Psychological Therapies

Meaningful Recovery and Respectful Approaches

Fundamental Issue of Respect

In the UK the **NICE** Schizophrenia Guideline is medical model based and the term "**respect**" is not considered a worthy enough aspect to be regarded as relevant in relation with medical model treatment.

However in the documentation and in comparison with the medical model, respect is considered important by patients in relation with treatment, as the respondents to a **RETHINK** survey want to be "**treated with respect**".

Source: Borneo, A. (2008) 'Your choice: results from the Your Treatment, Your Choice survey 2008 – final report' http://www.nmhdu.org.uk/silo/files/your-choice.pdf

There are Fundamental Differences between Humanistic and Medical Model Attitudes and Behaviour

Humanistic Respect, Attitudes and Behaviour Include:

Having honest regard for the patient, being authentic and non-judgemental, acceptance of patients' experience, empathy and genuine engagement with the patient.

These attitudes result in patients feeling:
Accepted, listened to and understood in the relationship, validated and empowered. Trust develops because of the respect felt by patients.

Collectively humanistic attitudes and behaviour enable patients to reduce emotional distress and at the same time promotes positive psychological growth.

Medical Model Attitudes and Behaviour

These frequently include:
Giving incomplete facts about medication adverse effects and misleading information i.e. the dopamine theory for schizophrenia; the use of legal sectioning commonly for the purpose of prescribing psychotropic medication against patients' will; pre meetings or discussions to determine outcomes without patient or carer involvement.

Ignoring patients' concerns and dogmatically blaming patients for having 'no insight', using threatening, domineering, controlling, patronising, intimidating, coercive and inauthentic behaviour and absence of empathy.

"To employ the desperation of people by giving them inauthentic contact is inexcusable"

Source: P. Sanders The Person-Centred Counselling Primer (2006) PCCS Books
http://www.pccs-books.co.uk/

Medical Model Attitudes and Behaviour

Coercion is intrinsically damaging to mental health, diminishes the sense of self-efficacy and self-empowerment and is damaging to the therapeutic relationship.

"Coercion has become so universally accepted amongst mental health professionals that many no longer see it as ethically troubling. ... a distinguished professor from one of Britain's most prestigious medical schools… could see no problem with using threats and leverage to make patients do as they are told."

"This attitude flies in the face of one of the most important principles of **medical ethics** known as **respect for autonomy**, where autonomy can be defined as the capacity to think, decide, and act on the basis of such thought and decision freely and independent and without ...let or hindrance."

Source: R. Bentall "Doctoring the Mind" (2009) Penguin Books Ltd

Medical Model Attitudes and Behaviour

Coercion probably induces more paranoia. It is covert threatening behaviour. *(Ed)*.

Source: A Review of ***'The Kerr-Haslam Inquiry'***
HM Government, 2005, by Phil Virden,
Part 4, in ***Asylum Associates Magazine****; Features.*
http://libcom.org/news/article.php/nhs-kerr-haslam-inquiry-abuse-060406

"…the Report is itself evidence that the problem of the abuse of power still blights the NHS."

Recovery in relation to the medical model is quite different from what service users themselves see as recovery.

Service User Recovery Concepts

Service users refer to **meaningful recovery** subjectively as increased quality of life, self-esteem, improved relationships and being empowered.

This occurs when service users are listened to, understood and valued within a relationship with another person.

Being independent from the psychiatric system, having a job and a place in society all indicate a positive recovery.

Medical Model Recovery Concepts

The Medical Model perspective measures objective outcomes and does not include subjective outcomes.
The randomised control trials (RCTs) used, stem from the medical model background.
"…evidence based medicine is based upon randomised control trials. These are objective where the measuring of symptoms is the outcome. Not the subjective outcomes that are important for the patients."

Source: R. Bentall "Doctoring the Mind" (2009) Penguin Books Ltd

For example in reply to "How are you?" no one would say, "I am having trouble with my Hamilton Depression Rating Score"

Medical Model Recovery Concepts

"The medical model tends to define recovery in negative terms... First, treat the illness, then rehabilitate the person. The net effect is often to delay recovery indefinitely while medical cures for the illness are being sought. There is also a discordance between the professionals focusing on the illness, while people focus on their entire lives. This often leads to a serious communication barrier with many people complaining that their doctors don't talk to or listen to them."

