Title of BPP: Illness Management and Recovery (IMR)

MHTTC: Northeast and Caribbean
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What is the practice? Illness Management and Recovery (IMR) is an 11-module manualized program designed to support people living with severe mental health conditions effectively manage mental health symptoms and achieve personally meaningful goals. The program uses psychoeducational, cognitive behavioral, and motivational interventions and techniques to support persons diagnosed with mental health conditions to set and achieve recovery goals (Mueser, 2013).

What outcomes does this practice produce? IMR encourages the development of personally meaningful recovery goals and utilizes home practice assignments focused on goal completion to build hope and motivation to learn illness management skills. Participants work toward their mental health recovery by learning skills to manage their illness such as coping with symptoms and reducing stress. Psychoeducation is provided to increase knowledge of practical facts about mental health conditions and increase social connections to support community integration. Additional interventions address behavioral tailoring to offer reminders to take medication. Lastly, cognitive behavioral approaches are employed to challenge defeatist thinking and promote a hopeful view of recovery.

What is the evidence for this practice? In a review of IMR outcomes in community programs, McGuire and colleagues (2014) reported on six quasi-experimental studies and three randomized controlled trials (RCTs). All studies found generally positive outcomes, with all three RCTs finding significant improvements in staff and client ratings on a measure of client recovery, and two of the RCTs finding reductions in ratings of psychiatric symptoms (McGuire et al., 2014). A quasi-experimental study conducted in a state psychiatric hospital found that an hour of participation in IMR reduced the risk of re-hospitalization by 1.1%. The average level of participation in the study was 12 hours (Bartholomew & Zechner, 2014).

How is this practice implemented?

- ***In what contexts is this practice implemented (e.g., schools, clinical)?*** IMR has been implemented both as a group intervention and as an individual program in community-based and inpatient behavioral health settings.
- ***What is the dosage of this practice (e.g., one-time training, six-week curriculum)?*** Completion of the entire 11 modules of the program can take between 6 and 9 months depending on the pace of the group.
- ***How is the practice delivered (e.g., online, in-person)?*** The program is delivered in-person and is guided by two resources, a participant and practitioner's manual. Participants are encouraged to complete homework focused on their recovery goals and to practice illness management skills in-between meetings.
- ***What infrastructure or readiness is needed to implement this practice (e.g., capacity for data analysis, individual FTE)?*** Two practitioners trained in the use of the manualized program

is recommended. Program manuals should be provided for all participants as well as writing instruments for participants to complete program worksheets.

For whom can this practice be implemented?

- ***Which population(s) is this practice intended? Has it been adapted for diverse groups? If so, which ones?*** IMR was developed for anyone with a severe mental health condition. Adaptations include offering the program in numerous other languages as well as for individuals who are visually impaired. A version of IMR was also developed for individuals with cognitive impairments, reducing the reading level and level of abstraction.

- ***For which populations is there evidence of effectiveness (e.g., at-risk youth; clinically depressed)?*** The evidence noted above came from studies of a diverse sample of adults with severe mental health conditions.

- ***With which specific populations has this practice been successfully implemented****?* IMR has been successfully implemented in inpatient and outpatient settings with a diverse sample of adults with serious mental illnesses.

- ***For which populations, if any, is this practice NOT a good fit?*** There is some evidence that individuals with less disabling symptoms may benefit less from IMR compared to individuals with a higher level of impairment. The practice is not recommended for people with memory impairments.

Who can implement this practice?

- ***What expertise is needed to implement the practice?*** A knowledge and belief in the recovery model of psychiatric rehabilitation, ability to form a therapeutic relationship, and group facilitation skills (if the practice is offered in a group) are pre-requisites to the successful use of IMR. Knowledge of psychoeducation, motivational and cognitive behavioral strategies will likely improve outcomes of the program.

- ***What specific training or certification is required to implement the practice?*** Training in the recovery model as well as training in the clinical skills associated with IMR along with an overview of the 11 modules of the IMR manual will prepare most behavioral health workers to deliver the program. Clinical supervision focused on increasing fidelity to the clinical intervention will likely increase participant satisfaction and outcomes.

What costs are associated with delivering this practice? You can access a free version of the IMR materials available through the Substance Abuse and Mental Health Services Administration (SAMHSA). An updated version of the IMR program is available through the Hazelden company for a fee.

What costs and commitments are associated with becoming trained in this practice?

- ***What is the cost associated with becoming trained?*** Many programs use a train the trainer model in which several program staff are trained for a fee by university or consultant trainers and then the new trainers proceed to train additional staff. Training cost varies depending on trainers

selected. Note that the MHTTC Network can provide training on this BPP free of cost.

- ***What is the time commitment associated with completing training?*** Generally, training is delivered over two full days. This can be reduced if staff are already familiar with components of the program such as the recovery philosophy, motivational strategies etc.

- ***Are there recognized providers of training in this practice?*** The program is in the public domain so there is no certification or requirements to be able to provide either the training or the program.

Does the practice have an associated fidelity assessment? Yes, there are currently two fidelity scales available. The first is the programmatic fidelity scale available through SAMHSA. The second is a clinician level treatment adherence scale called the IMR Treatment Integrity Scale (IT IS; McGuire et al., 2017).

What resources or references are useful for understanding/implementing the practice?
Implementation of IMR must focus on both structural (e.g., length of time involved in IMR, use of materials, and participant access to workbooks) and clinical (e.g., use of engagement strategies, cognitive behavioral strategies, and homework assignments) elements. Facilitators may need to spend more time on the clinical aspects of the program (Bartholomew et al., 2019). Utilizing the IMR Treatment Integrity Scale can help to maintain a focus on the clinical skills. An online self-pace course on IMR, created by the Northeast and Caribbean MHTTC, can help orient new practitioners to IMR and its core elements and practices.

Where should you go for more information? The SAMHSA materials and toolkit provides extensive information about the program.

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