Recovery and Rehabilitation in a SEd/IPS context

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Overview

1. Recovery as leading principle for SEd & IPS
2. Recovery Supportive Care
3. Psychiatric Rehabilitation
4. Interdisciplinary collaboration: the T-shaped professional
5. Summary
Recovery

Recovery ≠ Cure

Recovery does not mean that the suffering has disappeared, all the symptoms removed, and/or the functioning completely restored

Recovery Process: Definition

Recovery is the process of self-discovery and change as one grows beyond the catastrophe of mental illness

It is a way of living a satisfying and meaningful life with or without limitations caused by the illness

Phases of Recovery

Overwhelmed by the Disability

Struggling with the Disability

Living with the Disability

Living Beyond the Disability
Recovery

- Process of Growth
- Deeply Personal
- Unique
- Internally-driven
- Universal Human Experience

Recovering from?

From Mental Illness to Psychiatric Disability

A person develops a Mental Illness
From Mental Illness to Psychiatric Disability

Stigma, discrimination + social exclusion

Iatrogenic effects of admission and treatment:
- experiences with fellow-patients
- side-effects of medication

Lack of Self-determination

Negative consequences of having no job or education
From Mental Illness to Psychiatric Disability

≠

is not the same as
Recovery from the consequences of the illness is sometimes more difficult than recovery from the illness itself.

Relevancy for Supported Employment & Supported Education

- Mental illness
- Stigma, discrimination and social exclusion
- Iatrogenic effects of admission and treatment
- Lack of Self-determination
- Negative consequences of having no job or education
- Broken dreams

Recovery summary

- Recovery is about rising above the catastrophic consequences of the illness, including the stigma and discrimination that people with mental illness experience.
- There is no single model for Recovery because Recovery is as individual as each person who suffers with mental illness.
- Recovery is individually defined by those who experience it.
- The practitioner can facilitate recovery, but can not recover a person.
- What we know about recovery today comes from the personal accounts of people who have shared this deep, personal experience with others.
- Recovery is about self-determination and empowerment to control one's own life, not just receive treatment.
Recovery supportive care

So, if the (MH) professional can’t recover the person/client, how can he/she facilitate or support the recovery process of the person?

Aspects of recovery

- Recovery of identity or person
- Recovery of health
- Recovery of daily functioning
- Recovery of role functioning in the community

Supporting different aspects of the recovery process

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<th>Aspects of recovery</th>
<th>Recovery oriented activities and services</th>
<th>Results</th>
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<td>You can use...</td>
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<td>Recovery of personhood</td>
<td>Self help groups</td>
<td>Personal identity, self efficacy, sense of self</td>
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<td>Recovery groups</td>
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<td>Counseling, Psychotherapy</td>
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| Recovery of health       | Crisis intervention                       | Less symptoms, more grip on symptoms, cure |
|                          | Treatment (CBT, psychotherapy, medication) |                                             |
|                          | Self management, IMR                      |                                             |

| Recovery of daily functioning | Psychiatric Rehabilitation | Daily routines at home |

| Recovery of role functioning | Psychiatric Rehabilitation | Fulfilling valued roles in the community, social identity |
|                            | Anti-stigma campaigns       |                                                             |
|                            | Social inclusion             |                                                             |
Recovery supportive care: characteristics-1
- The professional has an attitude of hope and optimism
- starts from an unquestioning ‘being there’
- uses his/her professional framework of reference in a modest and unobtrusive way
- makes room for, supports and connects with the persons own story about his/her life, problems and recovery,
- acknowledges and stimulates the use of personal strength (empowerment) individually and collectively

Recovery supportive care: characteristics-2
- recognizes, utilizes and stimulates the development of expertise by experience of the person
- recognizes, utilizes and stimulates the support of the person by significant others
- is focused on the relief of suffering and on
- the enhancement of self management and personal autonomy

How do I make my IPS and/or SEd activities more Recovery Supportive?

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<th>IPS/SEd activities</th>
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<td>Personal strengths</td>
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<td>Expertise by</td>
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<td>Self management</td>
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<td>Relief of suffering</td>
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Psychiatric Rehabilitation (PSR)
Recovery of valued community roles through IPS & Supported Education

THREE ASPECTS OF CARE

- Safety, Health & Stability
  - Problem-oriented (Treatment (Cure))
  - Environmentally oriented
  - Developmentally oriented
  - Support (Care)

PSR (Living, Working, Learning, Socializing)

Traditional treatment plan
1. Medication (management)
1. Day-night rhythm
1. Personal hygiene
1. Financial problems
1. Cleaning the room
1. Return to or remain at school

PSR / Treatment plan
1. Return to or remain at school
1. Medication (management)
1. Day-night rhythm
1. Personal hygiene
1. Financial problems
1. (Cleaning the room)
The white picket fence dream

**Mission of PSR**
To help people with psychiatric disabilities increase their functioning so that they can be successful and satisfied in the environments of their choice with the least amount of ongoing professional intervention

Anthony et al, 2001

**PRS principle**
- Role + Setting of preference
- Skills + Support
- Success + Satisfaction

**General support services**

- **Functional Assessment (FA)**
  - What are the skills you need to be successful and satisfied at school or work?

