

Content Elements for CABHA Training on Person-Centered Thinking and Recovery/Person-Centered Thinking

Below are sets of training content for the 1) 6-hour Person-Centered Thinking training requirement and the additional 2) 6 hour MH/SA Person-Centered Thinking/Recovery training. All of the key values of a person-centered system should be covered. At least 8 of the 10 elements listed for Mental Health or 10 of the 12 elements listed for Substance Abuse must be included in the curriculum designed for the additional 6 hours of training required. You will find that person-centered principles and recovery elements are often intertwined, and you may want to use all content elements for your training. Also listed are some resources that agencies may find helpful to use to develop/provide training. These resources are not all-inclusive.

1. Key Values/Principles of a Person-Centered System

- Treating individuals and family members with dignity and respect.
- Helping individuals and families become empowered to set and reach their personal goals.
- Recognizing the right of individuals to make informed choices, and take responsibility for those choices and related risks.
- Building on the strengths, gifts, talents, skills, and contributions of the individual and those who know and care about the individual.
- Fostering community connections in which individuals can develop relationships, learn, work/produce income, actively participate in community life and achieve their full potential.
- Promising to listen and to act on what the individual communicates.
- Pledging to be honest when trying to balance what is important to and important for the person.
- Seeking to understand individuals in the context of their age, gender, culture, ethnicity, belief system, social and income status, education, family, and any other factors that make them unique.
- Acknowledging and valuing families and supporting their efforts to assist family members.
- Recognizing and supporting mutually respectful partnerships among individuals, their families, communities, providers, and professionals.
- Advocating for laws, rules, and procedures for providing services, treatment, and supports that meet an individual’s needs and honor personal goals.
- Endorsing responsible use of public resources to assure that qualified individuals are served fairly and according to need.

2. Mental Health

The 10 Fundamental Components of Recovery	Resources
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• **Self-Direction:** Consumers lead, control, exercise choice over, and determine their own path of recovery by optimizing autonomy, independence, and control of resources to achieve a self-determined life. By definition, the recovery process must be self-directed by the individual, who defines his or her own life goals and designs a unique path towards those goals.

• **Individualized and Person-Centered:** There are multiple pathways to recovery based on an individual’s unique strengths and resiliencies as well as his or her needs, preferences, experiences (including past trauma), and cultural background in all of its diverse representations. Individuals also identify recovery as being an ongoing journey and an end result as well as an overall paradigm for achieving wellness and optimal mental health.

• **Empowerment:** Consumers have the 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. Through empowerment, an individual gains control of his or her own destiny and influences the organizational and societal structures in his or her life.

• **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 (such as recreational services, libraries, museums, etc.), addictions treatment, spirituality, creativity, social networks, community participation, and family supports as determined by the person.

Here are some resources agencies may want to use to develop training:

- [The 10 Fundamental Components of Recovery](#) (Handout)

- Online – here are two options.

1. Lori Ashcraft, Recovery Opportunity Services (formerly MetaServices in Arizona) has developed a series of 6 **free** e-learning courses on Recovery. There are an additional four courses on resiliency. <http://www.magellanhealth.com/training/#continuinged>

2. Online recovery training from the United States Psychiatric Rehabilitation Association:
<http://www.cequick.com/myeln/uspra/default.asp> There is a cost. Usually \$15-\$30 per course.

- The University of Chicago hosts the presentations and accompanying papers from the National Consensus Initiative on Person/Family-Centered Planning, 2005, sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA, CMHS). Presentations and papers are available at: <http://www.psych.uic.edu/uicnrtc/cmhs/pfcppapers.htm> (Site is “Under Maintenance”)

- *Recovery Skill Builder:* Interactive, Web-Based Learning for Behavioral Health Providers

<http://www.carecoordination.org/recoveryplanning/>
This workbook was developed by the Western New York Care Coordination Program in collaboration with Neal Adams, MD MPH and Diane Grieder, M.Ed., authors of *Treatment Planning for Person Centered Care: The Road to Mental Health and Addiction Recovery*. This online workbook is designed to provide an opportunity for behavioral health providers to practice developing and documenting person centered assessments, recovery plans and progress notes -- focused on supporting individuals in their recovery, while meeting the

Families, providers, organizations, systems, communities, and society play crucial roles in creating and maintaining meaningful opportunities for consumer access to these supports.

- **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.

