

Recovery Based Practice:
Making it Real

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The Recovery Revolution

True revolutions in social services are rare. They involve changes in our values, practices, relationships, cultures, systems, and communities.

The main revolutions in our era have been:

- 12 step recovery
- Deinstitutionalization
- Hospice
- Mainstreaming special education kids

...and now Recovery with serious mental illnesses

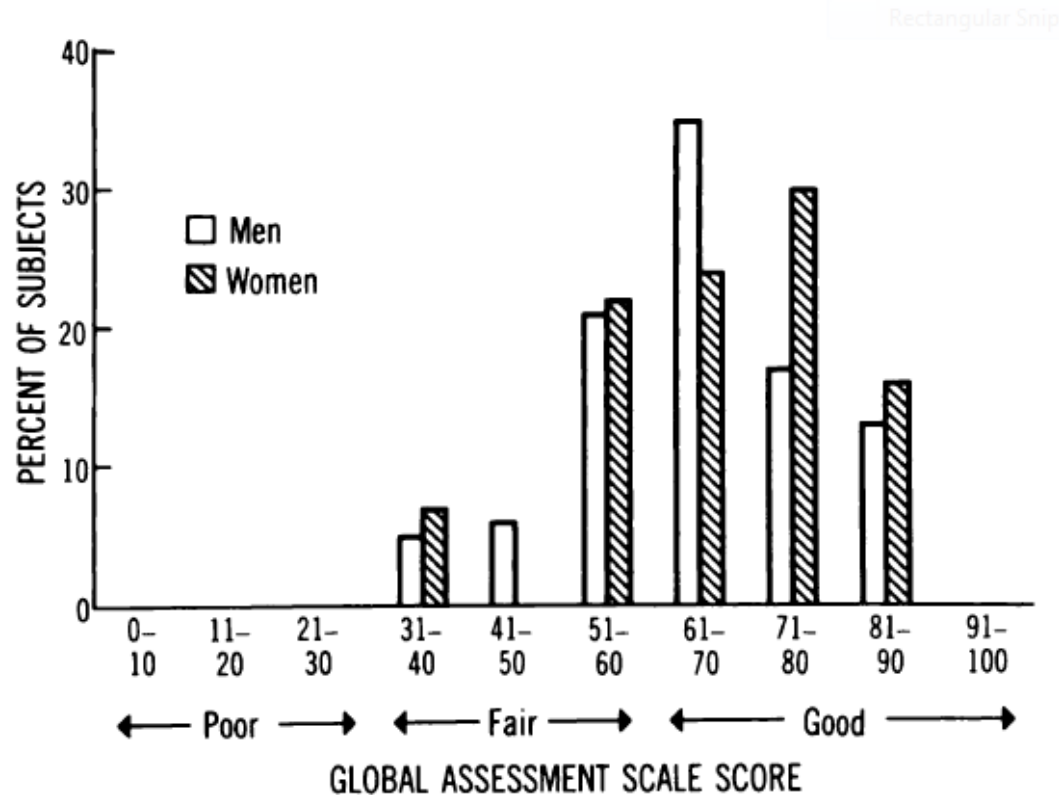
Kindling a Revolution

- Loud, angry, aggrieved advocates – *consumer / survivor movement*
- Paradigm challenging experiences – *longitudinal outcome studies and personal recovery stories*
- Growing number of “exceptions” that destabilize system

The recovery movement has found lots of allies within mental health as it has grown

Vermont Outcomes - 1

FIGURE 1. Global Assessment Scale Scores of 168 Subjects in the Vermont Study Who Were Alive and Were Interviewed at Follow-Up



Vermont Study Outcomes - 2

TABLE 3. Results From the Strauss-Carpenter Levels of Function Scale for the 168 Subjects of the Vermont Study Who Were Alive and Interviewed

Area of Functioning	N	%
Not in hospital in past year	140	83
Met with friends every week or two	111	66
Had one or more moderately to very close friends	128	76
Employed in past year ^a	79	47
Displayed slight or no symptoms	121	72
Able to meet basic needs	133	79
Led moderate to very full life	128	76
Slight or no impairment in overall function	92	55

^aQuality of work could not be rated; issues of confidentiality prevented visits to subjects' work sites.

