

Goal Setting and Client Engagement in Acute Mental Health

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Objectives

1. Identify 2 components of the Recovery Model that are addressed through the goal setting group.
2. Identify the benefit of formalized goal setting in the acute mental health setting.

SAMSHA Recovery Model

- The Recovery Model was developed following an initiative in 2010 to incorporate mental health and substance use disorders into one working definition of recovery.
- In 2012 SAMSHA released their definition of the recovery model to encompass the physical and emotional well-being of person's with substance abuse, mental illness and/or dual diagnosis.
- The Recovery Model placed emphasis on 10 fundamental principles including the concept of Hope, Culture and Community, and overall Health and wellness.

SAMHSA's working definition of recovery. (2012). In *Substance Abuse and Mental Health Services Administration*. Retrieved on September 25, 2018.

SAMSHA Recovery Model

- Recovery is defined as: “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”
- The Recovery Model is a holistic and non-linear approach with emphasis on continual growth which includes peaks and valleys but also offers opportunity to learn from experiences both positive and negative.

Occupational Therapy & The Recovery Model

OCCUPATIONAL THERAPY

Holistic Approach

Client Centered

Education

Purposeful & Meaningful

Barriers & Obstacles

Support & Community

RECOVERY MODEL

4 Dimensions that support a life in recovery

HOME, HEALTH, PURPOSE, COMMUNITY

10 Guiding Principles

*Self Direction *Respect

*Individualization *Responsibility

*Empowerment *Holistic

*Peer Support *Non-linear

*Strengths based *Hope

Project Development

- Quality Improvement Project on Dual Diagnosis Unit
 - Generalized Anxiety Disorder, Mood Disorder, Substance Use Dependence, Psychosis
- Key Stakeholders
 - Unit based Occupational Therapist
 - Department managers
 - Nursing staff
 - CPM Administrator
- Areas of concern:
 - Motivation
 - Self-Advocacy
 - Community Reintegration

Objectives for Goal Setting Group

- “Occupational performance through participation of roles is key to individuals experiencing empowerment, self-direction and responsibility”
- Initial Objective
 - Increase awareness of unit structures
 - Increase treatment participation and group attendance
 - Increase goal directed individualized sessions
- Additional Objectives
 - Decrease “patient” role as a barrier to treatment
 - Increase long term goal setting abilities
 - Increase self-efficacy

Brown, C., Stoffel, V., & Munoz, J. (2019). Occupational therapy in mental health: A vision for participation. Philadelphia: F.A. Davis.

Goal Setting Group

- Location
 - Unit Milieu
- Time
 - 8:15 am
- When
 - Monday-Saturday
- Frame of Reference
 - SAMSHA Recovery Model
 - Focusing on Hope, Self-Direction, Peer Support & Responsibility

Goal Setting Group Structure

- Introductions
- Mood Ratings
 - Word & number allocations
- Proprioceptive Activity
 - Stretching, yoga, or mindfulness
- Unit structure review
 - Patient rights & responsibilities
 - Unit Schedule
- Goal setting
 - SMART Goals

Outcomes

- Phase One-3 Months
 - Self reported survey on I pads
- Phase Two- 6 Months
 - Satisfaction Survey
 - Length of Stay
 - Benefits of group
 - Assessing perceived treatment team roles

