



New England (HHS Region 1)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

# Principles and Practices of Recovery-Oriented Care

## Can Clinical Care be Recovery-Oriented?

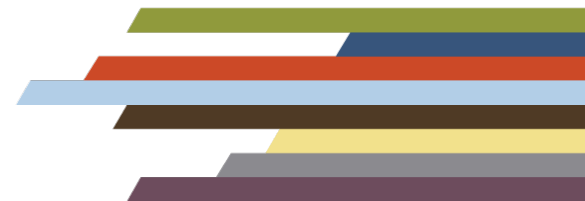
Thursday February 13<sup>th</sup> 1:00pm – 2:00pm

Larry Davidson, Ph.D.

Professor and Director

Program for Recovery and Community Health

Yale University



# Housekeeping Information



Mute computer speakers if you are calling through the phone



Participant microphones will be muted for this webinar



If you have questions during the webinar, please use the “**Chat and Questions**” box



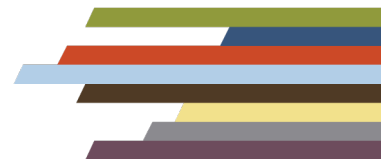
This webinar is being recorded, and it will be available on the MHTTC website



Information about CEUs will be sent in a follow-up e-mail

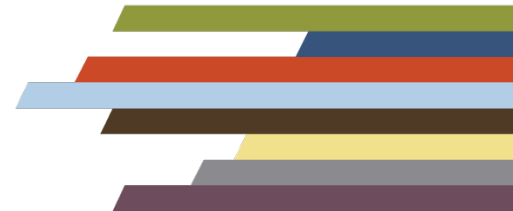


If you have questions after the webinar, please e-mail:  
[newengland@mhttcnetwork.org](mailto:newengland@mhttcnetwork.org)



# CEUs

- CEUs will be available for request after the 4<sup>th</sup> session (March 12, 2020 1-2:00PM EST)
  - For eligibility, you *must attend all 4 live events*
  - to register for the 4<sup>th</sup> session, please go to: <https://www.eventbrite.com/e/principles-and-practices-of-recovery-oriented-care-registration-78191501887>





New England (HHS Region 1)

MHTTC

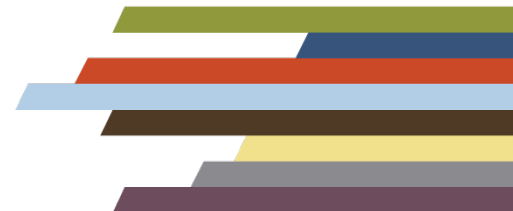
Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

# Would like to contact NE-MHTTC?

Visit: <http://www.mhttcnetwork.org/newengland>

E-mail: [newengland@mhttcnetwork.org](mailto:newengland@mhttcnetwork.org)



# Save the Date!

## Principles and Practices of Recovery-Oriented Care

### Event Details:

**March 12, 2020 | 1-2PM EST** - The Importance of Community Inclusion

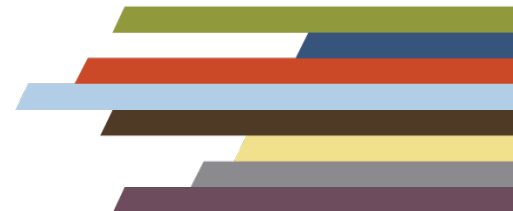
Hosted By:

New England MHTTC

Registration Deadline: March 12, 2020

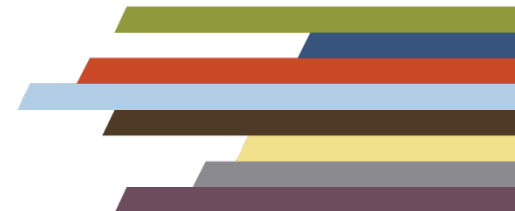
Need more information?

Contact us at [newengland@mhttcnetwork.org](mailto:newengland@mhttcnetwork.org)



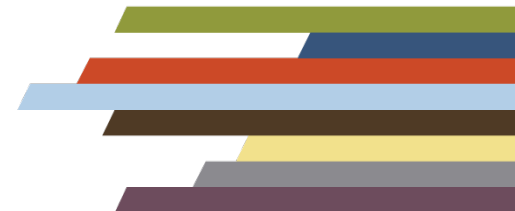
# Part 1

## Common Questions and Concerns about the Notion of Recovery and its Implications for Recovery-Oriented Clinical Practice



# Since the 1970's . . .

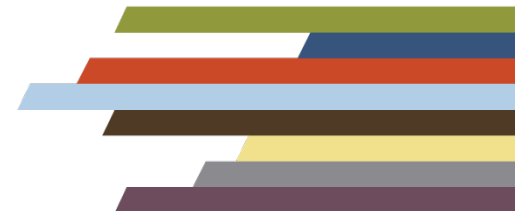
- We have been engaged in a “Community Support Movement”
- We have known about and practiced psychiatric rehabilitation
- We have had Assertive Community Treatment Teams and other intensive, community-based services as alternatives to hospitals
- We have valued and promoted self-help, mutual support, and peer-delivered services



# We agree with most recent reports which recommend that . . .



- Mental health services need to be re-oriented to promoting resilience and recovery
- Mental health services need to be person- and family-driven
- Hope, valued social roles, and a life in the community are to be desired
- Despair, discrimination, and a life in institutional settings are not desired

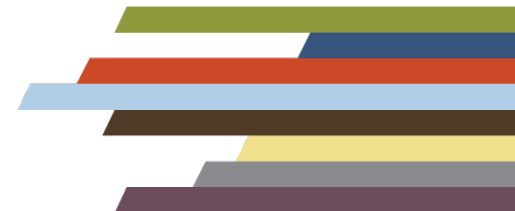




# So what is left to do?

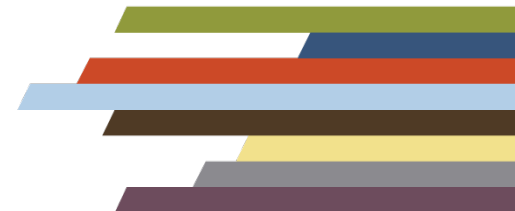
Translate our emerging understanding of the nature of recovery into its concrete implications for everyday clinical and rehabilitative practice

By the way, this process is just beginning and no one has fully figured it out yet. This presents an opportunity for leadership.



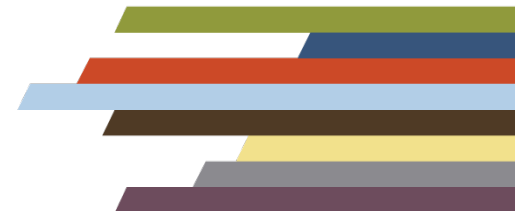
# What is so complicated about this?

