- Rehabilitation focuses on building a client's skills
 - You can teach new skills
 - You can coach a client in using existing skills
 - You can discuss whether existing skills are working for the client
 - You can help trouble-shoot obstacles to a client using skills
- Rehabilitation is a strengths-based, "real-world" approach
 - Builds on the client's existing skills
 - Often occurs in the field, in the setting where the client needs to use the skills

- What kind of skills?
 - Daily living skills
 - Social & leisure skills
 - Emotional regulation/coping skills
 - Meal preparation skills
 - Skills to use support resources, e.g.:
 - Learning how to research relevant peer-support groups
 - Learning & using self-soothing skills in order to successfully attend community groups
 - Learning & using communication skills to work successfully with IHSS

- How do I teach clients those skills?
 - Structured approaches
 - Boston University's Psychiatric Rehab Approach (PRA)
 - DBT skills (individual or group)
 - Less-structured approaches
 - Psychoeducation about coping skills
 - Role-playing job interviews, difficult conversations with natural supports, etc.
 - Modeling in-the-moment skills (deep breathing, pros & cons lists, etc.)
 - Direct teaching (budgeting, laundry, meal preparation, assertiveness skills)

- How is it different from Individual Therapy?
 - Focus is on teaching functional skills to improve, maintain, or restore a client's daily functioning out in the world
 - Does not focus on processing feelings/trauma or developing insight into internal processes

- How is it different from Targeted Case Management?
 - Targeted Case Management links the client to a service; PSC is doing the work of researching or contacting
 - Rehab teaches the client how to do that research and contacting themselves

- How do I document it?
- Intervention: Verbs should be related to teaching & coaching
 - Taught
 - Coached
 - Modeled
 - Role-played
- Response: With the client, assess how the skills will help functioning
 - "Miko reported that she feels more confident about her interview tomorrow."
 - "Sunjay demonstrated that he can use the washing machine on his own and said that he will start doing laundry regularly now that he knows how."

- **P (Purpose):** To provide individual rehabilitation services to help Yolanda increase her self-care and social skills and decrease her symptoms of anxiety and depression due to Schizoaffective Disorder.
- I (Intervention): Phoned Yolanda to check in on her use of coping skills. Helped Yolanda identify the ways she had successfully used positive coping skills in the past week. Brainstormed additional techniques she could try. Taught Yolanda basic journaling techniques.
- **R (Response):** Yolanda reported feeling anxiety about her finances, and said that her anxiety and depression are worse in the mornings. She said that prayer, positive self-talk, gratitude, and the DBT skill "Comparing" from "Wise Mind ACCEPTS" all help improve her symptoms. She also was able to identify that sending Christmas cards helped because it helped her connect with others. Yolanda agreed to try journaling as a way of processing her anger and anxiety and increasing her ability to shower daily and engage with others.
- **PL (Plan):** Yolanda will try journaling to see if it helps her process her emotions and reduce her anxiety. Yolanda will call the NAMI Warm Line over the weekend if she needs additional support. Clinician will phone Yolanda within one week to inquire about progress.