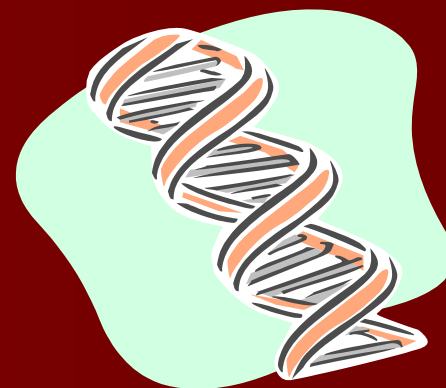


Recovery as an Organizing Principle for Integrating Mental Health and Addiction Services



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After 25 years of effort,
it remains the case that ...

“Treatment in parallel and separate mental health
and substance abuse treatment systems . . .
is remarkably ineffective”

—Drake and colleagues (2004)

Drake RE, Mueser KT, Brunette MF, et al. A review of treatments for people
with severe mental illnesses and co-occurring substance use disorders.
Psychiatric Rehabilitation Journal 2004; 27(4):360-374.

Our Suggestion

- The illnesses/disorders are different—integration has not come from focusing on their causes, their nature, or their treatment.
- The processes of recovery, however—while not precisely the same—share many common elements.
- Integration can be achieved through the solutions, if not through the problems.

