THE RECOVERY ACADEMY

Opening the Doors to WELLBEING and RECOVERY

FACILITATOR GUIDE

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Recovery Academy Program Goal

The Champlain Recovery Academy provides a range of educational and skill building opportunities, using a recovery based approach, so that (individuals may:

- become experts in their own self care ,
- recognize and develop their personal resourcefulness: and

for families, friends, and service providers to:

- better understand mental health conditions
- learn how to support people with lived mental health experience in their journey to well-being.

Learning outcomes: Introductory Session ~ Opening the Doors to Wellbeing and Recovery.

At then end of the session, participants will:

1. Understand the importance of Acceptance on the road to well being
2. Express what Self-Determination means to them
3. Open themselves to Support

The 4 Cornerstone Concepts of the Introductory Session

There are four key cornerstones facilitators will be expected to cover in the lecturette using a bike accident analogy:

1. Acceptance
2. Self-Determination and Making Choices
3. Opening to Support ~
4. Taking the Next Steps in Recovery (planning)

If student needs drive the need for a specific unit of additional **content**, this can be added within the time frame set out. i.e a discussion about what recovery means.

Learning Principles and Styles
Working with adult learners differs from teaching. As facilitators, we adjust our facilitation style to meet the needs of participants. We are there to facilitate a process of interactive learning not merely to present content. A few important Adult Learning Principles to keep in mind are:

STUDENT LEARNING NEEDS:

Learning Principles and Styles
Working with adult learners differs from teaching. As facilitators, we adjust our facilitation style to meet the needs of students. We are there to facilitate a process of interactive learning not merely to present content. A few important Adult Learning Principles to keep in mind are:

Students:
1. Are self directed and motivated to learn
2. Bring their life experience and knowledge with them
3. Have goals and expectations
4. Seek relevance for immediate applicability
5. Are practical and engage in problem solving and planning
6. Wish to be treated with respect and as equals.

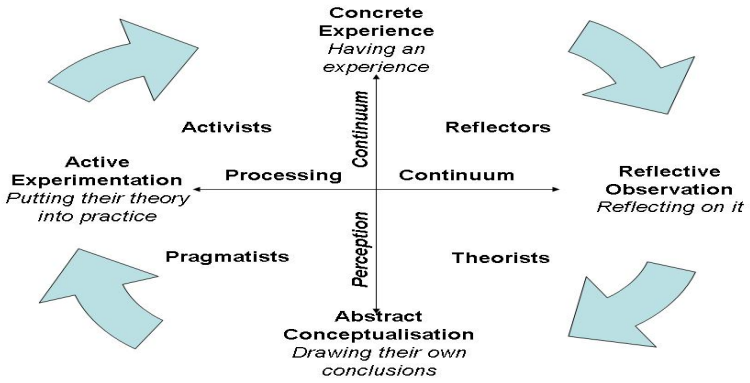
Learning styles may be best described succinctly in NLP Terms Visual, Auditory and Kinesthetic. As such, we need to offer and be sensitive to all three styles within the session.

Participants engage by **experiencing, reflecting, thinking and acting.**

- **Experiencing:** learning in real time what is relevant to their current situation.
- **Reflecting:** exploring different perspectives, being open to new ideas and concepts, looking for meaning
- **Thinking:** analyzing ideas, visualizing how to apply the concepts of the learning experience in a practical way, planning how these can be applied in their life situation.

  Acting: showing the ability to apply the concepts, being willing to take risks, planning how they will proceed.

EXPERIENTIAL LEARNING CYCLE and LEARNING STYLES



- **Reflector -** Prefers to learn from activities that allow them to watch, think, and review (time to think things over) what has happened. Likes to use journals and brainstorming. Lectures are helpful if they provide expert explanations and analysis.
- **Theorist -** Prefer to think problems through in a step-by-step manner. Likes lectures, analogies, systems, case studies, models, and readings. Talking with experts is normally not helpful.
- **Pragmatist -** Prefers to apply new learnings to actual practice to see if they work. Likes laboratories, field work, and observations. Likes feedback, coaching, and obvious links between the task-on-hand and a problem.
- **Activist -** Prefers the challenges of new experiences, involvement with others, assimilation and role-playing. Likes anything new, problem solving, and small group discussions.

Coffield, F., Moseley, D., Hall, E., & Ecclestone, K. (2004). *Learning styles and pedagogy in post-16 learning: A systematic and critical review.* www.LSRC.ac.uk: Learning and Skills Research Centre. Retrieved January, 15, 2008:http://www.lsda.org.uk/files/PDF/1543.pdf

Experiential Learning Methodologies

Emphasizes group work and participation in interactive exercises from which learners extract general principles and as well as immediate practical applications to their own situation. Examples: are story telling, scenarios or case studies, role-plays, simulations, 2 chair techniques, work dyads or triads, teamwork assignments etc.,

FACILITATOR RESPONSIBILITIES

Creating a safe learning environment in a recovery context.
It is important to recognize the vulnerability of students. Individuals with mental health and/or addictions issues, their supporters and service providers all experience stigma. Myth, misunderstanding and negative experiences in and out of crisis situations can create a natural hesitancy on the part of students. No pressure should be felt to disclose status.

