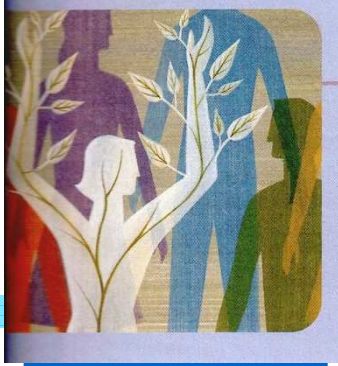


The “Re-recovery Model”



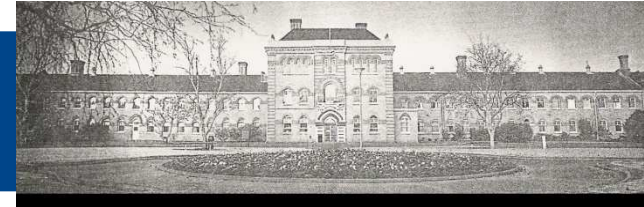
**Transformational education for clinicians, support and peer support workers, the people we serve and their families:
An on-going informal Action Research Project.**

***Dr Patte Randal LRCP MRCS D Phil
Buchanan Rehabilitation Centre
Auckland, New Zealand***

Today's Talk

- History of the “Re-recovery Model”
- Importance of having a shared model
- How the “Re-recovery Model” works
- Informal Action Research Process
- “Evidence”

History



Deinstitutionalisation



Custodial Care

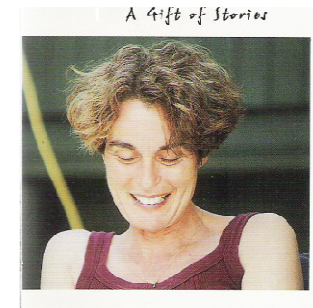


Person-centred, recovery-focused care

1992 – 1999: Buchanan Clinic

1997 – 1999: Research

2003: Publication



“Can recovery-focused multimodal psychotherapy facilitate symptom and function improvement in people with treatment-resistant psychotic illness? A comparison study”.

Authors: Patte Randal, Alexander I.F Simpson, Tannis Laidlaw
Australian and New Zealand Journal of Psychiatry 2003; 37:720-727

History



1999 – Now: Buchanan Rehabilitation Centre

**2003 – 2010 Informal Action Research=> multimodal training
=> voices and beliefs groups => keyworker training => care co-ordinator training => Collaborative Crisis Resolution Plans**

2009 Publication

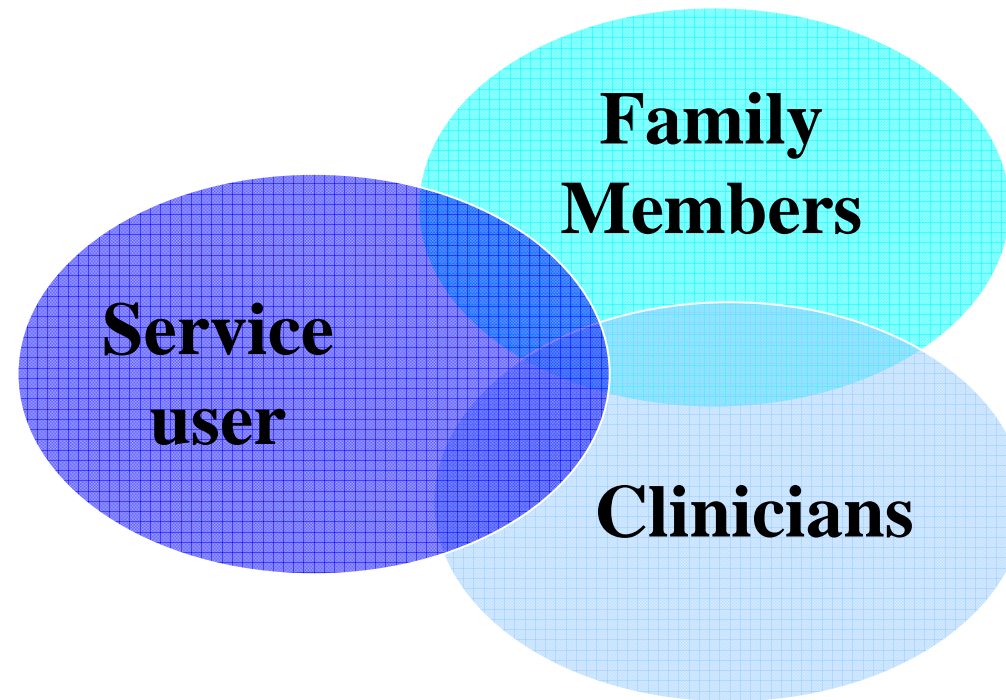
“The Re-coverly Model” – An integrative developmental stress-vulnerability-strengths approach to mental health.

**Authors: Patte Randal; Malcolm Stewart; Deborah Proverbs; Debra Lampshire; Janette Symes; Helen Hamer:
Psychosis 1;2:122-133**

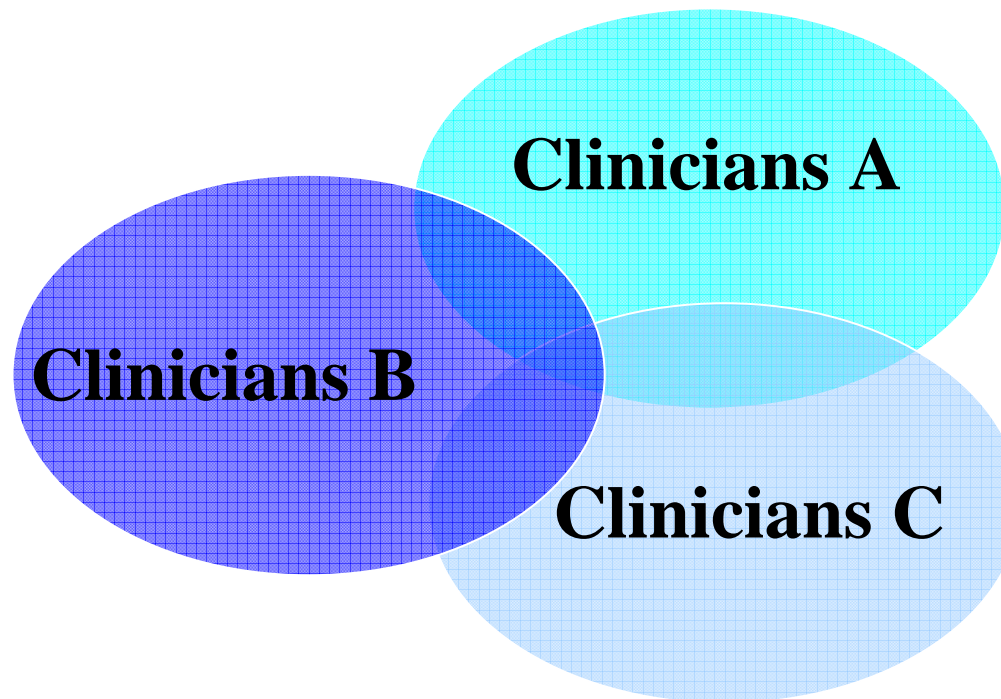
Us receiving THEMHS Achievement Award - 2008



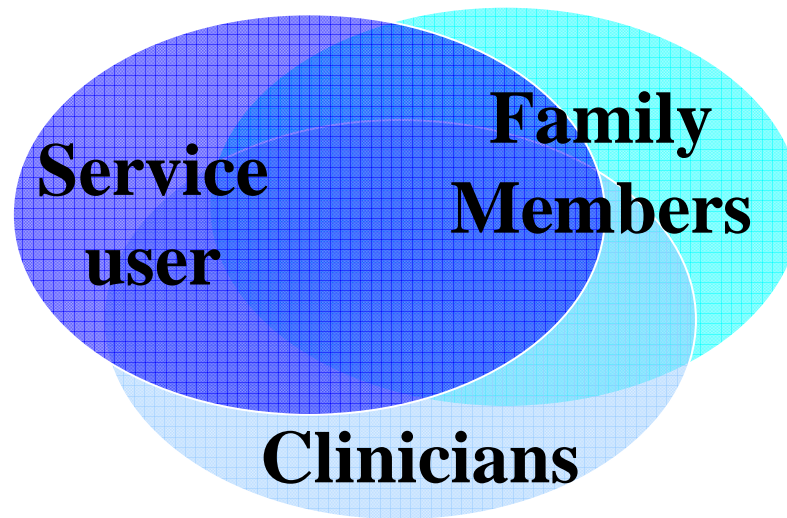
Illness / Wellness Representation may be very different...



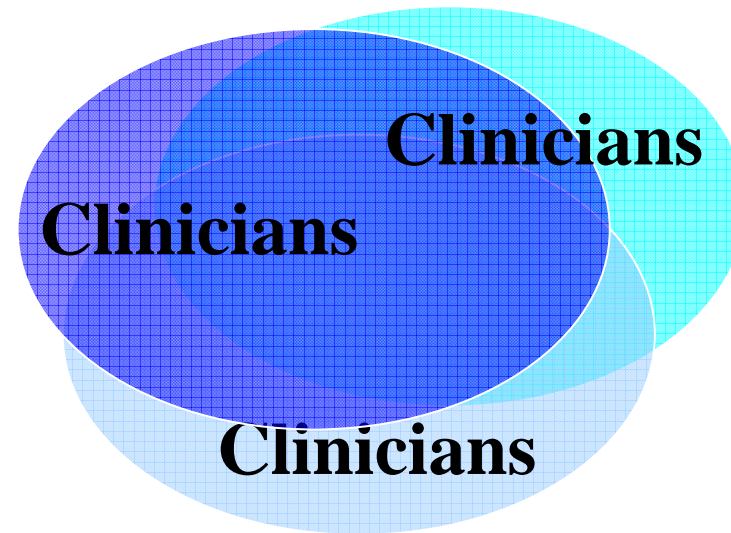
Illness / Wellness Representation may be very different...



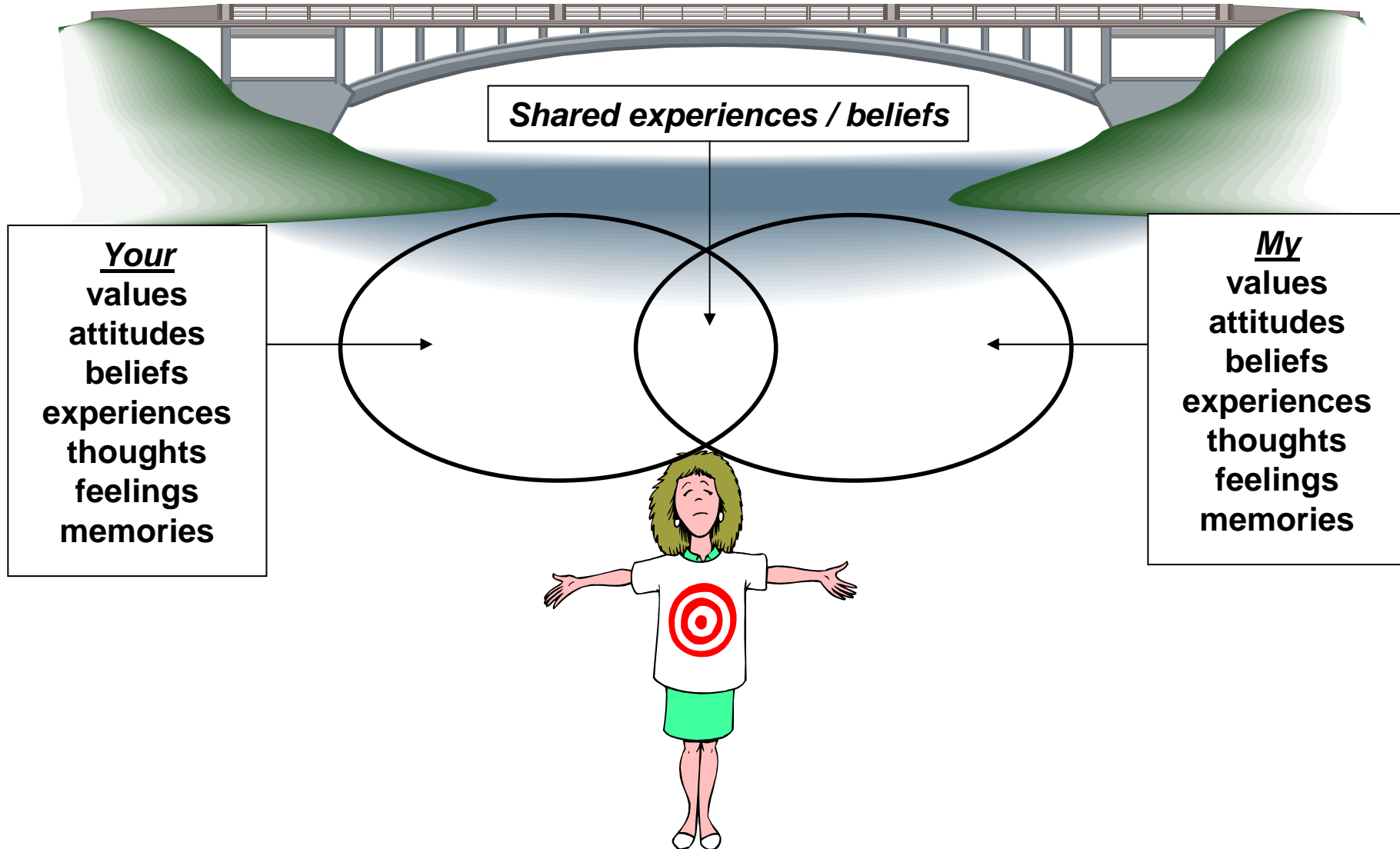
..Negotiating Alignment of Illness/Wellness Representation is Important



