Recovery, Evidence Based Practices, and Housing: From Theory to Practicum

A Look at Recovery and EBP's in Services for the Underserved

Making the case…

As the Surgeon General (1999) stated,

> "Even more than other areas of health and medicine, the mental health field is afflicted with dissimilarities in the availability of and access to its services…clinicians view symptoms, diagnoses, and treatments in ways that sometimes diverge from their clients' views, especially when the cultural backgrounds of the consumer and provider are dissimilar."

Making the case…

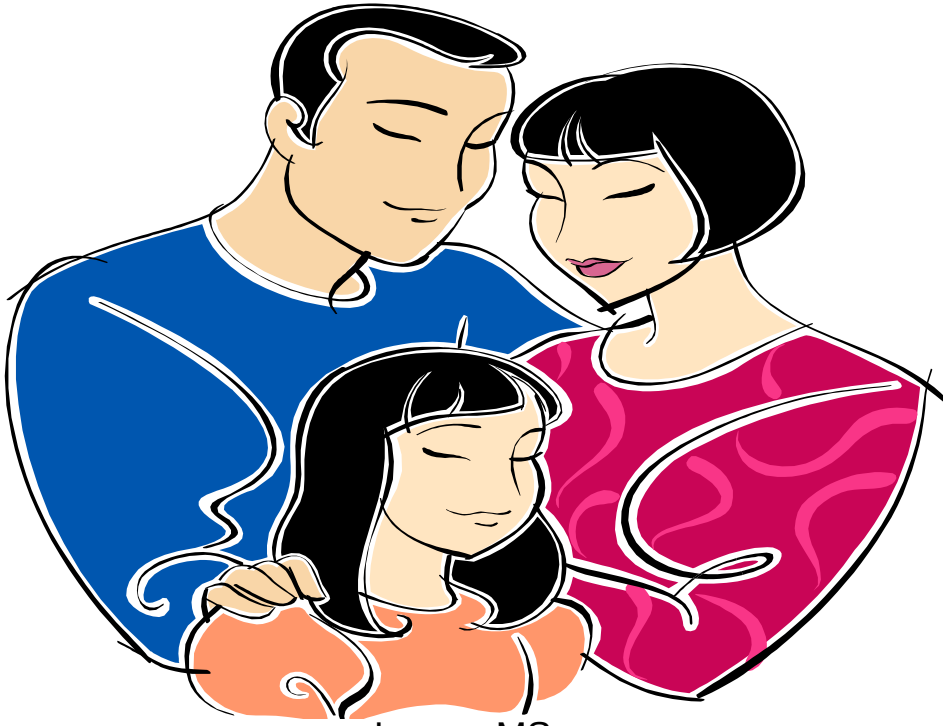
- “Despite the enormous increase in the field’s scientific knowledge base and the development of more effective treatments, consumers and their families do not always benefit from these advances.”

» President’s New Freedom Commission for Mental Health, 2005.

A Culture of Recovery

Recovery:

Overview and Discussion



Recovery

- “a process of restoring a meaningful sense of belonging to one’s community and positive sense of identity apart from one’s condition while rebuilding a life despite or within the limitations imposed by that condition”

-State of Connecticut
Dept. of Mental Health
and Addiction Services
(web site)

Old Assumptions

- Staff members know best
- Those with a major mental illness, a disability, substances abuse or other challenges need professionals to make their choices
- Standardized, inflexible care

Old Assumptions

Stigma

The most common perception by the general population (including behavioral health workers) of individuals with psychiatric disabilities is that – besides having an illness – these individuals are also non-complaint, treatment resistant, unmotivated, bad, hostile, and violent.

