



**Recovery & Resiliency-
Based Individualized
Treatment Planning-
*Webinar, Part One***

**Robin Hamel, Director of Clinical Operations, Tampa Service
Center**

**Leigh Gardner, Quality Director, Value Behavioral Health of PA,
Inc.**

Objectives for Webinar Presentation

Parts 1&2

- Participants will be able to identify at least 10 concepts/values/principles of Recovery & Resiliency (R&R)
- Participants will be able to apply the concepts, values and principles of R&R when writing Individualized Treatment Plans
- Participants will be able to identify the similarities and differences between physical and mental health rehabilitation
- Participants will be able to identify at least 1 change required by members, providers, programs, payers, and systems of care in order to fully implement R&R

(ASSUMPTION: participants already understand the required basic steps and documentation standards for writing a treatment plan that will be accepted by OMHSAS VBH-PA)

Provider Experiences with Recovery

- **Question to the Group: “What is your understanding of and experience with Recovery & Resiliency?”**



Making it Personal!

VALUEOPTIONS

Physical Health Recovery Expectations

- You have a car accident and suffer a severe compound fracture of your right leg.
- What are the steps that occur- and that you would expect- to support your recovery?

Principles of Physical Rehabilitation

- Prescriptive/Individualized
- Utilizes long-term support which adapts to changing needs
- Developed a pool of highly trained, proficient helpers
- Based on the concept of improving skill level
- Encourages community support and acceptance
- A wide range of tools and services available
- Continuing research and development

Acute versus Chronic

- Now let's assume that you lost your leg in the accident instead of breaking it...
- Or let's assume you are a brittle diabetic...
- Or let's assume that you have asthma, COPD, heart disease, or some other chronic disease....

What changes for you when a problem becomes chronic?

Stigma; Institutionalized Outpatients; and Institutionalized Staff

- Impairment = *symptoms*
- Disability = difficulty with *tasks* d/t symptoms
- Handicap = the inability to fulfill a *role* in society

Where does stigma come from?

Practical Exercise #1

- Take a brief moment to consider the questions on the next slide and jot down some ideas.
- Then I will ask you to come *off* MUTE and engage in some discussion of these questions

Mental Health vs Physical Health

- How many of you live with a chronic medical condition or have a loved one affected?
- Can you/they describe exactly what ‘better’ looks like and feels like? Give me an example.
- Can you/they describe how much better is ‘enough’? Give me an example.
- Have you ever not taken prescribed meds as ordered- or stopped them sooner than you were supposed to? Why?
- What would you feel if your doctor didn’t ask you your opinion of what you need and want?

Gap Analysis

- The Physical Health versus Mental Health Recovery Gap is still alive and thriving...

WHY?

ASK!

- It's *easy* to lose focus on the real goal.....It's *easy* to forget how easy it is to make a good Recovery or Resiliency-based Treatment Plan....

The SECRET is to ASK!



Barriers

Why don't we easily seek the opinion of our members?



Non-compliant clients...a comforting MYTH

- How many appointments to:
 - Get your hair colored,
 - Get your car tuned up, or
 - Get your child set up in day care

DID *YOU* MISS???

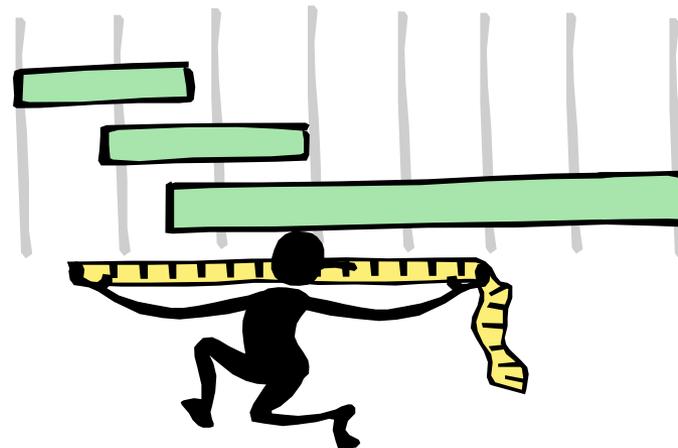


- People don't show up when they don't value what is offered.....
- Why do we assume *they* are the problem?
- How would we act if we assume that we are providing a service and our personal income depends on our customers?

Not everything that counts can be counted...and, not everything that can be counted, counts....

Albert Einstein

Recovery is organic... measured as a functional process..not an event!"



Choices

- **So many roads. So many detours. So many choices. So many mistakes.**

Actress Sarah Jessica Parker

- **If you limit your choices only to what seems possible or reasonable, you disconnect yourself from what you truly want, and all that is left is a compromise.**

Author Robert Fritz

- **The greatest power that a person possesses is the power to choose.**

Author J Martin Kobe

- *“I’m so confused....”*



Choices (cont.)

- Choices are hard
- Making choices is a *skill*- *AND*- **Skills can be taught!**
- Choices can go wrong- but everyone should be taught to make them..
- Choice is a fundamental right

Personal Experience With Choices: Exercise

- How do I make choices/decisions???
- Think about a recent change/big decision you made:
 - Before
 - What was the source of your motivation to make the decision/change?
 - How did you prepare to make it?
 - During
 - Who helped?
 - How did you make it?
 - How long did it take?

