


NorCal MHA
OSHDP
Office of Statewide Health Planning and Development
CALIFORNIA
RECOVERY 101
LIFE · LEARN · GROW · LIVE

W·I·S·E
Workforce Integration Support and Education




Recovery 101

fundamental principles
of person-centered care

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Trainer Info

W·I·S·E
Workforce Integration Support and Education




- My name
- My role in WISE
- My agency and position
- How long I've been employed at my agency
- Why I work in the mental health field

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About Recovery 101

W·I·S·E
Workforce Integration Support and Education





- Recovery 101 was created by peers at NorCal MHA and is a core training in the **W·I·S·E** program
- **W·I·S·E** stands for Workforce Integration Support and Education
- **W·I·S·E** is a program of NorCal MHA, administered by the Office of Statewide Health Planning and Development (OSHDP), and funded by the California Mental Health Services Act (MHSA/Prop 63), as a component of OSHDP's statewide WET plan

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About You


W·I·S·E
Workforce Integration Support and Education

- Your name
- Your job title/position
- Your agency/employer/department
- Why you are interested in this training and what you hope to get out of it

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W·I·S·E
Workforce Integration Support and Education




Recovery 101
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Today we'll learn about:

W·I·S·E
Workforce Integration Support and Education

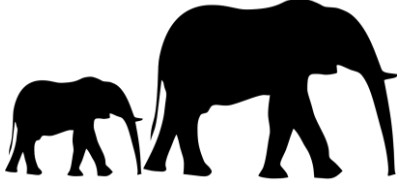


1. The meaning of recovery
2. Key components of recovery, including person-centered and client-driven care
3. Barriers to recovery
4. Recovery's role in California's public mental health system
5. Ways to establish and strengthen a recovery-oriented workplace

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ELEPHANTS IN THE ROOM




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Elephants Activity

- Clinicians
 - Psychiatrists
 - Psychologists
 - Counselors/Therapists
- Social Workers & Case Managers
- Consumer Peers
- Family Member Peers
- Mental Health Clients

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Elephants Debrief

Discussion:

- Thoughts about this activity?
- What did you learn?

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PART 1

What is Recovery?

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Recovery from what?

- Ongoing mental or emotional distress, and/or the undesired symptoms and impacts of a mental health disorder
- What is “mental illness”?
- What is mental health?

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Recovery is Real

- Longitudinal studies demonstrate most people who have struggled with a mental health challenge – a even severe mental illness – can and do get better
- For some people, symptoms diminish or disappear completely, even without medication

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Recovery is Complex



- Means different things for different people
- Can be viewed as both a **process** and an **outcome**
- Recovery is more than just an absence of the symptoms of a mental health disorder

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BUT WHAT IS IT???



2012 SAMHSA working 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

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Two Views of Recovery



- **Medical Model / Clinical View**
- **Recovery Model / Consumer View**

these views coexist

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Medical Model



- Recovery is objective
- A return to a former state of health or the objective absence of symptoms of a mental health disorder (based on DSM criteria)
- Diagnosis is “sticky”
- Care is illness-focused
- Outcomes include reduced symptomology, reduced hospitalization, and appropriate medication use (reduced or consistent), and increase in level of functioning

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Recovery Model



- Recovery is subjective
- Driven by people’s personal lived experiences of mental health challenges and wellness
- Diagnosis is not permanent (can be **cured**)
- Care is person-focused
- Outcomes include empowerment, hope, self-advocacy, choice, self-identified goals, healing, well-being, and control of symptoms

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PART 2

Key Recovery Concepts

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Back to SAMHSA



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 definition of recovery includes:
 - 4 Major Dimensions
 - 10 Guiding Principles

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4 Major Dimensions



Four major dimensions contribute to and support a life in recovery:

1. Health
2. Home
3. Purpose
4. Community

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What does this have to do with mental health?



