Understanding Behavioral Health Recovery

Molly Clouse, M.Ed., KPS
Objectives

- Define Behavioral Health Recovery
- Present the “5 Stages of Recovery”
- Discuss the ten guiding principles of behavioral health recovery
What is Behavioral Health?

Behavioral Health encompasses:

• Mental Health Disorders
• Substance Use Disorders
• Co-occurring Disorders

Usually associated with distress or disability in social, occupational, or other important activities.
Parallels Between Mental Health & Substance Use Disorders

• Both have biological, psychological and social components
• Both create shame and guilt
• Both are stigmatized by society
• Both are progressive
• Both are chronic
• Both are no fault illnesses
• People can and do recover from both
### Behavioral Health Continuum

<table>
<thead>
<tr>
<th>Mental Health Disorders</th>
<th>Co-occurring Disorders</th>
<th>Substance Use Disorders</th>
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- All need hope to recover.
- All want to manage or eliminate symptoms.
- All want valued social roles & relationships.
- All want purpose and meaning in their lives.
- All want to make a worthwhile contribution to their communities.  

Davidson & White, 2010, Recovery in Mental Health and Addiction
What does it mean to recover from a Behavioral Health Issue?
Recovery is:

A process of regaining one’s life to a usable form; reclaiming one’s personal power from one’s illness.

Adapted from Webster’s II
by: Molly Clouse
June 2002
The President’s New Freedom Commission on Mental Illness defined Recovery as:

the process in which people are able to live, work, learn, and participate fully in their communities.
Before 2010, Substance Abuse Mental Health Services Administration, SAMHSA, had separate definitions for recovery from mental disorders and substance use disorders.

In August 2010, leaders in the behavioral health field, consisting of people in recovery from mental health and substance use problems and SAMHSA, met to explore the development of a common, unified working definition of recovery.
Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.
Dimensions that Support Recovery

Health
Home
Purpose
Community
Health
Overcoming or managing one’s disease(s) and making informed, healthy choices that support physical and emotional wellbeing.
Home
A stable and safe place to live
Purpose
Meaningful daily activities, such as a job, school, volunteerism, or creative endeavors, and the independence, income and resources to participate in society
Community

Relationships and social networks that provide support, friendship, love, and hope
Process of Recovery

The Person

The Illness

The Person

The Illness
Recovery = A Broad Life where the illness is NOT dominant…
Everyone’s Recovery is different!

The Person

- Illness
- Volunteer
- Leisure Activity
- Family
- Friends
To make this transition we need Recovery-Oriented Services
Recovery-Oriented Services are person-centered, strength-based services that help individuals improve their health and wellness, live a self-directed life and strive to reach their full potentials.
What makes Recovery-Oriented Services different from Traditional Services?

- ROS don’t change what the programs are, but, the way individuals interact with and within the programs do change.
- ROS are person-centered approaches to meeting the needs identified by the individual.
- ROS change the role individuals play in their own recoveries.
Traditional System Swaddles Patient with Services

- Vocational
- Specialized Housing
- Crisis Services
- Inpatient
- Culturally Specific Services
- Psychotherapy
A Recovery-Oriented System Supports but Does Not Surround the Individual

Adapted from: Trainor, Pomeroy and Pape, 1993 Canadian Mental Health Association
The Illness Centered Model

Professional Role
• Hierarchical
• Paternal
• In-charge
• Holds the important knowledge
• Responsible for treatment
• Disease is focus

Patient’s Role
• Subservient
• Obedient
• Passive
• Recipient of knowledge
• Responsible for following treatment
• Host of the disease
ROS: Person Centered Model

Person’s Role
- Personal power
- Personal knowledge
- Personal responsibility
- Person in context of life is the focus
- Person is self-determining

Professional Role
- Power sharing
- Exchange information
- Shared decision-making
- Co-investigator
- Professional is expert consultant on journey
Having access to Recovery-Oriented Services allows individuals to move through the 5 Stages of Recovery more successfully!
Stages in the Recovery Process
Stages of Change

Precontemplation
Contemplation
Preparation
Action
Maintenance
Relapse

Prochaska & DiClemente
Late 70’s - early 80’s
There are times when

- the person is overwhelmed by...
- the person has given in to...
- the person is moving beyond the...
- the person is questioning the...
- the person is challenging the...

