NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Recovery/Resilience, System of Care and Person-Centeredness in Services for Youth and Their Families

Administrative Guide

January 2011

Purpose

This course satisfies the requirements of the second six-hour training for people who have already completed a six-hour course and have not changed agencies since then. It is most appropriate for mental health and substance abuse child-serving agencies. Participants may work through the reading and activities individually.

Content

Content is divided in two parts.

Part One: Services that Support Recovery/Resiliency/Person-Centeredness

- Seeing the Whole Person and Family (Holistic)
- Promoting Recovery/Resilience/Strengths
- Promoting Hope and Optimism

Part 2: Service Design

- Family Driven and Youth Guided (Self-direction, empowerment, responsibility)
- Individualized
- Community-Based (using natural supports)/Collaborative
- Culturally and Linguistically Competent

Course Organization

- Competencies – The main ideas to be learned in the course.
- Reading – There are coursework pages and supplemental readings for the participant to work through. The Supplemental Readings expand on issues discussed.

- ☺ FOR YOU exercises – Participants have the opportunity to reflect on their own practice/agency in regard to the issues discussed or engage in an activity.
- Quiz – True/False questions.

Competencies

- To understand how the concepts of recovery/resilience, system of care and person-centeredness work together.
- To understand how a child or youth must be seen in the context of his/family.
- To understand the concepts of risk and protective factors and how they contribute to resiliency.
- To recognize the basic principles of systems that are family driven and youth-guided, individualized, community-based, collaborative and culturally competent.

Participant Readings

Introduction

While the concepts of recovery/resilience, system of care and person-centeredness originated from different sources and use words differently, there is a set of themes that cut across these various sets of values/principles. The assumption is that if these principles are followed when providing services, the result will be person-centered, recovery/resilience-oriented services compatible with the values of the system of care framework.

Part One: Services that Support Recovery / Resiliency / Person-Centeredness

Seeing the Whole Person and Family (Holistic)

> Youth must be seen in connection with their families and people important to them, their schools, jobs, friends, community groups, etc. Their ability to meet theirs and their families' goals depends on the nature of these relationships.
>
> Comprehensiveness is a system of care principle that "calls for addressing all of the important life domains of developing children and youth—their physical, emotional, social, and educational needs. The recovery element *holistic* represents a very similar idea, including all aspects of the person's mind, body, spirit, and community, as well as needs such as housing, employment, education, mental health and health care services, addictions treatment, spirituality, and others."[1]

Promoting Recovery/Resilience/Strengths

> The term recovery has been mostly understood as a concept applied to adults. People advocating for and serving youth and families remain uncomfortable with the term while accepting many of the values of recovery and its fit with resiliency, person-centeredness and system of care concepts. The result is to talk and think about these concepts together when focusing on the needs of youth and their families.
>
> The concept of recovery has been developed to describe a process whereby people with serious mental illnesses and/or substance abuse

can live fulfilling, self-directed lives. These ideas are based on the life stories of people whose positive outcomes contradicted the pessimistic view of serious mental illness (or substance abuse) as chronic, persistent, and associated with inevitable decline in functioning over time.[2] Subsequent research has provided additional evidence for the process of recovery for persons with mental illness.[3]

Conceptual Frameworks for Organizing Child and Adolescent Services

- The concepts of "system of care," "wraparound services," "positive youth development," and "resilience" have served as organizing frameworks for child and adolescent services in recent decades.
- Resilience is the achievement of positive developmental outcomes in spite of personal and environmental risk factors.
- Resilience-based systems of youth development seek to reduce risk factors and increase protective factors at personal, family and environmental levels.

Shared Characteristics of Organizing Concepts

- Rather than think of recovery and resilience in either/or terms, it may be helpful to think of systems transformation guided by both resilience and recovery.
- Child and family advocates in many places have embraced these concepts as complementary.[4]
- This is occurring in services for youth with mental illnesses and with substance use disorders.

