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Services**

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Alberta Health Services

Knowledge Bites Lunch & Learn

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Staying Connected: Consumer experience of the recovery journey and long-term engagement with a rural mental health clinic

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Acknowledgements and Agenda

- ▶ Addiction and Mental Health Clinic; AHS Research Challenge Funding; Patricia Samson; Research Participants
- ▶ Research Overview
- ▶ Findings
- ▶ Participant Feedback
- ▶ Summary

Research Overview

- ▶ Motivation and Background (cheap and stress free PhD)
- ▶ Historically research focused on therapy drop-outs and early closures, genuine curiosity about long term engagement and pressures for short term service, protection of the voices of very small number of long term consumers
- ▶ Ethnographic study grounded in a phenomenological approach
- ▶ 20 clients, which is about 1.5 % of the total clinic population, met criteria of “Long Term” as defined by ongoing engagement for a continuous period of 5 years or more. Six participated in the research study.
- ▶ Two focus groups were conducted at the clinic by a research therapist and a volunteer therapist uninvolved with participants in a clinical capacity
- ▶ Minimum of two therapists are present during horizontalizing of the data for interrater reliability, exploring and identifying categories and themes
- ▶ Rising awareness for the need to bracket our defensiveness, even if confirmed, to stay neutral and objective of the whole meaning within the data

Themes (1/2)

Trauma

- ▶ Injustice
- ▶ Loss
- ▶ Judgement
- ▶ Oppression
- ▶ Isolation
- ▶ Violence

Internal Strengths

- ▶ Self-Agency
- ▶ Confidence
- ▶ Identity
- ▶ Acceptance
- ▶ Understanding

Professionals

- ▶ Diagnosis
- ▶ Trust
- ▶ Consistency
- ▶ Helpful direction
- ▶ Compliments to professionals
- ▶ Prescriptive
- ▶ Minimizing
- ▶ Barriers to access
- ▶ Unhelpful
- ▶ Hope
- ▶ Inconsistent

Themes (2/2)

Community

- ▶ Family
 - ▶ Place
 - ▶ Connected
 - ▶ Being there for others
Altruism
- Presence

Journey

- ▶ Resistance
- ▶ Persistence
- ▶ Resilience
- ▶ Redefining recovery
- ▶ Bad things keep happening
- ▶ Symptoms

Research

- ▶ Support
- ▶ Empathy
- ▶ Giving Back

Trauma

- ▶ “I’m the oldest of ah, 10 children...And growing up, ah, was always a struggle in our family. We were a poor family and umm, alcoholic Dad and Mom and you know I, growing up I got beaten, as did a lot of my siblings. To be like, to be knocked out unconscious and a couple of times saved my mom from being killed by my dad, three times maybe. So I went through life with that. I’ve always been in charge of or been physically a parent to all my siblings.
- ▶ “When I was small, my brother molested me. I didn’t tell anybody until I was 40. My parents didn’t believe me. I finally snapped at work. I broke.”
- ▶ “Alberta Works wanted me to go to a psychiatrist when I had already been seeing a psychologist for eight years, but they wouldn’t accept what [my psychologist] said. And they sent me to the psychiatrist and I told him what happened and within 5 minutes his whole demeanor changed and I realized he didn’t believe a single word I had said. And it was just way obvious with his body language and the questions he was asking.”

Journey

- ▶ “A picture came to my mind of the word recovery being winning Olympic gold and all I want is some fresh air and a little bit of exercise. Like Tiger Woods, he just won some big golf tournament, never thought that would happen again. I mean that is what I call recovery. Something that rips your heart and soul out of you, how do you recover from that?”