An important part of the facilitators' role is to create the most relaxed environment as possible. The more relaxed students are the more open to learning, sharing and enquiry.

Code of Conduct For Facilitators
Includes holding to the values and ethics outlined in this Guide and co- creating a safe learning environment for students which they participate in creating a:

Student Comfort Agreement_
Allow students to come up with theirs own ideas about what they need to feel comfortable if they have not identified those below offer them as suggestions:

- Provide you with a safe, warm and friendly learning environment in which everyone is treated with dignity and respect.
- Handle your questions in a friendly and professional manner
- Respectful communication provide examples and model this
- Use of "I statements"
- Speak for yourself,
- Listen respectfully
- Confidentiality personal information:
- Celebrate diversity and difference

Be welcoming. Smile, let them know about seat choice, where to put coats, ask anything you need before we start. Etc.

Clearly outlining the Session this lets students know what to expect for the session.

Use icebreakers to allow the students to create connection outside of their connection to mental illness and or addiction. For example, if you are using a known scenario (bike accident) to bridge to your learning objectives you might ask

who has ridden a bike as a child, as a teenager, as an adult for recreation or transportation.
Or

- Who has taken a first aid course?
- Identify pre-existing relationships if it is a group of less than 25 people.
- Be transparent, it is okay not to know the answer, we are well resourced and can reach out for help
- Share part of your own story (be vulnerable) within the context of the session

Use positive nonverbal communication
Nonverbal messages are an essential component of communication in the teaching process. It is not only what you say to your students that is important but also how you say it. An awareness of nonverbal behavior will allow you to become a better receiver of participants' messages and a better sender of signals that reinforce learning.

Some areas of nonverbal behaviors to explore include:

- **Eye contact:** Facilitators who make eye contact open the flow of communication and convey interest, concern, warmth and credibility.
- **Facial expressions:** Smiling is a great way to communicate friendliness and warmth
- **Gestures:** A lively and animated facilitating style captures students' attention, makes the material more interesting, and facilitates learning. Head nods also communicate positive reinforcement that you are listening.
- **Posture and body orientation:** Standing erect, but not rigid, and leaning slightly forward communicates that you are approachable, receptive and friendly. Speaking with your back turned or looking at the floor or ceiling should be avoided, as it communicates disinterest.
- **Proximity:** Cultural norms dictate a comfortable distance for interaction with participants. Look for signals of discomfort caused by invading participants' space, which include rocking, leg swinging, crossed arms, tapping and gaze aversion.

- **Para-linguistics:** Tone, pitch, rhythm, timbre, loudness and inflection in the way you speak should be varied for maximum effectiveness.

- **Humor:** Develop the ability to laugh at yourself and encourage participants to do the same. Humor is often overlooked as a teaching tool. It can release stress and tension for both instructor and student and foster a friendly classroom environment that facilitates learning. Www.literacyonline.

Address common fears:
State: There are no stupid questions.
When asked a question or referring to questions on post it, model responses to questions that positively reinforce the message.

"I was hoping some one would ask that"

"That's a helpful question"

"That's an interesting question"

State: Letting us know what hasn't worked is a useful tool for learning (no judgment) you might mention something you tried that didn't work.

Model learning about diversity
Mark Kiselica, a psychologist who conducts multicultural training, stresses the importance of teachers self-disclosing their own journey in becoming more culturally sensitive and knowledgeable. Kiselica states that "the process of developing multicultural awareness and sensitivity is a journey marked by fears, painful self-reflection, and joyful growth," and students can learn from an Instructors who share their mistakes, incidents that led to their learning, and what they have gained from the process.

Role as a facilitator There is a fine line for teachers between presenting oneself as a learner on a journey toward greater diversity awareness and self-awareness and an expert who has reached expert status on issues of diversity and multiculturalism.

Students often react favorably to the first, almost always negatively to a person who wants to be seen as the authority on these issues.

Maintain a focus at all times on learning rather than treatment or care

Encourage students to:

- Make the most of your time with us, enjoy being a student and be prepared to learn
- Celebrate diversity and difference
- Ask us for clarification if there is anything that you are not sure about
- Be considerate by treating everyone with dignity and respect

Participation for each section Remind students the variety of ways in which they can participate, all is acceptable. Their choice Etc. post it notes for questions, for tree or to give to facilitator, non-participation in exercises is an acceptable choice, we may ask you to be a time keeper etc.

Confidentiality need only identify yourself by first name and only if you are comfortable, let us know why you are here, verbally or written on post it note.