System of care principles have provided a framework for building

an effective and appropriate response to children with mental health problems and their families for the last 20 years, along with more recently adopted principles and practice strategies related to promoting resilience. [5]

Some longitudinal studies, several of which follow individuals over the course of a lifespan, have consistently documented that between half and two-thirds of children growing up in families with mentally ill, alcoholic, abusive, or criminally involved parents or in poverty-stricken or war-torn communities do overcome the odds and turn a life trajectory of risk into one that manifests "resilience," the term used to describe a set of qualities that foster a process of successful adaptation and transformation despite risk and adversity. Resilience research documents that we are all born with an innate capacity for resilience, by which we are able to develop social competence, problem-solving skills, a critical consciousness, autonomy, and a sense of purpose. [6]

Another way to look at this involves the concept of *developmental assets*. Studies of more than 2.2 million young people in the United States consistently show that the more assets young people have, the less likely they are to engage in a wide range of high-risk behaviors and the more likely they are to thrive. Assets have power for all young people, regardless of their gender, economic status, family or race/ethnicity. Levels of assets are better predictors of high-risk involvement and thriving than poverty or being from a single-parent family. http://www.search-institute.org/content/what-are-developmental-assets

Some examples of protective factors, or developmental assets, are:

Child Personality Characteristics such as easy temperament, affectionate/endearing, positive outlook, self-discipline, healthy expectations and socially adept.

Child Constitutional Strengths such as adequate early sensory motor and language development, good intelligence and health.

Community Environment such as adequate housing, low prevalence of neighborhood crime, school that promotes learning, participation and responsibility.

Family Environment such as adequate family income, structured and nurturing family, parents promote learning, fewer than four children in family, multi-generational kinship network, warm, close personal relationship with parent(s) and/or other adult(s) and clear behavior guidelines. Other protective factors are the lack of mental illness or substance abuse of parents.

It is important to note that that the greater the number of risk factors a child possesses, the greater number of protective factors he or she needs to promote a positive outcome.[7]

Resilience is a complementary construct to current evidence-based practices Resilience can be integrated into and inform other best practice models, serving to enhance them.

☺ **FOR YOU:**

Can you/your agency:

- Make sure that youth learn to do one thing well that is valued by themselves, their friends, and their community?

- Teach youth how to be helpful as they grow up?
- Teach them to be able to ask for help for themselves?
- Teach them how to elicit positive responses from others in their environment?
- Help them to bond with some socially valued, positive entity, such as family, school, community groups or church?
- Teach them to be able to interact with a (perceived to be) caring adult who provides consistent caring responses?

☺ **FOR YOU:**

Imagine the following checklist and your agency:

- Are strength-based assessments completed at admission and continually updated to ensure they are fully incorporated into all aspects of the program?
- Are youth strengths posted/noted where they can be seen?
- Does staff know each child's strengths? Do they comment on them daily?
- Do meetings start by talking about the child's strengths?
- Is each youth involved in activities (preferably a minimum of daily) that promote his/her sense of achievement?
- Do treatment review meetings open with a discussion of what the youth is engaged in on a daily basis that promotes his/her self-esteem and asking how staff are promoting each youth's individual strengths?
- Do the youth, the family and staff all have a common positive

vision of each youth and a common positive vision of what his/her life will be like in the future?[8]

Promoting Hope and Optimism

Resilience is shown through having a sense of purpose and a belief in a bright future, including goal direction, educational aspirations, achievement motivation, persistence, hopefulness, optimism, and spiritual connectedness. Foster one and you foster the other.[9]

Hope is said to have two parts. One part is the person's perception that needed pathways exist for the person to reach his or her goals. The second is the person's level of confidence of being able to use those pathways to reach the goals. Thus, hope has been characterized as reflecting both the will (confidence) and the ways (pathways).

