

International Handbook of Occupational Therapy Interventions

Chapter 25

Illness Management Training: Transforming Relapse and Instilling Prosperity in an Acute Psychiatric Ward

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Transforming relapse and instilling prosperity (TRIP) is a ward-based intervention program that aims to decrease treatment noncompliance and relapse rate by improving insight and health during the visits to the acute psychiatric care of clients with schizophrenia.

Abstract Participation to TRIP using the strategies learned from illness management, including knowledge enhancement, behavioral tailoring, relapse prevention development, cognitive behavioral technique, and related coping skills (Mueser et al., 2002) helps the clients adhere to treatment recommendations and minimize relapses. Moreover, TRIP is aimed at redesigning or reestablishing the clients' goal-driven healthy lifestyle. By learning how to manage the illness, the participants can be further reinforced to take part in their respective occupations.

Keywords Acute psychiatry • Healthy lifestyle • Illness management • Psychoeducation • Schizophrenia.

Definition

Statements: The Theoretical Framework of the Intervention

Transforming relapse and instilling prosperity (TRIP) connotes the notions of relapse reduction and health promotion within the program (Chan et al., 2007) by using strategies. The program provides information on illness and relevant skills for coping with symptoms, and a goal-driven, healthy lifestyle is re-established or designed with the participants.

Historical Development

The TRIP program has been developed to meet the needs of psychiatric inpatients. Traditionally during an acute stage of hospitalization, due to an unstable mental state, patients usually follow an activity-oriented occupational therapy program while on the ward. Such programs aim to maintain healthy activity during hospitalization by providing a normal routine selected by patients from a typical array of work, rest, and leisure activities. However, such programs cannot fully help patients reintegrate into the community on discharge. Therefore, TRIP was developed to fill this gap.

Purpose

The purpose of the intervention is to improve insight and health among clients with schizophrenia during acute psychiatric care, so that treatment noncompliance can be reduced and relapse prevented, with the ultimate aim of progressing toward personal healthy goals within clients' respective occupations.

Method

Candidates for the Intervention

Inclusion criteria for TRIP are as follows:

- Age 18–65
- Diagnosed schizophrenia or schizoaffective disorder
- Admitted to an acute psychiatric unit
- Stable mental condition after admission
- Attained primary education level or higher
- Participating voluntarily

The only exclusion criteria is a diagnosis of substance abuse, organic brain syndrome, or mental retardation.

Settings

The TRIP program is commonly carried out in a confined area or a special room in an acute psychiatric unit, equipped with a large whiteboard, notebook (with Microsoft PowerPoint), and LCD projector. Chairs are arranged in a circle.

The Role of the Occupational Therapist in Applying the Intervention

As emphasized by Eaton (2002), the occupational therapist (OT) can play a major role in delivering psychoeducational group interventions in acute mental health settings. The TRIP program is conducted mainly by an OT. Playing the roles of educator and facilitator in the group, the therapist not only teaches the clients adaptive life skills and knowledge of illness, but also facilitates the sharing of experience among clients within the group.

The therapist works with the clients to develop strategies or cues by incorporating the learning content (e.g., medication taking) into their daily routine, to connect to their respective occupation. It is also important that the therapist promote a healthy and noteworthy lifestyle within the program. This includes articulating individual personal goals and exploring how illness management (e.g., medication taking) may be useful in achieving those goals. Addressing the meaningfully personal goals among clients is crucial to motivate participation. Varieties of techniques are used to optimize learning and retention. They include interactive teaching, and emphasizing the sharing among group members. Echoing Blair and Hume (2002), the therapist in the group focuses on helping individuals to become aware of their own power by gaining life skills that give them a greater sense of personal control.

Results

A Brief Guide to Clinical Application

The TRIP program is a 2-week ward-based illness management program. It includes ten sessions, each lasting for about 50 minutes. The sessions can be further categorized into the two themes of illness orientation and health orientation.

Topics under illness orientation include the following:

- Introduction to schizophrenia
- Rehabilitation resources—residential and family services
- Rehabilitation resources—vocational and social services
- Medication management and compliance
- Relapse prevention plan development
- Symptom management

Topics under health orientation include the following:

- Mental health
- Emotion management
- Healthy diet and lifestyle
- Stress management

The following strategies are suggested by Mueser et al. (2002, 2006) and incorporated into TRIP accordingly.