- “Recovery” doesn’t just mean recovery
- Being “in recovery” in mental illness is a new concept which is not at all clear or well articulated (yet)
- The things you do to minimize the illness are not the same as the things you do to maximize the person’s opportunities for a meaningful life
- Recovery-oriented care requires a fundamentally different role for the person with the illness or disability



# What does this mean?

- It means that “recovery” no longer refers solely to cure, the reduction of symptoms, or the acquisition of insight and skills, but also to living a full life
- It further means that what keeps people with mental illnesses from living full lives in the community is not so much the illness itself as the ways in which they have been viewed and treated as *other* than the normal people and citizens that they are (i.e., as mental patients)

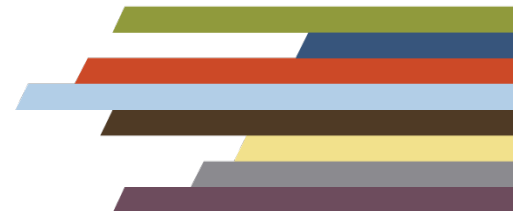


# Recovery in this sense . . .

refers to what the person with a mental illness does to manage his or her illness *while* in ongoing pursuit of his or her own dreams and life goals

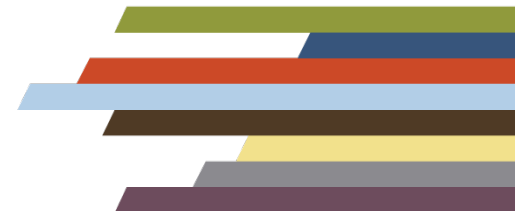
. . . *while* establishing or re-establishing a safe, dignified, and meaningful life in the communities of their choice

. . . *while* continuing to suffer the effects of having a mental illness



# So we cannot 'do' recovery

- Recovery is what the person with the mental illness does
- What health care practitioners can do is offer recovery-oriented care in support of the person's own efforts toward his or her recovery and enhance the person's access to opportunities to pursue his or her own hopes, dreams, and aspirations

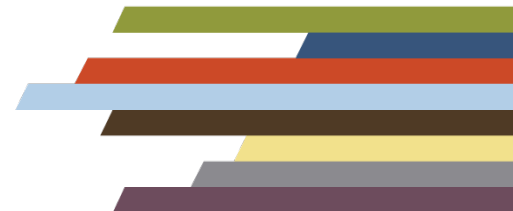


# Isn't this just semantics?

**NO**

- We conventionally treat illnesses and rehabilitate patients/clients.
- People with serious mental illness want lives and all that goes with that

. . . and *are entitled to it by law.*



# What are they entitled to?

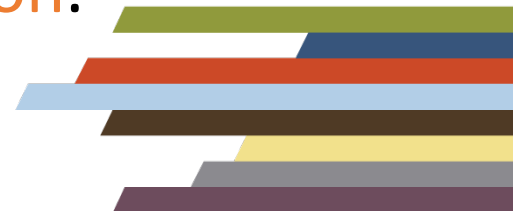
## What rights need to be restored?

The right of Social Inclusion: People with mental illness are entitled to a life in the community *first*, as the foundation for recovery—not as its reward.

For example,

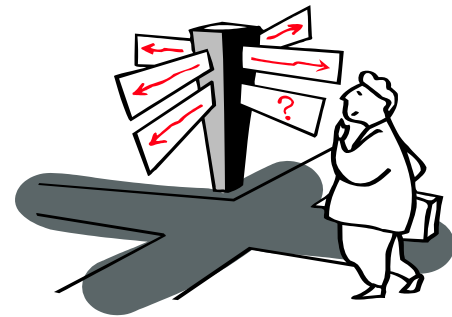


It is very hard to recover if you don't have a place to live (a home). Housing cannot be contingent on compliance or improvement in one's condition.

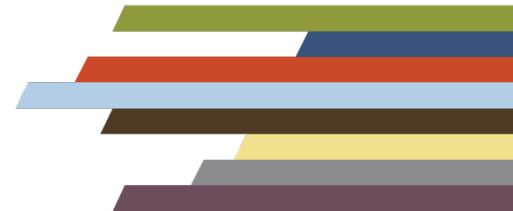


# Another example

While work may, in fact,  
be stressful for some  
people with some mental  
illnesses some of the time



Being out of work and poor is  
sure to be stressful for most  
people with most mental  
illnesses most of the time

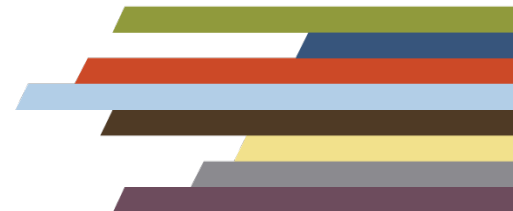




# And also

The right to Self-Determination: People with mental illness retain the right to make their own decisions—both in life and in treatment—unless, until, and only for as long as there are compelling reasons for society to interfere with their sovereignty.

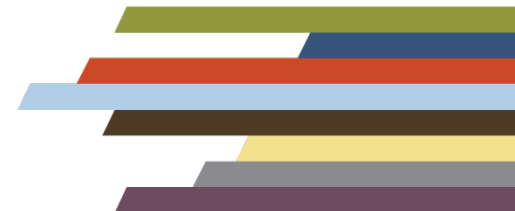
That means that . . .



# Psychiatry is a form of health care

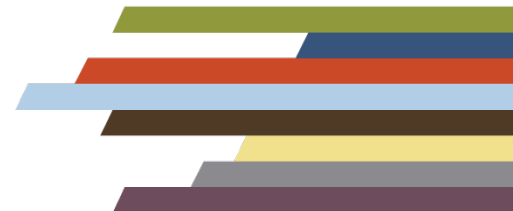
As in all (non-emergency) health care, people reserve the right to be free from coercion, and to have all care provided only with their informed consent . . .

even when they still have symptoms or deficits, just like in other forms of health care.



# Doesn't this increase risk?

- In emergency situations, practitioners have the right, and societal obligation, to intervene to protect the person and the community from imminent risk
- In all other situations, however, competent risk assessment and management—crucial components of a recovery-oriented system of care—afford people the “dignity of risk” and the “right to fail” (Deegan)—***equally crucial*** components of a recovery-oriented system

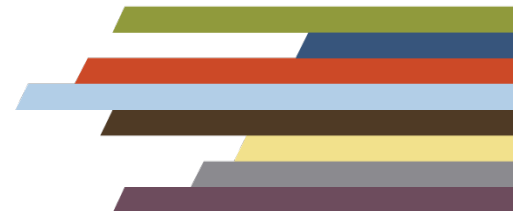


# And this because . . .

While some people with some serious mental illnesses pose some risks some of the time . . .

most people with most serious mental illnesses  
pose no risks most of the time

(and also make no worse decisions  
than people who do not have  
mental illnesses)

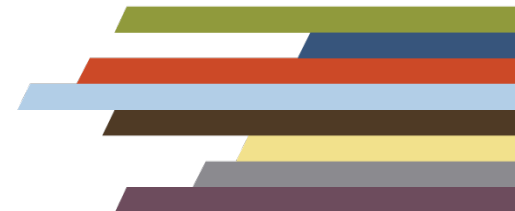


# As a result, health care becomes a collaborative enterprise

In recovery-oriented care, it is neither that the doctor is the sole expert nor is it solely self-help.