Source: "Recovery With Severe Mental Illness: Changing From A Medical Model to A Psychosocial Rehabilitation Model" by Mark Ragins, M.D.
http://www.village-isa.org/Ragin%27s%20Papers/recov.%20with%20severe%20MI.htm

Medical Model Recovery Outcomes

Medical Model Evidence Based Medicine may be based upon dubious or distorted evidence.

Some evidence based practice outcomes are determined on the number of patients who have completed a course of interventions. For example, an efficacy outcome of 87% means that 87% of patients completed a course of interventions.

Within three weeks may be 50% of these will have relapsed.
Medical model outcomes are short term based with no follow-ups for long term efficacy.

Medical Model Disruption of Meaningful Recovery

Conventional medical treatment of people diagnosed with schizophrenia continues to rely almost entirely on the (sometimes involuntary) use of antipsychotic medication. Nowhere is this more clearly adumbrated than in the National Institute for Health and Clinical Excellence (NICE) guidelines for treating schizophrenia (National Institute for Clinical Excellence 2002), which state that "during an acute episode, antipsychotic drugs are *necessary*" (our italics), a mandate not extended to psychosocial interventions.

Source: "Minimal-medication approaches to treating schizophrenia" Tim Calton & Helen Spandler Advances in psychiatric treatment (2009), vol. 15, 209–217 http://apt.rcpsych.org/content/15/3/209.full

Medical Model Disruption of Meaningful Recovery

"Maintaining people with schizophrenia on neuroleptics (the accepted standard care) may actually be doing them a disservice. According to a 50-year review, long-term treatment worsens long-term outcomes, and up to 40% of people would do better without neuroleptics."

Source: "The case against antipsychotic drugs: a 50- year record of doing more harm than good". Robert Whitaker. Medical Hypotheses (2004) 62, 5-13. http://psychrights.org/Research/Digest/Chronicity/50yearecord.pdf
Cited in British Medical Journal, Vol. 328/414, February, 2004

Principles for Increased Recovery

Evidence-based care would require the selective use of antipsychotics, based on two principles:

(a) no immediate neuroleptisation of first-episode patients;
(b) every patient stabilized on neuroleptics should be given an opportunity to gradually withdraw from them.

This model would dramatically increase recovery rates and decrease the percentage of patients who become chronically ill.

Source: R. Whitaker, Medical Hypotheses 2004;62:5-13
http://psychrights.org/Research/Digest/Chronicity/50yearecord.pdf

Psychosocial Meaningful Recovery

The Psychosocial Rehabilitation Model defines recovery in positive terms:

"Empowerment is the central concept as people work to help themselves. They take self-responsibility for developing coping skills and adaptation to help them recover from their mental illness, to become "survivors". The focus is on strengths rather than weaknesses, people rather than illnesses."

Source: Mark Ragins MD
http://www.village-isa.org/Ragin%27s%20Papers/recov.%20with%20severe%20MI.htm

Psychosocial Meaningful Recovery

"Other research suggests that people diagnosed with schizophrenia may respond better to psychosocial treatment or a placebo than medication (Bola 2002, 2006) and that those who remove themselves from the psychiatric system, foregoing exposure to antipsychotic medication, may actually have greater rates of recovery (Harrow 2005) and better global functioning (Harrow 2007) than those who remain in the system."

Source: "Minimal-medication approaches to treating schizophrenia" Tim Calton & Helen Spandler Advances in psychiatric treatment (2009), vol. 15, 209–217 *http://apt.rcpsych.org/content/15/3/209.full*

Psychosocial Rehabilitation Recovery Approaches in the Community

The Soteria Project 1973 – 1981

Over nine years 179 young psychotic people were treated. Soteria involves a hopeful attitude, a philosophy that de-emphasizes medicalisation and biology, a care setting marked by involvement and spontaneity and a therapy that placed priority on human relationships, with significantly minimal use of neuroleptic and other drugs. A control group received standard care at a psychiatric hospital.

At 2 years outcomes for the Soteria group were significantly superior in terms of residual symptoms, need for re-hospitalization and ability to return to work. 76% remained drug-free during the early stages of treatment and 42% remained drug-free throughout the two-year period.

Source: Dr. Grace E. Jackson Affidavit. *http://psychrights.org/index.htm*

Work is being undertaken by Soteria Network Bradford to provide a Soteria House in Bradford UK. www.soterianetwork.org.uk

Psychosocial Rehabilitation Recovery Approaches in the Community

Hearing Voices Network (HVN)

The HVN provides a valuable contribution towards recovery:

Hearing Voices is a common human experience.