Top 10 Reasons to Use Recovery Based Practice

1. When people don't believe they have a mental illness and you want to help anyway
2. When people don't do what you tell them to do
3. When people can't be cured and have to live with significant symptoms
4. When the illness has swallowed them up and become their identity and their whole life
5. When substance abuse is a major issue and you want to integrate substance abuse and mental health services

Top 10 Reasons to Use Recovery Based Practice

6. When their culture leads to a different understanding of mental illness and their use of services than you have
7. When trauma is a major issue and you want to help without retraumatizing them
8. When hopelessness and passivity have taken over
9. When people have significant strengths and want to take on more self responsibility
10. When people want to go on with their life in the “real world”

Hospice is the most successful person centered service system we have

Hospice lessons:

- People recover not from their illnesses, but from the destruction, the “crippling,” caused by their illnesses
- The patients with the most destruction need recovery the most
- “Caring not curing”
- The recovery model is less frustrating and more inclusive than the medical model because it’s goals are more obtainable
- “Live with dignity”

SAMHSA's Consensus Statement

Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.

Fundamental Recovery Concepts

- Recovery is not the same as cure
- Recovery is person centered, not illness centered
- Recovery is from the crippling not the illness
- Recovery is goal directed
- Recovery is strengths based building resiliency

Treating Acute Illnesses

- Professionals as experts diagnosing illnesses and ordering treatment
- Patient provides history and complies with treatment
- Life is put on hold while in treatment
- Short term professional-patient relationships

We treat almost only chronic mental illnesses

- Mission of public mental health to focus on chronic illnesses
- Because of stigma people don't come into treatment until waiting has been ineffective
- Mental illnesses are particularly disabling, difficult to rehabilitate and adapt to
- Mental illnesses are often associated with hopelessness
- Mental illnesses impact self image rapidly and powerfully

Treatment Implications

- Emphasize patient education, collaboration, and self-help
- Focus on hope
- Try to keep people in their lives
- Incorporate rehabilitation and adaptation
- Focus on impact on self image
- Promote long term, more personal doctor-patient relationships