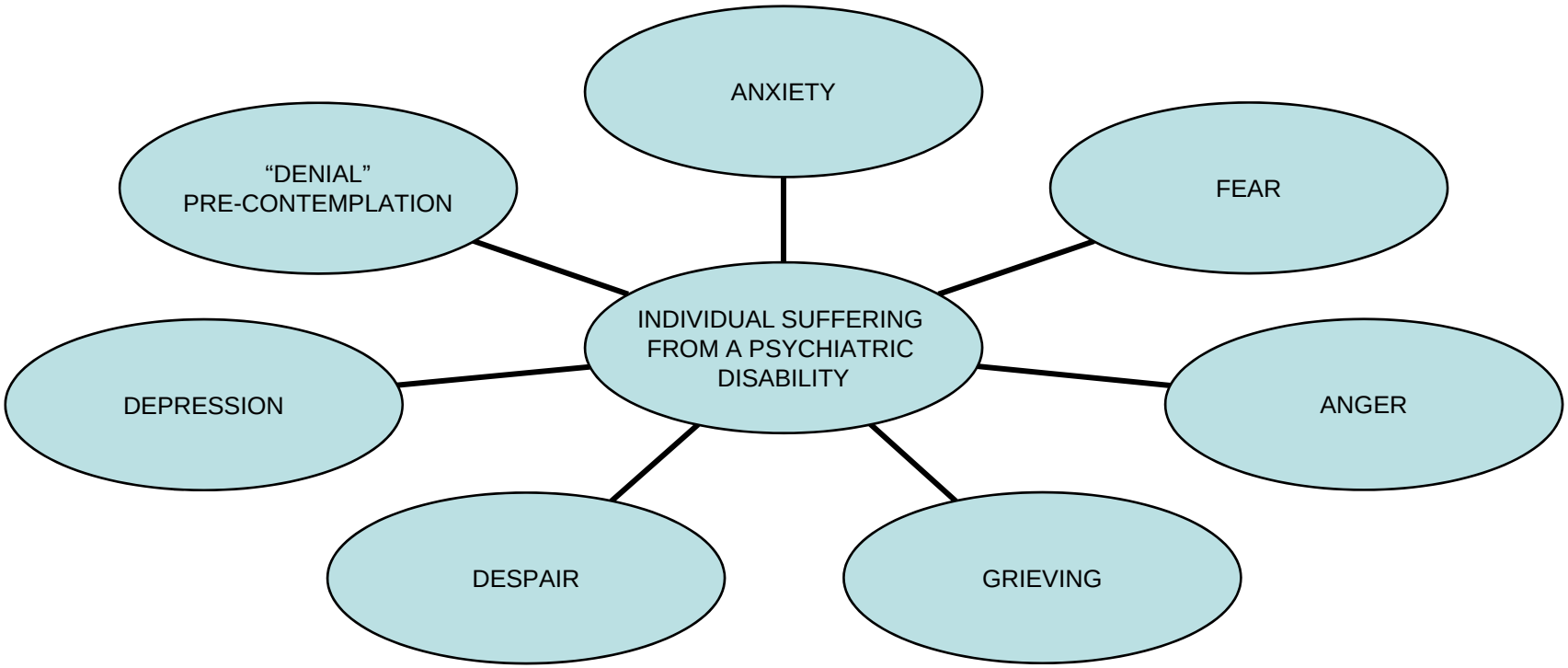
Stigma

Consider these staff comments:

- ‘she’s never going to change’
- ‘he’s chronic’
- ‘she’s doing well for a schizophrenic’
- ‘you won’t be able to get a job’
- ‘it’s important for you to remember that you’ll have to stay on medication for the rest of your life’

Eradicating Stigma

- People suffering from psychiatric disabilities experience the same difficult phases as people suffering from other debilitating illnesses –



The Culture of Recovery

"Mental patients" become:

- people with preferences, interests and skills – and challenges to overcome
- members, trainees, students, parents, tenants, residents and employees
- collaborators in their service planning

The Culture of Recovery

People with psychiatric disabilities can

- live meaningful, productive lives
- choose activities and supports that promote wellness
- focus on their skills and valued outcomes
- play many life roles (worker, student, parent, spouse, friend)
- manage their own mental health care and recovery

The Culture of Recovery

- Dr. William Anthony, from Boston University / Director of the Center for Psychiatric Rehabilitation, lists eleven factors about Recovery.

- see hand out -

Recovery changes the way we look at housing….

- Through out the recovery process, the case manager / clinician provides the type of housing that promotes
  - Hope
  - Empathy
  - Motivation
  - Self-confidence
  - Meaning
  - Independence
  - Transparency
  - Compassion

Recovery changes the way we look at housing….

- Staff have less control over consumer choices and behavior
- Staff roles require different skills
- Staff values are sometimes challenged
- Staff need to support each other with the change

Recovery changes the way we look at housing….

- Recovery is best illustrated in the following best practices
  - Peer to Peer Bridging
  - Psychiatric Rehabilitation
  - Wellness Recovery Action Plans

Looking at Commitment

Stake-Holders:

- ✓Administration
- ✓Middle Management
- ✓Supervisors
- ✓Case Managers / Counselors
- ✓Residents / Group Participants

Looking at Commitment

- Services for the Underserved is fully committed to Recovery and Evidence Based Practices.
- The SUS' new journey began six years ago, when the leadership of the agency re-defined their path by closely reviewing their mission statement, values, and code of ethics.

