

Beginning the Dialogue About Implementing Recovery Oriented Practice

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Learning Objectives

- *Discuss and examine the multiple definitions of recovery and differentiate components of our practice that are recovery oriented from those that are not*
- *Reflect on how personal motivation and beliefs can facilitate or inhibit our capacity to deliver truly recovery oriented services*
- *Envision next steps to change our practice to one that delivers more recovery focused interventions*

Reflections

What brings you to this workshop?

What is Recovery?

- Common clinical definitions often imply something akin to *cure* (Torgalsboen, 2005):
 - symptom remission
 - no need for maintenance medication
 - return to premorbid level of functioning

What is Recovery?

Research Criteria

Recovery as an ***outcome*** that includes the following for 2-years:

- Sustained symptomatic remission
- Full or part-time engagement in an instrumental role activity (i.e., worker or student)
- Living independently of supervision by family or other caregivers (e.g., self-administration of medication, money management)
- Participating in an active friendship and/or age appropriate peer relations

(Lieberman et al., 2002)

Recovery from Mental Disorders and/or Substance Use Disorders:

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

(SAMHSA, 2011)

Four Major Dimensions that Support a Life in Recovery

- **Health:** overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.
- **Home:** a stable and safe place to live;
- **Purpose:** meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
- **Community:** relationships and social networks that provide support, friendship, love, and hope.

Elements of Recovery

- emerges from hope
- is person-driven
- occurs via many pathways
- is holistic
- is supported by peers and allies
- is supported through relationship and social networks
- is culturally-based and influenced
- is supported by addressing trauma
- involves individual, family, and community strengths and responsibility is based on respect

(SAMHSA, 2011)

What Changed Me?

- Working side by side with peer advocates as part of my work with ACT
- Understanding the science of measuring recovery