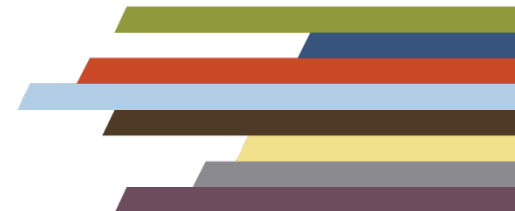
It is a partnership, more like midwifery than surgery, but perhaps characterized best in the words of The Home Depot:

**“You can do it. We can help.”**



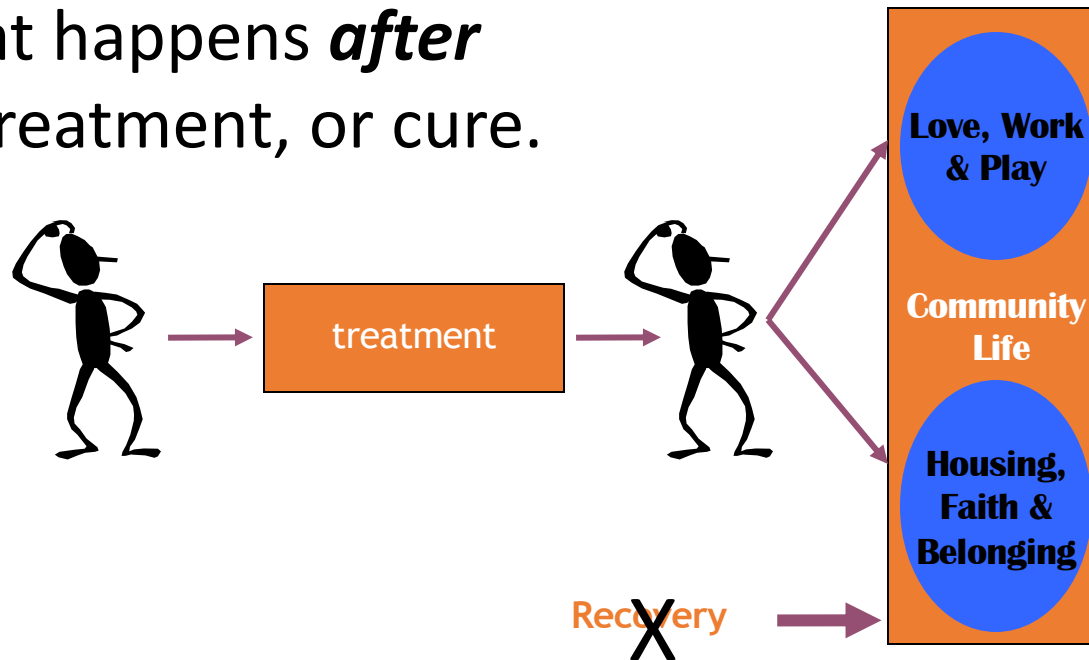
## Part 2

Suggested principles, strategies, and standards for incorporating the recovery paradigm into clinical practice



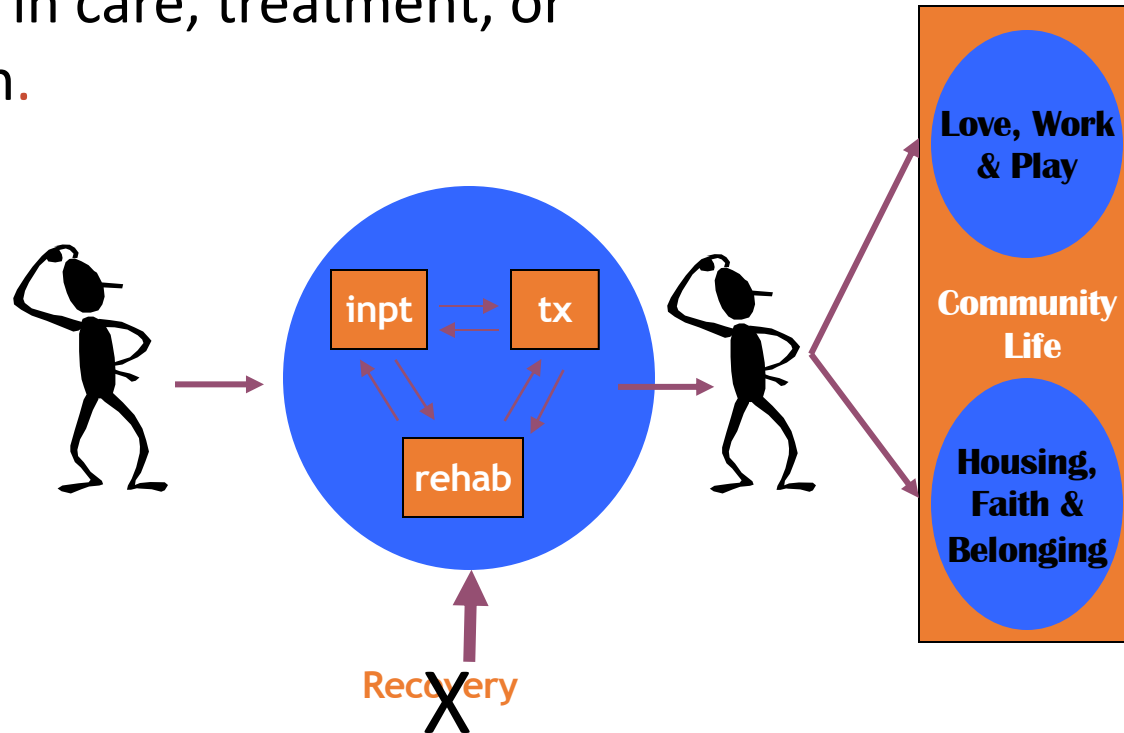
# Principle #1:

Recovery does not refer to what happens *after* care, treatment, or cure.



## Principle #2:

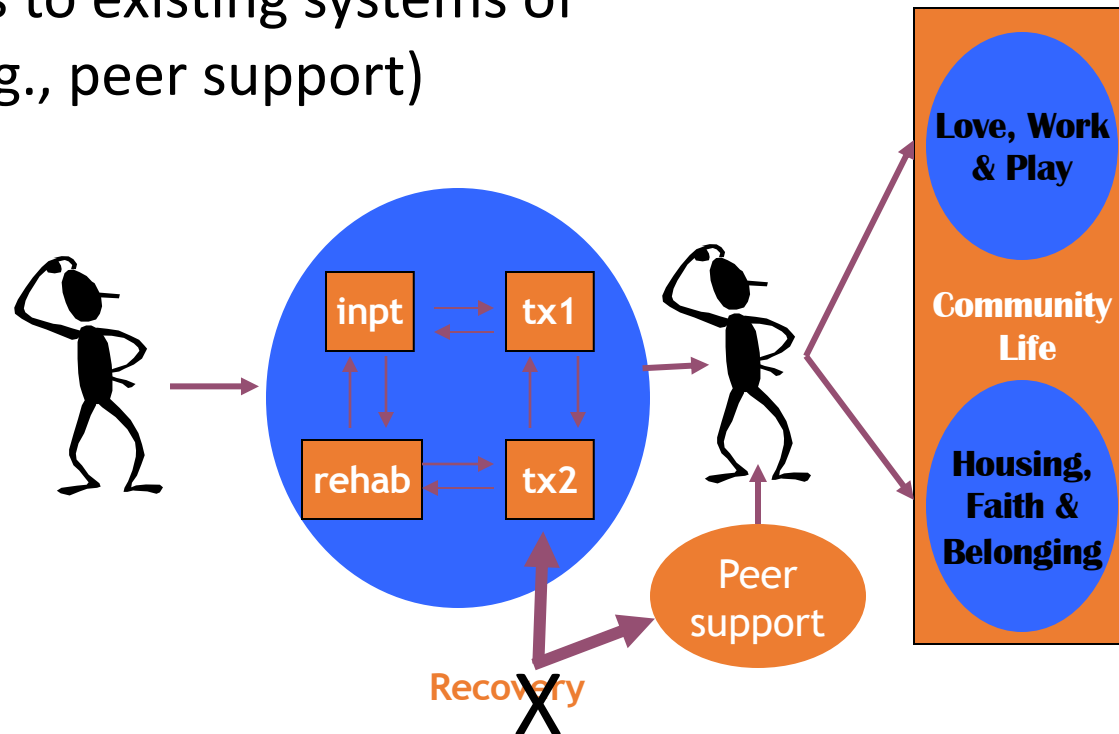
Recovery does not refer to a person's participation in care, treatment, or rehabilitation.





