
Recovery-Oriented Practices – Key Learnings in a Changing World**Larry Davidson, Ph.D.**

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It has been nearly 20 years since the United States government declared that all mental health services should be re-oriented to promote the recovery of persons with mental health conditions, regardless of their severity. Over the course of these 20 years, several different definitions of what is meant by the term “recovery” have been offered, from the conventional medical meaning of having fully “recovered” from any and all of the symptoms and deficits associated with serious mental illnesses—also referred to as “clinical recovery”—at one end of the spectrum to a human rights-based meaning of being “in recovery”—also referred to as “personal recovery”—referring to laying claim to, or taking back, one’s own autonomy and agency in the face of on-going difficulties at the other end of the spectrum. The wide swath cut by these different meanings of the same term has created a considerable amount of confusion in the field of psychiatric rehabilitation, making defining and operationalizing the concept of “recovery-oriented practices” a challenging task. In the following, I will expand on an earlier attempt my colleagues and I had made to define and operationalize recovery-oriented practice from the perspective of the client (1), expanding on this previous effort by addressing this challenge from the perspective of the care provider. To avoid adding further to the existing confusions identified above, I will suggest that for the client, it should not matter which form of recovery they are pursuing as long as they can answer “yes” to the following set of 9 questions. Similarly, for the mental health provider, the vision of recovery that they hold out for their clients should not fundamentally matter as much as does how they offer the services and supports they provide. While researchers and advocates may need to differentiate between these two forms of recovery for their own respective purposes, some of the key learnings of the last 20 years of practice point as much to how interventions are offered as to what those interventions are. Recovery-oriented practices, whether they be clinical or rehabilitative in nature, all share the same fundamental values, principles, and processes. These are spelled out below.

Recovery-oriented practices are those practices that promote either clinical recovery, personal recovery, or both. They do this by identifying and building on personal and family strengths and by being aligned with the person’s own values, preferences, and goals. These values, preferences, and goals are elicited through the process of person or family-centered care or recovery planning, in which practitioners work collaboratively to develop action plans for what the different parties involved agree to do to in support of the person’s recovery. After identifying their major life goals, the person is assisted in identifying those steps they need to make in exercising effective self-care and in pursuing their interests and aspirations. Involved families are assisted in identifying ways in which they can support the person’s own efforts and ways in which they can contribute more directly to the recovery process, from driving their loved one to school or work or reminding them to take care of themselves (e.g., get enough sleep, take medications as prescribed), to celebrating

successes and conveying understanding and acceptance while commiserating over setbacks.

Recovery-Oriented Practices from the Perspective of the Client

The following series of questions are to be used by persons receiving mental health services and/or supports (and, if desired, their loved ones) to determine the degree to which a given practice is oriented to promoting either of the forms of recovery described above.

1. Is the care offered centered on you as a unique individual? Is it based on your own life goals and informed by your personal needs, values, and preferences? Recovery-oriented practice can only be carried out at the level of each person within the context of their family and everyday life. As a result, your recovery plan should look different from anyone else's, and be based directly on your own goals, needs, values, and preferences. Is the plan based on what you are trying to do in your life, and does it offer you a roadmap to where you are headed, to what you are hoping to do with your life? Does the plan envision a meaningful life beyond mental health services alone, or does the plan's focus remain squarely within the boundaries of the mental health system? For example, can you tell from the plan what you and your care team are trying to accomplish in the world (e.g., go back to school, get a job), as opposed to, or in addition to, what you and they are trying to get rid of or avoid (e.g., symptoms)? Will the services identified in the plan lead to worthwhile and desired changes in your life?

2. Is the care offered to you based solely on your diagnoses and problems, or is it also based on your strengths and interests? Is it clear from your recovery plan how service providers have helped, or will help, you to identify and build on your strengths, both your own and those within your local environment? Can you tell from the plan what your specific interests are, and how these interests have contributed to the identification of your goals and objectives? Does the plan help you to move toward what interests you (e.g., people or hobbies), or does it simply try to move you away from problematic behaviors or activities (e.g., decreased self-harm)? If substance abuse is identified as a problem to be addressed, for example, does the plan also address what kind of sober activities you may want to participate in instead? Are community activities and resources identified in the plan that would support you in pursuing your personal interests? And are there people identified in the plan with whom you can share these interests?

