

# *Strengths & Challenges in Implementing Recovery Oriented Care*

Edye Schwartz, PhD, LCSW-R  
Director of Systems Transformation  
&

Ruth Colón-Wagner, LMSW  
Director of Training & Development

**New York Association of Psychiatric Rehabilitation Services, Inc.**



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## ***Learning Objectives***

1. Understand the changing landscape from ‘traditional’ to ‘recovery-oriented’ care
2. Create a vision for your organization based on recovery principles
3. Identify strengths and challenges your organization may face in achieving a full recovery orientation



## *Where We Have Been...*

	1970's	1980's	1990's	2000+
Primary Trends	<u>Maintenance</u> and Symptom Management	<u>Symptom Management</u> , <u>Deinstitutionalization</u> , Psychiatric Rehabilitation	<u>Rehabilitation</u> , <u>Recovery</u> , <u>Empowerment</u>	Rehabilitation, Recovery, Rights, Wellness, Community Integration
Primary Services	State Hospitals, Community Residences, Sheltered Workshops	State and Local Hospitals, Mobile Crisis, Supported Housing, Day Treatment and Psychosocial Clubs	Downsizing State Hospitals, Supported Employment, Case Management, <u>Peer Run Services</u>	Downsizing State Hospitals, growing support, housing, Club Houses, Peer Run Services, ACT, Blended CM



PRIMARY TRENDS

Recovery Oriented Systems of Care  
 Person Centered Planning  
 Integrated Care  
 Rehabilitation and Peer Delivered Services  
 Self Determination  
 Health and Wellness  
 Community Integration  
 Managed Care  
 Value-Based System

PRIMARY SERVICES

Health Homes  
 DSRIP Networks  
 Downsized Hospitals  
 Reformed Crisis Systems  
 Supported and Independent Housing  
 Integrated Clinics  
 Peer Services  
 Care Coordination  
 HCBS Services



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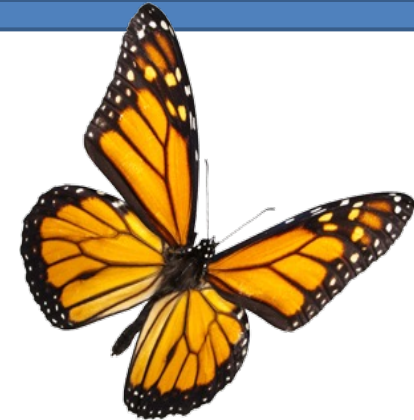
# Looking Through the Recovery Lens





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# Recovery

*“Recovery is a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills and or roles. It’s a way of living a satisfying, hopeful and contributing life even with limitations caused by illness. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the effects of mental illness.”*



(Anthony, Cohen, Farkas, Gagne, Psychiatric Rehabilitation, 2002)



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# Change of Focus

<u>TRADITIONAL</u> System/Provider Focus	<u>RECOVERY</u> Person-Centered Focus
Focuses on symptoms	Looks at the whole person
Clients seen in context of 'the system'	Individuals seen in context of their communities and lives
Emphasizes deficits and needs	Emphasizes strengths/gifts and capacities
1 expert in the room – the provider	2 experts in the room – client and provider





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To what degree do you feel your service is providing person-centered recovery-oriented care?

- A. Very high degree
- B. High degree
- C. Low degree
- D. Very low degree







# ***Dr. Patricia Deegan on Recovery***

“...It is our job to ask people with psychiatric disabilities what it is they want and need in order to grow and then to provide them with good soil in which a new life can secure its roots. And then, it is our job to wait patiently, to sit with, to watch with wonder, and to witness with reverence the unfolding of another person's life.”