Personal Experience With Choices: cont.

- After
 - How happy were you with the decision?
 - What were the results of the decision and why?
 - What did you learn about yourself or your situation as a result of this decision?

Now...please pick at least one....

- History of poor decision outcomes
- No support
- Chronic physical impairments
- Chronic mental impairments
- Negative messages
 - “You didn’t”; “I didn’t”
 - “You can’t” ; “I can’t”
 - “You never”; “I never”
 - “You always”; “I always”

Skills

What's a Skill??

*They are harder to teach than
you think.. 😊*

Definition and Characteristics of a Skill

- **Skill:** a system of complex behaviors which are based on a specific body of knowledge such that the competency can only be achieved by study and practice.

- **Characteristics of a skill:**
 - Behavioral: appears directly in the form of actions that can be seen or heard by others
 - Compound: composed of a combination of knowledge and behaviors: knowledge-based.
 - Purposeful: performed for a reason- intentional
 - Standardized: can specify an ideal way of doing it based upon performance standards; therefore there is a 'right' way
 - Generalizable: can be used in a variety of different circumstances and environments
 - Stable: stable across time; seen in multiple observations; once mastered, a skill is lasting

Skill Types

■ Skill Types:

- Physical Skills: requiring primarily bodily behaviors
- Emotional Skills: requiring primarily interpersonal or intrapersonal behaviors; behaviors having to do with feelings, relating to others and understanding oneself
- Intellectual Skills: requiring primarily mental behaviors; cognitive processing with an outcome or product

Imposter Skills

Not everything that ends with an ‘ing’ is a skill! Here are some examples of common *imposter skills*.....

Examples of Imposter Skills

Arriving
Completing

Asserting
Controlling

Avoiding
Developing (unless
you mean film!)

Doing
Handling
Learning
Motivating
Remembering
Talking

Feeling
Keeping
Liking
Participating
Staying
Trying

Following
Knowing
Maintaining
Performing
Taking
Using

Skills Training Barriers

▪ **Lack of Confidence**

- The client does not feel able to use the skill. Cues are the client has never tried to use the skill in the specified circumstances, gives many reasons for not trying, ‘forgets’ to use the skill, and/or cannot explain problems in using the skill (e.g. expressing feelings of defeat, fear or being overwhelmed)

▪ **Lack of Knowledge**

- The client does not have the information that is required to use the skill as needed. A cue is the client saying “I don’t know _____”

▪ **Lack of Forethought**

- The client does not think beforehand about arrangements that are required to use the skill as needed. The barrier is lack of mental preparation. A cue is the client identifying as the problem lack of time or unresolved issues.

▪ **Lack of Resources**

- The client does not have people, places or things that are required to use the skill as needed. A cue is the client attributing the reason for the problems to ‘not having something’

Example of Barriers

- **Skill:** Paraphrasing
- **Skill use Goal:** I will accurately summarize the content of a 5 minute conversation with my neighbor 3 times by the end of the month
- **Barriers**
 - Member does not want to talk with most people because he/she is afraid that people don't want to talk to him/her, that he/she isn't interesting, etc
 - Does not know anything about the neighbor's favorite topics, such as sports or politics
 - Does not plan to find a good time to talk to the neighbor
 - Does not have a place to have the conversation

Practical Exercise #2

- Eggs, peanut butter & jelly sandwiches and shoe laces.....



- Imagine the scenario I describe and do **only** what I say

Thoughts?

- What went wrong?
- If you really had to teach someone to tie their shoes how would you really do it and why?
- What did you learn about planning your skills training?
- What did you learn about the relationship between skills training and treatment plans?

SUCCESS

Strengths + Supports + Skills = SUCCESS



A word about Strengths.....

- What are they really going to help??
- Weak
 - attractive
 - intelligent
 - active
- Strong
 - clean, dresses well, is proud of her appearance
 - has 28 credits towards an A.S degree in business, likes to read non-fiction books
 - runs three times a week

Strengths Documented on a 10 Y/O Boy

- He is physically affectionate and responds well to praise. He is talkative, inquisitive, creative, shows empathy, outgoing, loving and intelligent. He likes sports but feels he's not as good as his peers. He's good at video games and writing stories, and likes making arts and crafts.

How would these strengths support his treatment?



**Recovery & Resiliency- Based Individualized
Treatment Planning: Part 1**

***Concepts of Recovery & Resiliency and
Beginning the Goal/Objective Setting
Process***

VALUEOPTIONS

What is Recovery?

- Although there are many perceptions and definitions of Recovery, William Anthony, Director of the Boston Center for Psychiatric Rehabilitation seems to have developed the cornerstone definition of mental health recovery.
- Anthony (1993) identifies Recovery as "**a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness.**"
- Ultimately, because Recovery is a personal and unique process, everyone with a mental health or substance use disorder develops his or her own definition of Recovery. However, certain concepts or factors are common.

Four Stages of Recovery

- ***Dependent/Unaware:***

Consumer relies on others and is not aware of his/her own status and needs.

