

As we begin ...

- Write down the **FIRST THING** you think of when you hear/read the phrase....



Psychiatric
Rehabilitation,
Psychosocial
Rehabilitation,

aka

PSR

Chad Costello & Helen Ciriello

Which one of these statements is true?

- Mental illnesses are brain diseases caused by a disruption/malabsorption/underproduction of neurotransmitters. This can manifest in a person's mood, thinking and behavior, which may lead to problems in daily life.
- These things that we call mental illness are a person's way of adapting/responding to environments and life experiences. Those adaptations/responses are labeled as an illness when they fall outside of accepted societal norms and/or negatively impact a person's daily life.
- *Who picked the photo on the previous slide?*

Both and Neither

- Fighting against someone's narrative about what is going on with them will only undermine your relationship.
- As we'll talk about later, your relationship with the person is the most important thing, so don't mess it up!
- More important for a person to find a narrative that works for them rather than select the narrative that works for us.
- Maybe we need a more hopeful (and accurate) narrative that we could use?

Building a Hopeful Narrative

- All living things, on average, recover.
- Humans are living things.
- Humans can and do recover from a wide range of serious challenges including these things called mental illnesses/behavioral health conditions.
- Maybe our “jobs” as peers/supporters is to help folks recover on their own terms, following their own path.

What might be better?

- Asking what is right with a person instead of what is wrong with a person.
- Work from strengths/assets vs. weakness/deficits.
- Asking a person what has happened to them.
- Help them to explore/describe successes rather than failures.
- Help people to maintain their mental health/wellbeing instead of focusing on eradicating their symptoms.

A word about words

- Behavioral health is the current catch-all term for mental health, substance use and other conditions that may impact behavior.

Who can recover?

(group exercise)



What d'ya mean by “serious”?

- Diagnosis ... (this may not have been formulated/assigned under ideal conditions)
- Duration ... the person has been experiencing it for a while
- Disability... the condition limits the ability of the person to perform an activity(ies) in the manner or within the range considered “normal” for a human being
- *Is disability in the person, or is it a societal construct?*

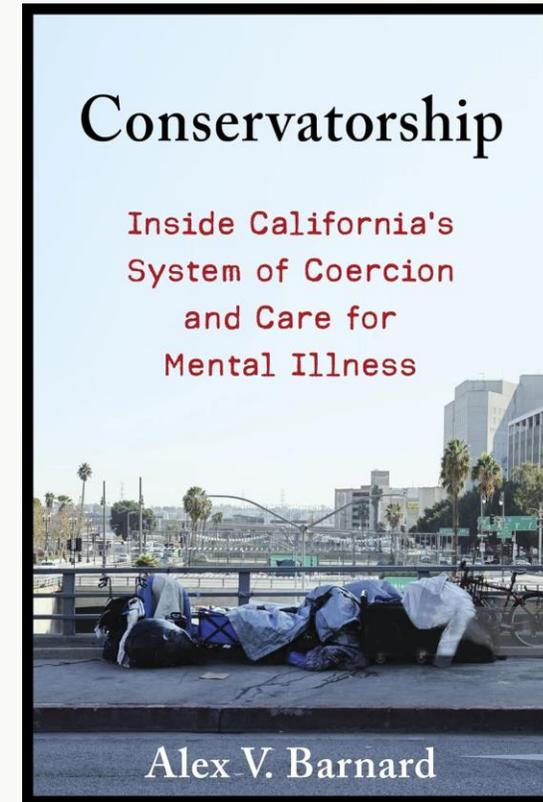
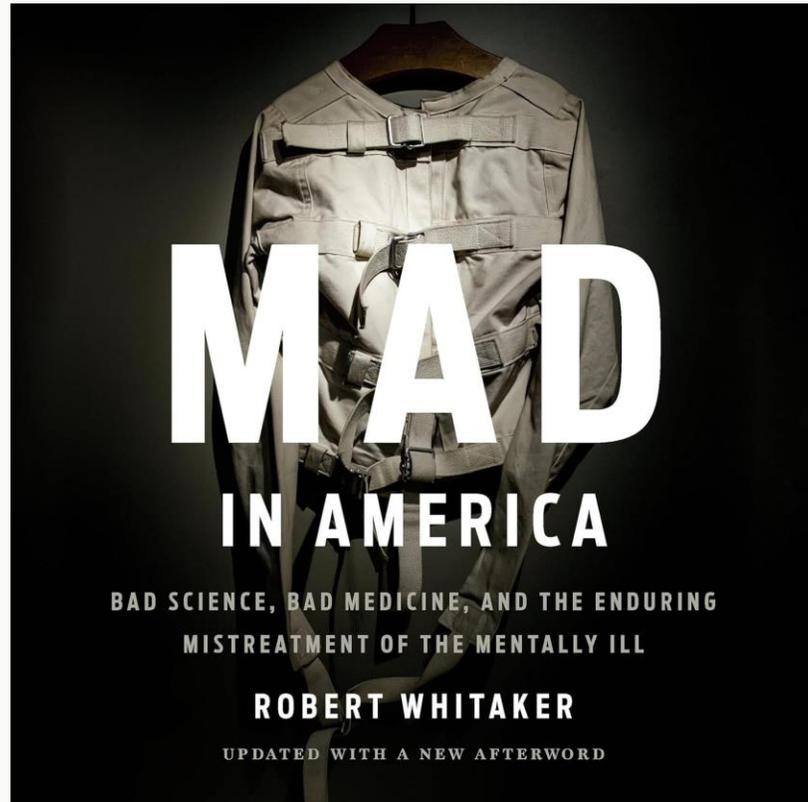
Food for thought ...

