Practices of Recovery-Oriented Mental Health Workers

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and
Adapted to the Jacobson Model of Recovery

"We're at the beginning stages of this and we need to remember that."
(participant in focus group)

1. **Demonstrates knowledge and understanding about the concept of recovery and the Wisconsin model.**
   - Internal Conditions
     - Hope
     - Healing
     - Empowerment
     - Connection
   - External Conditions
     - Human rights
     - Positive culture of healing
     - Recovery-oriented services

2. **Reflective about practice and open to continual learning**
   For example:
   - Seeks out new information and alternate perspectives
   - Actively participates in supervision
   - Seeks and welcomes opportunities for feedback and constructive critique
   - Willing to talk about hard issues
   - Integrates new concepts and ideas in to day-to-day practice

3. **Recognizes own personal values, assumptions, and biases.**
   For Example:
   - Avoids imposing personal values on others, but when it happens, owns the values as one's own

4. **Demonstrates humility**
   For example:
   - Staff view themselves as hired by the consumers
   - Recognize they are not always the "expert"; willing to admit they don't know everything

Internal Conditions

HOPE
(Attitude change, Grace)

1. **Uses hope-inspiring practices and strategies**
   For Example: (from Rec & MH Con in WI)
   - Communicates expectation of recovery and success
   - Expresses genuine concern about person's well being
   - Believes fully in person's potential and strength
   - Trusting the authenticity of the person's experiences
   - Helps people develop hope and belief in a positive future

2. **Focuses on and building people's strengths and personal resources**
   For Example:
   - Emphasizes what is working, not just problems and pathology.
   - Reframes to highlight consumer strengths, effort, and resourcefulness.
   - Celebrates successes, courage, and good effort.
   - Notices and acknowledges success along the way.
   - Helps people to recognize and value their own strengths and personal resources.

HEALING
(Defining self as apart of the illness, control of distress, symptoms, etc.)

1. Helps individuals to define themselves as apart from the illness or disorder

Uses language that straightforward, respectful and non-stigmatizing
For Example:
- Talks to and relates to the whole person; not just the mental illness
- Always uses person-first language; avoids "us/them" language, labels or stereotyping terms such as "high" and "low" functioning.
- Uses straightforward and non-clinical terms to "de-mystify" constructs or ideas.
- Calls person by his/her name, not "patient" or patronymics.
- Accepts individual emotions, disagreements, and differences of opinions as personal expressions rather than as symptoms or signs of pathology.

Recognizes and honors diverse ways that people view their situations, experiences, and the context understand mental illness
For Example:
- Respects the worldview and experiences of each individual.
- Recognizes that individual views about mental illness arise from different belief systems and cultural contexts.
- Honors the viability of alternate ways of seeing and construing mental illness.
- Works to understand how context and culture affect "what's behind an individual's behavior"
- Tries to find out what is important to each person and how to best connect with that person.
- Uses people's own words when describing their situation, goals and experience.

Understands how personal experience impacts how individuals view themselves and their circumstances.

For Example:

- Recognizes the impact of hospitalization, discrimination, and stigma affect self-concepts of individuals.
- Understands what it means for a person to have an emergency detention or be an involuntary recipient of a mental health services.
- Understands the impact of personal physical, emotional, sexual trauma on the perception of or manifestation of mental illness.

2. **Helps individuals to identify and individualize ways to manage personal distress, problems, and symptoms.**

Helps consumers to strengthen existing abilities and to develop additional coping skills and support resources

For Example:

- Assists individuals with creating an inventory of coping skills and resources
- Identifies things that "don't work" as well as things that "work" and some new approaches to try
- Helps individuals get information and assists with strategy brainstorming when needed
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- Helps individuals seek out and use approaches to replace ones that "don't work".

Proactively works with consumers and others to collaboratively develop viable relapse prevention plans.

For Example:

- Helps individuals to write personal plans for how to manage times when they experience symptom or situational changes.
- Emphasizes individual resilience and coping resources first, with how workers and services can support the consumer's personal resources and abilities second; and how workers or services function or intervene as back-ups last.
- Considers ways to help consumers identify and manage unsafe situations
- Views crisis planning (e.g. WRAP) as a tool, but also as a process, a relationship, and a way of thinking. Avoids viewing relapse prevention plans as contracts.
- Plans reflect understanding of the highly individual nature of crisis, relapse patterns, and each person's unique interpretation of their situation.