..Negotiating Alignment of Illness/Wellness Representation is Important



“Building a Bridge of Trust”- “Being With” Your Beliefs / My Beliefs / Shared Beliefs

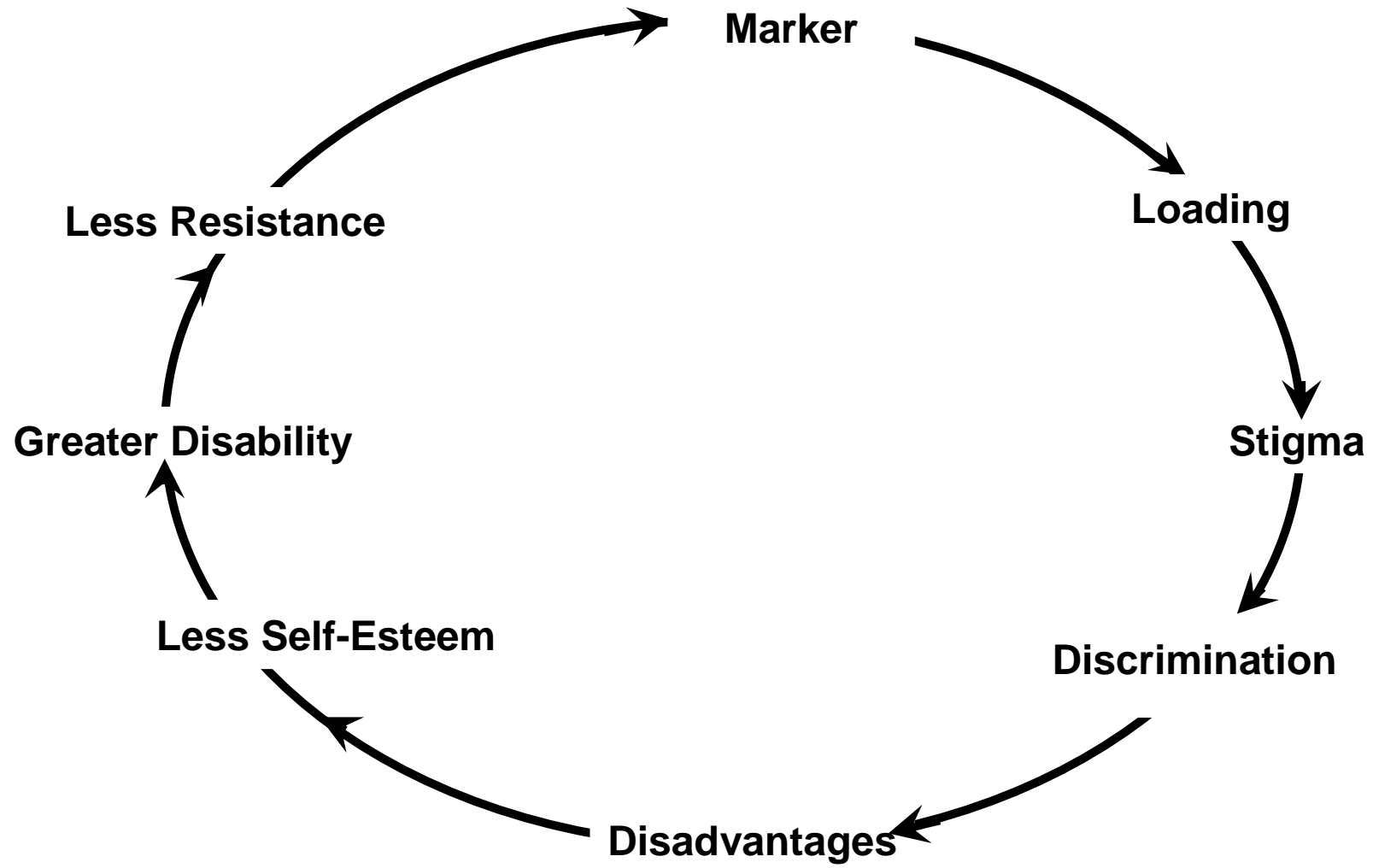


What makes us vulnerable to “mental illness”?

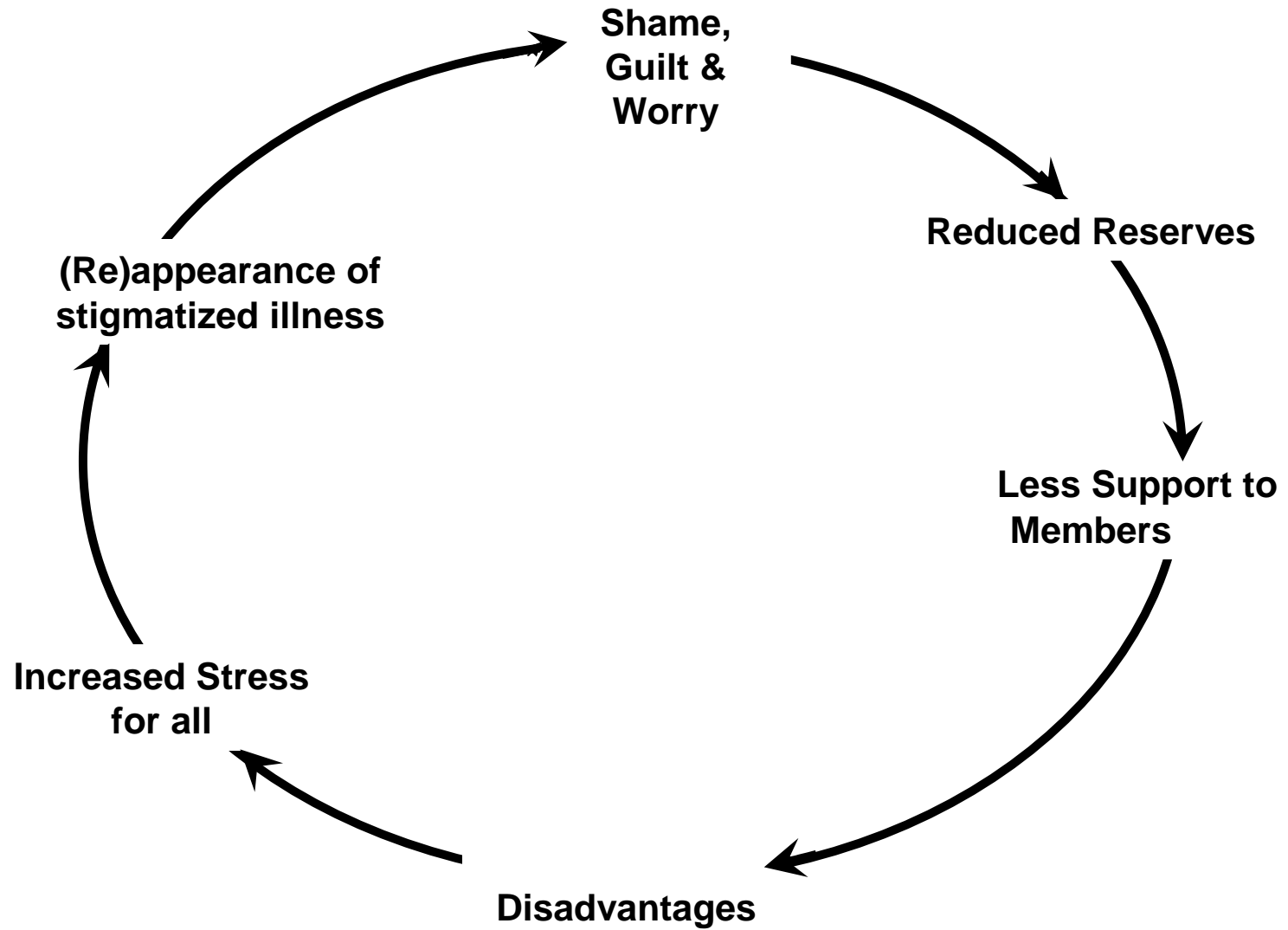
(including acquired vulnerability: “spirit-breaking”) What are we recovering from?

Vulnerabilities	Bio	Socio/Occup.	Psycho	Cultural	Spiritual
Predisposing	<ul style="list-style-type: none"> • Genetic • Brain damage • Infection • Physiology / stress • Nutrition • Metabolic/Heavy metal toxicity • Addictions • Changes in LHPA axis 	<ul style="list-style-type: none"> • Trauma (also parents) e.g. sexual, physical emotional abuse • Bullying / Neglect • Invalidation • Attachment issues • War • Criminality • Lack of occupation 	<ul style="list-style-type: none"> • Emotion dysregulation • Communication difficulties • Marital distress • Lack of problem solving • Loss & grief 	<ul style="list-style-type: none"> • Values • Attitudes (Risk Averse) • (Stigma) • (Discrimination) • World view • Medical model • Pharmaceutical companies • Poverty 	<ul style="list-style-type: none"> • Existential states of despair • Confusion • Hopelessness • Meaninglessness • Loneliness • Resentment • Fear
Precipitating (acute)	<ul style="list-style-type: none"> • Neuropathology • Physical trauma • Metabolic • Hormonal (inc childbirth) • Substance abuse 	<ul style="list-style-type: none"> • “High expressed emotions” i.e. critical comments, aggression, hostility, abuse etc. • Loss of job 	<ul style="list-style-type: none"> • Acute crisis e.g. losses, stress, distress often unexpected & multiple 	<ul style="list-style-type: none"> • Use of coercion/seclusion • Invalidation within the Mental Health system 	<ul style="list-style-type: none"> • Spiritual practices or experiences creating fear, shame, guilt etc.
Perpetuating	<ul style="list-style-type: none"> • Temperament factors • Neuropathology • Medication side effects / withdrawal • Substance abuse • On-going medical problems which remain inadequately treated • Nutrition 	<ul style="list-style-type: none"> • ↓ Parental “fit” • Continuing situations of lack of inter-personal safety • Conflict • Lack of psychological interventions • occupational deprivation / injustice 	<ul style="list-style-type: none"> • Personality factors • Continuing lack of personal understanding • Stress • Anxiety • Fear • Emotional dysregulation • Attachment issues 	<ul style="list-style-type: none"> • Pharmaceutical companies • Lack of cultural recognition of the possibility of recovery in medical model • Lack of training in psychological interventions 	<ul style="list-style-type: none"> • Existential states of despair • Confusion • Hopelessness • Meaninglessness • Loneliness • Resentment • Fear • Exclusivity