"If you hear voices HVN can help - we are committed to helping people who hear voices. Our reputation is growing as the limitations of a solely medical approach to voices becomes better known. Psychiatry refers to hearing voices as 'auditory hallucinations' but our research shows that there are many explanations for hearing voices. Many people begin to hear voices as a result of extreme stress or trauma."

The Hearing Voices Network has grown extensively throughout the world. **HVN:** http://www.hearing-voices.org/

Psychosocial Rehabilitation Recovery Approaches in the Community

Working to Recovery

Is a training and consultancy organisation that facilitates setting up and supporting Hearing Voices groups across the UK and the rest of the world responding to many different training needs.
Particularly well known for their work on Recovery and Psychosis and Hearing voices, they also specialise in Self harm, Personality disorder, Risk training, Person Centred Planning & mental well being.

Working to Recovery has a **Respite and Recovery House** on the Isle of Lewis, Scotland. 'Developing and cementing autonomy from services' and 'Building resilience in the face of personal and emotional difficulties' are two issues which are addressed.
www.workingtorecovery.co.uk

Psychosocial Rehabilitation Recovery Approaches in the Community

Intervoice

The international community for hearing voices has done valuable work towards recovery and respect for people who hear voices:
"Our network focuses on solutions that improve the life of voice hearers in the knowledge that these methods have been co-developed by voice hearers and professionals."

Taken from **Coping with psychosis: A statement of intent**

"**…** the most valuable information is provided by the people experiencing psychosis. It is their perspective and experience that should have paramount importance, especially over any psychiatric theory."

Psychosocial Rehabilitation Recovery Approaches in the Community

Intervoice

"… we need to stop thinking about specific diseases such as schizophrenia etc. As these are just labels, part of a mindset and not scientifically valid. They are the mental constructs of (*medial model*) professionals."

"Symptoms psychiatry considers part of mental diseases can be reinterpreted as coping strategies and psychoses are sometimes more of a survival strategy than a disease."

"…a new way of thinking about "mental illness" is required, a conceptual leap away from professional theories to patient's experience."

Read more at http://www.intervoiceonline.org/about-intervoice

Psychosocial Rehabilitation Recovery Approaches in the Community

Crazydiamond Training and Consultancy

Recovery approaches to Mental Health

"We are a small and personal collective of experts by profession and experience working in the wider fields of Mental Health, Social Care and Young People's Services to advance recovery knowledge. We define mental distress as a human condition and variation rather than a disorder, and believe that once we view people as distressed rather than ill, it opens up a wealth of opportunities to support the individual towards recovery and thriving. Our approach challenges workers to reflect upon their own practice values and to consider creative ways in which the individual can be supported to become the expert of his/her own experience, identify the core problems, make sense of their experiences and find solutions for moving on."
www.crazydiamond.org.uk

Psychosocial Respectful Modalities and Meaningful Recovery

The Needs Adapted Approach and Open Dialogue Approach

"Their open-dialogue family and network approach (Seikkula and colleagues 2006) aims to treat people diagnosed with schizophrenia in their own homes. The treatment involves the service user's social network and starts within the first 24 hours of initial contact, with the general aim of generating a constructive dialogue with the person and their family in an effort to find personally meaningful understandings of their experiences. People diagnosed with schizophrenia and treated using this version of the need-adapted approach had significantly fewer relapses and residual psychotic symptoms, were more likely to be employed, spent significantly less time in hospital and used antipsychotics significantly less often than people exposed to treatment as usual. (Seikkula 2003)."

Source: Tim Calton & Helen Spandler (2009) "Minimal-medication approaches to treating schizophrenia" Advances in psychiatric treatment http://apt.rcpsych.org/content/15/3/209.full

Psychosocial Respectful Modalities and Meaningful Recovery

Finland Acute Psychosis Integrated Treatment (Needs Adapted Approach)

A multi-centre research project using Acute Psychosis Integrated Treatment (API) which emphasises four features, family collaboration, teamwork, therapeutic attitude and needs adapted to each individual patient.

2 year outcomes were better for the **needs adapted approach**:

Fewer days of hospitalisation. Less than two weeks in hospital in 2 years 41.5%
More patients **without psychosis**. No psychotic symptoms in the last year 52%
More patients with higher functioning. Employed 40%

These better outcomes occurred despite this group consisting of more patients who had severe illness originally and a longer duration of untreated psychosis.

