and others, notably the service user (Adshead, 2009). Values-based practice is a dynamic process that requires constant reflection – it is a toolkit that can be used to guide decision-making rather than a set of rigid, protocolised rules (Woodbridge & Fulford, 2004; Fulford, 2009). Mental health practice continually presents situations where values conflict – the most obvious example being the use of compulsion to deprive people of their liberty and treat them against their will. More subtle is when the rehabilitation practitioner seeks to improve a person’s functional skills or personal hygiene in the face of indifference or even hostility. Practitioners can at times be guilty of not seeing the wood for the trees as they concentrate on eliminating symptoms at the expense of a person’s desire to live as good a life as possible on his or her own terms. Balancing societal values and individual wishes is always a tricky business, rendered all the more complex in a diverse, multicultural context.

PREFACE

Organisation of the book

Each chapter seeks to cover a topic comprehensively, so readers can readily dip into the book as their interest takes them. However, we do have a structure to the book. Part 1, 'Setting the scene', addresses key conceptual issues surrounding rehabilitation practice. Part 2, 'Treatment approaches', describes the wide range of therapeutic options that are available. Part 3, 'Key elements of a rehabilitation service', reviews the building blocks of an effective service that addresses the rehabilitation needs of service users, encompassing both hospital and community care. Part 4, 'Special topics in psychiatric rehabilitation', covers a range of issues, including specific disorders that are important to rehabilitation practice (acquired brain injury and autism spectrum disorder), the complex issue of risk management, international perspectives on rehabilitation and, importantly, how to expand the evidence base. Parts 2–4 of the book have brief introductory chapters that offer an overview of the issues covered. Part 5 ends the main text with two chapters looking at future directions in policy and practice.

Why a second edition and what has changed?

Any second edition of a textbook requires justification. Readers familiar with the first edition will notice some continuity in editorship and authorship but also very significant change. In broad terms, the first edition was seeking to (re-)establish the credibility of psychiatric rehabilitation as a discipline and integrate it with then relatively novel concepts derived from what was called the Recovery Movement. Psychiatric rehabilitation was a marginal aspect of the 'modernised' mental health system that was introduced in the UK during the first years of the new millennium (Holloway, 2005). The recovery approach is now very much in the mental health mainstream (Roberts & Hollins, 2007; and see Chapter 3, 'Rehabilitation as a values-led practice: the contribution of recovery, social inclusion and personalisation'). Psychiatric rehabilitation as a discipline, its practices and the core services have moved from marginalisation to acceptance (Joint Commissioning Panel for Mental Health, 2012).

The second edition has been completely revised and reflects the increasing confidence and maturity of the discipline. As the evidence base evolves, there is a need to provide an update on approaches to treatment relevant to rehabilitation practice. These are described in Part 2 of the book ('Treatment approaches'). Developments in cognitive therapy, family interventions, the management of challenging behaviour and medication are presented. We provide an update on the physical healthcare of people living with severe mental illness, an issue that has rightly gained increasing prominence since *Enabling Recovery* was first published. Reflecting the increased confidence of practitioners, a new chapter, 'Rehabilitation at the coalface' (Chapter 8), provides some practical advice on working with

service users that is underpinned by psychological theory. Other new chapters address the complexities surrounding working with comorbid substance misuse and the role of creative therapies and creativity in rehabilitation and recovery (Chapters 12 and 13).

In Part 3 ('Key elements of a rehabilitation service') there is a new chapter on rehabilitation in hospital settings (Chapter 17), in retrospect a surprising omission from the first edition of the book. Importantly, there is a chapter on the role of the peer support worker, which includes a contribution from someone working in that role (Chapter 21). Chapters on other elements of the rehabilitation service system have been revised to reflect changes in the evidence base and current practice.

In Part 4 of the book ('Special topics in psychiatric rehabilitation') new chapters provide updates on the complex issues surrounding acquired brain injury (Chapter 24) and autism spectrum disorders (Chapter 25), both of which are regularly encountered within mainstream rehabilitation practice. The first edition included a chapter on forensic rehabilitation, which anticipated an understanding within forensic services that their client group has rehabilitation needs that go beyond the management of offending behaviour. Increasingly mainstream rehabilitation services are working with patients who have been convicted of offences and this change of emphasis is captured in the present edition in Chapter 26, on 'Risk management in rehabilitation practice'. Two new chapters provide an international perspective on rehabilitation (Chapter 27) and, importantly, rehabilitation in low- and middle-income countries (Chapter 28), where non-governmental organisations play a particularly prominent role.