Mental illness creates special challenges in all these areas

Making recovery concrete

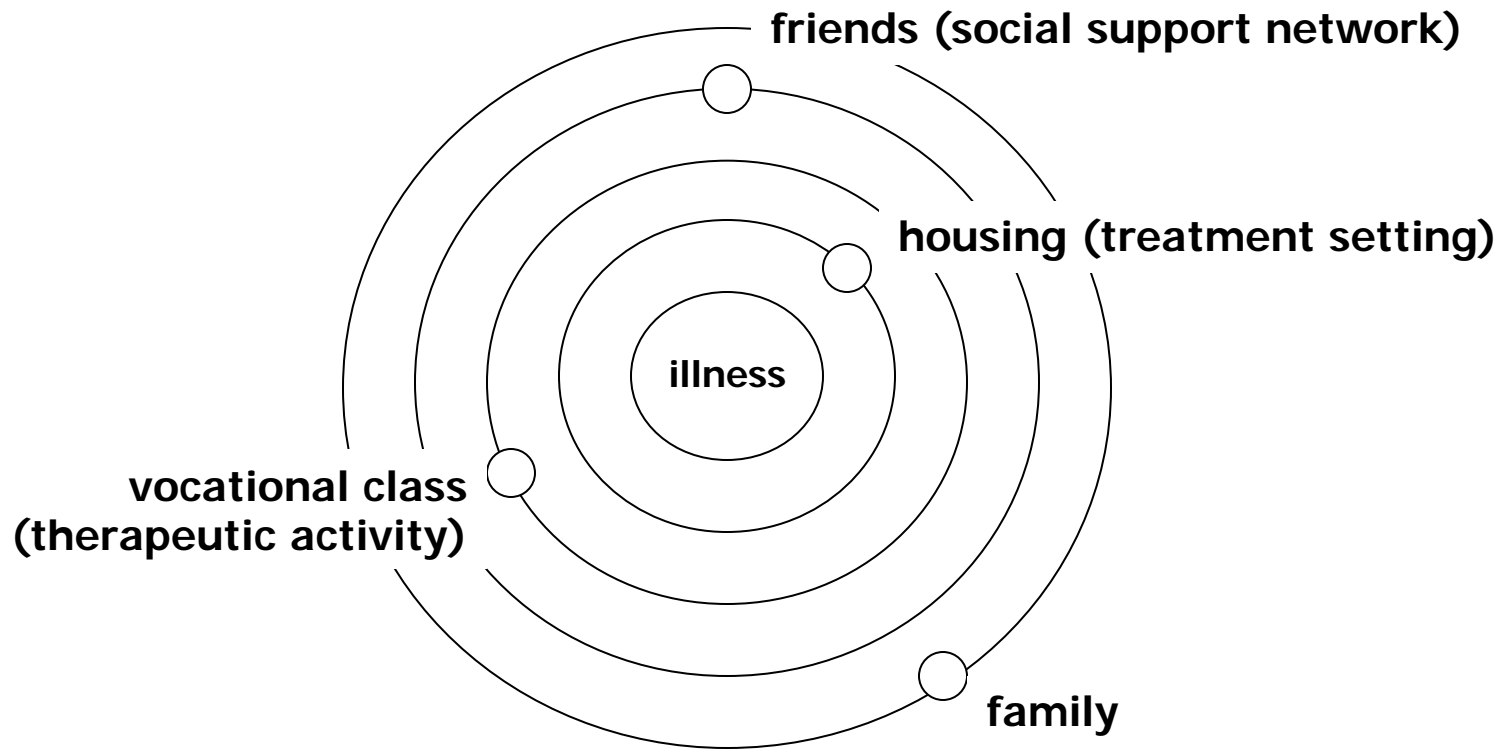
- Recovery from acute conditions usually results from symptom relief
- Recovery from long term conditions usually results from:
 - Being able to maintain self image and have hope
 - Being able to maintain wellness and responsibility for self-care
 - Being able to do things that make life meaningful
 - Being able to replace professional supports with natural supports