SUS' Transformation

- Mission Statement
  - To provide services and supports for individuals with special needs to live with dignity in the community, direct their own lives and attain personal fulfillment

SUS' Transformation

Core Values are:

- Respect
- Maximize Individual Potential
- Supportive Environment
- Integrity
- Continuous Quality Improvement

SUS' Transformation

- Code of Ethics
  - Respect
  - Person Centered Services
  - Self Determination
  - Professional Boundaries
  - Confidentiality

Evidence Based Practices: Brief Summary

In 1998, in New Hampshire, researchers, clinicians, providers, consumers and family members convened to review 20 years of data supporting the effectiveness of a number of practices in the field of behavioral health. 6 practices were immediately recognized as demonstrating very strong evidence.

Evidence Based Practices: Brief Summary

Evidence-Based Practices

- ACT
- IDDT
- Family Psycho-Education
- Wellness Self Management - initially known as IMR
- Medication Management
- Supported Employment

Evidence Based Practices: Brief Summary

- "The time has come to add to the body of knowledge about implementing evidence-based practices at different levels, including knowledge about policy, program priorities, clinician practice, consumer adherence, and family member support."

» President's New Freedom Commission for Mental Health (2003)(2005)

Motivational Interviewing

MI-

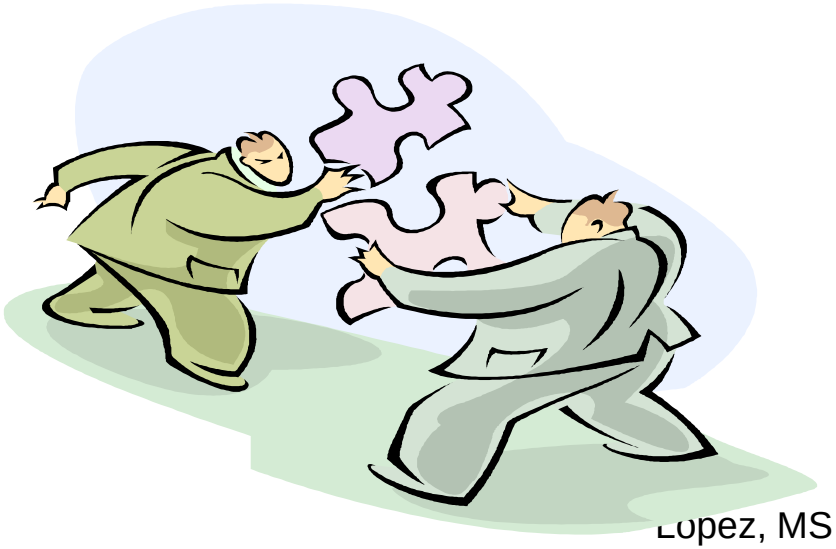
Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.

Miller and Rollnick (1991)(2002)

Definition of Motivational Interviewing (MI)

- *Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence*.

Miller and Rollnick (1991)



Motivational Interviewing

- Focuses on Person's Choice (client-centered)
- Promotes Communication
- Encourages Empathy
- Relies on Constant Reflection
- Impacts Change

Cultural Competency

Why Cultural Competency?

- Culture influences health, healing, and wellness beliefs systems.
- Culture influences how illnesses and their causes are perceived – both, by consumers and their family.
- Culture influences the behaviors of the consumers who are seeking health care and their attitudes towards health care providers.

Cultural Competency

Why Cultural Competency?

- Economic/social class disparities impose greater neglect for minority populations.
- Language barriers exist and misunderstandings constantly occur.
- Minorities are under represented in the scientific literature underpinning much of the current mental health system.

Assertive Community Treatment Teams - ACT

- Developed by Arnold Marx, M.D., Leonard Stein, M.D., and Mary Ann Test, Ph.D., in Mendota State Hospital, Wisconsin, ACT Team are 30 years old.

- ACT team members are trained in the areas of psychiatry, social work, nursing, substance abuse, and vocational rehabilitation. The ACT team provides these necessary services 24 hours a day, seven days a week, 365 days a year.

Assertive Community Treatment Teams - ACT

- SUS' ACT Team is one of the teams providing services in NYC since 2004. It is located in Queens. The ACT Team is the only EBP that utilizes the other 5 approaches as part of the daily services.