Needs identification- ongoing; It is important to identify that all needs (questions) are important, however the facilitators are facing limits of time, intensity, and diversity so all questions (needs) may not be met during this particular, session. Make an effort to assist in identifying a option or alternative pathway.

Potential Triggers
An offhand comment in a session that seems inoffensive to many people can cause an individual to feel diminished, threatened, discounted, attacked, or stereotyped. This "trigger" is an emotional response; while the individual does not feel personally threatened, an aspect of the person's social identity (or the social identity of members of another social group) feels violated.

A word, phrase, or sentence that seems harmless to some people may trigger an emotional reaction in others. Examples of phrases that could be triggers are:

• "I don't see differences; people are just people to me."
• "If everyone just worked hard, they could achieve."
• "I think people of color are just blowing things out of proportion."

One's emotional response can include anger, confusion, hurt, fear, surprise, and embarrassment.

There are a number of responses to triggers, some of which are more effective and more appropriate than others, depending on the situation.

Responses to triggers include:

• **Avoidance-** Avoiding future encounters and withdrawing emotionally from people or situations that trigger us.

• **Silence-** Not responding to the situation although it is upsetting, not saying or doing anything.

• **Misinterpreting-** Feeling on guard and expecting to be triggered, we misinterpret something said and are triggered by our misinterpretation, not the words.

• **Attacking-** Responding with the intent to lash back or hurt whoever has triggered us.

• **Internalization-** Taking in the trigger, believing it to be true.
• **Confusion-** Feeling angry, hurt, or offended, but not sure why we feel that way or what to do about it.

• **Naming-** Identifying what is upsetting us to the triggering person or organization.

• **Confronting-** Naming what is upsetting us to the triggering person or organization and demanding that the behavior or policy be changed.

• **Surprise-** Responding to the trigger in an unexpected way, such as reacting with constructive humor that names the trigger and makes people laugh.

• **Discretion-** Because of the dynamics of the situation (power imbalances, fear of physical retribution), deciding not to address the trigger at this time but at some way at some other time.

http://www.uww.edu/learn/diversity/safeclassroom.php

ADMINISTRATION

Contact perspective students 2 weeks ahead, by phone or email, confirm their participation in writing, call 3 days before the full workshop to remind them. Provide date, time and address and room number.

Media and Tools: FC, writing materials – paper or index cards, post it notes, name tags, pens. CD player, DVD Player, computer.

Room set up: Room set up ~ a circle of chairs of a maximum # of…. Provide access to fresh water. Where possible set chairs in curves, half circles or circles (depending on size of group) avoid straight rows or set ups that impair movement or easy conversation. Leave space between chairs. Easy access for students to the washroom and the exit

Housekeeping: washrooms - where they are located and if there will be a break, cell phones- please put on vibrate, if you need to take a call, feel free to take it outside the room and rejoin us when you can , if you need to leave please indicate to us with the royal wave.

Facilitators' Tools: Facilitator Guide, Roller Coaster to Recovery, Recovery Academy Syllabus, list of attendees, a flipchart & easel, markers – various colours, CD player, DVD player? + cd 's and DVD's, note pad, Workshop Evaluation Questionnaire.

Facilitator Guide: lays out the time frame, the workshop exercise and content, and any AV aids or tools required.

Facilitators' Notes: Provides back ground reading or scripts required to cover the intended leaning objectives and content. **SEE Appendix B**

Evaluation: the evaluation questionnaire is a simple to complete on page sheet that will also be posted on the website, ask students at the beginning of this session to give you feedback, in addition to complete it. pager, **Appendix B**

Fs invite verbal feedback in the group as part of the closing, link back the feedback to their questions and expectations as expressed in the opening. Demonstrate the link.

PRE COURSE FACILITATOR CHECK LIST

- □ What languages do you speak
- □ How much experience do you have facilitating recovery?
- □ How would you describe your style?
- □ What are your areas of expertise?
- □ Review RA Comfort Agreement - Model this
- □ The RA Co facilitation model is one Peer and one Service Provider: Who will be in the role of service provider? Peer?
- □ Set up and Materials:
- □ Time keeping
- □ Mediating differences in the group. – who will do this?

Facilitators Post Session Feedback:
Fs discuss their learning's, opportunities for improvement and provide feedback and recommendations to the Program Coordinator. **See checklist below.**

Using the strengths building approach. Together Facilitators will

- ☐ Review student evaluations
- ☐ Discuss
  - ☐ What went well
  - ☐ What needs improvement
  - ☐ What are some suggestions for improvement.
  - ☐ Agree on what you will do differently
  - ☐ What I appreciate about you is……
  - ☐ Any areas of disagreement explore and try to reach an agreement,

- ☐ Assess any further student needs as stated in the session or as written on Post It notes, or as uncovered by facilitators explaining why you see it as a need.
- ☐ Please submit your evaluation and identified student needs to Catherine Corey, Program Coordinator.

