Brief History of Recovery-Oriented Treatment

History of the Recovery Movement

- **1930’s**: Concept of mental health recovery in consumer self-help
- **1980’s**: Gained prominence in consumer/survivor movement.
- **1990’s**: Professionals in substance abuse and psychiatric rehabilitation counseling adopt recovery concepts.
- **2000’s**: Increasingly adopted in mental health policy, such as CA’s Mental Health Act.
  - Presently adopted by most first world countries
History Continued

- **2002**: Bush’s 2002 New Freedom Commission on Mental Health
  - Proposed transforming US mental health system to shift to a paradigm of *recovery*.
- **2004**: US Dept of Health and Human Services
  - Launches nationwide pro-recovery campaign (Fisher & Chamberlin, 2004).
  - Washington, Ohio, Canada, New Zealand, Australia, Ireland, UK among first to implement.

Research Support for Possibility of Recovery

- World Health Organization
  - 1970-90: Cross national study on recovery from severe mental illness with surprising results (Ralph, 2000):
    - 28% Full recovery
    - 52% Social recovery
  - These findings have lead to increased interest in recovery-oriented treatment.
Additional Research

- **Open Dialogue** (Collaborative Therapy)
  - Jaakko Seikkula (2002) and his colleagues (Haarakangas et al., 2007) in Finland
  - After two years of treatment, patients diagnosed with psychosis:
    - 83% returning to work
    - 77% NO psychotic symptoms
    - No chronic cases of psychosis (e.g., schizophrenia) in Lapland region of Finland after using model for past 20 years

Defining Recovery

US Department of Health and Human Services (2004) defines Recovery as:

“...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.” (p. 2)
Recovery Connotations

- **Social** model of disability rather than a medical model of disability
- **De-emphasis** on diagnostic labeling: focus on *psychosocial* functioning
- Focus resonates with MFT theory and practice
  - Systems theories
  - Postmodern theories

10 Fundamental Recovery Components:

National Consensus Statement on Mental Health Recovery
(US Dept of Health and Human Services, 2004)

- **Self-Direction**
  - Consumers (clients) exercise choice over their path to recovery/treatment.
- **Individualized/Person-Centered**
  - Individualized based on unique strengths, resiliencies, experiences, and culture.
- **Empowerment**
  - Authority to choose from a range of options and participate in decision making.
- **Holistic**
  - Mind, body, spirit, and community.
- **Non-Linear**
  - Recovery is not a step-by-step process but an ongoing process that includes growth and setbacks.
10 Fundamental Recovery Components, cont.

- **Strengths-Based**
  - Building upon strengths, resiliencies, and abilities.

- **Peer Support**
  - Consumers are encouraged to engage with other consumers in pursuing recovery.

- **Respect**
  - Consumers need to experience respect from professionals, their communities, and other systems.

- **Responsibility**
  - Consumers are personally responsible for their recovery and self-care.

- **Hope**
  - Recovery requires a belief in the self and a willingness to persevere through difficulty.

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**Recovery Model Principles**

**Recovery:**

- can occur without professional intervention;
- requires people who believe in and stand by the person in recovery;
- is not a function of theories about the cause of psychiatric conditions;
- can occur even if symptoms reoccur; non-linear; series of small steps;
- changes frequency and duration of symptoms;
- focuses on wellness not illness;
- focus on consumer choice.
Companion to MFT Theories

- NOT a psychotherapeutic model
- Reinterpretation of MEDICAL model approach to conceptualizing treatment outcome
  - Rather than focus on medical symptoms, focus on psychosocial functioning
  - Focus on functional coping rather presence of medical symptoms

Attitude of Recovery

- For MFTs, Recovery is more of an “attitude” or “value”:
  - Fundamental assumption: \textit{Client can recovery, fully or partially, and live a meaningful, rich life.}
- Strength-oriented focus
  - What resources and strengths does the client have for living a meaningful life?
Recovery-Oriented Therapy

- **Big Picture: Purpose of Psychotherapy**
  - Increase client’s ability to lead a meaningful, rich life
  - Goal is NOT to eliminate all symptoms

Recovery: Therapist’s Role

- **Collaborative Relationship: Collaborative Therapy** (Goolishian & Anderson; Andersen)
  - “Client as Expert”
  - Therapist expertise is used to support client’s
  - “Not knowing”/non-assuming
- **Strengths Focused: Solution-Based**
  - Identify and activate client strengths
  - Hopeful
  - Future-focused
Recovery: Client/Consumer’s Role

- Client Agency
  - Client motivation drives recovery process
  - Therapist role is to increase client motivation
- Client as Expert
  - Pacing
  - Involvement of others
  - Goals
  - Treatments/Interventions: Chooses between options

Recovery: Therapist Relation to Problem

- Constructionist/Constructivist View
  - “Irreverent” (Milan)
  - Fearless (Strategic/MRI)
  - Unflappable (Strategic/MRI)
  - Curious (Collaborative)
  - Hopeful (Solution-based)
  - Socio-political focus (Narrative)

- Anything but symptom-focused
Recovery: Assessment

- Diagnosis
  - Dx needed to identify options
- Evidence-Base
  - Research used to inform client of options
- Client Relational System: Systemic assessment of
  - Family
  - Community
- Client Worldview: Constructionist assessment of:
  - Values
  - View of situation
  - Preferred treatments

Recovery: Treatment Planning

- Client-directed
- Therapist as consultant
- Collaboratively created
  - Therapist identify options
  - Work with client to identify reasonable plan
- Plans comprehensive
  - Symptom management
  - Relational
  - Social
  - Work
  - Life meaning
  - Basic needs: Housing, food, etc.
Recovery: Treatment

- Increase hope and motivation
- Increase coping and problem solving skills
- Increase agency and self-determination
- Develop strong, functional social relationships
- Increase sense of belonging; feeling part of a community
- Find meaning and a purpose in life
- Access housing, social services, etc.

Recovery: Interventions

- “Whatever It Takes”
  - Balance with what actually promotes change
  - “Overly helpful” promotes dependency and loss of agency
- No theory off limits
  - But need to use approach that works for your client
Recovery and MFT: Shared Practices/Values

- Postmodern Therapies: Collaborative and Narrative
  - “Client as Expert”
  - “Person is separate from problem”
  - Dominant discourses: affect on person, life of problem
  - De-emphasis on diagnosis
- Solution-Focused Therapies
  - Increasing client hope
  - Strength-focused; utilizing any and all strengths
  - Emphasis on client motivation
  - Small, practical steps
  - “Death of Resistance”

More Shared Practices/Values

- Systems Theories
  - Emphasis on family, social connections; include family in treatment
  - De-emphasis on diagnosis; role of symptom in social life
- CBT
  - Coping Skills Training
  - Positive Psychology
- Humanism and Existentialism
  - Hope
  - Search for meaning and significance
  - Belief in individual; self actualization
MFTs in the California Mental Health System

Mental Health Services Act

- MHSA
  - Recovery-model
  - Workforce shortage in public settings
  - Transform the definition of MFT
    - Strengths-focused
    - Working with severe mental illness
    - Public mental health
    - Case management
Impact of MHSA

- Student Stipends
- New MFT Curriculum
- Faculty Training
- Transforming Public Mental Health System
- New Workplaces for MFTs
- Diversify the Profession