



A Snapshot of Recovery Perceptions and Recovery Oriented Practices in Massachusetts

**Working Side by Side for Recovery
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Presenters

UMass Medical School

- Linda Cabral
- Heather Strother
- Steve Lappen

Worcester State College

- Matthew Johnsen

Thanks to:

- ROP Subcommittee members
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- Martha Castro – data entry
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Presentation Overview

2 Transcom sponsored projects with similar objectives

- Recovery Oriented Practices (ROP)
 - Goal: To learn about actual examples of practices that support recovery
 - Conducted interviews with staff and consumers at 6 DMH contracted behavioral health agencies
- Recovery Self Assessment (RSA)
 - Goal: To measure perceptions of recovery promoting practices
 - Self Administered survey completed at 23 DMH funded programs by staff and consumers

What is Recovery?

The following definition guided the work of both projects.

Transcom Definition of Recovery:

Recovery is a process of becoming empowered through hope, self esteem, relationships, and opportunities to find new meaning in life. Recovery does not imply curing the mental illness or addiction, but rather, learning to work within and beyond the limits of the disability.



Recovery Oriented Practices(ROP)

ROP Subcommittee Charge

- Determine and define what recovery oriented practices are
- Pilot a process for surveying or interviewing mental health providers and consumers around the state regarding their level of recovery oriented practices
- Summarize results from survey/interviews and disseminate them to key stakeholders

Given the subcommittee's interest in learning about specific ROPs happening in provider agencies, they decided to use one-on-one interviews with consumers and providers

Developing the Interview Tool

- ROP Subcommittee (comprised of consumers, DMH staff, providers and UMass staff) held a brainstorming session to identify practices supportive of recovery such as:
 - Consumer directed treatment planning
 - Strength based assessments
 - Consumer involvement in governance of agencies
 - Respect for consumers
 - Access to Peer support
 - Safety in the care relationship
 - Disclosure policy present
 - Focus on education and prevention

Developing the Interview Tool

- Several existing tools were reviewed to determine if they assessed the types of practices that the group identified
- No one tool captured all the practices we thought were important
- Therefore we took elements from several tools to form our own interview
 - REE: Ridgway's Recovery-Enhancing Environment Measure
 - ROPI: Recovery-Oriented Practices Index
 - AACP ROSE: Recovery Oriented Services Evaluation
- The interview guide had 21 questions with the following categories

Education/Information	Recovery in General	Medication Services
Goal Setting/Treatment Planning	Empowerment	

Conducting the Interviews

- 6 DMH contracted agencies were randomly selected (one in each DMH region)
- One UMass staff person and one consumer researcher visited each site to conduct interviews with 2 consumers, 2 staff and 2 administrators
- Sites included:
 - 1 small multi-service agency
 - 1 CRS program
 - 1 Clubhouse
 - 1 medium sized multi-service agency
 - 2 large multi-service agencies
- 31 Interviews were completed across 6 agencies in each of the DMH regions.
 - 22 provider interviews
 - 9 consumer interviews

Findings

- Do the staff in your program (or provider agency) say or do things that are helpful to you in your recovery?
31 YES 0 NO
- Do the staff in your program say or do things that get in the way of your recovery?
15 YES 16 NO
 - Note: all consumers responded “no” to this question
- Does your program have activities such as support groups run by your peers? (examples could be Dual Recovery Anonymous, MDDA, WRAP groups, etc)
18 YES 11 NO

Findings

- Do the goals you talk about with staff reflect your personal preferences, hopes, and dreams for your life?

29 YES

2 NO

- Has any staff member shared a personal experience about their mental health issues or recovery with you?

10 YES

21 NO

- Note: All consumers responded “no”

ROPI Interview Coding Framework

Health and wellness	Rights respected and upheld	Positive relationships	Spirituality
Positive Sense of Personal Identity beyond the disorder	Active consumerism/ directing own services	Personal strengths/ strengths based approach	Normal social roles
Sense of meaning in life	Self-help/peer support	Developing new skills	New challenges
Up-to-date knowledge of disorder/effective tx	Meaningful activities	Basic needs met	Challenging stigma/ discrimination
Crisis assistance	Intimacy/sexuality	Sufficient care/ helping relationship	Hope
Coordination of treatment goals across programs	Consumer governance	Resources	Consistent staffing
Symptom Self mgmt	Community involvement	Sense of control/empowerment	Recovery role models
Transportation	Advocacy		

Things that Staff Say or Do That Help Consumers Feel Better or Recover

- 1) Helping Relationship (provider -18 consumer - 8)
 - “Staff are conscious about providing encouragement”
 - “My caseworker is very supportive of my job hunt.”
- 2) Consumer Directed (provider- 11 consumer - 1)
 - “Figure out what people want and help them figure out how to do it”
- 3) Positive Identity (provider- 5 consumer - 3)
 - “They address me with respect by calling me Mr. X’
 - “I don’t come at them as a counselor with a clipboard and badge and say let’s talk about your mental illness. I treat them as human beings first”
- 4) Hope (provider - 3 consumer -1)
 - “Serving as a cheerleader when working with people who are hopeless”
 - “They always remind me that I needn’t be a prisoner of my own illness”

Besides staff, are there other things in the program that help consumers feel better and recover?