...the disabling power of the illness
# Five Stages in the Recovery Process

**Appalachian Consulting Group, Inc. (with quotations from Patricia Deegan)**

<table>
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<tr>
<th>Stage</th>
<th>Description</th>
<th>Quotation</th>
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<td>The shattering of one’s world, hopes and dreams.</td>
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<td><strong>Life is Limited</strong></td>
<td>The person is overwhelmed by the disabling power of the illness. The impact of the illness is the dominant experience in a person’s life and the person is having difficulty functioning.</td>
<td>“We both gave up. Giving up was a solution.”</td>
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<td><strong>Change is Possible</strong></td>
<td>The person is questioning the disabling power of the illness. She believes that there may be more to life than she is currently experiencing and is beginning to believe her life can be different.</td>
<td>“The fragile flame of hope and courage.”</td>
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<td><strong>Commitment to Change</strong></td>
<td>The person is challenging the disabling power of the illness. He believes that there are some possibilities, but he is not sure what they are. He is willing to explore what it will take to make some changes.</td>
<td>“I began in little ways with small triumphs and simple acts of courage.”</td>
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<td><strong>Actions for Change</strong></td>
<td>The person is moving beyond the disabling power of the illness. She knows the direction she wants to go, but is not sure that she can do it. Yet she is willing to begin to take more responsibility for her life.</td>
<td>“We rebuilt our lives on three corner stones of recovery - hope, willingness and responsible action.”</td>
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The role of services is to decrease the emotional distress by reducing the symptoms and communicate that there is life after diagnosis.
Providers are needed

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<td>Person is overwhelmed by the disabling power of the illness.</td>
<td>Person has given in to the disabling power of the illness.</td>
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<td>Task is to decrease the emotional distress by reducing the symptoms.</td>
<td>Task is to instill hope, a sense of possibility, and to rebuild a positive self-image.</td>
<td>Task is to empower the person to participate in his own recovery by beginning to take small steps.</td>
<td>Task is to help the person identify her strengths and needs in terms of skills, resources and supports.</td>
<td>Task is to help the person use his strengths and get the necessary skills, resources and supports.</td>
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in every stage!
What’s needed is different

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in every stage.
Treatment and Rehabilitation

• The purpose of **Treatment Services** is to decrease emotional distress by reducing symptoms. (diagnosis, detox, medication, Residential/In-House treatment, psychotherapy)

• The purpose of **Rehabilitation** is to provide skills and supports that facilitate recovery. (goal setting, skills teaching, resource coordination, supports development)

**BOTH ARE NEEDED**
# Recovery Model

*Integrates Treatment and Rehabilitation Services within the Stages of Recovery*

## Rehabilitation Services

Needed to recover from Disabling Power of the Illness.

(Color gradation represents the level of services needed to maintain symptom relief.)

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<td>The person is overwhelmed by the disabling power of the illness. The impact of the illness is the dominant experience in a person’s life and the person is often not able to function.</td>
<td>The person has given in to the disabling power of the illness. The person doesn’t like the way his life is, but believes that the way he is the best he will ever be. He is not ready/able to make a commitment to change.</td>
<td>The person is questioning the disabling power of the illness. She believes that there has to be more to life than she is currently experiencing and is beginning to believe that his life can be different.</td>
<td>The person is challenging the disabling power of the illness. He believes there are possibilities for him but, he is not sure what they are or what to do. He is willing to explore what it will take to make some changes</td>
<td>The person is moving beyond the disabling power of the illness. She has decided on the direction she wants her life to go, but is not sure what to do. Yet she is willing to take responsibility for his actions.</td>
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## Treatment Services

Needed to reduce symptoms and maintain symptom relief.

(Color gradation represents the level of services needed to maintain symptom relief.)
Where Does Case Management Fit In?

Kentucky defines case management as:

• A practice in which the service recipient is a partner, to the greatest extent possible, in assessing needs, obtaining services, treatments and supports, and in preventing and managing crisis.
Where Does Case Management Fit In?

• The focus of the partnership is recovery and self management. The individual and the practitioner plan, coordinate, monitor, adjust and advocate for services and supports directed toward the achievement of the individual's personal goals for community living.