In revising *Enabling Recovery*, the editors have had to make difficult decisions about what to include and what to omit. When the first edition was published, there was a need to link rehabilitation with services providing early intervention in psychosis (EIP), which were then a new component of mainstream mental health services. The practices of EIP services were and remain fully consistent with those outlined in this book: what has become increasingly clear is that EIP, valuable though it is, does not abolish the need for specialist long-term support for some people experiencing an initial episode of psychosis.

Setting the scene – overview

In Part 1 we have a series of introductory chapters that attempt to set later contributions in context. It begins with an account of the 'pre-history' of psychiatric rehabilitation (Chapter 1). In the UK, rehabilitation practitioners are proud to look back on the opening of The Retreat in York, which ushered in 'moral treatment' as a humane and effective response to people experiencing severe mental illness. In reality, humane (and inhumane) responses to mental illness appear early in recorded history and the advances of the early 19th century were soon lost as the expanding

PREFACE

asylum system entered what has been described as its ‘long sleep’. The deinstitutionalisation movement that began in the 1950s ushered in an era where rehabilitation was both fashionable and markedly effective. However, in later decades the rhetoric of community care led to denial of the reality that some people experience.

Subsequent chapters explore core concepts in contemporary practice – psychiatric rehabilitation, recovery, social inclusion and personalisation (Chapters 2 and 3). Chapter 2 discusses rather unfashionable concepts such as the disability, impairment and handicap associated with severe mental illness. It also offers a contemporary definition of psychiatric rehabilitation, developed from the responses of practitioners:

A whole system approach to recovery from mental ill health which maximizes an individual’s quality of life and social inclusion by encouraging their skills, promoting independence and autonomy in order to give them hope for the future and which leads to successful community living through appropriate support. (Killaspy *et al*, 2005: p. 163)

This definition has been drawn upon by many of our contributors.

The complexities surrounding the relationship between the recovery approach and rehabilitation practice are explored in Chapter 3, which also describes in some detail the social exclusion that people with mental illness experience and how this might be addressed. There is an evolving personalisation agenda aimed at restoring authority through choice and control – its full implications for service users and practice are yet to be understood.

Any intervention provided by mental health services must be based on an appropriate assessment of the person’s problems and needs. A range of approaches to assessment in rehabilitation is described in Chapter 4, which emphasises the importance of using structured methods without losing sight of the patient as a person. Structured assessment is particularly important in the measurement of the outcome of an intervention. Part 1 ends with two contributions looking at ways of understanding the experience of people with severe mental health problems, both of which emphasise the importance of narrative and listening to the person’s story (Chapters 5 and 6).

Taken together, these introductory chapters provide a vital account of the intellectual underpinnings of practice and the complexities surrounding contemporary psychiatric rehabilitation.

References

- Adshead G (2009) Systemic thinking and values-based practice. *Advances in Psychiatric Treatment*, 15: 470–8.
- Fulford KWM (2009) Values, science and society. In *Psychiatric Ethics* (4th edn) (eds S Bloch, SA Green): 61–84. Oxford University Press.
- Holloway F (2005) *The Forgotten Need for Psychiatric Rehabilitation. A Position Statement from the Faculty of Rehabilitation and Social Psychiatry*. Royal College of Psychiatrists.

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PREFACE

Joint Commissioning Panel for Mental Health (2012) *Guidance for Commissioners of Rehabilitation Services for People with Complex Mental Health Needs*. Royal College of Psychiatrists.

Killaspy H, Harden C, Holloway F, *et al* (2005) What do mental health rehabilitation services do and what are they for? A national survey in England. *Journal of Mental Health*, **14**: 157–66.

Roberts G, Hollins S (2007) Recovery: our common purpose? Editorial. *Advances in Psychiatric Treatment*, **13**: 397–9.

Woodbridge K, Fulford KWM (2004) *Whose Values? A Workbook for Values-Based Practice in Mental Health Care*. Sainsbury Centre for Mental Health.