INFUSING YOUR WORK WITH RECOVERY

Employment and Education (following IPS-SE)

Housing First/Supportive Housing

Very few are working and/or are primarily working in non-competitive employment

A large proportion are living in supervised settings and/or are homeless
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• Team wide adoption of an integrated dual disorders treatment (IDDT) model
  • Stage-wise treatment
  • Harm reduction
  • Motivational Interviewing
  • Use of assertive outreach, case management, and integrated care

Wide use of urine and drug screens/testing
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Help people expand and deepen their natural support network

“They don’t have anyone.” (and that’s just accepted as how it is and ok)

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HOLISTIC CARE

Excessive use of IM injections
Absence of any attention to healthcare needs

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Psychiatric Rehabilitation

Don’t just prompt and encourage (talking), TEACH, ROLE-MODEL, and COACH (doing)
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• **Take care of yourselves and team**
  - Attend to and work to reduce burn-out
  - **Supervision**
  - Staff retreats
  - Attend to language: respect for consumers; instilling hope, celebrating what may appear to some as “small” successes

• Develop and use advisory boards
LEAST
RESTRICTIVE
ENVIRONMENT
(Olmstead)
BALANCING RISKS

Coming in too soft and “losing the person,” vs. coming in too hard and “losing the person” (i.e., drops-out of treatment, has significant consequences because of lack of tx)
Some individuals with severe mental illness need treatment, but actively or passively refuse treatment

• “need treatment” – without services, very significant and negative consequences predictably lie ahead. Treatment often = medications

• “refuse treatment” -- unwillingness to accept the treatment offered, where this treatment may help them in their own recovery in short/long term
REFUSING SERVICES