



# Keeping It Practical: Core Skills from Evidence-Based Practices



## Summary Resource Guide

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Southeast Mental Health Technology  
Transfer Center (MHTTC)

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# Keeping It Practical: Core Skills from Evidence-Based Practices Overview

## Objectives

Evidence-based practices have become the goal for supporting recovery for people with severe mental illness. But we are not all working in environments that have the capacity to achieve full fidelity to these models. This series reviews core aspects of several evidence-based psychiatric rehabilitation practices focused on practical steps participants can do now to make a difference.

### Goals of this series

Review	Review core aspects of several evidence-based psychiatric rehabilitation practices
Present	Present leading researchers/consultants of these practices
Focus	Focus on practical strategies and skills that you can do now to make a difference

## What Are Evidence-Based Practices?

Evidence-based Practices are specific practices shown to be effective in a variety of settings, through rigorous research. But research is only part of the picture. Evidence based practice integrates:

- 1 What research has shown us works well for a group of people
- 2 Your clinical expertise
- 3 A client's individual identity, personal preferences, and values



# Why These Evidence-Based Practices?

## Session 1

*Tools for self-management: Lessons from Illness Management and Recovery*

We start with the core concept of self-management as it is critical in understanding the person's core goals and eliciting motivation to participate in services to support recovery from the effects of severe mental illnesses. To be active in own recovery, self-management gives people tools to manage their psychiatric conditions and make progress on recovery.

## Session 2

*Tools for working with clients: Lessons from Collaborative Decision Making*

We move to strategies for working with people and helping them make treatment decisions in collaboration with providers. These practices are fundamental to all types of service provision.

## Session 3

*Tools for housing and basic needs: Lessons from ACT and Supportive Housing*

The third session focuses on getting basic needs met to live a meaningful life in the community. Having affordable housing and supports in place to live independently are key.

## Session 4

*Tools for employment: Lessons from Supported Employment*

The fourth session focuses on one of the top goals for most people (with and without severe mental illness), to have fulfilling work. This session focuses on a specific model of helping people work in community jobs, for real wages.

## Session 5

*Tools for reducing substance use: Lessons from Integrated Dual Disorders Treatment*

The fifth practice focuses on strategies to help people manage substance use disorders, which often get in the way of achieving recovery goals.

## Session 6

*Tools for reducing substance use: Lessons from Integrated Dual Disorders Treatment*

The fifth practice focuses on strategies to help people manage substance use disorders, which often get in the way of achieving recovery goals.



[Quick link to the series](#)

# Tools for self-management: Lessons from Illness Management and Recovery

## What is Illness Management and Recovery (IMR)?

**IMR** is a [structured curriculum](#) that empowers people to learn information and skills to develop more control over their psychiatric illness and make progress towards their own personal recovery goals. IMR was developed in the as part of the SAMHSA initiative on Evidence-Based Practices.

### How it works

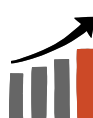
The curriculum has 10 modules, covering a variety of topics (See Table 1). For each module, there are readings for the provider and handouts for the person you are working with. You meet weekly with the person to work through the modules. IMR can be done individually or in small groups, and there are guides for both formats. Although IMR is structured, you tailor the material and your teaching strategies for the individual(s) you are working with. In each session, you will work with people to:



Set/track personal goals



Practice strategies and skills in the session to teach the module contents



Select home assignments that help the person practice new skills and make progress on recovery goals

[Strategies](#) used:

- Set and monitor recovery goals
- Teach a specific curriculum using:
  - Motivational strategies (e.g., encourage)
  - Educational strategies (e.g., break things into smaller steps)
  - Cognitive-behavioral strategies (e.g., role play)
- Home assignments
- Involve significant others

