Using Recovery-Oriented Language to Support Empowerment and Transformation

Perryn Dutiger, MSW
Training and Technical Assistance Facilitator
New York Association of Psychiatric Rehabilitation Services
For welcoming me!
A statewide coalition of people who use and/or provide community mental health recovery services and supports dedicated to improving services and social conditions for people with psychiatric disabilities by promoting their...
Accordingly, we act to:

- Promote the concept and practice of mental health recovery
- Promote the widespread availability of quality recovery-centered rehabilitation and peer support services throughout New York State
- Promote the rights of people with psychiatric disabilities in the struggle against stigma and discrimination both within the mental health system and in the larger community
Perryn Dutiger

• Experience in fields of Domestic Violence, Inpatient Psychiatric Care, Residential services, Elementary Community School student services
• Presenter for NAMI community awareness programs
• Recipient of NAMI’s “Young Leaders of Tomorrow” Award
• Experience working in a Community Recovery Center
• Earned Master’s of Social Work from Hunter College, Silberman School of Social Work
• Nature enthusiast, Hiker, Camper, Travel lover, Mindfulness advocate
Learning Objectives

• Identify research that supports recovery from behavioral health conditions
• Understand the definition and philosophy of recovery, as well as the nature of recovery-oriented helping relationships
• Review recovery-oriented /person-centered language, and ways of implementing this approach into your work with individuals experiencing a variety of behavioral health challenges
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<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td><strong>Primary</strong></td>
<td><strong>Trends</strong></td>
<td><strong>Primary</strong></td>
<td><strong>Services</strong></td>
</tr>
<tr>
<td></td>
<td>Maintenance and Symptom Management</td>
<td>Symptom Management, Deinstitutionalization, Psychiatric Rehabilitation</td>
<td>Rehabilitation, Recovery, Empowerment</td>
<td>Rehabilitation, Recovery, Rights, Wellness, Community Integration</td>
</tr>
<tr>
<td>Primary Services</td>
<td>State Hospitals, Community Residences, Sheltered Workshops</td>
<td>State and Local Hospitals, Mobile Crisis, Supported Housing, Day Treatment and Psychosocial Clubs</td>
<td>Downsizing State Hospitals, Supported Employment, Case Management, Peer Run Services</td>
<td>Downsizing State Hospitals, growing support, housing, Club Houses, Peer Run Services, ACT, Blended CM</td>
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Looking Through the Recovery Lens
Recovery is a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills and or roles. It’s 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 effects of mental illness.”

(Anthony, Cohen, Farkas, Gagne, Psychiatric Rehabilitation, 2002)
Research: Ten World Studies Demonstrate Recovery Is Possible!

<table>
<thead>
<tr>
<th>STUDY</th>
<th>Sample Size</th>
<th>Average Length in Years</th>
<th>Subjects Recovered and/or Improved Significantly</th>
</tr>
</thead>
<tbody>
<tr>
<td>M. Bleuler (1972 a &amp; b) Burgholzi, Zurich</td>
<td>208</td>
<td>23</td>
<td>53%-68%</td>
</tr>
<tr>
<td>Huber et al. (1975) Germany</td>
<td>502</td>
<td>22</td>
<td>57%</td>
</tr>
<tr>
<td>Ciompi &amp; Muller (1976) Lausanne</td>
<td>289</td>
<td>37</td>
<td>53%</td>
</tr>
<tr>
<td>Tsuang et al. (1979) Iowa 500</td>
<td>186</td>
<td>35</td>
<td>46%</td>
</tr>
<tr>
<td>Harding et al. (1987 a &amp; b) Vermont</td>
<td>269</td>
<td>32</td>
<td>62%-68%</td>
</tr>
<tr>
<td>Ogawa et al. (1987) Japan</td>
<td>140</td>
<td>22.5</td>
<td>57%</td>
</tr>
<tr>
<td>DeSisto et al. (1955 a &amp; b) Maine</td>
<td>269</td>
<td>35</td>
<td>49%</td>
</tr>
<tr>
<td>Hinterhuber (1973) Austria</td>
<td>157</td>
<td>30 (approx.)</td>
<td>75%</td>
</tr>
<tr>
<td>Kreditor (1977) Lithuania</td>
<td>115</td>
<td>20+</td>
<td>84%</td>
</tr>
<tr>
<td>Marinow (1986) Bulgaria</td>
<td>280</td>
<td>20</td>
<td>75%</td>
</tr>
</tbody>
</table>
What Research Tells Us About Recovery

Vermont Longitudinal Study, C. Harding et al

What people were offered:

Re-educate staff

Treatment Options

Community Interventions and Natural Supports
THE RESULTS...

★ 5 to 10 years: ‘2/3..could be maintained in the community if sufficient transitional facilities and adequate aftercare were provided’

★ 20 to 25 years;
  50% in independent housing,
  34% working or volunteers;
  77% had a comparably ‘adequate’ income
  68% were assessed as relatively symptom-free

★ 34% ‘completely recovered’ in psychiatric status and social roles
★ 34% ‘significantly improved’ in psychiatric status and social roles
THE STUDY’S DEFINITION OF RECOVERY...

