

TOWARDS RECOVERY...

'Recovery is an acceptance that your life is in shambles and you have to change it'.

-Jamie Lee Curtis

From the desk of the editor

Dear Readers

We are delighted to bring out the First edition of "Towards Recovery...." ,a Rehab newsletter from the Department of Psychosocial Rehabilitation.

Carrying forward our agenda of information dissemination on Rehabilitation of persons with serious mental illnesses, this edition of the newsletter will highlight departmental activities, case reports, stories of challenges, an academic piece and other interesting features. A note on the personal journey of one of the staff, highlights the delights of being in the field of rehabilitation! You will also read all about recent programs and upcoming events. In addition, the newsletter provides a platform for clients to recount their personal experiences of the illness and the path to recovery.



Issues of "Towards Recovery....." will reach you every four months

With budding optimism on one hand, and eternal tensions of the need for acceptance from users, families and peers on the other hand, it is hoped that this newsletter will generate a debate initially and enthusiastic contributions over time. All the thinkers, writers, cartoonists can connect with us rehabtowardsrecovery@gmail.com. We are open to comments and suggestions and welcome contributions.

Current editor: R Padmavati

Message from the Director

Dr R Thara

It's not infrequently that some critical elements of programmes are often ignored and sidelined. A classic example of this is PSR in the treatment of mental health conditions. While most mental health professionals would admit to its importance, few actually have much to do with it in their routine clinical work. PSR is time consuming, needs planning and monitoring, and may have little impact in the short term. However, while dealing with conditions that are prolonged, chronic and disabling, this is one of the few interventions that can impact the course of the disability and affect lives and futures. It is therefore a matter of great joy and satisfaction that our PSR department has completed one year of focused work. While the challenges will continue, so will the gratifications of seeing people back in jobs, relating better with their families, reacquiring lost skills and proceeding towards the path of recovery. I wish the team all success in this New Year and assure them of all possible support.

**Upcoming Events**

Watch for

i) The monthly Caregiver Education Program last Saturday of every month 10 am to 12 pm (Next scheduled date: 28th January 2017)

ii) Camp for registration for the Swavalamban Insurance scheme: 31st January 2017, 11 am, OPD

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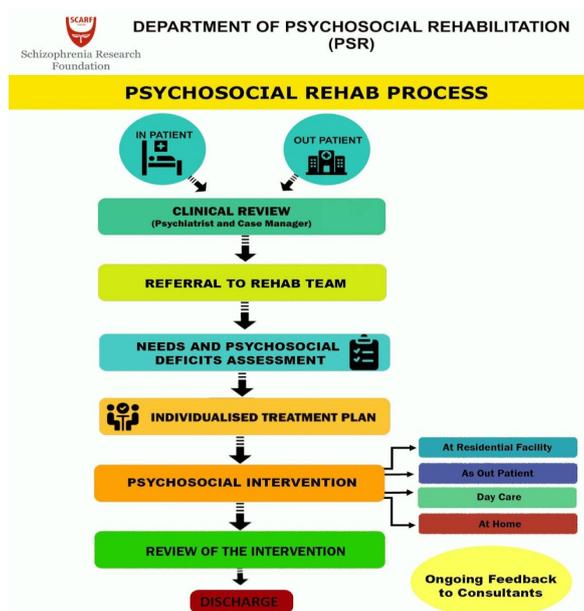
We welcome contributions from readers for our next newsletter scheduled in May 2017

- Clients who can write personal accounts on Recovery
- Any creative pieces of work from clients
- Case reports

The path to Rehab....

The department of PSR follows a structured approach to the patients who are referred to the department.

Figure 1 is a flow chart of the patient's journey through rehabilitation.



Enhancing the learning process....

Subhashini Gopal

Specific strategies in cognitive remediation program to enhance the learning process

Learning tasks required by a job and performing those tasks at an acceptable level are basic to all occupations and requirements for continued employment. Persons with Schizophrenia have cognitive deficits in particular with Attention, Memory and Executive function. Cognitive Remediation (CR) is intended for individuals who are experiencing problems in specific areas of cognition. From a psychiatric rehabilitation perspective, CR focuses on skills and supports to improve the success and satisfaction people experience in their day to day life.

The use of techniques like shaping, errorless learning, prompting, modelling and frequent positive feedback are very important and to be used while delivering cognitive remediation. In this article I will focus on Errorless learning and Shaping.

Errorless learning refers to the careful titration of difficulty level so that the client learns without resorting to trial and error and has a positive experience with increasing challenges. It is very important that we choose a level that is believed to be easy enough to guarantee success, and then the level of difficulty is gradually increased at a pace that is convenient to the patient. Each level is broken down into smaller steps and practiced until there are no errors. The therapist demonstrates each step in a particular level and the client performs each step. Once the patient becomes confident in the individual steps, they will practice all the steps together. This would help in high level of performance proficiency and resistance to forgetting. For example: Let us consider a client who is a housewife who has to take

care of the household chores. Task of making a simple breakfast will be broken down into simple steps and taught to the client. Each step (Making Tea) will be practiced till the client learns it completely without errors and will be positively reinforced. Each step will be rehearsed cumulatively i.e. when learning the 2nd step in a task client will be asked to perform the second step along with the previously learnt first step.