He is as good as he was before. [Participant 2]

That is right. [Participant 1]

He recovered. [Participant 2]

That is kind of a problem in comparison with me, because he was good before, he got back to what he was. For most of us we are never going to get there. At least for me. Now that doesn't stop me from trying and it doesn't stop me from trying the things people tell me to do, but, with the damage that had been done, there is no way back. I have to find a new way. [Participant 1]

Journey

- ▶ “I don’t think recovery is necessary the right word, I guess it is a good question. I feel like recovery, does that mean that everything is healed? Is that how we look at recovery? Is that what it is? Or is it...maybe the word I saw outside. [Participant 1]

What was that? [Facilitator]

Resilience. [Participant 1]

Resilience. Okay. [Facilitator]

I think we may not recover but we become resilient. [Participant 1]

I struggle with resilience and I probably have my whole life, but it doesn’t mean I don’t want it. It is really hard for me. [Participant 2]

Journey

- ▶ “I think it’s a journey”
- ▶ “Its been an ongoing journey”
- ▶ “At some point on the trip you’ll clarify what it is you want and be able to reach the other end, not the end of the line but the next step in the road where you have more people around, do more things, and get back to what is normal for you.”

Professionals

- ▶ “I’ve also met a lot of crack-pot therapists along the way, just so you know, you’re not all sane and lovely”
- ▶ “Some people out there want to fix you. They’re fixers. But they haven’t been, they don’t have enough depth of your situation, or whatever issue you are dealing with, they just try to be exuberantly helpful. Sometimes that can be unhelpful. There’s a lack of understanding that some things can’t be fixed in 5 counselling sessions.”

Professionals

- ▶ We are looking for a safe place. Some place where we can actually relax our, what do you call it when you are tense, because you are expecting another attack. [Participant 1]

Right, letting your guard down. [Participant 2].

Letting your guard down sort of. [Participant 1].

- ▶ “This is where I come to be heard and to be helped and understood and hopefully I can move forward.”
- ▶ “I’ve been with him since June of 2012, so ah - quite the journey - So, ah, we’ve been together a long time.”

Community

- ▶ “When I think if you don’t have a connection, if you don’t have a connection you can’t go down the road, the road just stops.”
- ▶ “Because I’m interacting with nature. I’m seeing things that interest me and I’m connecting, umm, in a massive way.”
- ▶ “Maybe with all that I’m taking onto me, maybe somebody else is getting a pass. Maybe it’s simpler for them. And if I think that way maybe it feels a little better. Because I’ve got broad shoulders, I’ve been taking it all of my life.”
- ▶ “I spend a lot of time alone and it doesn’t bother me in the least but I seem to be one of the few people that is actually, actually good at that.”

Internal Strengths

- ▶ "I understand that these things, these things are going to happen, so I just you know it's learning to live with it."
- ▶ "You'll never have that limb back again. Like they don't, they are not there yet. So you will always have to live with that difficult situation."
- ▶ "Yeah, in my scale of things...I actually have a quality of life that didn't exist before. To some people because I can't travel, it's not a very good quality of life but compared to what I experienced, it's actually fantastic! I get to breathe fresh air and see beautiful scenery and interact with all kinds of animals. I see things that no one will ever see or experience."

Internal Strengths

- ▶ Now that doesn't stop me from trying and it doesn't stop me from trying the things people tell me to do, but, I am just realized that with the damage that had been done, there is no way back. I have to find a new way. [Participant 1]

It is figuring out who you are now. [Participant 2]

Clinical Implications

- ▶ Too helpful and too hopeful as unhelpful. Conversely if you only listen then this can also be unhelpful.
- ▶ Direct advice and suggestions can be useful *if* you have the relationship for it and the client trusts your opinion, has enough relationship to challenge the suggestion.
- ▶ Recovery orientated practice remains a helpful direction for mental health, however we have to recognize that the word “recovery” may be experienced differently for individuals who have been on a long journey with their mental wellbeing.
- ▶ Connection as important in the journey - with people, places, community, and individuals. Being alone is not necessarily harmful, and is for some enjoyable.
- ▶ Very small number of overall client population met criteria for “long term”, anecdotally these can be very insightful, rewarding, and reflective clients to work with.
- ▶ Cost of maintaining a client in therapy vs. cost of hospital admissions needs to be considered when looking at therapeutic length.

Questions? Comments? Feedback?

- ▶ Thank-you! We look forward to discussion, ideas and reflections! We are all on this “journey” together!