Known risk factors for mental health disorders:

- family history
- personal history
- trauma
- environment
- personal stress
- social isolation



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Dimension 1: Health



Overcoming or managing one's illness(es) or symptoms and making informed, healthy choices that support physical and emotional wellbeing

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Dimension 2: Home



To recover, people need a stable and safe place to live

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Dimension 3: Purpose



Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society

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Dimension 4: Community



Relationships and social networks that provide support, friendship, love, and hope

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Risk vs. Recovery



KNOWN RISK FACTORS FOR MENTAL HEALTH DISORDERS

- family history
- personal history
- trauma
- environment
- personal stress
- social isolation

MAJOR DIMENSIONS OF RECOVERY

- health
- home
- purpose
- community

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Ten Guiding Principles



1. Hope
2. Person-driven
3. Many pathways
4. Holistic
- 5. Peer Support**
6. Relational
7. Culture
8. Addresses trauma
9. Strengths/Responsibility
10. Respect

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Principle 1: Hope



Recovery emerges from hope

- Hope is the catalyst of the recovery process
- Hope = belief that recovery is real: people can and do overcome the internal and external challenges, barriers, and obstacles
- Hope is internalized and can be fostered by peers, families, providers, allies, and others

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Principle 2: Person-Driven



Recovery is person-driven

- Founded upon self-determination and self-direction:
 - Defining own life goals and designing unique path(s) towards those goals
 - Autonomy, independence
 - Personal empowerment
 - Exercising choice over services and supports
 - Gaining or regaining control over own life

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Principle 3: Many Pathways



Recovery occurs via many pathways

- Highly personalized
- May include different treatments, services, and supports
- Non-linear: process of continual growth and improved functioning that may involve setbacks

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Principle 4: Holistic



Recovery is holistic

- Encompasses whole life, including mind, body, spirit, and community

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Principle 5: Peer Support



Recovery is supported by peers and allies

- *Peers*
 - encourage and engage other peers
 - provide each other with a vital sense of belonging, supportive relationships, valued roles, and community
- *Professionals/Allies*
 - provide clinical treatment and other services that support individuals in their chosen recovery paths
 - allow individuals to advocate for themselves

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Principle 6: Relationships



Recovery is supported through relationships and social networks

- Through healthy relationships, people:
 - leave unhealthy and/or unfulfilling life roles behind
 - engage in new roles (partner, caregiver, friend, student, employee)
 - achieve a greater sense of belonging, personhood, empowerment, autonomy, social inclusion, and community participation

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Principle 7: Culture



Recovery is culturally-based and influenced

- Culture and background are keys in determining a person's unique pathway to recovery
- Services should be culturally grounded, attuned, sensitive, congruent, and competent, as well as personalized to meet each individual's unique needs

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Principle 8: Addresses Trauma



Recovery is supported by addressing trauma

- Trauma is often a precursor to or associated with mental health problems and related issues
- Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration

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Principle 9: Strengths/Responsibility



Recovery involves individual, family, and community strengths and responsibility

Individuals:

- own self-care and recovery
- support and advocate for peers

Families and significant others:

- support their loved ones' recovery and independence
- allow loved ones to speak for themselves

Communities:

- provide opportunities and resources to address discrimination
- foster social inclusion and recovery

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Principle 10: Respect



Recovery is based on respect

- Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems—including protecting their rights and eliminating discrimination—are crucial
- Taking steps towards recovery often requires great courage

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Ten Guiding Principles, Revisited



1. Hope
2. Person-driven
3. Many pathways
4. Holistic
5. **Peer Support**
6. Relational
7. Culture
8. Addresses trauma
9. Strengths/Responsibility
10. Respect

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PART 3

Barriers to Recovery

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Recovery is Difficult



- for the individual, their families, their helpers, communities, and society
- but **NOT** recovering is even tougher

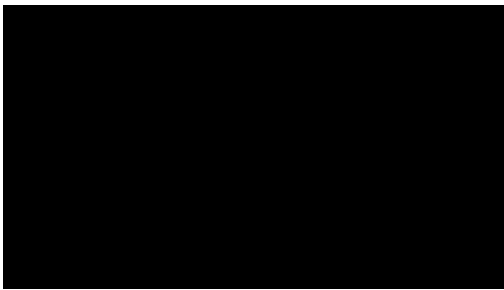
*Who has a harder fight than he
who is striving to overcome himself?*

-Thomas Kempis

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It's not about the nail



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Barriers at All Levels



Individual
Group
Provider
System

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Barrier 1: Stigma



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Barrier 2: “Frenzied Savior” Response



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“Idiot” Compassion



Doing good to somebody rather than for them

- Chogyam Trungpa, Buddhist scholar

- Inwardly-focused
- Rescuing, enabling, and/or controlling behaviors
- Lack of understanding; solving the wrong problem
- Self-indulgent/subtly aggressive
- Disillusionment, shame, anger

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Real Compassion



Engages with the situation where it is, however it is, and does so for as long as is reasonably possible

- Goal is ultimate alleviation of person's suffering
- Meets the person where they're at
- Focuses on the person being helped (not self)
- Assesses situation before responding
- Looks for outcomes that will produce the most good
- Addresses root causes and not just symptoms
- Maintains boundaries in challenging situations
- May cause discomfort in the service of growth

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Barrier 3: Imperative to Use Medication



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- What about informed consent?