For acute illnesses recovery is illness-based

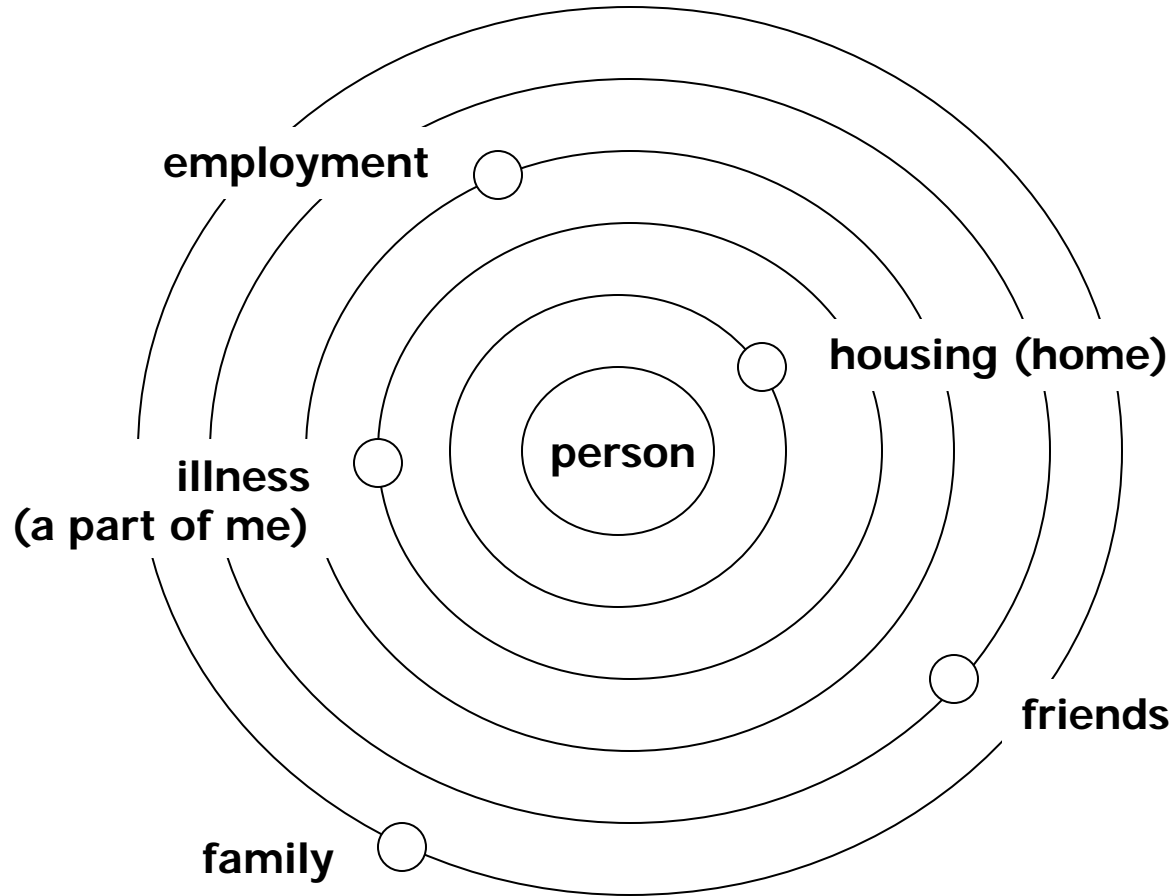
For chronic illnesses recovery is person-based

People with long term conditions with persistent symptoms are those most in need of recovery based services

ILLNESS CENTERED



PERSON CENTERED



Person Centered Treatment

The foundation of a good treatment is a good relationship, not a good diagnosis.

The purpose of mental health treatment, including medication, is not just to treat mental illnesses. It's to help people with mental illnesses have better lives.

Medications should be quality of life goal directed instead of symptom relief directed

PERSON CENTERED	ILLNESS CENTERED
The relationship is the foundation	The diagnosis is the foundation
Begin with welcoming – outreach and engagement	Begin with illness assessment
Services are based on personal suffering and help needed	Services are based on diagnosis and treatment needed
Services work towards quality of life goals	Services work towards illness reduction goals
Treatment and rehabilitation are goal driven	Treatment is symptom driven and rehabilitation is disability driven
Personal recovery is central from beginning to end	Recovery from the illness sometimes results after the illness and then the disability are taken care of
Track personal progress towards recovery	Track illness progress towards symptom reduction and cure
Use techniques that promote personal growth and self responsibility	Use techniques that promote illness control and reduction of risk of damage from the illness
Services end when the person manages their own life and attains meaningful roles	Services end when the illness is cured
The relationship may change and grow throughout and continue even after services end	The relationship only exists to treat the illness and must be carefully restricted throughout keeping it professional