Optimism is a tendency to expect the best possible outcome or dwell on the most hopeful aspects of a situation. Optimistic thinking style is somewhat protective against adolescent health risks; the clearest effects are seen against depressive symptoms. Promoting optimism along with other positive psychological and emotional issues has a role in developing wellness that is likely to be enhanced if an intervention also addresses risk and protective factors in an adolescent's social context.[10]

"In order to support…recovery and self-determination, the system must be guided by redefined values and ethics….The first value that literally "jumped off the page" at me as I was compiling information from my first study was hope. For years people had been told that they would never recover, never meet their life goals and dreams. Every time they heard this, usually from a well-meaning care provider, they felt worse and worse. Only when they began to hear messages of hope, and that others were recovering and doing the things they want to do, did they begin to realize that the same was possible for them."[11]

Individuals in or seeking recovery often gain hope from those who share their search for or experience of recovery. They see that people can and do overcome the obstacles that confront them and they cultivate gratitude for the opportunities that each day of recovery offers.[12]

Peers. Many people in early recovery shift from the self-imposed isolation of addiction (or mental health issues) to a desire for connection with other people. Assessing the current status of relationships with peers is often necessary. This frequently results in a severing of relationships with peers who are using substances. For many, mutual aid groups such as Alateen (substance abuse) or Youth MOVE NC (mental health), offer an opportunity to share their experience with others who are also restructuring relationships (or have already done so), observe social role modeling, take on responsibilities that enable them to develop skills and learn from the sharing of stories with others. Mutual aid groups offer affiliation with, and an ability to contribute to, a community of peers who have shown demonstrable strength and even good humor in the face of adversity. The support from others provided in these groups can strengthen hope and a belief that recovery is achievable. However, some people in recovery do not participate in these groups, whether because they feel they do not need peer support; because the mutual aid groups available to them seem inconsistent with their values, life expectations, or worldview; or because they have poor social skills and difficulties interacting within a group.

An atmosphere of positive reinforcement, trust and hope,

supported by treatment staff, is imperative to recovery. [13]

"There is a clear consensus at this Summit (Center for Addiction Treatment) of the overwhelming need for pre-recovery and post-treatment services, and that peer recovery support services that seek to promote recovery initiation and prevent relapse have the potential to carry a message of hope into every community so powerful that it will penetrate denial." [14]

☺ **FOR YOU**

Some scales have been developed to measure optimism and hope. They can be useful with adolescents and children as part of getting to know them. You may want to take the following scales yourself.

Optimism Scale (LOT-R)

Please be as honest and accurate as you can throughout. Try not to let your response to one statement influence your responses to other statements. There are no "correct" or "incorrect" answers. Answer according to your own feelings, rather than how you think "most people" would answer.

	A = I agree a lot	B = I agree a little	C = I Neither agree nor disagree	D = I DISagree a little	E = I DISagree a lot
1. In uncertain times, I usually expect the best.					
[2]. It's easy for me to relax.					
3. If something can go wrong for me, it will.					
4. I'm always optimistic about my future.					
[5]. I enjoy my friends a lot.					
[6]. It's important for me to keep busy.					
7. I hardly ever expect things to go my way.					
[8]. I don't get upset too easily.					

9. I rarely count on good things happening to me.					
10. Overall, I expect more good things to happen to me than bad.					

Note: Items 2, 5, 6, and 8 are fillers. Responses to "scored" items are to be coded so that high values imply optimism.

HOPE SCALE (The Goals Scale)

Directions: Read each item carefully. Using the scale shown below, please select the number that best describes YOU and put that number in the blank provided.

	1= Definitely False	2= Mostly False	3 = Some-what False	4 = Slightly False	5 = Slightly True	6= Some-what True	7 = Mostly True	8 = **Definitely True**
1. I can think of many ways to get out of a jam.								
2. I energetically pursue my goals.								
[3]. I feel tired most of the time.								
4. There are lots of ways around any problem.								
[5]. I am easily downed in an argument.								
6. I can think of many ways to get the things in life that are most important to me.								
[7]. I worry about my health.								
8. Even when others get discouraged, I know I can find a way to solve the problem.								
9. My past experiences have prepared me well for								

my future.								
10. I've been pretty successful in life.								
[11]. I usually find myself worrying about something.								
12. I meet the goals that I set for myself.								