The brief goals and content of each session are as follows:

- (a) Introduction to schizophrenia, which includes:
 - Providing information about schizophrenia including signs and symptoms and the treatment regime
 - Introducing the stress-vulnerability model
 - Dispelling some myths or misconceptions about schizophrenia
- (b) Rehabilitation resources—residential and family services, which include:
 - Introducing the residential care services in the community
 - Understanding and improving the relationship with family members
- (c) Rehabilitation resources—vocational and social services:
 - Introducing different kinds of vocational rehabilitation services in the community
 - Introducing different kinds of social support services in the community
- (d) Medication management and compliance:
 - Highlighting the importance of medication compliance
 - Understanding the side effects of medication
 - Learning strategies to cope with the side effects
 - Learning behavioral tailoring to ease medication adherence
- (e) Relapse prevention plan development:
 - Learning the signs and symptoms of relapse
 - Recognizing environmental triggers
 - Developing a contingency plan
- (f) Symptom management:
 - Learning preventive measure or cognitive-behavioral coping skills to deal with symptoms and related stress
- (g) Mental health:
 - Increasing knowledge of good mental health
 - Learning methods to maintain good mental health
- (h) Emotion management:
 - Identifying types of unhealthy emotion
 - Learning related coping methods to deal with emotion
- (i) Healthy diet and lifestyle
 - Building up a good habit of healthy diet
 - Setting personal recovery goals
 - Coestablishing a meaningfully personal goal-directed healthy lifestyle

(j) Stress management

- Increasing knowledge of sources and causes of stress
- Learning pertinent stress management methods
- Practicing related strategies

The sessions are designed in a semistructured format with didactic presentation of the topics followed by open discussion within the group. Warm-up or socialization games are introduced at the beginning of each session with homework assignments developed collaboratively with the client at the end of each session. During each session, the material is presented using an LCD projector and PowerPoint, to give the group a classroom feeling. Each participant receives educational handouts that summarize the main content of the topic, or cue cards about the strategies reviewed in every session. Visual aids used in the group can further facilitate learning and sharing among the group.

How the Intervention Eases Impairments, Activity Limitations, and Participation Restrictions

The core content of TRIP is teaching clients how to manage their illness collaboratively with treatment providers, so as ultimately to achieve their life goals. Mueser et al. (2002) reviewed ample evidence to support the effectiveness of the strategies used in the illness management program. Using those strategies, TRIP can further facilitate clients' participation in their personal occupation by underscoring goal achievement. By realizing good mental health, grasping stress management techniques, or pursuing meaningful personal goals of healthy-lifestyle building, an eventual goal of recovery with a full life beyond the illness can be achieved (Mueser et al., 2006).

Evidence from Practice

The TRIP program has positive effects on insight and health during acute psychiatric care. Kavanagh et al. (2003) emphasized the application of psychoeducation as an early intervention in the acute setting. Rebolledo and Lobato (1998) also state that the psychoeducational approach could further foster the adoption of a safer lifestyle when facing vulnerability. Health-oriented illness management can benefit patients' experiences of illness. The knowledge gained and the direct sharing of personal difficulties in various group sessions may increase patients' insight into mental health and influence their perspectives on their own well-being. Mueser et al. (2002), in a literature review, demonstrated that psychoeducation, relapse prevention, coping skills training, or a cognitive behavioral approach is effective in preventing relapse in patients with psychotic symptoms. Walling and Marsh (2000)

suggested that as long as clients have learned from stress management, healthy lifestyle building, or coping skills enhancement, they can be encouraged to engage in activities to reduce the risk of relapse and improve the quality of life. In fact, both the traditional activity-based ward occupational therapy (WOT) program and TRIP can supplement each other to meet the needs of different levels of patient. During acute psychiatric care, a WOT program can be used in a very early phase for mental-state stabilization, whereas TRIP can be used in a later phase to prepare clients for discharge to the community.

Discussion

The TRIP program accepts only voluntary participants, implying that they may get better insight due to their willingness to engage in the rehabilitation program. Involuntary participants may represent a large group with “poor insight” and repeated hospitalizations. Hence further programs have to be considered to help those clients with poor insight.

The TRIP program is conducted within the hospital setting during acute psychiatric care with the aim of reducing rehospitalization; yet the effectiveness of retaining the clients in the community still awaits further systematic research. As suggested by Hornung et al. (1996) and Zygmunt et al. (2002), supportive services such as booster sessions can be an effective means of reinforcing and consolidating the knowledge taught to clients with psychiatric illness. Thus, some kinds of post-discharge program can be considered, aimed at further reducing relapse rates.

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