Psychiatry Research 235 (2016) 19–28

Contents lists available at ScienceDirect

Psychiatry Research

journal homepage: www.elsevier.com/locate/psychres

Feasibility and effectiveness of a combined individual and psychoeducational group intervention in psychiatric residential facilities: A controlled, non-randomized study

Lorenza Magliano [a,*], Marta Puviani [b], Sonia Rega [c], Nadia Marchesini [d], Marisa Rossetti [d], Fabrizio Starace [d], the Working Group

[a] *Department of Psychology, Second University of Naples, Viale Ellittico 31, 81100 Caserta, Italy*
[b] *"Gulliver" Social Cooperative, Modena, Italy*
[c] *"Aliante" Social Cooperative, Modena, Italy*
[d] *Mental Health Department of Modena, Italy*

ARTICLE INFO

Article history:
Received 16 July 2015
Received in revised form
23 October 2015
Accepted 8 December 2015
Available online 11 December 2015

Keywords:
Psychosocial rehabilitation
Residential facilities
Mental disorders
Staff training
Psychoeducation
Controlled study

ABSTRACT

This controlled, non-randomized study explored the feasibility of introducing a Combined Individual and Group Intervention (CIGI) for users with mental disorders in residential facilities, and tested whether users who received the CIGI had better functioning than users who received the Treatment-As-Usual (TAU), at two-year follow up. In the CIGI, a structured cognitivebehavioral approach called VADO (in English, Skills Assessment and Definition of Goals) was used to set specific goals with each user, while Falloon's psychoeducational treatment was applied with the users as a group. Thirty-one professionals attended a training course in CIGI, open to users' voluntary participation, and applied it for two years with all users living in 8 residential facilities of the Mental Health Department of Modena, Italy. In the same department, 5 other residential facilities providing TAU were used as controls. ANOVA for repeated measures showed a significant interaction effect between users' functioning at baseline and follow up assessments, and the intervention. In particular, change in global functioning was higher in the 55 CIGI users than in the 44 TAU users. These results suggest that CIGI can be successfully introduced in residential facilities and may be useful to improve functioning in users with severe mental disorders.

© 2016 Published by Elsevier Ireland Ltd.

1. Introduction

Psychosocial rehabilitation is an essential ingredient of care for people with severe and long term mental disorders (Anthony et al., 1990; WHO, 1996; Holloway et al., 2002; Anthony et al., 2003; Juckel and Morosini, 2008). Although many evidence-based rehabilitative interventions exist (Bradshaw, 2000; Marshall et al., 2001; Lucksted et al., 2012; Chien et al., 2013, Gühne et al., 2015), most of them are rarely available in routine settings, even in countries with long experience of community care such as Italy. A study of a representative sample of Italian mental health services (Magliano et al., 2002) revealed that only 35% of users with schizophrenia living in family received rehabilitative interventions, and that such interventions included the setting of personalized goals in 66% of cases, while only 8% of users' families received psychoeducational support.

The availability of psychosocial interventions is even scarcer in psychiatric residential facilities, where users with poor levels of independent life skills and social resources are housed (De Girolamo et al., 2002; Killaspy, 2014; Stiekema et al., 2015). A survey on the process of care in 265 Italian residential facilities (Santone et al., 2005) found that a standardized assessment was performed in 38% of cases; an individual rehabilitation program was planned in 74% of cases; users were actively involved in written treatment plans in 35% of cases. Staff pessimism regarding the capacities of "*chronic*" users to successfully attend intensive rehabilitative programs may, in part, explain low turnover rates and the poor provision of structured interventions found in residential facilities. Although a homelike atmosphere was found in many Italian residential facilities, most of them had restrictive rules regarding patients' daily lives and behaviors, which may represent further obstacles to their acquisition of functional autonomy. In many circumstances, residential facilities represent "houses for life" (de Girolamo et al., 2002), where residents become cohabitants related to each other by affective relationships, and have daily contact with staff for years (Ljungberg et al., 2015). Although staff members may have less emotional investment in relationships with residents than relatives do, associations have been found

* Corresponding author.
E-mail address: lorenza.magliano@unina2.it (L. Magliano).

http://dx.doi.org/10.1016/j.psychres.2015.12.009
0165-1781/© 2016 Published by Elsevier Ireland Ltd.

between the quality of staff–resident relationships and residents' discharge rates (Berry et al., 2011). Therefore, the quality of therapeutic relationships between residents and staff is of central importance in residential facilities and may constitute a key resource for achieving favorable outcomes in severe mental disorders (Berry et al., 2011; Catty et al., 2011; Ghadiri Vasfi et al., 2015). Regrettably, as reported in a national survey of 1370 non-hospital residential facilities in Italy (de Girolamo et al., 2002), approximately 40% of residential facilities' staff had no specific professional qualification for working with people with severe psychiatric conditions.

