

Making Recovery Work:

What Works, What Doesn't

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Recovery has many definitions

- **“Recovery does not mean that one is ‘cured’ nor does it mean that one is simply stabilized or maintained in the community. Recovery often involves a transformation of the self wherein one both accepts one’s limitations and discovers a new world of possibility.” — *Patricia Deegan, Ph.D., BU Institute for the Study of Human Resilience***



Another definition of recovery

- Recovery is “an ongoing process of self-directed healing and transformation.” –

*Priscilla Ridgway, Ph.D.,
Program for Recovery &
Community Health
Department of Psychiatry
Yale University School of
Medicine*



Priscilla Ridgway, Ph.D.

“Recovery is... a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness.”



***William A. Anthony, Ph.D., Former Executive Director
BU Center for Psychiatric Rehabilitation***

“Recovery means being able to . . .

. . . lead a productive life [and] achieve your hopes and dreams. . . . Seven years ago I found myself in a state hospital and was diagnosed with a mental illness. I am two semesters away from receiving my social work degree. I hope that I may help others toward their recovery process as I was helped towards mine.”—Lisa

Braswell



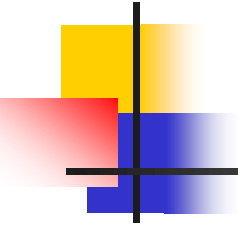


Recovery means:

- **Regaining control over my life.**
- **Believing in myself once again.**
- **Being *optimistic* about my future.**
- **Not giving up.**
 - Participant in Recovery Plank Session,
National Summit of Mental Health
Consumers and Survivors, 1999



SAMHSA's definition of recovery



"...a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."

SAMHSA's National Consensus Statement on Recovery:

Components

- **Self-direction**
- **Individualized and person-centered**
- **Empowerment**
- **Holistic**
- **Non-Linear**
- **Strengths-based**
- **Peer support**
- **Respect**
- **Responsibility**
- **Hope**



Hope: Most Important!



"...emerges when there is a person one can trust, a professional who believes in better outcomes — even when clients do not believe in themselves."

Russinova, Z. "Providers' hope-inspiring competence as a factor optimizing psychiatric rehabilitation outcomes," *Journal of Rehabilitation* (1999), 65(4), 50-57.

People with mental health conditions can and do recover.



**Michael F.
Hogan, Chair,
President's
New Freedom
Commission
on Mental
Health**



Then-U.S. Surgeon General David Satcher

Studies cited in:

- * Surgeon General's report on mental health**

<http://www.surgeongeneral.gov/library/mentalhealth/home.html>

- * President's New Freedom Commission on Mental Health**

<http://govinfo.library.unt.edu/mentalhealthcommission/>

Professionals with Serious Mental Health Conditions Can Thrive in Their Careers



- **BU studied 500 professionals with mental health conditions.**
- **73% had full-time employment as lawyers, nurses, professors, CEOs, etc.**

<http://tinyurl.com/kdmvevb>



Barriers to Recovery



- **Despair**
- **No choice**
- **No empowerment**
- **Destructive (including forced) treatment**
- **Stigma and Discrimination**
- **Self-stigma**
- **Life without meaning**
- **Ignorance**
- **No spiritual comfort**
- **Fear (including fear of success)**
- **Low self-esteem/ Low self-confidence**
- **Negative self-talk.**
- **Lack of coping skills.**
- **Personal trauma issues.**
- **Not knowing your rights.**
- **Hopelessness.**

Self-Stigma Is a Key Barrier

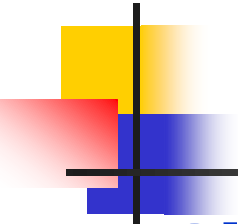
- Absorbing negative societal beliefs and expectations
- "I feel like I'm alone and carrying this big burden. I will probably never have a life like everybody else, get married, have kids, have a house . . . I feel that I'm over the hill, all used up, nobody's interested in me on any level."