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TIME	CONTENT and EXERCISES	TOOLS
	WELCOME **F**acilitators welcome each participant as they enter the workshop. **P**articipants choose their seats and may complete name cards until it starts (optional)	Tent cards and markers
1 min	**F**acilitators open with welcoming remarks (you are in the right place)	
2.5 min	**F** describes the RA as whole and links this with the 3 specific **Learning Objectives** for this session. Invite any clarifying questions or concerns	Prospectus? POSTED
2.5 min	**F** provides **Outline of the Session** (fluid) how we are going to share this time together (learning methodologies). Invite any clarifying questions or concerns	POSTED
2 min **T: 8 min**	**F** covers **Housekeeping Items**. Invite any clarifying questions or concerns	
5 min	**INTRODUCTIONS** **P**articipant introductions start with Facilitators (model) *I am (first name) and I am here because…or* *Hi, I'm here because…* **F** Invite participants to introduce themselves.	
5 min	**COMFORT AGREEMENT** (ground rules) **F** propose group guidelines and invite participants to add to the list	POSTED

TIME	CONTENT and EXERCISES	TOOLS
10 min **T: 10 min**	**CLIMATE SETTING EXERCISE** (a.k.a. icebreaker or sociometry) Group finds connection with each other through an exercise e.g. pet owners: dog, cat, other, or none. The hunt is on… Link the Ex. to what we choose & choices - Recovery	
5 min **T: 10 min**	**NEEDS IDENTIFICATION EXERCISE** **F** provides a few minutes for participants to write their question(s) or area of interest on a post it note to be placed on the tree. **F**acilitators read out posted questions and paraphrase their understanding of the questions, checking back with participants **F** use this opportunity to adjust the session based on Identified Needs **F** Clarify what will be covered and identify what might be outside of the scope of the session while identifying other options if available. Take note of the need in a visible way.	TREE Post it notes Parking lot FC
5 min 5 min **T: 10 min**	**STORY – Service Provider** Linked to well being, recovery and learning objectives **STORY – Peer** Linked to well being, recovery and learning objectives <u>Must</u> include the 5 Key Concepts of Recovery: **HOPE, PERSONAL RESPONSIBILTY, EDUCATION SELF ADVOCACY, and SUPPORT- modeling these.**	See appendix B

TIME	CONTENT and EXERCISES	TOOLS
10 minutes **T Time: 10**	**LETURETTE: using a scenario** Using an analogy like an auto or bike accident … Explore and highlight all of the concepts that are within the following leaning objectives" (script this?) • Acceptance • Self determination • Opening to support • Next steps planning	**F notes**
5 min 15 min **T Time: 20**	**GROUP EXERCISE –** **F** divide the participants into subgroups according to their choices. Participants self select which piece of the scenario they wish to explore as a subgroup. Ask participants as a subgroup to explore their phase of the scenario and identify examples of Acceptance, Self-determination, Opening to Support and Taking Next Steps. Ask them to be prepared at the end of the Ex to discuss in the main group how these apply to themselves right now if they are comfortable.	Hand Out of Scenario and Instruction sheet
10 min	**WRAP UP the - EXERCISE IN PLENARY** One **F** facilitates a group discussion, while the **2nd F** flipcharts the group learning: (validates **Participants'input**) see next page.	FC

TIME	CONTENT and EXERCISES	TOOLS
T time : 10	Mental health well being - pull together the 4 cornerstones, three learning objectives & linked to scenario. • Current situation – where am I/We right now? • What Acceptance is ….. (**A**ttitudinal Shift) • What do I need to consider re. my situation right now? – reflecting , thinking, analyzing **S**kills • What are my options? - Problem solving **S** • What do I choose to do right now? – Decision-making **S** • Am I open to receiving support? Open **A**ttitude • How will the support meet my needs – Needs Identification **S** • What do I need to consider doing as my next step? Planning **S**kills	Point out the skills and attitudes they demonstrated at the closing of the grp discussion by adding these in a coloured marker
T 17 min	**FOLLOW-UP EXERCISE** (reinforcement)* if applicable **F** introduces a Flow Chart or other choice-making tool using the scenario to bring it home to their choices about their next steps. (Needs Identification and Planning.) **ALTERNATIVE EXERCISE #1** Assess need. Offer a 'grounding or centering' meditation. Facilitate a guided meditation. **ALTERNATIVE EXERCISE #2-** My Story – a Care Provider' s View Care providers give a talk what 'called them to service' in MH. What opportunities are there, what shifts they are seeing, (resources, care, stigma, service?) What is the HOPE and good news ahead!	POST CHART Participant Hand out CD