# Principle #3:

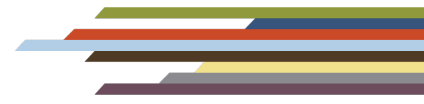
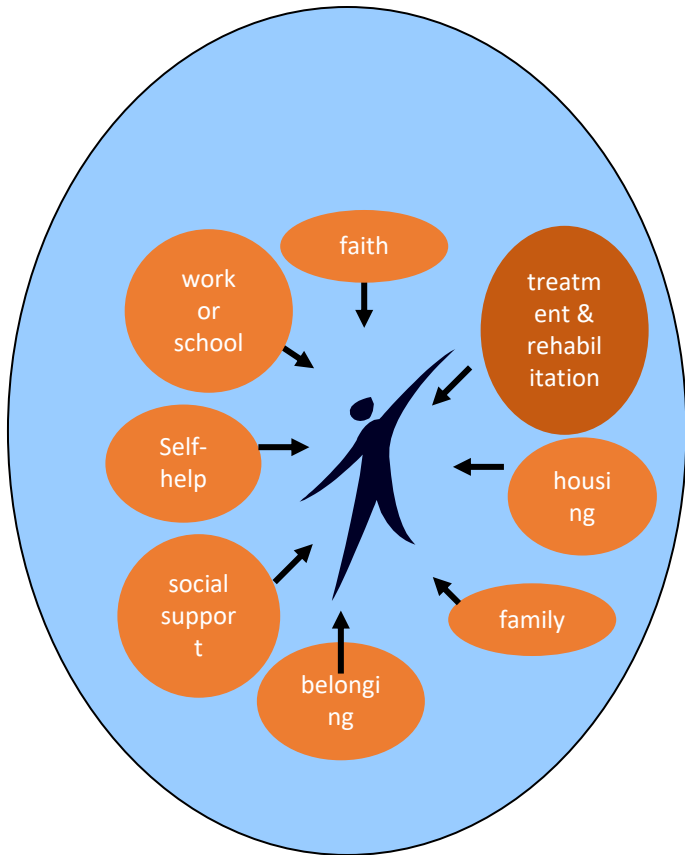
Recovery does not refer to add-ons to existing systems of care (e.g., peer support)



## Principle #4:

**Recovery-oriented care** identifies and builds upon each person's assets, strengths, and areas of health and competence to support the person's efforts in managing his or her condition while establishing or regaining a whole life and a meaningful sense of belonging in and to the broader community.

Recall: "You can do it. We can help."



## Principle #5:

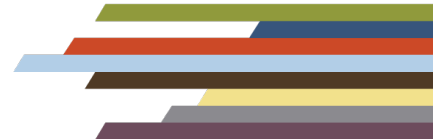
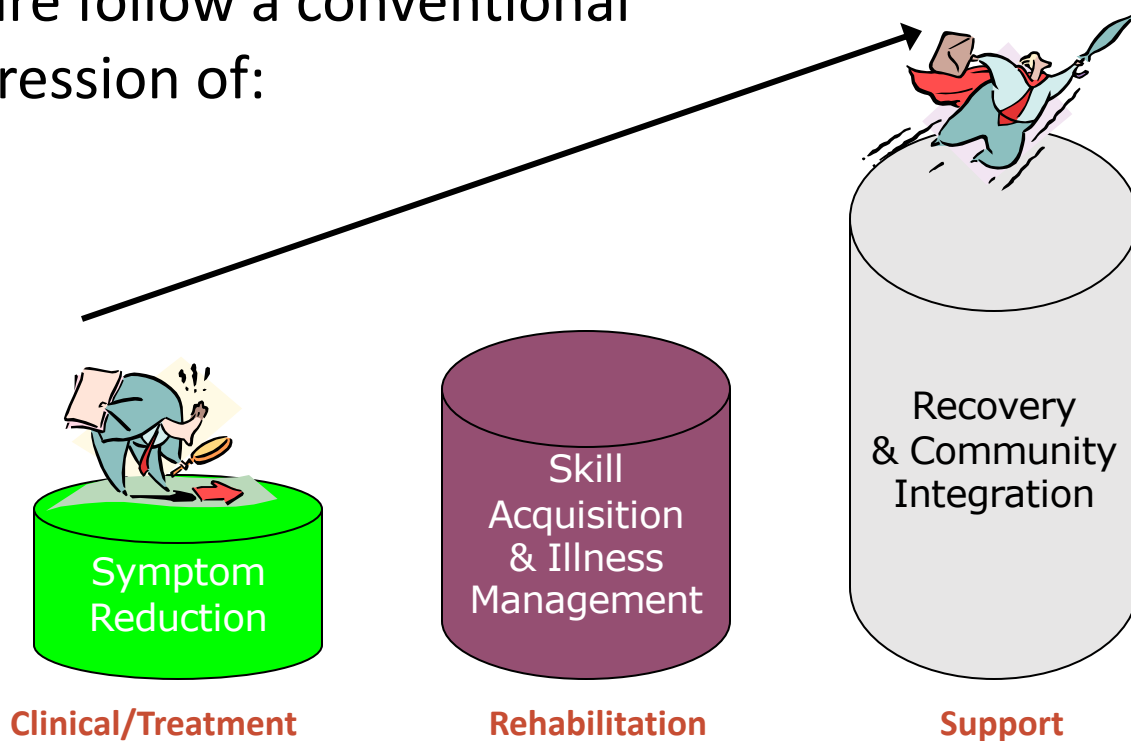
Unless you have clear and convincing reasons for thinking otherwise, assume that people with serious mental illnesses want the same things from their health care (and lives) that you want for yourself and your loved ones.

This includes respect, education and information, and the freedom to choose among various options those services or interventions which will be most likely to be helpful and least likely to be harmful.



