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Using Recovery-Oriented Language to Support Empowerment and Transformation



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For welcoming me!





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NYAPRS

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...





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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*

Recovery, Rehabilitation & Rights





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- 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

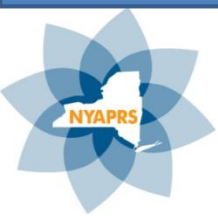




Learning Objectives

- *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*





Where We Have Been...

	1970's	1980's	1990's	2000+
Primary Trends	<u>Maintenance</u> and Symptom Management	<u>Symptom Management</u> , <u>Deinstitutionalization</u> , Psychiatric Rehabilitation	<u>Rehabilitation</u> , <u>Recovery</u> , <u>Empowerment</u>	Rehabilitation, Recovery, Rights, Wellness, Community Integration
Primary Services	State Hospitals, Community Residences, Sheltered Workshops	State and Local Hospitals, Mobile Crisis, Supported Housing, Day Treatment and Psychosocial Clubs	Downsizing State Hospitals, Supported Employment, Case Management, <u>Peer Run Services</u>	Downsizing State Hospitals, growing support, housing, Club Houses, Peer Run Services, ACT, Blended CM

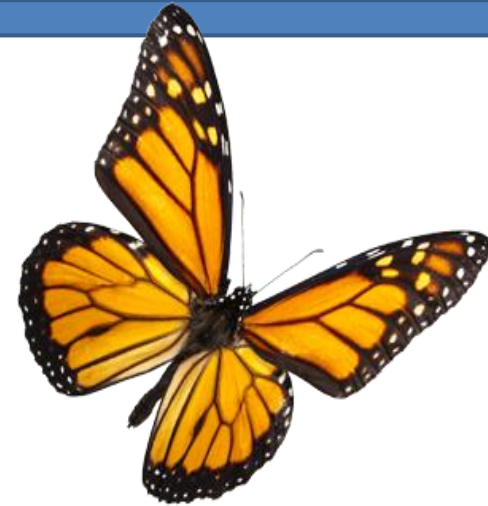
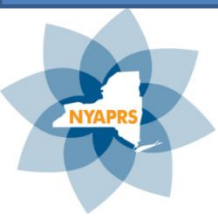


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Looking Through the Recovery Lens





Recovery

“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.”



