

Introduction to Recovery and the Psychiatric Rehabilitation Approach

Center for Rehabilitation and Recovery,
Coalition of Voluntary Mental Health Agencies, Inc.

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**The
Coalition**
of Voluntary
Mental Health
Agencies, Inc.



Workshop Objectives

Increased understanding of:

1. The concept of Recovery and implications for helpers in the Mental Health System.
2. The principles and process of the Psychiatric Rehabilitation Approach.



Roots of Psychiatric Rehabilitation

- Physical Rehabilitation
- Clubhouse
- Vocational Rehabilitation
- Person-Centered Psychotherapy



Treatment and Rehabilitation

Treatment

Mission: *Cure*

- Minimize illness
- Reduce anxiety and improve ego functioning

Focus: *Link Between Past & Present*

- Patient-hood
- Disease and pathology
- Stabilization and maintenance

Intervention: *Psychotherapy/Psychopharmacology*

- Assess symptoms and causes
- Symptom reduction

Philosophy:

- Psychodynamic theory & medical model
- Conscious/Unconscious processes

Rehabilitation

Mission: *Improve Functioning*

- Maximize health
- Increase success and satisfaction in life roles

Focus: *Current Functioning*

- Person-hood
- Future goals
- Critical skills and supports

Intervention: *Develop Skills and Supports*

- Assess and clarify need and functioning
- Skill and support development in a preferred environment

Philosophy:

- Physical Rehabilitation, Recovery Movement
- Growth Potential



Recovery

“Recovery is the urge, the wrestle, and the resurrection.”

Pat Deegan (1988) Recovery: The Lived Experience of Rehabilitation

“The possible causes of chronicity may be viewed as having less to do with the disorder and more to do with a myriad of environmental and other social factors interacting with the person and the illness.”

Harding, Zubin & Strauss (1987): Chronicity in Schizophrenia: Fact, partial fact, or artifact?



Vermont-Maine Longitudinal Study

The study compared long-term outcome of serious mental illness in two different mental health systems, Vermont and Maine. Investigators used a research design that closely matched subjects from each state.

Vermont Cohort

- Patients in study were considered 'hopeless' cases
- Patients participated in innovative Bio-psychosocial Rehabilitation Program w/vocational services from 1955-1965
- Treatment team was multidisciplinary and operated both in hospital and in community
- Researchers tracked all but 7 of the 269 patients 32 years after hospitalization
- 55% of patients showed no signs of schizophrenia and 68% were rated as functioning "pretty well"

Maine Cohort

- Patient characteristics of Maine cohort matched Vermont cohort
- Patients received more 'traditional care' -- modern drug treatment, aftercare services, but no vocational rehab
- 49% of patients in Maine were rated as functioning "pretty well"



The Importance of Hope

Findings & Conclusions:

- Subjects in Vermont cohort experienced more favorable outcomes than their counterparts in Maine.
- After controlling for extraneous variables, researchers concluded that Vermont subjects had better outcomes because of recovery focus in Vermont mental health system
 - Vermont System = self-sufficiency, rehabilitation, community integration
 - Maine System = medication, maintenance, stabilization
 - “The Vermont legacy is not to be found [sic] in the details of the programme or the methods used. Instead, its legacy is the values and principles which guided it. Perhaps the most important value was that the programme had a pervasive attitude of hope and optimism about human potential, through the vision that, if given the opportunity, persons with mental illness could become self-sufficient. Anecdotal literature and personal accounts in both the medical and psychiatric fields support the notion that hope is an important factor in recovery.” *

* DeSisto, M., Harding, C.M., McCormick, R.V., Ashikaga, T., and Brooks, G.W. (1995) “The Maine and Vermont Three-Decade Studies of Serious Mental Illness.” *British Journal of Psychiatry*, 167, 331-342.



