

RECOVERY & PSYCHIATRIC REHABILITATION: *INTRODUCTION TO PSR THINKING*

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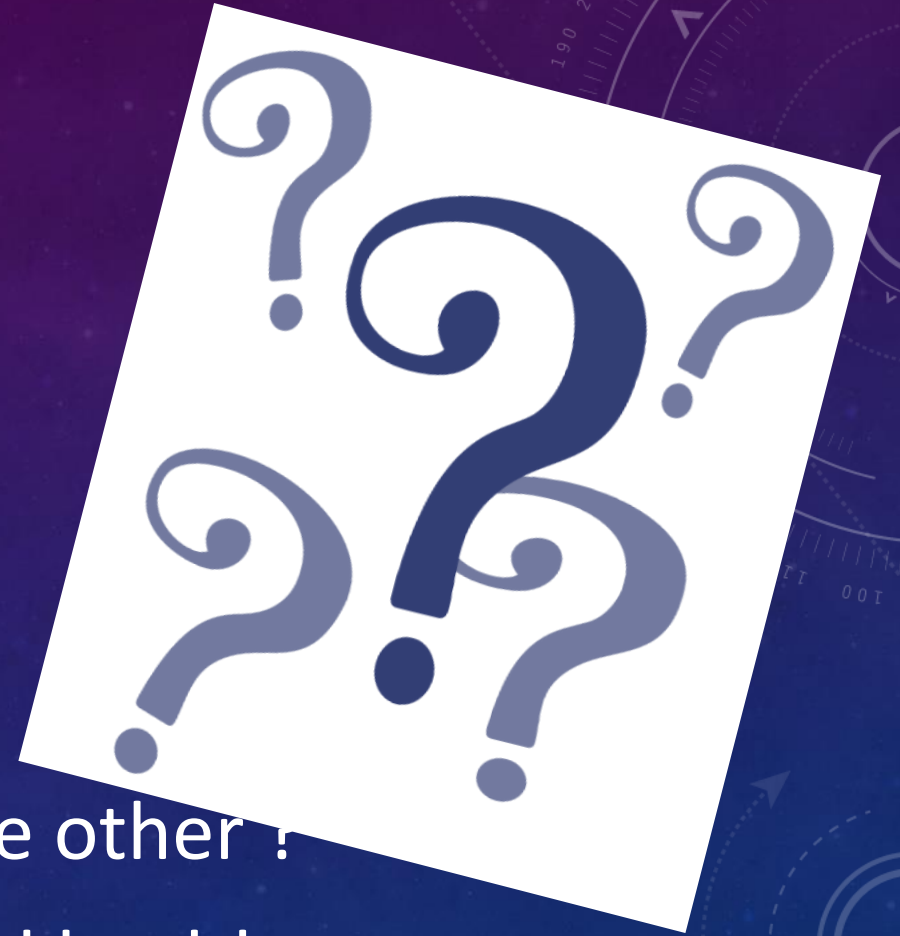
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Adapted from *Recovery Promoting
Competencies Toolkit (2016)*

*M. Farkas, D. Hutchinson, R. Forbess, M. Restrepo Toro,
Z. Russinova*

YOUR THOUGHTS...

- What is recovery?
- What is rehabilitation?
- What is treatment?
- What is the relationship of one to the other?
- What constitutes good care in mental health interventions, in your view?



BASIC ELEMENTS OF TRADITIONAL MEDICAL MODEL

- Good care :
- impairment driven assessments leading to problem solving by experts;
- identification of specific treatments for the identified issue;
- the patient role is that of a good reporter, providing correct information in order that the correct treatment be delivered as well as compliance with the experts' instructions

BASED ON MEDICAL MODEL, OUR HISTORICAL CONTEXT.....

- Preventing (re) hospitalization
- Preventing relapse
- Ensuring treatment adherence/compliance
- Maintenance highest goal



SO WHAT IS RECOVERY?