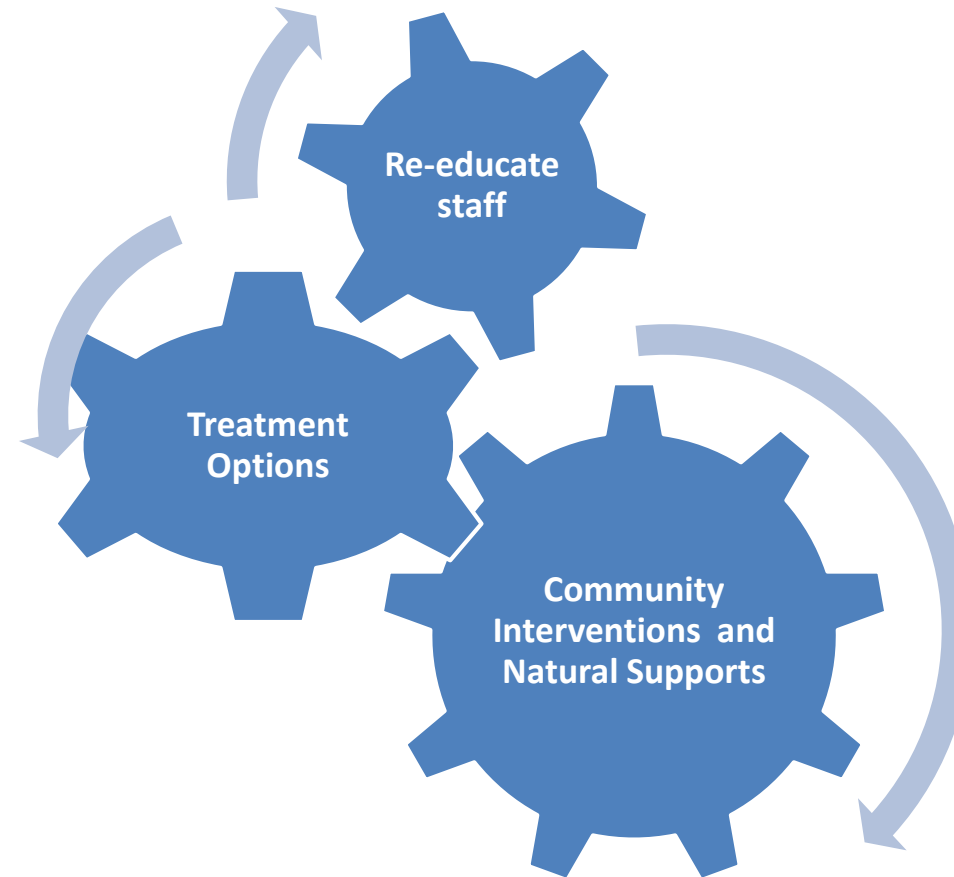
Research: Ten World Studies Demonstrate

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

What Research Tells Us About Recovery

Vermont Longitudinal Study, C. Harding et al

What people were offered:





What Research Tells Us About Recovery

Vermont Longitudinal Study, C. Harding et al

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,

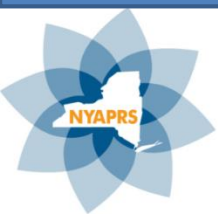
34% working or volunteers;

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*



What Research Tells Us About Recovery

Vermont Longitudinal Study, C. Harding et al

THE STUDY'S DEFINITION OF RECOVERY...

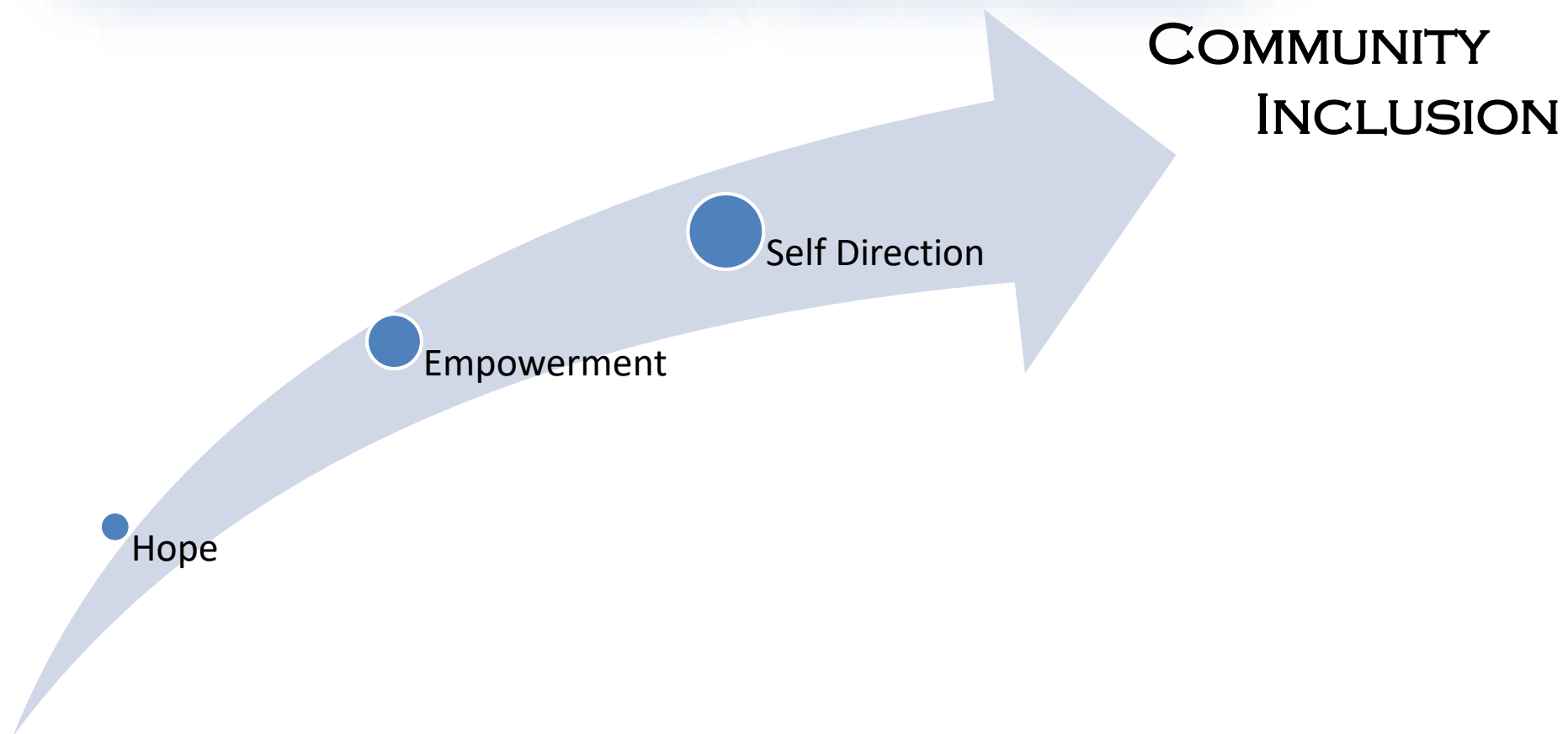
- No current signs and symptoms of any mental illness
- No current medications
- Working
- Relating well to family and friends
- Integrated in the community
- Behaving in such a way as not being able to detect having ever been hospitalized for any kind of psychiatric problems