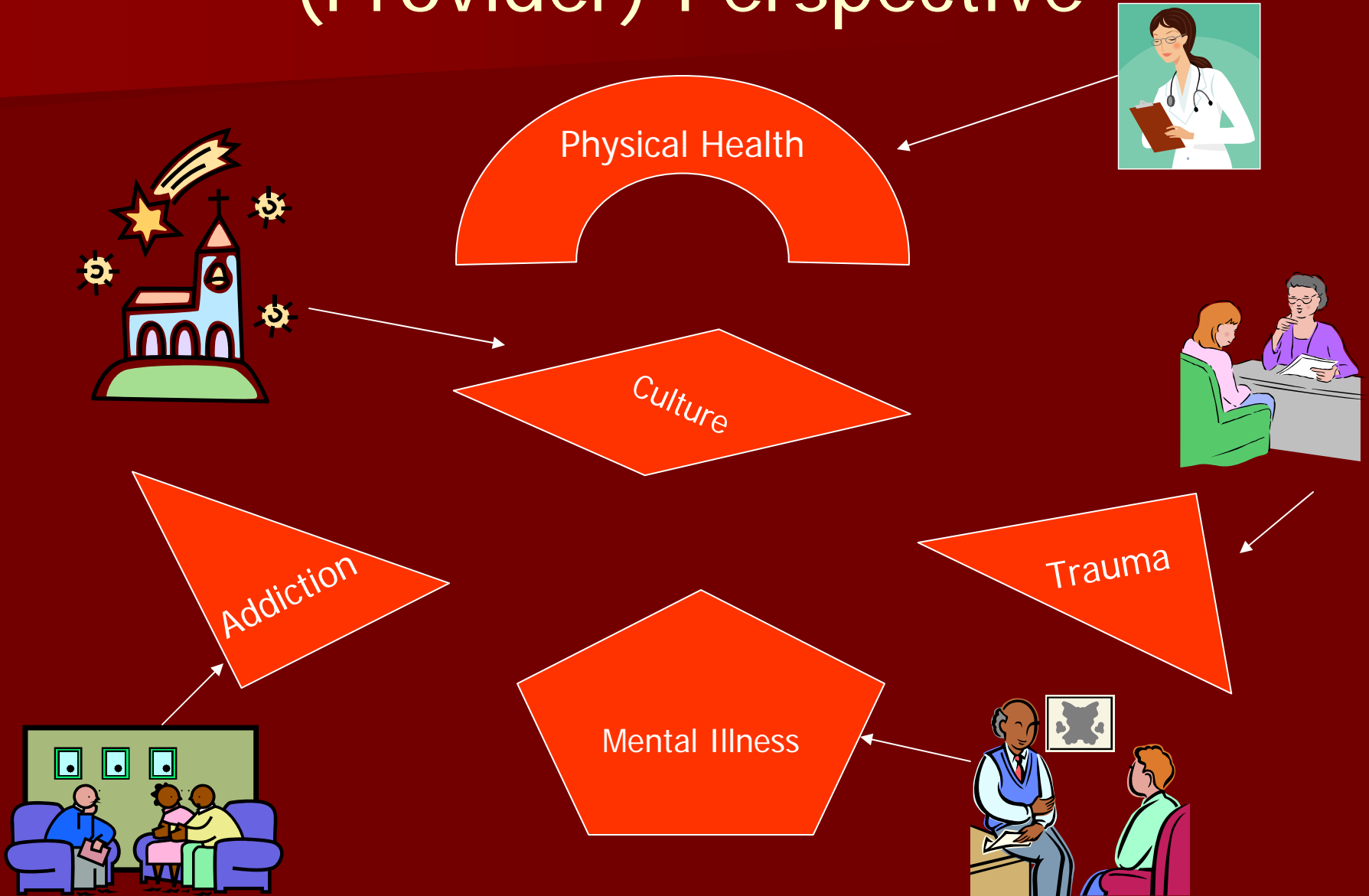
Origins of Solution

- Mental Health Consumer/Survivor/User Movement
- New Recovery Advocacy Movement
- Understanding processes of recovery as grounded in first-person, lived experience.

Key Cross-Cutting Distinction

- *Recovery refers to the ways in which persons with or impacted by a mental illness and/or addiction experience and actively manage the disorders and their residual effects in the process of reclaiming full, meaningful lives in the community.*
- *Recovery-oriented care is what psychiatric and addiction treatment and rehabilitation practitioners offer in support of the person's own long-term recovery efforts.*