**Table 1. Topics in the IMR Curriculum**

Recovery Strategies

Practical Facts about Mental Illness

The Stress-Vulnerability Model

Building Social Support

Using Medication Effectively

Substance Abuse

Reducing Relapses

Coping with Stress

Coping with Problems and Symptoms

Getting Your Needs Met in the Mental Health System

# Lessons from Illness Management and Recovery Resources

## Lessons from Illness Management and Recovery Presentation

Supporting recovery for those with severe mental illness has evolved to include evidence-based practices. However, not all of us operate in settings that can achieve complete accuracy to these models. Dr. Salyers discusses key elements of the Illness Management and Recovery program in Part 1 of this 6-part series, putting an emphasis on useful tactics and abilities that behavioral health professionals may utilize right now to make a difference.

### Keeping it Practical: Core Skills from Evidence-Based Practices

(Session I) Tools for Self Management: Lessons from Illness Management & Recovery

Michelle Salyers, PhD  
January 27th, 2022



[Quick link to the presentation](#)

## Tools for You

The information in this toolkit can help behavioral health officials create mental health programs that focus on defining individual goals and implementing practical rehabilitation strategies. Ten booklets on program development are included in the toolkit.

[Quick link to Illness Management and Recovery Evidence-Based Practices \(EBP\) KIT](#)



# Tools for working with clients: Lessons from Collaborative Decision Making

## What is Collaborative Decision Making?

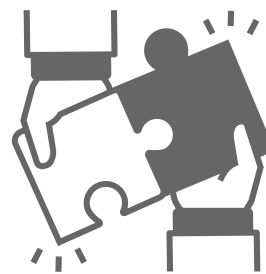
**Collaborative Decision Making** is an approach to making decisions about mental health care that meaningfully and powerfully includes clients and makes sure the decisions fit with clients' needs, preferences, goals, values, and culture. Collaborative Decision Making is flexible and can be used in different settings, with different providers, and for decisions small and large.

### Key elements:

- Jointly set recovery goals
- Ensure meaningful choice over what & how things are done
- Empower clients to speak up
- Ensure a two-way information exchange
- Weigh risks and benefits of different options or approaches
- Make choices based on the person's identified goals, values & preferences

## How it works

This approach recognizes that to be meaningfully involved in decisions about our lives, all people need to feel empowered, and have the knowledge, skills, and confidence to speak up. A big part of our role is to empower the people we work with, to support and encourage them, and to facilitate the process of making decisions. As providers, we can do this by:



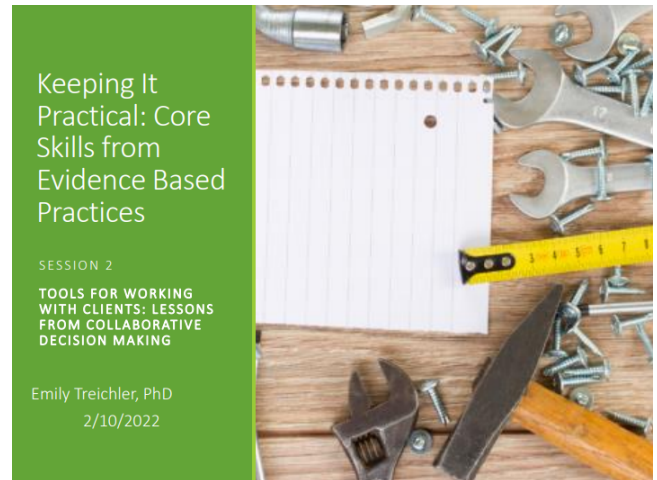
- 1 Active listening and validation of the person's experiences, values, feelings, and preferences
- 2 Get a clear understanding of each person's identity, values, preferences, and needs
- 3 Share information about treatment and treatment options
- 4 Be responsive when clients initiate collaboration
- 5 Think about how you can give up power
- 6 Think about how you can advocate with and for the client



# Lessons from Collaborative Decision Making Resources

## Lessons from Collaborative Decision Making Presentation

Supporting recovery for people with severe mental illness has evolved to include evidence-based practices. But not all of us work in settings that can achieve complete realism to these models. Dr. Treichler covers the benefits of collaborative decision-making in Part 2 of this 6-part series, as well as the methods and tools behavioral health practitioners may begin utilizing to put this strategy into practice.



