

# RECOVERY from Mental Illness: Principles and Practices

Melanie Kinley



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## Think Of People With Mental Illness Whom You Personally Know?

- ☐ Friends?
- ☐ Family?
- ☐ Clients?
- ☐ Neighbors?
- ☐ People here today in this room?
- ☐ *Are most of them hopeless, helpless, scary, & broken most of the time?*



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## Who are your most 'difficult' people?

- ☐ Form a group with two other people
- ☐ Create a list of behaviors, features, qualities, characteristics or situations that clients present that are challenging to work with.
- ☐ Once your list is complete, reach consensus among your group on the 5 that are the most challenging.
- ☐ *I reserve the right to ask for clarification, if necessary*

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## "Difficult" clients

- ▣ The *TRUTH* about "difficult" clients is that what makes them especially *difficult* is how they make us feel about ourselves and our work....

**Frustrated**      **Helpless**  
**Ineffective**    **Demoralized**  
**Burned out**    **Angry**  
**Unappreciated**  
**Anxious**  
**Anything else?**



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## Roots of difficult behavior

- ▣ Powerlessness
- ▣ Hopelessness, despair
- ▣ Isolation, loneliness
- ▣ Marginalization
- ▣ Frustration
- ▣ Not feeling listened to or understood
- ▣ Unresponsive systems of care and helpers
- ▣ Limited or non-existent resources
- ▣ Experience of poverty, homelessness, symptoms of mental illness/substance abuse



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## What we 'see'

- ▣ Hostility and suspiciousness
- ▣ Apathy, disinterest
- ▣ Lack of insight
- ▣ Denial or minimization
- ▣ *Lack of motivation to change*
- ▣ External focus
- ▣ Resistance to treatment and help
- ▣ Inability or unwillingness to communicate
- ▣ Inability to commit to action
- ▣ Other?



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## 'Unmotivated' People

- ❑ 'Unmotivated' people may be overwhelmed by the negative symptoms of schizophrenia.
- ❑ 'Unmotivated' people are frequently demoralized, depressed and hopeless.
- ❑ 'Unmotivated' people may have been told one too many times that what they want and hope for is unrealistic or inappropriate.
- ❑ 'Unmotivated' people may not perceive the benefits of change.
- ❑ Other possible reasons for 'unmotivated' people?

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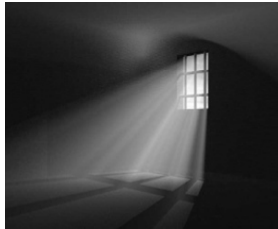
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"The two essential questions in life are how to hope and what to hope for" Sartre



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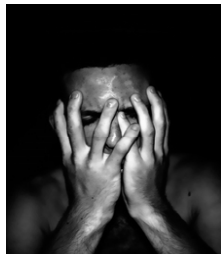
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*All of us who have experienced catastrophic illness and disability know this experience of anguish and despair. It is living in darkness without hope, without a past or future. It is self-pity. It is hatred of everything that is a good and life giving. It is rage turned inwards. It is a wound with no mouth, a wound that is so deep that no cry can emanate from it. Anguish is a death from which there appears to be no resurrection. It is inertia which paralyzes the will to do and to accomplish because there is no hope.* P. Deegan



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“Those of us who have given up are not to be abandoned as “hopeless cases”... Giving up is a solution. Giving up is a way of surviving environments which are desolate, oppressive places and which fail to nurture and support us. The task that faces us is to move from just surviving to recovering... From this perspective, rather than seeing us as unmotivated, apathetic or hopeless cases, we can be understood as people who are waiting. We never know for sure but perhaps, just perhaps, there is a new life within a person just waiting to take root if a secure and nurturing soil is provided...”

p deegan




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### What We Know About The Course Of Mental Illness

- ❑ As many as 2/3 of people with serious mental illness get much better over the long term
- ❑ One’s current level of illness severity does not predict long-term outcome
- ❑ No one can predict who gets better and who does not
- ❑ Access to rehabilitation services improves long term outcome
- ❑ **A trusting relationship with at least one helper has significant impact on outcome**

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### More On What We Know

- ❑ The course of mental illness varies greatly from person to person
- ❑ People often have long periods of acute exacerbations and relapses followed by gradual improvement
- ❑ Medications and traditional treatment are **important** in managing symptoms but not strongly related to long term outcome
- ❑ People can exercise significant levels of control over their happiness and quality of life despite serious symptoms.