~ Pat Deegan, PhD, Advocate, Innovator, Peer Leader

[www.patdeegan.com](http://www.patdeegan.com)

*If I don't have a vision, how do I get one?*  
**8 elements of an effective vision statement**

A vision statement is:

1. Future oriented
2. Likely to lead to a better future for the organization – that is, it fits the organization's history and culture
3. Reflects the organization's values
4. Sets standards of excellence
5. Clarifies the organization's purpose and direction
6. Inspires enthusiasm and commitment
7. Reflects the uniqueness of the organization
8. Ambitious



# *Leadership..*



- Ensures the vision is shared
- Constantly and clearly communicates the vision
- Uses the vision to inspire
- Identifies the relevance of the vision
- Leader embodies the vision in every action
- Persuades others of the potency of the vision
- Uses the vision to shape the future

Anthony, 2008



Why

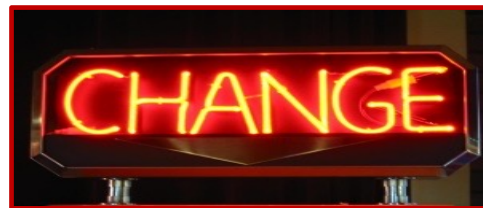


to a Recovery Oriented Service  
System?



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1. People improve! and work harder for a goal *they* author
2. Participants rediscover and follow their dreams
3. Power-Sharing reduces staff burden
4. As a result, staff retention improves
5. ACA demands coordinated, active, engaging, accountable, integrated, outcome oriented and person-centered services
6. Managed Care wants successful participant outcomes and will not support inefficient, costly services that don't encourage wellness
7. Olmstead emphasizes integrated supports vs. institutional services





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# *Challenges*



1. Possible reduction in revenue
2. Need for workforce re-training
3. Power sharing is not always comfortable for staff
4. Liability concerns
5. Changes in policies and procedures
6. Person-centered work takes time
7. Feeling alone with the recovery approach
8. Shift in thinking for both staff and participants
9. Developing and sharing hopes and dreams
10. Moving out of program and into community
11. Including participants in all aspects of service planning





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*How can we transform our services?*







**time to re-invent**



# *Create and Maintain Change*

## PLAN

- Adopt a clear **recovery-based mission & vision** statement include ppl from all staffing levels and participants
- Identify **practice change priorities** (i.e. person centered, strength based, culturally competent, trauma informed, self directed)
- Plan a **Transformation Team** and include ppl from all staffing levels and participants in all planning and policy development
- Plan clear **objectives and goals**
- Plan **staff training** in the philosophy of recovery, self direction and self determination and then offer concrete tools for practice
- Other strategies to accomplish your vision



# *Create and Maintain Change*

## DO

- Create your Transformation Team
- Implement **staff training** and encourage strong **teamwork**
- Develop **procedures and tools** to implement the changes
- Examine and **modify agency policy and procedures** that are **not** in keeping with a recovery oriented vision e.g. – (3 Strikes You're Out)
- **Fund and support** only services consistent with the mission and vision
- Monitor these changes



# *Create and Maintain Change*

## STUDY

- Have we met our **objectives and targets**?
- Stress **outcomes** over process/collect and use **quality of life and recovery oriented data**
- Identify **obstacles** to change
- Implement **corrective action**



# *Create and Maintain Change*

## ACT

- Determine what if anything needs to be changed
- Identify accomplishments!
- Identify modifications
- **Begin the cycle again** if necessary, until the organization and programs feel successful in creating recovery-oriented services