[Quick link to the presentation](#)

## Website with access to articles on the process

The Collab Lab seeks to raise the standard of treatment and standard of living for persons with serious mental illness (SMI). Chronic symptoms and major functional limitations, such as the inability to work, attend school, maintain fulfilling social relationships, and live independently, are common in people with serious mental illnesses.



[Quick link to Collab Lab](#)

To make sure their work is beneficial and effective, the Collab Lab works with "experts by experience" (those who have lived with serious mental illness) as well as other stakeholders (clinicians, administrators, policymakers, and family).

# Tools for housing and basic needs: Lessons from ACT and Supportive Housing

## What is ACT?

**Assertive community treatment (ACT)** is a model of organizing treatment with decades of research supporting the effectiveness of helping people with severe mental illnesses live in the community. Based on the early concept of “a hospital without walls,” the team consists of multiple disciplines who provide services directly (rather than referring people to other providers). Roles include a team leader, a practitioner who has medication prescription privileges (usually a psychiatrist or nurse practitioner), nurse, therapist (e.g., social work/psychology), specialists (focused on housing, substance use, employment, and daily living skills), peer support, and administrative support.



The team meets daily to coordinate care and share treatment responsibility for a well-defined group of people with mental illness who have had difficulties living in the community. ACT teams focus on ensuring basic needs, enhancing quality of life, and improving role functioning so that people can lead meaningful lives in the community.

## What is Supportive Housing?

**Supportive housing** is an approach to supporting people with complex needs who are homeless or at risk of experiencing homelessness due to a variety of different reasons, not just behavioral health concerns (e.g., justice system involvement, child welfare, aging, intellectual disabilities). Supportive housing provides access to affordable housing (maximum of 30% of income for housing needs), combined with services to support people to live with autonomy and dignity.



The person is the tenant on the lease and has access to services that are individualized to help support the person to successfully live there. Services are coordinated to help meet needs (behavioral and physical healthcare, employment, education, etc.).

# Lessons from ACT and Supportive Housing Resources

## How this works: ACT and Supportive Housing Together

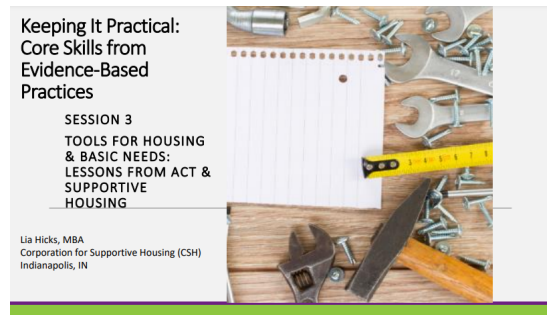
Housing is a basic **human need**. Without stable housing, it is difficult to meet other basic needs, have a sense of safety and security, address behavioral health concerns, or make progress on recovery goals. Yet affordable housing is difficult to find and access, particularly for people with multiple challenges. ACT and supportive housing both address this fundamental need and can work synergistically. For example, the Housing First model integrates aspects of both approaches.



[Quick link to the video](#)

## Lessons from ACT and Supportive Housing Presentation

The objective for assisting rehabilitation for those with severe mental illness has moved towards evidence-based practices. However, not all of us work in circumstances that can reach full fidelity to these models. In part 3 of this 6-part series, Ms. Lia Hicks discusses key elements of supportive housing and assertive community treatment (ACT), emphasizing valuable tactics and techniques that behavioral health professionals can apply right away to help patients meet fundamental requirements.



