



Collaborative Therapy

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What is Collaborative Therapy?

‘Collaborative Therapy is a comprehensive therapeutic framework for consumers, clinicians, services and others to work systematically towards the achievement of optimal health outcomes’. It consists of three core generic formats that build on each other. These components are:

- Education
- Coping Strategies
- Skills Development

Why Education?

Education within Collaborative Therapy revolves around the knowledge of stress and vulnerability and how these two factors can impact individuals. Increased knowledge can in turn increase a person’s motivation and ability to develop and implement coping strategies. Education can also increase people’s understanding of the effects of stress and the impact it may have on their body, feelings and thoughts. Through increased knowledge and understanding, people can effectively manage their day-to-day lives, increase their sense of control, as well as create opportunities for choice.

Why Coping Strategies?

Teaching people coping skills can help maintain health and prevent relapse. Often an individual’s ability to cope with stress can have an important role in maintaining health.

The Collaborative Therapy coping strategies component is also based on a “strengths” model and teaches people that they already have many adequate coping skills that they may not have identified. It thus teaches people to identify those coping skills as specific strategies to learn and use.

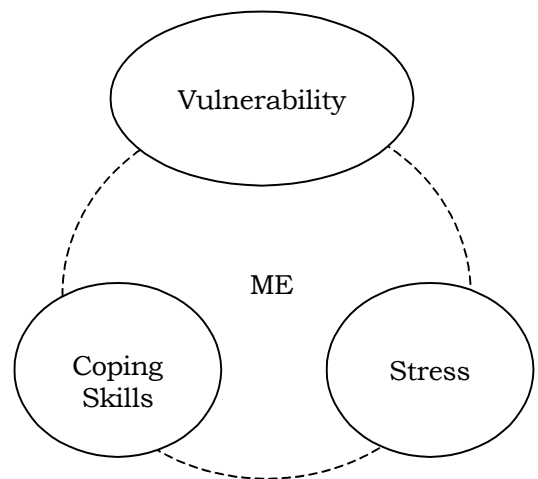
Why Skills Development?

Skills development is helping the person refine the coping skills learned and adapting those skills to work in every day life. The skills development aspect is included because teaching people a variety of coping techniques can give them greater control over their wellbeing

-as well as having a positive effect on the person’s physical & psychological health. Also having more than one technique or combining techniques can often be more effective than only using one technique by itself.

How Do We Achieve This?

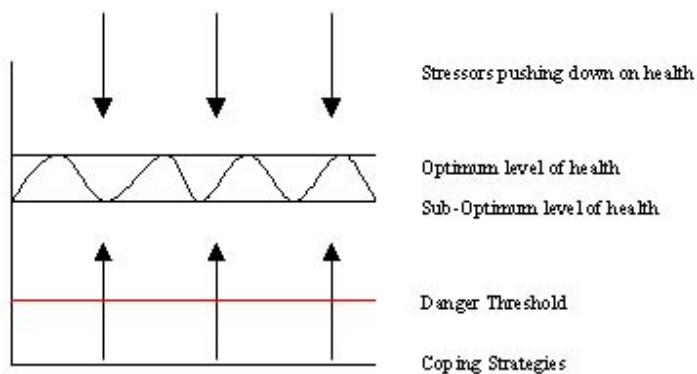
The main philosophy of Collaborative Therapy is based on the self-efficacy model. Self-efficacy is an individual’s estimation or personal judgement of his or her own ability to succeed in reaching a specific goal. The model is a visual description that describes the concept that a person can be at the centre of their health through having control over areas of their lives that contribute to maintaining that health. This sense of control can be achieved through the use of the person’s own individual resources.



The three circles describe the components of the model and the person’s role in maintaining their health, and the dots represent knowledge of the three components forming a protective ring. Having knowledge of these components can help motivate people to become more involved in learning about their disorder and what may affect it.

Collaborative Therapy is a comprehensive therapeutic framework for consumers, clinicians, services and others to work systematically towards the achievement of optimal health

Another way of looking at the Self-Efficacy model is the diagram below:



This model incorporates the idea that you can experience symptoms but still remain well. We break the model into three parts. It is not a graph, but a description of changes in the person's body, their feelings and thoughts and how they all interact with each other. Therefore it teaches people that it is normal to go up and down and to have good and bad days and that this does not mean that having a bad day means that the person is becoming unwell.

Groups - Part of Collaborative Therapy is participation in a group based or 1:1 intervention. The Group content consists of:

1. Introduction to Collaborative Therapy
2. Introduction to Stress Management
3. Stress Monitoring
4. Stress Vulnerability - Self-Efficacy Model
5. Early Warning Signs
6. Coping Strategies for Daily Self Management
7. Developing Constructive Coping Strategies
8. Implementing Coping Strategies for Relapse Prevention
9. The Relapse Profile

One to One - The one-to-one sessions have the same content as the group sessions but have been adapted to shorter session times to meet the needs of clinicians and the consumer. They have been designed to be able to be implemented in 15 minutes sessions. This enables the clinician to work with the consumer in lengths of sessions that can be individualised to the consumer's psychological coping skills at any particular time.

CTJ - The CTJ is a small pocket journal that has the capacity to chart stressors, early warning signs, coping strategies, supports and other factors that influence the course and management of an individuals' mental health. It is held by the consumer and places the consumer at the centre of their treatment by providing them with effective skills to maintain good mental health and the ability to facilitate communication between themselves and the people involved in the maintenance of their mental health.

Collaborative Therapy Does Not Focus on Illness but Health

A key component in many behavioural, psychotherapy and healthy life-style programmes require individuals to take responsibility for the control of old behaviours and to be actively responsible in applying and maintaining new strategies and behaviours after therapy (Craig, Franklin & Andrews, 1984). It can be seen that those individuals who take responsibility for their own continued wellbeing maintain continued improvement [however] those who do not accept this responsibility may be at risk of relapse (Craig, Franklin & Andrews, 1984). Relapse is defined in The Australian Concise Oxford Dictionary (1992) as "deterioration in a patient's condition after a partial recovery". The Relapse Prevention philosophy is therefore a preventative process that allows patient's greater control over their illness. According to Rotter's I-E locus-of-control scale, if an individual attributes events to luck or powerful others then the belief is seen as external control. Conversely, if the event is perceived as attributed to personal effort then the belief is labelled internal control.

"Change in the perception of control as measured by the present Locus of Control of Behaviour Scale is the first strong indicator of those persons who are at risk of relapse. This change is differentially interpreted according to the direction of movement. If a reduction occurs, then expectancies of success are enhanced reducing risk of performance deficits in the long term" (Craig, Franklin and Andrews, 1984 p179).

FIND OUT MORE!



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