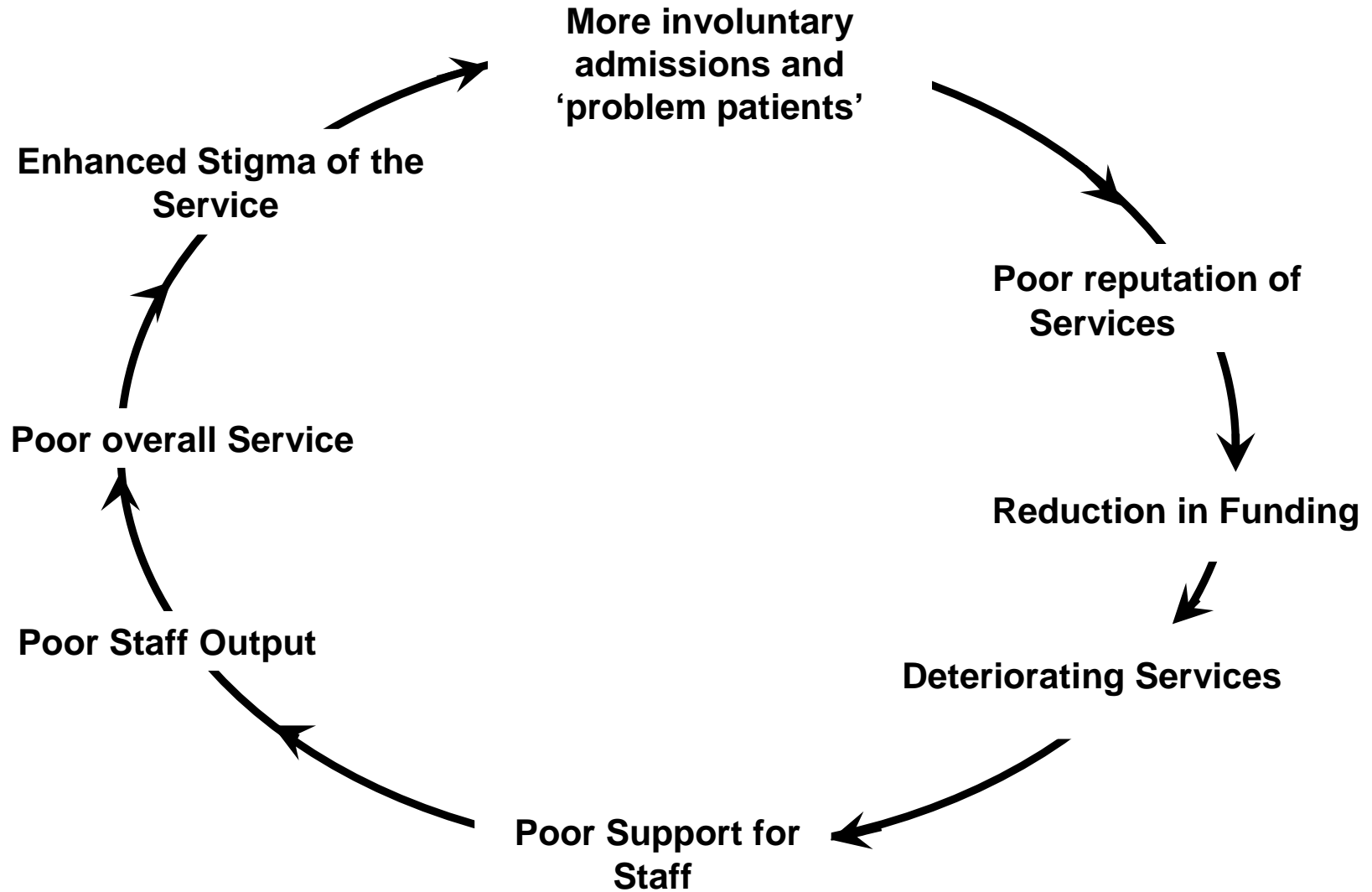
Vicious Cycle of Stigmatization for the Individual (Sartorius 2007)



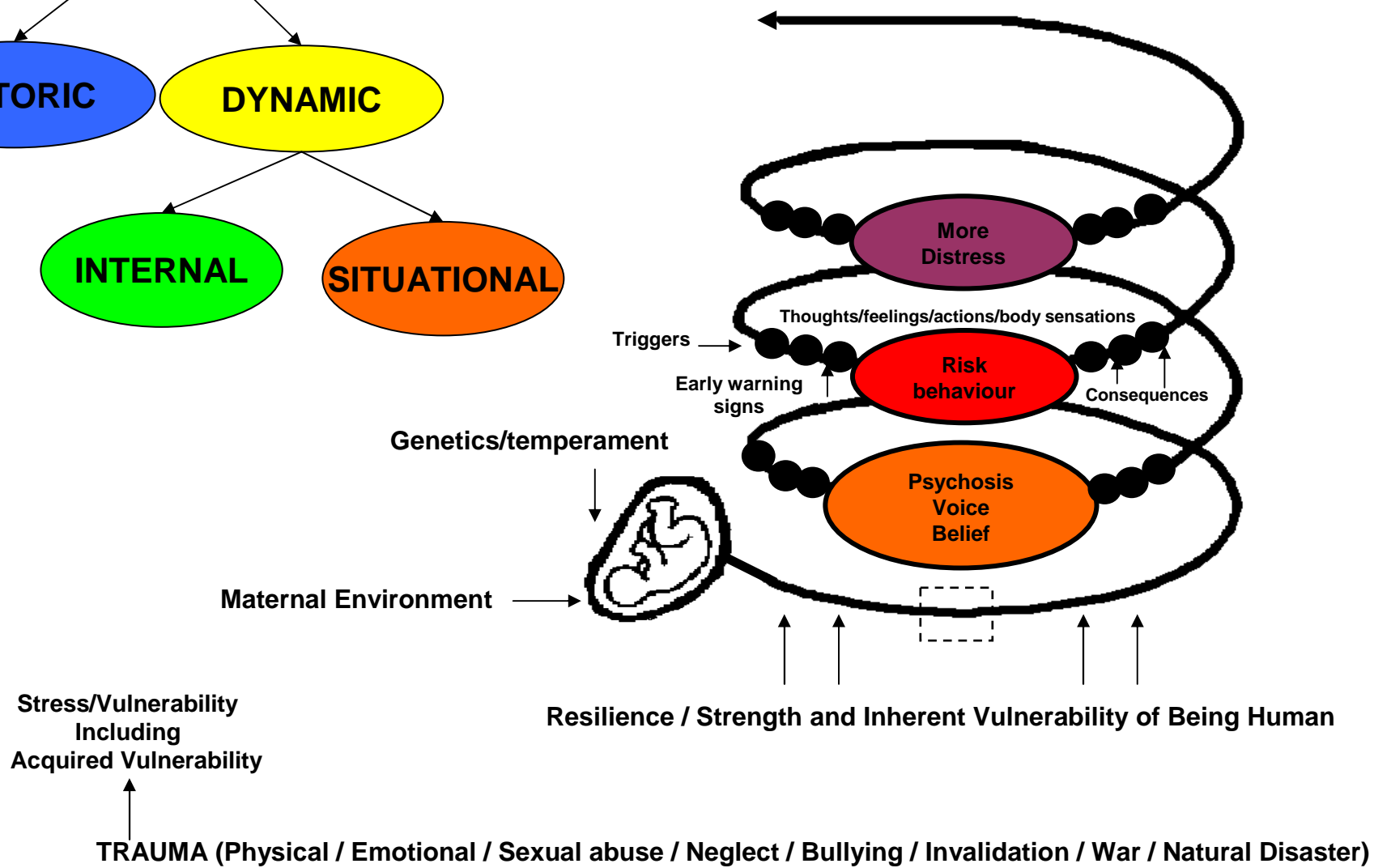
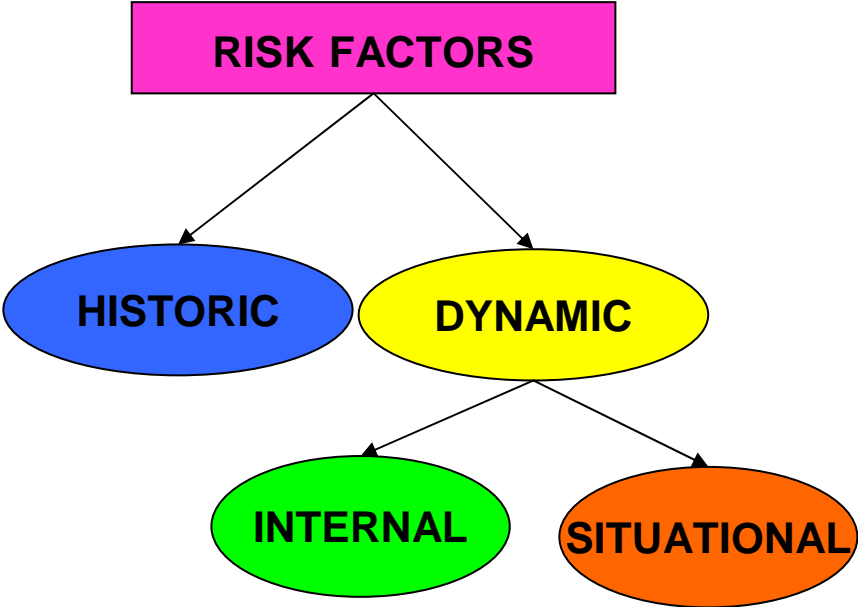
Vicious Cycle of Stigmatization for the Family



Vicious Cycle of Stigmatization for Mental Health Services



Map of the Journey of Re-covey



We can inadvertently perpetuate vicious cycles by how we respond to risk behaviours:

We coerce the individual in an effort to maintain safety

↓
He or she feels mistreated

↓
Increased feelings of fear and anger

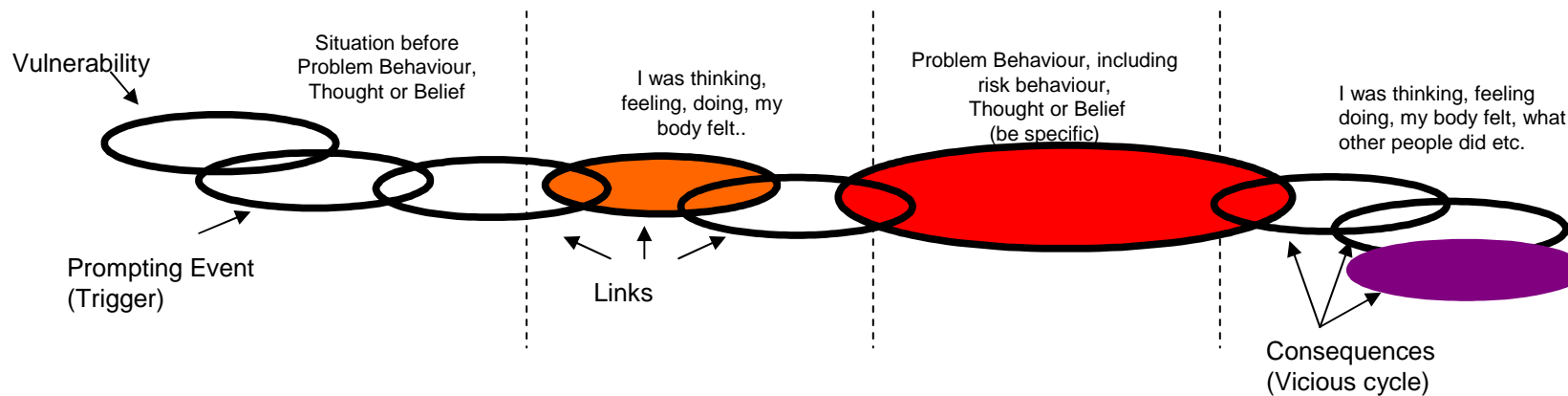
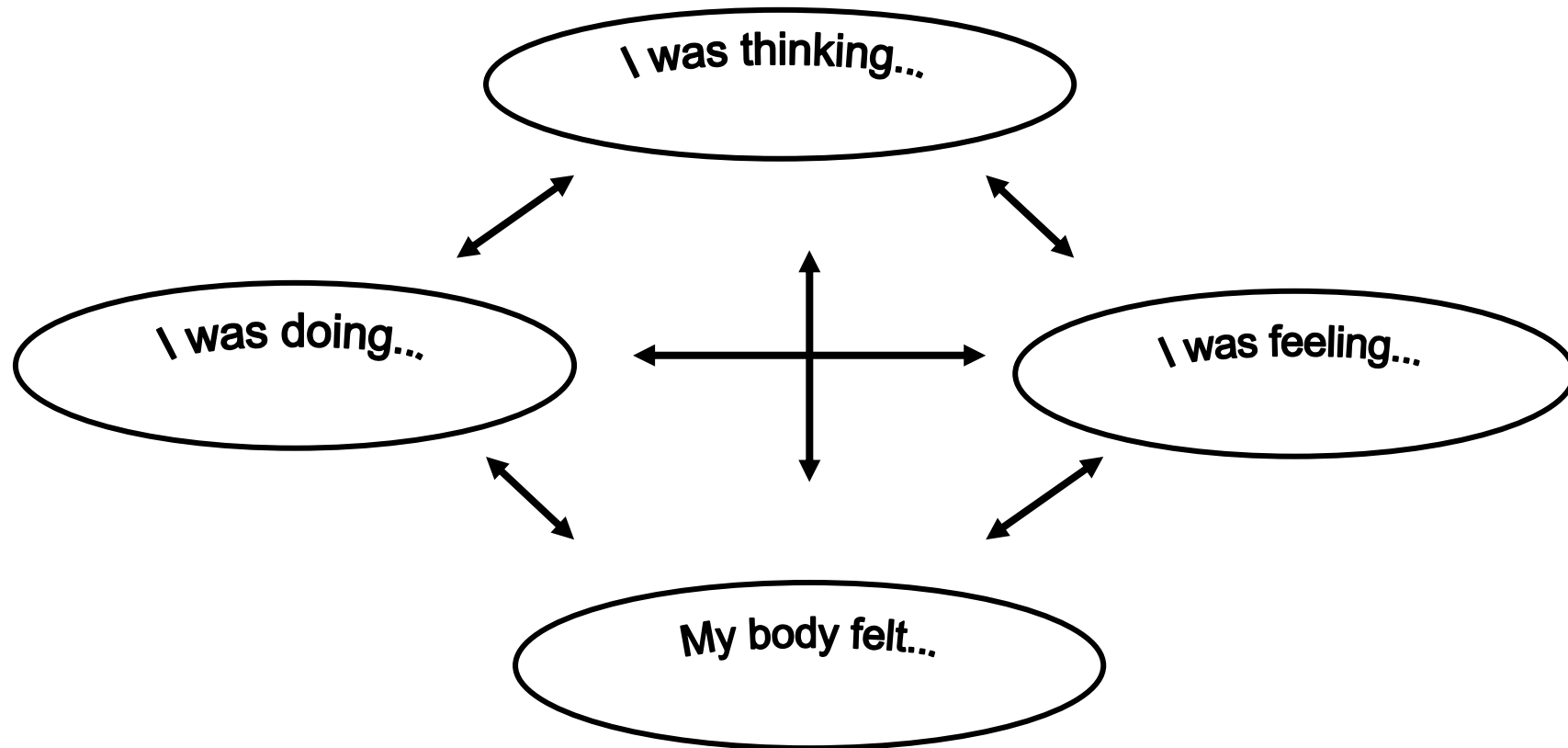
↓
Risk behaviours heightened / danger increases

↓
Vicious cycle is strengthened and perpetuated

We need to recognise that we all have a predisposition towards anger and fear arising from past traumas...

TRIGGERED BY EVENTS IN THE PRESENT

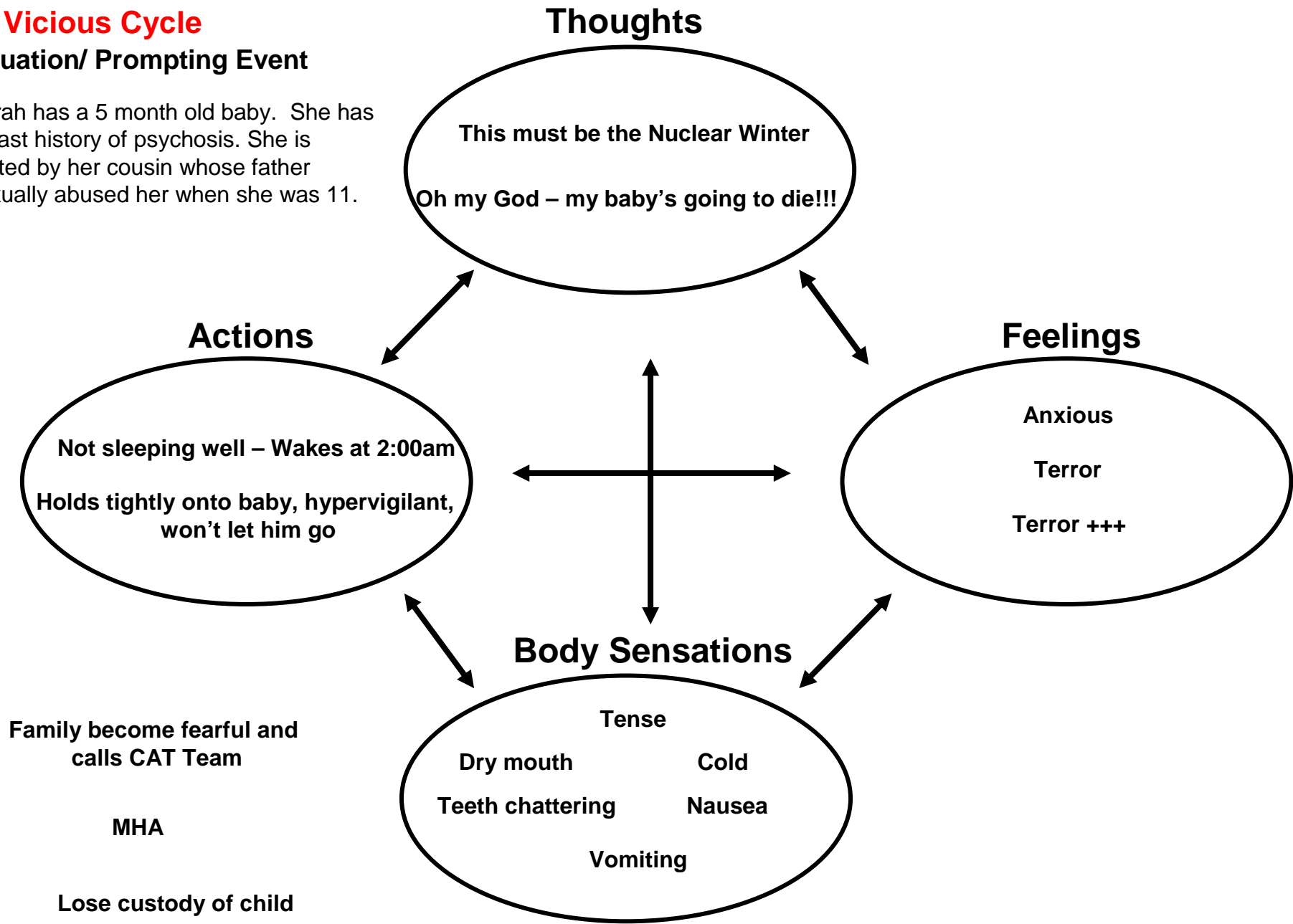
**Using the 5-part model and Chain analysis to understand vicious cycles:
Situation before... :**



Vicious Cycle

Situation/ Prompting Event

Sarah has a 5 month old baby. She has a past history of psychosis. She is visited by her cousin whose father sexually abused her when she was 11.



Mapping Early Warning Signs

Changes in My Behaviour

- **Sleep is disturbed**
- **Behaving oddly for no apparent reason**
- Losing my temper easily
- Having no interest in things
- Being quiet and withdrawn
- Being unable to cope with tasks
- My speech comes out jumbled
- Others have difficulty following me
- Being open and explicit about sexual things
- **Behaving in a stubborn way**
- Spending lots of money

Changes in My Thinking

- Thinking I'm no good, useless, helpless etc
- **Being confused or puzzled**
- Thinking my thoughts are not my own
- **Preoccupied with things**
- Thinking I (or you) could be someone else
- Thinking my thoughts are being controlled
- **New ideas constantly coming into my mind**
- Thinking I'm being watched

Changes in how my body feels

- Hard to breathe; heaviness in my chest
- My heart is racing
- Butterflies in my tummy
- **My mouth feels dry; more thirsty than usual**
- I need to go to the bathroom a lot
- Having aches and pains
- Movements seem slow
- I can't keep still
- **I feel hot or cold; sweaty**

Changes in My Feelings

- Feeling depressed or low
- **Feeling afraid or anxious**
- Feeling distressed
- Feeling irritable or quick tempered
- Feeling ashamed; Feeling guilty
- Feeling over-assertive
- Feeling violent/angry; aggressive; pushy
- Feeling very confident or extremely happy

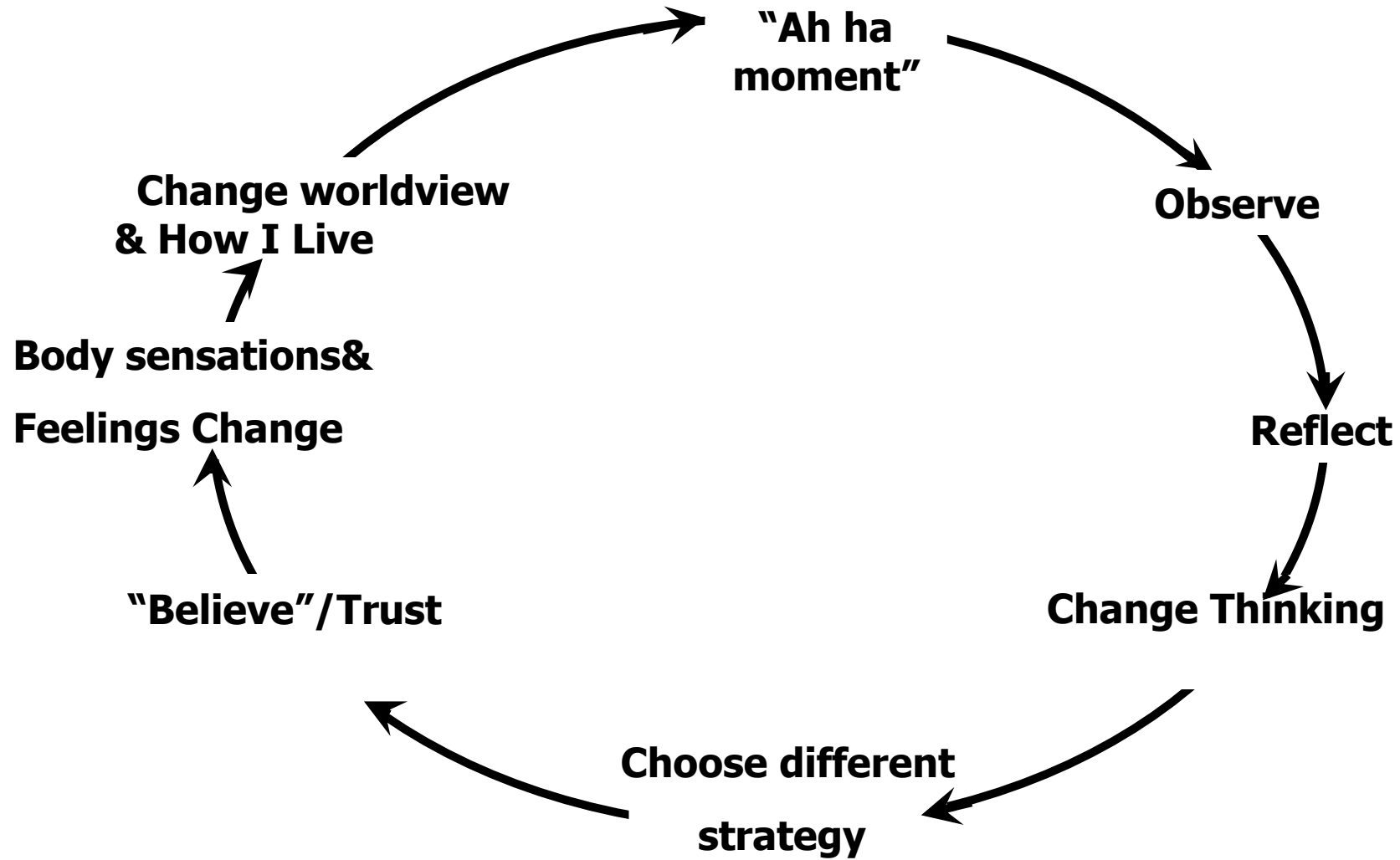
What makes us resilient?