MEDICAL MODEL

symptoms

diagnosis

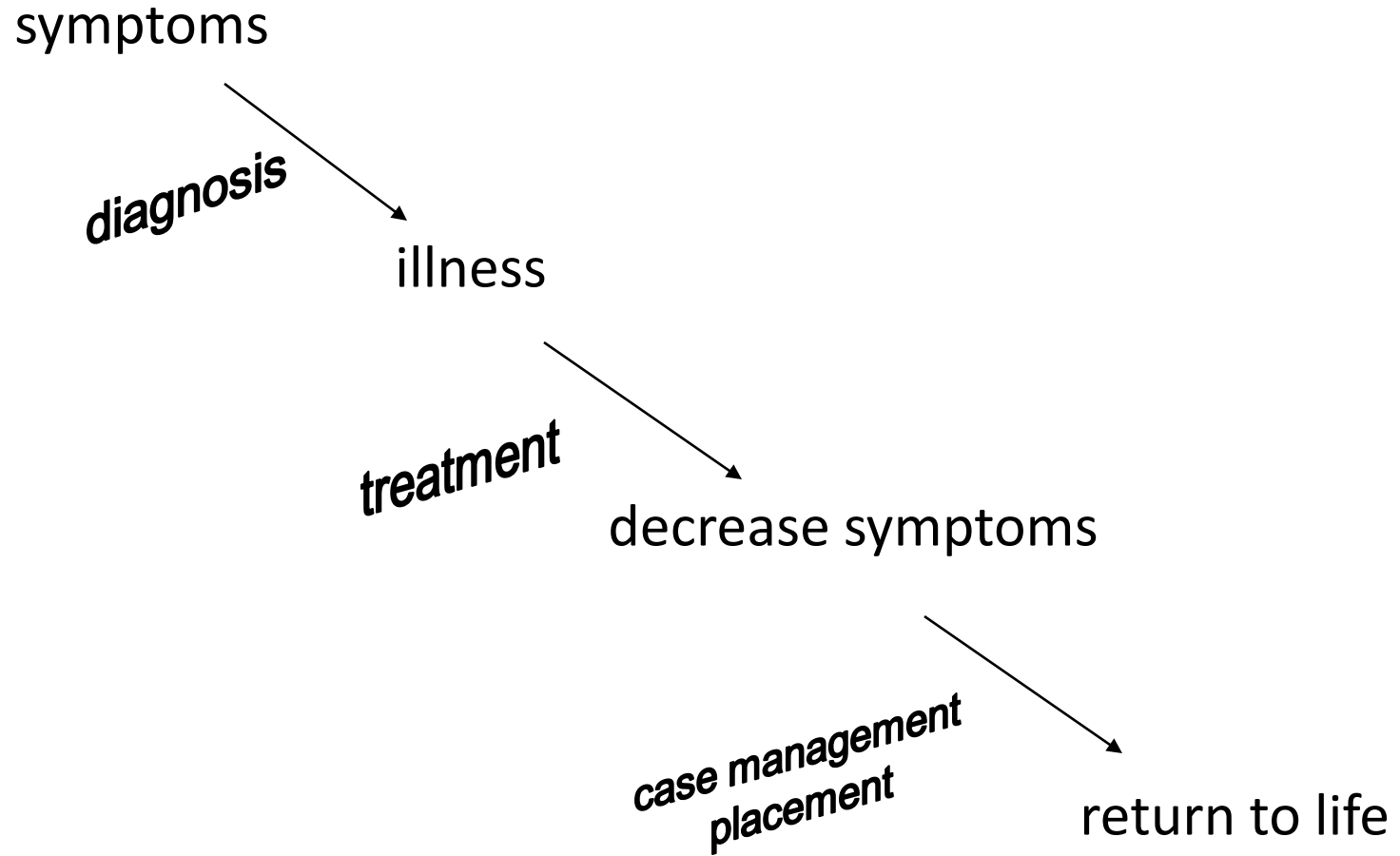
illness

treatment

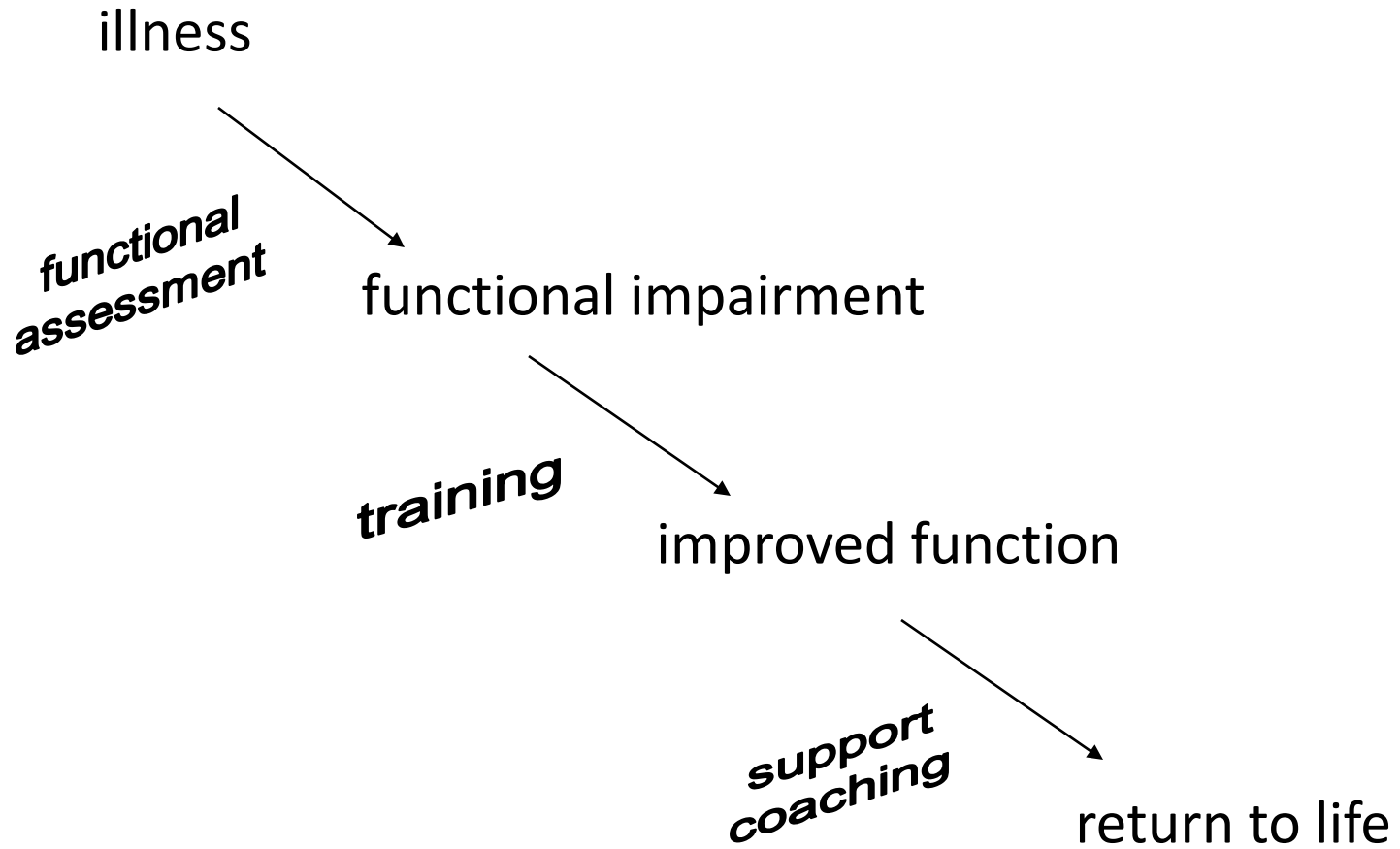
decrease symptoms

*case management
placement*