Long-term Studies of Schizophrenia

Recovery from Schizophrenia is possible (Verified by 10 World Studies)

STUDY	Sample Size	Average Length in Years	Subjects Recovered and/or Improved Signif.
M. Bleuler (1972 a & b) Burgholzli, Zurich	208	23	53%-68%
Huber et al. (1975) Germany	502	22	57%
Ciampi & Muller (1976) Lausanne Investigations	289	37	53%
Tsuang et al. (1979) Iowa 500	186	35	46%
Harding et al. (1987 a & b) Vermont	269	32	62%-68%
Ogawa et al. (1987) Japan	140	22.5	57%
DeSisto et al. (1955 a & b) Maine	269	35	49%
Hinterhuber (1973) Austria	157	30 (approx.)	75%
Kreditor (1977) Lithuania	115	20+	84%
Marinow (1986) Bulgaria	280	20	75%



Long-Term Studies of Schizophrenia

Summary data from 10 world studies

SUMMARY:

- 46-68 % of each cohort significantly improved and/or recovered
- Definition of Recovery in Studies Includes:
 - No Social Security (or equivalent in foreign countries)
 - No Medication
 - No Odd Behaviors
 - Work
 - Relating Well
 - Living in the Community



Negative Forces (Impeding the Recovery Process)

- Discrimination & prejudice
- Poverty
- Coercive treatment policies
- Low expectations
- Stigma
- Lack of health care coverage
- Models of maintenance and stabilization
- Community institutionalization
- Public health cost containment strategies
- Ignorance



What Vermont Recipients said worked in their RECOVERY:

- Decent Food, Clothing & Housing
- People With Whom To Be
- A Way To Be Productive
- Learning About How To Manage Symptoms, Meds And Side Effects
- Case Management & Individualized Treatment Planning
- Psychoeducation
- Integration Into The Community



What made the most difference in RECOVERY?

- “Someone believed in me”
- “Someone told me that I had a chance to get better”
- “My own persistence”



Ingredients that Promote Recovery

- ✓ Peer Supports & Partnerships
- ✓ Focus On “The Whole Person Behind The Disorder”
- ✓ Target Purpose, Meaning, Success, Self-esteem, Sense Of Control, Self-determination & Mastery
- ✓ A Home, A Job, Friends & Social Justice
- ✓ Models Supporting Rehabilitation, Self- Sufficiency & Community Integration, Acceptance, And Contribution
- ✓ Hope, Re-learned Optimism, & Resilience
- ✓ More Research \$\$



Recovery Concepts

- Growth beyond the effects of mental illness
- Personal process of fundamental change
- Opportunity and assistance to make choices
- Dependable supportive & encouraging relationships
- Represents a universal human experience

Adapted from: Anthony, W. A. Recovery from mental illness: The guiding vision of the mental health service system in the 1990's. Psychosocial Rehabilitation Journal. 1993



Recovery Facilitating Services

- Crisis Intervention
 - Basic Support
 - Case Management
 - Treatment
 - ***Rehabilitation***
 - Enrichment
 - Rights Protection
 - Peer Support
- Personal Safety
 - Health and Sustenance
 - Access to Services
 - Symptoms/Distress
 - ***Role Functioning***
 - Interests, Knowledge & Abilities
 - Legal & moral rights
 - Emotional support & guidance

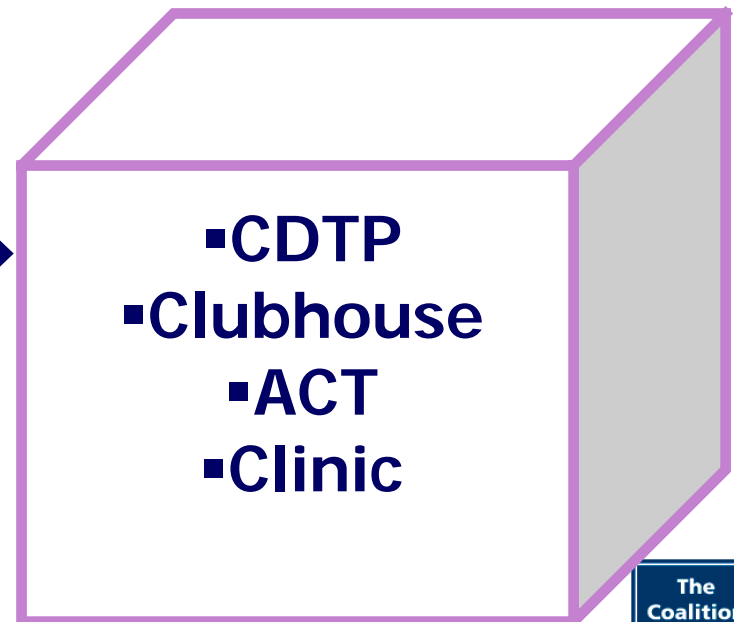
Psychiatric Rehabilitation: Approach vs. Model