Develops with consumer and his/her support network a mutually acceptable crisis response plan

For Example:

- Develops with consumer and others a mutual definition of crisis.
- Ensures that consumers have a copy of all crisis plans as well as others involved.
- Talks honestly about what kinds of things can happen and how to keep channels open for negotiation.
- Encourages individual to name a trusted advocate and involve that person (s) in the development and implementation of the plan.

Supports use of Advance Directives and Durable Power of Attorney for Healthcare (DPOA)
For Example:
- Understands Advance Directives and DPOA and their legal use and limitations in Wisconsin.
- Encourages and supports the use of Advance Directives, DPOA, and crisis plans.

EMPOWERMENT
(Autonomy, Courage, Responsibility)

1. **Supports consumer autonomy, self-determination and personal decision-making responsibility**
   For Example:
   - Facilitates informed decision-making
   - Identifies, creates, promotes, ensures a range of choices and options available to the consumer.
   - Ensures people have full information for decision-making
   - Encourages and supports personal choices in treatments and service providers
   - Expects and allows for people to take risks and make mistakes.
   - Supports reasoned and informed risk-taking; negotiates reasonable back-up plans.
   - Discusses openly and honestly conflicts between risks, responsibility, and rights
   - Talks honestly about whatever "bottom lines" there may be and the limits of support for personal decision-making and risk-taking.

2. **Helps and supports consumers to deal constructively with their life situations, challenges, and the distressing aspects of mental illness**
   For Example:
   - Helps people use their own coping and problem solving skills.
   - Talks about what works and what doesn't work from consumer's vantage point.
   - Respects that consumers are their "experts" in their own right ("I'm the expert on me").
   - Helps consumer identify and explore a range of options until "it fits".
   - Knows when to offer assistance and when to "butt out".
   - Encourages exploration of ways of managing and coping with illness and problems in addition to medication.

3. **Invites and values consumer input and participation in plans, programs, and policies**
   For Example:
   - Encourages and supports consumer involvement in dialogs, forums, meetings, and so forth.
   - Offers multiple opportunities and ways to provide input (e.g. suggestion boxes, comment cards, satisfaction surveys)
   - Supports consumers to provide input informally (without having to attend a meeting)
   - Values and acts on consumer input.

4. **Honors to the greatest degree possible consumer preferences for meeting frequency, times and places.**
   For example:
   - Notifies consumers whenever the worker needs to cancel or delay and appointment; expects the same respect from consumers.
   - Reflects what is expected of others.

CONNECTION – INTERPERSONAL

1. Communicates in ways that shows respect and facilitates positive relationships

Approaches communication and interactions from an adult – adult stance
For Example:
- Shares information directly, honestly -- even when "I don't know" is the answer.
- Discusses expectations upfront and recognizes personal assumptions/bias.
- Admits mistakes openly and apologize sincerely
- Conversations demonstrate presumption that consumers have knowledge, skills, abilities, opinions, and dreams

Establishes parameters for safety in each relationship
For Example:
- Creates environment where information can be shared, both ways, without recrimination or fear of retaliation
- Discusses and negotiates upfront with consumer the boundaries of relationship
- Talks honestly and encourages dialog about how the relationship itself impacts both parties
- Demonstrates awareness about the impact of trauma that arises out of mental illness and the service system

Listens in a way that makes people feel "listened to", heard, and understood
For Example
- Listens to learn and understand, not diagnose
- Takes the time to listen and learn, even when person may be not fully coherent
- Establishes a tone of openness
- Works to understand what is going on from consumer's perspective
- Validates that what people feel or experience is "real" – at least to them.

Encourages genuine dialogue
For Example:
- Willing to talk about the "hard stuff" and the struggle within the relationship
- Builds a common language and constructs shared meaning
- Takes personal risks through self-disclosure and expression of personal emotion
- Works to earn the trust of others; doesn't expect it automatically.
- Expects consumer as well as self to openly question and challenge each other, discuss and make conjoint decisions.

Recognizes and addresses power issues upfront and honestly
For Example:
- Respectful of own power as well of that of consumer
- Promotes shared decision-making and responsibility, but recognizes the barriers to true "equality" inherent in both the current service system structure and in one's own personal needs and bias.