(including acquired resilience – strengths/protective factors)

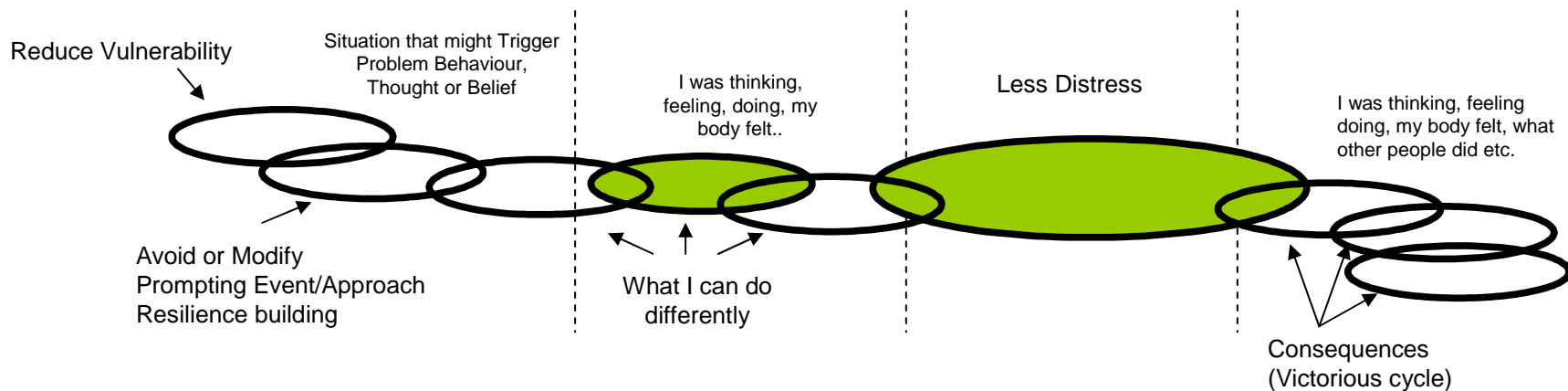
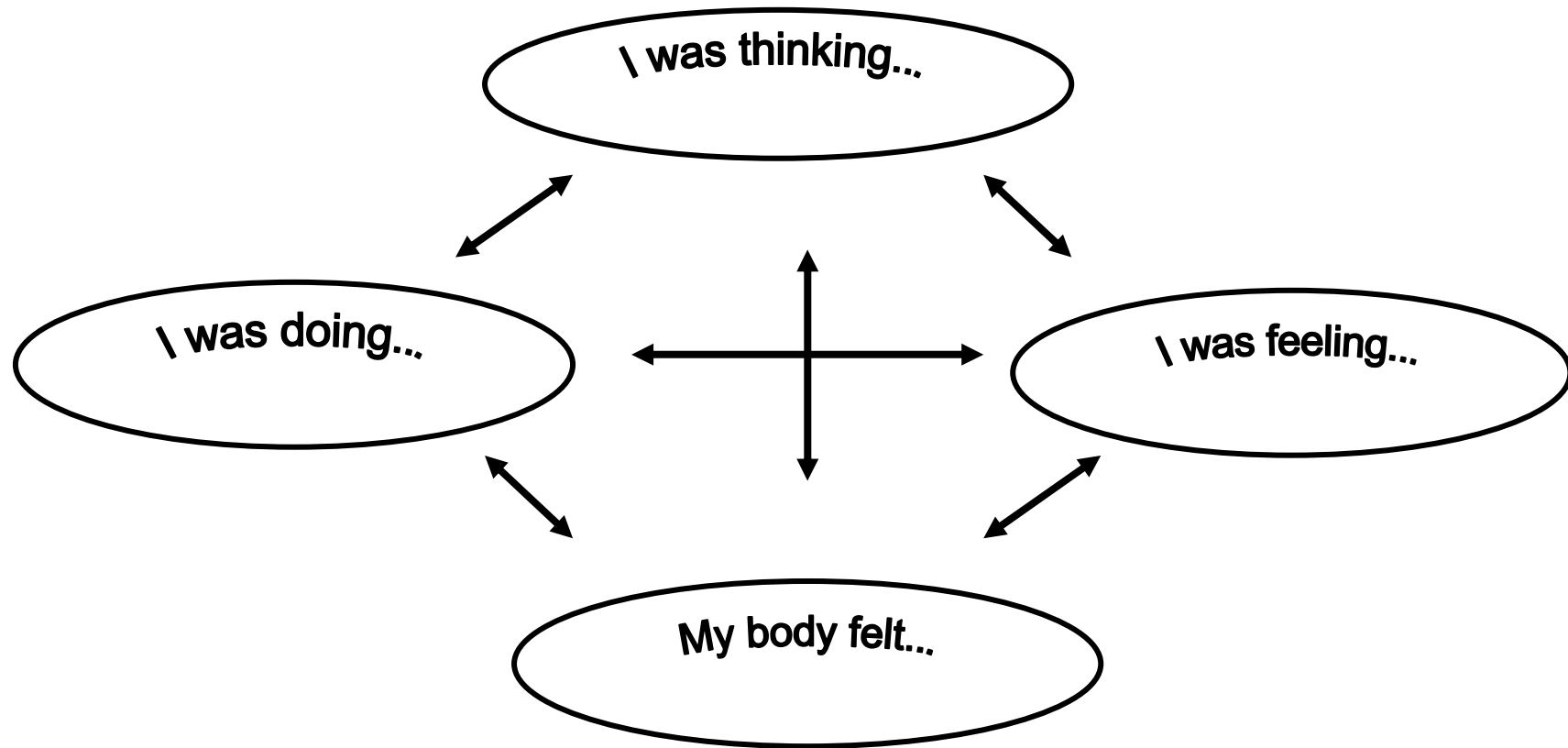
What alternatives might there be? How can psychological , social and occupational therapies help: “hope-inducing”

Strengths	Bio	Socio/Occu	Psycho	Cultural	Spiritual
Protective / Resilience Factors	<ul style="list-style-type: none"> • Genetic • Physiology • Temperament • Intelligence • Physical state • Nutrition 	<ul style="list-style-type: none"> • Supportive family relationships • Positive role models • Meaningful occ. 	<ul style="list-style-type: none"> • Secure attachment • Affect regulation • Positive self esteem • Problem solving ability • Solution-focussed • Social competence • Positive thinking • Learned resilience 	<ul style="list-style-type: none"> • Connectedness • Community • Explanatory models promoting recovery & hope • Responsible risk taking • Shared moral values & attitudes • Reframing overcoming difficulties as proof of: <ul style="list-style-type: none"> ➤ Strength ➤ Resilience ➤ Insight ➤ Creativity ➤ Tenacity 	<ul style="list-style-type: none"> • Existential attitudes of hope • Sense of agency • Meaning • Gratitude • Joy • Clarity • Inclusivity

Creating Victorious Cycles

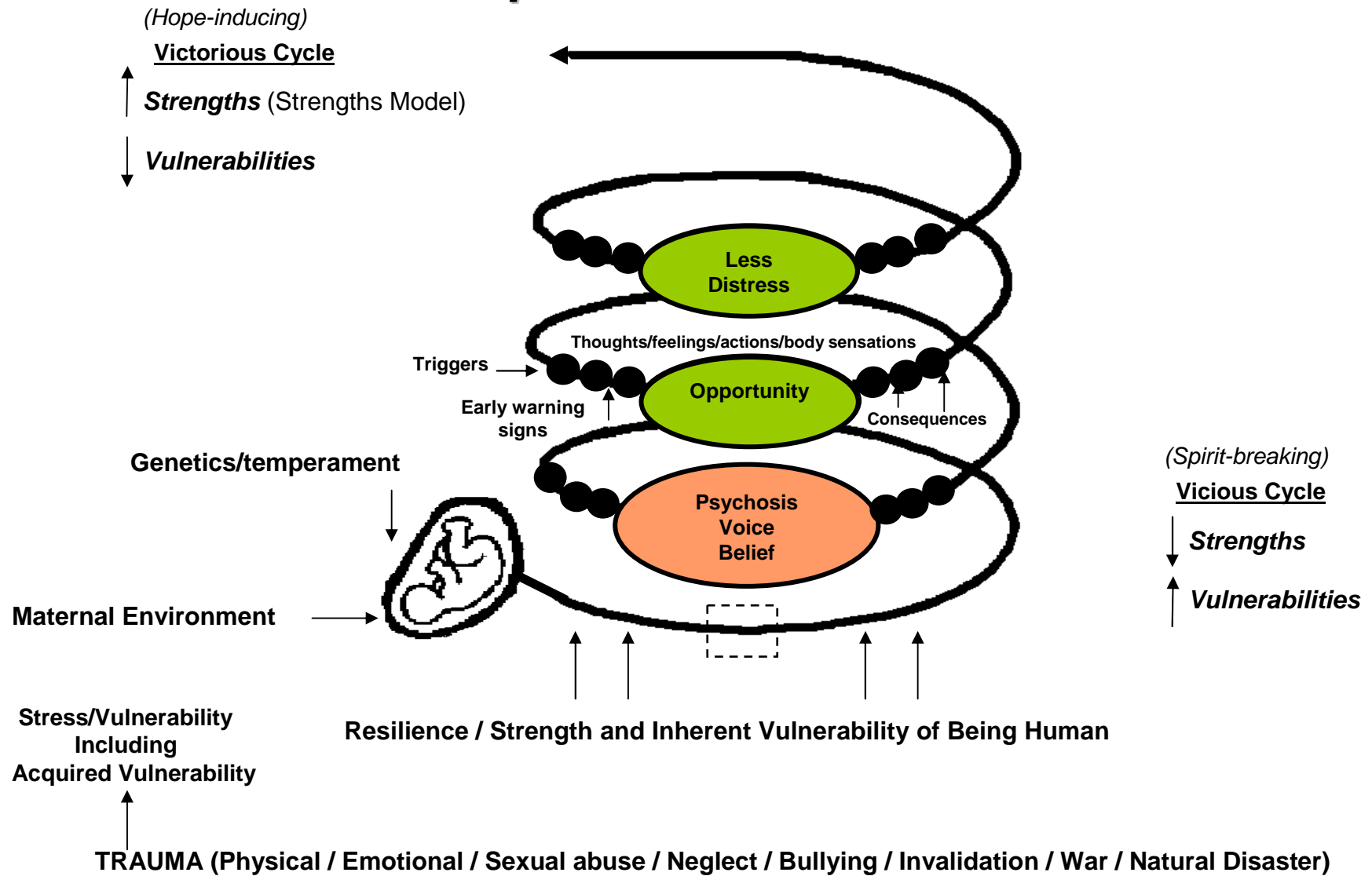


Using the 5-part model to create a victorious cycle as I re-cover the same old ground in my journey of re-covery:



Map of the Journey of Re-recovery Spiritual Context

© Patte Randal (2006)



MHC Recovery Principles

- Hope
- Empowerment
- Self Responsibility
- Education
- Self-Advocacy
- Support
- Purpose & Meaning
(Making sense of suffering)

