**Recovery Oriented Approach**

**Facilitator Guide**

*Note: no handouts*

|  |  |
| --- | --- |
| Slide 1 | **Slide 1: Title Slide**  Introduce Trainers |
| Slide 2 | **Slide 2: Learning Objectives**  **Explain:**  During this module you will:   * Learn how the federal Substance Abuse and Mental Health Services Administration (SAMHSA) defines the 10 principles and four dimensions of recovery * Consider how recovery principles and dimensions have been important in your life. * Identify ways ACCS staff can support recovery |
| Slide 3 | **Slide 3: Introduction**  **Explain:**   * The ACCS model embraces a recovery-oriented approach to working with persons served. * The recovery paradigm emerged in recent decades and is a response to the “medical model” which viewed mental health conditions as a debilitating disease, with little chance for significant improvement, and the psychiatrist or other provider as the expert.   + The recovery model views mental health recovery as “a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of the person’s choice while striving to achieve (their) full potential” (Substance Abuse and Mental Health Services Administration (SAMHSA)).   + Recovery does not refer to full symptom resolution, but rather to an establishment or re-establishment of a life worth living. It is a process by which a person becomes more resilient, gains and retains control over their own life, and becomes empowered to engage in the community in more meaningful ways. |
| Slide 4 | **Slide 4: Activity – Video**  **Show Video:**  "See Me" Advocates video, Heidi Peer Support Coordinator (2:04) <https://youtu.be/fdlGAuBqfxw> |
| Slide 5 | **Slide 5: Activity - Discussion**  **Ask:**   * What was your reaction? * What did you think of Heidi talking about her ”labels”? |
| Slide 6 | **Slide 6:**  **Guiding principles of recovery:**  **Explain:**  SAMHSA has defined 10 guiding principles of recovery that are meant to apply to both recovery from mental health conditions as well as substance use disorders:  ([SAMHSA’s Working Definition of Recovery](https://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf))   1. **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.”   * All interactions with people with mental health conditions must be respectful, afford dignity, and convey acceptance and appreciation.   ***Activity****:*  *Respect can mean different things to different people.*  ***Ask****: What does conveying respect look like to you?*   1. **Hope**   **“**The belief that recovery is real provides the essential and motivating message of a better future—that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them”.   * Interactions with ACCS clients should be hope inspiring rather than being based in fear or worry.  1. **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. Individuals optimize their autonomy and independence to the greatest extent possible by leading, controlling, and exercising choice over the services and supports that assist their recovery and resilience” .   * For ACCS staff the point is that the person is in the driver’s seat, they’re driving the bus, this is their journey and we as staff are in the passenger seat. * We should ask, “Are they driving the process, or are we?”?  1. **Strengths/Responsibility**   “Recovery is built on the multiple capacities, strengths, talents, coping abilities, resources, and inherent value of each individual.”   * ACCS providers focus on the individual’s strengths rather than perceived deficits, problems, or weaknesses. We use strength-based language in person-centered planning.  1. **Culture**   “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.”   * ACCS providers need to learn and understand the culture of the person they are serving and work within that worldview. |
| Slide 7 | **Slide 7: Guiding Principles of Recovery** (continued)   1. **Addresses 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”   * For ACCS staff we change the question from “What’s wrong with you?” to “What happened to you?”  1. **Many pathways**   “Recovery pathways are highly personalized. They may include professional clinical treatment; use of medications; support from families and in schools; faith-based approaches; peer support; and other approaches. Recovery is non-linear, characterized by continual growth and improved functioning that may involve setbacks”.   * If everyone is on their own journey, then everyone has their own pathway. What works for me may not work for you, and vice versa.  1. **Holistic**   "Recovery encompasses an individual’s whole life, including mind, body, spirit, and community”.   * A holistic approach is not just using “alternative medicine (e.g., acupuncture)”, rather it’s a philosophy of care that looks at the whole person, every aspect of their lives, particularly the social, environment and socio-economic status, etc.  1. **Peer support**   “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. Peers encourage and engage other peers and provide each other with a vital sense of belonging, supportive relationships, valued roles, and community.”   * Peers providers “hold hope”. They offer the “been there” experience as well as the recovery road.  1. **Relational**   “Family members, peers, providers, faith groups, community members, and other allies form vital support networks. Through these relationships, people leave unhealthy and/or unfulfilling life roles behind and engage in new roles (e.g., partner, caregiver, friend, student, employee) that lead to a greater sense of belonging”. |
