

---

# *Reintegrating Recovery*

---

Yakima CoOccurring Disorder Conference

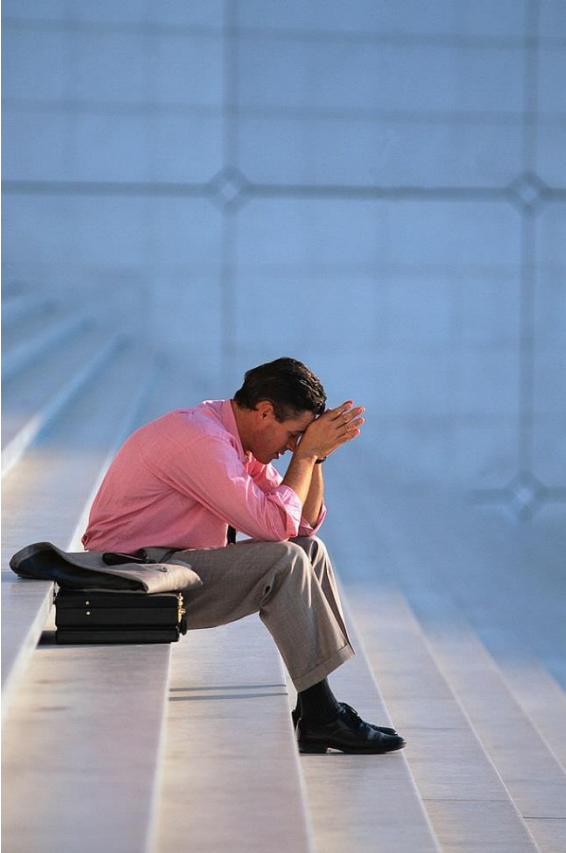
October 7, 2019

Mary C. Jadwisiak – Holding the Hope

---

# Why Are We Here?

- You care about the people you serve.
  - You have a unique opportunity to be the face and voice of hope.
  - To identify communication skills that instill hope and encourage recovery in the consumers who come before you
-



“There is no other area of healthcare where people come for help with overwhelming amounts of hopelessness, fear, shame and guilt.”

- The Well Being Project

---

# What's in a Name?

- 1 My name is Sue Johnson and I'm here to see Dr. Smith – (meds)
  - 2 My name is Sue Johnson and I'm here to see Patty Buzzkill (Drugs & Alcohol)
  - 3 My name is Sue Johnson and I'm here to see Brad Pitt  
(sex addiction)
-

# Just by Walking in Your Front Door

Clients show their broken selves OR  
expose their warrior spirits



---

# RECOVERY

“Recovery is a process of readjusting our attitudes, feelings, perceptions, and beliefs about ourselves, others, and life in general. It is a process of self-discovery, self-renewal, and transformation. Recovery is deeply emotional. It transcends the particular trauma itself.”

~Leroy Spaniol

---

---

# RECOVERY

“Recovery is 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.”

~William Anthony

---

---

# SAMHSA working Definition

- **Recovery from Mental Disorders and/or Substance Use Disorders:** A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.
-



---

## Bottom Line

People with mental illness and addiction can and do get well.

---

# Just In Case You Don't Believe Me

## Long-term studies: people can recover from severe mental illness

Study	Sample Size	Follow-Up (in years)	% Significantly Recovered
Bleuler (1972)	208	23	53%-68%
Huber et al. (1979)	502	22	57%
Ciampi & Muller (1976)	289	37	53%
Tsuang et al. (1979)	186	35	46%
Harding et al. (1987)	269	32	62-68%

1. Bleuler (1978). The Schizophrenic Disorders. New Haven, Yale Press
2. Huber et al (1975). Long-term followup...Acta Psychiatrica Scand. 53:49-57.
3. Ciampi & Muller (1976). Lebensweg und alter...Berlin. Verlag Springer.
4. Harding et al. (1987). Vermont longitudinal study...Am. J. of Psychiatry 144: 718-735.
5. Tsuang,M. et al (1979). Long-term outcome...Arch. Gen. Psych. 36:1295-1301

# More Data

## Long-term studies: people can recover from severe mental illness

Study	Sample Size	Follow-Up (in years)	% Significantly Recovered
Hinterhuber (Austria)	157	30	75%
Kreditor (Russia)	115	20	84%
Marino (Bulgaria)	280	20	75%
Ogawa (Japan)	140	23	57%
Total of 9 studies	2028	20-37	66%

