

*Preparing the Adult Mental Health Workforce
to Succeed in a Transformed System of Care*

Applying the Concept of Recovery:
Guidelines for Recovery-Oriented
Systems of Care

Module IV

Module created by Huckshorn,
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Our Neighbors, Our Friends, Our Selves--Our Call to Action

People with mental problems are our neighbors. They are members of our congregations, members of our families; they are everywhere in this country. If we ignore their cries for help, we will be continuing to participate in the anguish from which those cries for help come.

Former First Lady Rosalynn Carter

Learning Objectives

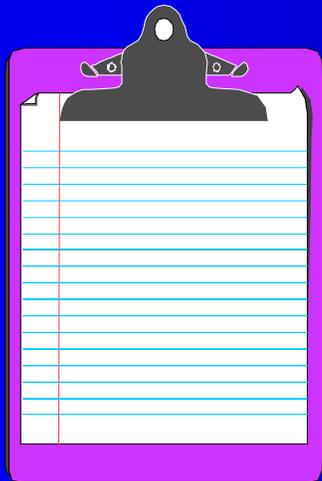
- ✓ Describe current treatment practice
- ✓ Identify practices in need of change
- ✓ Identify available resources to begin to change your own skills





Recovery from what?

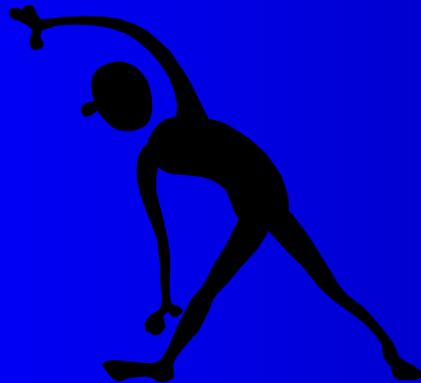
Recovery from the consequences
of the illness is sometimes more difficult than
recovering from the illness itself (*Anthony, 1991*)



6 minute exercise

Journey of Recovery- Common Human Experience

“We all experience recovery at some point in our lives from injury, from illness, from loss, or from trauma” (*Spaniol, Gagne, & Koehler, 1997*)



6 minute exercise

Beliefs that support Recovery

- “Persons with mental conditions can and do recover”
- These conditions are treatable and recovery is the expected outcome of services
- Services need to be accessible, individualized, and flexible to meet individuals’ needs

(NGA, 2007)

Being involved in *Meaningful Activities*

The task of the professionals is to facilitate recovery;
Recovery may also be facilitated by the consumer's
natural support system

Providers recognize that what promotes recovery is not
simply the array of mental health services

(Anthony, 1991)



Family, Friends, Peers, Those We Love & Those Who Help

A common denominator of recovery is the presence of people who believe in and stand by the person in need of recovery

(Anthony, 1991)

