

The Future of Recovery From a Provider's Perspective

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Wellness Management and Recovery CCOE Team

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- Countless other partners across Ohio

**“Change is the law of life...
those who look only to the
past or present are certain to
miss the future.”**

John F. Kennedy

**What does “RECOVERY”
mean to you?**









**What does “RECOVERY”
mean to you?**



Federal government initiatives and reforms

Collaborative efforts in states to implement recovery-oriented approaches and services

Changing culture in academic medical centers (clinical and educational)

Global forces and challenges



OPPORTUNITY

Culture

- Set of learned and shared beliefs and values, that are...
- Applied to social interactions and...
- Applied to interpretation of experiences

Culture of an Organization

- Shared values
- Assumptions
- Norms
- Behaviors
- Rituals
- Structures used to preserve these essential

Clinical Framework Over Time

Experience-based Medicine



Knowledge-based Medicine



Evidence-based Medicine



Value-based Medicine

Culture in Health Care

- Framework that shapes and directs how we behave and manner in which we interpret behaviors of others
- Influences how we experience illness and how we express illness, pain and our own health care decisions

Multiple Dimensions of Culture in Health Care

- Beliefs explaining health and illness
- Privacy
- Communication
- Approach used in making decisions
- Socioeconomic status
- Healing traditions (and individuals involved in those traditions)
- Stigma

Our Culture in Medicine

- Convenience for our needs rather than for those of people we try to help
- Hospital rounds at 5:30a.m., or whenever we need to round
- “Defensive medicine”
- “Parking” in hallways between tests
- Confidentiality
- Boundaries
- Paternalistic approach (historically)

Disease vs. Illness vs. Norm

- **Disease**

- Theoretical construct, or abstraction, by which we attempt to explain an individual's problems
- Defined in terms of structure and/or function of body organs and systems

- **Illness**

- Individual's personal experience of ill health

Stewart, 1995

- **Variation of the norm**

**“Culture eats strategy
for lunch every day”**

Ford Motor Company

Culture Change In Medicine

Hierarchical → Service-oriented

Autonomous → Team-based

Competitive → Collaborative

Individualistic → Mutually
accountable

Expert-centered → Person-centered

Change in Organizational Values in Health Care

Competition	→	Collaboration
Autonomy	→	Interdependence
Individual achievement	→	Team success
Personal control	→	Trust each other
Withholding resources	→	Sharing resources

The Robert Wood Johnson Foundation

- The **Pioneer Portfolio** supports innovative ideas and projects that may lead to significant breakthroughs in health and health care
- Projects in the **Pioneer Portfolio** are future-oriented and look beyond conventional thinking to explore solutions at the cutting edge of health and health care.

***OpenNotes Study Launches With
More Than 100 Physicians, 25,000
Patients: National experiment to look at
impact of greater physician-patient
openness***

“With patients across the country voicing a growing desire for greater engagement in and control over their medical care, a new study involving patients in Boston, Pennsylvania and Seattle will examine the impact of adding a new layer of openness to a traditionally one-sided element of the doctor-patient relationship—the notes that doctors record during and after patients’ visits.”

Recovery to Practice (RTP) Initiative

- U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services
- Mental Health Professions Curriculum Development

Recovery to Practice (cont'd)

- Five-year subcontracts “awarded to national mental health professional organizations to develop and implement training curricula that promote greater awareness, acceptance, and adoption of mental health recovery principles and practices among mental health providers.”

Recovery to Practice (cont'd)

- Five groups targeted:
 - Psychiatrists
 - Psychologists
 - Psychiatric nurses
 - Social workers
 - Other mental health providers (e.g., marriage and family therapists, licensed professional counselors, peer support specialists, psychiatric rehabilitation providers, pastoral counselors)

Recovery to Practice: Psychiatry



- American Psychiatric Association / American Association of Community Psychiatrists
- Curricula to lead us into the future of mental health care
- Target audiences are practicing psychiatrists, psychiatry residents and medical students

Development of Recovery Curricula *

- Involving individuals in recovery
- Working from within the professional organizations
- Examining educational approaches and curricula that are already successful
- Clarifying what 'recovery' is and what it is not, and describing recovery-oriented approaches
- Emphasizing concepts rather than 'getting stuck' on terms and nomenclature

Challenges We Face (Our Culture in Medicine)