Notes: When administered, the authors have called this the "Goals Scale" rather than the "Hope Scale." Items 3, 5, 7, & 11 are not used for scoring. The Pathways subscale score is the sum of items 1, 4, 6, & 8: the agency subscale is the sum of items 2, 9, 10, & 12.

Hope is the sum of the 4 Pathways and 4 Agency items. The original studies used a 4-point response continuum, but to encourage more diversity in scores in more recent studies, the authors have used the following 8-point scale.[15]

Part 2: Service Design

Family Driven and Youth Guided (Self-direction, empowerment, responsibility)

The process is focused on the needs, desires, strengths, goals and dreams of the child and family. Planning is grounded in family members' perspectives, and the team strives to provide options and choices such that the plan reflects family values and preferences. [16]

The process must support the developmental processes of the child or adolescent by allowing him/her to develop thinking skills, be self-directed, think through consequences, and assert his/her own identity. [17]

While the pathways to recovery may involve one or more periods of time when activities are directed or guided to a substantial degree by others, recovery is fundamentally a self-directed process, in this case by the youth and family. The youth in recovery is the "agent of recovery" and must have enough authority to exercise choices and make decisions based on his or her development and goals that have an impact on the process. Through self-empowerment, individuals become optimistic about life goals. [18]

"In order to support mental health recovery and self-determination, the system must be guided by redefined values and ethics….Second only to hope was self-determination, called by several different names—personal responsibility, empowerment, self advocacy and self efficacy—but meaning the same thing—and absolutely essential to taking back control over our lives."[19]

Other values and ethics that support self-determination and recovery, values and ethics that the system and each of us must personally embrace, include:

- Treating each other as equals, with dignity, compassion, mutual respect and high regard.
- Unconditional acceptance of each person as they are, unique, special individuals, including acceptance of diversity with relation to cultural, ethnic, religious, racial, gender, age and disability issues.
- Avoidance of judgments, predictions, put downs, labels, blaming and shaming.
- "No-limits" thinking.
- Validation of personal experience.
- Choices and options, not final answers.
- Voluntary participation, if possible.
- Each person being recognized as the expert on themselves and having a sense of their own personal value.
- Use of common rather than clinical, medical and diagnostic language.
- Focus on working together to increase mutual understanding and promote wellness.
- Concentration on strengths and away from perceived deficits.
- Basic needs like housing, food, money are taken care of.

Only with these values and ethics, can we overcome the powerlessness, fear, insecurity, sadness, isolation, worry and low self esteem, as well as the internalized discrimination, prejudice, and/or stigma which so easily become the trademark for those … who experience these difficult symptoms." [20]

☺ **FOR YOU**

Think about your agency or practice. Is it really family driven and youth guided? Why did you answer as you did? What can you do about it – to keep it going or to bring about changes?

Individualized

All processes identify, build on, and enhance the capabilities, knowledge, skills, and assets of the individual youth and families, community, and team members. At the individual level, each Child and Family Team develops and implements a plan including a customized set of strategies, supports, and services. [21]

Many Pathways

Individuals are unique with specific needs, strengths, goals, health attitudes, behaviors and expectations for recovery. Pathways to recovery are highly personal, and generally involve a redefinition of identity in the face of crisis or a process of progressive change. Furthermore, pathways are often social, grounded in cultural beliefs or traditions and involve informal community resources, which provide support for sobriety.