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Overview of Recovery – Dr. Mark Ragins





Change of Focus

TRADITIONAL

System/Provider Focus



RECOVERY

Person-Centered Focus

Focuses on symptoms

Focus on People's individuality

Clients seen in context of 'the system' and labels

Individuals seen in context of their communities and lives

Emphasizes deficits and needs

Emphasizes strengths/gifts and capacities

1 expert in the room – the provider

2 experts in the room – client and provider



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Symptoms?

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.





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Dr. Patricia Deegan on Recovery



“...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



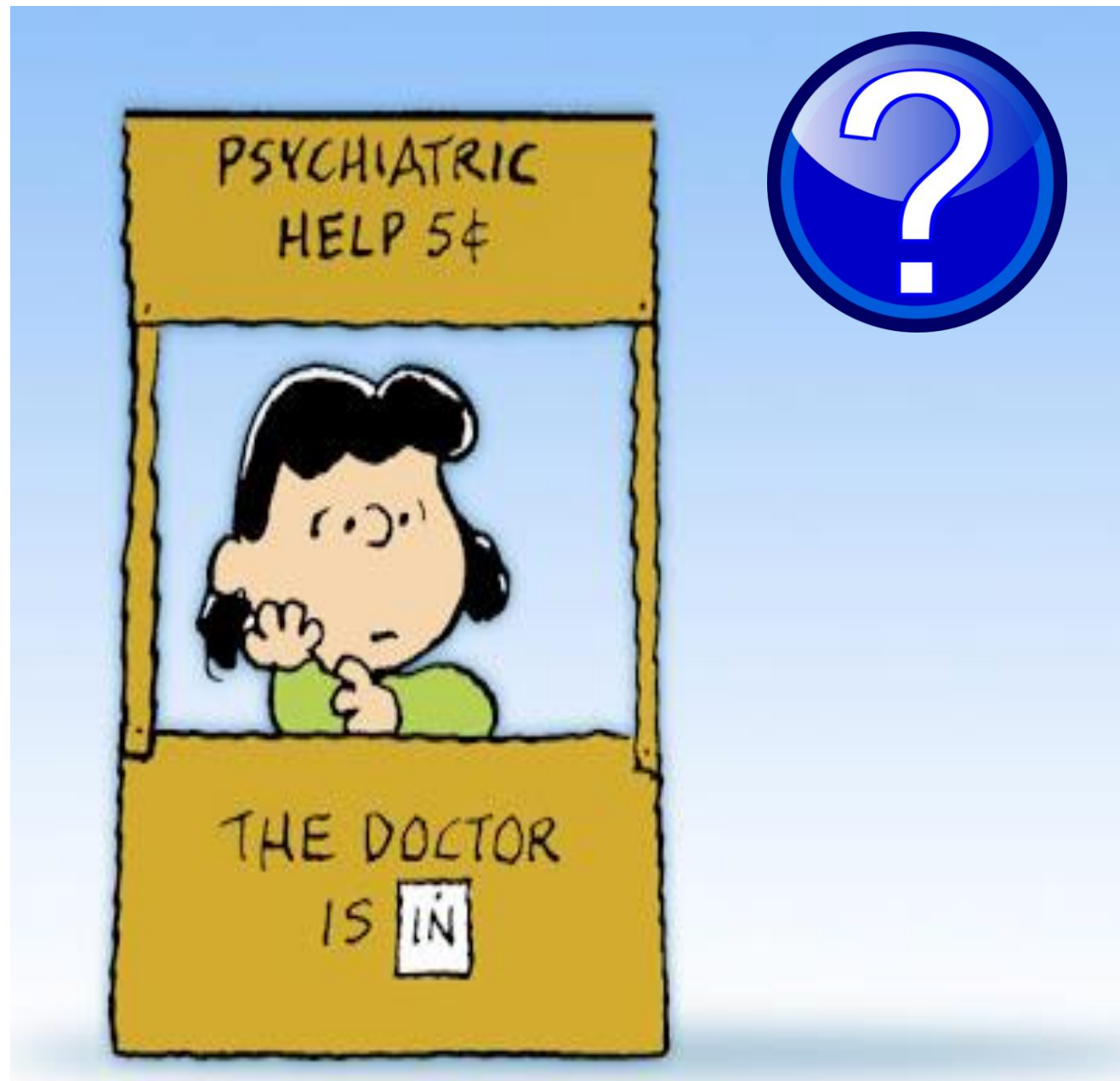


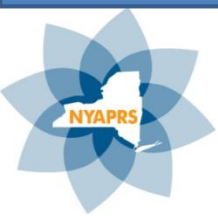
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My Practice

What changes can
I make right now
to shift my practice
to recovery?





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When working with people with a trauma history, does our language matter?

**Is there supportive
language?**

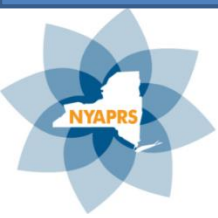
Examples?

**Is there deconstructive
language?**

Examples?

Empowering Interactions *promote self-determination*

Power Robbing Language	Empowering Language
You should	Can, could
You need	What have you considered?