- Just because someone is diagnosed with a behavioral health disorder, doesn't mean that they are disabled by it.
- Generally, the folks that come to us through the public behavioral health system have been dealing with a behavioral health condition for a while, and that condition has had some disabling effects in their life.

Pre-work Summary ...

- The way in which we treat those with behavioral health conditions has mostly been dictated by money and fear.
- Society has jumped at new treatments because of their anticipated cost effectiveness.
- The science to back up the efficacy of many treatments has been questionable at best.
- Those most effected by these treatments often had the least input.

For further reading ...



Take Aways...

You don't have to subscribe to a western, disease/disorder, expert/medical, narrative to recover.

The point is for a person to develop a narrative that works for them!

Brother, Can You Paradigm?

- A paradigm is a set of assumptions, concepts, values and practices that constitutes a way of viewing reality for the community that shares them
- You can operate under multiple paradigms at the same time and be unaware that you are doing so



The Medical Paradigm

- Emerged at the end of the 1800's when we discovered how to treat acute illnesses, infections and injuries (around the advent of penicillin)
- The first medical schools were established, and medicine moved away from purely an apprenticeship model
- Doctors starting saving more people than they killed



The Medical (Expert) Paradigm

Expert



Identification of Problem



Selection of Treatment



Goal of Treatment

In this approach, the goal of treatment is the elimination of the illness/problem, or to at least significantly remedy the illness/problem