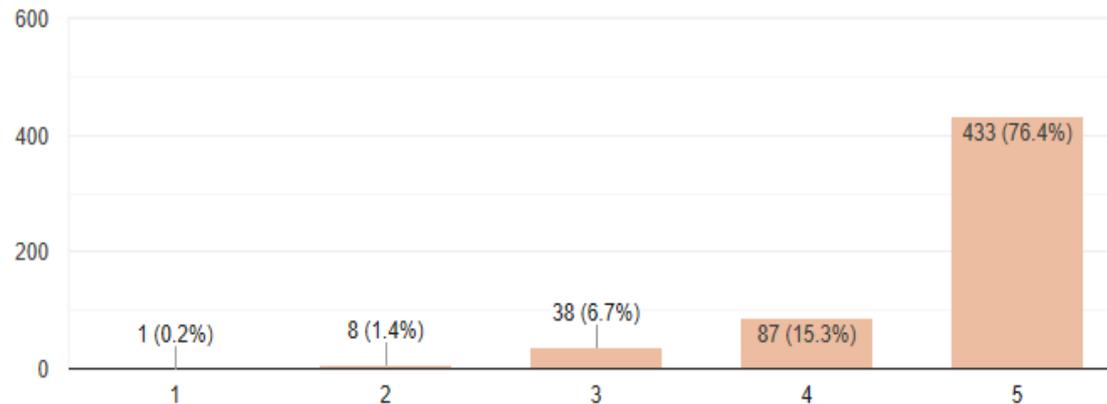
Outcomes-Phase One

- Survey Questions
- On a scale of 1-5; how helpful is the morning goal setting group?
- On a scale of 1-5 how therapeutic is the environment for the morning group?
(Therapeutic: Having a positive effect on body or mind; contributing to an overall sense of well-being)

Outcomes-Phase One

On a scale of 1-5 how helpful is the Morning Check-In group?

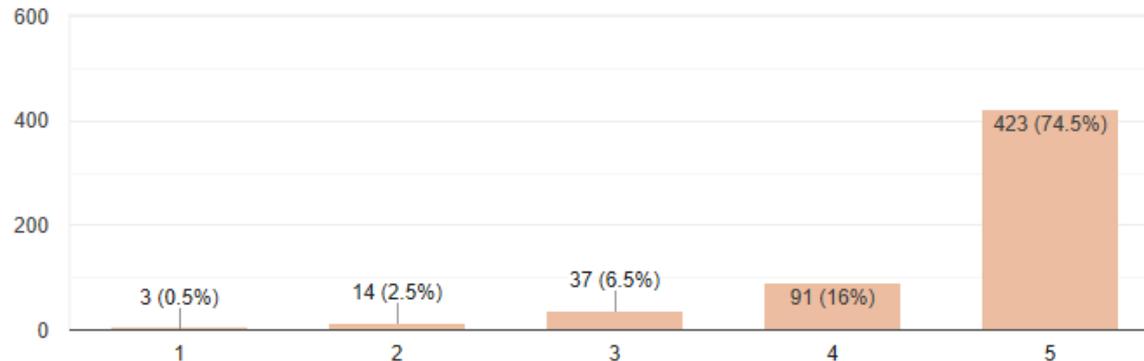
567 responses



Outcomes- Phase One

On a scale of 1-5 how therapeutic is the environment for the Morning Check-In group? (Therapeutic: having a good effect on the body or mind; contributing to a sense of well-being)

568 responses



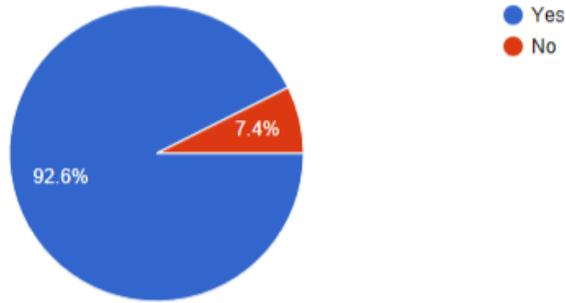
Outcomes-Phase Two

- Phase Two- Survey Questions
 - How many days have you been here?
 - What is your mood number on a scale of 1-10; 10 being the best?
 - Did you attend the goal setting group?
 - If yes, did you feel that the goal setting group is helpful?
 - What role do you feel that you have in your treatment planning?

Outcomes-Phase Two

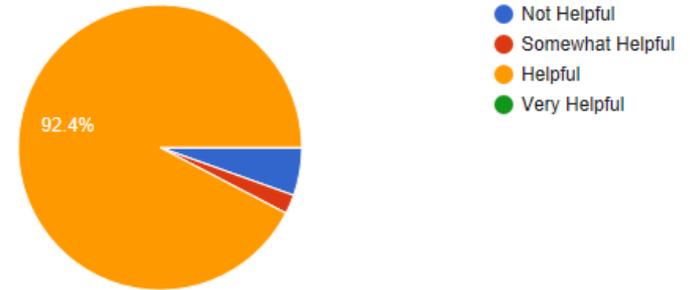
Did you attend the Goal Setting Group

95 responses



If yes, how helpful is the Goal Setting Group?