<https://talesoftherapy.wordpress.com/2012/01/05/informed-therapy-tales-291/>

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Barrier 4: Devaluation of Professional Help



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Other Barriers?



Discussion:

- Can you think of other barriers to recovery that occur on the individual, group, provider, system, or *societal* levels?
- What can be done to overcome these barriers?

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Hearing Hands



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PART 4

The Role of Recovery in California's Public Mental Health System (PMHS)

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The MHSA/Prop 63



- Passed by voter initiative in November 2004; took effect in January 2005
- Created additional funding and resources for the public mental health system
- Sought to transform the system through:
 - Expansion of services
 - Improved continuum and integration of care

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MHSA Five Essential Elements



1. Community Collaboration
2. Cultural Competence
3. Client/Family driven mental health system
4. Wellness, **Recovery**, and Resilience
5. Integrated service experiences for clients and their families

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Employment of Peers



The MHSA allows/requires funds to be used for:

- Educating PMHS workforce on MHSA's five essential elements
- Increasing number of clients and family members employed in the PMHS

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MHSA Also Includes:



- Housing supports
- Community-based care
- Culturally competent services
- Stakeholder and community collaboration
- Integrated services
- Individualized plans
- Full service partnerships

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What Do You Think?




Discussion:

- The MHSA – which passed in 2004 – incorporates most of the 4 major dimensions and 10 guiding principles from SAMHSA's 2012 working definition of recovery
- If you work in a program funded by the MHSA, the services/activities you perform must be client-driven and rooted in wellness, recovery, and resiliency principles

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PART 5

Creating and Sustaining a Recovery-Oriented Workplace


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Strategies to Promote Recovery-Oriented Care

1. Peer support services
2. Top-to-bottom workforce training
3. WRAP
4. CommonGround
5. QoL prescriptions (like Health Leads)

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Strategy 1: Peer Support

- What is a peer?
- What is peer support?
- Historical-political roots
 - Civil rights movement
 - Reaction to treatment
- Now evidenced-based practice
- Enhances/complements professional care

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How does peer support work?



- The Peer Principle
- The Helper Principle
- Empowerment
- Advocacy (self and system)

"Who then can so softly bind up the wound of another as he who has felt the same wound himself?"

-Thomas Jefferson

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What Peer Providers Do



- Support groups
- Peer counseling
- Advocacy
- Personal plan creation
- WRAP
- Health education/navigation
- Cultural brokerage
- Service referrals
- Benefits/healthcare acquisition
- Crisis intervention

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The Power of Empathy



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Strategy 2: Comprehensive Training



NorCal MHA's **W.I.S.E** trainings:

- Promote shared vision and values
- Offer a holistic approach:
 - Needs assessment
 - Data collection
 - Individualized reports and plans
 - Broad range of trainings
 - Address all aspects of workplace experience
 - On-call technical assistance & implementation support

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Strategy 3: WRAP



Wellness and Recovery Action Plan

- Structured system of self-monitoring distressing feelings and behaviors
- Evidence-Based Practice
- Delivered in workshop (group) setting by certified WRAP facilitators

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About WRAP



- Developed by Mary Ellen Copeland
- Living in recovery herself
- Studied how people help themselves, get well, and stay well
- Based on lived experience of many, many individuals



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WRAP Core Concepts



WRAP's Five Key Recovery Concepts:

1. Hope
2. Personal Responsibility
3. Education
4. Self Advocacy
5. Support

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WRAP Includes:



- Wellness Toolbox
- Daily Maintenance Plan
- Identifying triggers
- Noticing early warning signs
- Recognizing when things are breaking down
- Crisis Plan
 - And creating a personalized action plans for all of these situations!

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What People Say



"Finally, something I can do to help myself."

