



Parnassia Groep
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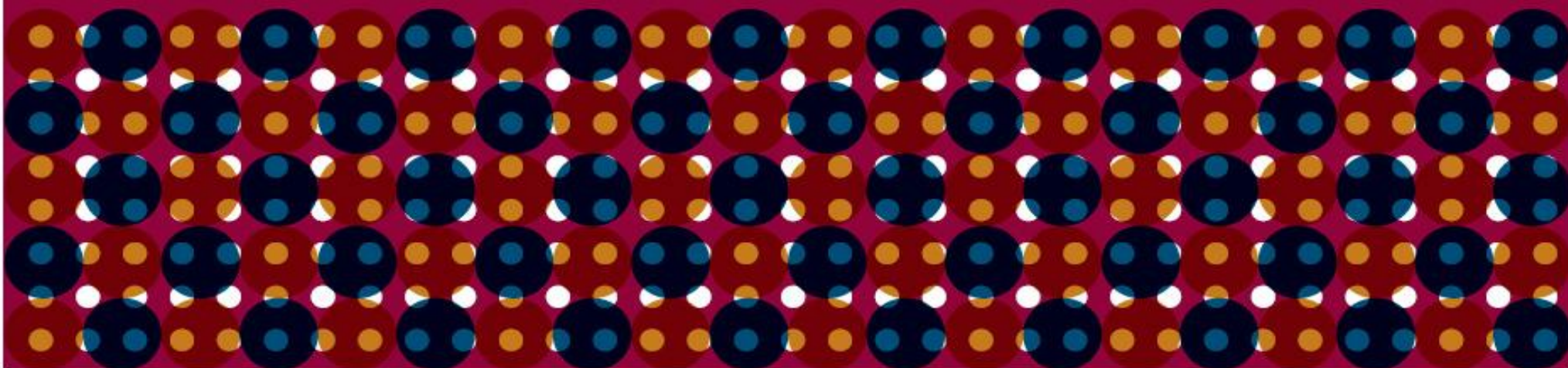
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Illness Management & Recovery (IMR)

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**

What is IMR? (2)

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**

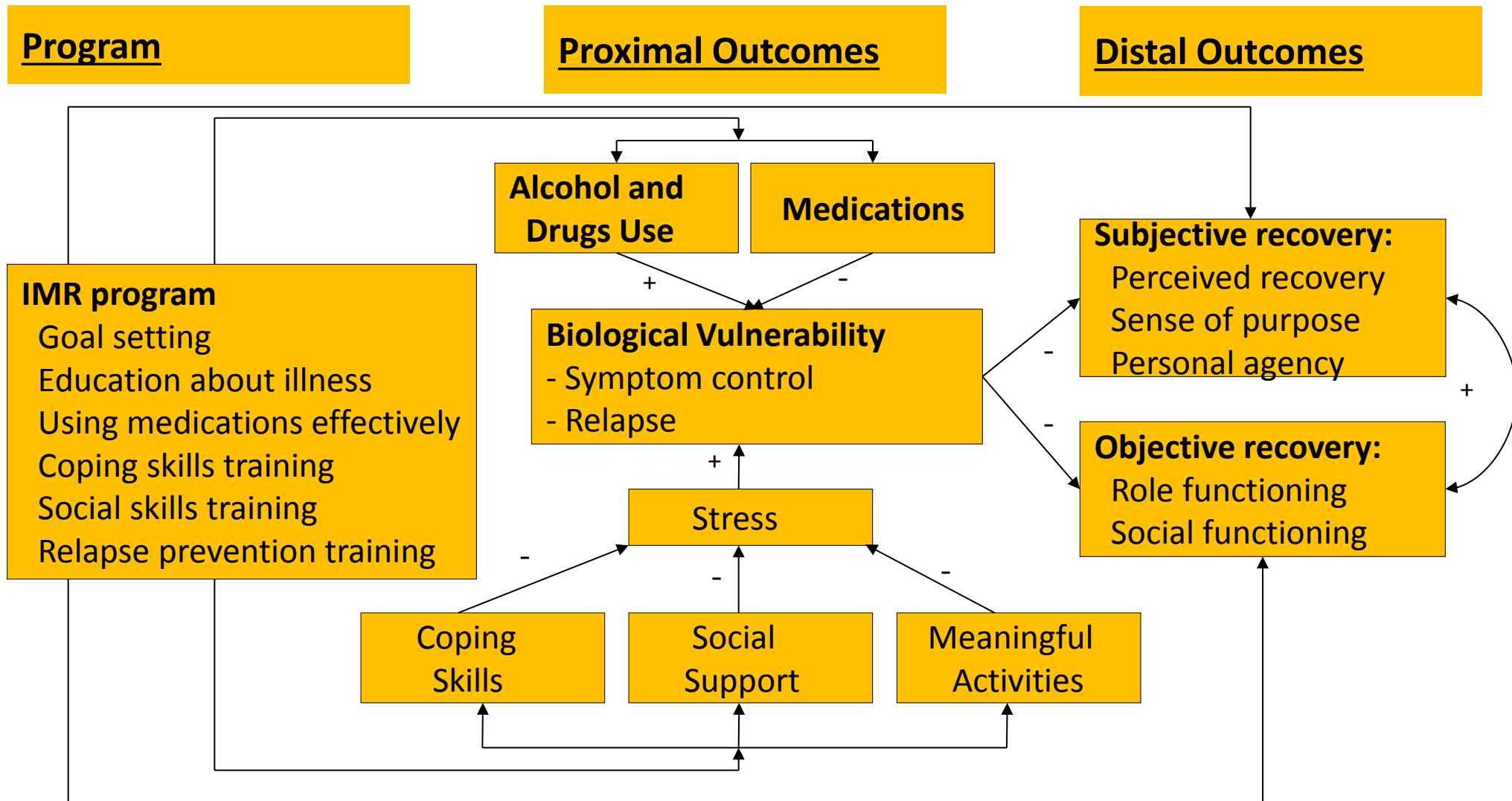
Application of relevant technologies (fidelity scale) (6 groups)

- 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)



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

- IMR → better Illness management → less symptoms → better recovery
- IMR → 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

Hypotheses (2)

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



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