Negotiates conflicts, disagreements, and differences of opinion
For Example:
- Explores the other person's perspective and needs
- Searches for common ground
- Clarifies what is negotiable and not negotiable – for both the worker/system and for the consumer
- Shows willingness to "give a little" and does not exercise power just to get own way

CONNECTION – COMMUNITY
(Getting a "life", shifting roles, Involvement, helping others, dignity/trust, bearing witness)

1. **Helps people to find personal purpose and meaning in their lives.**
   For example:
   - Encourages and supports consumers to create or reclaim valued adult-life roles: worker, student, tenant, parent, care-taker, artist and so forth.
   - Supports the work-life of consumers.

2. **Supports the ability of consumers to live successfully in lifestyles of their own choosing.**
   For Example:
   - Helps people find, get, and keep adequate housing, work, and income.
   - Supports people to establish, build, or maintain personal relationships with family of origin, partners, friends, work colleagues, peer networks and so forth.
   - Recognizes and discusses tensions created between personal lifestyle choices and prevailing community, family, or worker values.
   - Assists people access necessary resources to be successful in lifestyles of choice.
   - Help people develop the knowledge and skills they need to be successful.
   - Helps people establish and maintain positive and ongoing personal supports outside the mental health service arena.

3. **Helps people get on with life beyond mental illness**
   For Example:
   - Recognizes that the process of recovery means that individuals may require fewer professional services over time.
   - Demonstrates ability to disengage, fade and discontinue services that are no longer needed.
   - Supporting individuals to develop reliable personal networks for support and friendship external to the professional service system.

External Conditions

HUMAN RIGHTS
(reduce stigma, opportunity, access)

1. **Demonstrates knowledge about consumers' legal, civil, and human rights.**
   For Example:
   - Considers rights from legal, ethical, and moral bases.
   - Recognizes the tensions between individual consumer rights and the rights of communities and families.
   - Asks and explores how rights and exercise of rights may look different for varying cultures, ages, and genders.

2. **Encourages and helps consumers to know and exercise their rights.**
   For Example:
   - Provides information and discusses rights with people in a balanced and individualized manner (e.g. more than a poster).
   - Asks and explores how rights and exercise of rights may look different for varying cultures, ages, and genders.
   - Knows local resources and support for personal advocacy.
   - Educates consumers about agency grievance procedures and their protocols
   - Encourages and supports consumers to use agency grievance procedures and/or external resources when they believe their rights have been violated.

3. **Fights evidence of stigma and discrimination internal and external to the organization**
   For Example:
   - Does not justify or support people's exclusion from services, opportunity, access, or resources on the basis of race, gender, age, mental illness, and so forth.
   - Addresses evidence of stigma and discrimination, internal and external to the organization.
   - Recognizes, addresses, and does not reinforce the impact of internalized discrimination on the individuals served.

4. **Respects and supports the right and desire of individuals to control personal information**
   For Example:
   - Supports and assists individuals in accessing their personal records and inserting into them their personal comments or alternate views.
   - Understands the importance of "nothing about us without us" and honors it.
   - Recognizes people have rights to a private life and not have to answer all questions or make personal space public.
   - Helps people know when and how to self-disclose about mental health problems, and when not to

CULTURE OF HEALING
(tolerance, diversity, attitude change, staff engagement, empowered staff, collaborative relationships, participation, human rights, consumer rights, informed consent)…

1. **Helps build and develop healing and recovery attitudes and practices within the organization.**
   For example:
   - Ensures homey and comfortable look
   - Respects privacy of consumers (e.g. make sure there are curtains)

2. **Minimizes use of involuntary, coercive or intrusive actions**

Focuses on building positive relationships to minimize use of coercive or intrusive measures
For example:
- Listens to the consumer viewpoint of situation.
- Explores options collaboratively with consumer, family and concerned others.
- Realizes that force or abandonment are not the only options.

Uses the least amount coercive or intrusive practices needed to assure safety of consumer and others.
For Example:
- Identifies and promotes use of alternative approaches wherever possible.
- Allows and supports natural authorities and natural consequences to occur, rather than dictating and threatening (e.g. bring in landlord to discuss lease and cleaning issues).
- Avoids use of seclusion and restraints

If/when involuntary, coercive, or intrusive interventions used, ensures consumer safety and dignity
For Example:
- Helps person stay linked with community; reconnect as soon as possible after inpatient care
- Talks with consumer about turmoil, anger, and "what is to be learned" during/after interventions
- If considering an extension of involuntary status, discusses the reasons with consumer

