



Psychiatric Rehabilitation & Peer Support

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Learning Objectives

- Discuss fundamental components of recovery that are related to recovery from mental health and/or substance use conditions.
- Discuss differences between the medical model and recovery model approaches to health care services.
- Discuss principles and practices of psychiatric rehabilitation (PSR) used within the recovery model.
- Describe who peer specialists are and what they do in VHA health care services.
- Explain the roles of VHA peer specialists in PSR services and the recovery process for Veteran health care service users.

Definition of Recovery

SAMHSA has defined recovery from mental illnesses and substance use disorders as “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”

SAMHSA has defined four major dimensions that support a life in recovery:

- (1) Health: Overcoming or managing one’s disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.
- (2) Home: A stable and safe place to live.
- (3) Purpose: Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society.
- (4) Community: Relationships and social networks that provide support, friendship, love, and hope.

Recovery involves...

- A process of finding and living a satisfying and meaningful life as a person defines it for himself/herself.
- Changing attitudes, values, feelings, goals, skills, and/or roles.
- Overcoming both internalized and external stigma about illness.
- Reclaiming a positive sense of self.
- An ongoing personalized journey of healing and transformation.
- Strengthening and reclaiming roles beyond being a health care service user in the mental health system.
- Actively self-managing one's life and wellness.

Fundamental Components of Recovery



Fundamental Components of Recovery

- **Self-Direction**: Through autonomy and choice, individuals can take control over their own path of recovery. Through self-advocacy and making informed decisions about using available resources and supports, individuals are able to achieve a self-determined life of wellness and fulfillment.
- **Individualized and Person-Centered**: Each person's path to recovery is unique. No two people will have the exact same journey. Therefore, the treatment services and resources offered to the individual must be tailored to that individual and take into consideration the individual's unique strengths, needs, preferences, experiences, and cultural background(s).

Fundamental Components of Recovery (Continued)

- **Empowerment**: Through self-advocacy and making informed decisions about available options, individuals are enabled to determine the path of their own recovery.
- **Holistic**: Recovery encompasses the totality of a person's life. It involves the mind, body, spirit, and community of an individual. It embraces all aspects of a person's self-determined needs, including housing, employment, education, health care, and meaningful relationships and roles in the person's community.

Fundamental Components of Recovery (Continued)

- **Non-Linear**: Recovery is not a step-by-step process but one based on continual growth, occasional setbacks, and learning from experience. Awareness of oneself, willingness to learn from past experiences, and awareness of available supportive resources can help guide an individual's recovery journey.
- **Respect**: The protection of an individual's rights is essential to recovery. A person's values, opinions, and right to make his/her own health care decisions should be honored whenever possible. Having self-respect and believing in oneself can greatly enhance the recovery process.

Fundamental Components of Recovery (Continued)

- **Responsibility**: An individual is responsible for his/her own self-care and recovery journey. Courage is key.
- **Hope**: Hope is essential to recovery. Belief that recovery is possible, that a better future can be had, is necessary in order to successfully transcend the limitations of one's current life challenges.
- **Strengths-Based**: Recovery draws on an individual's resiliencies, abilities, talents, and coping skills to ensure optimal wellness.

Fundamental Components of Recovery (Continued)

- **Peer Support**: Peer support occurs when an individual recovering from a mental illness and/or substance use disorder uses his/her lived experience in service of another individual currently living with similar health issues.
 - Lived experience is shared, empathy is demonstrated, and hope is instilled.
 - The comfort of knowing they are not alone and someone else has “been there” can help individuals transcend challenges that they are experiencing.
 - Through this exchange of mutuality, the process of recovery is greatly enhanced and influenced for the better.