- No current signs and symptoms of any mental illness
- No current medications
- Working
- Relating well to family and friends
- Integrated in the community
- Behaving in such a way as not being able to detect having ever been hospitalized for any kind of psychiatric problems

What Research Tells Us About Recovery
Vermont Longitudinal Study, C. Harding et al
Overview of Recovery – Dr. Mark Ragins

Hope

Empowerment

Self Direction

Community Inclusion
<table>
<thead>
<tr>
<th>TRADITIONAL</th>
<th>RECOVERY</th>
</tr>
</thead>
<tbody>
<tr>
<td>System/Provider Focus</td>
<td>Person-Centered Focus</td>
</tr>
<tr>
<td>Focuses on symptoms</td>
<td>Focus on People’s individuality</td>
</tr>
<tr>
<td>Clients seen in context of ‘the system’ and labels</td>
<td>Individuals seen in context of their communities and lives</td>
</tr>
<tr>
<td>Emphasizes deficits and needs</td>
<td>Emphasizes strengths/gifts and capacities</td>
</tr>
<tr>
<td>1 expert in the room – the provider</td>
<td>2 experts in the room – client and provider</td>
</tr>
</tbody>
</table>
Recovery is not the absence of symptoms

It is the full life

Pleasure, love, life, happiness, purpose
Basic Principles Through the “Recovery Lens”

- **Recovery is possible.**
- Recovery can occur without professional intervention.
- **Recovery involves more than symptom reduction and can occur even though symptoms reoccur.** Recovery is not linear.
- Recovery is a highly individualized process.
- Recovery occurs in the presence of someone who believes in and stands by the person.
- Recovery from the consequences of the illness is sometimes more difficult than recovering from the illness itself.

“...It is our job to ask people with psychiatric disabilities what it is they want and need in order to grow and then to provide them with good soil in which a new life can secure its roots. And then, it is our job to wait patiently, to sit with, to watch with wonder, and to witness with reverence the unfolding of another person's life.”

~ Pat Deegan, PhD, Advocate, Innovator, Peer Leader

www.patdeegan.com
My Practice

What changes can I make right now to shift my practice to recovery?
When working with people with a trauma history, does our language matter?

Is there supportive language?
Examples?

Is there deconstructive language?
Examples?
Empowering Interactions
*promote self-determination*

<table>
<thead>
<tr>
<th>Power Robbing Language</th>
<th>Empowering Language</th>
</tr>
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<tbody>
<tr>
<td>You should</td>
<td>Can, could</td>
</tr>
<tr>
<td>You need</td>
<td>What have you considered?</td>
</tr>
<tr>
<td>You must</td>
<td>What are your options</td>
</tr>
<tr>
<td>You can’t</td>
<td>What can you do?</td>
</tr>
<tr>
<td>No one can do that...</td>
<td>Up till now...</td>
</tr>
<tr>
<td>Problem</td>
<td>Challenge, situation, concern</td>
</tr>
<tr>
<td>But</td>
<td>And</td>
</tr>
<tr>
<td>It only works when...</td>
<td>What other ways might work for you?</td>
</tr>
<tr>
<td>The best way is...</td>
<td>Some choices are...</td>
</tr>
<tr>
<td>Your only option is...</td>
<td>Options to possibly consider are...</td>
</tr>
<tr>
<td>My advice to you is...</td>
<td>What has worked for you in the past?</td>
</tr>
<tr>
<td>You can’t do that</td>
<td>Some thins that worked for me are...</td>
</tr>
</tbody>
</table>
Reframing Labels and Perceptions

- Chronic
- Non-Compliant
- Resistant
- Manipulative
- Demanding
- Frustrating
- Not ready
- Resilient
- Independent
- Cautious
- Skillful
- Assertive
- Challenging
- Pre-contemplative
Collective
Recovery • Rehabilitation • Rights

Offer Hope, Empowerment & Optimism

Fostering Recovery
Building Hope
Supporting Resiliency
Trauma informed
Use Person-First Language

Avoid Pathologizing Language
Use Words that are judgement-free
Trauma Informed Care

Not making assumptions about character traits
Not being judgmental or negative

Behaviors can come from a place of protecting oneself.
“What is **wrong** with you?”

“**What happened** to you?”
The 4 Key Elements

Motivational Interviewing

Spirit of MI

Compassion

Evocation

Acceptance

Collaboration

MI Spirit

Taken from: Miller, W. R., & Rollnick, S. (2013)
Shift From...

Confrontation  TO  Collaboration

Education  TO  Evocation

Authority  TO  Autonomy
Recovery is not a step-by-step process but one based on continual growth, occasional setbacks, and learning from experience.
Crisis As An Opportunity for Growth
Recovery Happens Even / Especially in a Crisis

Prescott:
Crisis/tragedy can provide opportunities for growth (painful)

New Insights:
Traumatic/disastrous events can be "blows of re-direction".
Life-changing/transforming event – Grow, Struggle, Find Meaning

Ridgway:
Relapse as part of the process of recovery.
Learn more about our needs and vulnerabilities..
Relapse is not failure or the end of the recovery journey!

Mead:
Uncomfortable to be with someone experiencing extreme distress.
We want to fix it, control it or make it go away.
We as the helpers, we feel like failures if we don't do something
THE GOALS

Strong Partnership with participants

Participation in services

Positive Outcomes!

Participation in Treatment is the Goal
Possibilities are Limitless

“There is a difference between raising false expectations and putting forth a vision toward which to work. If we continue to work toward and advocate that vision, then the vision is not misleading—it is encouraging. A vision begets not false promises but a passion for what we are doing”

Anthony, Cohen, Farkas, Gagne, Psychiatric Rehabilitation, 2002
You have more influence than you think
Resources

- National Empowerment Center [www.power2u.org](http://www.power2u.org)
- Recovery Innovations [www.recoveryinnovations.org](http://www.recoveryinnovations.org)
- Pat Deegan [www.patdeegan.com/blog](http://www.patdeegan.com/blog)
- Dr Emoto [www.massauro-emoto.net](http://www.massauro-emoto.net)
- Dr Emoto peace project [http://www.geocities.jp/emotoproject/](http://www.geocities.jp/emotoproject/)
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THANK YOU!