- Positive Identity (provider - 6 consumer - 1)
 - “It’s a well rounded program that looks at the whole person”
- Meaningful activities (provider - 2 consumer - 3)
 - “Created a new position, Recreation Coordinator, whose main job is to plan recreational activities for clients in the supportive housing program”
 - “They sponsor an annual barbecue”
- Helping Relationships (providers - 5 consumer 0)
 - “Positive staff interactions”
 - “One on one time with my outreach coordinator”
- Transportation (providers – 5 consumer 0)

Mental health recovery is something that is widely talked about today. In your life, what does recovery mean to you?

- Satisfying my spiritual, physical and emotional needs (C)
- Getting off my meds and learning how to function and watch triggers that may ignite a relapse (C)
- Off from subsidies and back to work (C)
- First it means that I have to accept that something is wrong with me (C)
- Becoming a whole person in every facet of my life – intellectual, spiritual, physical (C)
- Recovery is a person deciding they want to change (C)
- It is the ability to grow and develop and bringing people to a place where life is worth living
- Helping clients reach their goals and manage their symptoms with clinical and natural support
- They can't really. But they can stabilize and be taught how to use their meds.
- Finding a new personal vision.
- Gain skills they need to lead a meaningful life.
- Living beyond a label.
- Bunch of crap – no such thing. Folks must learn to live with the illness and manage it.
- It's about making decisions independently

What does your program do to help you feel hopeful about your future?

- They instill confidence (C)
- They run an open ended Self Esteem group that has been a valuable part of my recovery (C)
- Treat me with respect (C)
- I attend rallies with staff dealing with empowerment issues (C)
- Help me to live day by day and overcome my daily struggles (C)
- Continually emphasizing that this is a temporary state and can be overcome (C)
- Before I started computer skills training, staff told me not to get too discouraged if things got difficult (C)
- Be a cheerleader for them
- By modeling those who have undergone recovery
- Everything we do is teach people skills to be more effective in their lives
- We focus on their strengths more which gives them hope that there is recovery for them
- We make them feel wanted and needed
- We help to assimilate them in the community

Positive Concrete Examples of ROPs

Consumers

- “Staff will tell me I look good”
- “A staff member came to see me receive my first year medallion from AA”
- “The Friends and Relatives Issues Group has helped me to develop and maintain friendships”
- “My outreach coordinator helps me with my daily living requirements such as shopping and paying the bills on time”
- “Strong words of encouragement provide a boost to my self esteem”

Positive Concrete Examples of ROPs

Providers

- “Staff will help clients in role playing scenarios if they are nervous about connecting with the community”
- “We show them examples of other people who move on to other things”
- “Help clients with transportation”
- “We help clients better understand the side effects of their medications”
- “One client had a goal of getting a job, so they encourage her to attend the agency’s job fair”

Negative Concrete Examples of ROPs

Consumers

- “They can hold on to you for too long, making me too dependent on them
- “I need more time than the 4 hours a month with my outreach worker”
- “When I asked to get off meds, he became adversarial and did not comply with my wishes”
- Some respondents reported no peer-run activities in their program

Negative Concrete Examples of ROPs

Providers

- “Funding and resources are limited”
- “Rapid turnover in housing” (among clients)
- “Clients hate to see turnover” (among staff)
- “Client goals and program goals don’t always line up”
- “We must maintain boundaries”
- “Sometimes we do nothing, or a lot”

ROPLessons Learned

- Within this small sample, considerable variability existed among the types of recovery oriented practices described. This suggests that there is not a consistent understanding of what practices are supportive of recovery
 - Some seemed to understand and are trying to put into practice
 - Others haven't thought much about recovery and how their services can support it
- We did not collect as many concrete ROPs as we had hoped from the process
 - One on one interviews may not best method
 - Language used in interviews may not have been comfortable for people
 - Some providers were well versed in the language of recovery, but couldn't provide concrete examples of how they put into action these concepts in their everyday interactions with clients. Consumers, on the other hand, were not as well versed in the language of recovery, but many gave very concrete examples of what helped them.
- Differences in perceptions among consumers and staff
 - Staff responded that consumer direction in tx planning is pivotal; consumers didn't mention this concept as important
- With any data collection process, it is important to have multiple perspectives at the table.
 - Insight into process as well as interpreting findings
- The interview findings are important, but the process of interviewing may have been just as important
 - Interviews seemed to generate curiosity and new thinking that could have led to additional self assessment and organizational changes by agencies