# Principle #6:

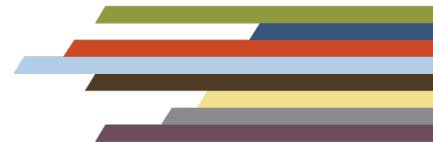
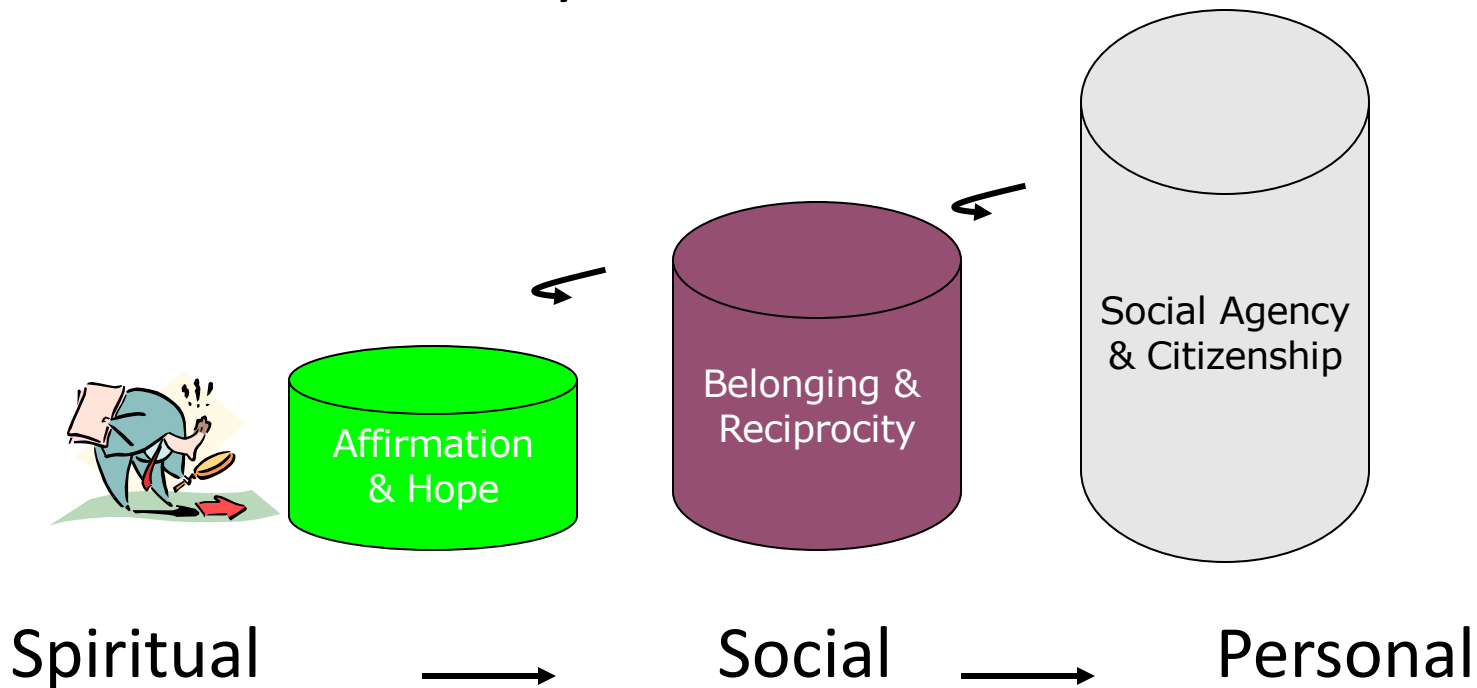
Neither recovery nor recovery-oriented care follow a conventional linear progression of:



# Recovery is non-linear

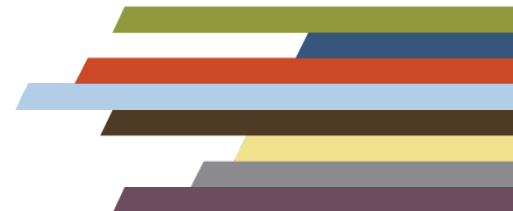


If there is a progression, it is more likely the reverse:  
But, more accurately, it is not linear at all



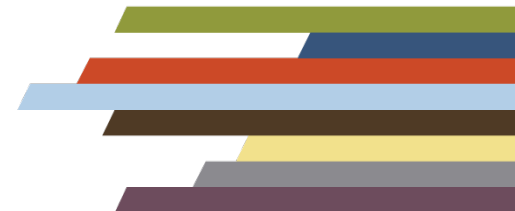
# So why ask if clinical practice can be recovery-oriented?

- Recovery is what happens in the community, not the hospital or clinic.
- People are too acutely ill to talk about recovery in the hospital.
- Recovery doesn't become relevant until after treatment is effective.
- Recovery services are provided by people with less professional training than clinicians (e.g., peer staff). Clinicians are only trained and paid to treat illnesses.



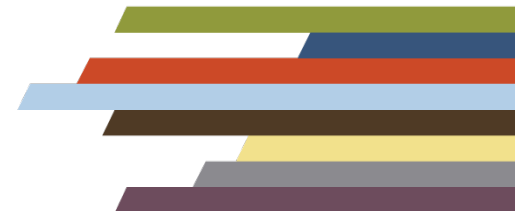
# Brief responses

- Recovery may “happen” wherever the person happens to be at the moment.
- Recovery doesn’t come about through people talking about “recovery.”
- Recovery can happen inside or outside of treatment, and can provide a foundation for treatment to be effective.
- Everyone who provides care (services and/or supports) should be promoting recovery—it is the aim of all mental health care.



# But what can you do when ...

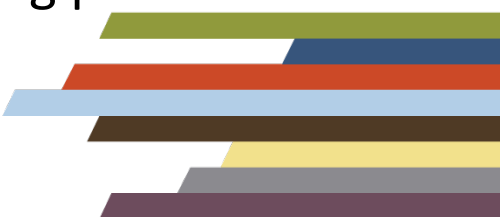
- A person is acutely psychotic and not making sense
- A person is posing a serious, imminent risk to self or others
- A person is so depressed that he or she will not get out of bed, will not participate in anything, will not talk, etc.
- A person is demonstrating poor judgment and not learning from his or her mistakes
- Other examples?





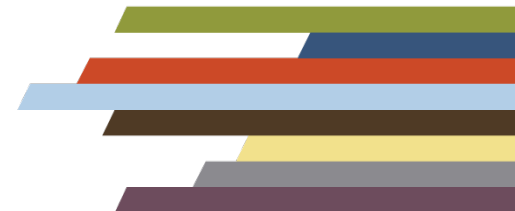
# First: Loss of Self

“... And then something odd happens. My awareness ... instantly grows fuzzy. Or wobbly. I think I am dissolving. I feel—my mind feels—like a sand castle with all the sand sliding away in the receding surf... This experience is much harder, and weirder, to describe than extreme fear or terror ... Explaining what I’ve come to call ‘disorganization’ is a different challenge altogether. Consciousness gradually loses its coherence. One’s center gives way. The center cannot hold. The ‘me’ becomes a haze, and the solid center from which one experiences reality breaks up like a bad radio signal. There is no longer a sturdy vantage point from which to look out, take things in, assess what’s happening. No core holds things together, providing the lens through which to see the world, to make judgments and comprehend risk. Random moments of time follow one another. Sights, sounds, thoughts, and feelings don’t go together. No organizing principle takes successive moments in time and puts them together in a coherent way from which sense can be made. And it’s all taking place in slow motion.” -- Elyn Saks, 2007



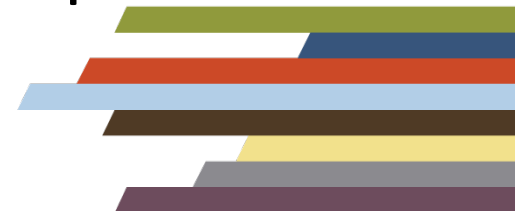
# Disruption of agency/intentionality

- If I can't direct my own attention ...
- If I no longer experience my actions as stemming from me ...
- If I can't hold thoughts together or remember from one minute to the next ...
- If even my thoughts seem to come from someone or somewhere else ...