[Quick link to the presentation](#)

## Tools for you



[Click to access Advisory: Behavioral Health Services for People Who Are Homeless](#)

[Click to access Assertive Community Treatment \(ACT\) Evidence-Based Practices \(EBP\) KIT](#)



# Tools for employment: Lessons from Supported Employment

## What is Supported Employment?



**Supported employment**, particularly the model called Individual Placement and Support (IPS), is an integrated approach to helping people with severe mental illnesses (and related conditions) obtain and maintain competitive jobs in the community. IPS emphasizes individual choice and identifying community-based jobs in line with the person's goals. Employment services are provided without an extended pre-vocational assessment period, and services are open to anyone who wants to work.

## How it works

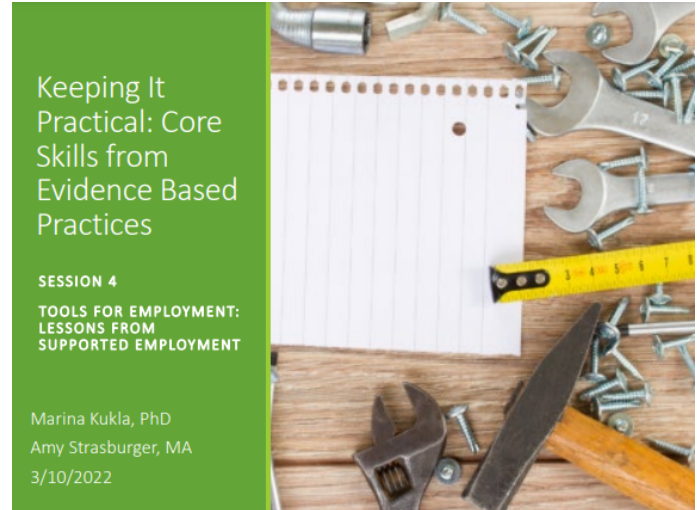
Employment specialists work with mental health treatment teams (ideally as part of the team, meeting regularly with each other). They work with people to identify employment goals, find positions in the community that will fit the interests and needs of the person being served, and support the person once on the job. This requires a focus on job development, working with community employers, “selling” the client and the supported employment services, advocating for clients, educating clients and employers, and the ability to flexibly tailor the approach to meet the needs of a particular client in a particular setting.

Being part of a team is helpful. You can keep a coordinated team list of employers and job leads, work with each other to think about each of the clients, and form individualized approaches to helping them. Team members can help problem solve, provide support, and share ideas. They can also help network with employers to further develop leads for jobs. Supervisors and networking with other supported employment specialists from other agencies can also be a good source of support.

# Lessons from Supported Employment Resources

## Lessons from Supported Employment Presentation

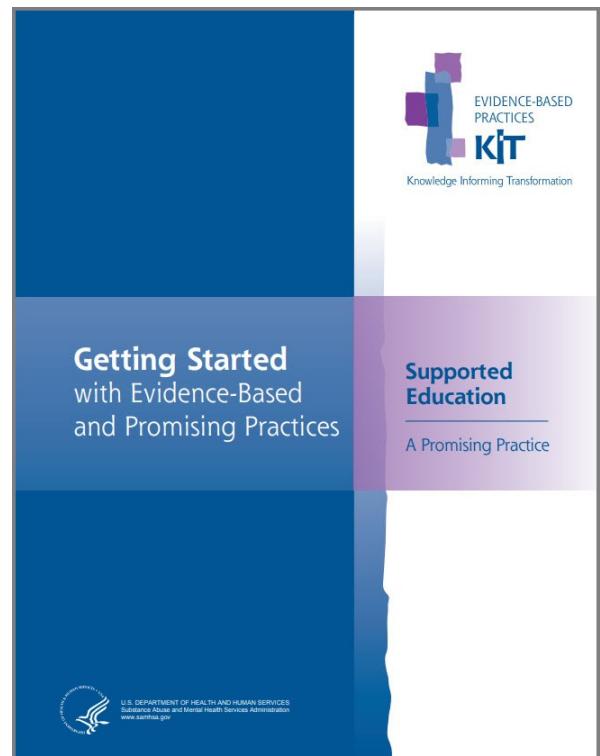
Supporting recovery for those with severe mental illness has evolved to include evidence-based practices. However, not every one of us works in settings that can attain complete model fidelity. Marina Kukla, PhD, and Amy Strasburger, MA, reviewed core aspects of Supported Employment in part 4 of this 6-part series, focusing on practical strategies and skills behavioral health providers can use right now to help clients meet employment goals.