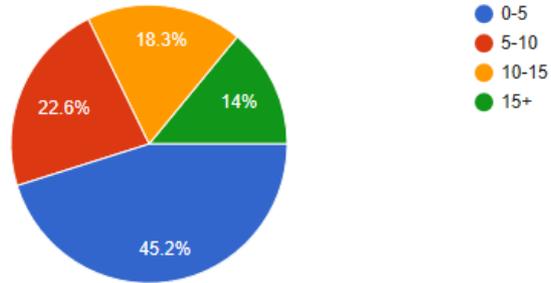
92 responses



Outcomes-Phase Two

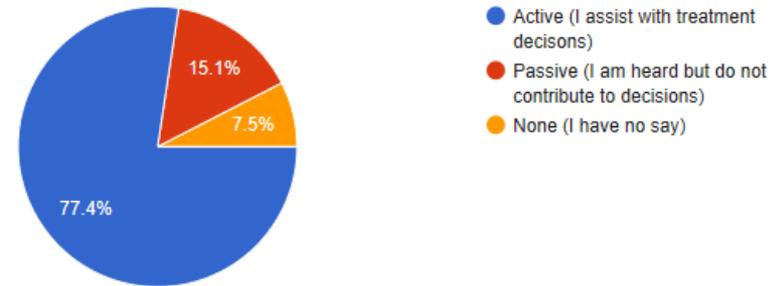
How many days have you been here?

93 responses



What role do you feel you have in your treatment planning?

