

Rehabilitation and Recovery – An Old or New Paradigm

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Psychosocial Rehabilitation

- To what extent do our treatment programs:
 - Focus on the person verses their diagnosis?
 - Emphasize daily life functioning verses symptom reduction?
 - Focus on provision of supports/environment?
 - Actively involve consumers/offer choice

Psychosocial Rehabilitation

- Axis IV of Diagnosis:
 - Psychosocial and Environmental Factors
 - Employment
 - Housing
 - Independent Living Skills
 - Legal
 - Family

STOP:
Doing What Doesn't Work!

Break the Pattern

***Shift the Paradigm
to a Rehab one***

Rehabilitation Paradigm

- Goal Oriented – Individualized
- Functional Improvement/Quality of Life
- Demands Personal Responsibility
- Empowering
- Choices – Menu Options
- Staff “Do With” – not “Do To” or “Do For”
- Raising the Bar of Expectations...

Community Resources

- Financial Aid
- IRS
- Legal Aid
- Housing Authority/Realty Companies
- Local Bankers
- Employment Commission

Barriers to Psychosocial Rehab

- Organizational structuring to support PSR
 - Whole-person programs vs diagnosis-driven ones
- Staffing limitations for PSR services
- Limited psychosocial rehab training
- Limited mandate for achieving “community standards of rehabilitation” through CARF accreditation of behavioral health programs

Barriers to Psychosocial Rehab

Historically VA has:

- Lacked formal Clinical Practice Guidelines
- Lacked funding for Evidence-Based Practices
- Experienced difficulties in transferring functional gains from clinical settings to real world environments

Support for Psychosocial Rehab

- Clinical Practice Guidelines for Psychosis
 - Work, Housing, Independent Living Skills, etc
- VISN & MIREEC Initiatives for PSR research, education and training
- Specialized Funding for Psychosocial Rehab targeting veterans with SMI
- PSR Fellowship Program
- Organizational and clinical integration



So what about Recovery?

To what extent do our MH programs embody

- Trust?
- Shared Hope?
- Collaborative Partnerships?
- Consumer Empowerment & Self-Determination?
- Connecting on a Human Level?
- Consumer-run services?

Recovery Survey 2002

Elements of Recovery-Oriented Services

Developed through adaptation of work by:

- Boston University of Psych Rehab.
- International Association of Psychosocial Rehabilitation (IAPSR)
- CARF – The Rehab Accreditation Org

Broad Recovery Domains Used for Survey

Degree to which:

- the MH system empowers veterans and involves family members in the planning and provision of individual care
- the MH system permits consumer input into the design and delivery of (program/system) services
- veterans are experiencing or expecting (goal-setting for) Recovery and full community inclusion

Separating Survey Data based on Population Served

- Programs targeting and/or open to veterans with psychosis, but which also serve a large % of veterans without addictive disorders or less serious mental illnesses
- Programs serving >50% veterans with psychosis

Importance of Separating Recovery-Orientation data

- “Recovery” was well accepted for those with addictive disorders and less serious mental illnesses
- Stigma, and “old knowledge”, remained barriers to recovery-oriented services for those with SMI (especially psychosis)

National Findings: Comparison of SMI with broader MH pop.

Veterans in programs serving >50% Psychosis diagnosis are **Less** Likely to:

- Be assisted in determining own recovery goals
- Get a copy of their treatment plan
- Have a goal of living in an integrated community setting
- Participate in, or have a goal of (VA or community-based) work, education, or volunteer activities
- Participate in non-VA community support groups

National Findings: Comparison of SMI with broader MH pop.

Veterans in programs serving >50% Psychosis diagnosis are **More** Likely to:

- Have their family receive education
- Have their family receive support services

National Findings: Comparison of SMI with broader MH pop.

Neither the Psychosis programs or other MH programs surveyed generally:

- Serve veterans who are living in community integrated settings
- Invite recovered persons to share experiences and serve as role models/mentors,

and:

- Only rarely offer formal peer-led education and/or peer-support services

Relationship Between Rehabilitation and Recovery

- *Without a Recovery Vision for those with SMI, Rehabilitation Services are more limited*
 - *Less Consumer Involvement*
 - *Less “ownership” of their rehab plan/goals*
 - *Less community participation and expectation of functional improvement*

Relationship between Rehabilitation and Recovery

Even in programs where recovery was an accepted expectation, we lacked a key component of a recovery-oriented system:

Consumer Involvement in Service Delivery

- *Peer Mentors, Peer Providers, Peer Support*

“Recovery Revolution”

It’s from, for, and about consumers!

“Nothing About Us Without Us”

Contrasting Approaches

- Treatment – Provider-driven
 - Provider “does to” the patient
- Rehabilitation – Provider-driven
 - Provider “does with” the patient
- Recovery – Consumer-driven
 - Provider and other consumers help facilitate/“coach” the individual’s personal journey

Strengthening Recovery-Orientation/Consumer Involvement

- Program planning:
 - Formal veteran input into services provided
- Individual service planning:
 - Veteran (centered) participation in treatment team meetings
 - Veterans receive copy of (i.e., “own”) their rehab/recovery plan
- Service delivery:
 - Inviting recovered persons to be speakers and mentors
 - Formal peer-led education and support activities

Strengthening Recovery-Orientation/Community Participation

- Community-based work/education
- Integrated community (supported) housing
- Veteran-driven community-based social, recreational and spiritual activities
- Encourage community support group participation (Non-VA)

MH Strategic Plan

Psychosocial Rehab & Recovery Approaches

- Supported Employment
- Family Psychoeducation
- Peer Support
- Recovery Orientation of MH Svcs

Evidence-Based Practices

New VA (SMI) Funding Initiatives (proposals due December 3, 2004)

- Supported Employment
- Assertive Community Treatment
- Family Psycho education
- Cognitive Rehabilitation
- Peer Support

Key Action Agenda Initiatives

- National MH Campaign
- Implement Recovery Model
- Educate Staff on Recovery
- Implement Veteran & Family Centered Care Programs
- “How-To Manual” for Developing Peer Support
- Mental Health Research Supporting Recovery

Rehabilitation & Recovery: Old or New Paradigm?

When we fully embrace Rehab and Recovery
Values

- Fully partner and connect with consumers,
 - Share hope and empowerment,
- Use best practices in a recovery-oriented environment

It's a whole new world

(and our ship has come in!)

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