---

# Characteristics of a Recovered person – Dan Fisher, MD, PhD

- Make their own Decision
  - Fulfilling network of friends
  - Major social role other than consumer
  - Uses emotional distress as an opportunity for growth
  - “Most untrained persons would not consider him/her sick” GAF=61-70
  - Primary supports outside MH system
-

# Vermont & Maine – 3 Decade Study

- 269 patients from back wards of Vermont State Hospital in the 1950's.
- Matched by age, gender, diagnosis, and chronicity to people from the back wards of the Augusta State Hospital in Maine
- 97% of the Vermont group was located and assessed during the follow-up study in the early 1980's
- 94% of the Maine group was located

---

# Vermont & Maine – 3 Decade Study

- Vermont subjects were put into a model psychiatric rehabilitation program
  - Maine group received traditional “medical model” based care
-

---

# Results

## **Vermont subjects were significantly:**

- More productive: lived independently; employed; and had more social opportunities
  - Had far fewer symptoms
  - Better community adjustment and global functioning
  - 62-68% had achieved significant improvement or complete Recovery
-

---

# Complete Recovery

- The definition for Recovery used was quite narrow—
  - They no longer experienced symptoms of mental illness;
  - They were no longer taking medication;
  - They were working;
  - Carrying on multiple social relationships; and
  - Taking sole responsibility for their self-care.
-



---

# Significant Improvement

- Significant improvement was defined as meeting all but one of the items listed.
  - 62% – 68% had achieved significant improvement or complete Recovery
-

---

# What about Addiction?

"Many people can and do recover from alcoholism,"

- National Epidemiological Survey on Alcohol and Related Conditions (NESARC). More than 43,000 American adults aged 18-24 took part in the 2001-2002 study.
-

---

# Common Traits

- All participants met the criteria for alcohol dependence, including tolerance to alcohol, withdrawal symptoms, and persistent desire or attempts to stop or reduce drinking.
  - 3 out of 4 had a family history of alcoholism.
  - One-third of the respondents reported drinking eight or more standard drinks a day during their heaviest drinking.
  - Most had used tobacco or illegal drugs.
-

---

# Recovery Rates

- 35.9% were fully recovered from alcohol dependence
    - complete abstinent recovery or
    - became a "low-risk drinker. That definition is in accordance with standards set by the American Psychological Association.
-

# Opiate Addiction

- The longer one is abstinent, the fewer the relapses.
  - Considerable relapse reduction after 5 years.  
25% relapse after 15 years.
  - Over the course of a lifetime, most will recover
  - Treatment adherence is a major factor

# Outcome of All Studies

Multiple analyses have looked for a variable that predicts who will and who will not recover. – There are some commonalities

- Marriage states

- Age

- Support

**To date, nothing specific has been found.**

---

# Outcomes Indicate

Since we cannot predict who  
will and who will not  
recover...

**We must approach every  
*person* as if they will  
recover.**

---

---

# What We Know About Recovery

- Recovery is a common human experience.
  - Recovery is a process of self-discovery, transformation, and renewal.
  - Recovery happens in the context of a relationship.
-



---

# What We Know About Recovery

- Recovery does not mean that I never had a mental illness; nor does it mean that I have to be medication-free or symptom free.
  - Recovery is a process of transformation; of reclaiming one's life.
  - I am the expert in my own recovery. I am responsible for my actions and I can learn, grow, and change.
-

---

# Guiding Principles of Recovery

- Emerges from Hope
  - Person-Driven
  - Occurs via Many pathways
  - Is Holistic
  - Supported by Peers and Allies
  - Supported through Relationships & Social Networks
  - Culturally Based & Influenced
  - Supported by Addressing Trauma
  - Involves Individual, Family & Community Strengths and Responsibility
  - Based on Respect
-

---

# Hope

- An emotional belief in a positive outcome related to events and circumstances within one's personal life
  - Hope implies a bit of perseverance – i.e. believing that a positive outcome is possible even when there is evidence to the contrary.
-

---

# HOPE

Hope then, is “the turning point”

Or, the moment when one’s desire is  
accompanied by the expectation of, or  
belief in the fulfillment of something  
better.

Perhaps, when one takes that first step  
and dares to dream again

---

---

# The Importance of Hope

“Just as despair can come to one another only from other human beings, hope, too, can be given to one only by other human beings.”