Dependent/Aware:

Consumer relies on others but is aware of his/her own status and needs.

Independent/Aware:

Consumer relies on self and is aware of his/her own status and needs.

Interdependent/Aware:

Consumer relies on self and others in a mutual exchange of beneficial support, services and resources.

The 10 Fundamental Components of Recovery: Continued

- **Strengths-Based-Recovery** focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals.
- **Peer Support**-Mutual support, including the sharing of experiential knowledge and skills and social learning plays an invaluable role in recovery. Consumers encourage and engage other consumers in recovery and provide each other with a sense of belonging, supportive relationships, valued roles, and community.
- **Respect**-Community, systems, and societal acceptance and appreciation of consumers—including protecting rights and eliminating discrimination and stigma—are crucial. Self-acceptance and regaining belief in one's self are particularly vital. Respect ensures inclusion and full participation of consumers in all aspects of their lives.
- **Responsibility**-Consumers have a personal responsibility for their own self-care and journeys of recovery. Taking steps towards their goals may require great courage. Consumers must strive to understand and give meaning to their experiences and identify coping strategies and healing processes to promote their own wellness.

The 10 Fundamental Components of Recovery:

- **Hope-Recovery** provides the essential and motivating message of a better future; people can and do overcome barriers and obstacles. Hope is internalized; can be fostered by peers, families, friends, providers, and others. Hope is the catalyst of the recovery process.
- **Self-Direction**-Consumer leads, controls, chooses, and determines unique path of recovery
- **Individualized and Person-Centered**-multiple pathways to recovery based on unique strengths, resiliencies, needs, preferences, experiences, and cultural background. Recovery is an ongoing journey, end result, and overall paradigm for achieving wellness and optimal mental health.
- **Empowerment**- authority to choose from a range of options and to participate in all decisions—including the allocation of resources—that will affect their lives, and are educated and supported in so doing. They have the ability to join with other consumers to collectively and effectively speak for themselves about their needs, wants, desires, and aspirations.
- **Non-Linear**-Recovery is not a step-by-step process but one based on continual growth, occasional setbacks, and learning from experience. Recovery begins with an initial stage of awareness in which a person recognizes that positive change is possible. This awareness enables the consumer to move on to fully engage in the work of recovery.

The 10 Fundamental Components of Recovery: Continued

Holistic-Recovery encompasses an individual's whole life, including mind, body, spirit, and community. Recovery embraces all aspects of life including;

- housing,
- employment,
- education,
- mental health and healthcare treatment and services,
- complementary and naturalistic services,
- addictions treatment,
- spirituality,
- creativity,
- social networks,
- community participation, and
- family supports as determined by the person.
- **Families, providers, organizations, systems, communities, and society play crucial roles in creating and maintaining meaningful opportunities for consumer access to these supports.**

SAMHSA Evidence-Based Practice: Illness Management and Recovery Program

- **Critical to the development of successful Recovery Teams will be the changing roles of the team members, especially the case managers.**
- **A training model for Recovery-Based Targeted Case Management has been developed for mental health providers by ValueOptions for the Florida Health Partners' providers.**
- **This model is consistent with the use of Recovery Teams (CCSTs) in shaping mental health services toward Recovery**
- **Recovery Team members who teach Illness Management and Recovery must be warm, kind, empathic individuals who are knowledgeable about mental illness and the principles of its treatment.**
- **Specific teaching skills are also important. Team members must have the ability to structure sessions so that they follow a predictable pattern. They must also be able to establish clear objectives and expectations and to set goals and follow through on them.**

What is Resiliency?

- Resiliency is defined as the ability to rebound from adversity, trauma, tragedy, threats or other stresses and to go on with life with a sense of mastery, competence, and hope
- Resiliency is a term used to address the need for holistic growth among children and adolescents with mental health and/or substance use disorders
- Resiliency is fostered by a positive childhood and includes positive individual traits such as optimism and good problem-solving skills
- Although there is a larger body of work about Recovery- most principles and activities are applicable to Resiliency.
- Recovery and Resiliency are intertwined

Resilience

- Resilience is an “active process of self-righting and growth” with “developmental integrity that guides even the most challenged lives.”

Gina O’Connell Higgins, 1996

Developing a R/R-Focused ITP- Step 1

Everything begins with a good assessment that is focused on the Recovery/Resiliency principles and values discussed and connecting them to appropriate skills and strength's building activities

Whatever the Tool...Seek Congruence.....

MEMBER INPUT must be in an assessment!

ASSESSMENT data must be reflected in a treatment plan!

TREATMENT PLAN must lead to building needed skills!

STRENGTHS help build skills!

NEW SKILLS must push the treatment plan forward!

PROGRESS NOTES and treatment plan must match!

Every treatment team member must be going in the same direction!!!!

William Anthony & Robert Frost

- (RF 1914) Silas has “nothing to look backward to with pride, and nothing to look forward to with hope, so now and never any different”
- (WA 1991) Psychiatric Rehabilitation (Recovery) seeks to instill “Pride in things done, but since forgotten and hope for things undone but still possible.”

Questions and Summary

What final thoughts or questions do you have today?