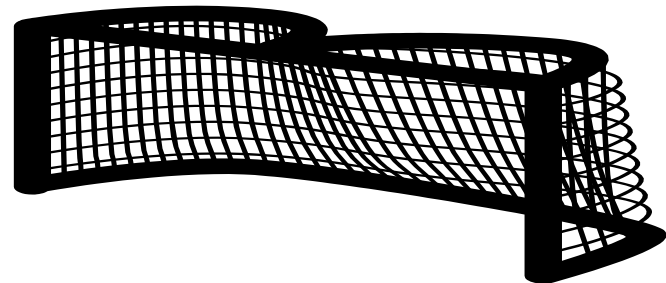




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# *The Goals*



**Strong Person-Centered  
Partnership  
with participants**



**Increased participation  
in Recovery-Oriented  
services**

**Positive  
Outcomes!**



*For the Participant & the Provider!*



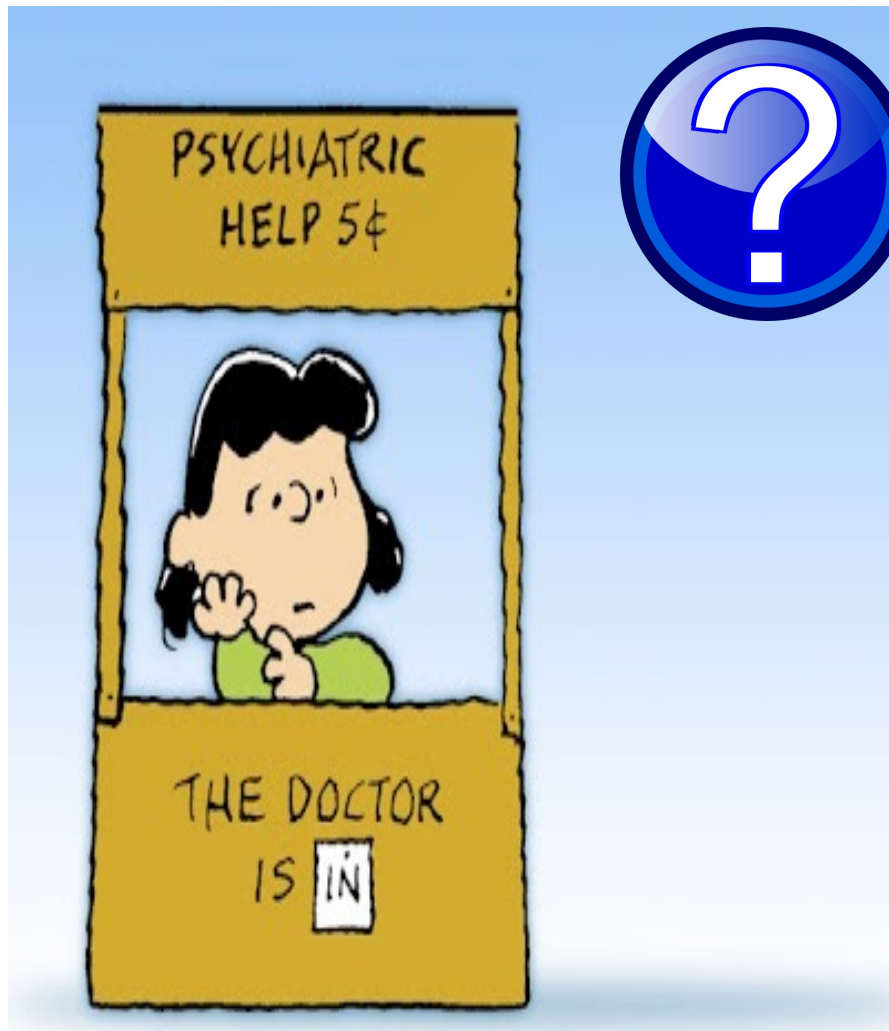


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## *My Practice*

What changes  
can I make right  
now to shift my  
practice to  
recovery?