~ Elie Wiesle

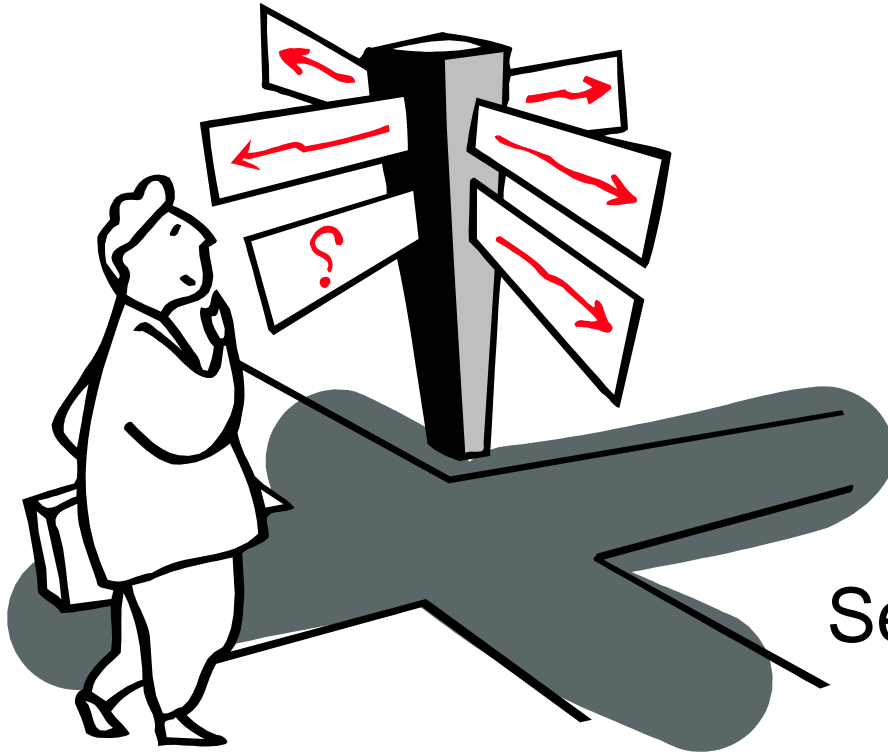
---

---

# What gives you HOPE



# Person Driven



In a recovery based system, people in recovery lead, control, exercise choice over, and determine their own path of recovery

Self-Direction and true choice requires us to remove “compliance” as a desired outcome

# *Multiple Pathways*

**Cultural Background**

*Experiences*

**Strengths**

**N  
E  
E  
D  
S**

*Past Trauma*

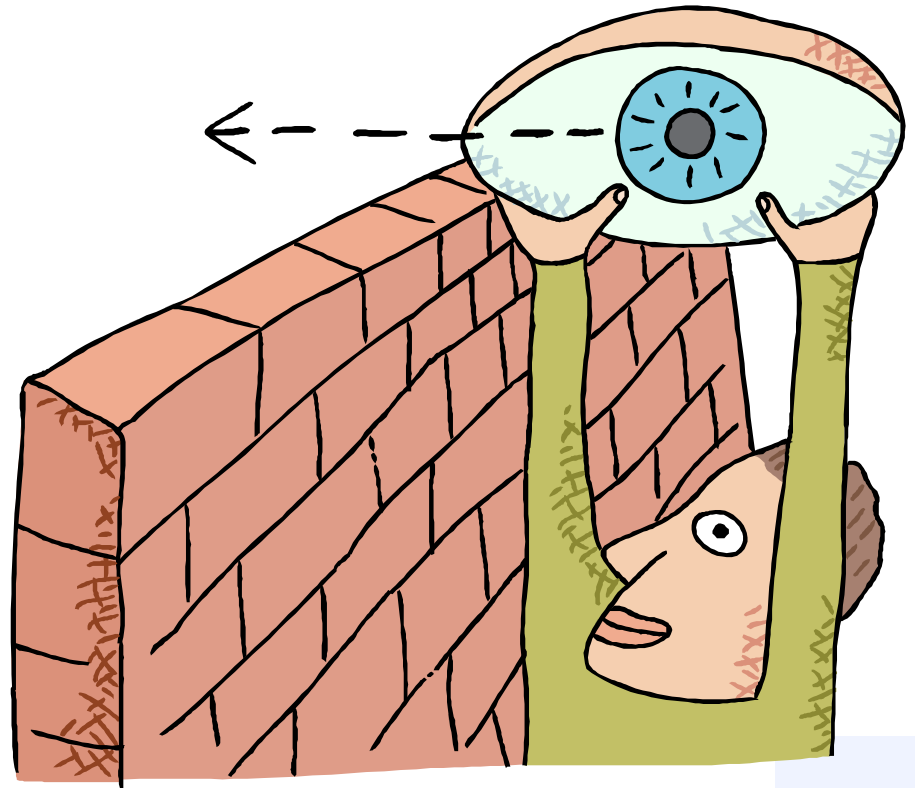
*Preferences*



# *Holistic*

*Its time to look beyond  
traditional perspectives*

- Biological
- Psychological
- Social
- Spiritual
- Cultural
- Environmental



---

# Holistic

The health of an individual and, ultimately, of society mirrors a complex relationships of mental, physical, spiritual, family, community and environmental factors.

