Illness Management & Recovery (IMR)
Results of a pilot, Design of an RCT, Challenges

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Structure of the presentation (15 min)

- WHAT IS IMR? (4 sheets)
- SOME RESULTS OF THE PILOT STUDY (3)
- STATUS OF IMR AS AN EBP (1)
- IMR: HOW IT SHOULD WORK (5)
- DESIGN OF THE RCT (5)
- CHALLENGES (1)
What is IMR/ Hersteltraining? (1)

- TRAINING, INDIVIDUALLY OR IN A GROUP
- BY TRAINED PROFESSIONALS
- FOR 9-12 MONTHS,
- 1.5 HOUR A WEEK,
- 2 TRAINERS,
- MAX. 8 PARTICIPANTS
  (people with Serious Mental illness)
- 11 MODULES + 11 EDUCATIONAL HANDOUTS
Illness Management & Recovery (IMR) is a psychosocial program that helps people:

• to set meaningful **goals** for themselves
• acquire **information** and **skills**
• develop more **sense of mastery** over their psychiatric illness
• make progress towards their own personal **recovery**.
Format every session (recommended)

Half of each session:
Working on individual recovery goals

Other Half:
Working on, for people with SMI relevant, subjects (11 modules) by using workbooks

About 4 sessions per module
Methodological Components of IMR

- Psychoeducation
- Behavioral tailoring for medication adherence
- Relapse prevention training
- Coping skills training
- Social skills training
- Cognitive Behavior Therapy
- Peer support
Design Pilot study IMR

One group pre- & postmeasurement (6 IMR-groups; N=81)

Measuring effectiveness on:
- individual recovery
- achieving clients goals
- acquired skills, knowledge etc
- satisfaction clients + clinicians

Instruments:
- IMR-scale client (Mueser et al. 2004)
- IMR-scale practitioner (Mueser et al. 2004)
- Recovery Markers Questionnaire (Ridgway, 2005)
- interviews

Quality of implementation:
- IMR-fidelityscale (Mueser e.a. 2004)
Conclusions of the pilot-study

- 6 groups implemented with different fidelity
- Skills of trainers determine fidelity of implementation
- Supervision (1 x per 2 weeks) needs quality boost
- Drop-out of treatment: 45% in 1 year, esp. at start-up
- Participants who scored best at baseline stay
- Completers seem to benefit from IMR
- Completers + Clinicians very satisfied with IMR
- RCT seems feasible
Application of relevant technologies (fidelity scale) (6 groups)

- Goal Setting ++
- Follow-up on IMR goals +/-
- Involvement of family/friends/neighbors - -
- Motivational Strategies +
- Educational Techniques ++
- Cognitive Behavioral techniques +/-
- Coping Skills Training +/-
- Relapse prevention training -
- Individual medication management +/-
Status IMR as an Evidence Based Practice (EBP)

- US: IMR combines elements of different EBP’s, so is EBP(!?)
- 4 RCT’s on the total program of IMR
- 2 RCT’s on IMR underway (Denmark, Netherlands)
- However: IMR not yet in the Dutch multidisciplinary guidelines on schizophrenia
Conceptual Framework for the Illness Management and Recovery program (Mueser et al. 2006)

Program

IMR program
- Goal setting
- Education about illness
- Using medications effectively
- Coping skills training
- Social skills training
- Relapse prevention training

Proximal Outcomes

Alcohol and Drugs Use
- Biological Vulnerability
  - Symptom control
  - Relapse

Medications

Distal Outcomes

Subjective recovery:
- Perceived recovery
- Sense of purpose
- Personal agency

Objective recovery:
- Role functioning
- Social functioning

Stress

Coping Skills

Social Support

Meaningful Activities
IMR: how it should work (K.T. Mueser 2006)

- IMR $\rightarrow$ better illness management $\rightarrow$ less symptoms $\rightarrow$ better recovery

- IMR $\rightarrow$ better recovery
What is better Illness Management?

• Coping skills
• Social Support
• Meaningful Activities
• Stress
• Alcohol and Drugs Use
• Medication adherence
Illness Management outcomes

- Less Symptoms
- Less Relapses
Recovery outcomes

• **Subjective recovery**
  Perceived recovery
  Sense of purpose
  Personal agency

• **Objective recovery**
  Role functioning
  Social functioning
Goals RCT on IMR

Measuring Effectiveness of IMR on:

1. Illness management
2. Symptoms & relapses
3. Recovery
4. Cost-utility
Design

Group 1: IMR + CAU

Group 2: CAU

3 moments of measurement
- baseline
- after 12 months
- after 18 months
Hypotheses (1)

1. IMR + CAU compared to CAU only leads to better illness management and to less symptoms & relapses

2. IMR + CAU as compared to CAU only leads to better recovery

3. IMR+CAU has cost-utility compared to CAU

4. Better illness management → less symptoms and relapses
5. Better illness management and less symptoms and relapses combined with progress on personal goals → better recovery

6. Improvement with IMR + CAU on illness management and symptoms & relapses is associated with fidelity of implementation of IMR
RCT is going on

- 187 inclusions
  (137 Bavo Europoort, 50 Yulius Dordrecht)

- Randomisation: 3:2
  - 112 exp. condition
  - 75 control condition

- Second & third measurements are going on
Challenges to measure Effect of IMR

IMR is a diffuse intervention

IMR aims improvement on various domains

Not easy to get any results at all

Ambition to explore working of Conceptual Model sets extra challenge
Thanks for your attention