"I used to spend months, even years, in the hospital. Now I have a bad afternoon or a bad day. And it's all because I use WRAP."

"WRAP for me is about personal responsibility. I can just let my 'symptoms' take over my life. Or I can take personal responsibility, use my WRAP, and do what I need to do to take care of myself and feel better."

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Strategy 4: CommonGround



- Web-based application that helps clients prepare to meet with psychiatrists or treatment teams and arrive at the best decisions for treatment and recovery
- Focuses on shared decision making to foster a collaborative client-practitioner relationship and identify effective treatments and services
- <https://www.patdeegan.com/commonground>

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Patricia E. Deegan, Ph.D.



- Creator of CommonGround
- Specializes in the topic of recovery and the empowerment of people with mental illness
- Activist in the disability rights movement
- Adjunct professor at Dartmouth College Medical School and at Boston University, where she works at the Center for Psychiatric Rehabilitation
- Diagnosed with schizophrenia and institutionalized as a teenager



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How It Works



- **Before appointment**, client (with or without peer helper) creates 1-page Health Report summarizing current condition, concerns, needs, goals
- **During appointment**, Health Report acts like an amplifier, helping doctor quickly understand client goals, concerns and progress to arrive at shared decision regarding treatment plan and next steps
- **After appointment**, shared decision is printed for client to take as a reminder about what to do for next appointment

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Benefits



- Reduced liability costs
- Improved wellness management
- Increased treatment adherence
- Assistive technology
- Ethical imperative
- Recovery-oriented practice
- Shared decision making
- Workforce development

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What Clients Say



- "I'm empowered ... to mention what I want to communicate, I have time to say what I want to communicate. And I feel like I'm being heard."
- "Seeing the improvement ... It makes you really proud of yourself for keeping it going and knowing you can do it. I felt really proud of myself; makes me want to tack it to my wall and say 'see, I did it.'"

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What Clinicians Say



- "The computerized pre-clinic questionnaire [allows] an additional level of assessment that sometimes gave information we didn't obtain in a standard clinic interview." – *Prescriber*
- "I ... felt I already incorporated shared decision making into my practice style ... Looking back, I would think it would be very difficult for most clinicians to fully understand the difference between practice as usual and a fully developed program of shared decision making without actually experiencing both." – *Psychiatrist*

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What Clinicians Say



- “What’s changed a lot for me [since CommonGround] is that the goal isn’t the complete absence of symptoms anymore ... If we’re just medicating people through the roof to try and get a complete absence of symptoms and then we’re turning them into, sort of the smokers on the couch scenario with making them too sedated or drugged up feeling.” – *Prescriber*

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Strategy 5: QoL Prescriptions



“Every day in America, doctors prescribe medication to patients who have no food at home or live in unsafe housing. Medicine alone won’t solve these problems, and many of the patients will return with more serious – and more expensive – illnesses.”

- www.healthleadsusa.org



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How It Works

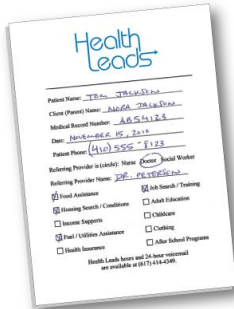


- Families visit a Health Leads partner hospital or health center, where the clinical team screens them for basic needs like food and heat that can affect their health
- Healthcare providers then prescribe resources to meet these needs
- Health Leads recruits and train college students—Health Leads Advocates—to fill these prescriptions by working side-by-side with patients to connect them with the basic resources they need to be healthy

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Prescription Pad



Health Leads PRESCRIBES:

- Food assistance
- Housing search/conditions
- Income supports
- Fuel/utilities assistance
- Health insurance
- Job search/training
- Adult education
- Childcare
- Clothing
- After school programs

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Have Your Views Changed?



- How would you define recovery now?
- How has this training shaped your definition of recovery?
- What are some other ways you can personally help to create and sustain a recovery-oriented workplace?

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Recovery Happened




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QUESTIONS AND DISCUSSION

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W·I·S·E Contact Info

For Organizations:	For Peer Staff:
Dawniell A. Zavala, Esq. W·I·S·E Program Director	Stephanie Ramos W·I·S·E Peer Services Liaison
dzavala@norcalmha.org (916) 366-4600	sramos@norcalmha.org (916) 366-4600

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