TIME	CONTENT and EXERCISES	TOOLS
5	**CLOSING - THE QUESTIONS** **F** links back the session to the Participant Questions identified on the Tree **F** asks: *"To what extent was your question or area of interest covered in this session?"*	
5	**NEXT STEPS - OPPORTUNITIES ~ RA or other** • Self - Now • Family members - Now • Service providers	
5	**EVALUATION** **F** hands out 1 page questionnaire and asks for their input to improve the Opening The Door to Wellness Workshop. Ask for Participants for quick feedback in group, FC their responses for all to see. Offer alternative ways of evaluating and providing feedback.	Questionnaire FC: " + / Δ " Website and email address
Total Time 115 Minutes	**SIGN Ups** Facilitators have sign up sheets for other workshops or RA resources. And are available to answer questions.	
	FACILITATOR DEBRIEF their session – strengths building approach and suggestions for improvement	

APPENDIX "A"

WOKSHOP EVALUATION QUESTIONNAIRE

1. The workshop objectives were clear and understandable.

Strongly agree	moderately agree	disagree	strongly disagree
1	2	3	4

2. I was invited to express my needs and /or questions.

Strongly agree	moderately agree	disagree	strongly disagree
1	2	3	4

3. The facilitators covered the concepts as posted.

Strongly agree	moderately agree	disagree	strongly disagree
1	2	3	4

4. I had an opportunity to explore the concepts and engage with other participants.

Strongly agree	moderately agree	disagree	strongly disagree
1	2	3	4

5. The learning exercises were helpful and relevant.

Strongly agree	moderately agree	disagree	strongly disagree
1	2	3	4

6. The pace and amount of time allowed was appropriate.

Strongly agree	moderately agree	disagree	strongly disagree
1	2	3	4

7. The highlight of the workshop for me was _____

Strongly agree	moderately agree	disagree	strongly disagree
1	2	3	4

8. **I have ideas I can apply and that are relevant and practical. Please give an example**_____

Strongly agree	moderately agree	disagree	strongly disagree
1	2	3	4

9. **I recommend the following changes** _____
(Areas for improvement)
_____

10. **I'm interested in taking:** _____
(Name of workshops)

Name (optional)_____

APPENDIX "B"

Facilitators Background Notes

RECOVERY -

- A recovery approach to mental disorder or substance dependence (and/or from being labeled in those terms) emphasizes and supports a person's potential for recovery.
- Recovery is generally seen in this approach as a personal journey rather than a set outcome, and one that may involve developing hope, a secure base and sense of self, supportive relationships, empowerment, social inclusion, coping skills, and meaning.
- Recovery is a common experience.
- Recovery is coming to terms with the mental illness and having a life for yourself.
- Recovery is a deeply and intensely personal, unique process of adjusting or changing one's attitudes, values, feelings, perceptions, beliefs, skills, roles and goals in life.
- Recovery is a deeply emotional process.
- Recovery is not just recovery from the illness.
- Recovery is seeing yourself, treating yourself and responding to others as a person rather than as an illness.

5 KEY CONCEPTS of RECOVERY

HOPE: There is light at the end of the tunnel. People who experience disturbing signs or behaviours can get well and stay well for longer periods of time. Having HOPE means people can motivate themselves to overcome the barriers and obstacles that confront them. People can work towards their hopes and dreams and learn to lead a new life.

PERSONAL RESPONSIBILTY: This means people need to be the leader in their own recovery and well being. It means giving up blaming others or anything for the symptoms. This does not mean ignoring them but placing the focus on the 'now' and the road to wellbeing and recovery. It means accepting your self as you are and letting go of blaming your self for your symptoms. It means continuing to take care of yourself and continuing to learn life-long. It means appreciating your self and others who have helped you, for the good things ife has to offer. Those who take personal responsibility go on to feel well and lead happier more fulfilling lives.

EDUCATION: Learn all you can about yourself, your signs or symptoms so you can make good decisions about yourself, and become your own expert in your wellbeing. In: life style, treatment options, work life, relationships, living space finances, leisure time, activities and all aspects of your life.

You can educate yourself by:

- Attending course workshops lectures and support groups.
- Reviewing and reading educational resource (articles, books, newsletters, audio and cds)
- Checking out addictions and or mental health site on the internet
- Contacting addictions and mental health organizations
- Talking to others who have similar experiences and those who have expertize in the field.

SELF ADVOCACY:
Believe in yourself.
Know your rights – See bill of rights.
Get the facts. Plan your strategy
Gather your support
Target your efforts
Express yourself clearly
Assert yourself calmly
Be firm and persistent

SUPPORT: You will likely need lots of support to help you get well and stay well. You need support from friends and family, community, heath care providers and peers. You can also give support to those with whom you have mutually supportive relationships. You will need to define what you look for in a supporter. What helps and what hinders. Good supporters LISTEN and do not give unsolicited advice, criticism or judgments.

Adapted from Mary Ellen Copeland .www.mentalhealthrecovery.com

What is recovery is and is not. Difference between therapy and education.