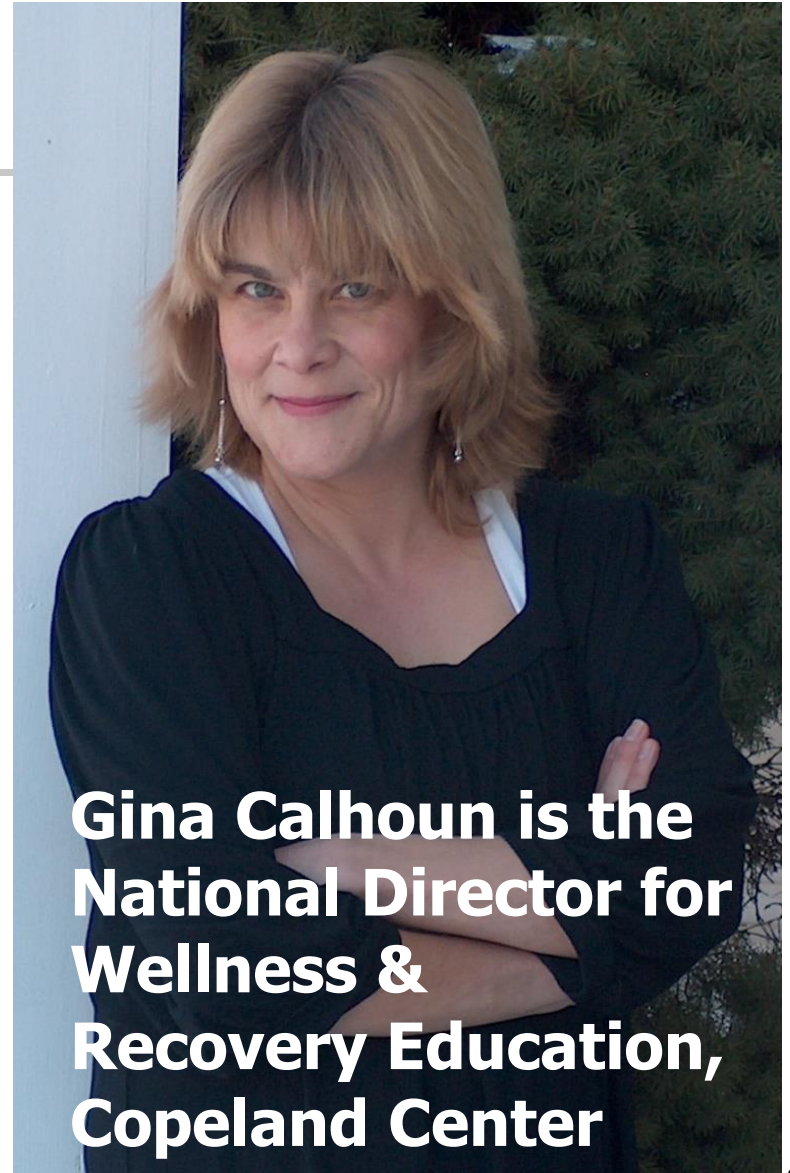
... "Stigma Is Social Death: Mental Health Consumers/ Survivors Talk About Stigma in Their Lives," by Deborah Reidy (1993)