Literature data shows that it is possible to introduce evidence-based psychosocial interventions in mental health services after a relatively brief staff training (Magliano et al., 2006a; Quee et al., 2014; Stiekema et al., 2015), and that psychosocial interventions may improve functional outcomes of mental disorders when provided in routine settings (Falloon, 2003; Magliano and Fiorillo, 2007; Candini et al., 2013; Ghadiri Vasfi et al., 2015). For instance, a study carried out in 23 Italian mental health services on the implementation and effectiveness of family psychoeducational intervention for schizophrenia (Magliano et al., 2006a, b) found that this intervention, when provided by trained staff, led to significant improvement in patients' functioning at six-month follow up, particularly in social relationships, job interests, and management of social conflicts (Magliano et al., 2006b). Despite the above reported findings, no study has systematically evaluated the effects of psychoeducational group treatments when provided in residential facilities.

Furthermore, when structured rehabilitative interventions were provided to users with schizophrenia attending day centers and residential facilities, significant improvement of functioning was achieved (Vittorielli et al., 2003; Gigantesco et al., 2006; Pioli et al., 2006; Velligan et al., 2008; Quee et al. 2014). A randomized controlled trial testing the effectiveness of an individualized cognitive-behavioral approach called VADO (Valutazione di Abilità e Definizione di Obiettivi; in English, Skills Assessment and Definition of Goals; Morosini et al., 1998) on functioning of users with long-term schizophrenia who attended day centers and residential facilities (Gigantesco et al., 2006) reported marked functioning improvement in the VADO group, and minimal changes in controls at six and twelve-month follow up. At twelve-month follow up, the difference in functioning level between the VADO and the control group was both statistically and clinically significant.

Taking into account the above-mentioned findings, we developed a rehabilitation program Combining Individual VADO intervention (Morosini et al., 1998) with Falloon's psychoeducational Group Intervention (CIGI) (Falloon et al., 1984) to be introduced in psychiatric residential facilities. The program, in alignment with the World Health Organization's (WHO) psychosocial rehabilitation statement (1996), aimed to both improve competencies of users and introduce environmental changes in residential facilities. Moreover, in order to promote users' empowerment (WHO, 2010), the program was open to patients' voluntary participation in staff training and self-management of several psychoeducational group components.

The program was applied from June 2011 to May 2013 in 8 residential facilities of the Department of Mental Health of Modena, Italy, as part of the annual staff training plan. In the same department, further 5 residential facilities not involved in the CIGI program, were used as Treatment-As-Usual (TAU) controls.

This study aimed to explore the feasibility of introducing the CIGI in residential facilities and to verify whether, at two-year follow up, users who received the CIGI had better global functioning than those who received the TAU.

The study questions were the following:

(a) Is it possible to train residential facilities' staff in a complex rehabilitative intervention, combining an individual evidence-based treatment with a group evidence-based treatment?
(b) Are users living in residential facilities able to actively participate in the CIGI training and self-manage some aspects of this intervention?
(c) Is the CIGI more effective than the TAU to improve users functioning at two-year follow up?

2. Methods

2.1. Design of the study

This was a controlled, non-randomized study carried out from June 2011 to May 2013 in 13 residential facilities of the Department of Mental Health of Modena, Italy. The 13 residential facilities were managed by 3 social cooperatives that committed the study, in collaboration with the Mental Health Department of Modena, as part of the annual training plan for the staff. Therefore, key decision regarding the facilities' selection was taken by the commitments.The study was approved by the Ethics Committee of the Local Health Unit of Modena (No. 155/2011) and carried out in collaboration with the Department of Psychology of the Second University of Naples (SUN), Italy.

2.1.1. Participating sites

Of the 13 residential facilities involved in the study, the 8 facilities located in the Central district of the Mental Health Department of Modena were selected to introduce the CIGI (CIGI residential facilities), while the 5 residential facilities located in the Northern and in the Southern district were used as TAU controls (TAU residential facilities). Two (25%) CIGI residential facilities and 2 (40%) TAU residential facilities had staff for 24 h a day, while 6 (75%) CIGI facilities and 3 (60%) TAU facilities had staff for $\leq$ 12 hour a day.

2.1.2. Eligible cases

All users living in the 13 residential facilities were considered as eligible for the study. Informed consent for the collection and use of personal data for research purposes was obtained from each user and professional involved in the study.

2.2. Interventions

2.2.1. Combined Individual and Group Intervention (CIGI)

The CIGI included an Individual component, the VADO approach (Valutazione di Abilità e Definizione di Obiettivi; in English, Skills Assessment and Definition of Goals), and a Group component, the Falloon's psychoeducational approach. The VADO approach (Morosini et al., 1998) is a manualized, cognitive-behavioral intervention described in a handbook also including several assessment instruments. The VADO, developed in line with WHO psychosocial rehabilitation principles (WHO, 1996) and inspired by the Boston Rehabilitation Center's approach (Anthony et al., 1990), is based on: (a) the assessment of the user's capacities and disabilities, performed by using the VADO's Functioning Assessment interview and the Personal and Social Performance (PSP) scale; (b) the negotiation with the user of realistic goals achievable in 3–6 months, each planned by using the VADO's Goal Plan form; and (c) the evaluation of progress towards achievement of each planned goal, monitored by using the VADO's Rehabilitative Areas form (in “Description of the Instruments”). In the CIGI, the VADO approach was used to develop individual rehabilitation plans to be revised by the staff with each user, weekly over the study period. The Falloon's psychoeducational approach (Falloon et al., 1984;

Download English Version:

https://daneshyari.com/en/article/333194

Download Persian Version:

https://daneshyari.com/article/333194

Daneshyari.com