References for The Needs Adapted Approach and Open Dialogue Approach

Seikkula J, Aaltonen J, et al (2003) "Open dialogue approach. Treatment principles and preliminary results of a two-year follow-up on first episode schizophrenia." *Ethical and Human Sciences and Services*; 5: 163–82.

Seikkula J, Aaltonen J, et al (2006) Five-year experience of first-episode nonaffective psychosis in open-dialogue approach. Treatment principles, follow-up outcomes, and two case studies. Psychotherapy Research; 16: 214–28.

The fact that 43% of this group avoided neuroleptics altogether.

Seikkula J, Alakare B, Aaltonen J, "A two year follow up on Open Dialogue treatment in first episode psychosis: need for hospitalisation and neuroleptic medication decreases" Social and Clinical Psychiatry. 2000, 10(2), 20-29.

Source: Dr. Grace E. Jackson Affidavit. PsychRights http://psychrights.org/index.htm

References for The Needs Adapted Approach and Open Dialogue Approach

Cullberg J, et al, (2002) "One-year outcome in first episode psychosis patients in the Swedish Parachute project." Acta Psychiatrica Scandinavica; 106: 276–85. http://www.ncbi.nlm.nih.gov/pubmed/12225494

Cullberg J, et al (2006) "Treatment costs and clinical outcomes for first episode schizophrenia patients. A 3-year follow-up of the Swedish 'Parachute Project' and two comparison groups." Acta Psychiatrica Scandinavica; 114: 274–81. http://www.ncbi.nlm.nih.gov/pubmed/16968365

Humanistic Person Centred Therapeutic Modalities

Respectful relationships are fundamental in all these therapy modalities:

- Gestalt
- Integrative Psychosynthesis
- Person Centred Approaches (PCA)
- Humanistic Integrative Psychotherapy (HIP)
- Pre Therapy/Contact Work
- Counselling Psychology

Metanoia

Metanoia is an Institute offering training for counsellors and psychotherapists

Philosophy of Person Centred Department

"The Person Centred Approach seeks a holistic view and entails both counsellor and client striving to make real human contact. The approach has always been 'radical' in that it strives to address power inequalities between counsellor and client and each person has the capacity for health, growth and creativity."

"Within a genuine, accepting and empathic relationship, people have the potential to reconnect with this and recognise for themselves, what is hurting and what is healing. The approach is richly supported by both process and outcome research studies as well as by the findings of recent research in the fields of child development and neuroscience."

"The Person Centred Approach grew from the recognition, by its founder, Carl Rogers, that existing therapies, in reducing people to their component parts, missed something fundamental about the experience of being human. In what perhaps remains the most profound challenge to the therapeutic orthodoxy, Rogers also asserted that it was neither possible nor helpful to try to be the expert of another person's experience."

http://www.metanoia.ac.uk/person-centred/Philosophy+of+Person+Centred+Department.htm

Recommended viewing, DVD from PCCS books:-

"Take These Broken Wings: *Recovery from schizophrenia without medication"*

A documentary by Daniel Mackler with Joanne Greenberg, Peter Breggin, Robert Whitaker and Catherine Penney.

http://www.iraresoul.com/dvd1.html

Some useful organisations for further information:

Pre - Therapy International Network (PTIN)
http://www.pre-therapy.com/

Prouty's Pre Therapy: The Essence of Contact Work
www.psychological-wellbeing.co.uk

Person Centered Workshops:
http://www.metanoia.ac.uk/person-centred/Workshops/index

Asylum Associates
http://www.asylumonline.net/

Network for Change Inspiring Mental Health Recovery
www.networkforchange.org.uk/

Connect Development for Life
www.connectforlife.co.uk/

MindFreedom International: Mental Health Rights & Alternative Mental Health
http://www.mindfreedom.org/

Useful websites for further information:

The Center for the Study of Empathic Therapy, Education and Living.
http://www.empathictherapy.org/

Law Project for Psychiatric Rights:.
http://psychrights.org/index.htm

Successful Non-Neuroleptic Treatments: Neuroleptic Awareness Part 1
http://www.neuroleptic-awareness.co.uk/?download=Part%201%20Successful%20non-neuroleptic%20treatments.pdf

Safe Harbour
www.alternativementalhealth.com

Loren.R.Mosher MD, Founder of Soteria
http://www.moshersoteria.com/soteriawp/wp-content/uploads/2009/12/soteria.pdf
http://www.moshersoteria.com/articles/biopsychiatric-model/

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