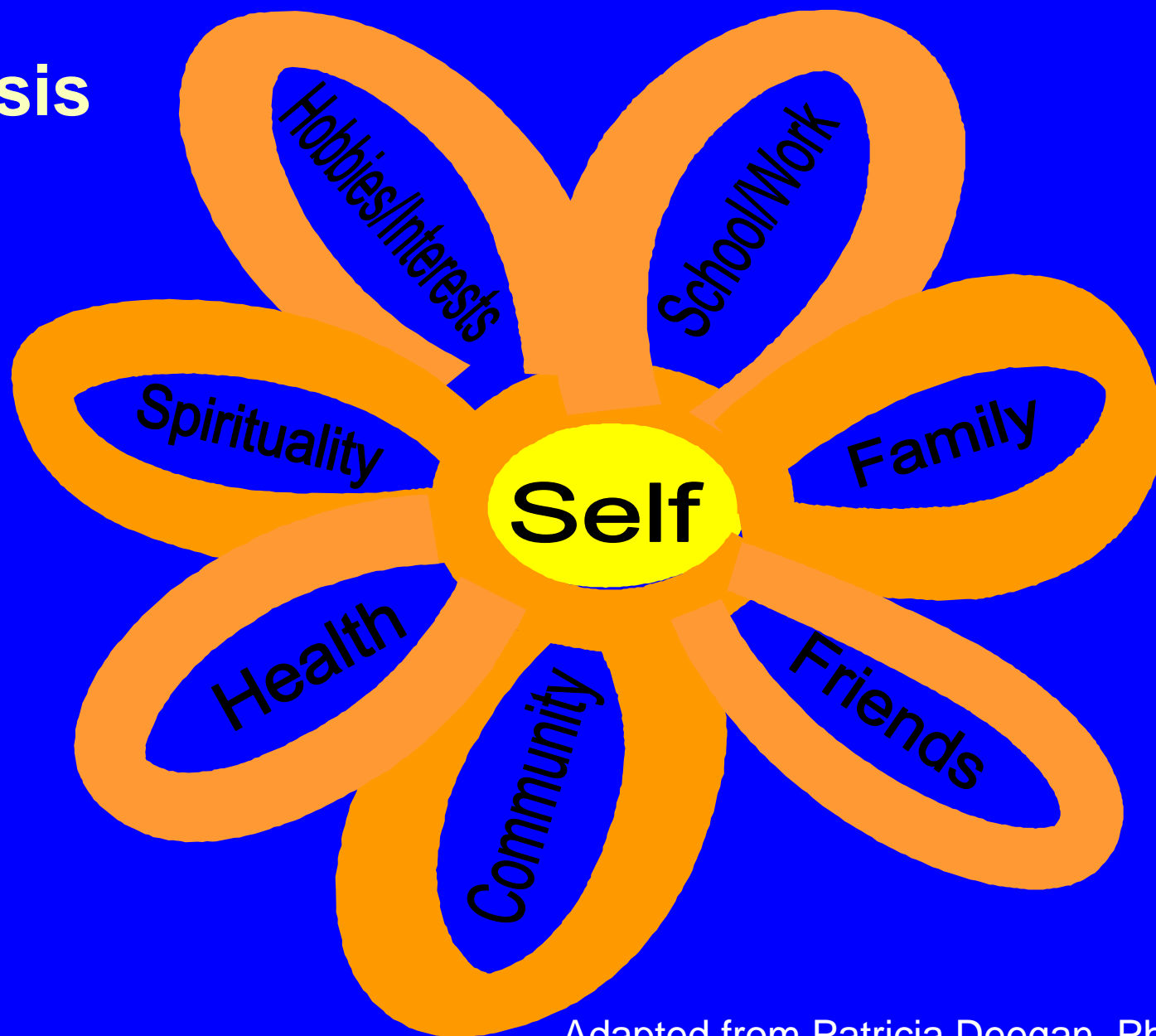
- Convenience for our needs rather than for those of people we try to help
- “Defensive medicine”
- “Parking” in hallways, waiting for appointments, etc.
- Confidentiality
- Boundaries
- Paternalistic approach (historically)



