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

RCPsych Publications
© The Royal College of Psychiatrists 2015

RCPsych Publications is an imprint of the Royal College of Psychiatrists,
21 Prescot Street, London E1 8BB, UK
http://www.rcpsych.ac.uk

All rights reserved. No part of this book may be reprinted or reproduced or utilised in any form or by any electronic, mechanical, or other means, now known or hereafter invented, including photocopying and recording, or in any information storage or retrieval system, without permission in writing from the publishers.

British Library Cataloguing-in-Publication Data.
A catalogue record for this book is available from the British Library.
ISBN 978-1-909726-33-8

Distributed in North America by Publishers Storage and Shipping Company.

The views presented in this book do not necessarily reflect those of the Royal College of Psychiatrists, and the publishers are not responsible for any error of omission or fact.

The Royal College of Psychiatrists is a charity registered in England and Wales (228636) and in Scotland (SC038369).

Printed by Bell & Bain Limited, Glasgow, UK.
# Contents

List of contributors viii  
List of figures, tables and boxes xi  
Preface xv  

## Part 1: Setting the scene  

1 Rehabilitation in a historical context  
   *Paul Wolfson and Frank Holloway*  
   3  

2 What is psychiatric rehabilitation?  
   *Tom Craig and Helen Killaspy*  
   18  

3 Rehabilitation as a values-led practice: the contribution of recovery, social inclusion and personalisation  
   *Glenn Roberts, Jed Boardman and Kevin Lewis*  
   39  

4 A comprehensive approach to assessment in rehabilitation settings  
   *Alan Meaden and Sridevi Kalidindi*  
   61  

5 Understanding madness: a psychosocial perspective  
   *Elina Baker and Glenn Roberts*  
   79  

6 First-person narratives  
   *Jerome Carson*  
   99  

## Part 2: Treatment approaches  

7 Treatment approaches: overview  
   *Sridevi Kalidindi, Frank Holloway, Helen Killaspy and Glenn Roberts*  
   113  

8 Rehabilitation at the coalface: practical approaches to helping people improve their functional skills  
   *Simon Tobitt, Thérèse Jenkins and Sridevi Kalidindi*  
   120  

9 Cognitive approaches: cognitive–behavioural therapy and cognitive remediation therapy  
   *Craig Steel, Til Wykes and Rumina Taylor*  
   136
### CONTENTS

10 Family interventions 153  
Gráinne Fadden

11 Working with challenging behaviour 171  
Shawn Mitchell and Sanjith Kamath

12 Working with coexisting substance misuse 188  
Cheryl Kipping

13 Creative therapies and creativity 208  
Frank Röhricht, Stuart Webster and Simon Procter

14 Management of medication when treatment is failing 224  
Georgina Boon, Melinda Sweeting and James MacCabe

15 Physical healthcare 239  
Joseph Hayes and David Osborn

**Part 3: Key elements of a rehabilitation service**

16 Key elements of a rehabilitation service: overview 257  
Helen Killaspy, Frank Holloway, Sridevi Kalidindi and Glenn Roberts

17 Rehabilitation in hospital settings 262  
Steffan Davies and Helen Killaspy

18 Community-based rehabilitation and recovery 279  
Sridevi Kalidindi and Frank Holloway

19 Housing: a place to live 295  
Helen Killaspy, Stefan Priebe and Geoff Shepherd

20 Work and employment 308  
Jed Boardman

21 Peer support in mental health services 324  
Julie Repper and Emma Watson

22 Leadership, management and service development in rehabilitation practice 337  
Tom Edwards and Frank Holloway

**Part 4: Special topics in psychiatric rehabilitation**

23 Special topics in psychiatric rehabilitation: overview 353  
Frank Holloway, Sridevi Kalidindi, Helen Killaspy and Glenn Roberts

24 Rehabilitation and acquired brain injury 359  
Ryan Aguiar and Czarina Kirk

25 Autism spectrum disorder 374  
Dene Robertson and Daniel De La Harpe Golden

26 Risk management in rehabilitation practice 391  
Shawn Mitchell

27 Rehabilitation: an international perspective 409  
Frank Holloway, Matthew Erlich and Lloyd I. Sederer
## CONTENTS

28 Psychosocial rehabilitation across culture: the experience in low- and middle-income countries 425  
*Rangaswamy Thara and Dinesh Bhugra*

29 Expanding the evidence base 436  
*Helen Killaspy and Steffan Davies*

---

**Part 5: Future directions**

30 Psychiatric rehabilitation: future directions in policy and practice 451  
*Helen Killaspy, Sridevi Kalidindi, Glenn Roberts and Frank Holloway*

31 Rehabilitation and recovery in the 21st century 458  
*Helen Killaspy, Sridevi Kalidindi, Glenn Roberts and Frank Holloway*