Approach

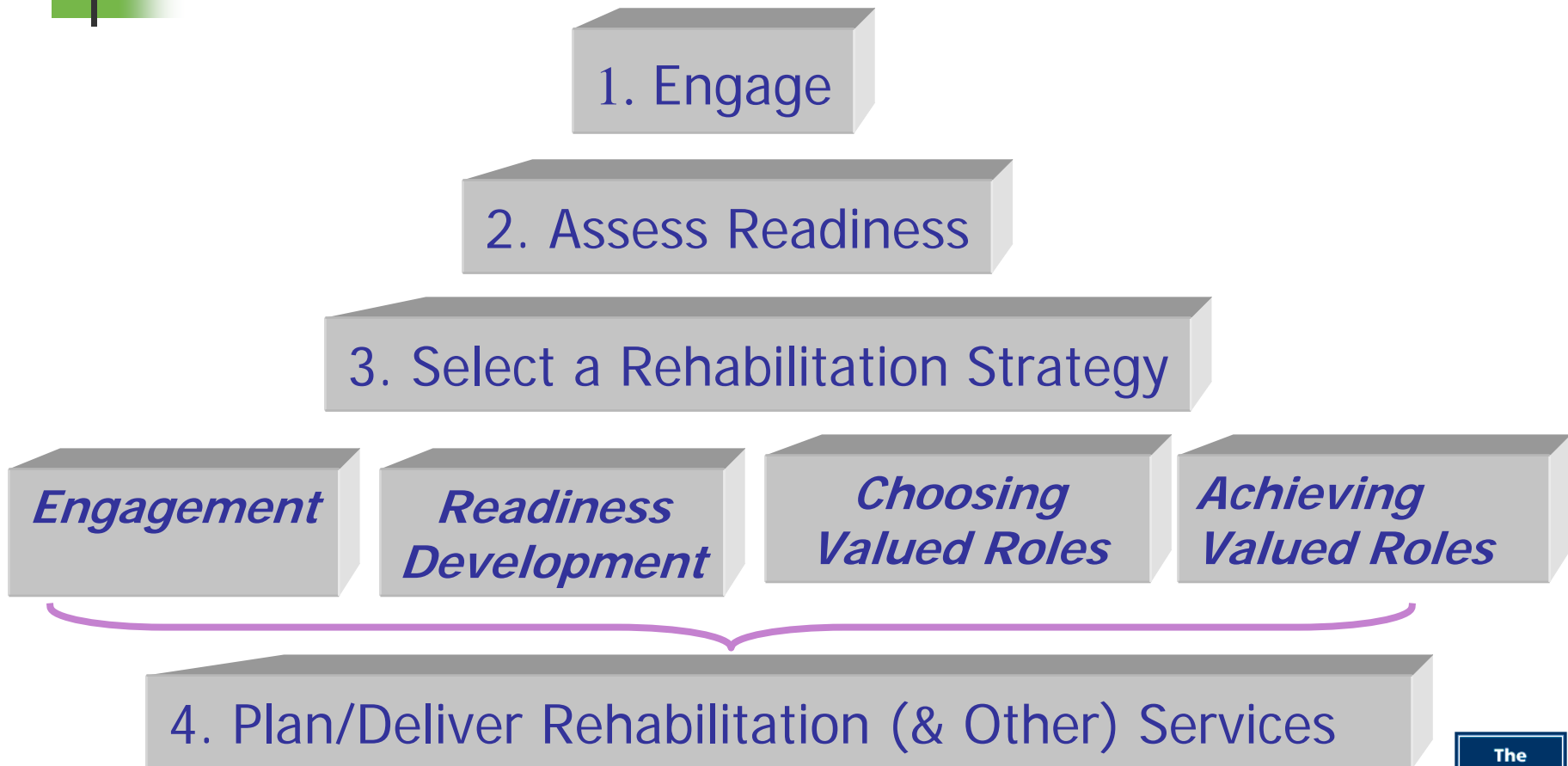
**Philosophy, Process,
Technology
(Standards)**