The Story So Far – Informal Action Research 2005-2010

- **(2005) Informal qualitative evaluation audit of multimodal training (35 of 40 BRC staff members)**
- **(2006-2009) BRC “Recovery Survey” results (70 clients)**
- **(2004-2008) Questionnaire feedback from 16 Voices and 16 Beliefs Groups (each 8 weeks long) (108 clients)**
- **(2005-2010) Quantitative/qualitative self-report for 5 Key worker and 2 Care Co-ordinator trainings (92 participants,)**
- **(2010) Formal qualitative evaluation of Peer Support training (20 participants)**
- **(2010) Formal evaluation of Asian Mental Health Support Worker training (11 participants)**
- **(2008-2010) 26 individual CCRPs completed**

Excerpts from Informal BRC Staff Audit (2005):

Some of the personal interpretations of the map of the journey of Re-covery:

- *“The main take home message for me is that it takes a mixture of things for people to become unwell and that when they do become unwell as opposed to the old days, when people were thought to have a chronic illness with frequent de-compensations, I see the de-compensations more as potential learning experiences, whereby the persons resources are increased. A more positive way to look at it, and I’ve already talked to people who are unwell about that”.*

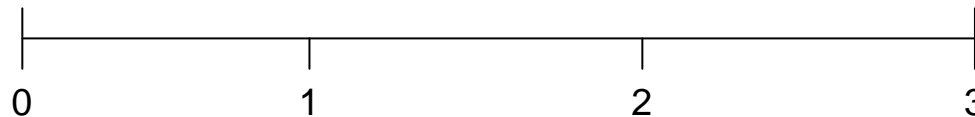
BRC Client Recovery Survey 2006-2009

26 items on 0 - 3 scale

Min score 0
Max score 78

Not at all

As much as I need



Examples:

“To what extent do staff listen to you when you need them to”

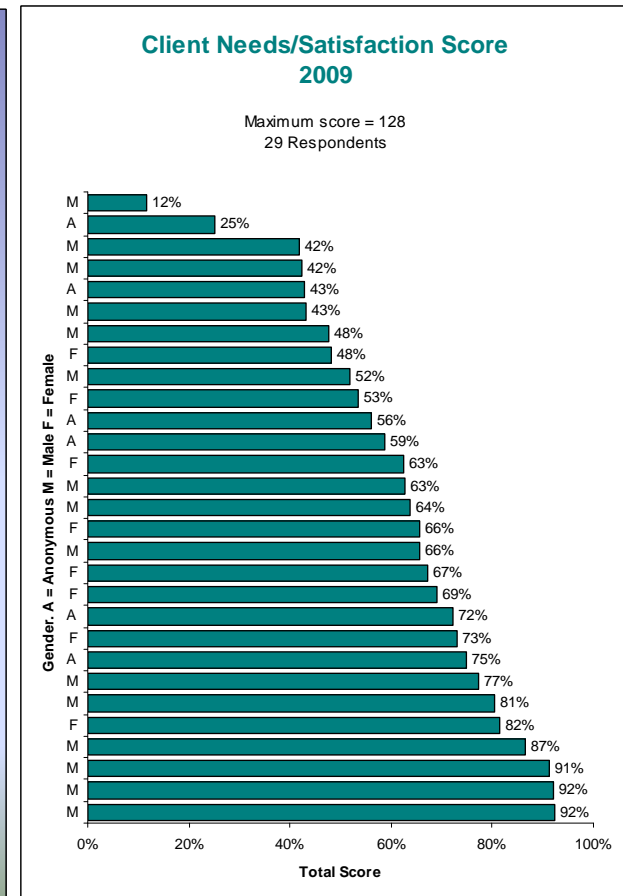
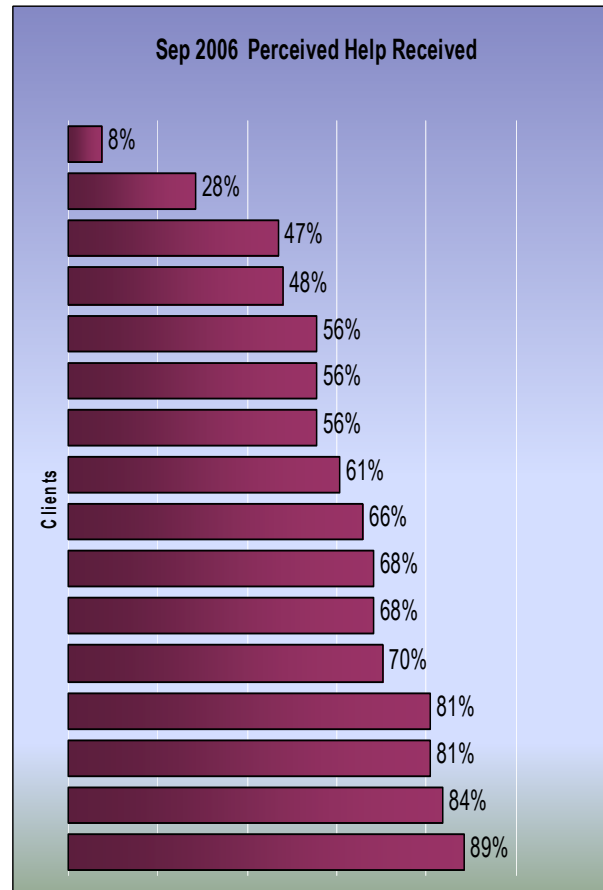
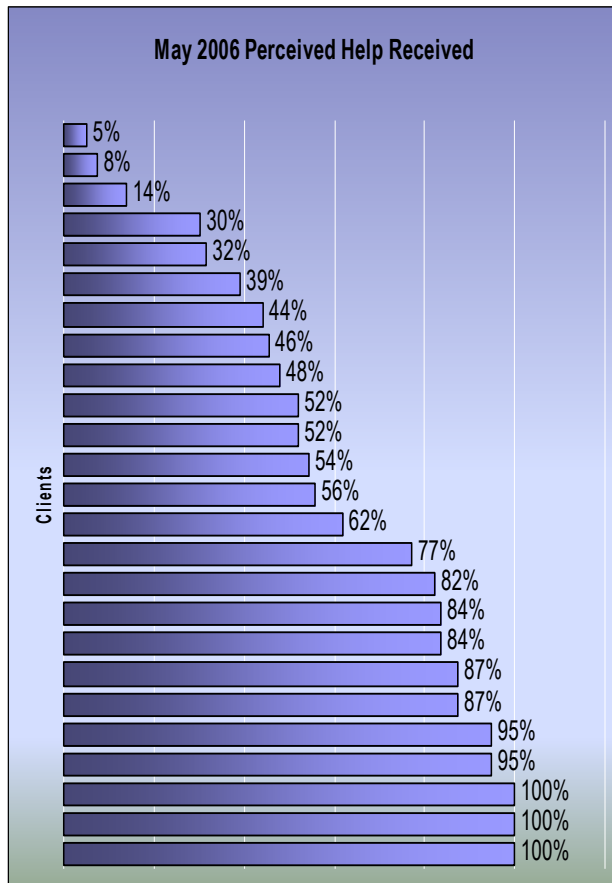
“To what extent do staff spend time with you in a way that feels safe and comforting when you need it?”

“To what extent are staff helping you improve your skills in understanding what happens to you in difficult times?”

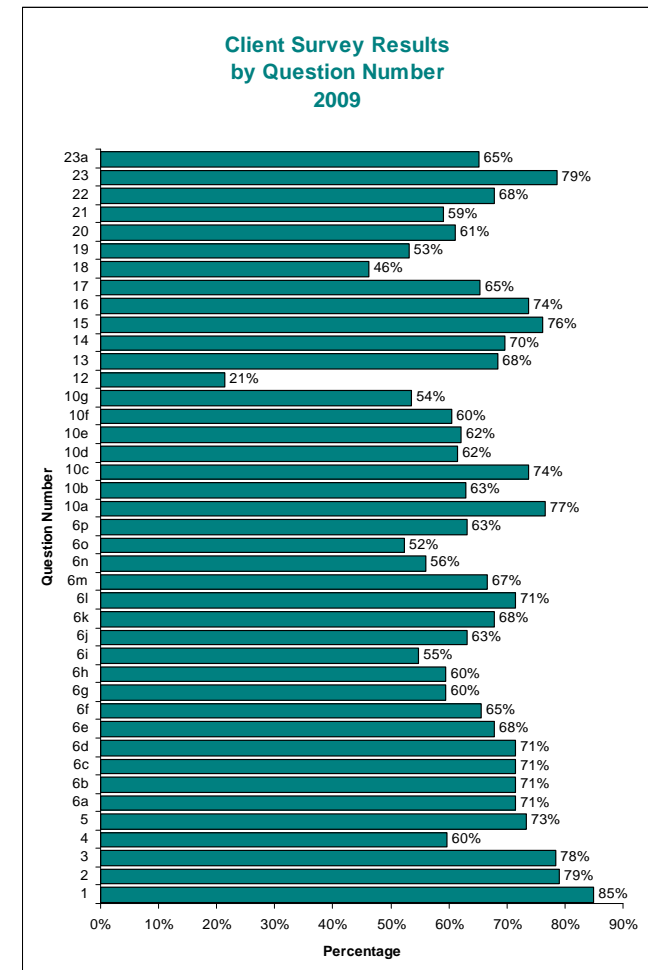
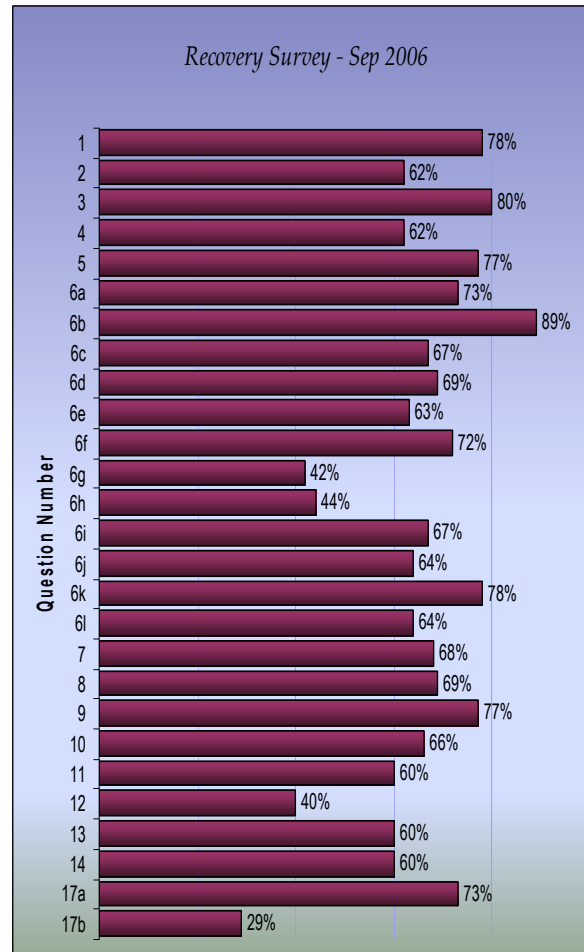
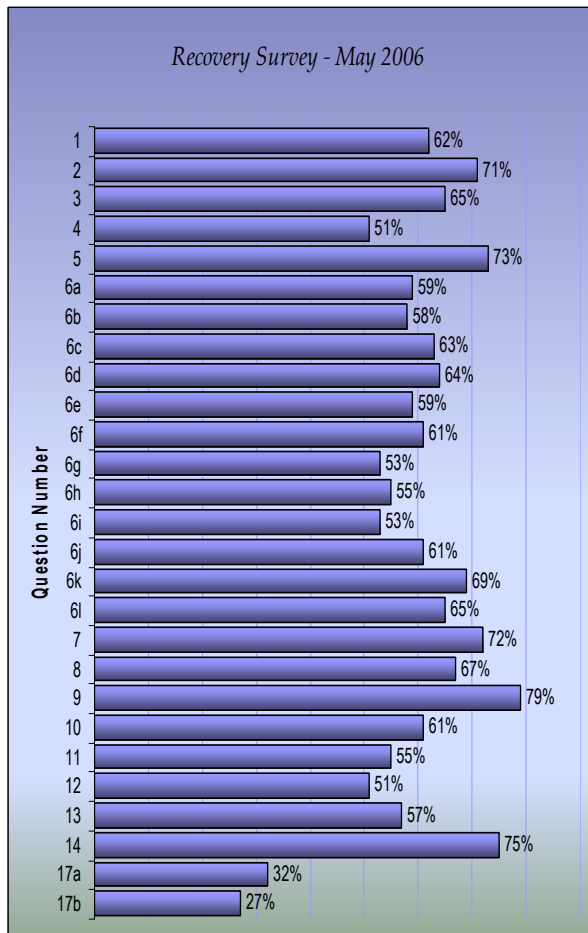
Has your Care Team or anyone explained the “re-recovery” diagram to you? 0 = No, 1 = Yes.