UNDERSTANDING RECOVERY AS A CONCEPT/PROCESS

- UK, USA, Canada, Australia
 - Claiming, reclaiming meaningful life; Home, health community, purpose
 - Farkas 2007; SAMHSA 2010
- Hong Kong
 - 復元(fu yuan) meaning regaining vitality, life force
 - Tse et al., 2012
- Systematic review across countries
 - Processes related to ideas of connectedness ,hope, identity, meaning , empowerment
 - Slade et al, 2012

UNDERSTANDING RECOVERY

- What exactly is recovered?

• A meaningful life

WILL'S STORY

- Since I was a child I've struggled with extreme emotions, voices, and powerful out of body experiences.
- I often hid away, alone, overwhelmed and unable to describe what was going on
- At age 26, I hit a breaking point, and wandered the streets of San Francisco all night hearing angry voices telling me to kill myself.
- I ended up in the locked unit of public psychiatric ward in San Francisco.

WILL'S STORY

- I lost my job while in the hospital
- I got out and began to see myself as different, rather than broken
- I met a social worker who helped me get a job –
 - first a volunteer job;
 - then a part time job for a few hours a week
 - then finally a “real” job creating graphics for a website company that paid a living wage with the possibility of a promotion if I did well
- I am now 45 years old and have been out of hospital for 14 years

HOW DID I DO IT? “PERSONAL MEDICINE”

- I got off medication & learned to avoid milk, caffeine, and sugar, which directly cause my anxiety and symptoms to worsen
- I took classes in yoga and meditation and began to see an acupuncturist
- I learned to watch for early warning signs of problems, and through WRAP, have wellness tools to support myself, such as regular exercise & paying close attention to my sleep patterns
- I took classes in “Brain Fitness” and learned to organize, plan, focus and remember things
- Most importantly, I reached out to other people who had also been diagnosed as mentally ill, and we began supporting each other in discovering our own pathways to healing and rebuilding a life

IS RECOVERY ONLY FOR THE VERY FEW?

Study	Sample Size	Length	Outcomes
Bleuler,1972	206	23	53-68%
Huber et al., 1972	502	22	57%
CiOMPI & Muller, 1976	289	37	53%
Tusuang et al.,1979	186	35	46%
Harding et al, 1987	269	32	62- 68%
Ogawa et al, 1987	140	22.5	57%
DeSisto et al, 1995	269	35	49%
Harrison et al. 2001	200-500	22-37	58%

Adapted, Harding
Et al., 1994

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SOME IMPLICATIONS FOR MENTAL HEALTH CARE

- Recovery is possible
- Recovery can occur with/without professional intervention
- Recovery is multidimensional
- Simple maintenance is no longer acceptable
- Leaving care may be a sign of health
- People have a level of expertise themselves
- Recovery has to be the vision for many different kinds of services—crisis intervention, case management, PSR , treatment etc.
- Reducing symptoms is not enough

ROLE OF SERVICES

- All should focus on one Recovery vision or goal
- Believe in person no matter what



SOME IMPLICATIONS FOR MENTAL HEALTH CARE

- Recovery is based on a set of values
- It is not just *what* you do that makes a difference—but *how* you do it (ie. practice with evidence + values = best practice)

(Farkas, 2006)

VALUE CHARACTERISTICS OF RECOVERY ORIENTED SERVICES

- Focus on people and full human experience
- Partnership
- Choice
- Hopefulness
- not cases
- not compliance
- not coercion
- not helplessness

DISTINGUISHING CHARACTERISTICS OF THE PR APPROACH

- Rehabilitation is a systematic approach, based on recovery values, that contributes to the individual's vision of recovery
- Partnership is the cornerstone of the rehabilitation process where the leader is the person and the facilitator is the practitioner.
- Self determination and choice drive both the goals and the process to achieve them
- Rehabilitation involves strategies helping the person or the environment /or both to make changes that result in the person's choosing, getting and keeping meaningful valued roles in society

(Adapted from Anthony, Cohen, Farkas et al., 2002)

Services and [Outcomes]	Recovery as overall Mission		
	Health <i>Thoughts, Feelings, & Behavior</i>	Activity <i>Role Performance</i>	Participation <i>Opportunities</i>
Treatment [Symptom Relief]	X		
Crisis Intervention [Safety]	X		
Case Management [Access]	X	X	X
Rehabilitation [Role Functioning]		X	X
Enrichment [Self-Development]		X	X
Rights Protection [Equal Protection]			X
Basic Support [Survival]			X
Peer-Peer Services [Empowerment, Support]		X	X

DISTINGUISHING CHARACTERISTICS OF THE PR APPROACH

- PRA promotes the essential ingredient of hope and the belief in an individual's inherent capacity for growth.
- The Psychiatric Rehabilitation Approach is a vision expressed through its systematic, concrete, pragmatic series of techniques
- The Psychiatric Rehabilitation Approach describes the process between the practitioner and the person, which can and has been used within many program models.