Assessment & Treatment Approaches



Medical Model Approach to Assessment & Treatment

- Assessment:
 - Identify symptoms that the person is experiencing.
 - Use the symptoms to provide a diagnosis (ex. bipolar disorder).
- Goals of treatment:
 - Reduce or eliminate the symptoms.
 - Stabilize the person so that the person stays out of the hospital.
 - The person remains compliant with treatment (ex. taking prescribed medication).
- Example treatment approaches:
 - Prescribe medication.
 - Refer the person for individual psychotherapy and/or group therapy.
- While important, the medical model approach only addresses appropriate diagnosis and symptom management of a mental illness and/or substance use disorder.

Recovery Model Approach to Assessment & Treatment

- The recovery model looks at symptoms of mental illnesses or substance use issues as barriers in the way of the person achieving his/her life goals.
- This model focuses on looking at personal strengths, individual courage, self-esteem, problem-solving skills, coping mechanisms, rehabilitation, and hope.
- In the recovery model, medications, psychotherapy, and other more traditional treatments still have an important role, but symptom reduction and/or management is not the end goal. The main goals are to maximize the individual's abilities and opportunities to achieve important personal goals around work, education, relationships, meaningful roles, and overall wellness. Symptom (impairment) management occurs in service of these larger life goals.
- Psychiatric rehabilitation (PSR) services address the dysfunctions, disabilities, and disadvantages associated with mental illnesses and/or substance use disorders.

Why should the VA health care system care about the recovery model?

- President's New Freedom Commission on Mental Health Report (2003): Emphasized recovery from serious mental illnesses, including person-centered care, family involvement in treatment services, and peer support services.
- VHA Mental Health Strategic Plan (2004): Outlined several national goals for VHA health care services, in particular a dramatic increase in recovery-oriented services. VHA remains strongly committed to this approach as reflected in its funding of new programs, services (ex. peer support services), and staff positions (e.g., local recovery coordinators; peer specialists).
- VHA Handbook 1160.01, Uniform Mental Health Services in VA Medical Centers and Clinics (2008): States the minimum clinical requirements for VHA mental health services and notes that the mental health services must be recovery-oriented.

Definition of Psychiatric Rehabilitation (PSR)

- Psychiatric rehabilitation (also known as psychosocial rehabilitation) promotes recovery, full community integration, and improved quality of life for persons who have been diagnosed with any mental health and/or substance use condition that seriously impairs their ability to lead meaningful lives.
- Psychiatric rehabilitation services are collaborative, person-directed and individualized. These services are an essential element of the health care and human services spectrum and should be evidence-based.
- Psychiatric rehabilitation services focus on helping individuals develop skills and access resources needed to increase their capacity to be successful and satisfied in the living, working, learning, and social environments of their choice.

PSR Goals and Values

<u>Goals</u>	<u>Values</u>
<ul style="list-style-type: none">• Recovery• Community integration• Improved quality of life	<ul style="list-style-type: none">• Self-determination• Respect for the dignity and worth of every individual• Hope• Belief in the capacity of every person to learn and grow• Cultural sensitivity and respect

PSR Principles

- All treatment services are tailored to the individual.
- The individual chooses his/her treatment goals and preferred services whenever possible.
- The individual collaborates in the decision-making process with his/her health care provider(s).
- Offered services and resources are tailored to support the individual in finding and maintaining meaningful role(s) in his/her community.
- The individual's strengths are assessed and optimized to support progress toward his/her goals.

PSR Principles (Continued)

- Situational assessments are done to determine the skills that a person has and what (if any) accommodations or environmental modifications may be need to be made for the person to successfully function in the environments of his/her choice (Pratt et al., 2007, p. 122).
- Health care services are provided in an integrated, multidisciplinary approach to ensure that the physical, mental, emotional, and spiritual needs of the individual are met and supported.
- Health care services should be coordinated to avoid duplication, and they should be accessible for as long as the individual needs them.
- PSR practitioners “do not question the ability of someone to work but assist the individual to acquire the skills, resources, and supports necessary for success” (Pratt et al., 2007, p. 124).

