



Unicorns and Zebras: What's Your Role in Recovery-Oriented Systems of Care?

George S. Braucht, LPC
Braughtworks Consulting & Training and
Program Specialists, Georgia State Board of Pardons and Paroles

Certified Recovery Coach Trainer
Co-Founder of the Certified Addiction Recovery Empowerment Specialist (CARES) Academy
<http://gasubstanceabuse.org/CARES/index.htm>

Partners for Change Outcome Management System (PCOMS) Certified Trainer and
Associate with the Heart and Soul of Change Project
www.heartandsoulofchange.com



Unicorns and zebras: What's your role in recovery-oriented systems of care?

Description: The emerging recovery-oriented systems of care (ROSC) paradigm enhances the effectiveness of prevention and treatment with pre, during, and post-intervention recovery support services. Participants use Appreciative Inquiry methods to explore recovery definitions, identify ROSC elements that exist within the current service delivery systems, and develop potential targets of change for promoting enhanced ROSC.

Objectives. Upon completion of this training participants will:

1. Identify eight principles for enhancing acute-care addiction and mental health treatment with recovery-oriented systems of care (ROSC) services.
2. Define recovery and identify pathways that work using Appreciative Inquiry.
3. Recognize four broad elements of recovery cultures.
4. Identify potential enhancements and your role in existing service delivery systems.

Key Takeaways, Notes, Doodles, etc.:



Recovery-Oriented Systems of Care Principles

Adapted from White, W. L., Boyle, M. G., Loveland, D. L. & Corrigan, P. W. What is behavioral health recovery management? A primer. Available online at www.williamwhitepapers.com

1. Empower people to pursue multiple pathways to recovery: plan, design, deliver, and evaluate services while advocating for pro-recovery policies and programs in the wider community that target five zones of personal experience: 1) physical, 2) psychological, 3) relational, 4) lifestyle, and 5) spiritual.
2. Conduct strength-based assessments: identify and build on the strengths – called recovery capital - of individuals, families and communities while emphasizing the first-person voices of persons seeking or in recovery and their family members. Ask, “What’s right with you?”
3. Develop culture-sensitive recovery resources: guide individuals and family members into relationships with indigenous recovery communities; create physical, psychological and social space within the community in which recovery can occur; link personal, professional and community resources into recovery management teams.
4. Deliver recovery education and training: enhance the recovery-based knowledge and skills of individuals, family members, associated recovery allies, service providers, and the larger community: The Science of Addiction & Recovery, Recovery Messaging, etc.
5. Monitor and support interaction continuity: sustain contact and support across three recovery phases: a) engagement and recovery priming (pre-recovery/treatment or no treatment), b) recovery initiation and stabilization (recovery activities and treatment), and c) recovery maintenance (post or no-treatment). Conduct Recovery Check-Ins.
6. Collect practice-based evidence of service effectiveness: implement and evaluate evidence-based practices, eliminate barriers to recovery and deliver community in-reach services while collecting practice-based evidence of service effectiveness.
7. Advocate for recovery: implement institutional and social policies that counter stigma and replace discrimination with resources for building recovery capital and strengthening the individual person in recovery’s voice.
8. Model hope: display the research-grounded hope for recovery based on many people having already achieved full and partial recoveries from severe behavioral health problems.



Knowing a Recovery Culture When You See One: Four Broad Elements

Adapted from Mark Ragins, MD. Available at http://www.village-isa.org/Ragin's%20Papers/knowing_a_recovery_culture_when.htm.

Staff are treated the way they are to treat consumers/clients/peers.

Hope	<p>The first step to recovery is having a vision of hope without limits. This leads to equal relationships that are mutually helpful and supportive. Validation changes behavior, encourages positive risk taking, and promotes more self-knowledge & direction.</p> <ol style="list-style-type: none"> 1. Stories and celebrations of hope are spread by both staff and consumers. 2. Hires employees in recovery and uses volunteer “prosumers” to fill the program with living examples of hope. 3. Consumer and staff goals focus on growth/resilience/recovery capital instead of stability or risk avoidance, building on strengths/resources and overcoming obstacles, stigma & discrimination.
Authority	<p>Authority is distributed to consumers and staff promotes empowerment, self-responsibility, risk-taking, and learning from mistakes or obstacles.</p> <ol style="list-style-type: none"> 1. Decentralized decision making gives line staff real authority. Staff have budgets they are responsible for choosing how to spend. 2. Consumer voice is solicited at every level of the program’s decision making processes from staffings, staff meetings, and Board of Directors’ meetings. 3. Consumer driven needs are an overt, highly respected contribution so that decisions flow “up” instead of always “down.” 4. Planned risk taking, not care taking or reckless/unsafe/unhealthy abandonment is encouraged to promote consumer and staff growth. 5. A Code of Organizational Practices and Ethics (COPE) creates “adisciplinary” opportunities and cross-training for mutual support roles and behavior. 6. Staff and consumers assume multiple roles and kinds of relationships (coach, guide, mentor, etc.) to help each other without either “that’s not my job” or “that’s your job” defensiveness. 7. Staff and consumers feel important, valued and validated by those with “positional authority.” Everyone is viewed as an expert with “personal authority.”



Knowing a Recovery Culture When You See It: Four Broad Elements

Adapted from Mark Ragins, MD. Available at http://www.village-isa.org/Ragin's%20Papers/knowning_a_recovery_culture_when.htm.

Staff are treated the way they are to treat consumers/clients/peers.