- **Strengths-Based:** Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals. By building on these strengths, consumers leave stymied life roles behind and engage in new life roles (e.g., partner, caregiver, friend, student, employee). The process of recovery moves forward through interaction with others in supportive, trust-based relationships.

- **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 their rights and eliminating discrimination and stigma—are crucial in achieving recovery. Self-acceptance and regaining belief in one’s self are particularly vital. Respect ensures the inclusion and full participation of consumers in all aspects of their lives.

requirements for documenting medical necessity.

Treatment Planning for Person-Centered Care: The Road to Mental Health and Addiction Recovery, by Neal Adams, MD, MPH and Diane Grieder, M.Ed. is available for direct purchase online at amazon.com.

- What really Matters: *An initiative on Excellence in Person-Centered Services*, Council on Quality and Leadership
<http://www.thecouncil.org/assets/0/183/560769ec-0c98f6c2d798.pdf>

- Empowerment- National Empowerment Center. www.power2u.org

- National Consumer Supporters Technical Assistance Center-
www.ncstac.org

- National Mental Health Self-Help Clearinghouse-
www.mhselfhelp.org

- National Consumer Supporters Technical Assistance Center-
www.ncstac.org

- Peer support- STAR (support, technical assistance and resource)
www.consumerstar.org

- Deegan, P.E. (2001). *Recovery as a self-directed process of healing and transformation*.
(www.intentionalcare.org/articles/articles_trans.pdf)

- Deegan, P.E. (1996). A keynote address. *Recovery and the conspiracy of hope*, presented at the Sixth Annual Mental Health Services Conference of Australia and New Zealand. Brisbane, Australia.

<http://www.bu.edu/resilience/examples/deegan-recovery-hope.pdf>

<p>• 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.</p> <p>Hope: Recovery provides the essential and motivating message of a better future— that people can and do overcome the barriers and obstacles that confront them. Hope is internalized; but can be fostered by peers, families, friends, providers, and others. Hope is the catalyst of the recovery process.</p> <p>http://www.power2u.org/downloads/SAMHSA%20Recovery%20Statement.pdf</p>	<p>- Anthony, W. (1993). Recovery from mental illness: The guiding vision of the mental health service system in the 1990s. <i>Psychosocial Rehabilitation Journal</i>, 16(4), 11-23. http://www.bu.edu/cpr/resources/articles/1990-1995/anthony1993c.pdf</p> <p>- Anthony, W. (2000). A recovery-oriented service system: Setting some system level standards. <i>Psychiatric Rehabilitation Journal</i>, 24(2), 159-168. http://www.bu.edu/cpr/resources/articles/2000/anthony2000.pdf</p> <p>CHILD MENTAL HEALTH:</p> <p>- Frequently Asked Questions: Recovery, resilience, and children’s mental health. http://www.rtc.pdx.edu/PDF/FAQs.pdf</p> <p>- 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 (see table below) and the more likely they are to thrive. http://www.search-institute.org/content/what-are-developmental-assets http://www.search-institute.org/content/what-are-developmental-assets http://www.search-institute.org/developmental-assets-tools</p>
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Substance Abuse

Guiding Principles of Recovery:	Resources
There are many pathways to recovery.	Here are some resources agencies may want to use to develop

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.

Recovery is self-directed and empowering.

While the pathway 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. The person in recovery is the “agent of recovery” and has the authority to exercise choices and make decisions based on his or her recovery goals that have an impact on the process. The process of recovery leads individuals toward the highest level of autonomy of which they are capable. Through self-empowerment, individuals become optimistic about life goals.

Recovery involves a personal recognition of the need for change and transformation.

Individuals must accept that a problem exists and be willing to take steps to address it; these steps usually involve seeking help for a substance use disorder. The process of change can involve physical, emotional, intellectual and spiritual aspects of the person’s life.

Recovery is holistic.

Recovery is a process through which one gradually achieves greater balance of mind, body and spirit in relation to other aspects of one’s life, including family, work and community.

training:

- *Guiding Principles of Recovery Handout*
http://pfr.samhsa.gov/docs/ROSCs_principles_elements_handout.pdf

- *Recovery in the Community: An Emerging Framework- A Recovery-Oriented Systems Approach (PowerPoint)*
http://pfr.samhsa.gov/docs/NADDAC_presentation_0608.pdf

- *Definition of Recovery-Oriented Systems of Care*
<http://www.nattc.org/userfiles/file/GreatLakes/Ohio%20ROSC%20Symposium/ROSC%20Definition%20and%20Values%20Handout%20post%20se.pdf>

- *Recovery-Oriented Systems of Care, the Culture of Recovery, and Recovery Support Services.*
<http://www.ncmedicaljournal.com/wp-content/uploads/NCMJ/Jan-Feb-09/Cotter.pdf>

This is an article written for the NC Medical Journal following the NC Institute of Medicine study on substance abuse.