Family, Friends, Peers: Those We Love & Those Who Help



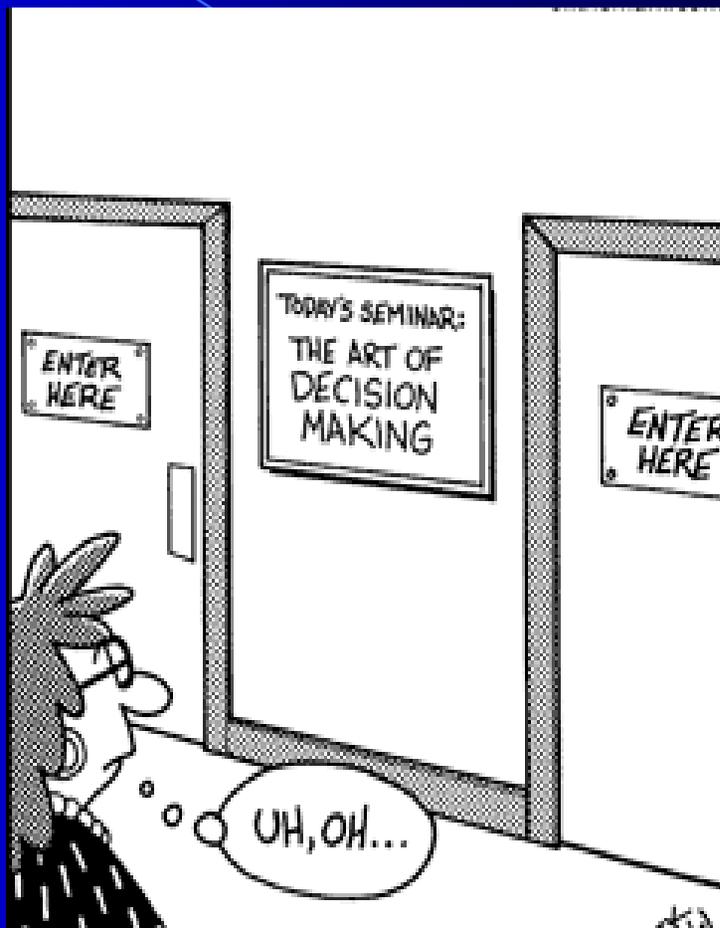
Redefining *Self*

For staff, the “redefining of self” expects that we are able to always remember that the people we serve have life histories, have or had families and friends, have or had dreams for their lives, and that they have the power to recover these important human qualities

Respecting *Choices*

Making choices is
fundamental to being
Human

People diagnosed with
mental conditions have,
most often, lost the
ability to *make choices*



People Need **REAL** Choices



The way we were!

Deficit based thinkers focus on:

- ✓ Can't
- ✓ Problems
- ✓ Weaknesses
- ✓ Obstacles



Changing Practice

- ✓ Finding Hope
- ✓ Redefining Self
- ✓ Accepting the Illness
- ✓ Involvement in Meaningful Activities
- ✓ Respecting Choices
- ✓ Managing Symptoms
- ✓ Building a Support System

Facilitating Recovery



Asset-based thinkers focus on:

- ✓ Opportunities rather than problems
- ✓ Strengths more than weaknesses
- ✓ What can be done instead of what can't



(Cramer, 2006)

How does this new information change how we practice?

✓ Chronicity/Deficit Oriented Thinking

VS.

✓ Recovery/Asset Oriented Thinking

(Onken et al., 2002)

How does this new information change how we practice?



Chronicity/Deficit

Diagnostic groupings: “Cases;” lumped and labeled as chronic/SPMI/CMI/SCUT and other labels

Recovery/Asset

Unique identity: Whole person oriented, person-first language, individual

(Onken et al., 2002)

How does this new information change how we practice?

Chronicity/Deficit

Pessimistic prognosis

Recovery/Asset

Hope and realistic optimism about managing illness

(Onken et al., 2002)



How does this new information *change* how we practice?

Chronicity/Deficit

Pathology / deficits; vulnerabilities emphasized;
problem orientation

Recovery/Asset

Strengths, hardiness, resilience; self-righting
capacities emphasized

(Onken et al., 2002)

How does this new information change how we practice?

Chronicity/Deficit

Professional assessment of best interests and needs

Recovery/Asset

Self-definition of needs and goals; consumer driven,
self determination

(Onken et al., 2002)

How does this new information change how we practice?

Chronicity/Deficit

Professional control, “expert” services

Recovery/Asset

Self-help, mutuality, self-care, partnership with
professionals

(Onken et al., 2002)



How does this new information change how we practice?

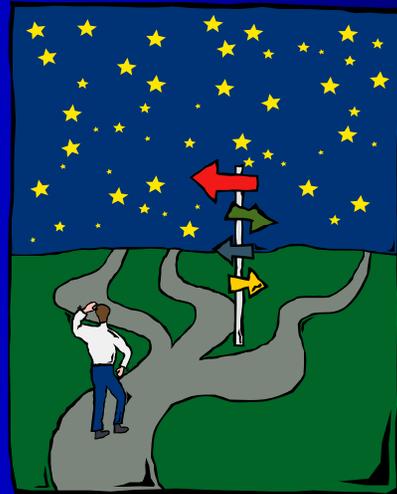
Chronicity/Deficit

Power, over-coercion, force, compliance,
paternalism

Recovery/Asset

Empowerment, choice

(Onken et al., 2002)



Presenting Situation and Intervention: Person Re-experiences Symptoms

Chronicity/Deficit-based Thinking:

Decompensation, exacerbation or
relapse



Chronicity/Deficit-based Intervention:

Involuntary commitment, threats, warnings

(Onken et al., 2002)

Presenting Situation and Intervention: Person Re-experiences Symptoms

Recovery/Asset-based Thinking:

Re-experiencing symptoms as a normal part of recovery; an opportunity to develop, implement, or apply coping skills



Recovery /Asset-based Interventions: express empathy and reinforce personal power

(Onken et al., 2002)

Presenting Situation and Intervention: Person takes medication irregularly

Chronicity/ Deficit-based Thinking:

Person lacks insight regarding his/her need for meds;
is in denial of the illness, is non-compliant with
treatment and needs monitoring

Chronicity / Deficit-based Interventions:

Medications are forced by staff, person's wishes
are only granted when compliance occurs

(Onken et al., 2002)



Presenting Situation and Intervention:

Person takes medication irregularly

Recovery/ Asset-based Thinking:

Prefers alternative coping strategies (exercise, structured time, etc) to reduce reliance on meds. Alternatively, behavior may reflect ambivalence, which is understandable and normal.

