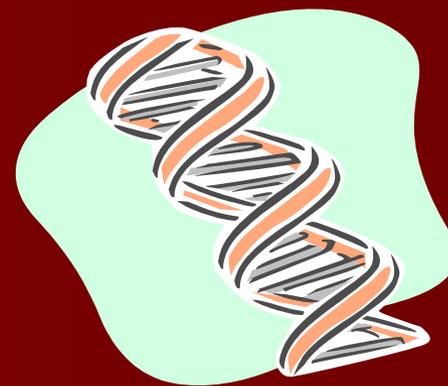


# Recovery as an Organizing Principle for Integrating Mental Health and Addiction Services



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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.

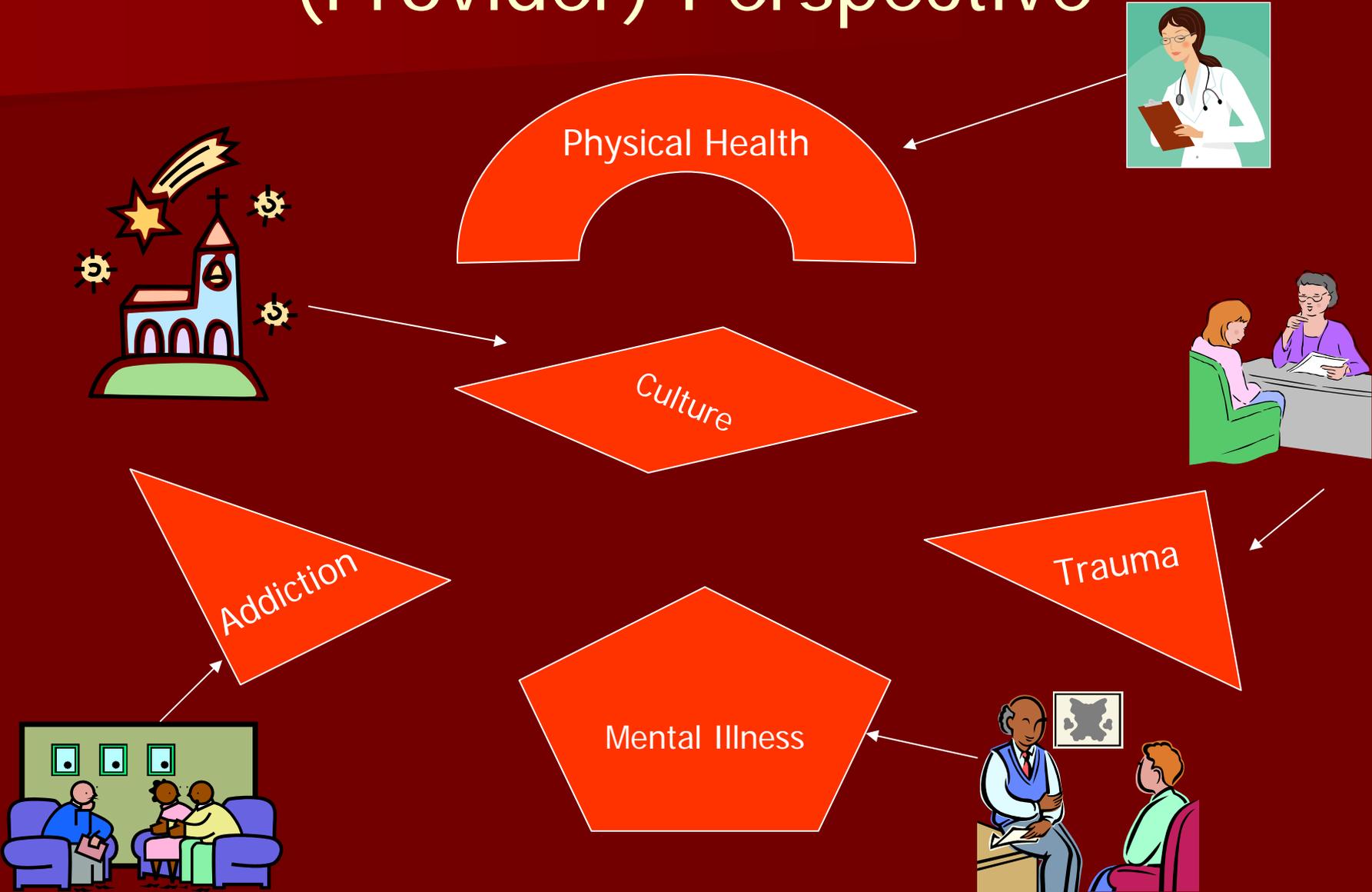
# Origins of Solution

- 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.*

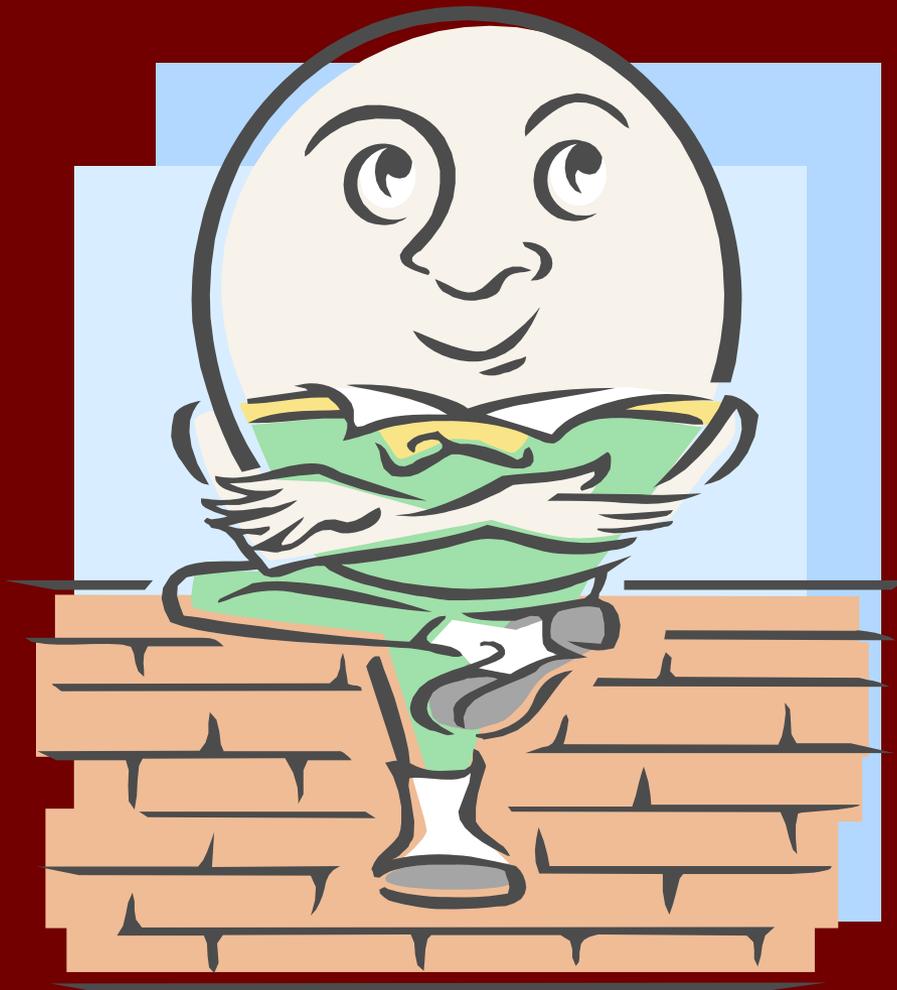
# Treatment/Rehabilitation (Provider) Perspective



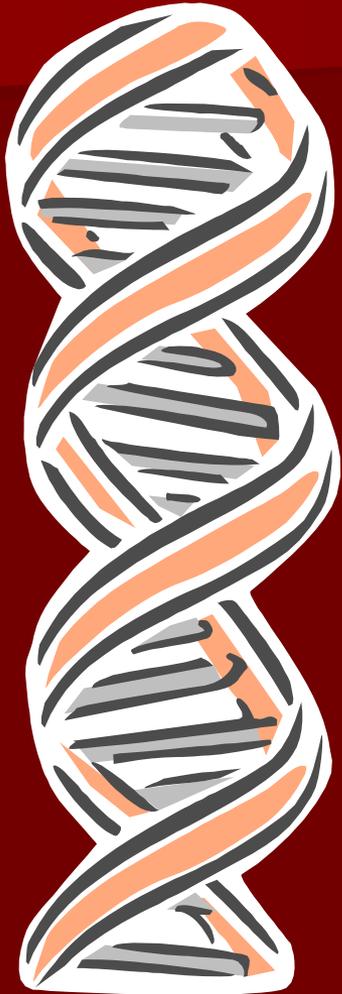
# The Humpty Dumpty Principle

Life/Recovery

Treatment



# An Integrated Model



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

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

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

<p><b>Strategies to Facilitate Recovery</b></p>	<ul style="list-style-type: none"> <li>• Identify and engage early</li> <li>• Carry and instill hope, offer role modeling</li> <li>• Increase motivation for change (recovery priming)</li> <li>• Offer information and education about the condition(s), recovery, available resources, and ways to self-manage the condition(s)</li> <li>• 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</li> <li>• Provide opportunities, rehabilitation, and supports for person to gain needed skills for occupying valued roles (e.g., student, spouse)</li> <li>• Assertively connect person to other people in recovery, mutual support, recovery advocacy organizations, and indigenous recovery communities</li> <li>• Provide post-treatment monitoring (recovery checkups) and support, active recovery coaching (stage-appropriate recovery education and advice), and, when necessary, early re-intervention.</li> <li>• 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)</li> <li>• 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</li> </ul>	
<p><b>Essential Ingredients of Recovery-Oriented Systems</b></p>	<ul style="list-style-type: none"> <li>• Motivation-based outreach and engagement interventions</li> <li>• Basic (material and instrumental) support</li> <li>• Pre-treatment, in-treatment, and post-treatment recovery coaching/ mentoring</li> <li>• Assessment processes that are global, continual, and strengths-based</li> <li>• Respite for people in recovery and families</li> <li>• Rehabilitation and on-going provision of community supports</li> <li>• Peer support</li> <li>• Family education and support</li> <li>• Legal aid/advocacy</li> <li>• Intensive clinical services, including crisis prevention and response, pharmacological and psychosocial treatments, and . . .</li> </ul>	
	<ul style="list-style-type: none"> <li>• Acute inpatient care</li> </ul>	<ul style="list-style-type: none"> <li>• Detox</li> </ul>
	<ul style="list-style-type: none"> <li>• Illness management and recovery</li> </ul>	<ul style="list-style-type: none"> <li>• Contingency management</li> </ul>
	<ul style="list-style-type: none"> <li>• Assertive community treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Motivational interviewing</li> </ul>

Comments or Questions?