Shaping: The process of establishing a behavior that is not learned or performed by an individual at present is referred to as Shaping. Shaping can also be defined as the procedure that involves reinforcing behaviors that are closer to the target behavior, also known as successive approximations. The concept was first developed and used by B.F Skinner, who is known for his theories that involve learning behaviors through reinforcement. Shaping has been found effective in cognitive remediation programs. Shaping can be used to improve behaviors like Attendance, Punctuality, and Sustaining in the Remediation Program. On a weekly basis we can reward clients on their desirable behaviors with positive reinforcement. For example: Mr.A recruited for a Cognitive Remediation Program is hesitant to attend the sessions regularly. The target behavior for shaping in this client is making him attend the sessions regularly. Initially the client will be rewarded for the days he attends the session irrespective of whether he gets involved in the activities or not. Once the target is achieved then we move on to the next target of getting involved in activities. Even if he gets involved for a brief period he will be rewarded until the desired target is reached.

These techniques are more effective, enhance the learning process and produce more reliable and durable performance in our clients.

What worked?

Jainey Joseph

Advaita (Name Changed) a young married woman, was diagnosed with schizophrenia 11 years ago. She was first referred to me for psychosocial interventions in July 2016, to overcome her difficulties in not doing anything and bring in activities for a healthy active life.

A detailed interview with client helped to understand her capabilities and weaknesses. She was noted not to participate in any activities of daily living. There was no felt need for independent living - all her living needs were taken care of by her family - largely her mother. She was living in her mother's house along with her spouse. Hence, she did not have to worry about household chores like cooking and cleaning as her mother managed the house. Though her mother had made attempts to involve her in chores at home Advaita resisted. When mother sent Advaita to work outside, at a supermarket, she immediately relapsed - she manifested referential delusions that people were watching her and making fun. Her family then decided that going to work was not an option. Her mother was seen to be very stressed - after 11 years of illness, her mother had developed a "no hope attitude". Although the family ensured medications, they were not hopeful of any efforts to improve Advaita's functioning.

During the initial conversations, Advaita talked a lot about her experiences with Psychosis, the family's responses, the names she was called. Her mother too ventilated and expressed worry about her daughter's future. The family as a whole did not know how to manage Advaita's illness. Advaita was reported to have poor interest in doing any work at home, never wanted to take responsibility. She would lie down on bed most of the time, watching television. Fighting against Schizophrenia was not easy task for Advaita and her family.

The felt need by the client and her mother was to improve ADL. Initial session focused on bringing awareness to both client and mother about "REHABILITATION" as a treatment strategy. Interventions were planned targeting these goals based on a hierarchy starting with easily achievable goals. The first step was to get her to do tasks that interested her. She was encouraged to undertake these activities at home.

Happenings in the Vocational Training center

Kiruthika Nandakumar

The Daycare is an important service that is offered at SCARF. On an average at least 60 clients attend the daycare and are involved in a wide variety of tasks such as making paper bags, incense sticks, screen printing, plastic folders, handicrafts, tailoring.

With the need to expand activities and to bring in the element of therapy, we have introduced several new programs

- Training in Domestic Chores is in the pipeline-

In the next visit, Advaita came up with a beautiful sketch with SCARF logo embossed with glitters, the effort was highly lauded. Gradually, with regular conversations we created a list of tasks that included both creative ventures and household tasks. The tasks soon became complex over a period of three weeks of contact. One example was we agreed that she would write down a recipe from a TV show and prepare the item for the evening meal - this she did enthusiastically. The spouse was very happy and was encouraged to praise her. This motivated Advaita to be more involved and take responsibility for housework. At the same time, mother was psycho-educated regarding what is ADL & its Importance, not to assume that person with schizophrenia can't get better or live a meaningful life.

In subsequent sessions Advaita was guided to make a checklist incorporating more tasks involving all her daily living tasks including self care and exercise. Her involvement was affirmed and reinforced - this motivated her to continue diligently everyday. Examples of patients who had made progress without disclosing personal details were used to motivate her.

Now she is pregnant but is still engaged with all her chores. She and her family report immense satisfaction. Although discharged from active interventions, I remain in contact with her. In the last session she had a number of questions related to pregnancy and child birth which I answered. Every session with her focusses on motivating her to persevere. More recently, due to her pregnant status, she has been receiving support and guidance through phone, while her mother comes in person to speak to me.