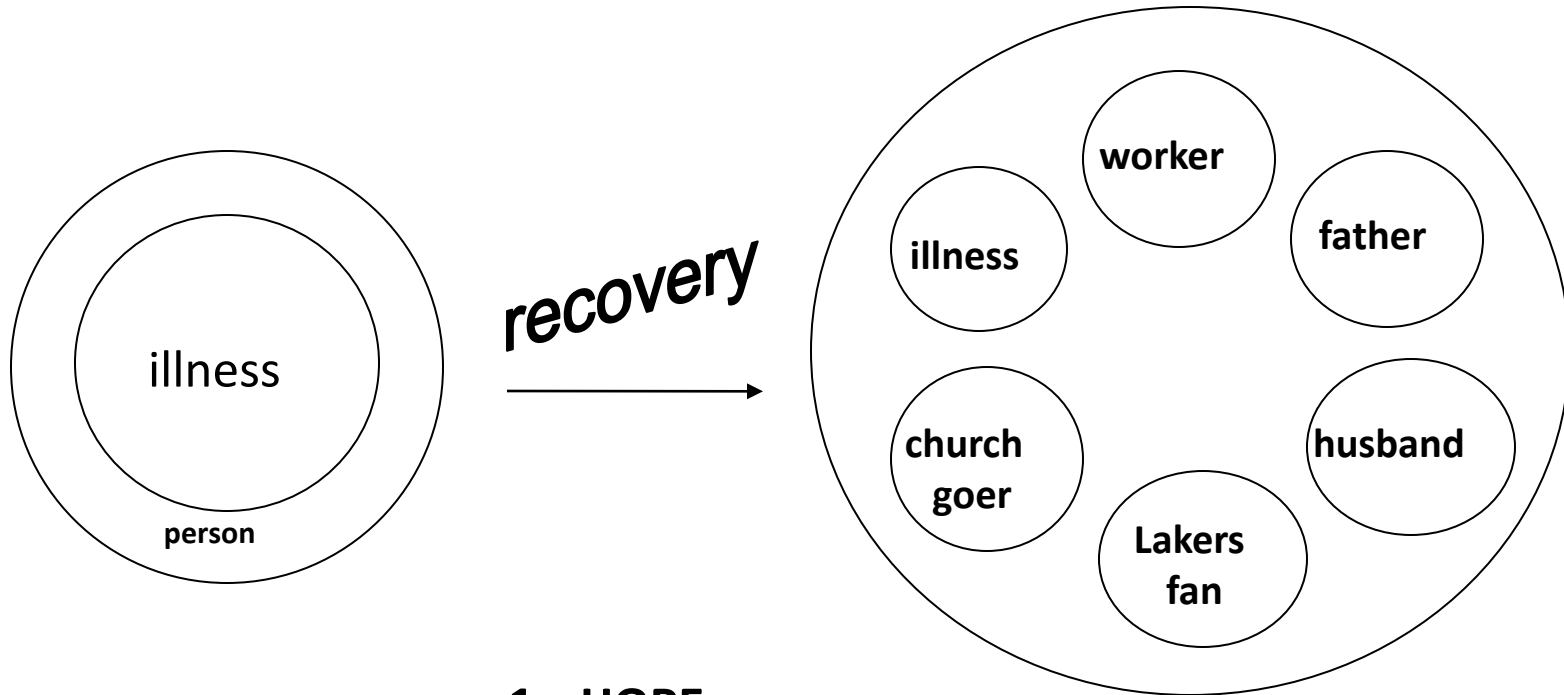
return to life



REHABILITATION MODEL



RECOVERY MODEL



1. HOPE
2. EMPOWERMENT
3. SELF-RESPONSIBILITY
4. MEANINGFUL ROLES

RECOVERY

1. Hope – believing the future can be better
2. Empowerment – believing you can make the future better
3. Self-Responsibility – taking actions to make the future better
4. Achieving Meaningful Roles – building a life in the community of your choice

