Recovery-Oriented Community Reintegration: A Psychiatric Rehabilitation Approach

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“Coping with my mental illness is no longer the main focus of my life.” (Q.13, RAS)
Learning Objectives

After this presentation, participants will:

• Be able to apply the Principles and practices of Psychiatric Rehabilitation

• Understand how the Recovery-Oriented Community Reintegration (ROCR) program at ECRH functions, and how it may be implemented in other inpatient psychiatric settings.

• Be challenged to bring about change within your hospitals by recognizing that recovery and social inclusion are issues of human and civil rights.
Vision:
Easy access to high-quality care that leads to a life of recovery and independence for the people we serve.

Mission:
Leading an accountable and effective continuum of care to support Georgians with behavioral health challenges, and intellectual and developmental disabilities in a dynamic health care environment.
Continuum of Care
Learning Objective 1

• Be able to understand and apply the Principles and practices of Psychiatric Rehabilitation
Psychiatric Rehabilitation

Promotes recovery, full community integration and improved quality of life for persons who have been diagnosed with any mental health condition that seriously impairs functioning.

Services are:
- Collaborative
- Person-directed & individualized
- Evidence-based.

Services focus on:
- Developing skills
- Accessing resources
- Increasing capacity for success and satisfaction
- Living, working, and learning in environments of one’s choice
Personal Recovery

Recovery is a personal journey of discovery. It involves making sense of, and finding meaning in, what has happened; becoming an expert in your own self-care; building a new sense of self and purpose in life; discovering your own resourcefulness and possibilities and using these, and the resources available to you, to pursue your aspirations and goals.

(Perkins et al. 2012)
Empirically-based Conceptual framework for personal recovery in mental health

The CHIME framework for personal recovery

Connectedness
- Peer support and support groups
- Relationships
- Support from others
- Community

Hope and optimism
- Belief in recovery
- Motivation to change
- Hope-inspiring relationships
- Positive thinking and valuing success
- Having dreams and aspirations

Identity
- Rebuilding positive sense of identity
- Overcoming stigma

Meaning
- Meaning in mental ‘illness experience’
- Spirituality
- Meaningful life and social roles
- Meaningful life and social goals

Empowerment
- Personal responsibility
- Control over life
- Focusing upon strengths

Recovery-Oriented Cognitive Therapy (CT-R)
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- CT-R: Framework and accompanying strategies that use a cognitive conceptualization to facilitate engagement in personally meaningful goal-related behavior in order to motivate individuals with schizophrenia spectrum disorders to create a life worth living.

- CT-R is driven by the individual’s goals (short-term, intermediate and long-term) not by their symptoms

- Obstacles to the goals are a target for treatment as they arise

- The meanings of improbable goals are goals

- Engagement (Iterative process of Learning through doing!)
  - Targets increased energy and affect.
  - Strategically increases individuals’ participation and intrinsic motivation. From compliance to commitment

Coaching vs. Teaching

Not teaching skills but **identifying and eliciting strengths in the service of meaningful goals**

Not being the expert and the holder of knowledge, but one who empowers by joining with the individual and reinforcing self-direction and resilience in the face of obstacles

Not focusing solely on psychopathology and the reduction of symptoms but on **enhancing psychological well-being**
Focus on Wellness & Resilience

Learning Objective 2

- Understand how the Recovery-Oriented Community Reintegration (ROCR) program at ECRH functions, and how it may be implemented in other inpatient psychiatric settings.
A Targeted Intervention for a Subset of our population
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30-DAY READMISSION RATES TO U.S. HOSPITALS

Healthcare Cost and Utilization Project (HCUP) data from 2010 provide the most comprehensive national estimates of 30-day readmission rates for specific procedures and diagnoses. Examples include:

By Procedure

Nearly one in five patients with these common procedures was readmitted:
- 23% Amputation of lower extremity
- 19% Heart valve procedures
- 19% Debridement of a wound, infection, or burn

By Diagnosis

Nearly one in four patients with these common diagnoses was readmitted:
- 25% Congestive heart failure
- 22% Schizophrenia
- 22% Acute and unspecified renal failure

Nearly one in three patients with these less frequent procedures was readmitted:
- 29% Kidney transplant
- 29% Ileostomy and other enterostomy

Nearly one in three patients with these less frequent diagnoses was readmitted:
- 32% Sickle cell anemia
- 32% Gangrene

Readmission Rates by Payer

Medicaid and Medicare patients have a higher percentage of readmissions than other payers.

- Procedure: Amputation of lower extremity
  - Medicare: 26%
  - Medicaid: 30%
- Diagnosis: Congestive heart failure
  - Medicare: 30%
  - Medicaid: 25%
- Privately Insured: 17%
- Uninsured: 13%

*Readmissions were for all causes and did not necessarily include the same procedure or diagnosis as the original admission (index stay).