What worked? The opportunity to talk, a planned approach to augment her activities, the initial focus on her interests and creative talents, improved understanding by her mother, the subsequent praise and encouragement rendered by the family as a whole, played a significant role. They call me her *lucky charm.....!*

Advaita also provided feedback saying that rapport with therapist, frequent and structured guidance as well as attention to her life and activities, which she was receiving for the first time, helped her in the road to functional recovery.

A needs based approach, the Domestic chores unit will focus on household activities - including preparing meals, housekeeping, gardening, shopping for necessities for the home etc. The key feature of this program is the planned gradation in difficulty levels - from simple to complex tasks. Scheduled as an 8 week program, the plan is to involve family members in the implementation.

- The range of activities in the Day care centre will be increased - to allow for a greater variety and creativity - Paper Art, Chocolate making and Artwork in a coconut shell are some examples. Mrs. Renuka Thambu and Mr. A H Raju, the VTC Supervisors, are actively involved in the training and supervision of these activities.

Work Placement Services at SCARF

An oft cited need of clients and families is to be placed in a suitable job. SCARF - Day Care runs an active Vocational Rehabilitation program. Pre-vocational training focuses on attributes necessary for successful work life-the emphasis is on regularity, punctuality, sustainability and social communication as important goals. To facilitate a job search - a central pooling of client biodata is created. Similarly, a list of potential employers is being generated. Attempts to match client strengths with job requirements is made and placements initiated. We also follow up at the work spot to address any difficulties that arise for either the client or the employer.

We have established a liaison with Dr Reddy's Foundation (<http://drreddysfoundation.org/youth/>) for providing soft skills training and placement of our clients as an additional venture.

It is earnestly hoped that Vocational Rehabilitation of persons with serious mental illnesses will gain substantial ground for promoting income generation.

If you know of a potential employer or have a client who needs a job, please post this information to employability.scarf@gmail.com

Salient Features of the Mental Health Bill in India 2016

P. Ramakrishnan

The Mental Health Act Bill 2016 was passed in the Rajya Sabha on 8th August 2016 and is expected to be discussed in Lok Sabha during next session. The Bill is aimed to provide for affordable medical and mental health care and services while protecting confidentiality. The salient features include planning and implementing mental health programs, a right to make an Advance Directive if above 18 years of age; decriminalize suicide if proven to have severe stress and hence rehabilitate to stop recurrence, to provide

support to homeless including legal aid and to facilitate exercising the right to family home and living in the family home, electro-convulsive therapy not to be conducted on minors and only with the use of muscle relaxants and anaesthesia for adults; no sterilisation of men or women, when such sterilisation is intended as a treatment for mental illness; chaining in any manner or form whatsoever.

Source: [Click here](#)



“They are there for me”

Sonia Sims

Vidhya (name changed), a 40 year old, well educated, single woman first came to SCARF in 2016.

Vidhya was having difficulty sleeping, was a motivated to do any activity and had poor interest in leisure activities too. She was suspicious about family, especially her brother's wife. She would feel that thoughts were being inserted into her mind and she was being controlled by some unknown source. She was low in self esteem, felt insecure and had constant fears about her future and her wellbeing.

Once she was convinced about the sedative effect of the medication, she agreed to take it. Supportive psychotherapy and motivational interviewing were the strategies used along with psycho education to improve her functioning and self esteem.

TODAY Vidhya is on regular medications that have helped her keep her symptoms in control. She now visits SCARF alone in spite of living at a distance and is not dependent on her aged mother to bring her for

reviews. She regularly spends time on activities that help her unwind and enjoy herself like drawing, walking, visiting relatives, going to a salon etc. She now takes care of her aged mother and does all the household chores at home without help. She is currently volunteering. She is well aware of her potential and is aiming high, and has plans to go and work abroad and even get married. She is in regular contact with her doctor and therapist and looks out for help whenever it is needed.

She now believes she can overcome, grow and hope for a better life no matter what the situation.

Vidhya says

“I was in a state of shock when I realized that I'm schizophrenic. Felt hopeless. Thanks to the sessions I have had with my doctor and my case manager, I'm beginning to feel positive. I talk to and meet them whenever I feel low, need help or for reviewing my progress. They are always there for me despite their busy schedules. They are my pillars of strength and my very good friends. I feel glad about having come to SCARF. ”

World Disability Day celebrations at SCARF

Hepsiba Omega Juliet & Syjo Davis

World Disability Day is celebrated on the 3rd of December every year. To showcase and celebrate the skills of persons with Disability, SCARF conducts a series of competitions and events for our clients at all our centres every year. Joyful and enthusiastic participation by our clients make these events a celebration! 2016 celebration had a series of competitions and culminated in a final program on



10th January 2017 with several cultural programs by clients and staff and prize distribution for the winners of competitions. Competitions conducted included a quiz, lemon & spoon race, cookery and Rangoli and the winners were rewarded.