You must	What are your options
You can't	What can you do?
No one can do that...	Up till now...
Problem	Challenge, situation, concern
But	And
It only works when...	What other ways might work for you?
The best way is...	Some choices are...
Your only option is...	Options to possibly consider are...
My advice to you is...	What has worked for you in the past?
You can't do that	Some things that worked for me are...



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Redefining...

Reframing Labels and Perceptions

•Chronic



•Resilient

•Non-Compliant



•Independent

•Resistant



•Cautious

•Manipulative



•Skillful

•Demanding



•Assertive

•Frustrating

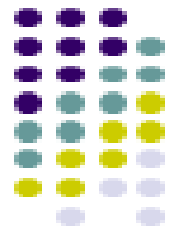


•Challenging

•Not ready



•Pre-contemplative





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Offer Hope, Empowerment & Optimism

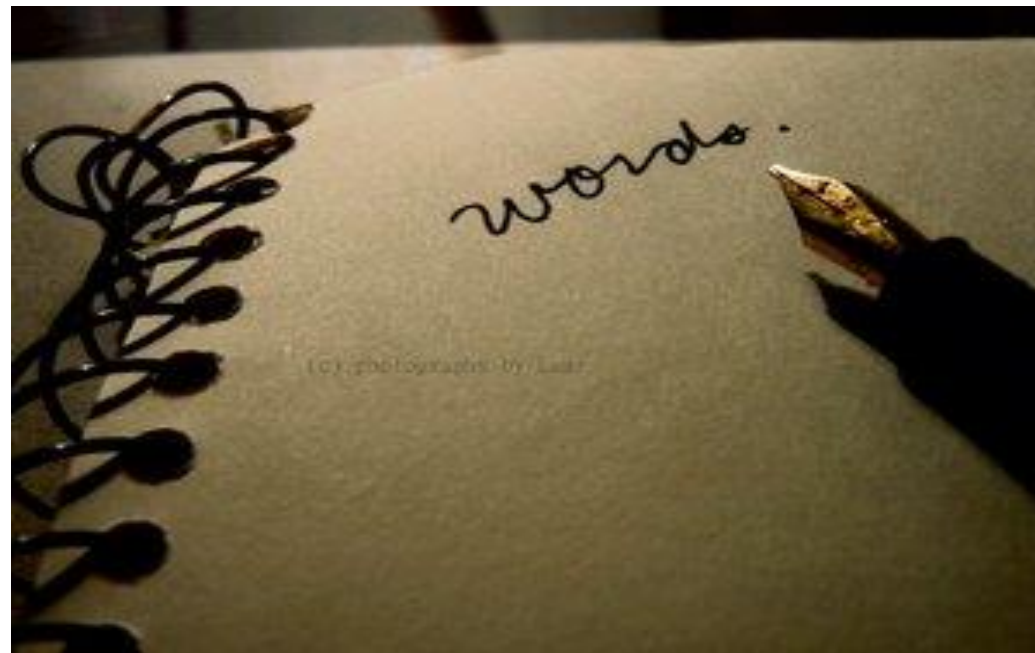
Fostering Recovery

Building Hope

Supporting Resiliency

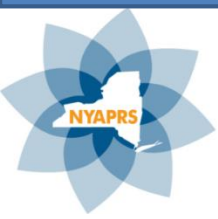
Trauma informed

Use Person-First Language



Avoid Pathologizing Language
Use Words that are judgement-free





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Trauma Informed Care

Not making assumptions about character traits

Not being judgmental or negative

***Behaviors can come from a place of
protecting oneself.***





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“What is wrong with you?”