When we talk about recovery, we must take into consideration all aspects of an individuals life.

---

# Supported by Peers and Allies

Peer support /Recovery Coach plays an invaluable role in recovery.

- ❑ Practical help
- ❑ Reciprocal support
- ❑ Friendship-based relationships
- ❑ Altruism
- ❑ Experiential Knowledge
- ❑ Alternative interpretations
- ❑ Consensual validation



---

# Role of the Supporter

- Individual supporters, whether we are talking family members, staff, or peers, have a profound influence on the recovery process
  - “...and there was this person”
  - Since there are no predictors as to who is most likely to recover, we must give everyone the benefit of the doubt.
  - Staff can create an atmosphere of hopefulness that promotes recovery.
-

---

# Role of the Supporter

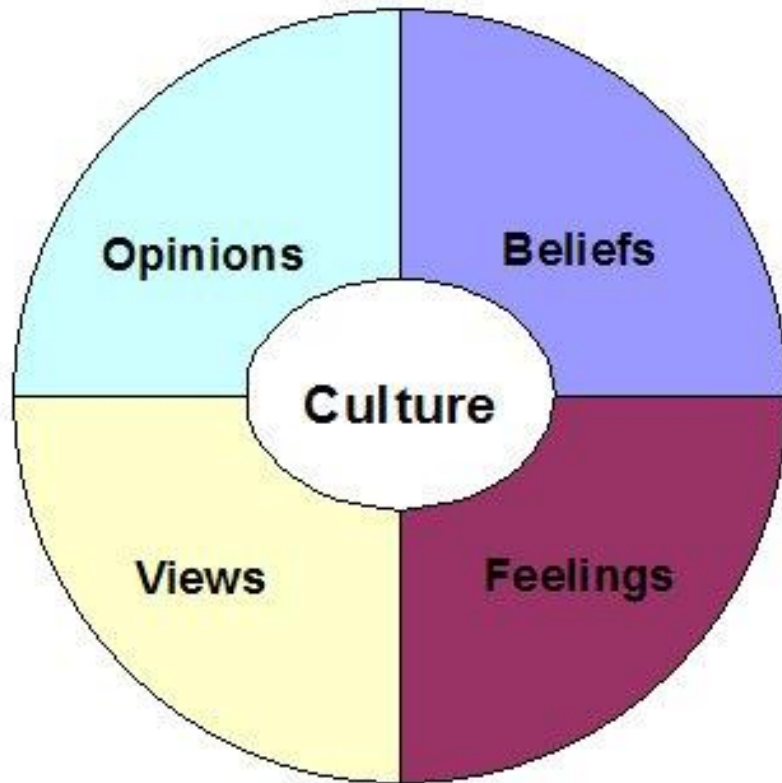
- Stay away from pathologizing behavior, especially emotions
  - Utilize hope-inspiring strategies that acknowledge & validate a person's strengths and abilities
  - Encourage the development and/or maintenance of social, family, and intimate relationships
-

---

# Relationships and Social Networks

- Believe in the person's recovery
  - Offer hope & support
  - Suggest strategies and resources
-

# Culturally based and Influenced



- What are some of the cultures you encounter in your work?
- How does culture effect your work?
- Your communication's effectiveness?

---

# Supported by Addresssing Trauma

- It's not what's wrong with you – It's what happened to you.
- Connection of Sugar to Diabetes is less than that of Trauma to Addiction