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**Factors Identified by Consumers as Most Important to their Recovery**

- ▣ Determination to get better 82%
- ▣ Understanding the illness 81%
- ▣ Taking responsibility 68%
- ▣ Managing the illness 67%
- ▣ Positive aspects of medication 65%
- ▣ Positive impact of helpers 61%
- ▣ Friends who are accepting 58%
- ▣ Supportive health professionals 56%
- ▣ Acceptance of medications 54%
- ▣ Optimistic attitude 53%
- ▣ Decreased stigma 53%
- ▣ Spiritual beliefs 49%

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- ▣ “Relationships that are sustaining, supportive and affirming have always been at the heart of healing from anything – people that listen without judgment, that listen to understand – people who don’t expect you to be anything more or less than who you are right at this moment but *passionately* believe that you can become something different and better when you are ready.” p. deegan

**The therapeutic relationship**



- ▣ They are at the “heart” of recovery
- ▣ What are the most essential qualities of a true helper?

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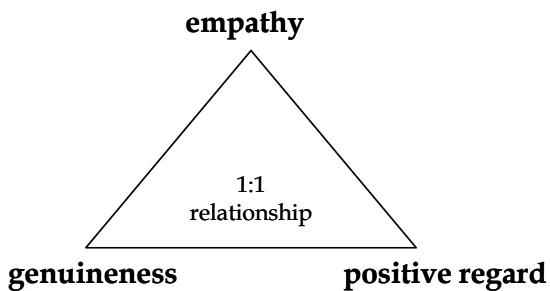
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**Person-centered helping**




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### So...what is it we are to do?

- ❑ **Work** with people who have major life losses, severe depressions, schizophrenias, bipolar disorders, cognitive deficits, trauma, etc.
- ❑ **Create** a culture of safety, trust, and respect within which the client may comfortably share and learn about themselves.
- ❑ **Listen**, clarify, and provide guidance and counseling when the situation presents itself (not before).
- ❑ **Introduce** people to the *possibility* of a better life
- ❑ **Support** people in their efforts to achieve mastery of their lives

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### Facilitating Recovery

- ❑ Help consumers find meaning and purpose in their lives
- ❑ Help consumers fulfill valued roles and engage in a life in a community of their choosing
- ❑ Help consumers see themselves as more than their illness(es)
- ❑ Accept that consumers' strong emotions and disagreements with us may be personal opinions rather than pathology
- ❑ Respect consumers' personal view of their illness(es)

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### How do we do it?

- ❑ Help consumers identify and pursue avenues to reducing distress and problems in their lives
- ❑ Help consumers exercise personal autonomy and self-determination in making choices
- ❑ Invite and value consumer input and participation
- ❑ Minimize use of involuntary, coercive, intrusive or disrespectful approaches
- ❑ Meet consumers wherever they are in the process of recovery

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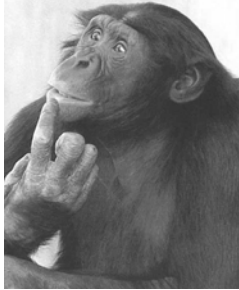
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So what exactly *IS* recovery?



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### Exercise

- ❑ Think of a time in your life when something really terrible happened and you felt despair or grief or hopelessness.
- ❑ You will not have to share the circumstances of this event.
- ❑ Imagine, in that time of crisis, what actions, behaviors, qualities another person could have or did demonstrate to you that were helpful.
- ❑ Create a list of those qualities, attributes
- ❑ Discuss them in a group of 3 or 4 people

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### *Recovery is.....*

*A deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and roles. It is 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 catastrophic effects of mental illness.*

(Anthony, 1993)

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Recovery is described as a distinct force that strives toward reintegration and healing, even among individuals with severe disabilities and addictions.



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“Everyone is changed by major happenings in their lives. We cannot return to the past. Recovery involves the development of new meaning and purpose in one’s life. It is looking realistically at both the limitations and the possibilities.”