- *Recovery Skill Builder: Interactive, Web-Based Learning for Behavioral Health Providers*

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Recovery has cultural dimensions.

Each person’s recovery process is unique and impacted by cultural beliefs and traditions. A person’s cultural experience often shapes the recovery path that is right for him or her.

Recovery exists on a continuum of improved health and wellness.

Recovery is not a linear process. It is based on continual growth and improved functioning. It may involve relapse and other setbacks, which are a natural part of the continuum but not inevitable outcomes. Wellness is the result of improved care and balance of mind, body and spirit. It is a product of the recovery process.

Recovery emerges from hope and gratitude.

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.

Recovery involves a process of healing and self-redefinition.

Recovery is a holistic healing process in which one develops a positive and meaningful sense of identity.

Recovery involves addressing discrimination and transcending shame and stigma.

Recovery is a process by which people confront and strive to overcome stigma.

Recovery is supported by peers and allies.

A common denominator in the recovery process is the presence and involvement of people who contribute hope and support and suggest strategies and resources for change. Peers, as well as family members and other allies, form vital support networks for people in recovery. Providing service to others and experiencing mutual healing help

necessity.

- *Treatment Planning for Person-Centered Care: The Road to Mental Health and Addiction Recovery*, by Neal Adams, MD, MPH and Diane Grieder, M.Ed. is available for direct purchase online at amazon.com.

- More online resources that may fit your organization’s needs: <http://www.nattc.org/learn/topics/roscc/resources.asp>

- CSAT TIP 51 *Substance Abuse Treatment: Addressing the Specific Needs of Women*
<http://www.ncbi.nlm.nih.gov/books/NBK26013/>

- *Guidance to States: Treatment Standards for Women with Substance Use Disorders*
<http://nasadad.org/resources/Guidance%20to%20States%20for%20NASADAD%20website.pdf>

ADOLESCENT SUBSTANCE ABUSE:

- 2006 CSAT Summit Adolescent Focus Group
<http://www.fadaa.org/services/events/AC2006/materials/Gaumond.ppt>
(PowerPoint)

- *The Recovery Revolution: Will it include children, adolescents, and transition age youth?* William White, etc. paper. It includes **definitions of addiction recovery and definitions of resilience.**
<http://www.facesandvoicesofrecovery.org/pdf/White/ChildAdolescents.pdf>

Adolescent Recovery: What We Need to Know, A Commentary
William L White, Susan H. Godley

create a community of support among those in recovery.

Recovery involves (re)joining and (re)building a life in the community.

Recovery involves a process of building or rebuilding what a person has lost or never had due to his or her condition and its consequences. Recovery involves creating a life within the limitation imposed by that condition. Recovery is building or rebuilding healthy family, social and personal relationships. Those in recovery often achieve improvements in the quality of their life, such as obtaining education, employment and housing. They also increasingly become involved in constructive roles in the community through helping others, productive acts and other contributions.

Recovery is a reality.

It can, will, and does happen.
Center for Substance Abuse Treatment, National Summit on Recovery Conference Report, 2005.

http://www.facesandvoicesofrecovery.org/pdf/White/adolescent_recovery.pdf

- *Designing a Recovery-Oriented Care Model for Adolescents and Transition Age Youth with Substance Use or Co-Occurring Mental Health Disorders*

This is a report from a group SAMHSA convened in 2008 to discuss the development of a youth-oriented recovery model of care.

http://www.chestnut.org/LI/downloads/SAMHSA_Recovery_Report_on_Adolescents_and_Transitional_Age_Youth.pdf

- On the use of recovery coaches:

<http://www.counselormagazine.com/columns-mainmenu-55/27-treatment-strategies-or-protocols/747-can-adolescents-benefit-from-recovery-coaches>

- 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 (see table below) and the more likely they are to thrive.

<http://www.search-institute.org/content/what-are-developmental-assets>

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<http://www.search-institute.org/developmental-assets-tools>