

Boston Training

23-24 January 2007

IN LATE January, MHACA's General Manager, Pathways and Prevention & Recovery staff, and two members of the CAMHS Community Teams, attended a 2-day Boston Training workshop in order to build on their Recovery-Readiness and Goal-setting skills. Christine Boocock and Tim MacDonald report ...



Presenter Nicky Bisogni at the Boston Training workshop

The workshop was based on training developed by the Centre for Psychiatry and Rehabilitation at Boston University and was an abbreviated version of their model. A similar version was completed by colleagues in July 2006 and this was a great refresher course for new staff who have joined MHACA since then.

Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness.

The training focused on workers assessing consumer readiness in rehabilitation and setting goal plans. It also looked at a step-by-step process in helping clients to set goals that would assist in their recovery. We learnt about rehabilitation values such as person-orientation, functioning, involvement, individuality, environmental-specificity, self-determination, outcome-orientation, support and growth potential. These tools will assist us to know whether a client is rehab-ready.

Christine felt it was a good tool to use and, in fact, much of what was covered is already being integrated into the rehabilitation plans used by the different MHACA services.

"I found the information was easy to understand and the guidelines were really clear. This training also gave me a clear understanding in regards to the medical and non-medical aspects, and

that if a consumer has the support from both sides they are more likely to build up a better support network.

"It was good for CAMHS and MHACA staff to do the training together so we could see how important each service is to the overall recovery of a consumer. It was good to have emphasized that it could take from six months to two years for a consumer to have a goal in place."

Tim also found the training to be helpful. "It was encouraging to know that MHACA already engages in much of what research has shown works in the rehabilitation process, but also to get some new ideas and ways of assessing client readiness. It is always helpful to step back from the every day work and have a look at what we are doing well and what we could do better."

The intuitive mind is a sacred gift and the rational mind is a faithful servant. We have created a society that honors the servant and has forgotten the gift.

In conclusion, the training was beneficial for all staff members. We are now in a better position to understand where a client is on the road to recovery and the things we can do to assist them along that road. Clients all recover in different ways and within different time-frames.

Thank you to Nicky for coming to Alice Springs and we look forward to her coming back in November 2007. ✕

The 9 Boston Psychiatric Rehabilitation Principles

1. The primary focus of psychiatric rehabilitation is on improving the competencies of a person with psychiatric disabilities.
2. The benefits of psychiatric rehabilitation for the clients are behavioural improvements in their environments of need.
3. Psychiatric rehabilitation is eclectic in the use of a variety of techniques.
4. A central focus of psychiatric rehabilitation is on improving vocational outcomes for persons with psychiatric rehabilitation.
5. Hope is an essential ingredient of the rehabilitation process.
6. The deliberate increase in client dependency can lead to eventual increase in the client's independent functioning.
7. Active involvement of clients in their rehabilitation process is desirable (essential).
8. The two fundamental interventions of psychiatric rehabilitation are the development of client skills and the development of environmental support.
9. Long-term drug treatment is an often necessary but rarely sufficient part of rehabilitation intervention.

Ref: Anthony, Cohen & Farkas (1990). Psychiatric Rehabilitation, Center for Psychiatric Rehabilitation Boston University.

Boston Training for Service Providers

On 21-22 July a two-day training workshop was run for MHACA program staff and other service providers on the Boston Model of Psychiatric



Presenter Nicky Bisogni delivers the Boston Training Model

The Boston Model – on which MHACA’s Rehabilitation and Outreach Programs are founded – is based on the experiences of recovery by consumers (Patricia Deegan, Mary Ellen Copeland) and the research of William Anthony who has formalised and marketed the framework as the Boston University Psychiatric Rehabilitation model.

In Australia it is delivered by Prahran Mission who are accredited by Boston University Centre for Psychiatric Rehabilitation. Nicky Bisogni who presented the workshop is one of their accredited trainers, and informed us that the training in the USA is a three or four year degree course – which certainly put our two days into perspective!

Psychiatric rehabilitation assists people with severe psychiatric disabilities to increase their functioning so they are successful and satisfied in the environment of their choice with the least amount of ongoing professional intervention. This process promotes the development of new meaning and purpose as the individual grows beyond

the catastrophic effects of mental illness (recovery).

What does this mean?

In practical terms the Boston Model:

- ◆ places high value on providing opportunities to people to normalise roles and relationships as fully as possible



Christine, Gavin and Jenine check out some Boston action

- ◆ facilitates social learning and behavioural change through experiential activities
- ◆ attempts to minimise differences in role, authority and status between the consumer and the helping professional
- ◆ deals with the practical, realistic aspects of a person's adjustment needs

Key Values of the Boston Model

The key psychiatric rehabilitation values on which the Boston Model are based:

◆ Person Orientation:

A focus on the person first and foremost as a person with strengths, not as a “case” exhibiting symptoms of disease

◆ Functioning:

A focus on performance of everyday activities

◆ Involvement:

A focus on people participating in all aspects of their rehabilitation as well as having a voice in the government of their program

◆ Individualisation:

A focus on tailoring all aspects of their rehabilitation program to the person's needs and wants

◆ Environmental-Specificity:

A focus on the specific context of where a person lives, learns, socialises and/or works

◆ Self-Determination:

A focus on people making choices and accepting responsibility for their lives

◆ Outcome-orientation:

A focus on evaluating rehabilitation in terms of the impact on client outcomes

◆ Support:

A focus on providing assistance for as long as it is needed and wanted

◆ Growth Potential:

A focus on the inherent capacity of any person to improve his or her functioning and status. ✕