



# Weekly Highlight



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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**Please share the Recovery to Practice (RTP) Weekly Highlights with your colleagues, clients, friends and family! If you are having trouble printing or viewing the RTP Weekly Highlight in its entirety, please refer to the attached PDF.**

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## **More FAQs for Recovery Oriented Practice** **by Larry Davidson, Ph.D., Recovery to Practice Project Director**

Following up on last week's highlight, another commonly asked question that has emerged in relation to the Recovery to Practice initiative is the question: "Is recovery evidence-based?" This question typically comes from practitioners who have spent a good part of the last decade striving to make the care they provide more "evidence-based"; based, that is, more on the available research literature that attests to the effectiveness of a given intervention in achieving certain desirable outcomes. System leaders, administrators, and practitioners who have become committed to providing evidence-based practices are now concerned that these efforts are in conflict with the shift toward recovery-oriented care. The convergence of these two values, evidence and recovery, have led naturally to the question above. As a result, this Weekly Highlight will address this important, but complex, issue.

### **Is recovery evidence-based?**

By this seemingly simple question, practitioners are actually raising several distinct, if related, questions. These include: Is this shift to recovery based in scientific evidence, is there evidence that people actually recover, and have practices that claim to promote recovery been subjected to rigorous evaluation? All of these are indeed important questions, to which we will attempt to provide straightforward answers. Readers who are interested in exploring the complex aspects of the relationship between recovery and scientific evidence further, or who are interested in the ways in which recovery and evidence-based medicine can complement and enrich each other, are referred to my recent article in the *Community Mental Health Journal* entitled "Oil and water or oil and vinegar? Evidence-based medicine meets recovery" (see full citation below), which offers more of a historical perspective as well as a few illustrative examples. For the purposes of this Highlight, we will stick to a few of the most commonly asked questions related to this interface between recovery and evidence.

## Is there an evidence base for recovery?

**Yes**, if by “recovery” we mean the traditional notion that people get over having a mental illness the way they might get over having asthma. Readers who are not familiar with the longitudinal outcome studies on recovery *from* serious mental illnesses are referred back to last week’s Highlight (<http://www.dsgonline.com/rtp/resources.html>) which addressed this issue at length. In brief, this research suggests that full recovery is just as common, and apparently even more common, than having the chronic and deteriorating course once thought to characterize serious mental illness.

The answer is an even more robust **Yes**, if by “recovery” we mean the more recent notion captured in SAMHSA’s 2006 Consensus Statement that refers to “*a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential*” (<http://download.ncadi.samhsa.gov/ken/pdf/SMA05-4129/trifold.pdf>). This form of recovery is seen every day in the lives of tens of thousands of individuals living with and managing mental illness outside of the hospital settings once thought to be required by the nature of the illnesses. For these people, living with a serious mental illness is more like living with asthma than recovering from it (even though, in both cases, living with the condition can lead to recovering from it). While the illness may pose some limitations, it remains possible for the person to live a meaningful and self-determined life nonetheless. As noted in another earlier Highlight (about Tinkerbell and Edwina), many people have in fact done so for much of the last half-century, providing one of the most important sources for the development of SAMHSA’s Consensus Statement.

## Is there an evidence-base for recovery-oriented practice?

Like the first question raised above, this question also has (at least) two answers. The first answer to this question is a simple **Yes**. There is an established evidence-base for certain paradigmatic recovery-oriented practices, such as supported housing and supported employment. There is a growing evidence-base for certain other recovery-oriented practices, such as supported education, supported socialization, supported parenting, supported spirituality, peer-delivered services and peer-run programs, and self-help approaches like *Wellness Recovery Action Planning* and *Pathways to Recovery*. The evidence-base for each of these practices is at a somewhat different stage of development, but the lack of an evidence-base, when it exists, is due primarily to the newness of the interventions themselves and the time and resources it takes to develop an evidence-base for an intervention. The single most important factor in Assertive Community Treatment having accumulated such an extensive evidence-base is the fact that it was developed in the 1970s.

Other than being relatively recent advances, there is no reason to think that recovery-oriented practices will be any different from, or more difficult than, other practices when it comes to being subjected to rigorous evaluation. The fact unfortunately remains that the vast majority of mental health care provided today is not evidence-based, regardless of whether it is recovery-oriented or not, and there is plenty of room for improvement. As it stands, practices oriented to supporting people in their own efforts to live with a mental illness, on the whole, make more of

a difference in more people's lives than practices oriented solely to reducing or containing the illness (see article by Dixon and colleagues, cited below).