PSR Principles (Continued)

- PSR practitioners teach individuals new skills and/or help them enhance existing skills (ex. communication skills; social skills; basic living skills, etc.) needed to successfully achieve a desired goal.
- PSR practitioners help individuals to access accommodations needed for the individuals to function successfully in the roles and environments that they desire.
- PSR practitioners collaborate with the individual and his/her identified family members to support the individual's recovery process.
- For ongoing quality assurance purposes, PSR practitioners must continuously assess and evaluate the effectiveness of their interventions in successfully meeting health care service users' chosen goals.

Examples of PSR Services

- Supported Housing
- Supported Employment
- Supported Education
- Family Services
- Peer Support



Supported Housing

- Integrated, community–based housing opportunities are available for individuals with mental health and/or substance use conditions. The supported housing options are self-directed, chosen by the individual, and supported by the following interventions:
 - Available staff telephone support 24/7 for assistance in crises
 - Financial resources (ex. assistance with money management/budgeting)
 - Basic needs (furnishing, supplies)
- Example of VHA housing resource for Veterans:
 - VA Supported Housing (VASH) Program

Supported Employment

- Vocational rehabilitation can be an empowering benefit to individuals with mental health and/or substance use conditions. Supported employment services includes the following:
 - Individualized job searches focused on competitive employment
 - Services focused on the person's desired vocational goal(s) and preferences
 - Concentrated focus on individual aptitudes
 - Advocacy for possible accommodations if needed for the job
 - Supports last as long as needed and desired by the individual
- In VHA health care services, vocational rehabilitation services are offered through the Compensated Work Therapy (CWT) Program:
 - Transitional Work Experience—Temporary job placements
 - Supported Employment—Competitive and (hopefully) permanent jobs

Supported Education

- In supported education services, the focus is on assisting the individual with necessary resources and supports to help the individual consider educational pursuits as part of his/her recovery goals.
- Examples of VHA supported education services can include assistance with the following:
 - GI Bill benefits
 - Developing successful study skills
 - Tutoring
 - Addressing concerns regarding the roles and responsibilities of a student and stressors around returning to a classroom setting

Family Services

- Family support and family wellness play an important part in an individual's system of natural supports.
- Examples of family services include:
 - Psychoeducation groups—Information is shared about the symptoms and treatments of mental illnesses and/or substance use conditions
 - Behavioral problem-solving—Brainstorm and work to find solutions to daily issues and crises
 - Family support groups—Families listen, share stories, and empathize with other families experiencing similar challenges
 - Crisis management
 - Marriage and family counseling
 - Parenting skills groups

Peer Support

- Peer support is exemplified when an individual recovering from a mental health and/or substance use condition uses his/her lived experience in service of another person currently living with similar health issues. Lived experience is shared, empathy is demonstrated, and hope is instilled. Through this exchange of mutuality, the process of recovery is greatly enhanced and influenced for the better.
- Peer specialists are individuals with histories of persistent health issues who are successful in maintaining their recovery and are trained to use their lived experiences to help fellow health care service users with personal recovery goals.

What do VHA peer specialists do?

DO

- Facilitate peer support groups
- Share their recovery stories to engage Veterans in their own recovery process
- Advocate for Veteran health care service users
- Act as role models of recovery
- Provide crisis support
- Keep open communication with other health care professionals
- Work as a member of a treatment program's interdisciplinary team

VETERANS HEALTH ADMINISTRATION

DON'T DO

- Provide psychotherapy
- Do other staff's jobs/fulfill other health care professionals' roles
- Collude with Veterans against other health care professionals
- Cross boundaries
- Support Veterans in their self-destructive and/or illegal behaviors
- Criticize their colleagues when meeting with Veteran health care service users

Where do peer specialists work in the VA health care system?