---

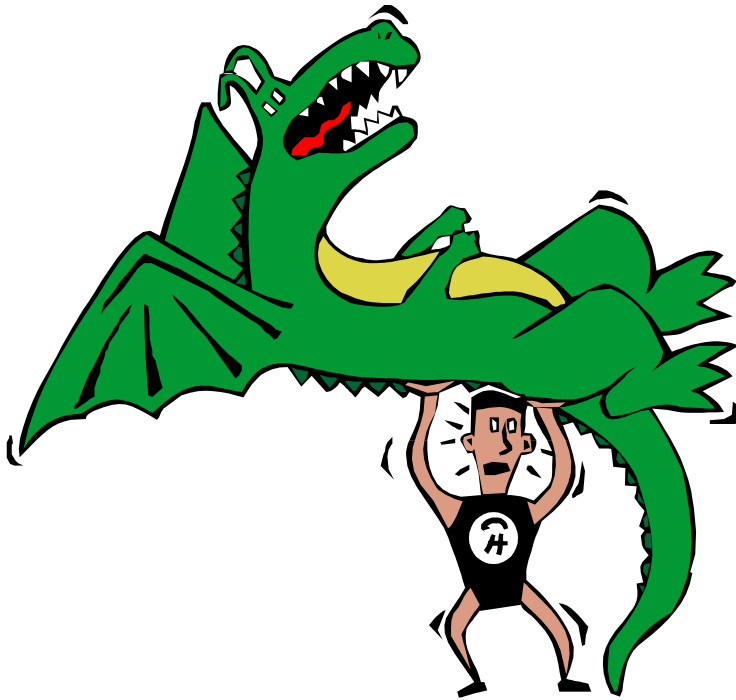
# *Strengths and Responsibilities*

## *(individual, family & community)*

Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals.

---

# *The Importance of Strengths*



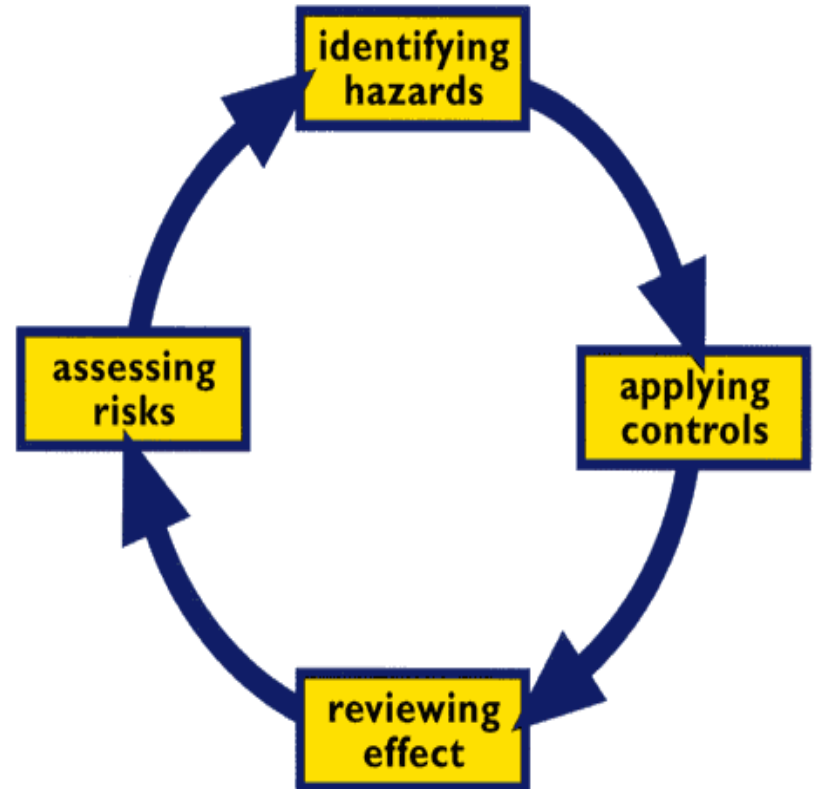
Who will see our  
strengths when  
we are  
temporarily blind  
to them?

# *Responsibility*

It's up to each individual to take responsibility for their own wellness

We know that ALL PEOPLE GROW THROUGH TAKING POSITIVE RISKS

This, however, does not mean that we abandon folks when they err...



---

# *Responsibility*

## **We can promote self-responsibility by supporting people in:**

- Making life and treatment choices for themselves, *no matter how different they look from traditional treatment*
  - Building their own crisis and treatment plans
  - Having the ability to obtain all their records
  - Accessing information about medication side effects
  - Determining the potential outcomes of decisions
  - Choosing their own relationships and spiritual practices
  - Creating the life of their choice
-

# RESPECT

- Be aware of The Spread Effect
- Use Person First Language
- Ensure the inclusion and full participation of consumers in all aspects of their lives
- Respect & partner



---

## Final Exercise –

- Make a personal commitment you will work on to enhance hope & recovery principles and practice in your job area.
  - Share it with someone!
  - Follow up in two weeks and then again in one month.
-





thank  
you