[Quick link to the presentation](#)

## Tools for you

This kit contains information and resources for implementing supported education, which allows consumers to pursue goals that have been hampered by symptoms of behavioral health conditions. It contains information on getting started, providing services, and evaluating results.



[Quick link to Supported Education Evidence-Based Practices \(EBP\) KIT](#)

# Tools for reducing substance use: Lessons from Integrated Dual Disorders Treatment (IDDT)

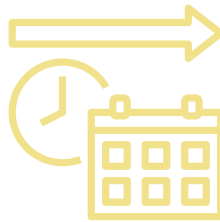
## What is Integrated Dual Disorders Treatment (IDDT)?

**IDDT** is the treatment of substance use disorder and severe mental illness together (rather than treating them separately). Ideally, treatment is integrated within the same team, which includes multiple disciplines to support recovery in multiple life domains (e.g., ensuring stable housing, employment, effective medication use).



### Stagewise Approach

Providers emphasize the fit between the individual's stage of change regarding substances and the strategies used when considering recovery from substance use.



### Long-term Perspective

Providers recognize that people experiencing dual disorders need ongoing support and comprehensive services for recovery as substance use and many forms of mental illness can wax and wane over time.



### Critical to Recovery

Providers also recognize that stable housing, meaningful activities like work, supportive people who are not using substances, and trusted relationships with providers have been shown to be critical to recovery.

# Stagewise Approach to IDDT

## How it works

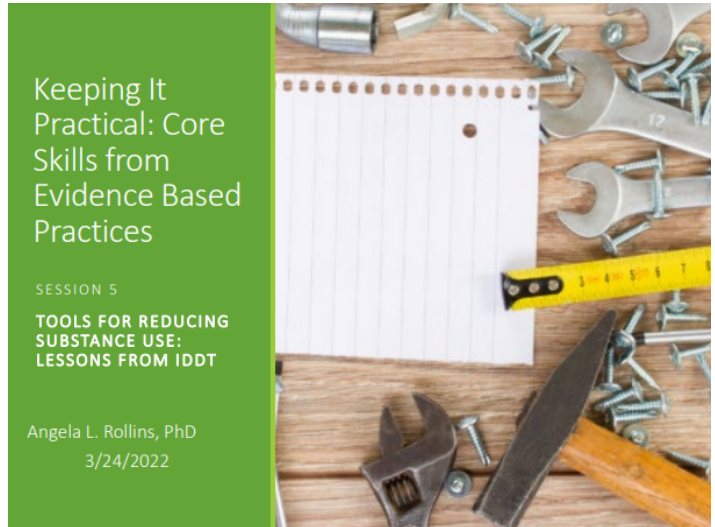
Although there are many components of IDDT, one of the central concepts is to take a stagewise approach to intervention.

Stage of Change	Stage of Treatment	Looks like...	Strategies to use
Precontemplation	Engagement	<ul style="list-style-type: none"> <li>Irregular or no contact with clinician</li> <li>Does not consider substance use or mental illness a problem</li> </ul>	Outreach, practical help, crisis intervention, develop alliance, assessment, treatment planning
Contemplation and Preparation	Persuasion	<ul style="list-style-type: none"> <li>Regular contact with clinician</li> <li>Does not view substance use or mental illness as problem, but will contemplate impact of substance use on life</li> </ul>	Education, set goals, build awareness of problem, develop motivation to change, family support, peer support, assessment, and treatment planning
Action	Active treatment	<ul style="list-style-type: none"> <li>Regular contact with clinician</li> <li>Recognition that substance use or mental illness interferes with personal goals</li> <li>Working on acquiring skills and supports to move towards life goals</li> </ul>	Substance abuse counseling, medication treatments, skills training, community reinforcement, self-help groups
Maintenance	Relapse Prevention	<ul style="list-style-type: none"> <li>No substance abuse for 6 months</li> <li>Furthering recover to other areas of life</li> </ul>	Relapse prevention plan, skills training, self-help, expand recovery to other areas of life