The Medical (Expert) Paradigm is
awesome! *(for certain things)*

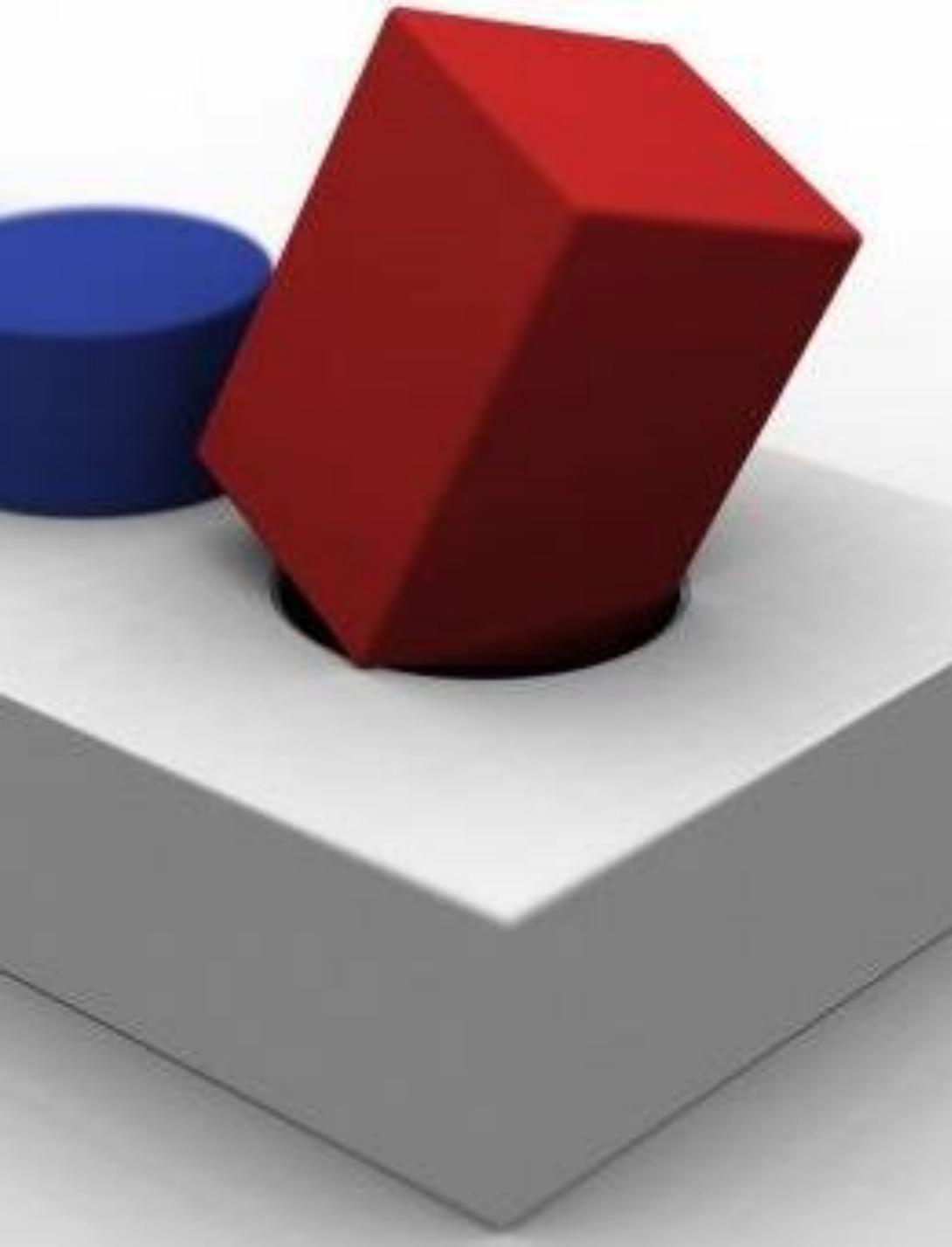
- Let's name a few

The Medical (Expert) Paradigm is less
awesome *(for certain things)*

- Let's name a few

The Medical (Expert) Paradigm kinda doesn't work for some things

- Let's name a few



Applying the Medical Paradigm to Mental Health

- Diagnoses are made based on symptoms and syndromes
- Medication is paramount in treatment
- End up bending the problem to fit the paradigm
- May cause you to miss part of the big picture
- Choose treatments based on a false set of conclusions
- People become marginalized because they aren't perceived to be "fixable"
- Often hinders the person rather than helps them achieve their goals

Why Do We Keep Using It?

- Remember, it does work quite well for some things
- Lessens the responsibility of the individual and their family
- Our health care delivery system (including behavioral health) is set up this way
- All people are terrible at change

The Downward Spiral



No mention of recovery in textbooks/training

Inevitability of things getting worse – only question is pace

Risk exacerbates symptoms = speeds up pace. Must protect people from risk no matter what = time out from life.