Index 465
Contributors

Ryan Aguiar  Consultant Clinical Neuropsychologist, Ashworth Hospital, Mersey Care NHS Trust
Elina Baker  Clinical Psychologist, Devon Partnership NHS Trust, Exeter
Dinesh Bhugra  Professor of Mental Health and Cultural Diversity, Institute of Psychiatry, King’s College London
Jed Boardman  Consultant/Senior Lecturer in Social Psychiatry, South London and Maudsley NHS Foundation Trust, Maudsley Hospital, Denmark Hill, London
Georgina Boon  Highly Specialist Pharmacist, Pharmacy Department, South London and Maudsley NHS Foundation Trust, London
Jerome Carson  School of Education Psychology, University of Bolton
Tom K. J. Craig  Professor of Social and Community Psychiatry, Health Services Research, Institute of Psychiatry, London
Steffan Davies  Consultant Forensic and Rehabilitation Psychiatrist, Northamptonshire Healthcare NHS Foundation Trust, Northampton
Tom Edwards  Consultant Psychiatrist, Dudley and Walsall Assertive Outreach and Recovery Team, Dorothy Pattison Hospital, Walsall, West Midlands
Matthew Erlich  New York State Office of Mental Health and Division of Psychiatry, Columbia University College of Physicians and Surgeons, New York
Gráinne Fadden  Consultant Clinical Psychologist, Birmingham and Solihull Mental Health NHS Foundation Trust; Honorary Senior Research Fellow, University of Birmingham; Director, Meriden Family Programme, Birmingham
Daniel De La Harpe Golden  Clinical Research Worker, Institute of Psychiatry, London
Joseph Hayes  Medical Research Council Fellow, Division of Psychiatry, University College London; Camden and Islington NHS Foundation Trust, London
Frank Holloway  Emeritus Consultant Psychiatrist, South London and Maudsley NHS Foundation Trust
CONTRIBUTORS

Thérèse Jenkins  Occupational Therapist, Rehabilitation and Recovery Team, Complex Care, Psychosis Clinical Academic Group, South London and Maudsley NHS Foundation Trust, King’s Health Partners, London

Sridevi Kalidindi  Consultant Psychiatrist in Rehabilitation, Clinical Lead for Local Contracts, South London and Maudsley NHS Foundation Trust; Chair, Faculty of Rehabilitation and Social Psychiatry, Royal College of Psychiatrists, Co-Chair, Joint Commissioning Panel for Mental Health

Sanjith Kamath  Consultant Psychiatrist, St Andrew’s Healthcare, Northampton

Helen Killaspy  Professor of Rehabilitation Psychiatry, Mental Health Sciences Unit, University College London

Cheryl Kipping  Consultant Nurse (Dual Diagnosis), South London and Maudsley NHS Foundation Trust, London

Czarina Kirk  Guild Lodge Secure Acquired Brain Injury Service, Lancashirecare NHS Foundation Trust, Preston

Kevin Lewis  Kevin Lewis Consulting, Director of the Personalisation Programme at the National Mental Health Development Unit, Department of Health 2009–2011

James MacCabe  Senior Clinical Lecturer, Department of Psychosis Studies, Institute of Psychiatry, King’s College London; Honorary Consultant Psychiatrist, National Psychosis Unit

Alan Meaden  Consultant Lead Psychologist for Adult Services (South and East Central), Psychology Lead for Rehabilitation Services, Birmingham and Solihull Mental Health NHS Trust, Birmingham

Shawn Mitchell  Consultant Psychiatrist, St Andrew’s Healthcare, Northampton

David Osborn  Professor and Consultant Psychiatrist, Division of Psychiatry, University College London; Camden and Islington NHS Foundation Trust, London

Stefan Priebe  Professor of Social and Community Psychiatry, Newham Centre for Mental Health, London

Simon Procter  Programme Director, Master of Music Therapy training programme, Nordoff Robbins, London

Julie Repper  Recovery Lead, Nottinghamshire Healthcare NHS Trust; Associate Professor of Recovery and Social Inclusion, University of Nottingham

Glenn Roberts  Consultant in independent practice, Devon

Dene Robertson  Consultant Psychiatrist, Service Lead for Developmental Disorders, Bethlem Royal Hospital, Beckenham, Kent

Frank Röhricht  Consultant Psychiatrist, East London NHS Foundation Trust, and Honorary Professor, University of Essex

Lloyd I. Sederer  Medical Director, New York State Office of Mental Health and Columbia University’s Mailman School of Public Health, New York
CONTRIBUTORS

Geoff Shepherd  Professor of Psychology, Senior Policy Advisor, Centre for Mental Health, London
Craig Steel  Psychology Department, University of Reading
Melinda Sweeting  Consultant Psychiatrist, High Support Rehabilitation Team (Southwark); Associate Clinical Director, Complex Care Pathway, Psychosis CAG, South London and Maudsley NHS Foundation Trust
Rumina Taylor  Department of Psychology, Institute of Psychiatry, King’s College London
Rangaswamy Thara  Director, Schizophrenia Research Foundation, Chennai, India
Simon Tobitt  Clinical Psychologist, Rehabilitation and Recovery Team, Complex Care, Psychosis Clinical Academic Group, South London and Maudsley NHS Foundation Trust, King’s Health Partners, London
Emma Watson  Peer Support Worker, Nottinghamshire Healthcare NHSTrust and Peer Trainer, Institute of Mental Health, Nottingham
Stuart Webster  Director, blueSCI, Manchester
Paul Wolfson  (deceased) formerly Consultant Rehabilitation Psychiatrist, Oxleas NHS Foundation Trust, Pinewood House, Pinewood Place, Dartford
Til Wykes  Professor of Clinical Psychology and Rehabilitation and Vice Dean for Research, Institute of Psychiatry, Psychology & Neuroscience, King’s College London
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 not 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
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
PREFACE

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
asylum system entered what has been described as its ‘long sleep’. The
destitutionalisation 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

Treatment, 15: 470–8.


the Faculty of Rehabilitation and Social Psychiatry. Royal College of Psychiatrists.