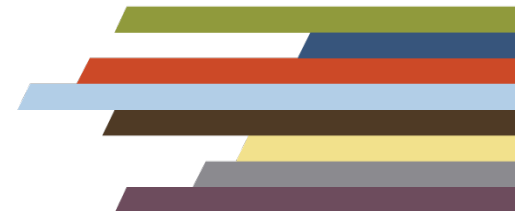
# And then, on top of that,

- If other people act as if I am not here ...
- If other people do things to me without my permission or consent ...
- If other people make decisions for me and about me without asking me ...
- If other people tell me that I'll never get better ...
- If other people act as if I have nothing to offer ...
- If other people no longer treat me as a person ...



# Where we start

“Once a person comes to believe that he or she is an illness, there is no one left inside to take a stand toward the illness. Once you and the illness become one, then there is no one left inside of you to take on the work of recovering, of healing, of rebuilding the life you want to live” (Deegan, 1993, p. 9).

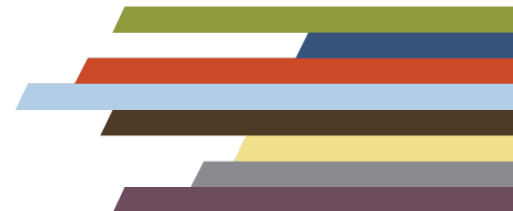


# How does this change clinical practice?

Many existing treatments presume either:

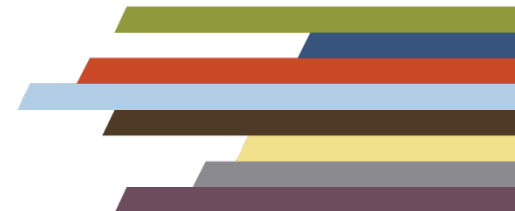
- That the person has to be restored to personhood by others before taking steps toward recovery him or herself (e.g., involuntary treatment), or
- That the person has remained a person and can take responsibility for his or her self-care and rehabilitation (e.g., CBT, skills training)

Both assumptions are problematic



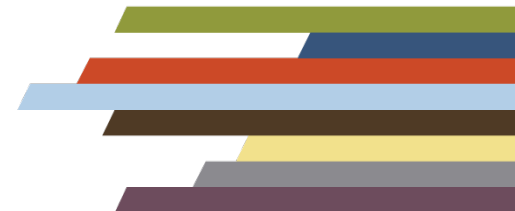
# Current Practices

- Cognitive-behavioral psychotherapy assumes a collaborative relationship with the client
- Medication adherence requires a person to take responsibility for self-care
- Cognitive remediation involves a working alliance
- Psychiatric rehabilitation requires a minimal amount of confidence in one's own agency and efficacy



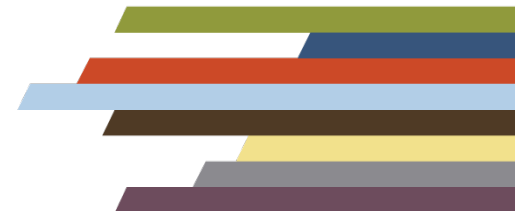
# How do you help a person 'relearn' to be a person?

- First and foremost, by treating them as if they are one already (and always have been).
- By not perpetuating the culture and practices which contributed to their losing their sense of being a person to begin with.
- By not making decisions for them, doing things to them, or doing things for them without asking (or at least explaining).



## And then ...

- By noticing the decisions they are making and the things they are doing as indicators of their remaining personhood.
- By finding out where their remaining passion or interests, their sense of meaning or purpose, and their pleasures have survived.
- By encouraging and supporting their sense of agency, even at the most micro of levels (e.g., getting out of bed in the morning).

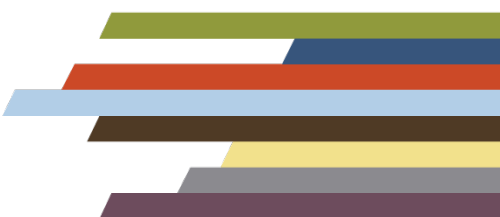




# Re-introducing the person to themselves

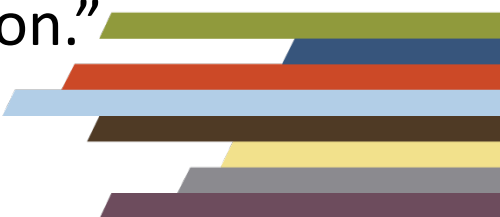
“The whole story of my health was a very difficult experience because I had to really reconstruct myself as a person.”

“[Having] schizophrenia means you must invite me to my own party because I don't know to bring myself. [You must use] nice language to describe this stranger who's coming to the party (i.e., me), [make her] sound like a nice person, [so that] I'd like to meet her when she arrives.”



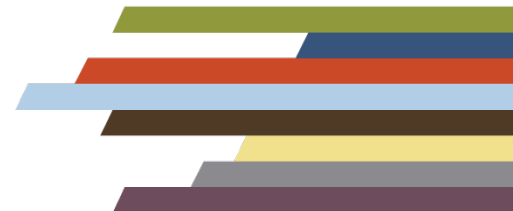
# Separate person from effects of illness

“I tried to think ... about ... why personhood [is] so important ... You separate the forest from the trees. I can't always separate the forest from the trees. If I am my illness, instead of I am a person who an illness happens to, then I can never get better. Because I can't pull the illness off of me if I am the illness. If the illness and I are the same thing, then there ain't nothin' I can do. I can't change me, I can't... The forest and the tree become the same thing. But if you separate the two, suddenly I find strength. I ask myself: Where? Why do you find it? I find it in the separation. If we are not the same thing, if I am not the illness, then I can beat it, I can trick it, I can outmaneuver it, I can go to the library and read about how to navigate around it ... If I am not the illness, then the hope that I can maybe beat it springs forth... hope then, comes from splitting off the illness from the person.”