Not a downward spiral

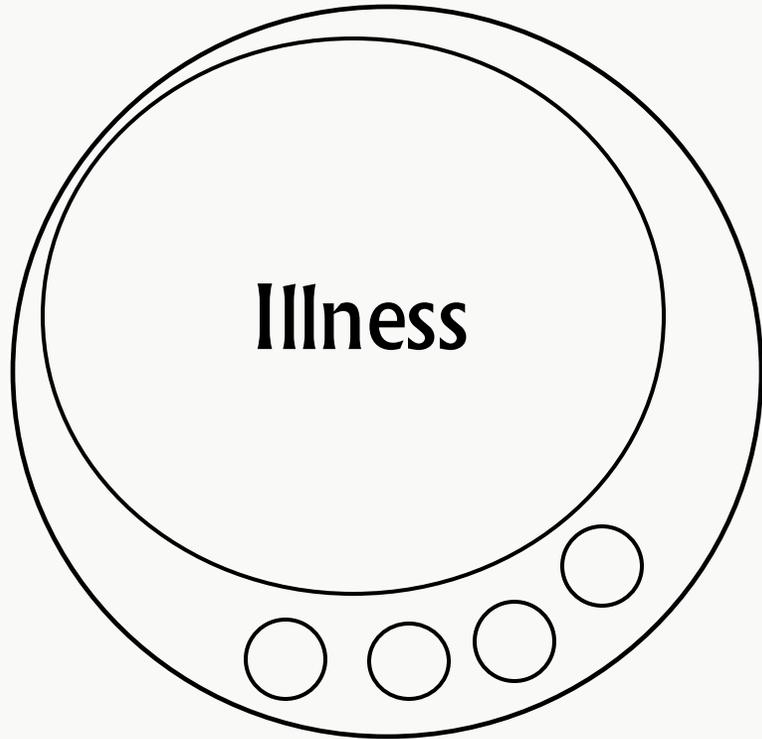


Staying out of this mindset dramatically changes our focus and purpose.

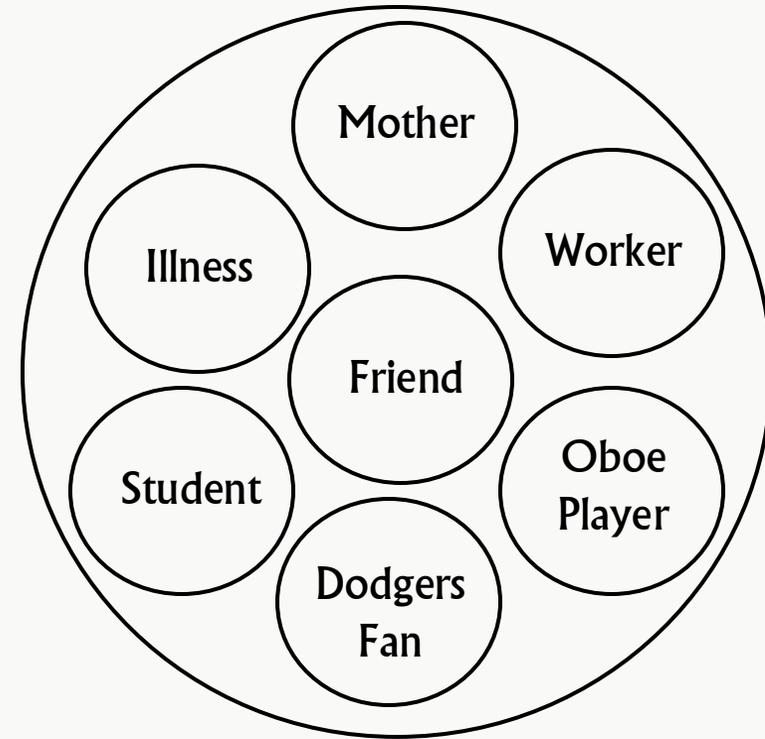
Moves us from protecting people through the elimination of risk* to supporting them in the healthy risk taking that is absolutely essential for growth.

No person as a diagnosis

Illness centered



Person centered



What might be better?

- How about a different paradigm?
- How about a paradigm that matches our observations?
- How about a paradigm that might make us better helpers?