“What happened to you?”





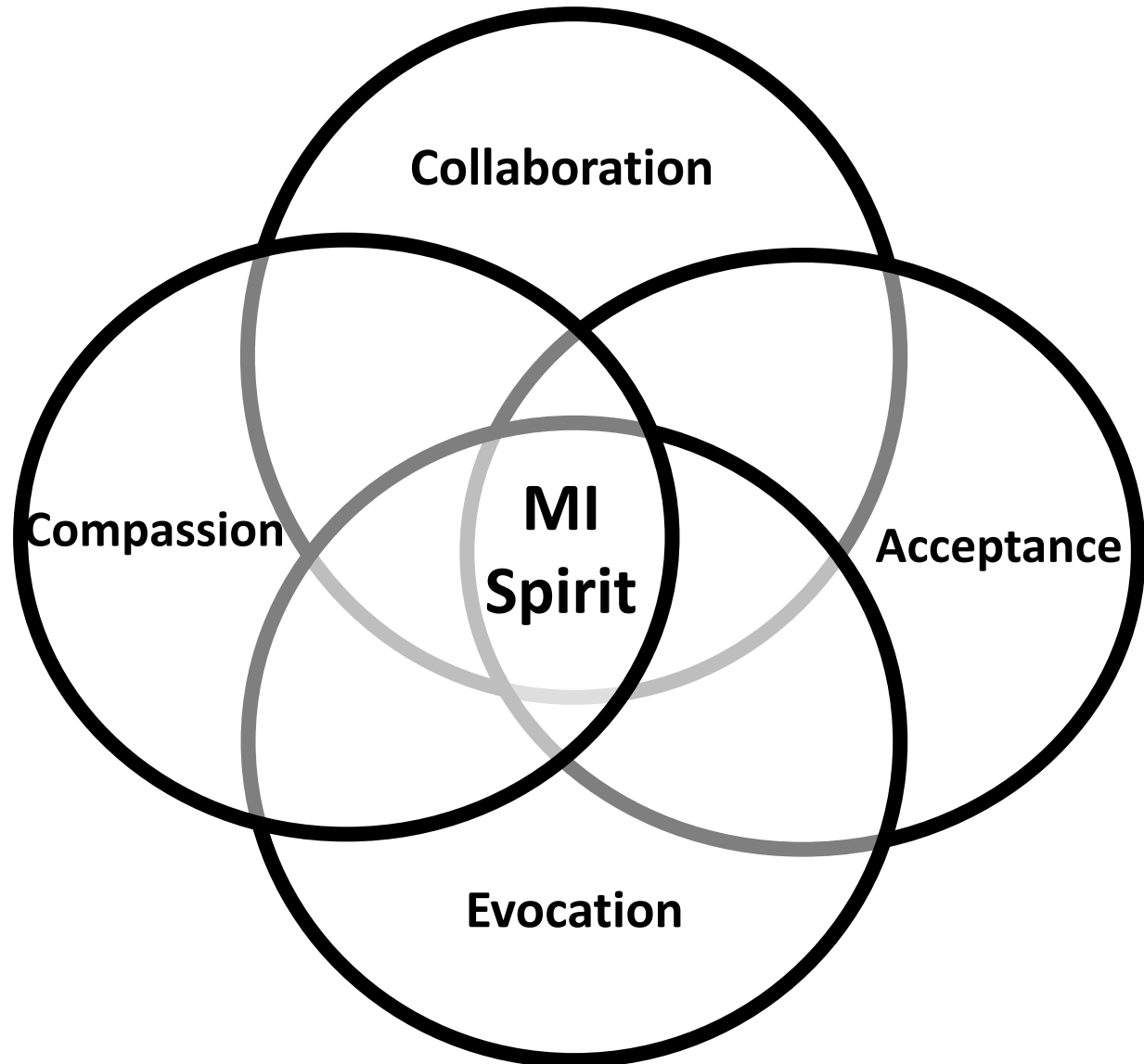
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Spirit of MI

Motivational Interviewing

The 4 Key Elements



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



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Shift From...