If so, to what extent has this been helpful?

Results: Overall Client Satisfaction

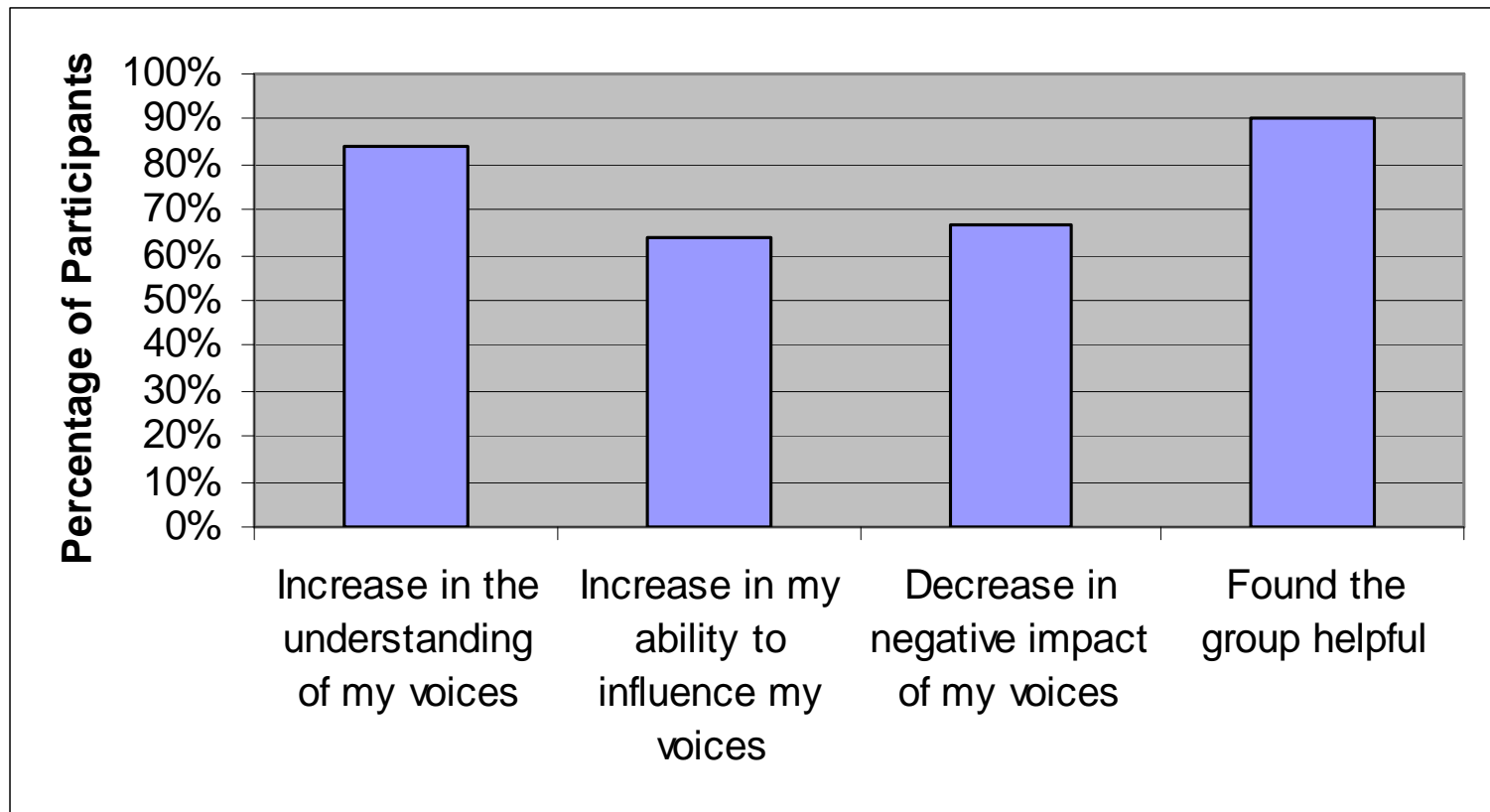


Results of client recovery survey (scores for each question)



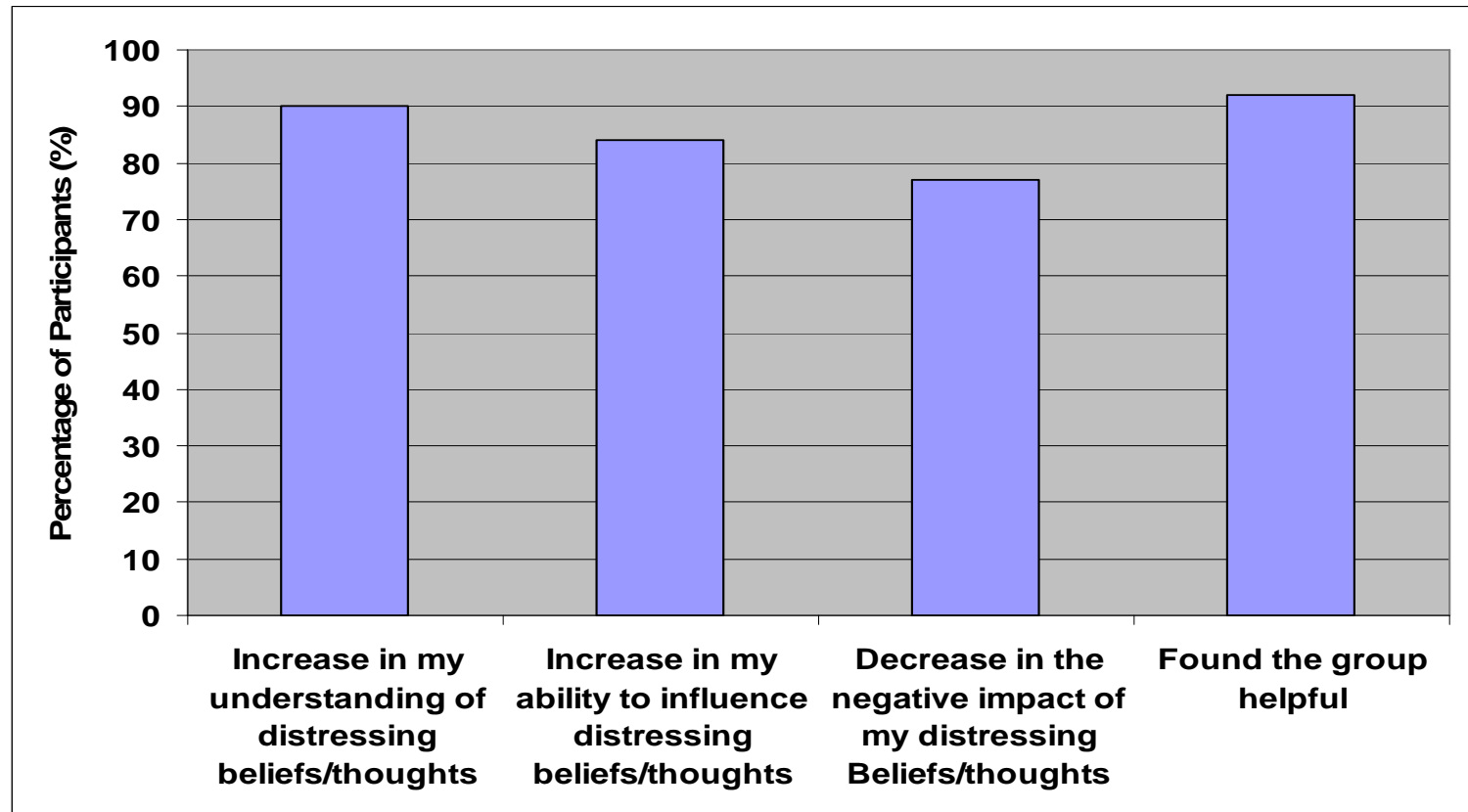
Evaluation of Hearing Voices Groups

Averaged results from 16, 8-10 week groups. Group size 3 - 10 people.
(38 participants, 51 responses) (2004-2008)