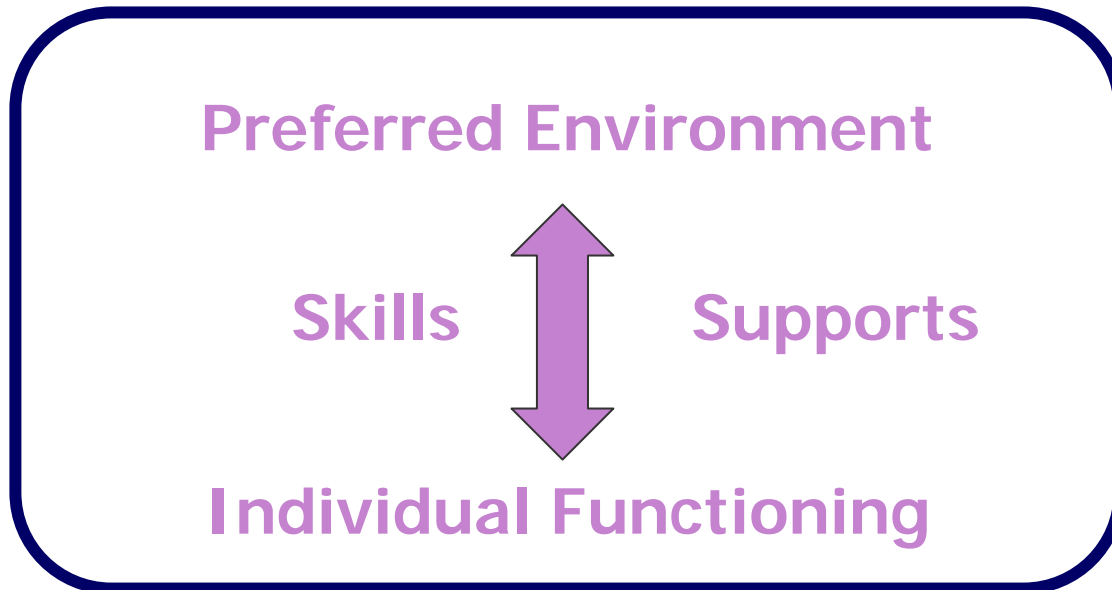
Model



Overall Planning Process for Psychiatric Rehabilitation Approach

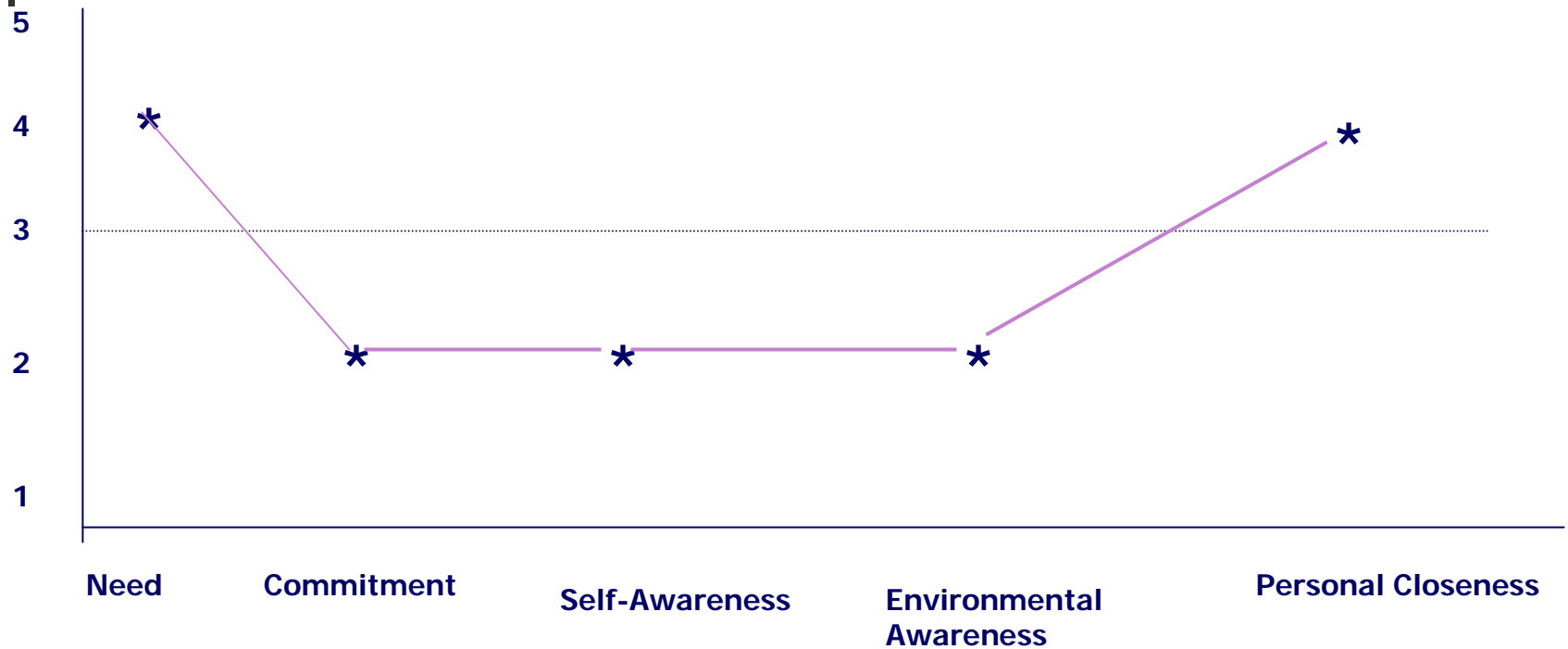


Key Psychiatric Rehabilitation Principles



- Environment & Role Focused
- Functioning Follows Preference
- Functioning Depends Upon Skills & Supports

Jim's Readiness Assessment Profile



Strategy: Develop Readiness



Readiness Development Strategies

Develop Insights

- Self
- Environments
- Recovery
- Psychiatric Rehabilitation
- MH Services/Supports

Develop Supports

- Credible
- Committed



Increase Hope, Confidence, Motivation

Cohen, M., Forbess, R., & Farkas, M. (2000). *Psychiatric Rehabilitation Training Technology: Developing Readiness for Rehabilitation*. (Trainer Package). Boston: Boston University, Center for Psychiatric Rehabilitation, Trustees of Boston University.



Choosing Valued Roles: Key Concepts

- Process compensates for lack of experience, knowledge, & skills.
- Process can be recovery enhancing.
- Choice of a valued role is a recipient goal, not a program guarantee.

Adapted from: Cohen, M., Farkas, M., Cohen, B., & Unger, K. (1991). Training Technology: Setting an Overall Rehabilitation Goal. Boston, MA: Center for Psychiatric Rehabilitation.



Achieving Valued Roles: Key Concepts

- Skill competency and support reliability are crucial.
- Process focuses on getting and keeping specific role in specific environment.
- Assessment of skill and supports prescribes the intervention.