- **Resource Assessment (RA)**
  - What are the resources you need to be successful and satisfied at school or work?
Skills & Support

Educational or Vocational Goal

Success + Satisfaction

Skills+Support

FA RA

Critical skills!!

&

Critical resources!!

Values

Person orientation, a focus on the human being as a whole, rather than as diagnostic label or illness

Support, a focus on providing assistance for as long as it is needed and wanted

Involvement, a focus on the participation of the client

Growth potential, a focus on a person’s inherent capacity to grow, and to hope

PSR Education
PSR in the curricula of practitioner's education (Nursing, Social Work, Psychiatry, etc.)

- Problem-oriented
- Environmentally oriented
- Developmentally oriented

Treatment (Cure) 55%
Support (Care) 40%
PSR (Living, Working, Learning, Socializing) < 5%

“If all we have is a hammer, every problem looks like a nail”

PSR in the curriculum of the undergraduate program in Social Psychiatry

- Problem-oriented
- Environmentally oriented
- Developmentally oriented

Treatment (Cure) 1/3
Support (Care) 1/3
PSR (Living, Working, Learning, Socializing) 1/3

PSR-practitioner

- Knowledge
- Attitude
- Skills
PSR-KNOWLEDGE
- PHILOSOPHY AND PRINCIPLES OF PSR
- PSYCHOLOGICAL AND SOCIAL ASPECTS OF PSYCHIATRIC DISABILITIES
- PSR AND RECOVERY
- STIGMA, DISCRIMINATION AND SOCIAL EXCLUSION
- WORK & EDUCATIONAL OPTIONS
- PSR AND TREATMENT
- PSR AND FAMILY

PSR-ATTITUDE
- PARTNERSHIP
- PERSON ORIENTED
- FUNCTIONING
- CLIENT INVOLVEMENT AND CHOICE
- INDIVIDUALIZATION
- ENVIRONMENTAL SPECIFICITY
- SUPPORT
- GROWTH POTENTIAL

PSR-SKILLS
- SETTING AN OVERALL VOCATIONAL OR EDUCATIONAL GOAL
- FUNCTIONAL ASSESSMENT
- RESOURCE ASSESSMENT
- DIRECT SKILLS TEACHING
- RESOURCE INTERVENTIONS
- CONNECTING WITH CLIENTS
- COACHING SKILLS

PSR in the Netherlands
- Handbook Rehabilitation for Health & Welfare
- Research -> RCT -> effective intervention
- PSR in the multidisciplinary guidelines for schizophrenia and for welfare
- Master Rehabilitation Counselor
- Provision of extensive in company PSR education
Interdisciplinary collaboration

The IPS & SEd specialist as a T-shaped professional

Mental Health in Practice

Individual
- Young man of 19
- Immigrant parents
- Schizophrenia
- No diploma
- No job
- Financial problems
- Eviction order

Family
- Parents, grandmother, 2 children, 1 grandchild
- Father unemployed
- Mother diabetic & in wheelchair
- Grandmother starting dementia
- Son schizophrenia
- Daughter teenage mother
- Neighbours' quarrel
- Arrears of rent

Neighbourhood
- Structure
  - Multicultural
  - Little social cohesion
  - Many old people
  - Few young people
  - High unemployment
  - Relatively many 'vulnerable families'
  - 4-5 'multiproblem families' causing trouble
- 24 organizations present

Not one single discipline has in itself all the expertise to respond adequately and effectively to the often complex needs of people with severe and longterm psychiatric disabilities to guarantee full citizenship and community participation.

T-shaped professional
- Mono/Uni-disciplinary
- Multidisciplinary
- Interdisciplinary
Interdisciplinary collaboration (T-shaped)

Means that you not only look at the situation from your own framework of reference, but also that you put yourself in the place of your colleague professional and ask yourself what you can do to resolve a problem your colleague experiences.

I - competencies

Your own disciplinary expertise:

- Recovery Supportive
- PSR: IPS & SEd
- Fighting Stigma
- Etc.

-- competencies

- Basic knowledge of other frameworks of reference
- Integration of your own expertise in someone else professional domain
- Creative thinking (out of the box)
- Communication skills
- Dialogue - multilogue
- Collaboration: integrative thinking & bridging gaps
- Interdisciplinary consultation

Focus on establishing an added value for each discipline to meet client’s own vocational and educational goals.
Interprofessional Education occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care” CAPE 2002

Relevancy for Supported Employment & Supported Education

Learn

From

With

About

Each other

"Interprofessional Education occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care” CAPE 2002

Stakeholders in IPS & SEd

• Educational staff
• Mental Health practitioners
• Students/clients
• Family members
• Employers
• Vocational rehabilitation (IPS)
• Municipality staff
• Disability grant staff

Summary

● Recovery (role) is the leading principle for IPS and SEd
● MH professionals work according the characteristics of Recovery Supportive Care
● Recovery of valued roles requires Psychosocial Rehabilitation competencies (IPS & SEd)
● Multi- and complex problems related to work and/or education requires interdisciplinary / interprofessional collaboration
● Involvement of Experts by Experience is crucial
Not only runners move forward, also they who limp

Not only Karolina Kluft moves forward, also (young) people in Sweden with psychiatric disabilities

Thank you very much for your attention
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