Therapy and Education

THERAPY	**EDUCATION**
- Focuses on problems, deficits and dysfunctions; -Strays beyond formal therapy sessions and becomes the over-arching paradigm, -Transforms all activities into therapies – work, gardening, etc…; - Problems are defined, and - the type of therapy, by the professional 'expert'; - Maintains the power imbalances and reinforce the belief that all expertise lies with the professionals.	- Helps people recognize and make use of their talents and resources; - Assists people in exploring their possibilities and developing their skills, - Supports people to achieve their goals and ambitions; - Staff becomes coaches who help people find their own solutions; - Students choose their own courses, work out ways of making sense of (and finding meaning in) what has happened and become experts in managing their own lives.

ACCEPTANCE in Mental Health Recovery - Facilitator Notes

Acceptance is the biggest challenge in mental health recovery. Many personal stories will attribute Acceptance of their mental heath illness (dis -ease) is the key turning point on the path to wellness.

It is important to understand that rejection or denial of an illness can be a natural initial defensive reaction to a painful revelation. Society still has yet to fully understand mental illness and the stigma around it is threatening.

Denial can be a way of dealing with the initial trauma of breaking down. The trouble with not accepting is that we/you may also reject care and treatment. We/You refuse services, resources, medication, fight potential confinement and rebel, or worse – have conflict with or outwardly reject those supporters trying to help you.

This behavior does not move us/you toward wellness and it just makes things worse. By accepting our/the reality, we can actively seek the right support, care, access to treatment, or medication and begin to turn our life around. Without acceptance we/you remain trapped in the mindset that nothing's wrong. I've seen many stuck there – a bad place to be."

Acceptance has a powerful role to play in recovery. People who have experienced mental illness often talk about the importance of being accepted by others and how this helped them to come to terms with their mental health problems.

Acceptance can lead to changes in your lifestyle, attitudes and expectations, a growth in your self-awareness and the acceptance of a new sense of identity.

Acceptance by others, especially your family and friends, is also important and promotes a sense of belonging.

Being accepted as part of a bigger picture allows you to develop a sense of purpose and feel it is possible to contribute to society. Some people find a pathway to acceptance and a sense of belonging through spirituality or religious beliefs. Practicing **'mindfulness'** or meditation may also enable you to stay in the present, the 'Now" and avoid anxiety about the future or the past.

SELF – DETERMINATION in MH Recovery Facilitators' Notes

This is about recognizing your individual Rights, choices and participating with full inclusion in making decisions regarding your own health, wellbeing and treatment. To have a meaningful role in identifying your need, designing the care experience that best meets your immediate and longer tem needs and assessing the services and supports offered.

Recognizing and tapping into the power you do have. It encompasses your individual human rights, freedom of choice, independence, personal advocacy, self-direction, and your personal responsibility.

MEC ON SELF DETERMINATION in RECOVERY

Self-Determination in Mental Health Recovery: Taking Back Our Lives

By Mary Ellen Copeland

The most important aspect of mental health recovery for me personally is self- determination. My connection with people in the system and in recovery has convinced me that the same is true for others. In this paper I will discuss both my personal perspectives and the perspectives of others on this important topic based on many years of experience as a person, a user of mental health services, a researcher and a teacher. It will include: 1) my personal story of taking back control of my life; 2) breaking down barriers to self-determination; 3) values and ethics that support self-determination; and 4) self-determination facilitators: WRAP and Peer Support.

My Personal Story

For many years I was dependent on the mental health system and other "supporters' for my well-being and to make major decisions about the important aspects of my life. I depended on this system to provide for all of my needs including food, shelter, clothing, treatment and medications. As time went on, my level of dependence increased. And through that time the circumstances of my life deteriorated. After having gotten a good education, raised a family and had a successful career, I found myself, in my mid-forties, living in a housing complex for the elderly, on social security disability, filled with shame and despair, my records declaring that I was permanently disabled.

I remember the day all of that changed. As I was leaving my psychiatrist's office with the prescriptions for a new "soup" of medications, he said to me, "Mary Ellen, if this doesn't work, we'll try ECT." My mother had ECT many years ago, and after that she couldn't remember the time when my siblings and I were growing up. It was a huge loss to her. I was clear ECT was not a road I wanted to take. I decided that day to take back control of my life—to determine my own future. And that decision has led me on an incredible journey.
My first step was to find out how others -- who, like myself, had multiple psychiatric labels --

cope with these symptoms or difficulties as I like to call them, on a day-to-day basis. So I asked my psychiatrist. He said he would get me that information for the next time. But when, at the next appointment I asked him for that information, he told me there wasn't any information like that. There was only information on medication, hospitalization and day treatment programs.

So I developed a scheme that some people might call "grandiose", particularly for a person with a history of extreme mania and depression. I would interview people who have had these symptoms, find out how they cope, and use those skills and strategies to recover and get on with my life. In the fifteen year since I decided to take back my life, I have talked to thousand of people all over the world. I have compiled the information they have shared with me into a mental health recovery program, have written 12 published books (distribution in the hundreds of thousands), teach others this information, and now am focusing on teaching others how to teach this information.