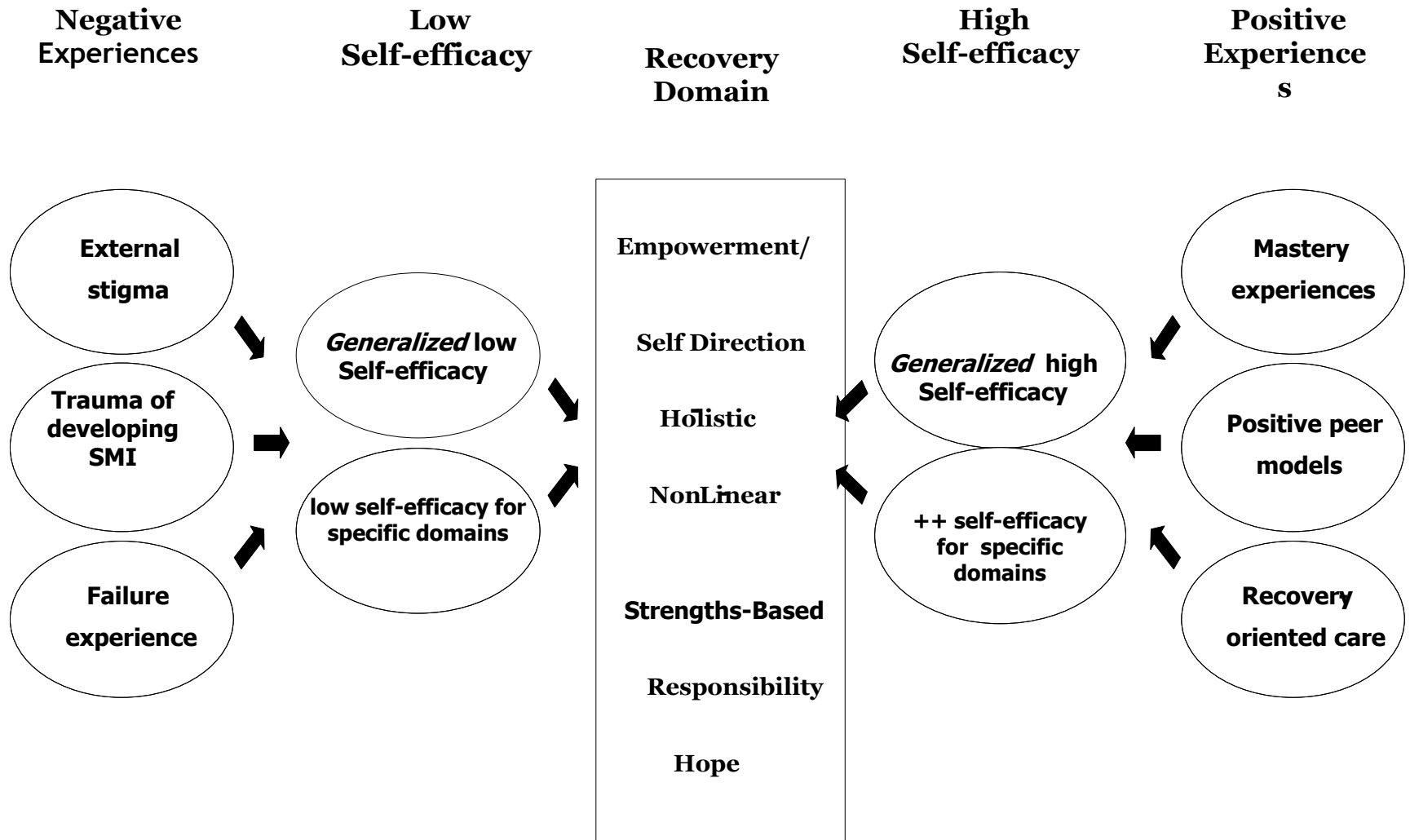
Let me explain

A Conceptual Model: Recovery as a Reflection of *Human Agency* and *Self-efficacy*

- Human agency is the ability to exert control over oneself and one's environment
- Self-efficacy (SE) is a set of beliefs about one's capacity to exercise control
- SE includes both generalized confidence in one's abilities, and situationally specific efficacy beliefs

(Bandura 1997)

Self-efficacy and Recovery



Statistical Analysis of MARS Scores

- Measures of self-efficacy and agency highly predictive of level of recovery (significant!)
- Measures of hope and empowerment also predictive of level of recovery (significant!)
- Level of symptoms, neurocognition and subjective experiences did not predict level of recovery

Lesson Learned

- Recovery is *not* a simple reflection of symptoms, health, the person's social environment and resources, or quality of life

Another Way to Define 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)

Basic Principles Through the “Recovery Lens”

- Recovery is possible.
- Recovery can occur without professional intervention.
- Recovery involves more than symptom reduction and can occur even though symptoms reoccur.
- Recovery is a highly individualized process.
- Recovery occurs in the presence of someone who believe in and stands by the person.
- Recovery from the consequences of the illness is sometimes more difficult than recovering from the illness itself.

Anthony, W.A. (1993) Recovery From mental Illness: The Guiding Vision of the Mental Health System in the 1990's. *Psychosocial Rehabilitation Journal*, 16 (4), 11-23.

What do People Want from the Mental Health System?

- Better place to live
- A chance to go to school
- A satisfying job
- Supportive relationships
- Help in time of crisis

Does your practice help people to attain these things?

My Practice

What do you think a Recovery Practice Would Actually Look Like?

A Recovery Practice Would-

- Focus in on a person's life goals and needs
- Encourage people to see many possibilities
- Promote choice, quality of life and individualized approaches
- Suggest a *variety* of peer services and supports
- Promote and facilitate community integration
- Increase access to services/fewer program rules and more flexibility in admission, planning and discharge
- Believe in people's ability to recover and be resilient in the face of challenges
 - Adapted from: Farkas, M., Cohen, M., McNamara, S., Nemec, P., & Cohen, B. (2000).
 - Training package. Boston, MA: Center for Psychiatric Rehabilitation.

Vision for Recovery Outcomes

- Believe that recovery is possible, even from the most tragic circumstances or disabling conditions
- Help people to uncover abandoned hopes and dreams
- Help people to discover their personhood through culture, strengths, values, skills
- Engage communities as life sustaining forces
- Re-author the way we see ourselves
- Assure that everyone can reclaim a meaningful life role

Adopt A Vision

“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)



Discussion

- *How did I practice before I understood recovery?*
- *What made me rethink my practice direction and motivate me towards a recovery practice?*
- *What do I need both personally and professionally to shift my practice towards a recovery direction?*



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