Source: HCUP Statistical Briefs #152 and #154: http://www.hcup-us.ahrq.gov/reports/statbriefs/statbriefs.jsp
The Development of the Mission and Vision of the ROCR Program

Mission:
To empower recovering individuals to engage in personally meaningful, strengths-based, and community-oriented experiences that utilize recovery principles and evidenced based practices.

Vision:
To contribute to a seamless continuum of empowerment and social inclusion that bridges the gap between hospitalization and positive community transition through a process of guided autonomy and an integrated network of community partnerships.
Overarching ROCR Goals

- **Goal #1:** Ensure each ROCR program experience will provide an opportunity for participating individuals to demonstrate each of the five principles of Recovery (CHIME).

- **Goal #2:** Collect data for the purposes of Program Evaluation.

- **Goal #3:** Create community-oriented spaces on the ECRH campus. (This is defined by 1. structure (physical space is community-oriented), and 2. Process e.g., autonomy, choice, self-direction, levels, staff-individual interaction)

- **Goal #4:** Develop and sustain ongoing partnerships between ECRH and Community stakeholders (e.g. providers, businesses, identified supports).

- **Goal #5:** To create a sustainability plan for the program. This includes the development and implementation of processes for continuous training, staff development & supervision, and program fidelity.
Community Reintegration as a Transdisciplinary Approach

- Psychology
- Activity Therapy
- Social Work
- Work Therapy
Creating a Continuum of Empowerment

**On-campus**
- ROCR Clubs incorporated into Treatment Mall schedule
- Therapeutic Work using supported employment practices
- Individualized experiences created as needed

**Off-campus**
- Individualized and Group ROCR Outings
  - Connected to personal goals
  - Multiple disciplines facilitate utilizing CT-R
  - Reflect positive experiences and strengths during and after
  - Builds self-efficacy

Community-oriented Experiences
Results: Dependent to Independent

Dependent → Therapeutic Work (On-campus) → ROCR Club (On-campus) → Group ROCR Outings (Off-campus) → Independent

“I can do this on my own now.”

Yoga at the market

Artsy Me
Results: Helpless to Empowered

Helpless -> ROCR Club (On-campus) -> Group ROCR Outings (Off-campus) -> Empowered

“I want to help out here every day.”

“I like helping people.”

Faith Food Factory

Paws in the Park
Results: Isolated to Engaged

“It’s better than sitting in my room all day ‘cause then I just start listening to the voices.”
Provider Well-being & Recovery

The Upward Spiral

contagious growth

“I had no idea that she was capable of so much!”
Results: Positive Staff Outcomes

- Increased Engagement
- Increased Well-being
- Increased Safety
- Increased Retention

“Going out with [name] and seeing her pushing the shopping cart in the store was the best week I’ve had at work.”
Summary of Preliminary Findings and Outcomes of Interest

Individual (Person in Recovery)
- Increased participation in hospital programming
- Engagement in recovery (increased self-advocacy, self-directedness)
- Increased safety
- Increased independent living skills
- Involvement of community providers and identified supports
- Successful and sustained discharges
- Meaningful community inclusion post-discharge

Staff
- Increased engagement (vigor, dedication, and absorption)
- Decreased burnout (emotional exhaustion, depersonalization, diminished personal accomplishment)
- Increased well-being
- Increased safety
- Retention (decreased turnover)
Ethical Considerations and Opportunities

Risks:
- Confidentiality
- Safety
- Clinical and legal liability

Opportunities:
- Discharge benefits
- Continuity of empowerment
- Generalizability of skills

In order to minimize risks and capitalize on opportunities, the ROCR program emphasizes:
- Staff training, development, and well-being
- Ongoing development of procedures
- Continuous feedback loops and open communication

Learning Objective 3

• Be challenged to bring about change within your hospitals by recognizing that recovery and social inclusion are issues of human and civil rights.
Questions that Facilitate Recovery-oriented Change

• To what extent is your recovery planning process Person-Centered vs. Service-Centered?

• How are current recovery-oriented policies being implemented and evaluated?

• What processes support the incorporation and sustainability of recovery-oriented best practices?
Beyond Goals, Techniques, & Policies
An Issue of Human and Civil Rights

Community Inclusion vs. Segregation/Isolation

Sense of Purpose vs. Baseline Functioning

Contributor vs. Consumer
Call to Action

Expand the bounds of your work beyond the office or clinic.

Focus as much on psychological well-being as on symptoms.

Apply the CHIME framework of recovery in your setting.
Questions?