Recovery Paradigm

- People diagnosed with a severe and persistent mental illness can and do in fact recover
- A diagnosis is NOT a destiny

Recovery "Mantra"

- Anyone can recover
- Not everyone does
- We have absolutely no ability to predict who can/will

Try to help to the best of your ability every day

OK, but what do you mean by “recover”

- We don't mean that all symptoms of the illness are gone forever
- We don't even mean that most of the symptoms of the illness are gone forever
- In fact, an individual can still be experiencing symptoms all the time and still said to have “recovered”



The Important Question ...

To what extent is the illness negatively impacting the person?

Is the thing that used to kick your ass still kicking your ass?

Or, More Positively...

- How well has the individual learned to live with/cope with their condition?
- Do they have a reasonably healthy support network?



Remember Them?





Got Friend?

Narrative + paradigm = philosophy PSR

- If recovery is the paradigm, then psychiatric rehabilitation/psychosocial rehabilitation is the expression of that paradigm in the form of a framework for helping people to achieve recovery.
- It is a “technology” for recovery.
- It is a practice philosophy that supports recovery.
- A way in which a person’s ability for independent living, socialization and effective life management are restored.
- Places the person, not the illness, at the center of all interventions.
- The wishes of the person direct the services through a working partnership.

Is PSR the only path to recovery?

- Nope, just one of them
- It seems to work well with people who have experienced a great deal of loss and trauma related to their condition (and many other things)
 - These seem to be the folks that we encounter in the public behavioral health system
- As awesome as PSR is, it isn't for everyone
- The values of PSR would say that you are obligated to help someone find something else if PSR isn't their thing (*more on values in a minute*)



Origins of PSR

- Remember the pre-read materials?
- Created by patients for patients
- Based in opposition/as a counter to what they experienced in asylums/institutions
 - Fountain House – 1948
 - Clubhouses – work oriented day, transitional employment
 - Loosely based on settlement houses
 - Friendly environments where people cared about a person's ability to live in the community and were provided skills training and recreational activities
- Gained in popularity in 1970s and 1980s as more institutions closed
- Slowly grew in California – saw its height as a result of Prop 63 in 2004

Goals of PSR

- Promote rehabilitation
- Maximize integration into the community
- Improve quality of life
- Minimize rehospitalizations
 - *Makes sense given the origins of PSR*

Ultimate Goal of PSR

Helping people in the community compensate for, or eliminate, the functional deficits, interpersonal barriers and environmental barriers that result from the disability of a serious mental illness

Ruth Hughes

Values

- What are yours?
- Where do they come from?
- What does it feel like when you have to operate/function in an environment that doesn't match your values?
- Do your values change?

Values of PSR

What does “it” hold to be true

- Empowerment of the client *
- Self-determination
- Dignity and worth of each individual
- Focus on a person’s strengths, not pathology
- All people have an underused capacity that should be developed
- Cultural sensitivity
- Optimism

Guiding Principles of PSR

Putting the values into action

- Early intervention
- Individualization of all services
- Work in the present, de-emphasize negative past
- Maximize the involvement, preference and choice of the person
- Focus on strengths
- Asses the person in normalized situations
- Integrated, holistic approach to treatment
- Focus on skills training (doing with vs. doing to or doing for)
- Ongoing, accessible and coordinated services

Guiding Principles of PSR (cont)

Putting the values into action

- Informal relationship between staff and clients (still professional). Peer mutuality is a bit different.
- Maximum commitment from staff
- Focus on work and vocational rehabilitation (poverty isn't good for you)
- Environmental modifications and supports (remember about disability being a societal construct?)
- Recruitment of outside agencies and others to provide services (you're not "all that")
- Diversity of all kinds among staff
- Partnership with the family

Values of the asylums

Based on their principles (actions)

- Empowerment of the client ?
- Self-determination ?
- Dignity and worth of each individual ?
- Focus on a person's strengths, not pathology ?
- All people have an underused capacity that should be developed ?
- Cultural sensitivity ?
- Optimism ?