69 Taking Back Our Lives M.E. Copeland

The most important concept that has come out of all of this—absolutely key to the recovery journey—is self-determination. Some people talk about a defining moment—that moment when they knew they had to take back control over their lives. Others describe a gradual process, an awakening. But without self determination, people stagnate. They become more and more dependent, and more and more convinced that they will never fulfill their life dreams and goals.

It is exciting to me that mental health agencies and organizations are now recognizing the importance of self-determination—some with vigor and some more reluctantly-- and are moving to rebuild the system to reflect this change.

Breaking Down Barriers to Self-Determination
There are many assumptions about "mental illness" and mental health that must change, and are changing, that will facilitate the personal process of self- determination and taking back our lives.

When I first decided to reach out for help to deal with the difficult feelings I had been having all my life, I went through a lengthy questioning process assessment) that had little or nothing to do with the way I was feeling. I was given a diagnosis, told what that diagnosis would mean in terms of what I could expect in my life, and given medications that I was told I must take, probably for the rest of my life. Little attention was paid to my "out of control" lifestyle, my abusive relationship and my history of childhood sexual and emotional abuse and trauma. My definition of myself changed in a very short time from person, mother, teacher, artist, writer and naturalist to "mental patient," a person who needed others to take care of me and make decisions for me. My power was taken away and I felt different from others and alone.

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Unfortunately, this is a common scenario that many still experience. What would an alternative view look like that would allow for a different outcome- an outcome that would help me get my life back, change and grow, and work toward my own goals and priorities? As before, I am dealing with difficult feelings and behaviors. I reach out for help. The person or

people I reach out to assume that if I am feeling this badly, something bad has happened to me. They want to know about these things. They want to know how they can help. I am listened to. I am supported. I feel validated and safe. I am connected with peers. Together we work on seeing our feelings and behaviors in new ways and work together to find new ways of responding that foster wellness and recovery.

In this trauma informed scenario I keep my personhood. I keep control of my own life. My difficulties are seen as normal human responses to bad things that have happened to me, either recently or a long time ago. I can move forward, creating change based on my needs, dreams and goals.

For many years it has been assumed that those of us who experience psychiatric symptoms can never get well, and often get worse over time. Now we know that many, many of us have become empowered, gotten well, stayed well for long periods of time, have determined their own goals and priorities and are working toward meeting them.

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Another common misperception was that those of us who experience psychiatric symptoms need to be controlled and "taken care of," that we cannot control or take care of ourselves. Now we know that those of us who experience psychiatric symptoms can control ourselves, take care of ourselves and make choices about our own treatment and our own life. Empowerment and choice hasten recovery rather than interfere with it.

Some people have assumed that that because we have difficult times, we can't learn, and we can't make decisions, that only highly trained medical professionals understand these symptoms and can make decisions about our lives. We have always known that we can learn, and now we use our ability to learn to make good decisions for ourselves—decisions based on our own personal values and priorities—about our treatment and other aspects of our lives. Others also thought that those of us who experience psychiatric symptoms could not advocate for ourselves, that we need others to decide for us what would be best for us, and then to advocate for us. Now we know that we can almost always advocate for ourselves. If we are having a very difficult time, we can ask for the help of family and friends who know our preferences.

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Those of us who experience these symptoms were told that we should not associate with others who experience similar symptoms. Now we know that others who have experienced psychiatric symptoms can often be the best of supporters. We can understand each other and support each other in ways that are really helpful. We can "be" with our discomfort rather than needing to "fix" it immediately, and support each other through recovery. We can challenge each other to take risks and create change that would be difficult to accomplish alone.

The idea that when we are having a difficult time we need to be forcefully controlled, confined and subdued has been a widespread belief through the system for a long time. This kind of "treatment" which many of us referred to as "punishment" did not help and often made us feel worse, traumatizing us again and again, and making it much more difficult to get well. Now we know that when we are having a difficult time, there are many things we can do to help

ourselves feel better. We have developed documents that instruct others on how to take care of us in ways that are really helpful when we need that help. We have advocated for the development of safe places where we are listened to, validated and supported by others who understand what we are experiencing.

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In the past, it was thought that we couldn't do anything to help ourselves. Others failed to recognize our strengths and instead saw only what they considered to be our deficits. Now we are recognizing our own strengths and using those strengths to prevent and relieve symptoms and to keep ourselves well.

Values and Ethics that Support Self-Determination

In order to support mental health recovery and self-determination, the system must be guided by redefined values and ethics. Through my years in this field, I have become aware of some these values and ethics. When I think the list is final, another important concept is brought to my attention that belongs on the list. Therefore, the list I am sharing with you is a "work in progress."

For these values and ethics to become entrenched in the system so we can take back our lives, each of us has to speak out whenever necessary.

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.

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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.