**“Everyone is a teacher,
everyone is a learner”**

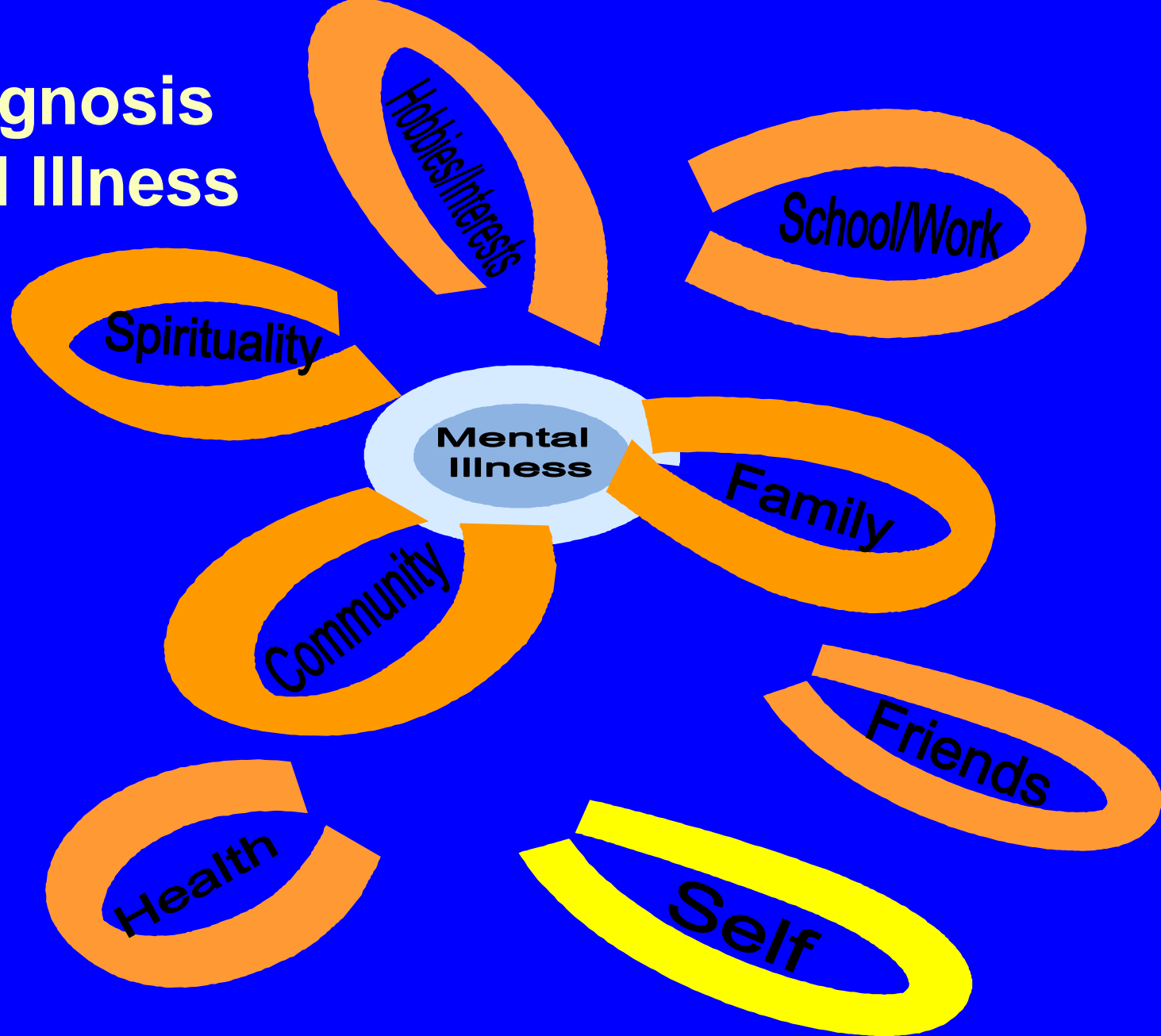
M.K. Smith

Before Diagnosis



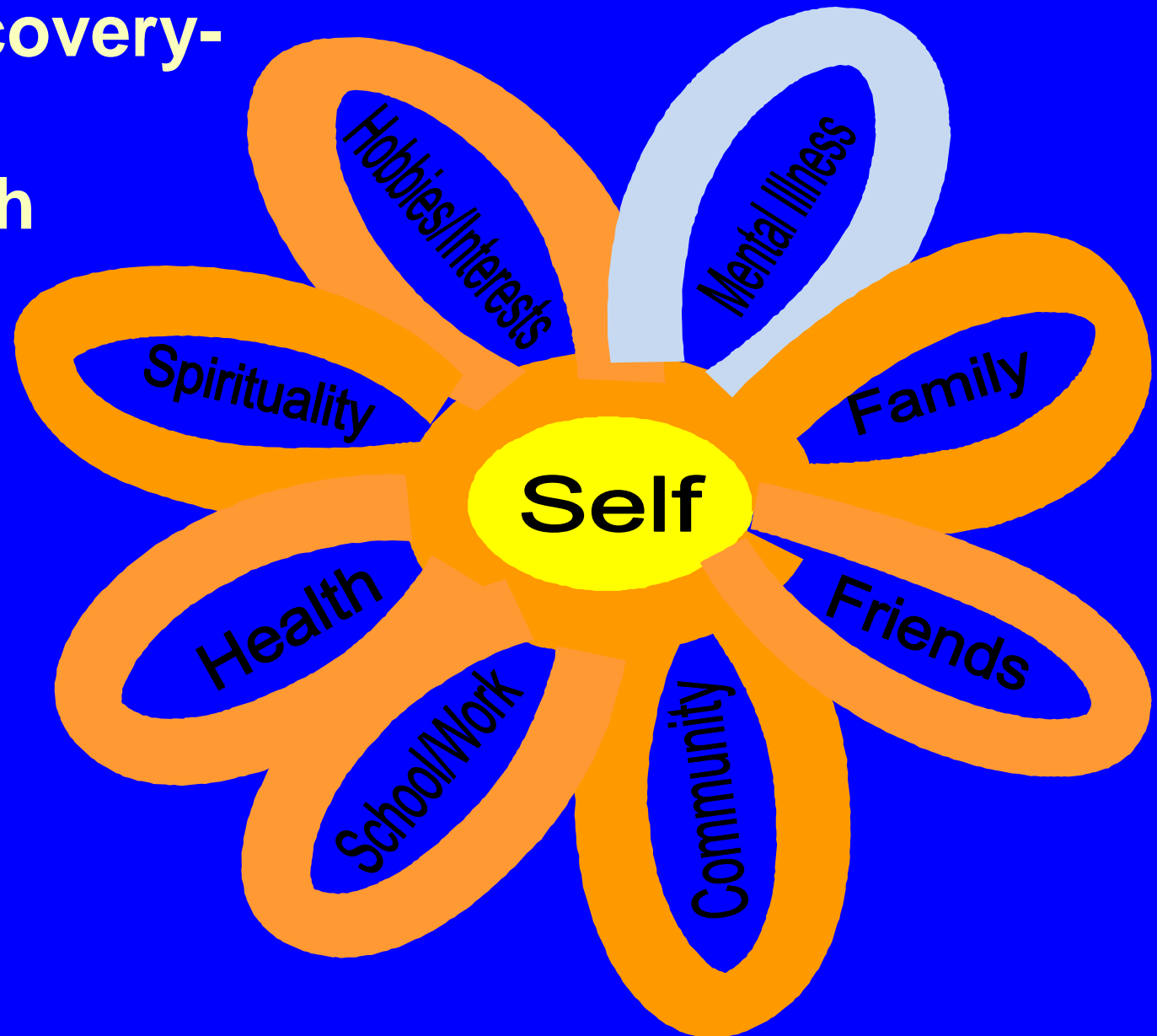
Adapted from Patricia Deegan, Ph.D.

After Diagnosis of Mental Illness



Adapted from Patricia Deegan, Ph.D.

With Recovery-Oriented Approach



Adapted from Patricia Deegan, Ph.D.

Questionnaire Developed to Assess 'Hearing Voices That Are Disturbing' Exercise

EVALUATION
"Hearing Voices" Experience
May 21, 2010

Gender: Male Female Proposed Residency: _____

		Strongly Disagree	Disagree	Agree	Strongly Agree
1	The experience of hearing voices was pretty much the same as I thought it would be	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	I was able to maintain my concentration while reading articles with little difficulty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	It was difficult for me to remember that the voices were coming from a tape	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	I did not find the voices to be disturbing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	I found myself wanting to turn the tape off (choose one)				
	• Within the first five minutes			<input type="radio"/>	
	• Within the first half of the exercise			<input type="radio"/>	
	• By the end of the exercise			<input type="radio"/>	
	• I did not feel the desire to turn the tape off			<input type="radio"/>	
6	This experience is helpful in understanding the daily challenges faced by individuals who experience auditory hallucinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	This experience will be helpful to me in my practice of medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(TURN PAGE OVER PLEASE)