Due to implementation of recovery,



....all clients will be wanded

PSR as a pathway to recovery

is not

- No symptoms
- Level of functioning
- Maintenance and stability
- Medication compliance
- Coercion
- Motivation
- Professional as sole expert



is

- Managing symptoms
- Meaningful activity
- Quality of life
- Self-sufficiency and healthy interdependence*
- Lowest dosage necessary
- Collaboration
- Rekindling hope

Practices that mesh with PSR

High degree of value/principle congruence

- Harm Reduction *(preview of coming attraction)*
- Motivational Interviewing *(really good stuff) – learn it, know it, live it)*

To Clarify...

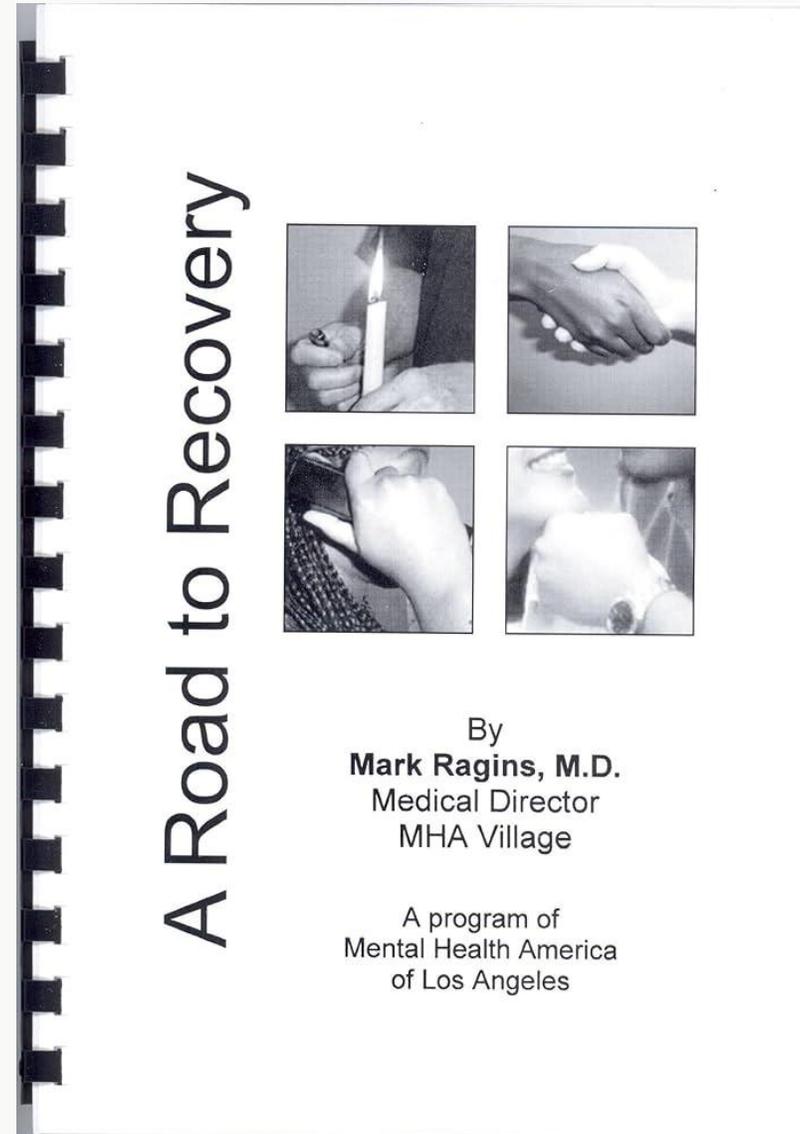
- Both the Medical Paradigm and Recovery Paradigm make certain assumptions that lead to certain questions that in turn lead to certain answers.
- These “answers” are the various approaches, practices and treatments used by providers of service.
- Although one might arrive at the same “answer” using either paradigm, it is important to understand the differences in the paths.

Four stages of recovery

Dr. Mark Ragins (remember Day 1?)

- Hope
- Empowerment*
- Self Responsibility
- Meaningful Roles

<https://www.markragins.com/>



As we conclude...

Write down the **FIRST THING** you think of when you hear/read the phrase....

Thank You