As a part of the WORLD DISABILITY DAY celebrations a quiz consisting of 7 rounds was conducted on general and current affairs for our VTC clients at our auditorium on the 23rd of December. Having a quiz for our clients was a first ever attempt at SCARF. Clients participated as three teams. Identifying famous personalities (both pictures and voices), famous places, connecting words and proverbs with pictures displayed were few of the rounds in the quiz. The clients participated enthusiastically and were able to answer well giving very few chances for the audience to take part. The quiz was initiated and conducted by the school mental health team (SMH) of SCARF.

Staff who organised the events reported that the clients participated with full enthusiasm and great interest and staff also enjoyed their time with the clients. *“It is a most pleasurable and awe struck moment seeing the delightful hearts of the 3 SCARF residential centre putting all their might in the practice of international disability day celebration which is the long awaited event of SCARF's residential centres. Our clients are now standing in the edge of the cliff with great dedication and hard practice ready to fly when the appointed time comes with most beautiful colours, captivating the eyes of all who see”.*

On 10th January 2017, the finale of the celebrations were held at the auditorium brimming with proud clients and staff. There was music, dance, mimicry and drama. The chief guest for the afternoon was Mr. Dheena, stunt expert from the movies, who was moved by the enthusiastic participation from the clients and encouraged the clients with his speech inviting them to live their life to the full in spite of their illnesses.

World Disability Day celebrations at SCARF

PHOTO GALLERY



WE ARE LOOKING FOR

Volunteers who will train clients in income generating activities

(Please contact Ms. Kiruthika Nandakumar with ideas)

Swavalamban Insurance

Jainey Joseph

For the first time in the history of mental health in India, a Health Insurance Scheme for Persons with Disabilities (as per PWD Act 1995) was launched by The New India Assurance Company limited, in Association with Ministry Of Social Justice, Dept of Empowerment of Persons with Disabilities on October 2nd, 2015. The mission of this scheme is to

- Provide affordable Health Insurance to persons with blindness, low vision, leprosy-cured, hearing impairment, locomotor disability, mental retardation and **mental illness**.
- Improve general health condition & Quality of life of persons with Disabilities

Personal Journey in PSR @ SCARF

Kiruthika Nandakumar

“Good mental health and wellbeing makes a vital contribution to the overall health and wellbeing of individuals and our communities”.

By understanding this concept, my career in the field of Medical & Psychiatry, started in the year 2009, after post graduation. A stint of work with The Banyan, an NGO for destitute mentally ill women, provided the foundation for a career in rehabilitation. Although I worked in other fields in between, I always felt that I needed to work in the Mental Health Sector. Joining the PSR department in SCARF was a pivotal move back into mental health in 2015.

When I was interviewed and selected as Psychiatric Social Worker in Vocational Training Center in SCARF I was so happy and a bit afraid whether I could take the huge responsibilities of making employment opportunity, networking with other organizations, or income generating programmes.

- We established links with New India Assurance and invited them to orient the clinical staff on this scheme and its benefits to persons with serious mental illnesses. This was followed by an orientation to families and patients taking treatment at SCARF. We strive to make this scheme accessible to many clients - a significant health care benefit, to persons who can otherwise ill-afford a comprehensive care.

Do visit

<http://www.newindia.co.in/Content.aspx?pageid=6363> for more details.

Please contact PSR team for more details.

But I was constantly motivated by my team and getting enormous support from all the staff for accomplishing the task.

I travel 7 hours every day to reach SCARF. But, the focus on a recovery oriented approach motivates me to keep going in spite of this. The collaborative team work for the well being of a client and family entices me. The job has also trained me to take effort & time in the process of establishing a positive therapeutic relationship as a part of the rehabilitation continuum.

By receiving the continuous guidance and everlasting support from my team I have been shaped to set the goals to promote hope, healing & empowerment towards the client recovery. I am happy to be involved in a person centered & goal focused individualized approach.

I hope that my learning continues for the wellbeing of the clients.

PSR Journals Club

Lakshmi Venkatraman

The Department of PSR at SCARF is not only all about client care. Striving to keep in touch with Rehabilitation literature, the department has been hosting bimonthly Journals Club since May 2016. The aim of this program is to allow the PSR staff to keep abreast of the latest developments in the field of psychosocial rehabilitation. In the last 6 months, discussed articles have covered an overall perspective on PSR, cognitive remediation, social cognitive deficits, strengths model, supportive counselling, peer support volunteers and also psychosocial interventions for caregivers. Journals Club happen in the afternoons

on the 2nd and 3rd Fridays of every month at the Seminar room. All are welcome to attend. If anyone of you come across interesting PSR related article or would like to present an article at the Journals Club yourself, please contact Jainey Joseph, PSR coordinator (jaineyjoseph@scarfindia.org)

