What is the difference between psychiatric rehabilitation and "treatment as usual?" Compare current practices at Lincoln Regional Center.

Feature	Psychiatric rehabilitation	Treatment as usual
Program organization	The program has a Director with administrative authority and responsibility for program operations	Authority and responsibility for clinical operations is diffuse and separated by departmental "silos"
Program definition	The program has a Procedure Manual that defines the program's specific mission and comprehensively describes procedures for assessment and treatment to be followed by trained staff	There is no operationally defined program, and no Procedure Manual beyond the administrative policies that apply to all institutional units
Staff training	Technicians, nurses and therapists receive extensive special training (at LRC, 40 hours of initial formal clinical training and 10 hours per year refresher training beyond the basic training required for all LRC units)	None beyond standard training for all new clinical employees
Staff training	Staff skills are systematically tested and performance is actively measured	No testing of staff skills or performance measures
Staff supervision	Technicians, nurses and therapists are supervised by professionals within the program who are members of the patients' treatment teams	Technicians, nurses and therapists are supervised by department heads who are not involved with the patients' treatment teams, often housed in different buildings
Staff supervision	Supervision is proactive, skill-oriented and highly related to individual patients	Supervision is mostly reactive, responding to errors or failures rather than improving skills, and focused on administrative rather than clinical concerns
Evidence-based treatment	The program uses an array of specific treatment techniques that have proven effectiveness for the particular patient population being treated. The treatments have measurable objectives, and patients' progress toward those objectives is actively tracked	Medication is the only evidence-based treatment, other treatments are not specific and progress toward objectives is not objectively measured
Program outcome	The program's data system generates comprehensive information on treatment outcome and cost-effectiveness, and the data is formally analyzed and reported	There is no data on or analysis of treatment outcome, beyond statistics on the whole institution collected for administrative purposes