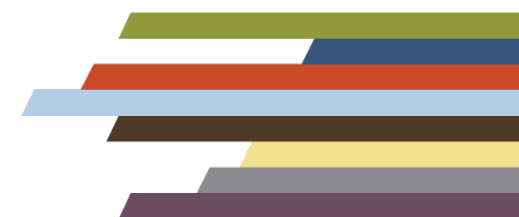
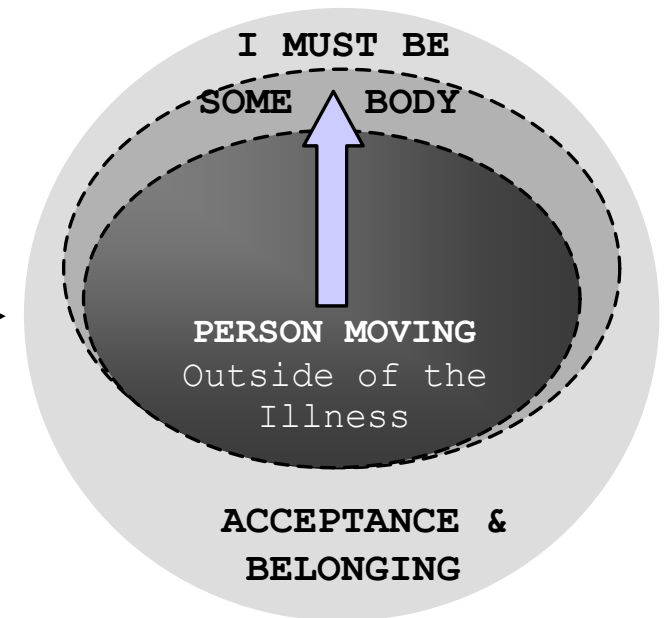
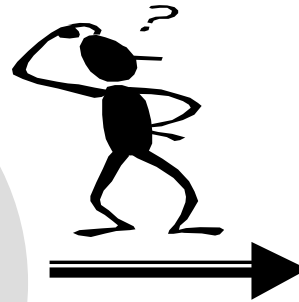
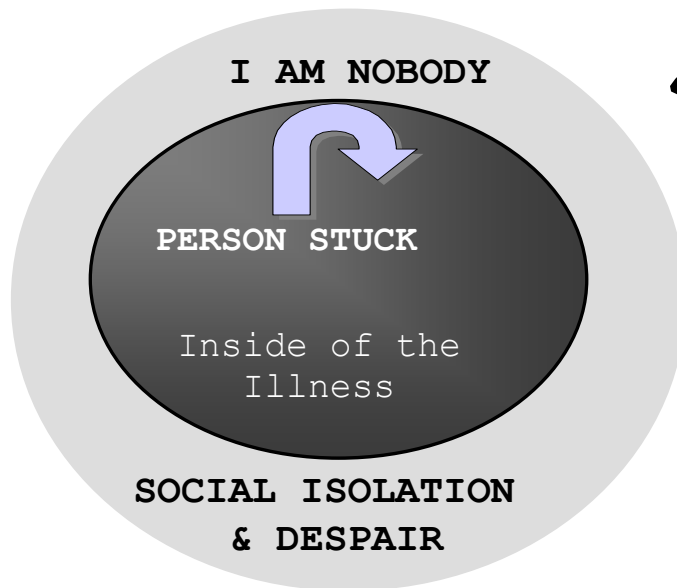


# Attention to micro-decisions and micro-actions

“People take for granted that you just do things. A person with mental illness, it’s sometimes hard ... it’s like you’re distracted, you can’t get involved because you’re not sort of all there.”



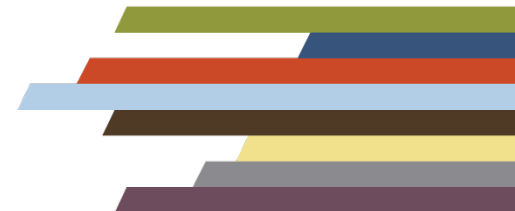
# Establishing a self outside of the illness



# Guiding Strategies

1. Demonstrate and convey respect for the person's dignity and worth as a fellow human being.

“Common courtesy works because it’s common; it’s something every human being gets just because they’re human. Things like saying “excuse me” when you reach over someone to reach for a piece of paper, like saying “God bless you” when someone sneezes, things like asking you if you’d like some water when you get up to get some for yourself. It’s basic, but it means so much to someone who’s been treated like an unhuman for decades. It’s basic, and it may seem trivial to you, but to people like me, it’s water to a dying parched husk of a person. Interactions like the[se] ... have more positive impact on the consumer than any elaborate treatment plan ever could.”



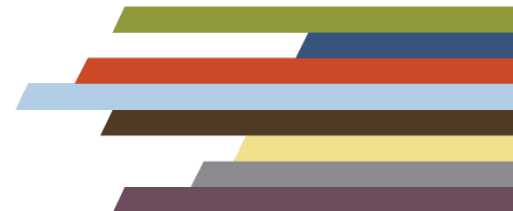
**2. Ensure the person's safety and other basic needs are being addressed. offer him or her hope that things can get better.**

Be a carrier and conveyor of hope, offer “surrogate hope” (Pat Deegan)

“You believed in me even when I no longer believed in myself”

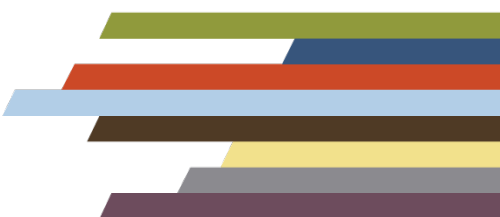
“You need a little love in your life and some food in your stomach before you can hold still for some damn fool's lecture about how to behave”

– Billie Holiday



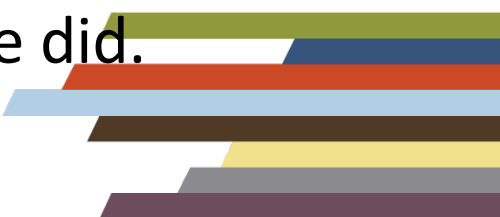
### **3. Strive to reach, access, identify, and promote the person's sense of self.**

A sense of self is the basic... Now, I have a very fleeting, very fragile sense of self. I am thwarted by visual disturbances, auditory hallucinations, tactile flashbacks, waves of intense emotion, and paranoia. I get caught up in me easily, where I literally can't see what's in front of me. A sense of self gives one the right to speak, it fuels the indignation required to speak... A sense of self makes all other behaviors possible; without a self, nothing can happen. This is why schizophrenia is so debilitating.... Modeling self-respect and how to respect others involves active listening and improv; you must be ready at any moment to demonstrate respect. Little moments pop up ... where the consumer's weakness in self-esteem become apparent, and your job ... is to pay attention to those maybe quiet holes and fill them.



### **3. Strive to reach, access, identify, and promote the person's sense of self.**

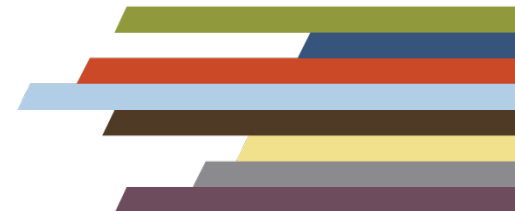
Self-esteem doesn't point out where it's been hurt, and that's why listening is so important. You have to listen for the holes in self-esteem. Each person has a personality, and each person has a history, so the remedy for each hole may be a bit different, so you'll have to think quickly on your feet and sort of craft a makeshift self-esteem for your client. It's not dissimilar to a crisis triage in that you are working quickly and efficiently to save a person's life. Self-esteem is critical to an individual's sense of self, to an individual's sense of efficacy, to a person's recovery. I didn't enter recovery until someone else thought I was worth recovery, until someone else loved me. I didn't think I was worth recovery until someone else did.