The second answer to this question is that, **yes**, recovery-oriented practices are based both on the best available scientific evidence **and** the long-standing and long-honored ethical principles undergirding American medicine. Recovery-oriented practice is based on acknowledgement that adults with serious mental illnesses retain, in all but the most extenuating circumstances, the right to make their own decisions in all aspects of their lives, including within the context of health care. Research supports the value of this principle, demonstrating that people adhere more to, and benefit more from, care when they have a role in deciding what care they will receive (see references below). Even if this were not the case, however, a basic respect for the autonomy of adults to make their own decisions in life is a fundamental American value and is reflected in the ethical principles that frame the provision of all medical care within our society. Honoring the right of adults with mental illnesses to make their own health care decisions, and tailoring that care to each individual's unique needs, values, preferences, and circumstances, simply extend this core ethical principle of medicine to include psychiatry. In becoming recovery-oriented, mental health care becomes more, rather than less, like other forms of medical care, treating the person and his or her family as full partners in practicing the science, and art, of healing.

### **For Further Reading**

Calsyn, R.J., Winter, J.P., & Morse, G.A. (2000). Do consumers who have a choice in treatment have better outcomes? *Community Mental Health Journal*, 36: 149-160.

Calsyn, R.J., Morse, G.A., Yonker, R.D., Winter, J.P., Pierce, K.J., & Taylor, M.J. (2003). Client choice of treatment and client outcomes. *Journal of Community Psychology*, 31: 339-348.

Davidson, L., Drake, R.E., Schmutte, T., Dinzeo, T., & Andres-Hyman, R. (2009). Oil and water or oil and vinegar? Evidence-based medicine meets recovery. *Community Mental Health Journal*, 45: 323-332.

Dixon L.B., Dickerson F., Bellack A.S., Bennett, M., Dickinson, D., Goldberg, R.W., Lehman, A., Tenhula, W.N., Calmes, C., Pasillas, R.M., Peer, J., & Kreyenbuhl, J. (2010). The 2009 schizophrenia PORT psychosocial treatment recommendations and summary statements. *Schizophrenia Bulletin*, 36(1): 48-70.

Langer, E., & Rodin, J. (1976). The effects of choice and enhanced personal responsibility for the aged: A field experiment in an institutional setting. *Journal of Personality and Social Psychology*, 34: 191-198.

Rapp, C., Shera, W., & Kisthardt, W. (1993). Research strategies for consumer empowerment of people with severe mental illness. *Social Work*, 38: 727-735.

Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*, 55: 68-78.

Thompson, C.E., & Wankel, L.M. (1980). The effects of perceived activity choice upon frequency of exercise behavior. *Journal of Applied Psychology*, 10: 436-443.

Wehmeyer, M.L., & Schalock, R.L. (2001). Self-determination and quality of life: Implications for special education services and supports. *Focus on Exceptional Children*, 33: 1-16.

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## **JULY - NATIONAL MINORITY MENTAL HEALTH AWARENESS MONTH**

### **National Alliance on Mental Illness (NAMI) wants you to know:**

Whether the plans you have been making throughout the year will soon come to fruition or you are just now brainstorming and planting the seeds of partnership and awareness-building in honor of this special month, here is some information you can use:

- Check out the NAMI Web site ([www.nami.org](http://www.nami.org)) portal for National Minority Mental Health Awareness Month for background information, suggested activities, template forms and graphic design downloads. While visiting, be sure to sign up for upcoming conference calls sponsored by the National Network to Eliminate Disparities.
- NOW AVAILABLE: NAMI's 2010 National Minority Mental Health Awareness Resources and Activities Guide (in English and Spanish), a convenient printable synopsis of all information provided on the Web is now available for download.
- Celebrating Mental Health in Diverse Communities Webinar Forum: Hosted by the National Network to Eliminate Disparities in Behavioral Health in honor of National Minority Mental Health Awareness Month, Part I of this webinar series will focus on Latino and American Indian communities will take place on July 7; Part II, focusing on Asian American and African American communities will take place on July 28. To register please use the following link:  
[http://nned.net/index-nned.php/NNED\\_content/news\\_announcement/forum\\_call\\_mmhm](http://nned.net/index-nned.php/NNED_content/news_announcement/forum_call_mmhm)

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### **We welcome your views, comments, suggestions and inquiries.**

For more information on this topic or any other recovery topics, please contact the *Recovery to Practice* Technical Assistance Center at

1-877-584-8535 or email [RecoveryToPractice@dsgonline.com](mailto:RecoveryToPractice@dsgonline.com)

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