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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. To access the RTP Weekly Highlights and other RTP materials, please visit <http://www.dsgonline.com/rtp/resources.html/>.**

## **Recovery in Mental Health and Substance Use Disorder: Is There a Common Vision? Part 1 of a Two-Part Series**

**Larry Davidson, Ph.D., and William L. White, M.A.**

*NOTE: This two-part series addresses in greater detail some topics that have been covered in previous Weekly Highlights.*

In the United States, the mental health and substance use disorder fields have unique historical roots, resulting in two distinct fields and professional traditions. This situation has been changing over the previous decade, with the two fields converging to establish “recovery-oriented systems of care.” From a historical perspective, this convergence can be seen as the result of each field informing and helping to shape the other, even as the systems have been separate. The figure below depicts this dynamic process, moving back and forth between the professional medical/clinical care and grassroots community movements.

The mental health field began as a medical and clinical enterprise based on the belief that serious mental problems were organic in nature and could be cured—if at all—primarily through somatic treatments (e.g., medications). In contrast, the substance use disorders field began more as a community enterprise that took its first major step forward with the creation of Alcoholics Anonymous by people in recovery from alcoholism themselves. This spawned a number of 12-step, mutual-aid approaches for a variety of substance use disorders.

When people with histories of mental health treatment began to be discharged in large numbers from State hospitals, the mental health consumer/survivor movement was born, deriving some of its inspiration from the mutual-aid community that had emerged in the substance use disorder field. These developments coincided in time with what has been called the “professionalization” of substance abuse treatment, as substance use disorder become viewed—just as mental illnesses have been—as medical conditions that often required medical/clinical intervention. As mental health care moved out of the hospital and into the community, substance use disorders treatment moved into the clinic.

The last decade has now seen the emergence of recovery support services as part of a new recovery movement in the addiction world, bringing the recovery community back into contact with professional clinical/medical care. Many of these services have been modeled after the peer-run services developed by the mental health consumer/survivor movement, which likewise has been moving, over the last decade, toward a partnership with professionals who provide medical/clinical care for persons with serious mental health problems. As both fields have moved toward the integration of medical/clinical care with community-based supports—often provided by individuals in recovery themselves—the two fields have also moved closer to each other, converging on the concept of recovery-oriented systems of care.

One way to understand this convergence is to appreciate that while mental health and substance use conditions might be different from each other in important ways—especially when viewed through the lens of a diagnostic manual—the processes of recovery may be very similar (i.e., peer support and involvement, self-direction, person-centered, and strength-based), and at times, interwoven—especially when viewed from the perspective of the person in recovery.

This last point has been made clear with the recognition that many people have both mental health and substance



## Resources:

A conceptual bridge between the mental health and addiction fields.

<http://www.williamwhitepapers.com/pr/2006systemstransformation.pdf>

Guiding principles and elements of recovery oriented systems.

[http://pfr.samhsa.gov/docs/guiding\\_principles\\_Whitepaper.pdf](http://pfr.samhsa.gov/docs/guiding_principles_Whitepaper.pdf)

Implementing a statewide recovery-oriented system of care.

<http://www.ct.gov/dmhas/lib/dmhas/presentations/2.6.05.pdf>

Practice guidelines for recovery-oriented care for mental health and substance use conditions.

<http://www.ct.gov/dmhas/lib/dmhas/recovery/practiceguidelines2.pdf>

## For further reading:

Davidson, L.; Andres-Hyman, R.; Tondora, J.; Fry, J.; & Kirk, T. (2008). From "Double Trouble" to "Dual Recovery": Integrating models of recovery in addiction and mental health. *Journal of Dual Diagnosis*, 4(3), 273–90.

Davidson, L., & White, W. (2007). The concept of recovery as an organizing principle for integrating mental health and addiction services. *Journal of Behavioral Health Services and Research*, 34, 109–20.

Drake, R.E.; Mueser, K.T.; Brunette, M.F.; et al. (2004). A review of treatments for people with severe mental illnesses and co-occurring substance use disorders. *Psychiatric Rehabilitation Journal*, 27(4), 360–74.

Gagne, C.; White, W.; & Anthony WA. (2007). Recovery: A common vision for the fields of mental health and addictions. *Psychiatric Rehabilitation Journal*, 31(1), 32–37.

Minkoff, K. (1989). An integrated treatment model for dual diagnosis of psychosis and addiction. *Hospital and Community Psychiatry*, 40, 1031–36.

Prochaska, J.O., & DiClemente, C.C. (1983). Stages and processes of self-change in smoking: Toward an integrative model of change. *Journal of Consulting and Clinical Psychology*, 51, 390–95.

White, W. (2009). *Peer-based addiction recovery support: History, theory, practice, and scientific evaluation*. Chicago, Ill.: Great Lakes Addiction Technology Transfer Center and the Philadelphia Department of Behavioral Health and Mental Retardation Services.

**We value your feedback on the Webinar! For those who participated during the live event, please take a few minutes now to answer a few questions, at the following link:**

<https://www.surveymonkey.com/s/BZRFH6V>

## **The Mental Health Center of Denver Hosts National Conference on Mental Health Recovery**

**The 2011 Recovery Transformation Summit, “Charting a New Course to Mental Wellness,” hosted by the Mental Health Center of Denver (MHCD), took place March 23–24, 2011, at the Grand Hyatt in downtown Denver.**

MHCD won a competitive grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to host this national conference and share its progressive work in transforming to a recovery model of care. MHCD is nationally recognized as being innovative in its approach to mental health treatment, believing that people can, and do, recover from mental illness. MHCD has a 70 percent recovery rate and has earned national prominence from its peers for developing outcome measurement tools to track mental health recovery. For more on MHCD's innovative approach to measuring recovery, go to <http://www.reachingrecovery.org/>.

The Summit provided

- A national support network of leading behavioral healthcare experts on system change
- Roundtable discussions on implementing processes and practices
- Ways to measure and support recovery within community mental health organizations
- Hands-on, real-world demonstrations
- Social networking initiatives

Following the Summit, online support networks and quarterly Webinars will provide consultation, allowing attendees to continue to network and report on their transformation progress.

For more information, visit: <http://www.reachingrecovery.org/> or <http://www.mhcd.org/>.

Press contact Kaylynn Dougall: 303.504.6555, [kaylynn.dougall@mhcd.org](mailto:kaylynn.dougall@mhcd.org), or <http://www.mhcd.org/> for more information.

## **The RTP Resource Center Wants to Hear From Recovery-Oriented Practitioners!**

**We invite practitioners to submit personal stories that describe how they became involved in recovery-oriented work and how it has changed the way they currently practice.**

## **The RTP Resource Center Wants to Hear From You, Too!**

**We invite you to submit personal stories that describe recovery experiences. To submit personal stories or other recovery resources, please contact Stephanie Bernstein, MSW, at 1.877.584.8535, or email [recoverytopractice@dsgonline.com](mailto:recoverytopractice@dsgonline.com).**