Healing	<p>Recovery programs focus on healing and growth rather than symptom relief or stabilization.</p> <ol style="list-style-type: none">1. First priorities are always engagement, welcoming, and relationship building.2. The program accepts people just as they are, and provides an emotionally and physically safe environment.3. Respectful “recovery” language (nonclinical and not prejudicial) is pervasive so that people can read their own charts and overhear staff discussing them and feel accepted and understood.4. The program has an emotionally rich environment that includes frequent displays of caring and connection.5. Staff are energized by the knowledge of why they work in this field, by the opportunity to practice and improve their gifts, and by knowing their impact.
Community Integration	<p>Meaningful roles come from integration with the “real world” in a valued role.</p> <ol style="list-style-type: none">1. Staff and consumers are mobile and actually work together in the community on “real life” issues.2. Community accountability is demonstrated by providing “socially responsive” access to quality of life services for food, clothing, housing, education/vocational, medical/dental, and employment needs.3. Staff and consumers focus on community coalition building and “giving back” for acceptance.4. As a standard practice, advocate against stigma and discrimination when they occur.



The Recovery Self-Assessment Scale

O'Connell, M., Tondora, J., Croog, G., Evans, A., & Davidson, L. (2005). From rhetoric to routine: Assessing perceptions of recovery-oriented practices in a state mental health and addiction system. *Psychiatric Rehabilitation Journal*, 28 (4), 378-386.

Recovery Self-Assessment

	Directors n = 68		Providers n = 344		Persons In Rec. n = 326		Family/SO n = 229		Total Sample N = 967	
Factors	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Summary Score	4.09	.43	3.87a	.62	4.06b**	.69	4.00	.77	3.98	.67
Life Goals	4.36b*	.44	4.10a	.66	4.21	.70	4.16	.78	4.17	.70
Involvement	3.56	.74	3.39a	.80	3.79b**	.91	3.79c	.93	3.62	.88
Treatment Options										
Diversity	4.23	.51	3.95	.78	4.02	.91	4.00	.87	4.00	.83
Choice	4.29	.53	4.98	.69	4.14	.82	4.06	.80	4.11	.76
Individually-Tailored Services	3.91	.61	3.82a	.79	4.01b*	.81	4.05c**	.83	3.94	.80
Inviting	-	-	-	-	-	-	-	-	-	-
Notes: "a" score is significantly lower than "b" and "c"; * = p<.05; ** = p<.01										



The Recovery Self-Assessment Scale

Insert your agency's data here



References

1. O'Connell, M., Tondora, J., Croog, G., Evans, A., & Davidson, L. (2005). From rhetoric to routine: Assessing perceptions of recovery-oriented practices in a state mental health and addiction system. *Psychiatric Rehabilitation Journal*, 28 (4), 378-386.
2. Ragins, M. Available at http://www.village-isa.org/Ragin's%20Papers/knowning_a_recovery_culture_when.htm.
3. Sheedy C. K., and Whitter M. (2009). Guiding principles and elements of recovery-oriented systems of care: What do we know from the research? HHS Publication No. (SMA) 09-4439. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration. Available for downloading from <http://www.samhsa.gov/shin> or <http://pfr.samhsa.gov/rosc.html>.
4. White, W. L., Boyle, M. G., Loveland, D. L. & Corrigan, P. W. What is behavioral health recovery management? A primer. Available online at www.williamwhitepapers.com.



Participant Feedback

Unicorns and zebras: What's your role in recovery-oriented systems of care?

Presenter: George Braucht Date: _____ Location: _____

Please ✓ **all** that apply:

Male Female

American Indian/Alaska Native

Asian.....

Black or African American

Hispanic or Latino

Native Hawaiian/Other Pacific Islander.....

White

Other: _____

	Poor				Excellent
	1	2	3	4	5
1..Please rate your overall impression of this seminar/presentation.	<input type="checkbox"/>				
Please rate the presenter on the following aspects of effectiveness.					
2. Explained the purposes of the session.	<input type="checkbox"/>				
3. Defined terms and concepts clearly.	<input type="checkbox"/>				
4. Gave clear instructions.	<input type="checkbox"/>				
5. Is knowledgeable about the concepts presented.	<input type="checkbox"/>				
6. Established an environment that was conducive to learning.	<input type="checkbox"/>				
7. Answered questions clearly and completely.	<input type="checkbox"/>				
8. Provided reasonable opportunities of participations and interaction.	<input type="checkbox"/>				
9. Made learning interesting and exciting through his enthusiasm.	<input type="checkbox"/>				
	1	2	3	4	5
	Poor				Excellent

Please continue on the back.

Unicorns and zebras: What's your role in recovery-oriented systems of care?
Participant Feedback (cont.)

Please rate the seminar/presentation on:	Poor				Excellent
	1	2	3	4	5
10. Content relevance.....	<input type="checkbox"/>				
11. Training methods.....	<input type="checkbox"/>				
12. Handouts.	<input type="checkbox"/>				
13. Training site and location.....	<input type="checkbox"/>				
14. Training room comfort - space, lighting, temperature, acoustics & ventilation.	<input type="checkbox"/>				

Based on this workshop, I am able to:

15. Identify eight principles for enhancing acute-care addiction and mental health treatment with recovery-oriented systems of care (ROSC) services.....	<input type="checkbox"/>				
16. Define recovery and identify pathways that work using Appreciative Inquiry.	<input type="checkbox"/>				
17. Recognize four broad elements of recovery cultures.	<input type="checkbox"/>				
18. Identify potential enhancements and your role in existing service delivery systems.	<input type="checkbox"/>				
	1	2	3	4	5
	Poor			Excellent	

19. What aspects of the workshop did you find most helpful?

20. What aspects could be improved?

21. If an advanced workshop were held on this topic, what content would you hope to see addressed or covered? Please comment.

22. In summary, I would like the workshop organizers and trainer(s) to know...

Thank **you** for providing this feedback, and for attending this training!