- Acute inpatient care and long-term inpatient care mental health treatment units
- Compensated Work Therapy programs
- Community-based outpatient centers
- Mental Health Intensive Case Management teams (MHICM)/Assertive Community Treatment (ACT) teams
- Substance abuse treatment programs
- Crisis intervention teams
- Psychosocial Rehabilitation and Recovery Programs (PRRCs)
- Primary care clinics
- Homelessness programs
- Transitional residences

VHA Peer Specialists' Roles as PSR Practitioners

- Communicate a belief that a person can and will recover. “I believe you can have the life you want to live, and I will support you in your journey to get there. I have hope for you.”
- Listen. Really listen. Do not judge, dismiss, or advise. Just listen.
- Engage in conversations about goals, dreams, and wishes.
- Ask questions like, “What would be a satisfying life for you? How can you get there? How can I help?”
- Use stories to inspire. Encourage Veteran health care service users to tell their stories. Share success stories—your own recovery story.
- Believe in the potential of each person to recover in his or her own way.

Related VHA Peer Support Staff Competencies

Here are some of the expected knowledge and skills for peer specialists in VHA that are related to recovery principles and peer specialists' expected work practices.

Recovery Principles Domain

- Demonstrates understanding of wellness from a whole health perspective that includes a focus on a Veteran's health, home, purpose, and sense of community.
- Demonstrates understanding of SAMHSA's guiding principles of recovery and demonstrates the ability to use these principles in the peer specialist's work.
- Recognizes that there are multiple pathways to an individual's recovery and wellness.
- Demonstrates understanding of the stages in the recovery process and what is helpful and not helpful to individuals at each stage.
- Demonstrates understanding of the philosophy and principles of psychosocial rehabilitation.
- Demonstrates understanding of a peer specialist's roles in psychosocial rehabilitation.

Peer Support Practices Domain

- Conveys hope that change and recovery are possible.
- Develops collaborative relationships with Veterans as part of a treatment team to assist Veterans' engagement with services that are beneficial to their recovery.
- Demonstrates understanding of the role of a peer specialist at each stage in a Veteran's recovery.
- Shares stories about personal recovery experiences in relation to current struggles faced by the Veteran that the peer specialist is supporting.
- Demonstrates capability in determining when and how much of one's personal recovery story to share and with whom to make the self-disclosure in order to be helpful and not triggering for a Veteran.
- Models effective coping techniques and self-help strategies.
- Describes own personal wellness practices and assists Veterans to discover wellness practices that work for them.

Related VHA Peer Support Staff Competencies (Continued)

Cultural Competence Domain

- Demonstrates capability in interacting sensitively and effectively with individuals from various cultural backgrounds.
- Tailor services and supports to meet the preferences and unique needs of Veterans and their families.

Whole Health Approach to Services Domain

- Assists Veterans to develop an understanding of the holistic approach to recovery and personal wellness which includes physical, mental, spiritual, and social wellness.
- Supports the development of healthy behavior that is based upon the Veteran's choice.
- Knows about services and resources in the VA health care system that can be accessed to address a Veteran's needs and interests regarding holistic health and wellness and meaningful roles and activities.

Recovery & Personal Wellness Goals Domain

- Demonstrates understanding of the peer specialist's role in supporting clinical treatment goals.
- Assists Veterans to articulate, set, and accomplish goals related to their recovery and personal wellness that are meaningful and self-determined by the Veterans.
- Encourages Veterans to identify their strengths, needs, abilities, and preferences and use them to improve their lives in the life domain areas of home, health, community, and purpose.
- Assists Veterans to accurately identify barriers to achieving their goals and collaboratively brainstorm strategies for moving past the barriers.
- Helps Veterans to identify options and participate in all decisions related to establishing and achieving their goals.
- Assists Veterans to access the services and resources that will help them to work on and accomplish their goals.