<http://www.freedom-center.org/pdf/debreidystigma.pdf>

Many Success Stories



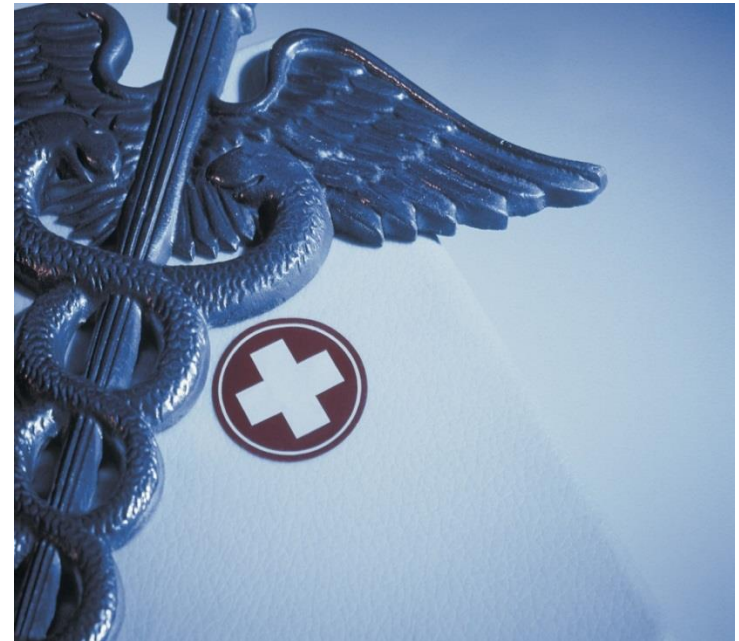
Gina Calhoun spent 17 years in psychiatric institutions. During this period, the longest she was able to stay out of the hospital was two months. Now...



Gina Calhoun is the National Director for Wellness & Recovery Education, Copeland Center

Medical Model

- **Traditional approach.**
- **Looks for:**
 - **Symptom reduction.**
 - **Reduced need for medication.**
 - **Reduced need for medical and social services.**
 - **Maintenance and stabilization.**
 - **Passive recipients of treatment and services.**



Recovery (psychosocial rehabilitation) model



Looks for:

- Improved quality of life.
- Community integration.
- Empowerment.
- Self-determination

A **recovery**-oriented system assumes that **recovery**:

- ...can occur without professional intervention.
- ...can occur even though symptoms recur.
- ...does not feel linear.
- **Recovery** from the consequences of illness is sometimes more difficult than **recovery** from the illness itself.
- **Recovery** from mental illness does not mean that one was not “really mentally ill.”



How can professionals help?

- **Switch from the medical model to the recovery model.**



Main difference between medical and recovery model cultures:



- **Focus of treatment shifts:**
 - **From the treatment of mental health conditions...**
 - **To helping people with mental health conditions have better lives (from their point of view).**

Contrast between the two models:



Medical model:

- More important to engage with the mental health condition than with the person.
- A psychiatrist can medicate someone they don't know (with varying success), as long as they have access to the diagnosis and treatment plan.

Recovery model requires:

- **Client's active participation in treatment**
- **Collaborative, personal relationship between client and professional**
- **Focus on transforming clients' lives rather than treating their illnesses.**
 - **Forced treatment particularly destructive.**
- **A welcoming, culturally competent atmosphere**



Recovery model shifts

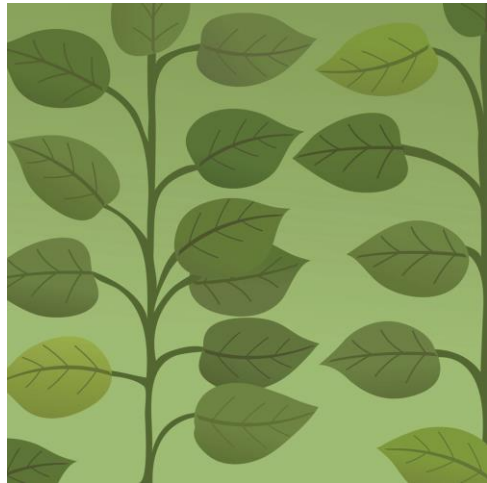
focus:



- **From an objective assessment of signs and symptoms of illness**
To a subjective assessment of client's experiences (whether experienced as an illness or not)
 - **Try to experience the world from their point of view.**
 - **Empathy is critically important.**



Find a therapist who:



- Will help you access what you want: e.g., jobs, housing
 - “Meets you where you’re at.”
- Give you medication you want and need (shared decision-making)
- Is nonjudgmental
- Can knowledgeably discuss substance abuse
- Uncovers, discusses and empathizes with emotional pain and suffering
- Uncovers and discusses moral and spiritual conflicts

Trauma- informed Care

**A therapist should
ask:**

**“What happened
to you?”**

Not

**“What’s wrong
with you?”**

**Anna Jennings (1960-92)
Key to closing in 1990 of
Philadelphia State
Hospital**



Assessing your life is more important than assessing your mental health condition.

