RECOVERY & PSYCHIATRIC REHABILITATION:
INTRODUCTION TO PSR THINKING

Adapted from Recovery Promoting Competencies Toolkit (2016)

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

MARIANNE FARKAS
MFARKAS@BU.EDU
CENTER FOR PSYCHIATRIC REHABILITATION
BOSTON UNIVERSITY
NYAPRS PROS ACADEMY
NOV 17-18 2016
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?

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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

• Hong Kong

• Systematic review across countries

• Claiming, reclaiming meaningful life; Home, health community, purpose
  • Farkas 2007; SAMHSA 2010

• 復元(fu yuan) meaning regaining vitality, life force
  • Tse et al., 2012

• Processes related to ideas of connectedness, hope, identity, meaning, empowerment
  • Slade et al, 2012

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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.

Adapted from power2u.org
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

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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?

<table>
<thead>
<tr>
<th>Study</th>
<th>Sample Size</th>
<th>Length</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bleuler, 1972</td>
<td>206</td>
<td>23</td>
<td>53-68%</td>
</tr>
<tr>
<td>Huber et al., 1972</td>
<td>502</td>
<td>22</td>
<td>57%</td>
</tr>
<tr>
<td>Ciompi &amp; Muller, 1976</td>
<td>289</td>
<td>37</td>
<td>53%</td>
</tr>
<tr>
<td>Tusuang et al., 1979</td>
<td>186</td>
<td>35</td>
<td>46%</td>
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<tr>
<td>Harding et al, 1987</td>
<td>269</td>
<td>32</td>
<td>62-68%</td>
</tr>
<tr>
<td>Ogawa et al, 1987</td>
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<td>22.5</td>
<td>57%</td>
</tr>
<tr>
<td>DeSisto et al, 1995</td>
<td>269</td>
<td>35</td>
<td>49%</td>
</tr>
<tr>
<td>Harrison et al, 2001</td>
<td>200-500</td>
<td>22-37</td>
<td>58%</td>
</tr>
</tbody>
</table>

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

Farkas 2011

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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

Adapted from Farkas, Gagne, Anthony, Chamberlin 2005
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
<table>
<thead>
<tr>
<th>Services and [Outcomes]</th>
<th>Recovery as overall Mission</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health Thoughts, Feelings, &amp; Behavior</td>
</tr>
<tr>
<td>Treatment [Symptom Relief]</td>
<td>X</td>
</tr>
<tr>
<td>Crisis Intervention [Safety]</td>
<td>X</td>
</tr>
<tr>
<td>Case Management [Access]</td>
<td>X</td>
</tr>
<tr>
<td>Rehabilitation [Role Functioning]</td>
<td>X</td>
</tr>
<tr>
<td>Enrichment [Self-Development]</td>
<td>X</td>
</tr>
<tr>
<td>Rights Protection [Equal Protection]</td>
<td></td>
</tr>
<tr>
<td>Basic Support [Survival]</td>
<td></td>
</tr>
<tr>
<td>Peer-Peer Services [Empowerment, Support]</td>
<td>X</td>
</tr>
</tbody>
</table>

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

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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

Choose Valued roles

Engagement, Readiness Assessment/Dev.

Get/keep valued roles

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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

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LOGIC FRAMEWORK FOR PSR

Where do I want to live, learn, work? In what roles?

What supports can I link to? Modify? create

What steps do I need to take to overcome the barriers to my use of skills I do have?

What skills/supports do I have? Lack? to succeed & be satisfied in that role?

How will I prioritize what to start working on? What interventions? With whom? For what? By when?

How will I learn those skills that I don’t know at all?

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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?

Anthony & Farkas 2011
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

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Planning</th>
<th>Intervention</th>
</tr>
</thead>
</table>
| • Assessing Readiness
  • Setting an Overall Rehabilitation Goal
| • Planning for Skill Development
| • Developing Readiness
  Skill Development
  - Direct Skills Teaching
  - Programming
| • Planning for Resource Development
| • Resource Development
  - Coordination
  - Modification
  - Creation

Anthony & Farkas 2011
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...?