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
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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