3. Do you have a recovery plan that addresses what you can do between appointments with service providers? Is there more for you to do than simply to receive treatment, attend rehabilitation, or have regular meetings with providers? Since treatment and rehabilitation offer some of the tools you can use to reclaim a whole and gratifying life, it is essential for any such interventions that are offered to you to be useful and effective for these purposes. Do you understand how you may benefit from certain treatments (e.g., medications), or why providers ask you to attend specific meetings or groups? Is it clear how these activities are to help you to get where and what you want in life, or do they simply seem to aim to keep you busy? Do providers take an interest in how you spend your time between your appointments with them? Do they have concrete suggestions for things you might try in the community, or do they expect you only to participate in mental health-related activities?

4. Does the recovery plan clearly identify the tasks and roles to be performed and the person or people

responsible for each? Of particular importance is whether or not the plan identifies your own responsibilities and the tasks that you have agreed to take on. Do the service providers help you to identify what you can do to promote or progress in your recovery? Do they support you in carrying out these responsibilities? Do providers help you to identify the next one or two steps in your recovery and to sketch out what may be involved in your taking these next few steps? Do they assist you in obtaining the resources needed (e.g., new clothes) to take these steps? Are they willing to accompany you on the way at first or do they expect you to take these steps on your own? Do they suggest strategies for managing symptoms that do not go away in response to medication?

5. Does the plan and the care and services provided change over time with your evolving needs and goals? Recovery plans do not accept maintenance as a meaningful goal, as people do not want merely to be “maintained.” It is quite possible for people to want to maintain a level of clinical stability, or to want to remain at a plateau of functioning for an extended period of time. Few people like change for the sake of change, and many people are afraid of taking risks or trying new things out a legitimate fear that they might suffer a setback (a fear often reinforced by caring practitioners who do not want to see people relapse). But life also does not stand still. Therefore, while containing your illness may be a very real concern and goal for you at times, it is not possible to do so simply by maintaining your life; that is, by trying to stand still. Recovery plans anticipate that change is inevitable and that you will need to continue to adapt to new situations, whether you like to or not. One important contribution recovery-oriented practices can make in such situations is to help you identify those things that you want to keep the same while other things are changing around you.

6. Do you find the care plan, and the care offered, to be easy to use and to understand? Just as the plan needs to identify your role in pursuing or attaining recovery, the plan and the care offered need to be easy to use and to understand as well. Does the plan address those aspects of your own experiences that are of concern to you, and in a language that you will be able to understand and use (e.g., hearing voices as opposed to having auditory hallucinations; feelings of being unsafe, vulnerable, or unprotected as opposed to paranoia)? Do you know what care or help you have agreed to receive? Has your consent been truly informed, or are things done to you that you do not want? Even in cases in which you are receiving treatment involuntarily (i.e., against your own wishes), or have had a conservator or guardian assigned to you, have efforts been made to inform you of the available options and to explain what you can expect to happen, including what you need to do or what needs to happen for you to no longer be receiving care involuntarily or no longer need a guardian?

7. Does the plan encourage and support you in taking increasing control over your own life, including the power to make your own decisions? Because of a history of controlling persons with mental illnesses in mental health, you may need to be encouraged to take back control of certain parts of your life, the responsibility for which may have been assumed by other people. Do providers encourage you to do so? Do they encourage you to view yourself as capable, and as having intact domains of functioning beyond the reach of the illness? Do they remind you of your strengths and gifts? Do they help you to focus on achieving small successes, or easy wins, in order to rebuild your self-confidence and sense of personal agency? Do they encourage and support you in taking risk and trying new things?

8. Is the care offered in a dignified setting and in a respectful manner? Does the care offered help you to feel better, or does it make you feel worse? Using mental health care is intended to help people feel better rather

than worse. Being told that you have an illness or disability can be distressing. But when offered with compassion, such care should also help you to understand your situation better and to be confident that you and everyone else involved are doing what they can to make things better. Does attending mental health appointments feel humiliating or demeaning? Do you leave the provider's office feeling better or worse about yourself and your prospects for recovery? Are the services you receive offered in a safe, clean, and pleasant setting, or does the setting look run down and not cared for? Would you recommend the provider or service to other people?