BASIC PRINCIPLE OF PSYCHIATRIC REHABILITATION

Success and **satisfaction** in a **preferred valued role** depends
on **skills and supports**

HOW DO WE KNOW IF SOMETHING IS PSR?

- Is the program/intervention focused on achieving a valued role?
- Does it improve skills or supports to achieve success AND satisfaction?
- Does it involve the person in the process ? Does the person's choices drive the process? (i.e. is the practice congruent with the values?)

EXAMPLES: PSR PROGRAM MODELS BY DOMAIN

- Living Domain:
- Working Domain:
- Education Domain
- Housing First; Supported Housing
- Individualized Placement & Support (IPS); Clubhouses
- Mobile Education Teams; Supported education

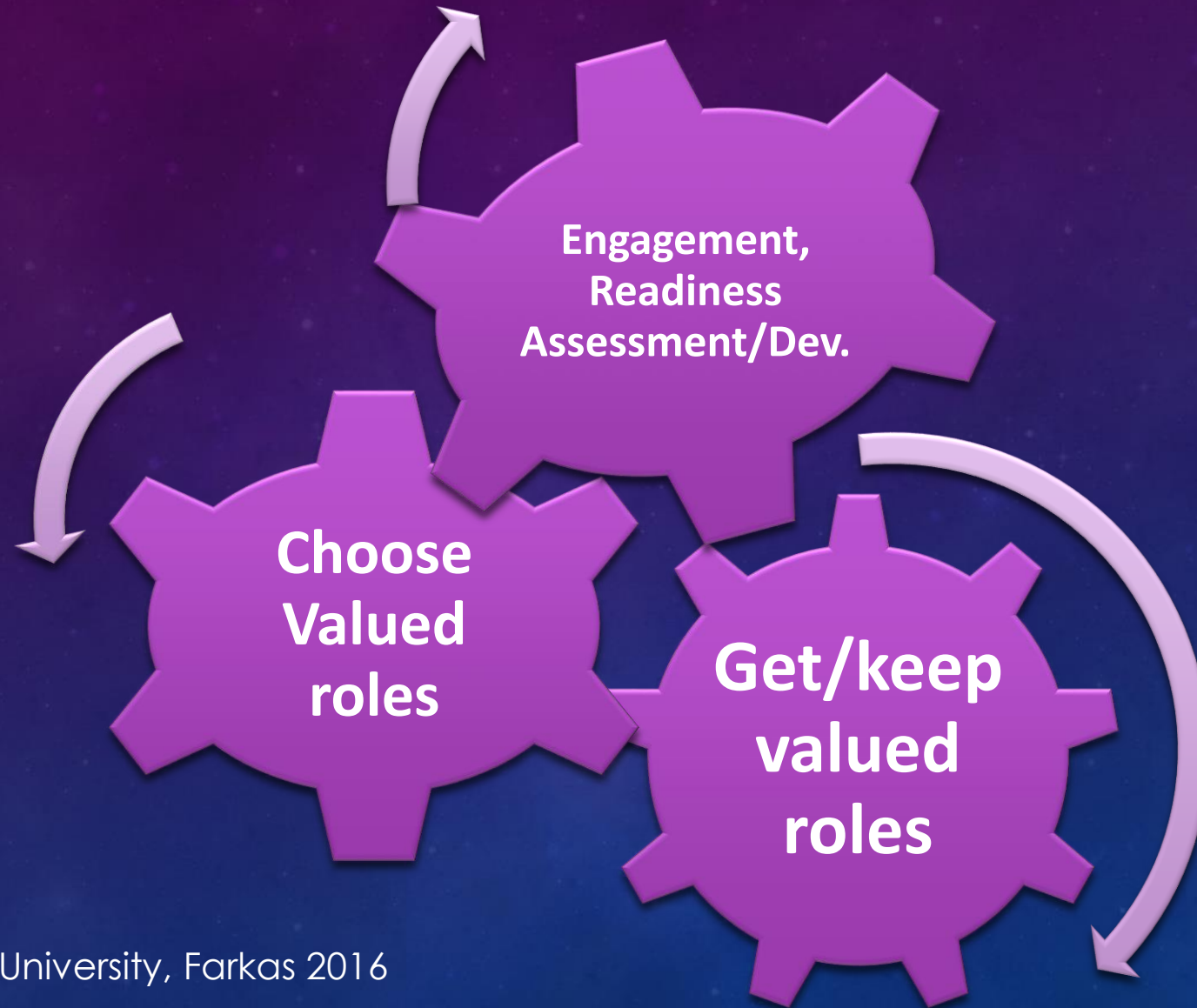
EXAMPLES: PSR INTERVENTIONS/TECHNIQUES

- Skills Techniques
 - Cognitive Remediation
 - Social Skills Training
 - Family Psycho-education
- Support Techniques
 - Family- to-Family; Self Help
 - ACT; CM
 - Anti- Stigma Photovoice

EXAMPLE: OVERALL FRAMEWORK

- Psychiatric Rehabilitation approach
 - aka “Choose-Get-Keep”

