

155: Instilling empowerment as a cultural value in program implementation

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Objective:

The primary purpose of this project was to help ascertain the specific implementation strategies effective in training experienced professional staff in incorporating the principles of empowerment and recovery in treatment approaches. The study was conducted by a newly developed assertive community treatment team for the severely mentally ill.

Methods:

A major effort was undertaken in New York State to develop Assertive Community Treatment (ACT) teams. ACT teams have been shown to be an effective intervention for individuals with severe mental illness (Drake et al., 2000) and as such have been referred to as an evidenced based treatment. Unique to this implementation was the strong emphasis on the values of empowerment and recovery. These values were seen as an essential training element although implementation strategies for incorporating these values are rarely found in the literature. As such, it was not evident how imparting such values to existing professional staff members would produce beneficial outcomes.

Six new ACT teams were to be trained in a number of different modules one of which was a recovery/empowerment module. This module was seen as critical to help staff understand that consumers need to take responsibility for their actions as part of a successful recovery from mental illness. In addition, recent literature has suggested that consumers value services that improve quality of life more than treatments designed to reduce symptoms (Felton et. al., 1996). These considerations are atypical to many experienced professionals as they continue to rely on symptom management as the essential therapeutic goal.

All teams had the same trainer, although three teams had the recovery/empowerment module (one of a number of modules) taught by a peer educator. All teams were reviewed six months post training on the following measures: consumer involvement in treatment planning, discussion of symptoms at the daily morning meeting, description of treatment goals in the consumers words and reflections from staff on the recovery value.

Results:

It was found that, in general, those teams trained with a peer educator were more likely to have incorporated the values of recovery and empowerment. These teams demonstrated higher levels of consumer involvement in treatment planning, and team functioning was not totally medication based. Most significantly, reflections from staff on the peer educated teams indicated being "moved", and "impressed" by the peer educator and as such more willing to modify existing treatment approaches.

Conclusions:

It appears that involving peer educators in imparting concepts of empowerment and recovery is likely to result in a change of behaviour on those being trained. In this project, staff that were not trained by the peer educator were more resistant to empowering consumers to take more responsibility for their illness. Given this understanding, peer educators have become part of all training initiatives and peer counsellors are also seen on many of the ACT teams.

Drake, R.E., Mueser, K.T., Torrey, W.C. et al (2000) Evidence based treatment of schizophrenia. *Current Psychiatry Reports*, 2, 393-397

Felton, C. J., Carpinello, S.E., Massaro, R., & Evans, M., (1996, May) Multiple stakeholders: Perceptions of outcomes. Paper presented at the meeting of the National Conference on Mental Health Statistics, Washington, D.C.