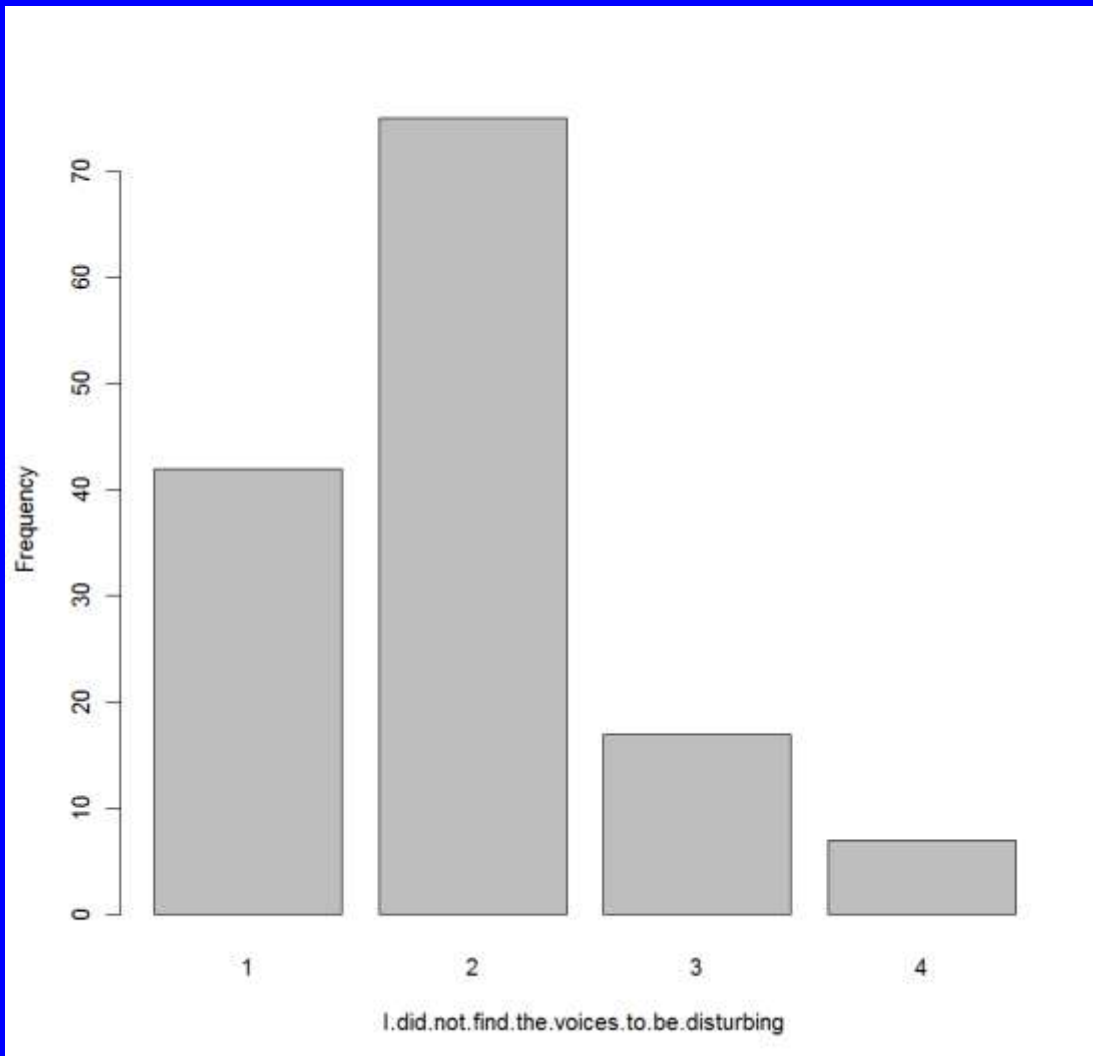
Any surprises in doing this exercise? _____

The most disturbing aspect of this exercise was: _____

How will this change, if at all, the way you interact with individuals experiencing psychotic symptoms in the future? _____

Additional thoughts? _____

“I did not find the voices to be disturbing”