Selectively and carefully uses payeeships
For example:
- Does not make receiving personal money contingent on taking medications.
- As a case managers, does not function as a direct payee.
- As a standard, works toward getting people off payeeships and provides education and support for them to handle their own money

RECOVERY-ORIENTED SERVICES
(Professional Services, consumer-run, collaborative)

1. **There is a range of treatment choices: medications, programs, CSPs, work**

2. **Service plans and treatment/support activities are created with the consumer, highly individualized and personally meaningful to the individual**

Assessment is used to help the worker and the consumer to develop a shared understanding and set the stage for negotiating change.
For Example:
- Assessments are developed through relationship and dialogue; they are informal, ongoing, collaborative, and done in settings that are comfortable for the consumer.
- All assessments include experiences of emotional, physical, sexual, battle/refugee trauma
- Makes a concerted effort to understand what constructs, assumptions, perspectives, beliefs are created by each person's individual experiences, and how these impact or drive behavior.
- Gets to know an individual by conversation and relationship, not by reading assessments done by others.

- Takes into consideration the impact of who is doing the assessing or asking, where it is taking place, how things are being asked, and whether an advocate is present.
- Operates from a stance of transparency: people know what is happening and why the questions are being asked and further, allows for mutual disclosure during assessment by asking, "what do you want to know about me"
- In on-going assessments, worker not only gathers data, but also encourages discussion of helping relationship.
- Encourages and values self-assessment by consumers as part of a collaborative process.
- Encourages consumer to invite allies, families, friends, advocates and others to contribute to the assessment.

Plans, goals and activities are developed collaboratively

For Example:

- Includes consumer in all treatment discussions and decisions
- Encourages consumer to invite/involve personal advocate, allies, and family in discussions and decisions
- Negotiates differences in opinion about in plans, goals, and activities with all sides making trade-offs
- Encourage people to think about and consult with others about proposed plans, goals and activities before making decisions.
- Separates system goals from consumer goals; promote transparency.
- Supports consumers in writing core portions of a service plan.
- Makes sure consumers have personal copies of their plans.

Plans, goals and activities are based on what the individual finds personally meaningful in his/her life

For Example:

- Mutually determines definitions of success the best ways to achieve goals
- Negotiates flexible ways meet requirements, perform tasks, share responsibilities.
- Encourages consumers to *not* sign anything they do not help develop, fully understand or agree with.
- Knows that good service plans are fluid and dynamic, and may change rapidly to reflect changing needs, preferences, or circumstances.

Offers information and explores options until the person finds what is right/what fits/what works for them.

For Example:

- Avoids the "laundry list" approach; explores potential options with each person
- Allows people to go at their own pace
- Encourages and supports people to push a bit beyond expectations and to move forward
- Avoids prescriptive or "boiler plate" plans and interventions

Views service planning from a broad perspective: Life Planning or Personal Planning

For Example:

- Considers services as one small aspect of a person's life and helps individuals to view services as a tool to build a desired life.
- Thinks beyond "episodes of care"
- Encourages and helps people to meet their basic needs (for housing, food, clothing, companionship, etc.) in ways that do not rely primarily on mental health services.
- Looks for opportunities to replace formal services with more informal or generic supports.

3. **Supports use of peer support and consumer operated services**

Understands the value, history, and politics of consumer operated services and peer support
For Example:
- Advocates to keep consumer operated services and drop-in programs away from traditional service settings.
- Recognizes the need and value of "models of recovery" to help people "see" and define recovery, and understand that recovery in serious mental illness is common and doable.
- Support consumers in providing respite and crisis services for each other.

Values colleagues who are consumers
For Example:
- Promotes and supports consumers as staff in mental health services in all capacities.
- Supports and encourages use of consumer mentors for other consumers.

4. **Respects and protects consumer choice and dignity in institutional settings**
For example:
- Smoking choices
- Ask people what works for them when admitted
- Tell people their rights before they go to a hospital, at time of police pick-up
- Police should not pick up people before contact with a mental health worker
- Involve consumer in discharge planning
- Privacy: curtains in bedrooms and bathrooms
- Right to wear own clothing
- Access to bathrooms when in involuntary commitments
- Separate teens from adults
- Avoid using observations rooms and 24-hour observations when admitted to hospital
- Meaningful activities rather than occupational therapy
- Respect patient confidentiality: don't talk about people in front of people
- Understand trauma and retraumatization
- Avoid restraint, handcuffs