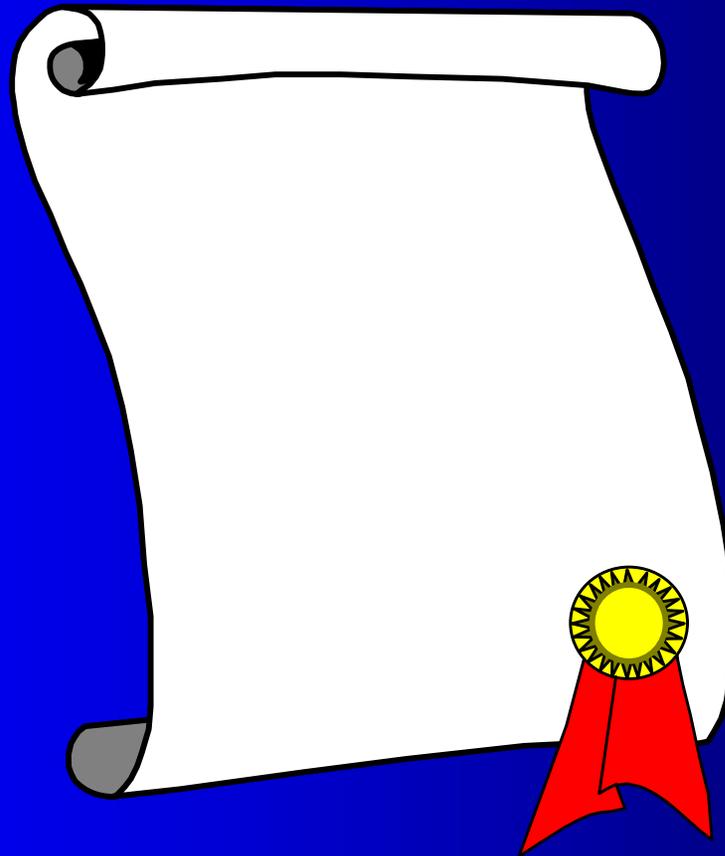
Recovery / Asset-based Intervention:

Individual is educated about the risks and benefits; offered options based on symptom profile and side effects, ...in style and tone, individual autonomy is respected...explore options (Onken et al., 2002)



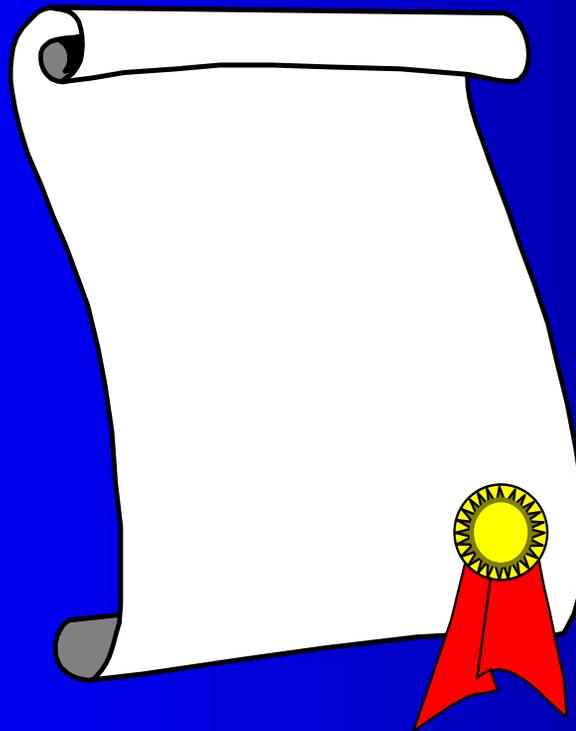
PRACTICE ACTIVITY

Person sleeps during the day



PRACTICE ACTIVITY

Person denies that she has a
mental illness





Recovery as a Partnership

Professionals who learn to collaborate with the active, resilient, adaptive self of the client will find themselves collaborating in new and rewarding ways with people who have been viewed as hopeless by others

Dr. Pat Deegan