IDDT: Confrontation and Blaming

On the topic of substance abuse, we have historically worked on the premise that we need to blame the "substance abuser." This doesn't work.

- Blaming interferes with engagement.
- Blaming creates skepticism and ignores the possibility of change.
- Blaming creates guilt - increasing the feelings of hopelessness.

Integrated Dual Disorder Treatment

IDDT uses motivational interventions. It avoids blaming the person.

- Both, mental health and substance abuse disorders are targeted concurrently.
- Both issues are viewed as primary – not sequential.
- Counselors work side by side on the same treatment team. Philosophical differences are minimized.

Integrated Dual Disorder Treatment

- In IDDT, the responsibility for the person getting better is shared by both – counselor and person.
  - Counselor and person develop a working alliance.
  - Counselor and person meet on a regular basis.

Integrated Dual Disorder Treatment

- SUS members were trained at New Hampshire, under the supervision of Dr. Robert Drake and Dr. Kim Mueser.

- SUS presently has six residential programs working with the IDDT philosophy and practice.

Family Psycho-Education

- “Family Psycho-Education builds on the family’s important role in the recovery process of people with mental illness. This approach is for practitioners who want to see markedly better outcomes for consumers by involving their families or support people.”
- “It is an elaboration of models developed by Carol Anderson, Ian Falloon, Michael Goldstein and William McFarlane.”

  - SAMHSA (2003)

Family Psycho-Education

Methods used in FPE groups

- Introductory / Motivational Sessions
- Educational Sessions
- Problem Solving Sessions
- Social Supports
- Coping Skills

Wellness Self Management

- Originally Distributed by Dartmouth Psychiatric Rehabilitation Center & SAMHSA as ***Illness Management and Recovery.***

❖Our Wellness Self-Management model, materials and resources were developed by the Urban Institute for Behavioral Health of New York City

Wellness Self Management

- WSM promotes Recovery
  - Encourages Person Centered Treatment
  - Encourages Personal Goals
  - Reviews Personal Strengths
  - Identifies Personal and Communities Supports
- WSM promotes Mental Health Wellness
  - Coping with Stress and Symptoms
  - Monitoring Stress and Symptoms
  - Decreasing Stress and Symptoms

WSM: Values

- WSM promotes Physical/Medical Wellness
  - Reviews Importance of Medical Care and Healthy Living
  - Reviews Appropriate and Consistent Medical Services
  - Reviews Exercise Routine
  - Reviews Healthy and Nutritional Diet

Wellness Self Management

- A WSM Workbook (developed by the UIBH) provides structure for individual and group counseling. Both counseling methods should rely on the workbook's format.

Wellness Recovery Action Plan

Helps consumers stay as well as possible. Helps consumers keep track of difficult feelings and behaviors.

Collaboratively develop an action plan to help consumers feel better about potential crisis.

Relates to support systems what to do for the consumer when s/he are feeling so badly that s/he can't make decisions, take care of herself / himself and keep herself / himself safe.

Mary Ellen Copeland

Medication Management

- Supports Recovery by encouraging consumer to use A-Typical Psycho-tropics with a great deal of support, counseling, and less side effects
  - Zypreza
  - Abilify
  - Seroquel
  - Zoloft

Supported Employment

- Supports Recovery by engaging consumers in schools, volunteer work, & employment

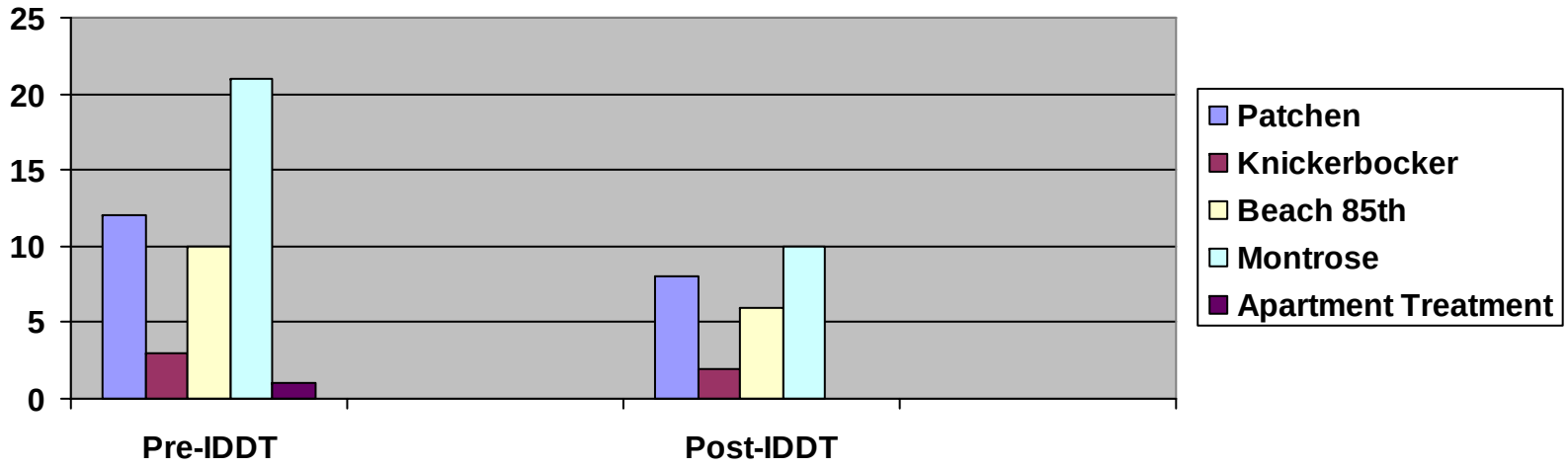
- Provides couching, counseling, and case management

