



# Weekly Highlight



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
www.samhsa.gov

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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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## **FAQs for Recovery Oriented Practice**

**by Larry Davidson, Ph.D., Recovery to Practice Project Director**

As the Recovery to Practice initiative gets underway, there are a number of common questions that keep popping up related to recovery, the nature of recovery-oriented practices, and how they differ from conventional mental health care. We are currently collecting these questions to be posted as part of the RTP Website under the heading “Frequently Asked Questions,” and welcome readers to suggest their own questions for this growing list. As an additional part of this process, this Weekly Highlight will occasionally be devoted to one or two of these emerging questions, and, here again, you the reader are invited to comment on and/or submit your own responses to the questions listed. Should you have any questions to add to the list, answers to any of the questions posed, or any comments on either the questions or answers included in a Weekly Highlight, please submit them to Stephanie Bernstein, M.S.W., RTP Project Coordinator at [RecoveryToPractice@dsgonline.com](mailto:RecoveryToPractice@dsgonline.com).

We begin with one question that has been raised in relation to one of the recent Weekly Highlight topics.

### **Frequently Asked Question #1:**

The Weekly Highlight of a few weeks ago on the “Clinician’s Illusion” suggested that many people recover over time and that when people drop out of treatment, they often are doing better than we might have expected. Some readers responded that their own experiences suggested a different picture, in which they would encounter people who had dropped out of treatment but who were, in fact, having even more difficulties than when they were in care, rather than less. They wondered about the people who they saw on the streets, or in homeless shelters or prisons, or who showed up at a later time in a hospital having experienced significant deterioration in both their mental and physical health; phenomena that appear to be more common, perhaps, in urban areas. Doesn’t the presence of such people with serious mental illnesses who, by almost any criteria, are *not* recovering over time call into question the very notion of “recovery”? More succinctly stated: what if the clinician’s illusion is not really an illusion after all?

### **Proposed Response (to which readers should feel free to add their own):**

Unfortunately, most if not all of us have had such experiences of seeing people who are struggling with significant difficulties. It is a tragedy that there are many more such folks out there than there should be, not only due to the severity of the mental illness but also due to multiple system failures. What is also unfortunate, in a different way, though, and what the Highlight was referring to, is that there also are many people out there doing well, but you would have no way of knowing who they are unless they told you about their experiences with illness. And these continue, of course, to be the kinds of illnesses which most people are loath to discuss. As a consequence, we assume that the folks who we see who are still struggling with significant difficulties are in the majority, while research suggests they are not.

The cross-cultural research has consistently suggested that people have better outcomes, on the whole, in less urban and less developed environments. The recovery rate Harding found in Vermont was around 65%, while the WHO study found about 45% in Boston and Washington, D.C. These are the percentages of people who recovered fully. The percentages for people who experienced significant improvements would be even higher, with most studies finding only about 20-25% of any given sample experiencing a deteriorating course over time. So while the people we see on the streets, in homeless shelters, prisons, or hospitals, are certainly there and are certainly suffering, they comprise 'only' about 1 out of 4 or 5 of the people who have had the illness for that period of time. If you stop to consider how many people you typically will see over a 20 year career in mental health, and compare that to how many people you have seen who remained very sick for an extended period of time, you most likely will end up with around the same number (i.e., 1 out of 4 or 5). This number is, of course, not trivial (which is why we put quote marks around 'only'), and the suffering of these individuals is not to be overlooked or trivialized. If anything, their presence should inspire us to redouble our efforts to promote recovery among all citizens affected by a mental illness.

But the fact that 1 out of 4 or 5 people may experience significant distress and disability for an extended period of time with our current treatments also does not justify rejecting the notion of recovery. As in many other serious medical conditions (of which serious mental illness is one), there is a broad range of clinical outcomes, premature death being one possible outcome among many. Despite the medical breakthroughs of the last half-century, for example, many people continue to die of cancer. This fact does not dissuade us from doing everything we can to ensure their access to effective care and to promote their recovery in the face of serious illness; neither should it do so when the illness in question is a psychotic or affective disorder as opposed to cancer or a cardiac disorder.

### **For Further Reading:**

Bleuler, M. (1978). *The schizophrenic disorders: Long-term patient and family studies* (Clemens, S. M., Trans.). New Haven, CT: Yale University Press.

Carpenter, W.T., Jr. & Kirkpatrick, B. (1988). The heterogeneity of the long-term course of schizophrenia. *Schizophrenia Bulletin*, 14: 645-652.

Ciampi, L. (1980). The natural history of schizophrenia in the long-term. *British Journal of Psychiatry*, 136: 413-420.

Davidson, L. & McGlashan, T.H. (1997). The varied outcomes of schizophrenia. *Canadian Journal of Psychiatry*, 42: 34-43.

Harding, C. M., Zubin, J., & Strauss, J. S. (1987). Chronicity in schizophrenia: Fact, partial fact, or artifact? *Hospital & Community Psychiatry*, 38, 477-486.

Lin, K. M., & Kleinman, A. M. (1988). Psychopathology and clinical course of schizophrenia: A cross-cultural perspective. *Schizophrenia Bulletin*, 14, 555-567.

McGlashan, T.H. (1988). A selective review of recent North American long-term follow-up studies of schizophrenia. *Schizophrenia Bulletin*, 14: 515-542.

Warner, R. (1985). *Recovery from schizophrenia: Psychiatry and political economy*. Boston: Routledge & Kegan Paul.

World Health Organization. (2001). *The world health report 2001. Mental health: New understanding, new hope*. Geneva, Switzerland: World Health Organization.

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## **CONFERENCES**

**THE TEXAS BEHAVIORAL HEALTH INSTITUTE (TBHI)**  
July 19-23, 2010 Austin, TX  
The TBHI 2010 theme is "Roads to Recovery."  
To Register:  
[www.texinstitute.com](http://www.texinstitute.com)

**NATIONAL ASSOCIATION OF SOCIAL WORKERS (NASW) ANNUAL PRACTICE CONFERENCE**  
August 3-4, 2010 Boston, MA  
To Register:  
<http://www.socialworkers.org/nasw/conferences/boston2010/default.asp>

**AMERICAN COUNSELING ASSOCIATION'S (ACA) ANNUAL CONFERENCE**  
March 23-27, 2011 New Orleans, LA  
To Register:  
<http://www.counseling.org/Convention>

## **WEBINAR**

### **SAMHSA's FREE Training Teleconference**

Building an Inclusive Society: The 20th Anniversary of the Americans With Disabilities Act  
June 29, 2010 | 2:30 to 4 p.m. eastern time

Join SAMHSA in recognizing the 20th anniversary of the passage of the Americans With Disabilities Act (ADA). This training will recognize the accomplishments of the ADA and explore the challenges that still remain in building a fully inclusive society. National disability leaders will help participants explore questions such as:

- How do we become a more inclusive society?
- What are the rights of people with disabilities, particularly people with psychiatric disabilities?
- What are the challenges posed by the assertion of these rights and what protections are offered under the law?

Presenters include:

- Shawn Terrell—U.S. Department of Health and Human Services
- Celia Brown—New York State Office of Mental Health Recipient Affairs
- Andy Imparato—American Association of People With Disabilities

**To Register:** <http://promoteacceptance.samhsa.gov/teleconferences/default.aspx>

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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)