Treatment/Rehabilitation (Provider) Perspective



The Humpty Dumpty Principle

Life/Recovery

Treatment



An Integrated Model

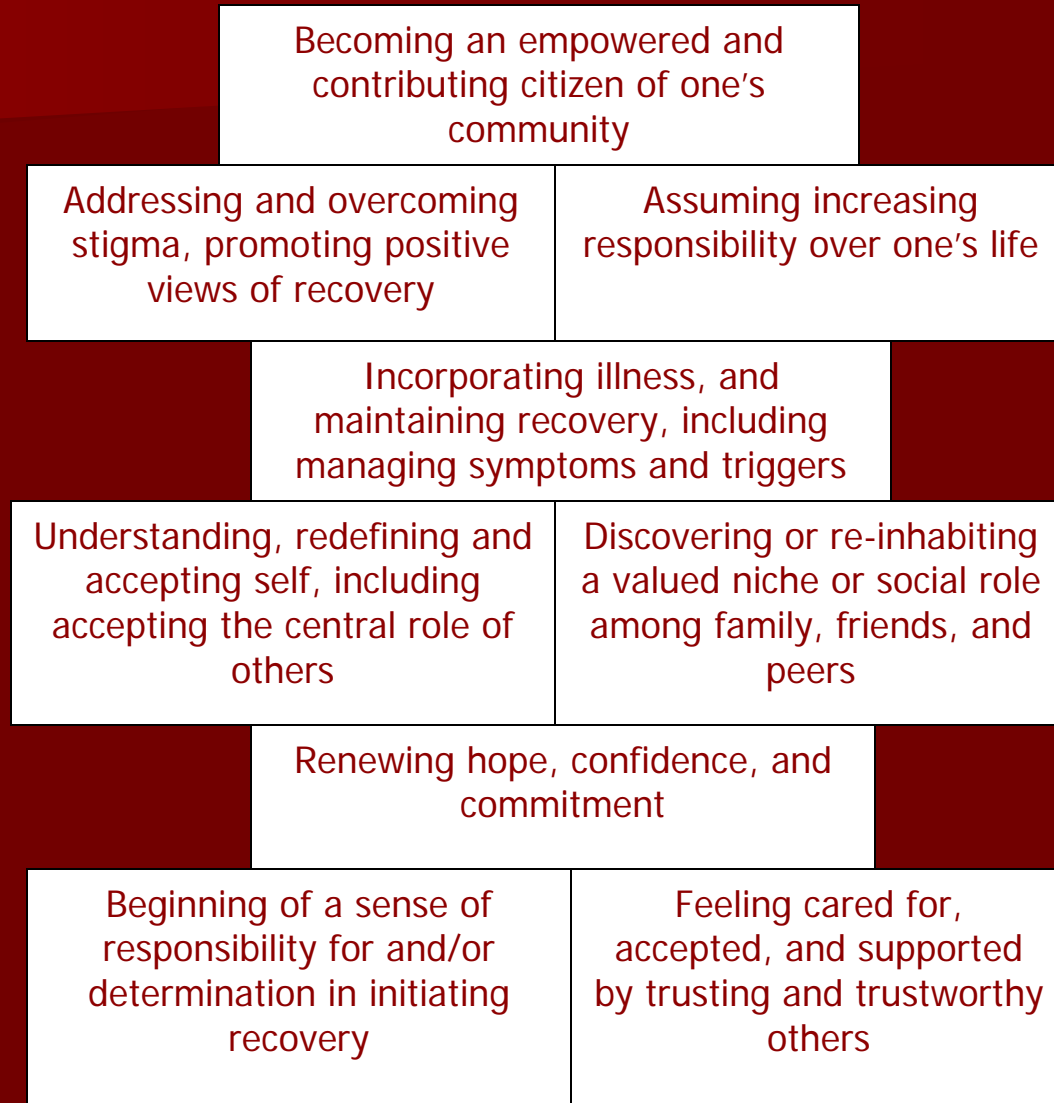


Table 1. Characteristics of Recovery-Oriented Care for Mental Illness and Addiction

Domain	Mental Illness	Addiction
Historical and Societal Attitudes	<ul style="list-style-type: none"> • Historically, prognosis was often considered hopeless • Debates about cause(s) and nature of illness • Causation theories contributed to harmful interventions, e.g., mandatory sterilization laws • Prejudice and discrimination • Criminalization of illness • Reform movements led by recovering people, families, and visionary professionals 	
Goals of Care	<ul style="list-style-type: none"> • To assist people affected to reduce the interference, impairment, disability, and discrimination associated with the condition(s) and • To support the person's own efforts to manage his or her condition(s) while pursuing a dignified and gratifying life in the community 	
Role of the Person with the Condition	<ul style="list-style-type: none"> • Person must take ownership of his or her own recovery process • Active involvement, including daily decision-making, is necessary for initiating and sustaining recovery • Individual/family involvement, from policy development through service delivery and evaluation 	

Underlying Values	<ul style="list-style-type: none">• Sustained health care partnership model (versus expert model)• Hope-based• Person- and family-centered• Culturally competent• Trauma informed• Choice philosophy• Promotes growth• Builds on strengths and interests• Focuses on overall life, including wellness, health and spirituality• Recovery-focused outcome measures
Guiding Principles	<ul style="list-style-type: none">• There are multiple pathways and styles of recovery• Recovery flourishes in supportive communities• Recovery is enhanced by person-environment fit• Recovery is voluntary• Recovery outcomes vary across heterogeneous population• Recovery is a longitudinal, developmental process and a continuum• Recovery is non-linear.• Family involvement in recovery is helpful• Peer support in recovery may be crucial• Spirituality may be a critical component of recovery

<p>Strategies to Facilitate Recovery</p>	<ul style="list-style-type: none"> • Identify and engage early • Carry and instill hope, offer role modeling • Increase motivation for change (recovery priming) • Offer information and education about the condition(s), recovery, available resources, and ways to self-manage the condition(s) • Provide treatments and other interventions that are effective in resolving crises, reducing or eliminating symptoms and/or impairments associated with the condition(s), and improving health • Provide opportunities, rehabilitation, and supports for person to gain needed skills for occupying valued roles (e.g., student, spouse) • Assertively connect person to other people in recovery, mutual support, recovery advocacy organizations, and indigenous recovery communities • Provide post-treatment monitoring (recovery checkups) and support, active recovery coaching (stage-appropriate recovery education and advice), and, when necessary, early re-intervention. • Offer community supports to enable person to lead a self-determined and meaningful life in the communities of his or her choice (e.g., supported housing, supported employment, supported education) • Legal advocacy to counter stigma and discrimination, ensure the person's rights, and enable the person to regain the status of being a contributing member of society 	
<p>Essential Ingredients of Recovery-Oriented Systems</p>	<ul style="list-style-type: none"> • Motivation-based outreach and engagement interventions • Basic (material and instrumental) support • Pre-treatment, in-treatment, and post-treatment recovery coaching/ mentoring • Assessment processes that are global, continual, and strengths-based • Respite for people in recovery and families • Rehabilitation and on-going provision of community supports • Peer support • Family education and support • Legal aid/advocacy • Intensive clinical services, including crisis prevention and response, pharmacological and psychosocial treatments, and . . . 	
	<ul style="list-style-type: none"> • Acute inpatient care 	<ul style="list-style-type: none"> • Detox
	<ul style="list-style-type: none"> • Illness management and recovery 	<ul style="list-style-type: none"> • Contingency management
	<ul style="list-style-type: none"> • Assertive community treatment 	<ul style="list-style-type: none"> • Motivational interviewing

Comments or Questions?