



Readings in
**Psychiatric Rehabilitation
and Recovery**

Edited by William Anthony and Kathleen Furlong-Norman



Boston University Center for Psychiatric Rehabilitation
Sargent College of Health and Rehabilitation Sciences





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PREFACE

The Center for Psychiatric Rehabilitation has grown steadily over the past thirty plus years. The Center's beginning, while relatively small in terms of human and fiscal resources, was strong in its staff's commitment to certain values and principles basic to rehabilitating persons with psychiatric disabilities.

We at the Center believe first and foremost that persons with psychiatric disabilities have the same goals and dreams as any other person—disabled or not. All people want a decent place to live, suitable work, opportunities for education, social activities, and friends to whom to turn in times of crisis. All of the Center's research, training, and service initiatives have been guided by these most basic rehabilitation values.

At its inception, the Center became part of a psychiatric rehabilitation field that had not achieved consensus on its underlying philosophy or values, nor integrated its research studies into a substantial knowledge base, nor widely publicized its model service programs, nor articulated the competencies of those who wished to practice in the field. Throughout the Center's first several decades of existence, the Center's research, training, and service efforts have been aimed at working with other persons in the mental health field to overcome these deficiencies. By the end of the 20th century considerable agreement existed on the fundamental philosophy and values of psychiatric rehabilitation; a significant body of research formed the knowledge base of a credible psychiatric rehabilitation field; a variety of model service programs had been developed, implemented, and disseminated; and pre-service and in-service training programs had begun. During the last several decades the Center also has been tasked with describing, researching, and disseminating the paradigm shifting idea that people can recover from severe mental illnesses. The vision of recovery has been advanced by proponents of psychiatric rehabilitation and integrated into the psychiatric rehabilitation field.

Readings in Psychiatric Rehabilitation and Recovery draws its substance from articles appearing in the *Psychiatric Rehabilitation Journal*. The *Psychiatric Rehabilitation Journal* (formerly the *Psychosocial Rehabilitation Journal*) has been instrumental in disseminating around the world developments in psychiatric rehabilitation and recovery. A collaborative venture of the Center for Psychiatric Rehabilitation at Boston University and the United States Psychiatric Rehabilitation Association (previously known as the International Association of Psychosocial Rehabilitation Services), the *Psychiatric Rehabilitation Journal* is now a repository of the field's brief history and a source of information about ongoing developments on psychiatric rehabilitation and recovery. All but two of the articles selected for this book of readings were published in the *Psychiatric Rehabilitation Journal* during the 21st century.



These article selections are organized so as to give the reader an understanding of the conceptual, empirical, and programmatic developments in the psychiatric rehabilitation field and the relationship of these developments to recovery. Documenting the growth of the field of psychiatric rehabilitation and its increasing relevance to the entire mental health field, these articles chronicle the important contribution of psychiatric rehabilitation over the past two decades.

Readings in Psychiatric Rehabilitation and Recovery was designed with a number of purposes in mind: as a critical overview of the psychiatric rehabilitation field and its relationship to recovery for individuals currently working in the field; as a text in behavioral health courses which wish to offer a synopsis of psychiatric rehabilitation and recovery as an important mental health direction in the 21st century; as a complementary text or stand alone text in psychiatric rehabilitation courses or in-service training curricula; and as a reference book containing seminal papers, which help define the psychiatric rehabilitation field and recovery.

We, in the field of psychiatric rehabilitation, entered the 1970s as a new field of practice and research within the context of a mental health system that was faltering from the effects of deinstitutionalization and with minimal hope for people's recovery. We entered the 21st century filled, not with the horrors of deinstitutionalization, but with the promise of rehabilitation and recovery. Because deinstitutionalization was done poorly, it was relatively easy; for many patients the doors of the institution were opened and the patients were essentially given a prescription for their medication as they left. In contrast, effective psychiatric rehabilitation will be much more difficult. The doors of the community must be opened and people helped to develop a prescription for their own recovery.

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Readings in Psychiatric Rehabilitation and Recovery could not exist without the efforts of those authors whose articles are reprinted in this text. Their unique contributions will be obvious to the readers of this text.

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Chapter 1 **Describing the Field of Psychiatric Rehabilitation and the Vision of Recovery**

Chapter Introduction by the Editors

William A. Anthony and Kathleen Furlong-Norman

Psychiatric (psychosocial) rehabilitation began to emerge as a field of practice during the latter part of the 20th century. A major impetus for the field's beginning and growth was the failure of the deinstitutionalization movement, which discharged large numbers of state hospital patients to an unsupportive and unwelcoming community. This movement, in fact, spurred the development and growing consensus regarding the basic philosophy, knowledge, principles, and programs comprising the psychiatric rehabilitation field. During that same time period, proponents of psychiatric rehabilitation helped to promote the notion that people with psychiatric disabilities could recover from the catastrophe of severe mental illnesses, an outcome which heretofore had not been recognized by most professionals in the mental health system. Helping people to recover from severe mental illnesses is the ultimate goal of psychiatric rehabilitation services. In essence, the newly defined field of psychiatric rehabilitation helped to stimulate the newly defined outcome of recovery. Said another way, rehabilitation is what helpers do. Recovery is what people with psychiatric disabilities do. This commentary and the readings in this chapter help the reader understand the services of psychiatric rehabilitation and the vision of recovery.