9. Do care providers ask for your feedback? Do they ask you if they are being helpful to you? Do they tell you what you can do if you are not satisfied with the care you receive? Part of becoming an empowered user of mental health services is being able to tell providers whether or not they are being helpful to you. Do the providers you work with welcome your feedback? Do they ask you for your suggestions or ideas about how the care they provide can be improved? When you give feedback to your providers, do they listen to and take you seriously? Do they make changes based on your feedback? Do they suggest what you can do if you remain dissatisfied with your care? Do they suggest how you might go about changing providers or services if you are not finding them helpful? When you complain, do they treat you respectfully, and do you receive a timely response to your concerns?

Defining Recovery-Oriented Practices from the Perspective of the Provider

The following series of questions are to be used for self-reflection by persons providing mental health services and/or supports to determine the degree to which a given practice is oriented to promoting either of the forms of recovery described above.

1. Do you bring to the work a fundamental conviction in the belief that persons with a serious mental illness can lead dignified and meaningful lives with appropriate care and support from others? Do you believe that recovery is possible for most, if not all, people with a serious mental illness? Do you believe that persons with a serious mental illness can do important work in their communities? Do you know that many people who have made original and/or noteworthy contributions to the arts and sciences have had a serious mental illness?

2. Do you view your clients as being fundamentally the same as you or as fundamentally different from you? Could you imagine being in your clients' shoes given different life circumstances, or do you consider that as just not possible? Are you more the same than different from, or more different than the same as, most of your clients? Do you consider the various roles that your clients play in their broader lives, such as they're being a son or daughter, mother or father, sibling, uncle or aunt, student, employee, employer, voter, tenant, investor, musician, artist, poet, neighbor, or friend?

3. Do you focus at least as much on your clients' strengths, interests, and goals as you do on their deficits, symptoms, and needs? Do you view your clients as being primarily in need of various kinds of on-going help and support, or do you also view them in terms of what they have to offer or do for others? Do you ask your clients about what they would like to do and/or accomplish in their lives? Do you consider them to be works-in-progress and as having potential for growth, or do you consider them to have already grown as much as

they can in their lives?

4. Do you see “recovery” as something your clients principally need to pursue in their daily lives (with your support and perhaps that of others) or as something that you and your colleagues need to address and arrange for your clients? Are there more things that your clients need to do to recover, for example, in addition to taking prescribed medications? Do your clients’ recovery plans address what they can do between or outside of appointments with service providers? Whose vision of a meaningful and fulfilling life are you and your clients working toward together? Are your clients feeling challenged to stretch themselves in order to continue growing as a person?

5. Do you encourage and support your clients in taking increasing control over their own lives, including the power to make their own decisions? Do you encourage your clients to take back control of any parts of their lives that they may have had to cede to others based on their disability? Do you encourage them to view themselves as being capable, and as having intact domains of functioning beyond the reach of their illness? Do you remind them of their strengths and gifts? Do you help your clients to focus on achieving small successes, or easy wins, in order to rebuild their self-confidence and sense of personal agency? Do you encourage and support them in taking risks and trying new things?

As the definition and series of questions above suggest, all recovery-oriented practices have several essential characteristics in common, whether they be clinical or rehabilitative in nature. These include identifying and building on personal and family strengths, being aligned with the person’s own values, preferences, and goals, as elicited through the process of person or family-centered care or recovery planning, and conducted in as collaborative a fashion as possible. It is upon this common foundation that different practices are used to address different areas of need, from person-centered psychopharmacology to community inclusion. All of these interventions, at their core, are offered to the person and their family as ways of pursuing and achieving a life of meaning and purpose in the communities of one’s choice.

References

Davidson, L.; Tondora, J.; & O’Connell, M.J.: How to recognize a recovery-oriented practice. World Association for Psychosocial Rehabilitation (WAPR) Bulletin, 2010, 26/27, 17-19.