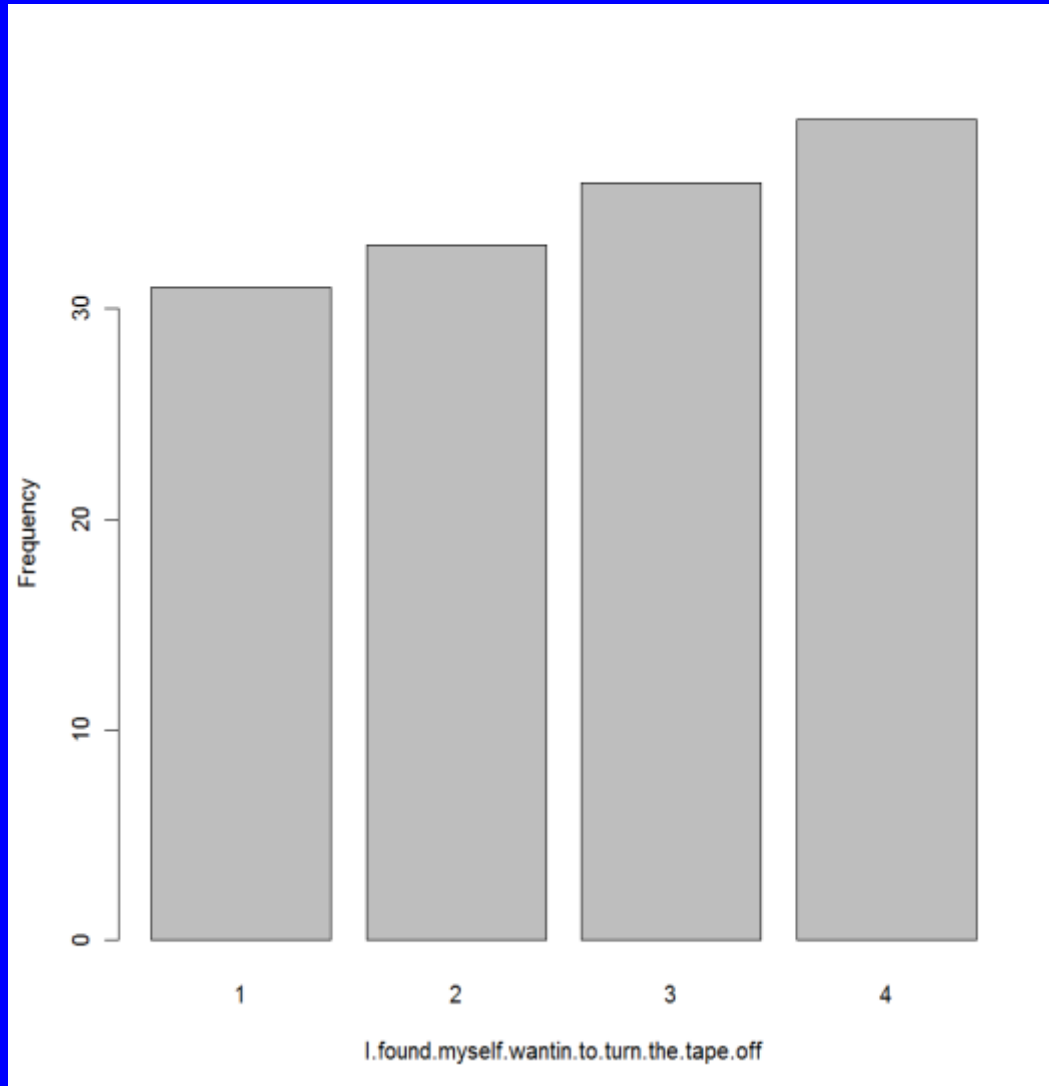
1 - Strongly disagree

2 - Disagree

3 - Agree

4 - Strongly agree

“I found myself wanting to turn the tape off..”



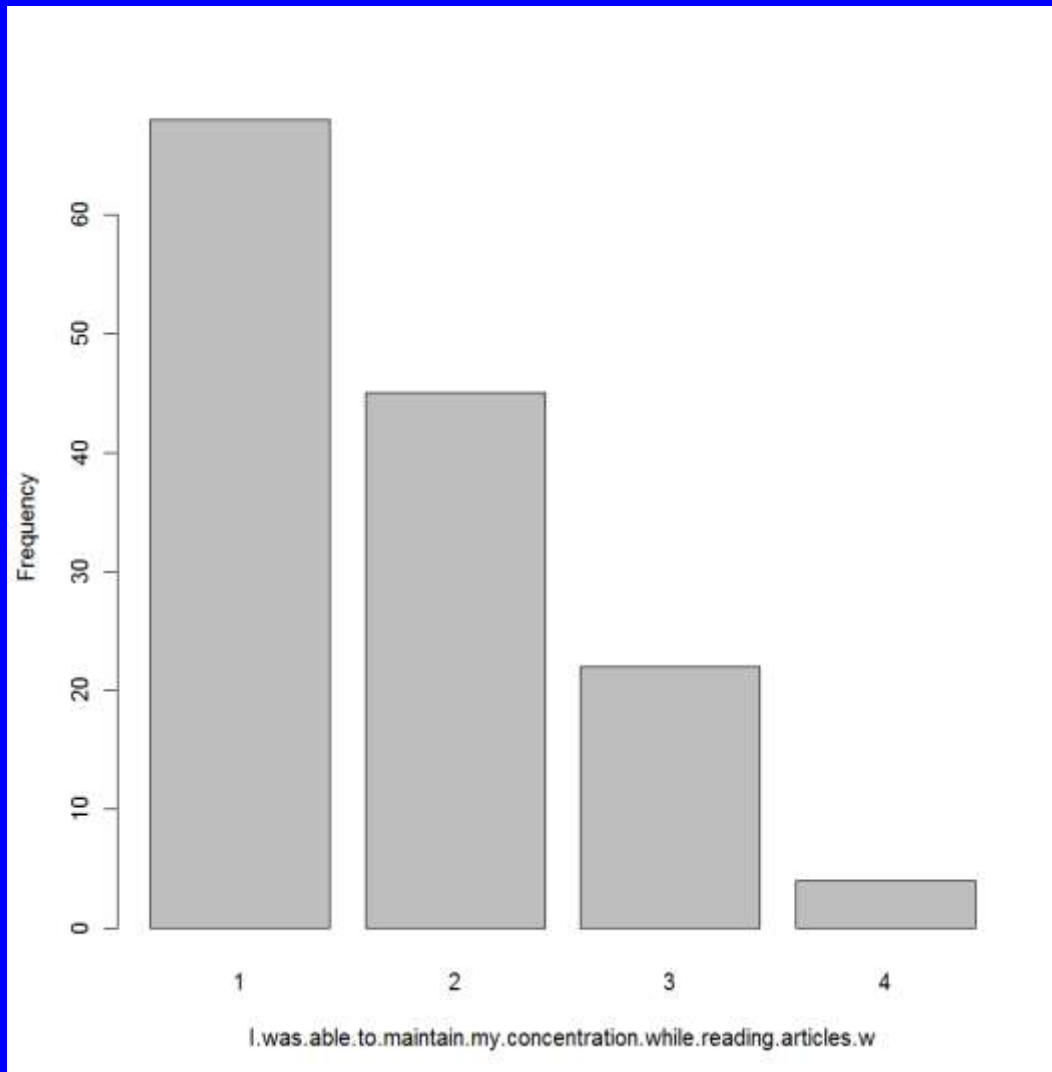
1 - Within the first five minutes

2 - Within the first half of the exercise

3 - By the end of the exercise

4 - I did not want to stop the tape before it finished

“I was able to maintain my concentration while reading (JAMA) with little difficulty”