The pathway to recovery may include one or more episodes of psychosocial and/or pharmacological treatment. For some, recovery involves neither treatment nor involvement with mutual aid groups. Recovery is a process of change that permits an individual to make healthy choices and improve the quality of his or her life. [22]

☺ **FOR YOU**

Think about your practice, your agency. Does it fit the people using services to the menu available, or is it flexible enough to be responsive to each person using services? In the first case, how can you help bring about change? In the second, being flexible isn't easy. How can you be supportive?

Community-Based (using natural supports)/Collaborative

All processes are tailored to the community or the individual being served. Plans are based on the unique assets, resources, and culture of the community.

Natural supports can include people such as ministers, teachers, neighbors, friends, family members, coaches, coworkers, etc. The formal service system alone cannot possibly meet the complex and changing needs of youth and families. [23]

It is not in the long term interest of the youth/family using services to focus just on paid services. Paid services should be a stepping stone to helping youth and families live lives fully involved in their communities.

Here are some ways to build up natural supports by helping the person/family to:

- Participate in community activities and projects
- Join groups and clubs
- Volunteer

- Socialize with one's immediate and extended family and neighbors
- Get a job

Here are some specific strategies that may enhance an individual's natural supports.

- Help people discover and express their interests. Engage them in discussions about possible choices, using inventories where appropriate.
- Collaborate and partner with a person's family.
- Identify community resources that fit the person's interests.
- Encourage people to participate in social or community activities that are consistent with their interests and cultural, in addition to programs and groups they may already be attending.
- Help people cope with social adversity by recognizing potential discrimination.[24]

☺ **FOR YOU**

Does your practice or agency help in the development of natural supports? If not, should it? What can you do?

Collaborative

System of Care is a collaborative process undertaken by teams of people that have a strong commitment to the community's well-being. Team members at all levels of the system work cooperatively and share responsibility for developing, organizing, monitoring and evaluating a comprehensive network of community-based services

and supports to meet the multiple and changing needs of youth and families.

Culturally and Linguistically Competent

Services and supports must take place in the most inclusive, most responsive, most accessible and least restrictive settings possible and safely promote youth and family integration into home, school, and community life. [25]

According to Diller (2007), "Cultural competence is the ability to effectively provide helping services cross-culturally. It can reside in individual practitioners, in agencies, and in a system of care. It is generally defined by an integrated series of awarenesses and attitudes, knowledge areas, and skills."[26]

It is important to remember adolescent developmental issues, exposure to violence, i.e., neighborhood, school shootings, domestic violence, poverty, and gender issues as well. For many programs, cultural competency represents a new way of thinking about the philosophy, content, and delivery of adolescent substance abuse and mental health services.

Kenneth Minkoff, M.D., an expert in dual diagnosis, has stated, "In working with patients/clients, dual diagnosis is no longer an exception but rather an expectation." Likewise, developing and implementing cultural competency in adolescent substance abuse (and mental health) treatment programs is no longer an exception but rather a necessary expectation.

A SAMHSA, 2004, Fact sheet entitled, *Cultural Competency in Serving Children and Adolescents with Mental Health Problems*, provides a good roadmap for steps to take, which include goals and principles for cultural competency; developing cultural competency at various levels, i.e., at the policymaking level, at the administrative level, and at the service level. In order to achieve cultural competency, adolescent substance abuse treatment programs should do the following:

- Assess the current level of cultural competence.
- Develop support for change throughout the organization and community.
- Identify the leadership and resources needed to change.
- Devise a comprehensive cultural competence plan with specific action steps and deadlines for achievement.
- Commit to an ongoing evaluation of progress and a willingness to respond to change.[27]

This is also true for mental health programs.

☺ **FOR YOU**

Is your practice or agency culturally competent? How do you know? If not, what can you do to support greater cultural competence?

Recovery is Real

People can and do recover, as they see recovery, all the time. That is not to say that recovery is linear, it mostly does not occur in a straight line. But setbacks can lead to further growth and to continued

recovery.