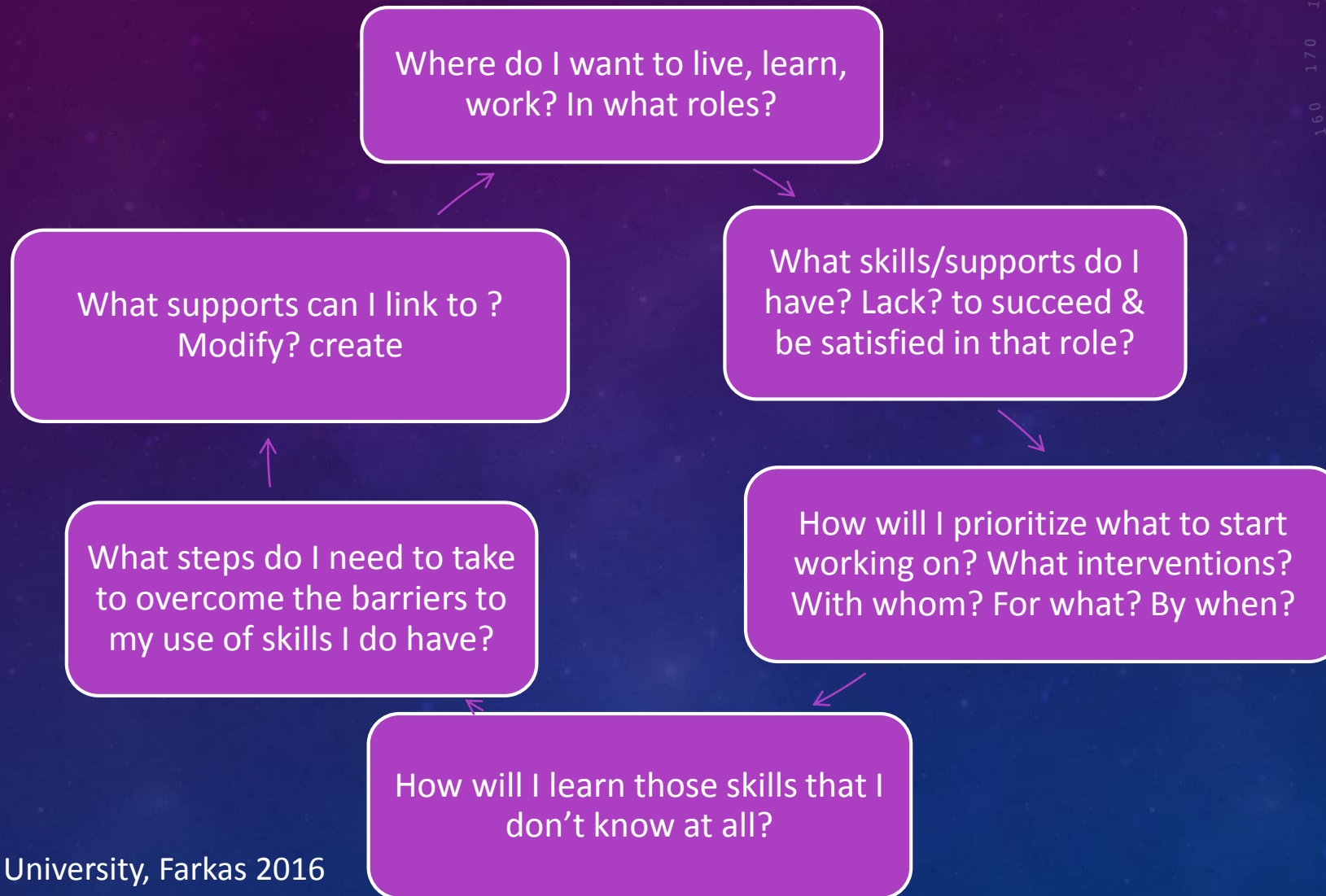
Describing the Psych Rehab Process



EVIDENCE BASED PROCESSES OF PSYCH REHAB

- Elements of the process that seem to be related to positive change:
 - **People experiencing an understanding relationship**
 - **People setting their own goals**
 - **People being taught new skills**
 - **People feeling supported (people, places, things, activities)**
 - **People encouraged to have positive expectancies and hope for change**
 - **People developing insights about aspects of their own behavior**

LOGIC FRAMEWORK FOR PSR



BASIC COMPONENTS OF PSR SERVICES

- **MISSION**
 - Policies support recovery values and the PSR process
 - Where in the service does someone get help figuring out what role they want?
 - Who helps the person to assess their own skill and support strengths /deficits in relation to that role? What structured process exists to make it happen?
 - How are plans developed? Who is there? Why? How is it monitored?
- **PROCESS**
 - Who teaches specific skills to achieve the role? Where? How are the lesson plans tailored to the person? How is programming the use of a skill to reach the role, done? Monitored?
 - How does the person connect with needed supports? Who modifies the supports if needed? Who creates new ones, if needed?
- **PLACE**
 - How does the setting, culture reflect PSR /Recovery values? What about the network of settings/programs?

Example: Psychiatric Rehabilitation Mission

“To increase the **functioning** of **persons** we serve who have psychiatric disabilities, so that they can be **successful** and **satisfied** in their **environments of choice** with the **least amount of professional intervention**”.