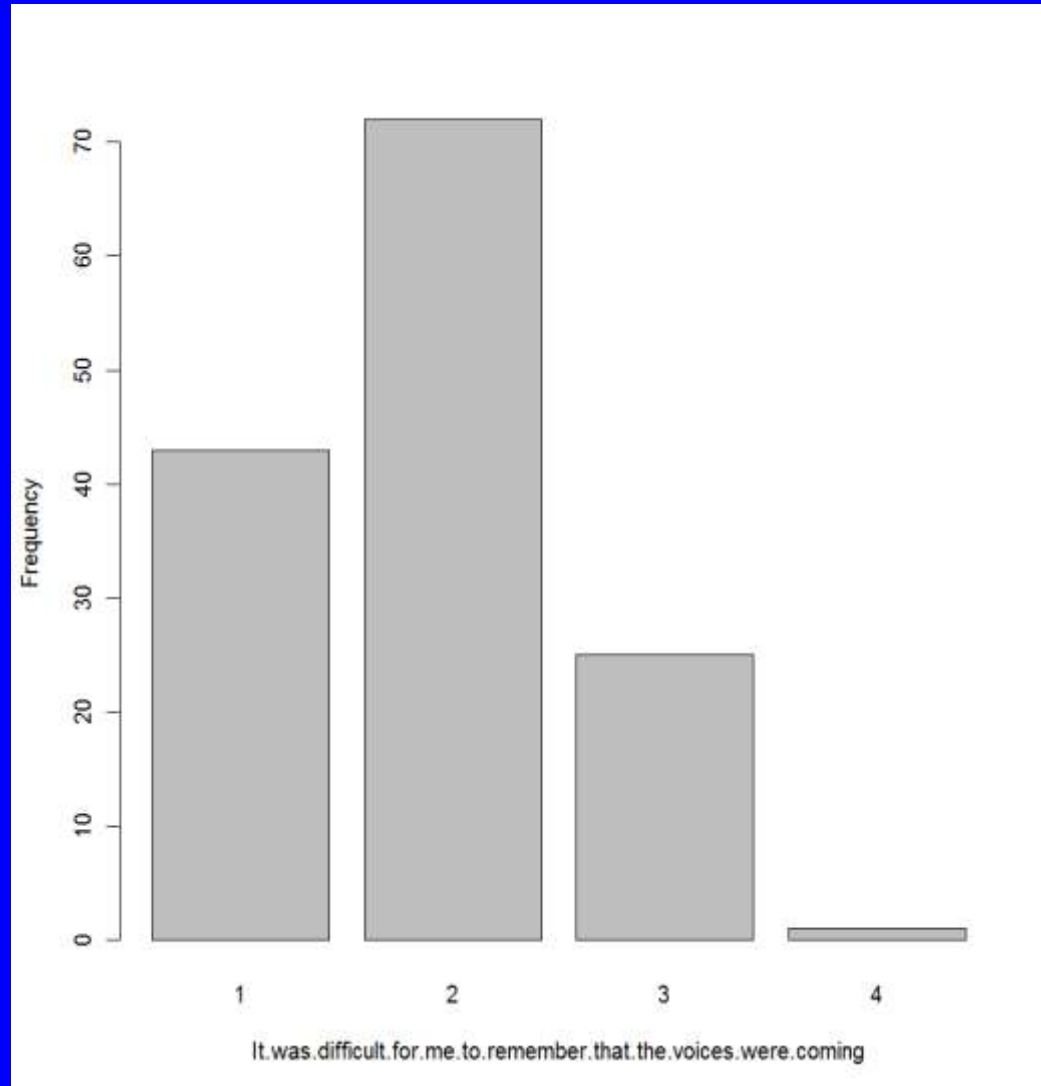
1 – Strongly disagree

2 - Disagree

3 - Agree

4 - Strongly agree

“It was difficult for me to remember that the voices were coming from a tape”