THE FIELD OF PSYCHIATRIC REHABILITATION

An early definition of psychiatric rehabilitation, suggested by Anthony, Cohen, & Farkas (1990) was "Psychiatric rehabilitation assists persons with long term psychiatric disabilities to increase their functioning so that they are successful and satisfied in the environments of their choice with the least amount of ongoing professional intervention." (p. 2). These authors described the particular environments of interest to rehabilitation as living, learning, working, and social. As the psychiatric rehabilitation field continued to grow, the need for a standard definition of psychiatric rehabilitation became apparent. On September 29, 2007 the following definition was approved and adopted by the Board of Directors of United States Psychiatric Rehabilitation Association (USPRA), the major professional association of the field 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 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. They 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.” (emphasis added)

Adults diagnosed with severe mental illnesses, such as schizophrenia, bipolar disorder, major depression and the like, are the primary recipients of psychiatric rehabilitation services. Psychiatric rehabilitation focuses on persons who have experienced severe psychiatric disabilities rather than on individuals who are simply dissatisfied, unhappy, or “the worried well.” Persons with psychiatric disabilities have diagnosed mental illnesses that may interfere with their capacity to perform certain tasks and functions (e.g., interacting with family and friends, interviewing for a job, listening to a lecture) and their ability to perform in certain roles (e.g., worker, student, resident, friend). The major intervention strategies are developing the skills and supports that help people do these tasks and succeed in their chosen roles.

RECOVERY FROM SEVERE MENTAL ILLNESSES

For most of the previous century recovery was not seen as a reasonable outcome by most mental health professionals and by the programs and systems in which they worked. The mental health field tried to keep people from deteriorating over time, or to maintain people in the community at a minimal level of functioning. Employment, independent living, returning to school, etc. typically were not seen as reasonable goals. Now, thanks to the efforts of people with severe mental illnesses who spoke and wrote about their own recovery, and in part to the efforts of psychiatric rehabilitation professionals who empirically documented the realities of recovery, recovery is seen as a legitimate outcome. There have been many definitions of recovery. One of the earliest definitions of recovery was, “the development of new meaning and purpose as one grows beyond the catastrophe of a severe mental illness” (Anthony, 1993).

The relationship of psychiatric rehabilitation to recovery was cemented by the 2003 final report of The President’s New Freedom Commission on Mental Health, which envisioned a future “when everyone with a mental illness will recover and is helped to live, work, learn, and participate fully in their communities” (emphasis added); a phrasing strikingly consistent with the outcomes emphasized in psychiatric rehabilitation. Unique to the field of psychiatric rehabilitation is its targeted focus on assisting people to gain or regain valued roles in their communities. It is difficult to see how the recov-

ery vision, as reinforced in the President's New Freedom Commission report will ever be achieved without wider implementation of psychiatric rehabilitation services (Anthony & Farkas, 2009).

CHAPTER ONE READINGS

Psychiatric Rehabilitation. The psychiatric rehabilitation field and the issues faced by the people it serves are introduced in this text by psychiatric rehabilitation service recipients themselves. Lyn Legere's article (2007), entitled "The Importance of Rehabilitation," is a stark reminder of how new the field is and how important rehabilitation services are to one's recovery. The next three articles, also by people with psychiatric disabilities, address issues psychiatric rehabilitation service recipients must confront, and which can complicate their rehabilitation efforts. Ruth Ralph (2002) discusses the risks and benefits of disclosing one's psychiatric disability to others, while Melissa Hensley (2006) writes of the problems with labeling someone with a severe mental illness. Many people who receive psychiatric rehabilitation services use medication; Valerie Fox (2004) cautions about the abuse of over medication, which compromises one's ability to function in the community. Anthony (2007) concludes this introduction to psychiatric rehabilitation with a statement of how the psychiatric rehabilitation field, developed in the latter stages of the 20th century, is now a major influence on all mental health services.

Recovery. One area in which psychiatric rehabilitation has had a significant influence is in the mental health system's adoption of recovery as a legitimate mental health outcome for all services, including psychiatric rehabilitation. This introductory section on recovery includes the only two articles in this book of readings that were published prior to 2000, one by Deegan (1988) and one by Anthony (1993). These two articles are included because they both are widely quoted and were among the first articles in the entire mental health field that described the potential of recovery, at a personal, program and system level. Deegan expertly distinguishes rehabilitation from recovery and describes how rehabilitation programs can facilitate recovery. Anthony describes how recovery from mental illnesses should be the guiding vision for not just psychiatric rehabilitation services, but for the entire mental health system; and outlines the basic assumptions of a recovery oriented mental health system.

The last two articles in this section further define what is meant by the term recovery. Del Vecchio and Fricks (2007) report on a Consensus Conference designed to arrive at a consensus statement defining recovery, while Onken et al. (2007) analyze the various definitions of recovery that have appeared in the literature. In summary, this introductory section provides the



reader a comprehensive overview as to what is meant by psychiatric rehabilitation and recovery from the vantage point of people with psychiatric disabilities, researchers, practitioners, administrators and educators.

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