# Lessons from IDDT Resources

## Lessons from IDDT Presentation

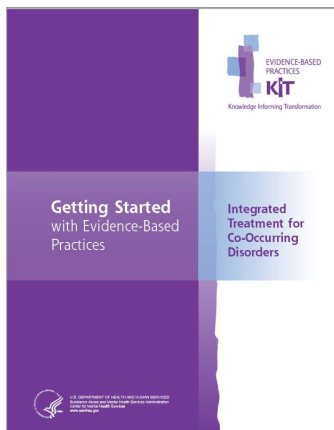
Evidence-based practices have become the goal for assisting people with severe mental illness through recovery. However, not all of us work in environments that allow us to achieve complete fidelity to these models. Angela Rollins, PhD, reviews core aspects of Integrated Dual Disorders Treatment (IDDT) in part 5 of this 6-part series, focusing on practical strategies and skills behavioral health providers can use now to help clients meet substance use reduction goals.



[Quick link to the presentation](#)

## Tools for you

This toolkit includes guidance from successful programs and practice guidelines for integrated treatment for mental illness, drug use disorders, or both. A brochure, a PowerPoint presentation, and an introductory video are all included in the toolkit.



[Quick link to Integrated Treatment for Co-Occurring Disorders Evidence-Based Practices \(EBP\) KIT](#)

**The Substance Abuse Treatment Scale**  
The Substance Abuse Treatment Scale (SATS) leverages the Stages of Treatment to give a reliable, observable, behaviorally defined approach to monitoring and reporting the progress of dual diagnosis clients throughout the treatment process, building on the ideas of the Stages of Change model.



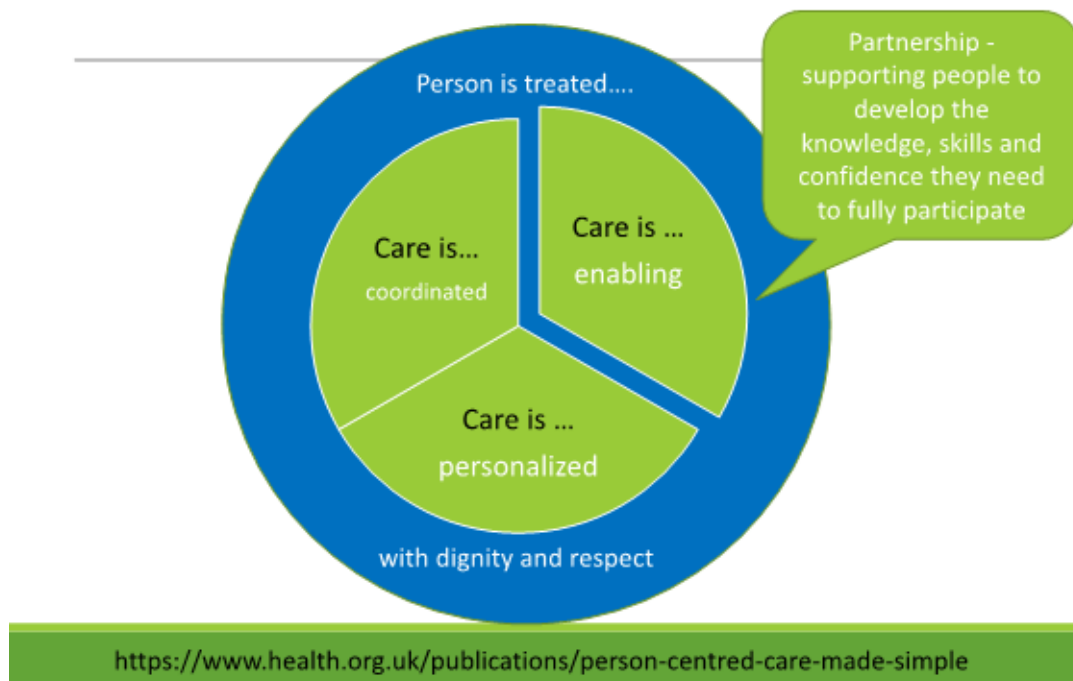
[Quick link to the video](#)