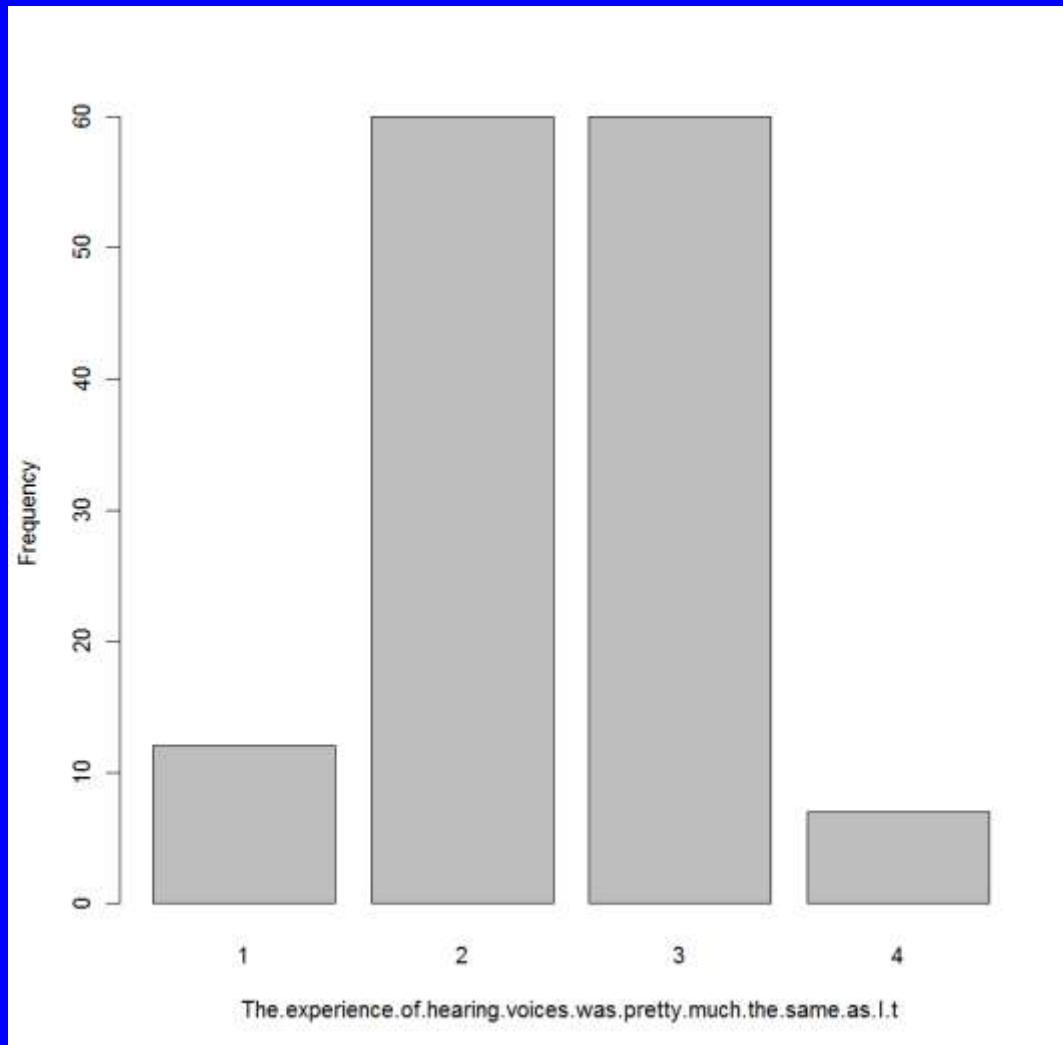
1 - Strongly disagree

2 - Disagree

3 - Agree

4 - Strongly agree

“The experience of hearing voices was pretty much the same as I thought it would be”



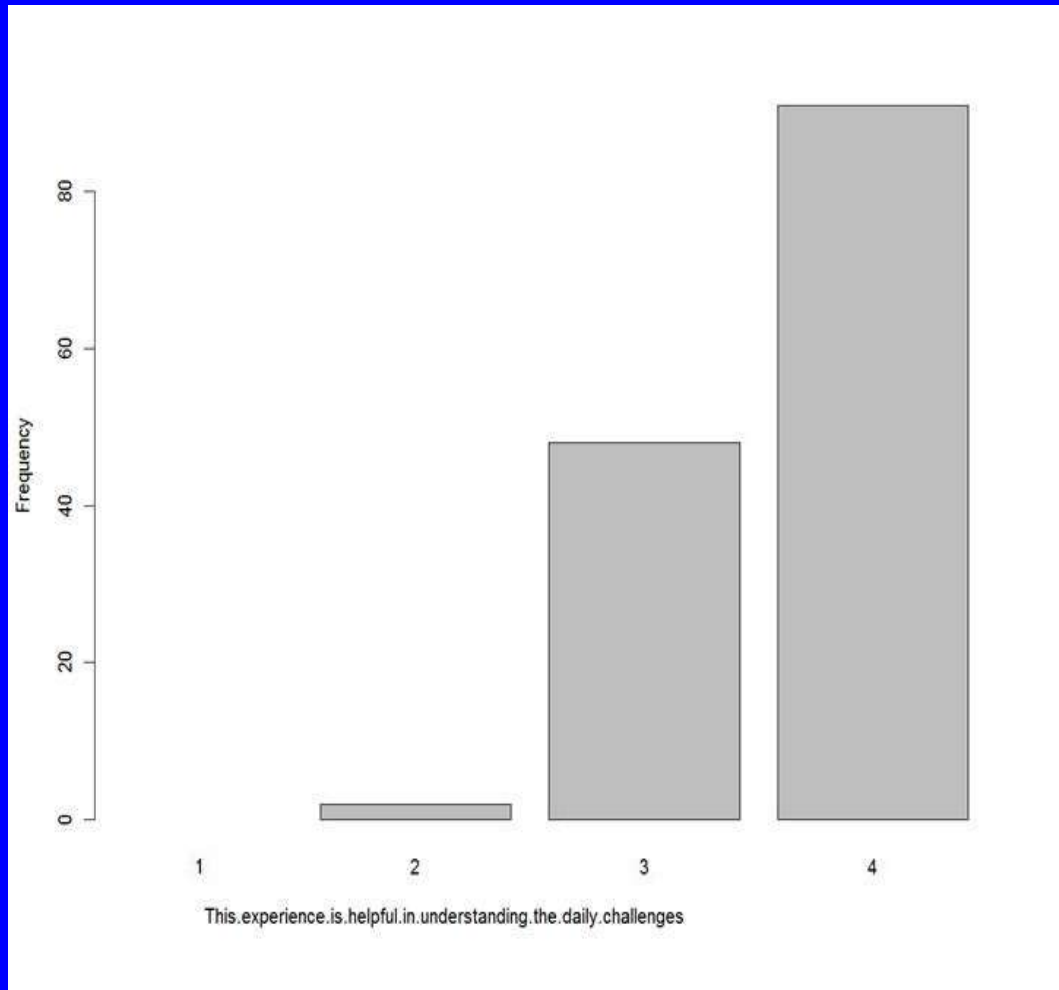
1 - Strongly disagree

2 - Disagree

3 - Agree

4 - Strongly agree

“This experience is helpful in understanding the daily challenges faced by individuals who hear voices that are disturbing”