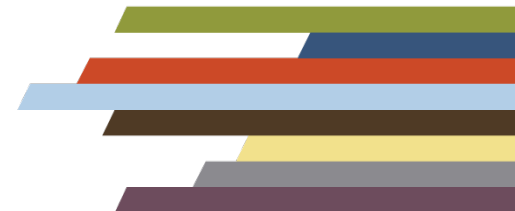
#### **4. Elicit and reinforce the person's passions, interests, and strengths. Help the person to rediscover who he or she is and can be.**

“I could choose to be a nobody, a nothing, and just [say] ‘the hell with it, the hell with everything, I’m not going to deal with anything.’ And there are times when I feel like that. And yet, I’m part of the world, I’m a human being. And human beings usually kind of do things together to help each other out ... And I want to be part of that... If you’re not part of the world, it’s pretty miserable, pretty lonely. So I think degree of involvement is important ... involvement in some kind of activity. Hopefully an activity which benefits somebody. [That gives me the sense that] I have something to offer ... that’s all I’m talking about.”



# The Limits of “Insight”

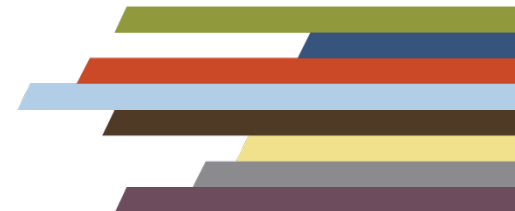
- Sense of agency and efficacy are derived from seeing myself being an initiator and being effective in the world (as opposed to the office)
- Dilemma of self-esteem group
- Need a more substantive role for “supported action” or “supported participation” (e.g., walking across campus, playing baseball)



## Guiding question

What is worth doing today?\*

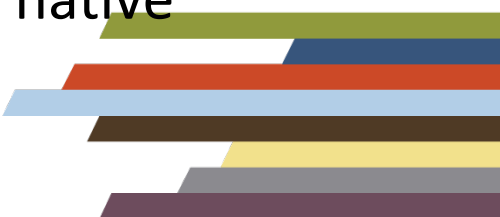
\*Heifetz, R.A. & Linsky, M. (2002). Leadership on the line. Boston: Harvard Business School Press.



**5. Involve the person in everything you do for him or her, including explaining decisions, actions, etc. and their basis. Do psychotherapy with, not to, the person.**

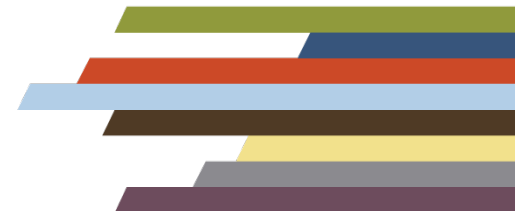
- Build on “common factors”
- Make your ‘contract’ explicit
- Work collaboratively, valuing the person’s own expertise by experience (e.g., ask for feedback, preferences, what helps, what doesn’t)

“Self-esteem is tricky for me because I don’t show up in pictures. I’m like a vampire. I can’t see myself when I look. No carbon footprint ... I need to have compassionate people because the way I’ve been forced to alter the consensual reality means others can’t ever understand me, and all they’ve got to get close to me and save me from the death of alienation, is compassion. They must be super compassionate, trying to imagine all the time what it must be like for me, and, willing to sit down with me and give me lots of their time, as we struggle to understand each other, as we map out a common language that is translatable in both my native tongue and theirs.”



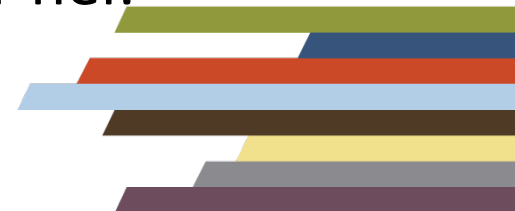
## 6. Be patient.

“So I take it step by step. I have learned to hurry slowly and do it in stages and set partial goals when I have discovered that it makes sense ... doing it by partial goals and making it manageable, then you get positive feedback that it’s going okay and then you don’t hit the wall. That’s my strategy, the strategy for success: partial goals and sensible goals and attainable goals, and that’s something I’ve learned to do in order to achieve things. When I have been able to deal with something that’s been a struggle and feel secure, I move on. Step by step, put things behind me.”



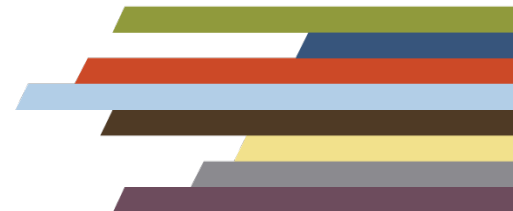
# **“You can do it. We can help.”**

- Focus on eliciting and enhancing the person's own sense of control and efficacy, as only the person him or herself can enter into, pursue, and maintain his or her own recovery
- Pay particular attention to the micro-processes and micro-decisions of everyday life. This is because recovery is made up of the same innumerable small acts of living in which we all engage, such as walking a dog, playing with a child, sharing a meal with a friend, listening to music, or washing dishes. It is nothing more but also nothing less.
- Facilitate the person's involvement in those meaningful and pleasurable activities that interest him or her.



# Not limited to clinicians

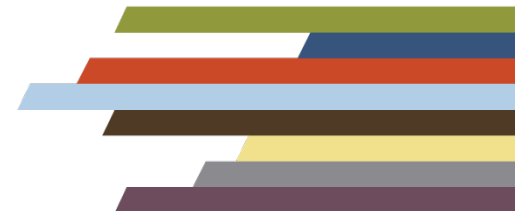
- Family members know the person best and may be able to identify or reignite remaining passions
  - Love and unconditional acceptance provide the foundation for recovery
- Peers can earn trust and engage people into relationships who have become isolated/alienated
  - Credibility of having been there
  - Instill and role model hope and possibility of recovery



# Is this cure? No.

“Mental illnesses are highly disabling, and, as recent reviews have emphasized, our science has not come even close to being able to cure or prevent them. Learning to live better in the face of mental illness doesn’t alter that reality.”

-- Dickerson (2006)

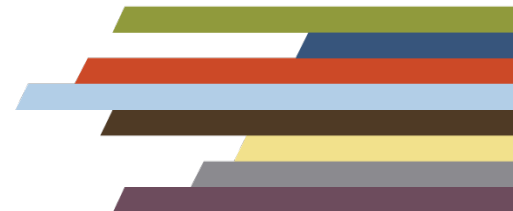




# But does it matter? Yes.

“From the perspective of the person with the disorder, [Dickerson] has it backward. It is especially when the illness is most severe, and because we do not yet have a cure, that people who have these disabling disorders have no choice but to live in the face of them. This is the reality that takes priority in recovery-oriented care.”

-- Davidson, O'Connell & Tondora (2006)



# In the end ...

Here once again the memorable lips, unique and like yours.  
I am this groping intensity that is a soul.  
I have got near to happiness and have stood in the shadow of suffering.  
I have crossed the sea.  
I have known many lands; I have seen one woman and two or three men.  
I have loved a girl who was fair and proud, with a Spanish quietness.  
I have seen the city's edge, an endless sprawl where the sun goes down tirelessly, over and over.  
I have relished many words.  
I believe deeply that this is all and that I will neither see nor accomplish new things.  
I believe that my days and my nights, in their poverty and their riches, are the equal of God's and of all men's.

# Reactions, questions ...

?