3 Essential Recovery Transformations

- 1. *Person-Centered:*** Moving from centering our efforts on the treatment of illnesses and the reduction of symptoms to a holistic service of people and the rebuilding of lives
- 2. *Collaboration:*** Moving from professional directed relationships emphasizing informed compliance with prescribed treatments to individualized relationships emphasizing empowerment and building people's self responsibility
- 3. *Resilience:*** Building hope for recovery upon each person's strengths, motivations, and learning from suffering rather than upon the competence of professionals and medications to reduce or eliminate the burden of their illnesses

“1 step Recovery”

*Substance abuse has an integrated, 12 step program.
Mental Health sometimes seems to have 1 step.*

Step 1: Take your meds and do what you're told.

*Being “compliant” and leaving it to your doctor to
prescribe meds to cure you hardly ever works.*

What else are you going to do?...and how are you going
to get help to do it?

“13 paths to recovery”

1. Talk to other people instead of isolating
2. Actually feel feelings and emotions instead of deadening them, medicating them, avoiding them, or getting high.
3. Learn some emotional coping skills
4. Learn to “use” medications instead of just “taking” medications
5. Engage (or re-engage) in activities that make you more fun and interesting
6. Take responsibility for your own life and make some changes in yourself

“13 paths to recovery”

7. Go to work even when you're not feeling well.
8. Do things outside of being a mental patient and outside the mental health system
9. Improve physical health and wellness
10. Love other people – family, partners, kids
11. Work on acceptance and forgiveness instead of blaming and vengeance
12. Give back by helping others
13. Find meaning and blessings in suffering and reconnect with God and spirituality.

Recovery Based Services

1. Engagement and welcoming
2. Shared decision making and building self-responsibility
3. Rehabilitation – building skills and supports
4. Integration of services – including consumer provided services
5. Recovery based medication services
6. Integrating therapy and healing throughout services
7. Community integration and advocacy
8. Graduation and self-reliance
9. Providers living recovery values

Elements of a Recovery Based Program

1. **Leadership** – consistently focused on recovery and based on bottom-up input
2. **Amplify consumer voices** – basing decisions on consumers' direct experiences
3. **Focus on positive psychology** – hope, resilience, strengths, creativity, community building, supportive spirituality
4. **Working in partnership** – staff in life coaching roles, motivational interviewing, shared decision making, self-directed care
5. **Person centered planning** – goal driven, rebuilding life focus
6. **Symptom self management** – WRAP, DBT, family education, advanced directives, CBT, DBT, hearing voices training
7. **Community inclusion and social roles** – supported housing, employment, education, parenting, citizenship, anti-stigma
8. **Holistic wellness** – risk reduction, wellness activities, integrating primary care, integrated dual diagnosis, trauma, complementary health
9. **Peer role / peer support** – support groups, recovery education for consumers, peer counseling, warm lines, consumer operated programs
10. **Continuous self assessment / quality improvement** – staff learning culture

Common challenges

1. Changing hiring patterns and roles – including consumer volunteers and staff
2. Increased attention to ethics and safety with lower walls and barriers
3. Avoiding permanent crisis mode
4. Billing for recovery services
5. Creating team work
6. Integrating services

Common benefits

1. Decreased drop-outs even with challenging sub-populations
2. Integration of services
3. Enhanced dual diagnosis services
4. Enhanced quality of life outcomes
5. Decreased power struggles with clients
6. Decreased staff burnout
7. Increased flow through and graduation from services
8. Increased community involvement

THANK YOU!

To get a copy of my book *A Road to Recovery*
download at www.mhavillage.org and click on “dr. mark’s writings”
...where you will find more of Dr. Mark’s articles on recovery,
or contact me at
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for more recovery oriented training, consultation and workforce development opportunities
from Mental Health America of Los Angeles:

thinking outside the box is so 1969. to be truly innovative and make new ideas work you need to build your own box.

what we do. we enhance your existing programs, help you build new ones, and develop your staff into a strong, recovery-oriented workforce.

we help you build your own box.



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