- **Medical model:**
“What seems to be the problem?”
- **Recovery model:**
“What do you want in your life?”



Symptoms and side effects are evaluated in terms of their effect on:

- Housing
- Legal problems
- Child custody
- Finances
- Etc.
- For example, “What difference would it make in your life not to hear voices?”



**Hearing Voices
Network**

**[http://www.hearing
voicesusa.org/](http://www.hearingvoicesusa.org/)**

Recovery-oriented mental health professionals discuss with clients:



- . . . what is going on with them
- . . . what has led to where they are now, and
- . . . what could be done to improve their futures.
 - Form a shared vision of what can be changed (sometimes by the person, sometimes with the provider's help) to transform their lives.

Medication can be given collaboratively.

- **Medication is a tool to help achieve goals, not passively taken.**
- **People should be given meaningful education and meaningful choices.**
- **Clients and professionals should develop a shared knowledge about the clients' personal responses to various medications.**



Four stages of recovery

- **Hope:** Believing in a better future.
- **Empowerment:** Believing I can achieve that future.
- **Self-responsibility:** Taking my own steps to achieve that future.
- **Attaining meaningful roles:** Moving beyond illness to meaningful roles in the community.



A professional can help you by:



- **Believing in you.**
- **Valuing you.**
- **Accepting you.**
- **Listening non-judgmentally.**
- **Tolerating uncertainty about your future.**

A professionals can help you by (continued):

- **Accepting your failures.**
- **Tolerating your defeats.**
- **Trusting the authenticity of your experiences.**
- **Expressing genuine concern.**
- **Using humor appropriately.**



A professional should help you:



- **Set and reach goals.**
- **Develop better coping skills.**
- **Recall previous achievements.**
- **Accept limitations.**

Accept and learn from failures.

Grieve losses from your mental health condition.

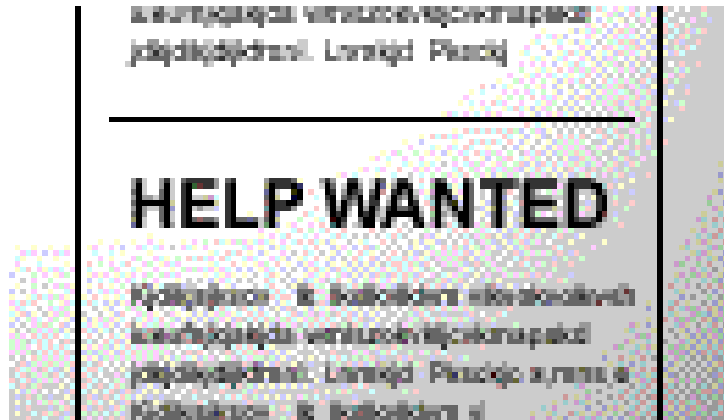
Make sense of your experiences and challenges.
Find personal meaning and purpose.

Professionals should:

- Use techniques to change your negative perceptions.
- **Support your spiritual beliefs.**
- Help you connect to successful role models.
- **Be available when you are in crisis.**
- Help you manage mental health challenges through medication, if helpful.
- **Support your involvement in education.**



Professionals should (continued):



- Educate you regarding your mental health condition.
- Help you join self-help groups.
- Facilitate family support.
- Provide support for your housing situation.
- Support you to obtain and maintain meaningful employment.

