Introduction to Recovery and the Psychiatric Rehabilitation Approach

Center for Rehabilitation and Recovery, Coalition of Voluntary Mental Health Agencies, Inc.
Website: www.cvmha.org
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.”

“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.”
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.”*

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# Long-term Studies of Schizophrenia

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

<table>
<thead>
<tr>
<th>STUDY</th>
<th>Sample Size</th>
<th>Average Length in Years</th>
<th>Subjects Recovered and/or Improved Signif.</th>
</tr>
</thead>
<tbody>
<tr>
<td>M. Bleuler (1972 a &amp; b) Burgholzli, Zurich</td>
<td>208</td>
<td>23</td>
<td>53%-68%</td>
</tr>
<tr>
<td>Huber et al. (1975) Germany</td>
<td>502</td>
<td>22</td>
<td>57%</td>
</tr>
<tr>
<td>Ciompi &amp; Muller (1976) Lausanne Investigations</td>
<td>289</td>
<td>37</td>
<td>53%</td>
</tr>
<tr>
<td>Tsuang et al. (1979) Iowa 500</td>
<td>186</td>
<td>35</td>
<td>46%</td>
</tr>
<tr>
<td>Harding et al. (1987 a &amp; b) Vermont</td>
<td>269</td>
<td>32</td>
<td>62%-68%</td>
</tr>
<tr>
<td>Ogawa et al. (1987) Japan</td>
<td>140</td>
<td>22.5</td>
<td>57%</td>
</tr>
<tr>
<td>DeSisto et al. (1955 a &amp; b) Maine</td>
<td>269</td>
<td>35</td>
<td>49%</td>
</tr>
<tr>
<td>Hinterhuber (1973) Austria</td>
<td>157</td>
<td>30 (approx.)</td>
<td>75%</td>
</tr>
<tr>
<td>Kreditor (1977) Lithuania</td>
<td>115</td>
<td>20+</td>
<td>84%</td>
</tr>
<tr>
<td>Marinow (1986) Bulgaria</td>
<td>280</td>
<td>20</td>
<td>75%</td>
</tr>
</tbody>
</table>
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
  - Personal Safety
- Basic Support
  - Health and Sustenance
- Case Management
  - Access to Services
- Treatment
  - Symptoms/Distress
- **Rehabilitation**
  - **Role Functioning**
- Enrichment
  - Interests, Knowledge & Abilities
- Rights Protection
  - Legal & moral rights
- Peer Support
  - Emotional support & guidance
Psychiatric Rehabilitation: Approach vs. Model

**Approach**

Philosophy, Process, Technology (Standards)

**Model**

- CDTP
- Clubhouse
- ACT
- Clinic

Integrate
Overall Planning Process for Psychiatric Rehabilitation Approach

1. Engage

2. Assess Readiness

3. Select a Rehabilitation Strategy

   Engagement

   Readiness Development

   Choosing Valued Roles

   Achieving Valued Roles

4. Plan/Deliver Rehabilitation (& Other) Services
Key Psychiatric Rehabilitation Principles

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

- Individual Functioning
  - 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

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.

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.