☺ **FOR YOU**

The video *Guided by Science, Grounded In Practice* is available through the link below. While it does not tell stories of youth recovery, three North Carolina adult users of services tell their stories of recovery through participation in evidence-based and promising practices.

http://www.youtube.com/watch?v=YvzFw2jpaZY

Quiz – True / False

F 1. The concepts of recovery/resilience, system of care and person-centeredness are very different from each other.

F 2. If the family is challenged, the youth should be treated separately and apart from them.

T 3. A positive relationship with a caring adult is an important protective factor.

T 4. Resilience is the achievement of positive developmental outcomes in spite of personal and environmental risk factors.

T 5. It is important to note that that the greater the number of risk factors a child possesses, the greater number of protective factors he or she needs to promote a positive outcome.

T 6. Individuals in or seeking recovery often gain hope from those who share their search for or experience of recovery

F 7. You can tell a system is truly family driven and youth guided if they sign their person-centered plans.

T 8. Pathways to recovery are highly personal, and generally involve a redefinition of identity in the face of crisis or a process of progressive change.

T 9. It is not in the long term interest of the youth/family using services to focus just on paid services.

T 10. Cultural competence is demonstrated when services and supports take place in the most inclusive, most responsive, most accessible, and least restrictive settings possible and safely promote youth and family integration into home, school, and community life.

[1] *Focal Point*, vol. 19, No. 1, Portland Research and Training Center, 2005.

[2] *The Recovery Revolution: Will it include children, adolescents, and transition age youth?* William L. White, M.A., et. al.

[3] *Frequently Asked Questions: Recovery, resilience, and children's mental health,* Barbara J. Friesen, Ph.D. Research & Training Center on Family Support and Children's Mental Health, Portland State University, Portland, OR

[4] *The Recovery Revolution: Will it include children, adolescents, and transition age youth?* William L. White, M.A., et. al.

[4] *Frequently Asked Questions: Recovery, resilience, and children's mental health,* Barbara J. Friesen, Ph.D. Research & Training Center on Family Support and Children's Mental Health, Portland State University, Portland, OR

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[10] A Prospective Study of the Effects of Optimism on Adolescent Health Risks, George C. Patton, MD, et. al.

[11] *Self-Determination in Mental Health Recovery: Taking Back Our Lives*, Mary Ellen Copeland

[12] *Center for Substance Abuse Treatment, National Summit on Recovery Conference Report*, 2005.

[13] *National Summit on Recovery Conference Report*, Center for Substance Abuse Treatment, 2005

[14] *National Summit on Recovery Conference Report,* William White, Center for Substance Abuse Treatment, 2005.

[15] *Dispositional Optimism*, Charles S. Carver, University of Miami

[16] *Participant Guide*, NC Collaborative for Children, Youth and Families

[17] *Adolescents and Substance Abuse: What Works and Why?* Charlotte Chapman, M.S., LPC, NCC, Laurie Rokutani, Ed.S, M.Ed, NCC

[18] CSAT

[19] *Self-Determination in Mental Health Recovery: Taking Back Our Lives*, Mary Ellen Copeland

[20] *Self-Determination in Mental Health Recovery: Taking Back Our Lives*, Mary Ellen Copeland

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[22] CSAT

[23] *Participant Guide*, NC Collaborative for Children, Youth and Families

[24] *Community Integration Tools, Natural Supports*, The University of Pennsylvania Collaborative on Community Integration is A Rehabilitation Research & Training Center Promoting Community Integration of Individuals with Psychiatric Disabilities, funded by the National Institute on Disability and Rehabilitation Research.

[25] *Participant Guide*, NC Collaborative for Children, Youth and Families

[26] *Substance Abuse Treatment Effectiveness with Adolescents*, Krystle A. Cole, 2009, Washburn University

[27] *Implementing Cultural Competency in Adolescent Substance Treatment*, Fred Dyer, Ph.D., CADC

Supplemental Readings – are in a separate document