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, disability and sexual preference issues.
- avoidance of judgments, predictions, put downs, labels, blaming and shaming.
- "no-limits" thinking (the word prognosis belongs in the circular file)
- validation of personal experience.
- choices and options, not final answers.
- voluntary participation.
- 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. 75
- 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 when we can't
- meet these needs ourselves, and as we are working on our recovery.

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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 of us who experience these difficult symptoms.

Self-Determination Facilitators

1. Wellness Recovery Action Planning

One of the most profound recovery tools that I have discovered, one that is totally founded in the concept of self-determination, is the Wellness Recovery Action Plan. Back in 1997, I was working with a group of 30 people, people who had been struggling for years with various psychiatric symptoms, teaching them the recovery skills and strategies I had been learning. They found this to be somewhat helpful. However, when a woman said that she had not idea how to incorporate these tools and strategies into her life, we began working together to develop a system to do that. And that system, now being used around the world, is WRAP.

WRAP is a plan or a process for identifying the resources that each person has available to use for their recovery, and then using those tools to develop a guide to successful living that they feel will work for them. People can develop these plans on their own, guided by the resources I have developed. However, many of them prefer to work on these plans in groups, getting ideas and feedback from others who share their experiences. Most of these groups are organized and facilitated by peers. The group process helps people move from a "learned helplessness" or "mental patient" view of themselves to seeing themselves as people with resources who can determine the course of their own lives.

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WRAP development begins with building a personal Wellness Toolbox. In working on the Wellness toolbox, people come to recognize the vast resources of choices they have available for self-help and self-determination. These tools range from things like getting 8 hours of sleep every night, drinking 6-8 ounce glasses of water a day, playing with your dog, doing deep breathing exercises, avoiding sugar, and staying away from bars to spending time with peers, doing peer counseling, taking a course, joining a support group, developing leadership skills, letting go of addictions and learning new responses to troubling situations. Working together, people come up with long lists of simple, safe, effective and often free things they can do to stay well, relieve symptoms and make their lives the way they want them to be.

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This Wellness Toolbox is used to develop a personal plan that includes identifying the things to do every day to stay as well as possible, upsetting things that happen that could be

"triggers", early warning signs and signs that things have gotten much worse and developing plans using their own resources that will help them to feel better in each of these circumstances. This simple planning process has allowed numerous people to gradually or quickly take back control of their lives.

WRAP also includes a crisis plan that tells others what they want them to do to help when things become really difficult for them. The post crisis plan is a personally developed guide for the person to use when they are getting over a difficult time.

One of the key barriers to WRAP being used as it was designed and intended is that it often gets co-opted and redesigned by a program or an agency. In this process the self-determination aspects are often obliterated. Attending WRAP classes is mandated. People are told how many items they need on each list and what to put on the list. They are told they must complete their WRAP and when it needs to be completed. The care provider may insist on storing the WRAP in their office between sessions and even after it is completed, or having a copy of it in their file. They may also insist on monitoring the person's progress, whether they are doing the things on their daily maintenance list every day, whether they used the right tools when they were triggered and so on.

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It is essential that WRAP remain a self-determination tool. As such, WRAP is only WRAP when the following guidelines are adhered to:

There is only one person who can write your WRAP—YOU. You, and only you, decide: If you want to write one, How much time it takes you to do it When you want to do it What you want and don't want in it Which parts you want to do Who you want, if anyone, to help you with it How you use it Who you show it to Where you keep it Who, if anyone, has copies of your crisis plan **Copeland, M. *Mental Health Recovery and WRAP Facilitator's Manual*. Brattleboro, VT revised, 2002**

For a person who has been in the system a long time, WRAP is often a person's first introduction to the idea that they their ideas and views have value, and that they can make their own decisions and move on with their recovery. It can be the initial step in the recovery process.

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2. Peer Support

Taking back control of your own life is a difficult task. It is even more difficult if you are trying to do it alone. Peer support programs that are developed by and for peers, and that are peer operated and offered instead of or in addition to traditional services can meet this need. They offer people the opportunity to get together with others who have had similar experiences, to support each other in taking back control of our lives, and to learn new ways of doing and being that replace old patterns and responses that perpetuated or worsened difficult times. In addition, they often offer leadership opportunities, education, training and job opportunities that build self-esteem and open the door to personal development and an improved quality of life.

However, if careful attention is not paid, these programs can easily revert back to the

hierarchical systems that take away personal power and control. They can become just a new name for doing things the same old way. On going program evaluation and refinement by program participants is assessment is essential to insuring that these programs work toward their vision and support people in taking back control of their lives.

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In closing In the years since I have been working closely with the mental health system, I have seen phenomenal movement toward a system that is truly focused on recovery and self-determination. Thankfully we are light years away from the time in the late forties and early fifties when my mother spent 8 years confined and controlled in a horrific institution. On the one hand I am convinced that we have come so far and so many people are empowered, that we can never return to those infamous days. On the other hand, I know that we all must be vigilant, especially in these times, to retain the gains we have made and continue our progress.

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