# *Drilling Down to Importance Steps*

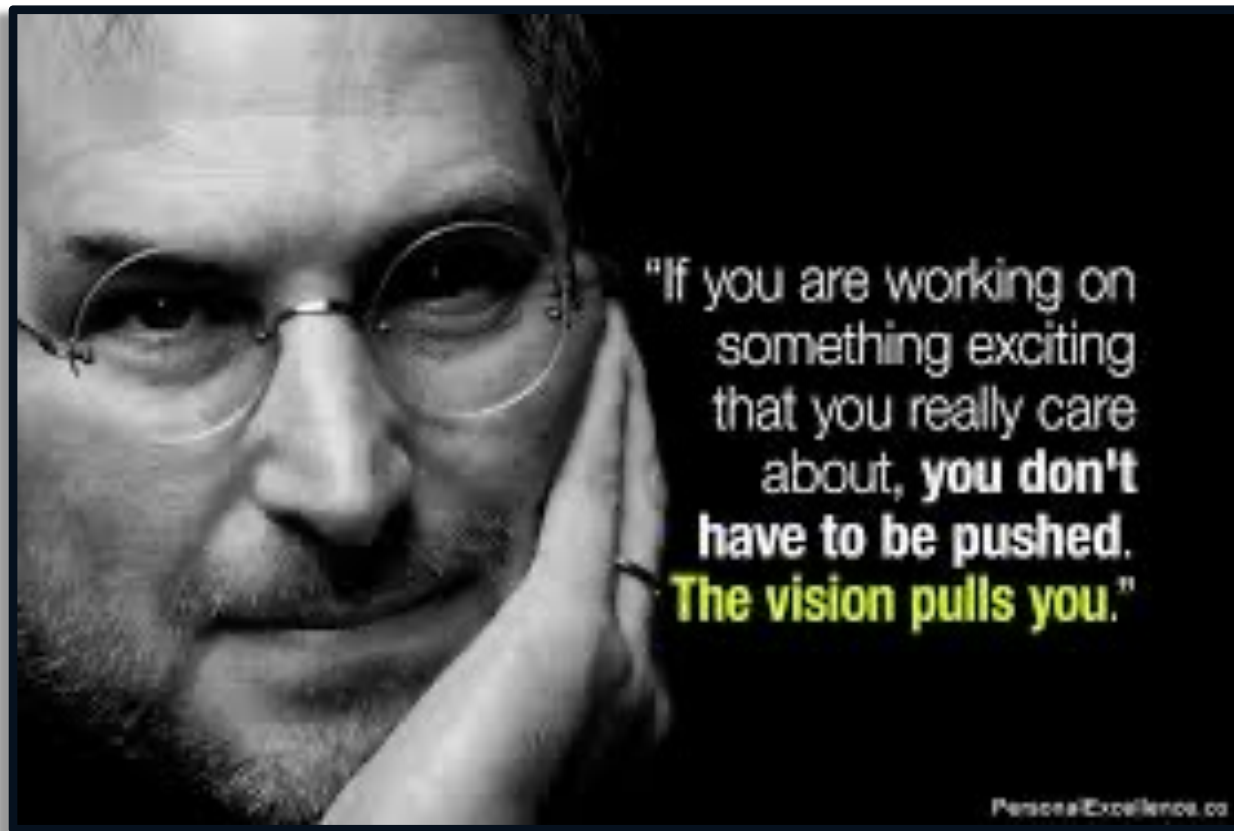


- Identify practice change priorities
- Fund and support only services consistent with the mission and vision
- Assure that all agency policies support recovery oriented services
- Collect quality of life and recovery oriented data
- Encourage strong teamwork



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"If you are working on something exciting that you really care about, **you don't have to be pushed.** **The vision pulls you.**"

Personas | Excellence.co







*Possibilities are Limitless*

***“There is a difference between raising false expectations and putting forth a vision toward which to work. If we continue to work toward and advocate that vision, then the vision is not misleading-it is encouraging. A vision begets not false promises but a passion for what we are doing”***

Anthony, Cohen, Farkas, Gagne, Psychiatric Rehabilitation, 2002

# *Resources*

NYAPRS Collective Trainings – Statewide on-site provider trainings on a variety of recovery-based topics.

[http://www.nyaprs.org/systems-transformation/collective/documents/CollectiveBrochure-Master2014Dec\\_2014FINAL.pdf](http://www.nyaprs.org/systems-transformation/collective/documents/CollectiveBrochure-Master2014Dec_2014FINAL.pdf)

Principled Leadership in Mental Health Systems and Programs, Anthony and Huckshorn, 2008  
Training Technology: Assessing Readiness for Rehabilitation, Cohen M., Farkas M., Cohen B., 1992

CTAC - [www.ctacny.com](http://www.ctacny.com) – for archived webinars and resources

Pat Deegan - [www.patdeegan.com](http://www.patdeegan.com)

Substance Abuse and Mental Health Services Administration (SAMHSA) <http://www.samhsa.gov/>

Visionary Leadership, Burt Nanus, 1995

Boston University Center for Psychiatric Rehabilitation:

<http://cpr.bu.edu/resources/newsletter/assessing-developing-readiness-rehabilitation>

Q&A

Thank You

*[www.nyaprs.org](http://www.nyaprs.org)*

*[edyeschwartz@nyaprs.org](mailto:edyeschwartz@nyaprs.org)*

*[ruthcw@nyaprs.org](mailto:ruthcw@nyaprs.org)*