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Recovery is a process, not an event



...it is not linear  
...it is not predictable  
...it stops and starts  
...it is different for everyone  
...there is no manual  
...it is rarely controlled by other human beings

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### Other ways to describe recovery

- ❑ A self-directed process of healing and transformation
- ❑ A new vision of people as active subjects as opposed to passive, afflicted objects
- ❑ A belief that all human beings have the potential for growth
- ❑ A reconnection with oneself as part of a whole person
- ❑ Hopefulness for the future, a commitment to change
- ❑ A return to prior level of functioning; resilience
- ❑ Other?



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### Recovery: What the research tells us

- Followed people with major mental illnesses, i.e. schizophrenia, bipolar disorder, etc.
- Determined that 50-65% of persons with SPMI significantly or completely recovered over a 20 year time span.
- Identified universal recovery indices



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### Recovery

- \*Recovery measured by the following parameters:
    - Enjoying a social life similar to others in the larger community
    - Regular meaningful activity: paying job, school or volunteer work
    - Living with manageable or no symptoms
    - Being off psychiatric meds or on reduced dosage more days than not over a specific period of time
- \*as defined by the individual

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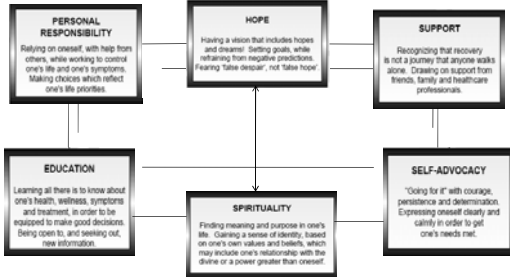
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## The Foundational Principles of Recovery



M.E. Copeland  
Nanette Larson

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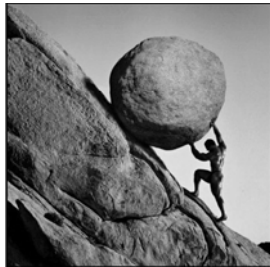
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Recovery, for most people, is a long, arduous journey...




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## Recovery is Not....

- A cure...
- Complete freedom from symptoms
- An end to problems
- Elimination of relapses
- A life like one originally planned, but.... *It can be a good, meaningful, if different life*




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### Non-Recovery vs. Recovery Cultures

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|--|--|
| ❑ Low expectations                               | ❑ Hopeful; high expectations                                 |
| ❑ Stability/maintenance is the goal              | ❑ Recovery is the goal                                       |
| ❑ No clearly defined exits                       | ❑ Clear exits; graduates return to share                     |
| ❑ Little/no access to information                | ❑ Easy access to information                                 |
| ❑ Compliance valued                              | ❑ Self determination, critical thinking, independence valued |
| ❑ Benign neglect or subtle coercion/ paternalism | ❑ Consumers become experts in their own care                 |
| ❑ Consumers are protected                        | ❑ Consumers take risks; have right to fail                   |
| ❑ One size fits all approach                     | ❑ Wide range of options                                      |
| ❑ Consumers live in "treatment centers"          | ❑ Consumers have community based housing                     |
| ❑ Consumers judged by level of motivation        | ❑ Consumers accepted for who and where they are              |
| ❑ Medication primary tool                        | ❑ Peer support, self help valued                             |

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### What we do that *isn't* helpful




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- We identify the problem or make assumptions about what the *'real'* problem is.
- We threaten people
- We dictate the solution(s)
- We minimize or trivialize consumer's feelings
- We focus prematurely on action—its *NOW* or *NEVER!*
- We ask too many questions instead of listening
- We confront people too soon
- We make the offer of help conditional
- We make the consumer wish he/she never talked to us in the first place.

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All of this creates conflict,  
which is counterproductive  
to engagement.....

It may *seem* as if  
the client is being

- Oppositional
- Defiant
- Treatment resistant
- Uncooperative
- Hostile
- Guarded
- Downright difficult



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### We forget about the 'dignity of risk' and the 'right to fail'

- ❑ Automatically assuming that a client's poor choices are reflective of their mental illness.
- ❑ Many of us:
  - Make poor choices
  - Exercise poor judgment
  - Lack insight
  - Make the same mistakes
  - Behave in self-defeating ways

...without being mentally ill

Pat Deegan

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### Neglect/Over protect Continuum

Benign neglect

Toxic control



"We are supposed to  
support client choice."

"Let him/her do what  
he/she wants"

"It's our obligation to  
make the client to do the  
right thing"

"We must protect him/her  
from him/herself"

Pat Deegan

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People are typically more receptive and motivated to change when they believe that their feelings and experiences are both *respected* and *understood*.