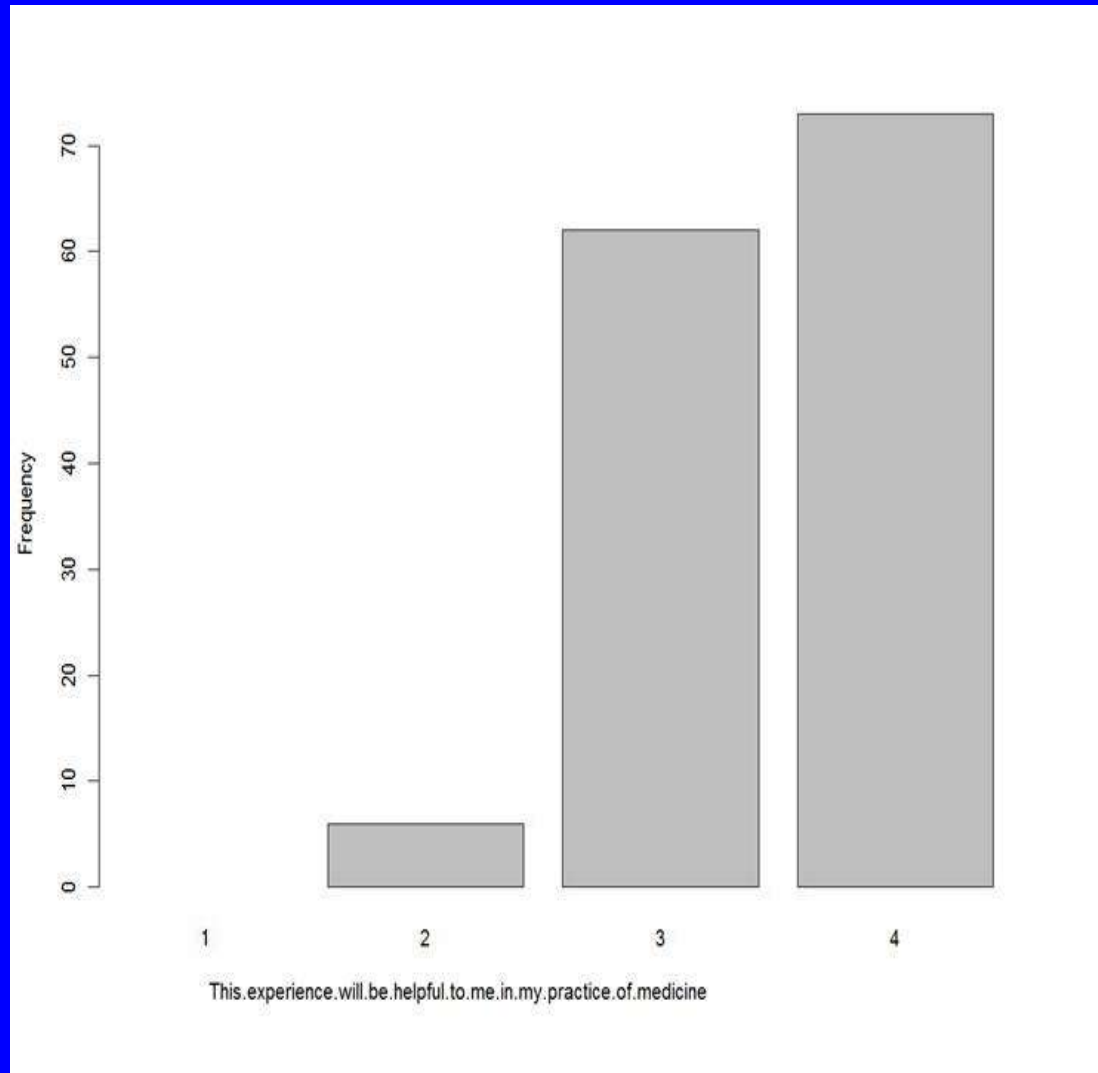
1 - Strongly disagree

2 - Disagree

3 - Agree

4 - Strongly agree

“This experience will be helpful to me in my practice of medicine”



1 - Strongly disagree

2 - Disagree

3 - Agree

4 - Strongly agree

Were there any surprises in completing this exercise? *

- “The amount of energy it took to try to focus. I also found my heart rate increased a bit.”
- “Difficult to concentrate and listen to others. Found myself wanting to withdraw and just keep quiet”
- “I was very disturbed as soon as the voices started. I thought it was very scary.”

The most disturbing aspect of the exercise was...



- “Not being able to focus! The content, although disturbing, was less scary than the inability to concentrate on daily tasks.”
- “The negative voices that kept repeating, name-calling, or periods of silence interrupted by sudden outburst”
- “I knew I could always turn the voices off but it was very disturbing to think about being unable to make the voices go away”

How will this change, if at all, the way you interact with individuals who are hearing disturbing voices? *

- “I can now have some idea what they are going through. I will be more understanding and patient.”
- “I now understand that people who hear voices need more time to focus, concentrate and answer questions”
- “Much more empathy. A tiny bit more understanding what it must be like”



Additional thoughts?

- “I couldn't even imagine it auditory was coupled with visual hallucinations how anyone would cope or learn to cope with such symptoms”
- “GREAT EXERCISE!!!”
- “I feel bad for the burden it relates and some of the feelings about themselves that I'm sure it causes (due to what the voices are saying)”

UT COM vs. US Medical School * Graduates Pursuing Psychiatry

Year of Graduation	2006	2007	2008	2009	2010
Number of UT COM students matching into ALL residency programs	140	147	132	136	138
Number and percentage of UT COM students matching into PSYCHIATRY residency programs	3 (2.1%)	4 (2.7%)	5 (3.8%)	7 (5.1%)	11 (8.0%)
Mean percentage of US MS4s matching in PSYCHIATRY	4.6%	4.5%	4.1%	4.5%	4.5%
Difference between UT COM and US percentages	-2.5%	-1.8%	-0.3%	+0.6%	+3.5%

The World is Flat

“The world is changing in profound and unsettling ways. But there is something about the flattening of the world that is going to be qualitatively different from the great changes of previous eras; the difference is in the speed and breadth with which it is taking hold.... the great challenge for our time will be to absorb these changes in ways that do not overwhelm people or leave them behind, and none of this will be easy.”

Thomas Friedman, *The World is Flat*

Alexander the Great's Army

“We have marched
off the map...
We should
go back
to where
we know.”



Alexander the Great's Response

“Mediocre armies
always stay
within the
known
areas.
Truly
great
Armies always
march off the map.”



Perhaps it is our time to march off the map?

Adapted from Victor A. Yanchick, Ph.D., President,
American Association of Colleges of Pharmacy ,
July 20, 2008



QUESTIONS?