# Take-Away Tools: Unifying Themes Across Evidence-Based Practices

A key theme across each of these evidence-based practices is the concept of person-centered care, which the World Health Organization defines as **“Empowering people to take charge of their own health rather than being passive recipients of services.”** Care is centered around the person, not the illness, and engages the person to work with treatment providers to effectively promote and maintain health.

## Another view – The Health Foundation



*“Empowering people to take charge of their own health rather than being passive recipients of services.”*

WORLD HEALTH ORGANIZATION

# Take-Away Tools: Unifying Themes Across Evidence-Based Practices

## How it works

*Get to know your clients/patients/consumers as PEOPLE (who have interests and goals beyond the treatment setting they are in)*

**Collaborative Decision Making** and **IMR** both provide strategies for developing those relationships and helping people develop meaningful goals to guide care.

**ACT, Supportive Housing, Supported Employment, and Integrated Dual Disorders** all provide services to meet those goals.

- *Recognize recovery needs are similar for all of us! We all need motivation, information, skills, and support. But the way we do it needs to be personalized.*
- *Coordinate (integrate) care. Several of these evidence-based practices use a structure to integrate services on the same team (ACT and supportive housing, supported employment, IDDT).*
- *Focus on being in a community and part of it too! All the evidence-based practices emphasize the role of natural support, working with family members and others in the community who can support the person.*

*Enable people in two key ways:*

- 1 Treat them as partners. The person's choice is critical in each of the evidence-based practices, and supporting choice allows trust and the relationship to develop.
- 2 Ensure they have the information, skills, and confidence to actively manage recovery.



[Quick link to the presentation](#)

# Take-Away Tools: Change Strategies

- **Self-Determination Theory** (Deci & Ryan) reminds us that intrinsic (internal) motivation is a powerful change agent. We all have fundamental needs, and by helping people meet these needs, people will be more motivated:

## Autonomy

how much choice/control do we have in making the change?

## Belonging

connection to sense of purpose or meaning

## Competence

information and skills to feel confident; right amount of challenge

- **Transtheoretical Stages of Change** (Prochaska and DiClemente) reminds us that there are fundamental stages to the change process and by intervening appropriately for that stage, we will be more successful in the change process. IDDT focuses on changing substance use and mental health concerns, but same ideas can be used for any type of intentional change.
- **Goal Setting Theory** (Locke and Latham) reminds us of the importance of goals for motivating change, and which type of goals will lead to more lasting change. Specific and challenging goals, along with appropriate feedback lead to better performance. Commitment to the goal is important.

## How it works

When we encounter a person who is “resistant” to change, whether that person is a client, a family member, friend, or ourselves, these strategies can help:

**The work of supporting recovery is challenging, and we can't do it all. So, we do the best we can with what we have!**

- Recognize change is difficult for all of us
- Roll with it! – Motivational interviewing
- Measure it (SMART goals with feedback)
- Check the ABCs
  - Autonomy – who's idea/goal is it really?
  - Belonging – how important is the goal to the person? Does it connect with a sense of purpose, meaning, other important people in their lives?
  - Competence – do they have the skills? confidence? supports in place?
- Stage of change – are we doing the right things at the right time?