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### What is motivation?

- ❑ A state of readiness to *change*
- ❑ the set of reasons that determine whether one will engage in a particular behavior.
- ❑ Is never absent; but may be incongruent with our values, desires, beliefs, etc.
- ❑ Helping people resolve *natural* ambivalence about the unknown, is the key to motivation and change.
- ❑ Motivation is fostered by meeting people where they are

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**Everyone** is motivated by *something*



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... But our clients are motivated by things that they can't have or are not in their best interests....



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- Think of a behavior, habit, attitude or practice in your life that you have wanted to change... you won't need to share this with anyone, so be honest.
- On a piece of paper, write down how old you were when you first realized this might be a problem for you.
- Below that, identify the age at which you began thinking about changing the behavior.
- Below that, write down how old you were when you first attempted to change the behavior (if you did).
- Finally, write down your age when you successfully made the change.
- Any "slips" back into the old behavior?



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**Change takes time!**



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## WHY IS CHANGING BEHAVIOR SO DIFFICULT?

“When given a choice between changing and proving that it is not necessary, most people get busy with the proof.”



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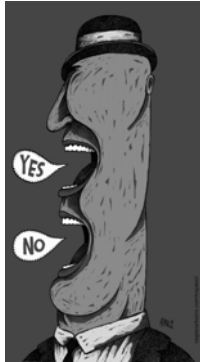
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## Change

- People's **natural** reaction to change is *ambivalence* – feeling two ways about something.
- People's natural reaction to being pushed to change before they are ready is *resistance* – opposition to being coerced.
- The key to helping people change is to *illuminate* their ambivalence and avert or defuse their resistance so they are free to honestly consider the nature of their situation and evaluate options for change.



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## Fostering change

- First there must be an awareness that a problem exists
- A therapeutic alliance must be established
- Motivation emerges from the interpersonal dynamic between client and helper.
- Even brief interventions can have a substantial impact on problem behaviors
- Helping people resolve *natural* ambivalence is the key to motivation and change.

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## CONTRIBUTORS TO AMBIVALENCE

- ▣ *Ambivalence is....a state of mind in which a person has coexisting but conflicting feelings about something.*
  - Attachments to people, places and things
  - Sense of affiliation
  - Fear of change, i.e. "the familiar is preferable to the unknown"
  - Fear of success
  - Poor cost/benefit outcome
  - Past experiences
  - Difficulty with commitment
  - Autonomy and mastery issues

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- Empathic listening
- respecting the consumer's process
- creating a culture based on safety
- determining what "makes the client tick."
- Genuine engagement and partnership with the clinician
- Learning about the consumer's hopes, dreams, fears and interests
- *True* hopefulness about the consumer's capacity for change

## What helps people change?



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Questions,  
comments  
or  
thoughts?



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You are doing very difficult work with very difficult people under very difficult circumstances...remaining hopeful may seem impossible sometimes...



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Your hope may be the last thing left for someone to hang on to...



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•No matter the circumstances, we can help clients

- examine, *without judgment*, the realities of their life, both good and bad, and identify elements of personal choice around those realities.
- consider and weigh the options for change available to them.
- begin to develop the hope and courage necessary to reclaim and redefine their lives in a manner of *their* choosing.



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- Extending consistent, genuine invitations to the possibility of a better life are much more likely to facilitate the recovery process than pressuring people, withholding services or giving up on them.



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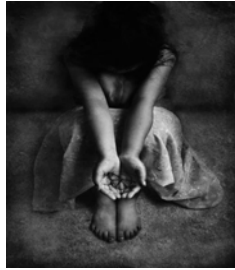
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**Hope, then, is crucial to recovery,  
for despair disables far more than  
disease ever could**

Esso Leete



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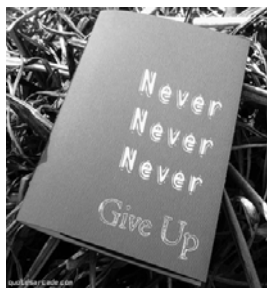
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**“To the world,  
you might be one  
person, but to  
one person you  
might be the  
world”**

-unknown



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**Thanks,  
everyone, for  
your interest,  
attention and  
participation!**



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