| Slide 8 | **Slide 8: Activity**  **Ask:**  Can you describe how any of these principles have been important in your own journey to health and wellness? |
| Slide 9 | **Slide 9:**   **Dimensions of Recovery**    SAMHSA also defines four “dimensions” of recovery “that support a life in recovery”:   1. **Home**   “A stable and safe place to live”.   * Persons served should be living in a typical dwelling place, not a hospital, nursing home, or transitional/temporary residence. * Many persons served are street-dwelling. * ACCS uses a “housing first” approach, i.e., all persons deserve and should have housing no matter what other conditions or problems they have. * The dwelling also needs to be safe and feel safe to the person. You should ask, “Do you feel safe where you are living?”  1. **Health**   “Making informed, healthy choices that support physical and emotional well-being”   * Research has shown that the lifespan of people with mental health conditions is 25 years less than the general population.   ***Activity:***  ***Ask:*** *Why do you think that is?*  ***Facilitator notes****:*  *Mention negative iatrogenic effects on health: smoking, substance use, lack of parity in health care, poverty.*   1. **Community**   "Relationships and social networks that provide support, friendship, love, and hope.”   * Persons served should live in the community of their choosing. * They should be “fully integrated” in the community rather than institutionalized in the community, i.e., using typical normative community resources (work places, grocery stores, transportation, recreational venues).  1. **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”.   * Nobody’s dream growing up was to end up in community mental health services, something happened. * Why do people lose hope, lose their grip on life? * When they don’t feel that their life has any meaning, or when they do not know what they want, when they’ve become disconnected with their emotions, needs, hopes and dreams. |
| Slide 10 | **Slide 10:** **Personal Reflection**  How have these dimensions been important or meaningful in your life?  Reflect individually and share if you are comfortable. |
| Slide 11 | **SLIDE 11**: **What does a recovery orientation mean in ACCS?**  **Explain:**   * Having hope and believing that people can and do recover from mental health conditions and from substance abuse or addiction. * The biggest stakeholder is the person receiving services. People are far more likely to engage in services that support their personal goal achievement. * Acknowledging there are multiple pathways to recovery and taking the time to help the person determine what recovery looks like for them * To provide support to decrease the frequency and/or intensity of psychiatric and/or substance relapse by using screening and assessment and evidenced-based practices. * The overall goal of ACCS is for the integrated team to support persons served to live independently. |
| Slide 12 | **Slide 12: Using a recovery orientation in ACCS practice:**    **Explain:**   * **Linking goals:**   The ACCS recovery approach allows us to better understand the importance of linking clinical goals with personal goals to provide more meaningful services.   * + - **Skill-building**:   Recovery-oriented services help persons served to learn, practice, and master skills to achieve personally meaningful goals, gain independence, and increase participation in the community.   * + - **Evidence Based Practices (EBP)**:   ACCS uses evidence-based practices such as illness management tools and motivational interviewing for persons served skill gain.   * + - **Monitor engagement outcomes**:   When our clinical goals are not aligned with the person’s served own goals, they are far less likely to engage with us or to sustain engagement.   * **Engage and partner with other stakeholders:**   Engage chosen family, friends, other providers, Care Coordinating Entities (CCEs) and other systems of care, DMH, etc., in the discussion around goals, to both ensure there is hope for recovery from supporters of the person served as well as to resolve any misalignment or misunderstanding about the work. |
| Slide 13 | **Slide 13: Closing Activity:**  **Ask:**  How do you think you could support persons served in recovery in ACCS?  **Facilitator Instructions:**   * Show slide 9 with the dimensions of recovery and * Ask participants to write in chat or call out examples of how ACCS staff can support recovery   **Facilitator Notes:**   * Some talking points or ways to summarize comments may be to discuss methods for connecting with persons served: * “What does help look like?” * “How can we help you get unstuck?” * “What is a goal you would like to achieve in five years, two years?” * Reiterate the importance of the peer support role to the recovery model (peers play an invaluable role in recovery, offer mutual support, provide each other with a vital sense of belonging, and “hold hope”. * They offer the “been there” experience as well as the recovery road. * Also reiterate the housing first approach and the importance of the team working to help secure housing/independent living. |
|  |  |
|  |  |
|  |  |