Related VHA Peer Support Staff Competencies (Continued)

Community Integration/Reintegration Domain

- Demonstrates the ability to use structured questionnaires or tools, selected in collaboration between the peer specialist and supervisor, to assist Veterans in discovering their strengths, needs, abilities, and preferences regarding goals related to their purpose and sense of community.
- Develops and maintains up-to-date information about available community resources and services (ex. self-help groups) that could be beneficial to Veterans.
- Assists Veteran with resource linkage to community supports and services.
- Encourages Veterans to develop new positive, personally meaningful relationships and reestablish connections in existing relationships already available to them.
- Encourages Veterans to use naturally occurring community supports (ex. self-help groups and/or other types of activities for people with shared interests).
- Supports Veterans in identifying personally meaningful roles and activities in the communities of the Veterans' choice.

VETERANS HEALTH ADMINISTRATION

Advocacy Domain

- Advocates for Veterans to promote individual choice and self-determination.
- Coaches Veterans in how to advocate for themselves and the services and resources that they want as a component of their recovery process and personal wellness.
- Assists Veterans to identify and address environmental barriers that interfere with their community integration activities.

Use of Recovery Tools Domain

- Uses recovery workbooks, self-help instruments, and other psychiatric rehabilitation practices, selected in collaboration between the peer specialist and supervisor, to support Veterans in their recovery and personal wellness goals.
- Coaches Veterans on relevant skills needed for self-management of their health condition(s).
- Coaches Veterans in how to combat negative self-talk and internalized stigma and overcome their fears to work on their goals.
- Assists Veterans in developing problem-solving skills so that they can respond effectively to challenges in their recovery and personal wellness.

Scenarios for Group Discussion



Scenario #1

You are a VHA peer specialist and meet a Veteran named Bob for the first time. During his introduction, Bob states, “I’m a schizophrenic drug addict.”

Question: What are some recovery-oriented responses that you could give to Bob’s introduction?

Scenario #2

You are a VHA peer specialist, and Tina is a Veteran for whom you are providing individual peer support mentoring. Tina often tells you how unhappy she is with all of the rules and structure of the community residence (group home) where she currently lives. Tina tells you that she wants to live in her own apartment. When this issue is discussed in the program's interdisciplinary team meeting, you hear other team members say, "She's not ready to live in her own place," and "She won't be able to handle it."

Questions: (1) What are some recovery-oriented interventions that you could try with Tina in this situation? (2) What are some recovery-oriented interventions that you could try with the interdisciplinary team?

Scenario #3

You are a VHA peer specialist who is working in a residential substance abuse treatment program. You are working with a Veteran named Jay who is staying in the program after completing a recent detox associated with his alcohol abuse. Jay is currently experiencing a lot of challenges in his personal life. His wife told him that unless Jay makes certain changes, she will file for divorce and pursue sole custody of their two young children. This could lead to legal issues for Jay around child support payments which would be difficult because Jay is currently unemployed. He recently lost his engineering job because of his substance abuse problems. He is beginning to feel more hopeless with each passing day. Jay talks to you about his concerns and wonders how you can help him.

Questions: (1) What are some recovery-oriented interventions that you could try with Jay? (2) What PSR services could you refer Jay to?

Scenario #4

Sandra is an OIF/OEF/OND Veteran. At a recent outreach event, she learned about your VHA facility's peer support services and was given your contact information as one of the facility's peer specialists. Sandra comes to see you and asks you questions about services available to women Veterans at the facility. Sandra tells you that she had not enrolled in VA health care services previously because she has been nervous about receiving care in a predominantly male health care system. She has been concerned that being in such an environment might trigger issues around her experiences of military sexual trauma. During the course of your conversation, Sandra mentions that she heard a little about the Post-9/11 GI Bill and has thought about returning to school to study to become a therapist, but she is not sure what her GI Bill benefits include. She also wonders whether she would be a successful student since it has been years since she attended classes.

Questions: (1) What are some recovery-oriented interventions that you could try with Sandra? (2) What PSR services could you refer Sandra to?

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