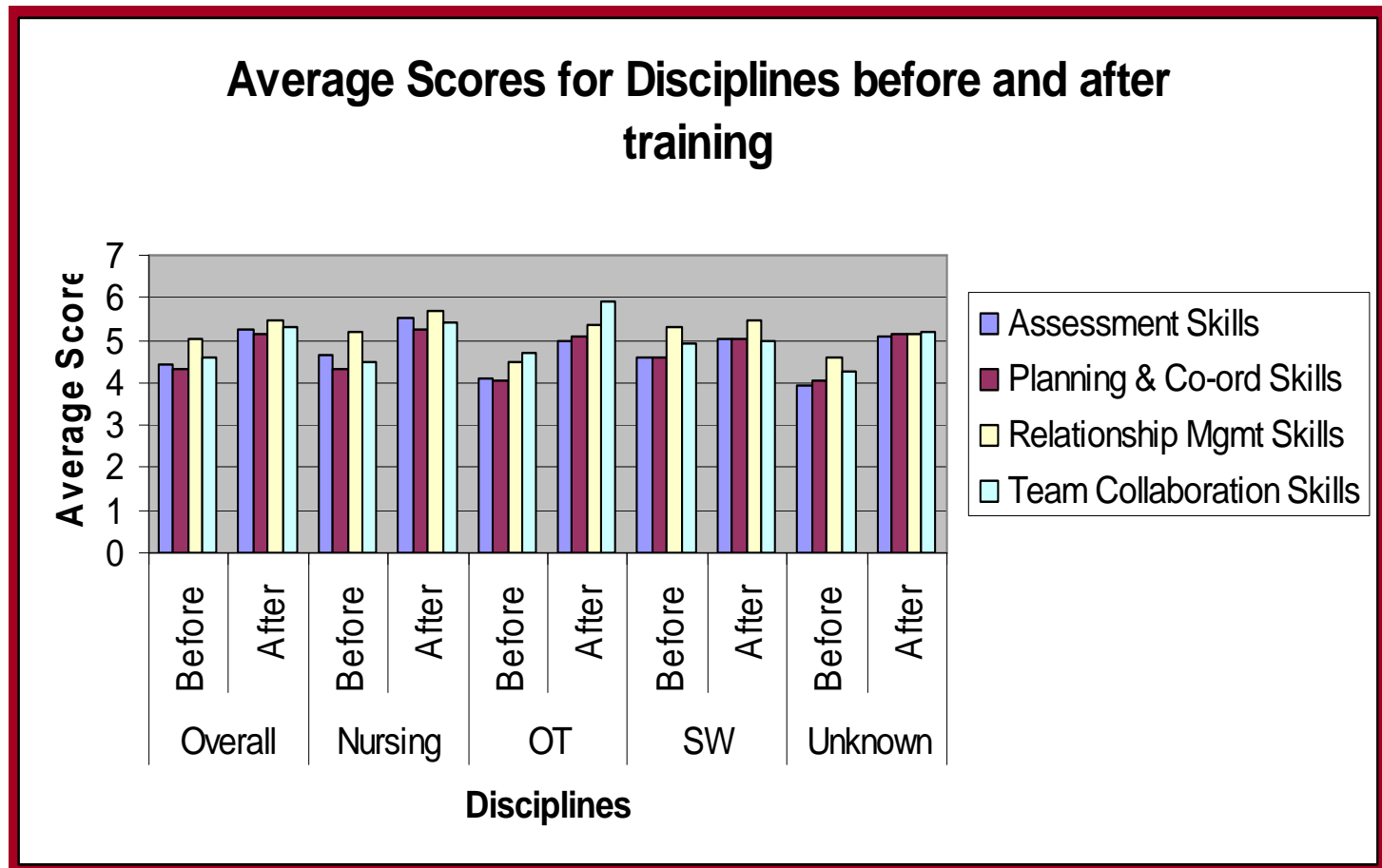


Evaluation of Beliefs Groups

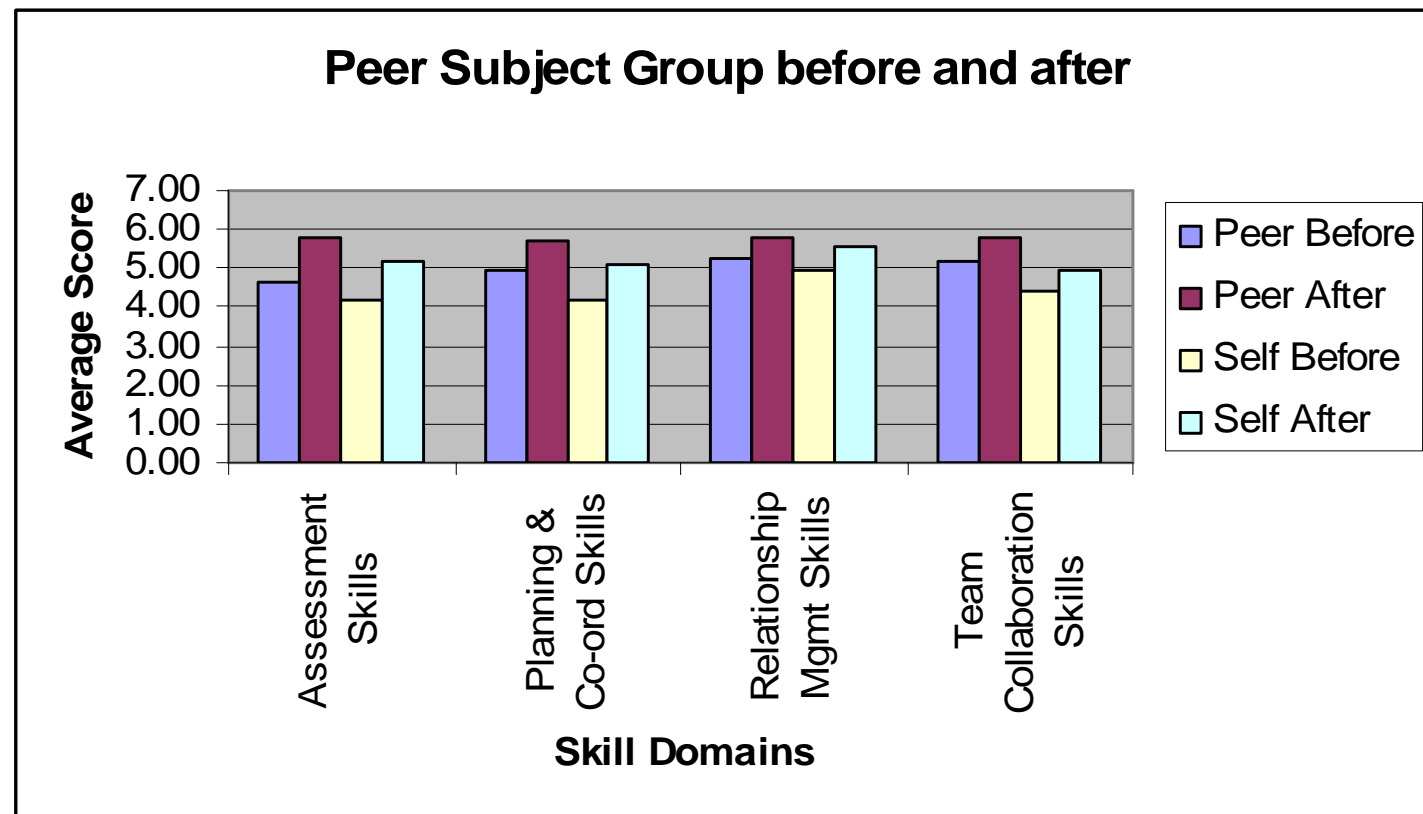
Averaged results from 16, 8 to 10 week groups. Group size 2 - 7 people.
(70 participants, 100 responses) (2004-2008)



Key worker Training (self-evaluation) 2006 Pilot Study



Average scores for Peer Skills Evaluation before and after Key worker Training Pilot Study 2006 (7 participants)



Excerpt from Final Report of WDHB Care Co-ordinator Pilot 2010

- The key findings - 17 of the 20 participants indicated they would recommend this program to their colleagues and all agreed it should be provided to those new to the role at WDHB.
- The “Re-covery Model”, especially the principle of collaborative practice, is a strong focus in the feedback.
- Of note was the number of references about how useful the specific tools (sort cards; feelometer etc)
- 13/18 spontaneously identified Collaborative Recovery Plans as an item of learning they intend to implement.

Evaluation of Peer Support Training (2010)

20 participants – Independent Assessor - CMDHB

- Peer Psychiatrist Facilitator was particularly influential.
- Sharing her own recovery story about herself as a Psychiatrist with lived experience of serious mental illness caused many Trainees to re-evaluate their perspectives on mental health clinicians.
- Presented a Re-recovery model that she had developed to help peers, but also designed to be understood by psychiatrists and other mental health clinicians.
- This Model included a range of tools that Trainees thought would be very useful for guiding their own recovery. The trainees were very keen to use these tools with peers also.

Evaluation of Peer Support Training continued

- *“She had a lot to teach us”.*
- *“Yeah she was amazing”.*
- *“I think her understanding of mental illness and stuff was real great as well – like her whole model. Like that whole spiral model was amazing just the way she described it, she had real deep knowledge of it and that was great.”*
- *“I just have to say one thing about her, I know she was a great teacher and all of that, but I know with her impairment...it was quite difficult for me to concentrate on what she was talking about because of that impairment...so I was lost along the way”.*

Evaluation of Peer Support Training continued

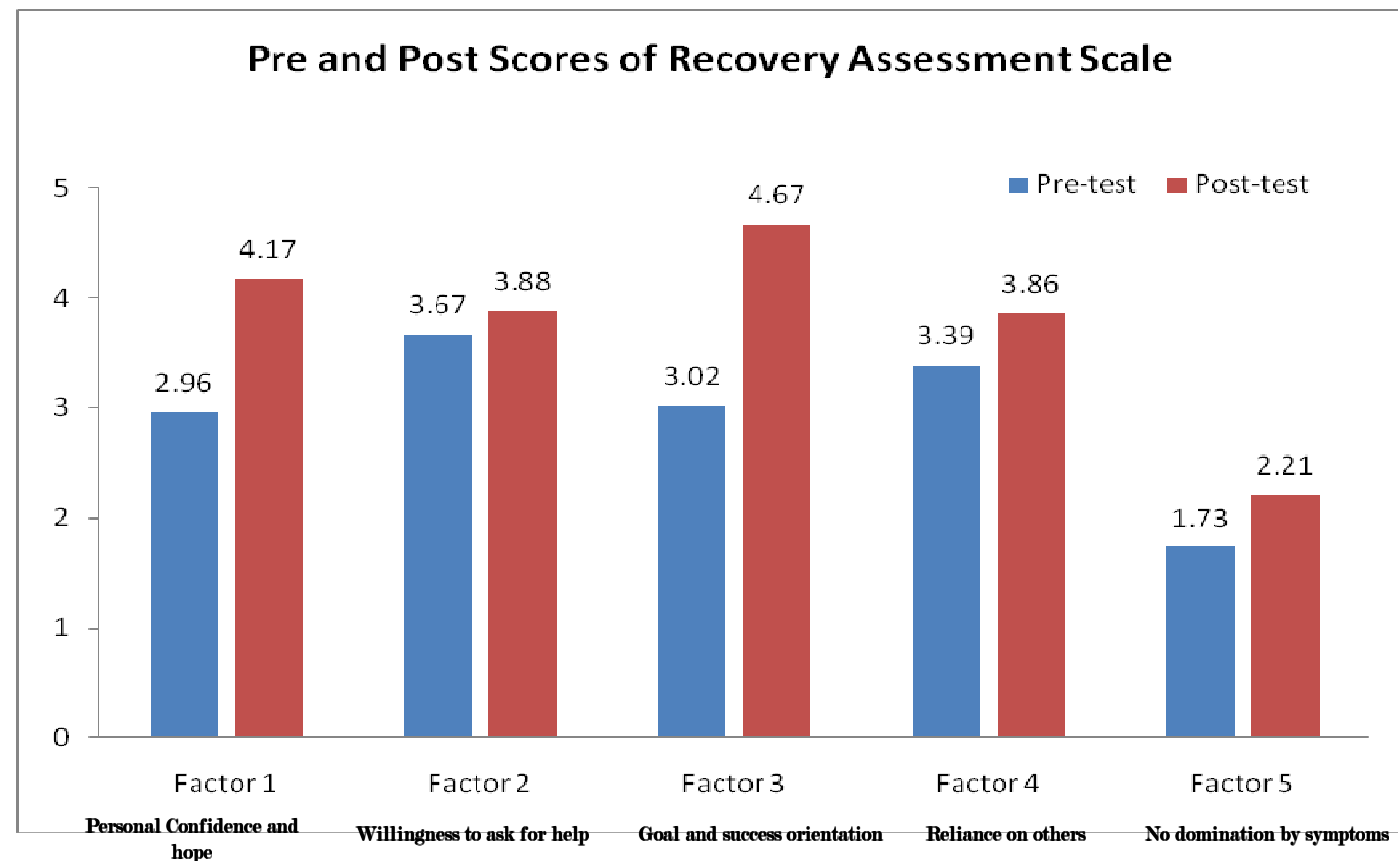
- During class reflection, one Trainee shared her response to the Re-covery Model (Randal 2009). She talked about how she went home thinking about the spiral and how 'crisis' always has 'opportunity' – she reflected on her past experiences and realised how often and how many opportunities there were in her previous crises that she had not recognised and therefore ended up in a downward spiral, “hitting rock bottom”. The Trainee then shared that she became aware of an upcoming stressful situation and has planned how she can deal with the situation differently – she also shared that this is the first time she has ever done that. She was excited to use the learning from the peer support training “to plan in advance to create a victorious cycle.”

Building Evidence for Better Practice in Support of Asian Mental Wellbeing: An Exploratory Study -11 participants 2010



Building Evidence for Better Practice in Support of Asian Mental Wellbeing: An Exploratory Study -11 participants 2010

Recovery Assessment Scale (Giffort, Schmook, Woody, Vollendorf, & Gervain, 1995)



Quotes from Training Evaluation

- **Day 2:**
- **“I think every client needs to learn this model, so they will understand their life better and also knowing and be aware what’s going on with their life”.**
- **“I think this will be really useful for working with Asian clients. And also we could put the cultural assessment into the map of the journey”.**
- ***After 3 months: Notes from Case Study***
- **Staff Y feels that the client knows her recovery journey and cherishes the gains she has got from it.**
- **Staff A: Asians don’t tend to talk about themselves, it’s easier to say e.g., “my mother thinks I’m.....” rather than “I think I am.....”**

Challenges

- Challenging to the risk averse culture and status quo
- Commitment to on-going education within services
- Integration of learning into practice
- Training trainers
- On-going evaluation of post training outcomes and longer term outcomes for individual work with service clients

Conclusions and where to from here?

- The “Re-recovery Model” appears to be a useful shared model for clinicians of all disciplines, (cultural) support and peer support workers, the people we serve and their families, and appears to promote transformation in self-understanding and culture change towards recovery-focused care
- Inclusion of the “Re-recovery Model” in acute services and in primary care?
- Formal on-going outcome research is planned including long term follow-up with people who have completed the CCRP

Map of the Journey of Re-recovery Spiritual Context

© Patte Randal (2006)