Anthony, Cohen & Farkas 1990; Farkas & Anthony, 2010

WHAT IS *YOUR* AGENCY MISSION? WHAT IS ONE POLICY YOU
THINK SUPPORTS PSR — AS WE DEFINE IT HERE?

Psychiatric Rehabilitation Process

Diagnosis

- Assessing Readiness
- Setting an Overall Rehabilitation Goal

- Functional Assessment

- Resource Assessment



Planning

- Planning for Skill Development

- Planning for Resource Development



Intervention

- Developing Readiness

Skill Development
-Direct Skills Teaching
-Programming

Resource Development
-Coordination
-Modification
-Creation

Example: Overall Rehabilitation Goal Statements

Living: I intend to live as in my own apartment with my dog, on Ash Street in Farmingham until next October.

Learning: I intend to earn my G.E.D. at Oakdale High School by next June.

Working: I intend to work part time as a computer programmer at Raytheon until a year from January.

Socializing: I intend to become the Volunteer Activity Co-ordinator in the Singles Sports Club in Cambridge by next September.

YOUR AGENCY

- Do you have ORG in your records? What is one example of such a statement?
- Do you do a skill assessment? What is one example of an assessed skill statement?
- Do you do a resource assessment? What is one example of an assessed resource?
- Do you do skill teaching? Who does it? What is the example of the name of a skill class?
- Do you help clients use skills they have but may not be using correctly, or frequently enough? What is one example?
- Your Questions...?