Psychosocial (psychiatric) rehabilitation



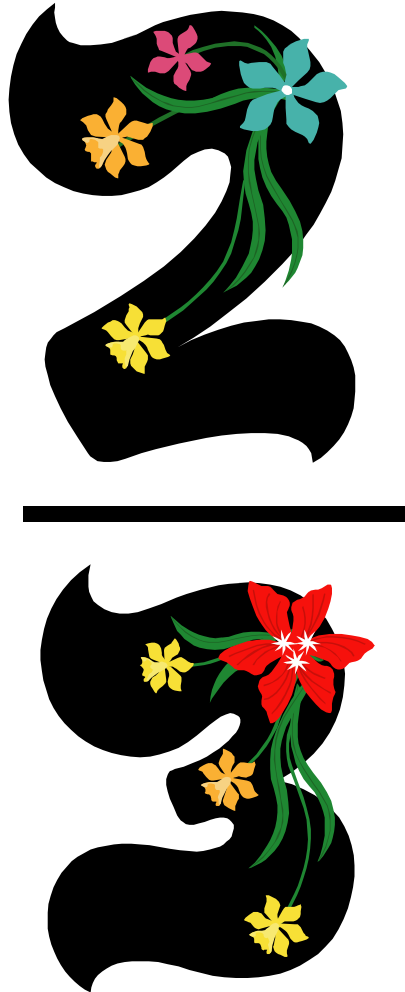
- **Involves cognitive and functional gains**
- **Involves development of social skills**
- **Fosters recovery.**

Vermont-Maine Longitudinal Study — Landmark Study:

- Began in mid-1950s.
- 269 people released from back wards of Vermont State Hospital.
- People given model psychosocial rehabilitation program in community.



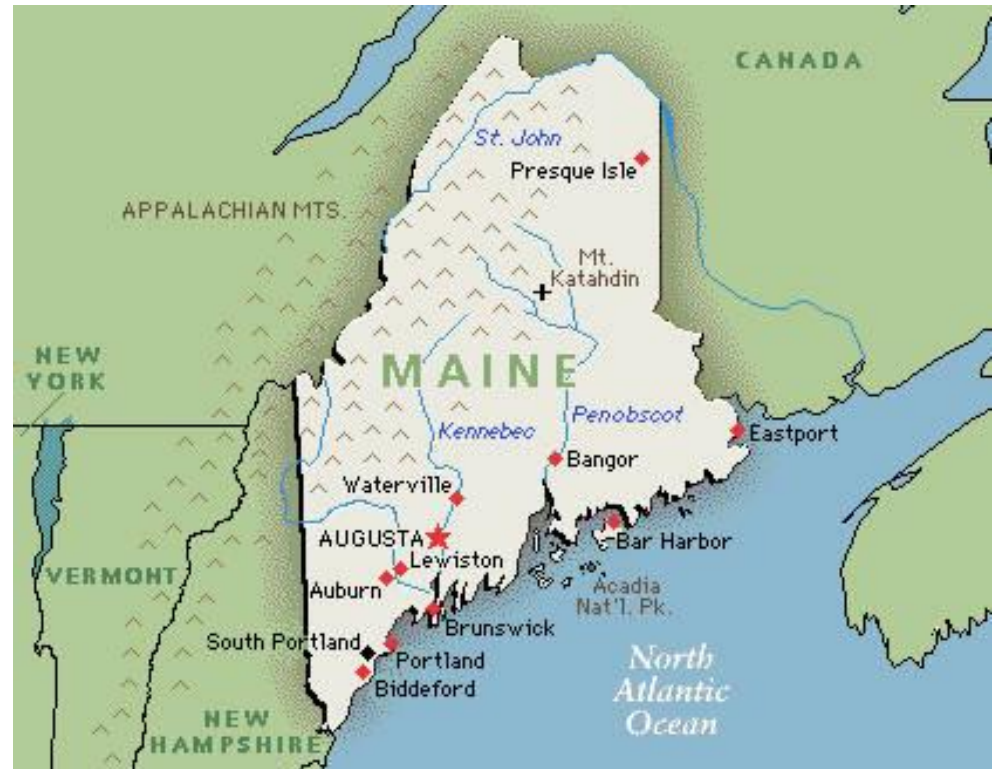
Vermont-Maine Longitudinal Study: Thirty Years Later:



- 262 of the 269 people were located and assessed.
- Some **two-thirds** of them had significant recovery.