Confrontation

TO

Collaboration

Education

TO

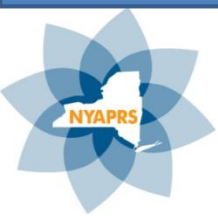
Evocation

Authority

TO

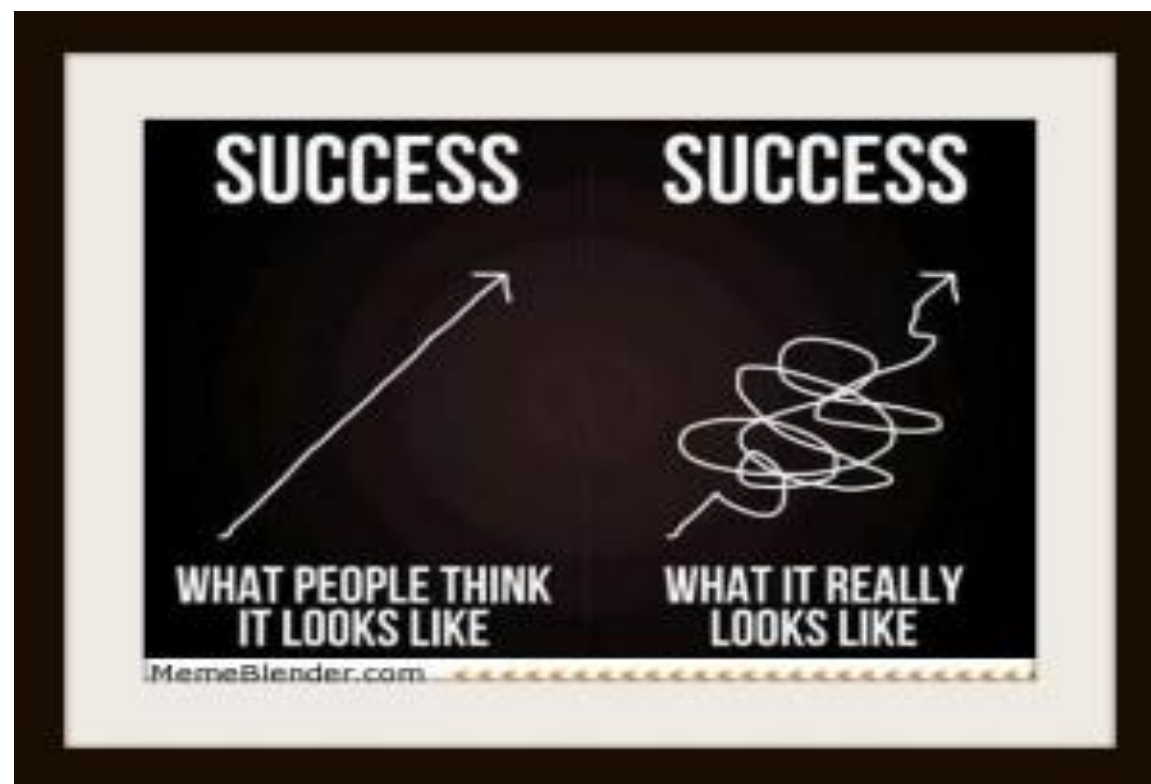
Autonomy





Recovery is Not Linear

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



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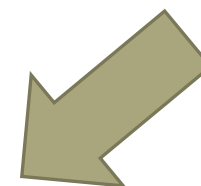
THE GOALS



**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

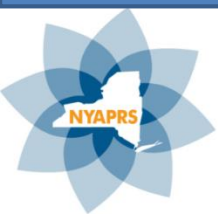


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You have more influence than you think





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Resources

- National Empowerment Center www.power2u.org
- Recovery Innovations www.recoveryinnovations.org
- Pat Deegan www.patdeegan.com/blog
- Mark Ragins http://www.village-isa.org/Village%20Writings/writings_hp.htm
- Dr Emoto www.massauro-emoto.net
- Dr Emoto peace project <http://www.geocities.jp/emotoproject/>
- Institute for the Study of Human Resilience – Harding, C. M. (2003). [Changes in schizophrenia across time: Paradox, patterns, and predictors.](#)
- Miller, W. R., & Rollnick, S. (2013). Motivational interviewing: Helping people change (3rd ed.). New York, NY: Guilford Press.





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CONTACT

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THANK YOU!