National Association of Case Management
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<td>The person is <strong>overwhelmed by</strong> the disabling power of the illness. The impact of the illness is the dominant experience in a person’s life and the person is having difficulty functioning.</td>
<td>The person has <strong>given into</strong> the disabling power of the illness. They don’t like the way his life is, but believe that this is the best they will ever be. They are not ready/able to make a commitment to change.</td>
<td>The person is <strong>questioning</strong> the disabling power of the illness. The person believes that there may to be more to life than they are currently experiencing and are beginning to believe life can be different.</td>
<td>The person is <strong>challenging</strong> the disabling power of the illness. They believe that there are some possibilities, but is not sure what they are. They are willing to explore what it will take to make some changes.</td>
<td>The person is <strong>moving beyond</strong> the disabling power of the illness. They know the direction they want to go, but aren’t sure they can do it. Yet they are willing to begin to take more responsibility for their life.</td>
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<td>The danger is the person will see themselves as the illness and will live out of an “illness or disability” story.</td>
<td>The danger is that the person believes that there is nothing they can do to make life better, so they turn their lives over to the system.</td>
<td>The danger is that they may see some possibility, but are unwilling to take risks for fear of failure or relapse.</td>
<td>The danger is that he will not get the skills, resources and supports that he needs to do what he wants to do and will become frustrated and give up.</td>
<td>The danger is that they will begin to doubt their ability to function and not have what they need to get necessary skills, resources, and supports.</td>
</tr>
<tr>
<td>The role of the case manager is to listen to the person and encourage them to get treatment. Convey that you believe treatment helps and they can recover.</td>
<td>The role of the case manager is to explore the person’s interests, hopes, dreams and experience with employment. Share some success stories.</td>
<td>The role of the case manager is to encourage and celebrate small steps. Listen to what the person wants to do and support small steps in that direction. Follow up on each hope and dream.</td>
<td>The role of the case manager is to assist with initial planning and resource development and celebrating each success. Remind the person of their unique strengths often.</td>
<td>The role of the case manager is to assist with the resources and supports necessary for recovery and community integration.</td>
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10 Guiding Principles of Recovery

Hope
Person-Driven
Many Pathways
Holistic
Peer Support
Relational
Culture
Addresses Trauma
Strengths/Responsibility
Respect
Recovery emerges from hope. Hope is the catalyst of the recovery process.
Recovery is person-driven. Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s) towards those goals.
Recovery occurs via many pathways. Recovery is built on the multiple capacities, strengths, talents, coping abilities, resources, and inherent value of each individual. Recovery pathways are highly personalized.
Recovery is holistic. Recovery encompasses an individual’s whole life, including mind, body, spirit, and community.
Recovery is supported by peers and allies. Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery.
Recovery is supported through relationship and social networks. An important factor in the recovery process is the presence and involvement of people who believe in the person’s ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change.
Recovery is culturally-based and influenced. Culture and cultural background in all of its diverse representations—including values, traditions, and beliefs—are keys in determining a person’s journey and 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.
Recovery is supported by addressing trauma.
The experience of trauma (such as physical or sexual abuse, domestic violence, war, disaster, and others) is often a precursor to or associated with alcohol and drug use, 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.

ASK: “What happened to you?”
not “What’s wrong with you?”
Recovery involves individual, family, and community strengths and responsibility

Individuals, families, and communities have strengths and resources that serve as a foundation for recovery. In addition, individuals have a personal responsibility for their own self-care and journeys of recovery.
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 in achieving recovery.
Systematized Recovery
Treatment and Rehabilitation Services within the 5 Stages of Recovery

**Treatment Services**
(In order of Symptom Reduction Services)
- Emergency Room/EPS
- Inpatient/Residential
- Crisis Stabilization Unit
- Partial Hospitalization
- Intensive Outpatient
- Outpatient Services

**Rehabilitation Services**
(In Alphabetical Order)
- Consumer-Operated Services
- Kentucky Peer Specialist Services
- Supported Employment
- Supported Housing

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**Integrated Service Model**
Has BOTH
Physical Health Services and
Behavioral Health Services at same site

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**Impact of Illness**
Person is overwhelmed by the disabling power of the illness.
Task is to decrease the emotional distress by reducing the symptoms.

**Life is Limited**
Person has given in to the disabling power of the illness.
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**Change is Possible**
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Task is to empower the person to participate in his own recovery by beginning to take small steps.

**Commitment to Change**
Person is questioning the disabling power of the illness.
Task is to help the person identify her strengths and needs in terms of skills, resources and supports.

**Actions for Change**
Person is moving beyond the disabling power of the illness.
Task is to help the person use his strengths and get the necessary skills, resources and supports.

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**Shade of Green** indicates level of Service needed for symptom relief.
Services range from emergency intervention, hospitalization, medication and individual therapy to group therapy, case management and peer groups.

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Clouse 2015
Thank You!

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