Vermont-Maine Longitudinal Study – Control Group: Maine state hospital patients

- Received more traditional treatment.
- Did not do as well in the community.



Vermont-Maine Longitudinal Study – Maine group had:



- many more symptoms,
- much less employment,
- much lower levels of functioning in the community than the Vermont group did.

Vermont-Maine Longitudinal Study – Main difference between Maine and Vermont:

- **“Vermonters got a whopping psychosocial rehabilitation program and Mainers did not.”**
 - **Result: “We have very strong data showing that community integration, rehabilitation and self-sufficiency models are far superior to the Maine model of medication, entitlements, maintenance and stabilization.”**



--Courtenay M. Harding

--Rogers, S. Recovery Gains Acceptance, People First. (Fall 1999)

Vol. 9, No. 2.40

WRAP (Wellness Recovery Action Plan) promotes:

- **Hope**
- **Personal responsibility**
- **Self-Advocacy**
- **Education**
- **Support**
- **Accessing good health care**
- **Managing medications**
- **Self-monitoring**



Mary Ellen Copeland, Copeland
Center for Wellness and
Recovery, Vermont
<http://www.mentalhealthrecovery.com/>

The role of professionals is:



- not to judge who will and will not recover.
- to create environments in which opportunities for recovery and empowerment exist.
- to establish strong, supportive relationships with those they work with.
- to refuse to be dehumanized in the age of managed profit.
- to remain human hearted while working in the human services.

– *Patricia Deegan, Ph.D.*

<http://toronto.cmha.ca/files/2012/11/Deegan1996-Recovery-Journey-of-the-Heart1.pdf>



4 Dimensions of Recovery

- **Health:** Make informed, healthy choices that support physical and emotional wellbeing.
- **Home:** Have a stable and safe place to live.
- **Purpose:** Engage in meaningful daily activities, such as a job or school, volunteering, caring for your family, or being creative. Work for independence, income, and resources to participate in society.
- **Community:** Build relationships and social networks that provide support.



Resources (I)

- **National Mental Health Consumers' Self-Help Clearinghouse:**
www.mhselfhelp.org
800-553-4539
- **Temple University Collaborative on Community Inclusion:**
<http://tucollaborative.org/>
- **Mental Health Myths and Facts**
<http://www.mentalhealth.gov/basics/myths-facts/>



Resources (2)

- **Building Better Tomorrows: Recovering from Mental Illness:**
http://www.irwinfoundation.org/documents/building_better_tomorrows.pdf
- **Recovery from Mental Illness: Alaska Mental Health Consumer Web**
<http://akmhcweb.org/recovery/rec.htm>
- **The writings of Dr. Mark Ragins**
<http://mhavillage.squarespace.com/writings>
[L](#)



Resources (3)

- **Spirituality and Recovery from Mental Disorders**

<http://www.spiritualcompetency.com/recovery/lesson1.asp>

- **Ohio Department of Mental Health's Emerging Best Practices in Mental Health Recovery Process**

http://www.mhrecovery.com/best_practices.htm



Resources (4)

- **SAMHSA's Working Definition of Recovery: 10 Guiding Principles of Recovery**
<http://content.samhsa.gov/ext/item?url=/samhsa/content/item/10007447/10007447.pdf>
- **Report from Recovery Blank, National Summit of Mental Health Consumers and Survivors, 1999**
<http://static1.1.sqspcdn.com/static/f/784909/17164015/1331915199173/recovery.pdf?token=B%2FtmpGHZ7noWdotAPCSfCF%2Bg1cU%3D>