Supported Employment

- A review of 17 studies involving employment programs consistently demonstrated that supported employment programs showed significant advantages over traditional approaches.
- Across these studies 58% of those in supported employment obtained competitive employment compared to 21% in traditional programs.
    - SAMHSA (1998)

SUS - Brief Review

- **<u>Graph 4 –</u>** This graph illustrates the amount of overall serious incidents pre-IDDT groups ***(between January to June, ’07)*** and post-IDDT groups ***(between January to June, ’08).***



SUS - Brief Review

The numbers demonstrate a decrease of serious incidents during the post IDDT period:

- Patchen – 33% less
- Knickerbocker – 33% less
- Beach 85th – 40% less
- Montrose – 53% less
- Apartment Treatment – 100% less

Implement Best Practices for Best Practices

Commitment from

- Agency Leadership
- Program Management
- Program Supervisors
- Consumers / Families
- Clinical /Case Managerial
- Peers, Peer Bridgers

Implement Best Practices for Best Practices

Continuous Staff Development

- Develop and Maintain a Staff Development / Education / Research Department
- Network, Network, Network
- Consulting
  - Conduct Site Visits
  - Conduct Frequent Reviews

Implement Best Practices for Best Practices

- On Going Educational Sessions (no more training)
  - Start with Directors / Managers
  - Work with Assistant Directors / Assistant Managers / Supervisors / Clinicians
  - Work with Case Managers / Counselors / Consumers / Peer Bridgers
    - Bring Directors / Supervisors Back with CM’s

Implement Best Practices for Best Practices

- Introduce EBP as Initiatives
  - Involve as Many Staff Members as Possible
- Develop Sessions to Support Initiatives
  - Leaning Sessions / Collaborative
- Support Initiative with a Quality Improvement Teams (QIT's)
- Programs should Network with Each Other

Implement Best Practices for Best Practices

- Invite and encourage peer participation is all aspects of implementation
  - Educational Sessions
  - Consulting
  - Group Facilitation

Resources

Frese, F.J., Stanley, J., Kress, K., and Vogel-Scibilia, S. **Integrating Evidence-Based Practices and the Recovery Model**. Psychiatric Services, Vol. 52., November 2001

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Mercer-McFadden, C., Drake, R.E., Clark, R.E., Verven, N., Noordsy, D.L., Fox, T.S. **Substance Abuse Treatment for People with Severe Mental Disorders**, New Hampshire-Dartmouth Psychiatric Rehabilitation Center, Concord, New Hampshire. (1998).

Spaniol, L., Martin, K., Hutchinson, D. **The Recovery Workbook, Center for Psychiatric Rehabilitation**, Boston University, Mass, 1 – 32. (1994)

Resources

Substance Abuse and Mental Health Services Administration **Assertive Community Treatment: Implementation Resource Kit**, The Robert Wood Foundation, US Department of Health and Human Services. (2002).

Saldana, Delia**, Cultural Competency: A Practical Guide for Mental Health Providers,** Hogg Foundation for Mental Health**,** The University of Texas at Austin, 2001.

Subcommittee on Evidence Based Practices, **New Freedom Commission on Mental Health**, DHHS Publication No. SMA-05-4007, Rockville, MD, 2005.

Additionally,

NAMI.com

SAMHSA. com

Resources

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