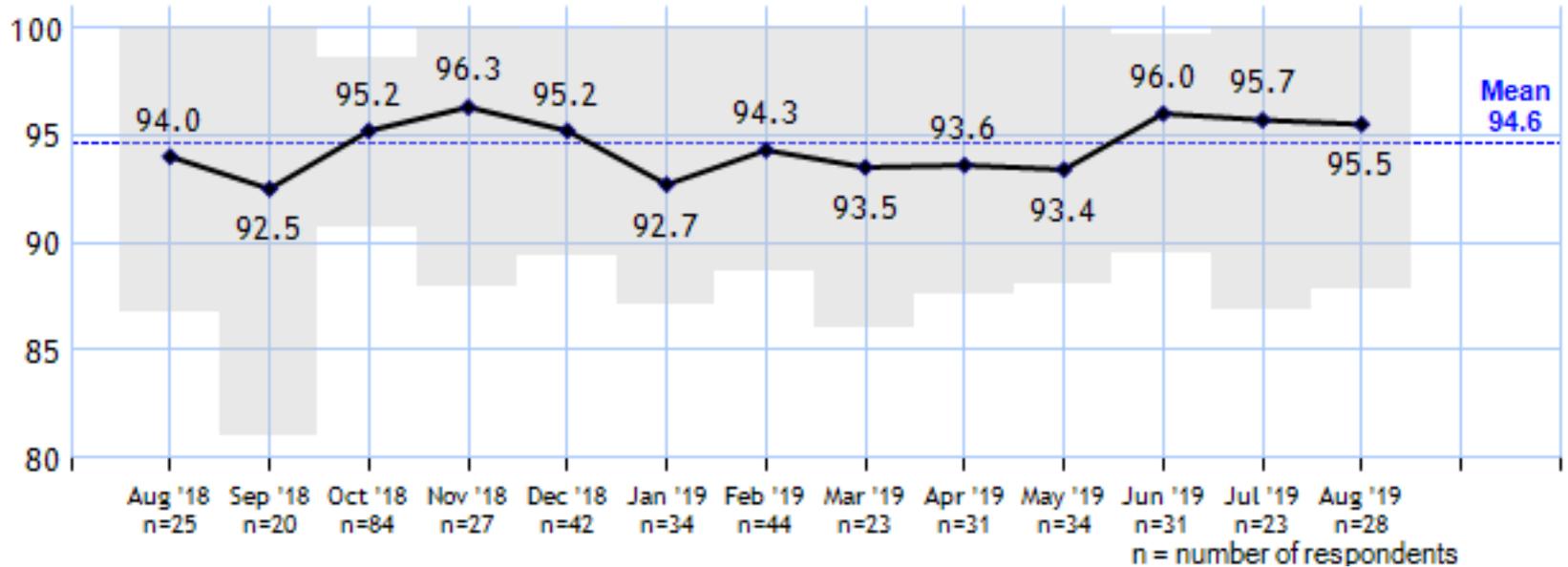
93 responses



Objectives for 1:1 Interventions

- Create a safe environment for self-expressions
- Identify and teach healthy coping strategies
- Identify healthy habits and routines to promote health and wellness
- Provide community based resources
- Education on physical health concerns and management of chronic illness, e.g. diabetes, obesity, etc
- Develop an individualized “recovery” action plan
- Identify both short and long term goals

Outcomes-Patient Satisfaction



Feedback

- “Love the morning check-in with my team. Made me feel safe & cared for.”
- “I’ve appreciated the chance to have structure and a positive way to wake up and connect”
- “The environment for the morning check-in group had an amazing effect on my mind and body. I feel like I will be able to think, act, and even be more positive after having been in this group.”
- “Helps get the day started in a positive way mentally, physically, and spiritually”
- “I feel that Sherita and Miranda try very hard to address us individually and that is helpful to feel known”
- “Stretching and being aware of breathing first thing in the morning helped me with anxiety.”
- “Really appreciate starting the day on a great note w/*Miranda & *Sherita!”
- “They both helped me to find mindfulness strategies to cope with my anxiety.”
- “I learned a lot of new coping skills and practices there in OT”
- “OT was particularly impressive & helpful. She struck a perfect balance of professionalism & genuine concern.”
- “Bad - There needs to be a weekly schedule to provide structure for patients ---This led to added schedule breakdowns and schedule making 1:1 sessions

Case Studies

Patient A: Admitted for increased symptoms related to Schizophrenia. Upon admission she was not taking medications, was demonstrating symptoms of borderline catatonia, hypervigilance, paranoia, and delayed processing..

She attended the goal setting group regularly, participated in the stretching exercise, and she provided a written goal sheet, but she did not verbally participate. She was medication compliant, and her appetite was adequate. As treatment progressed she began bringing her goal cards to the OT after group; 1:1 sessions were implemented for continued rapport building and to further develop LTGs.

Through the OT 1:1 sessions she verbally disclosed extensive trauma and vocalized audio/visual hallucinations for the first time. OT 1:1 sessions included: Emotional expression activities (painting, journaling, and role play), self scans, wellness plan development, and community resource identification

She later utilized her goal cards to communicate concerns with her treatment team. As a result medication changes were made and her disposition plan was later changed from state commitment to a supported group home.

Barriers & Challenges

- Location
- Unit distractions
- Unit Schedule
- Various diagnoses
- Multiple levels of acuity
- Physical health
- Patient's lack of structure and routine prior to admission

Summary

- Client Centered Goals
- Cultural Considerations
- Support Sources
- Education & Patient Rights
- Discharge Recommendations

Questions?

References

- Brown, C., Stoffel, V., & Munoz, J. (2019). Occupational therapy in mental health: A vision for participation. Philadelphia: F.A. Davis.
- Champagne, T., & Gray, K. (2016). Occupational Therapy's Role in Mental Health Recovery. In *American Occupational Therapy Association*. Retrieved January 12, 2019, from <https://www.aota.org/>
- Whisner, S., Stelter, L., & Schultz, S. (2014). Influence of Three Interventions on Group Participation in an Acute Psychiatric Facility. *Occupational Therapy in Mental Health*, 30(1), 26-42. <https://doi.org/10.1080/0164212X.2014.878527>
- SAMHSA's working definition of recovery. (2012). In *Substance Abuse and Mental Health Services Administration*. Retrieved on September 25, 2018.