







Introduction

- Who I am
- My role
- Why I'm here





- Recovery: process
- Wellness: state of being

Are they interchangeable? No. Do they belong together? YES!

## Components of Wellness & Recovery

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#### **Educate**

Self Individual you serve 2

#### **Engage**

Your role Individual participation 3

#### **Advocate**

Team advocacy
Self-advocacy

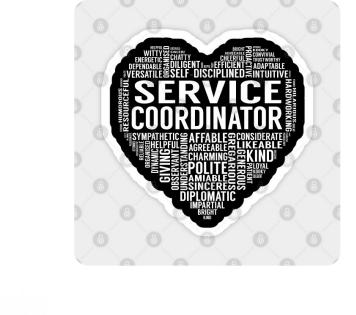




In order to understand others, you must understand yourself first.

-Vikrant

- Who are you?
- What is your role as a service coordinator? What is your role in recovery?
- Why do you do what you do?





#### (also called "Personal Factors")

- Knowledge
- Expectations
- Attitudes

Determines Human Behavior

#### **Environmental Factors**

- Social norms
- Access in community
   Influence on others
   (ability to change own environment)

#### **Behavioral Factors**

- Skills
- Practice
- Self-efficacy

# Environmental Factors: Trauma

**Trauma and ACEs** 

ACE: Adverse Childhood Experience

Over **60%** of people have experienced at least one

**ABUSE** 

**NEGLECT** 

HOUSEHOLD DYSFUNCTION



**Physical** 



**Emotional** 





Physical





Mental Illness



**Incarcerated Relative** 



Mother treated violently



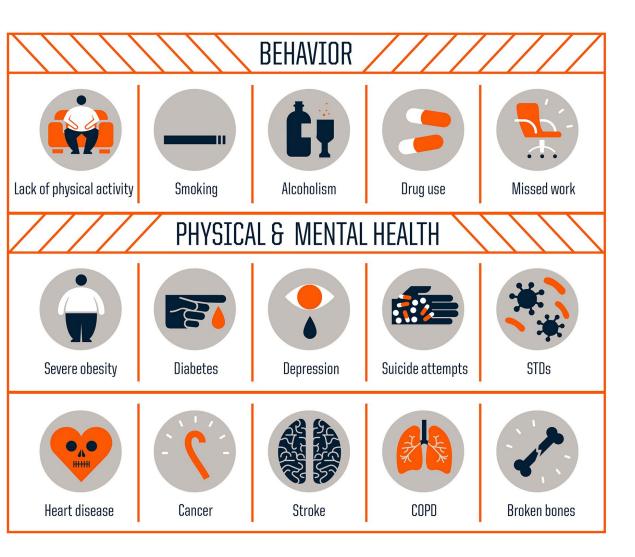
Substance Abuse



Divorce

(see handout)

Wellness & Recovery



# Long-term Consequences

SAMHSA's definition of

# recovery

noun.

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

# 4 MAJOR DIMENSIONS OF RECOVERY

**HEALTH** 

HOME

**PURPOSE** 

COMMUNITY

### **5 Key Recovery Concepts**

Designated by Individuals Receiving Services

\*Hope

\*Support

Personal responsibility

Self-advocacy

Education





### Partner Scavenger Hunt

- Bandage-to heal when you're hurt (addresses trauma)
- Slinky-keep going! (resiliency)
- Rubber band-to stretch beyond your limits (goals)
- Candle-to light up the darkness (HOPE)
- Toothpick-pick out the good in others AND yourself (strengths-based, respect)
- Lifesaver-for the times others need your help and you need theirs (peer support)
  - Pen-write your own (new) story
  - WRAP-plan to maintain wellness

- Fidget-different self-care/coping skills for each person
- Eraser-move on from the past (expungement)
- Notepad-self-exploration (see next slides)
- 'yellow cards'-recognize need to slow down, be aware of signs/symptoms, get help early
- Visitor badges-try new things/step outside your comfort zone
- Paper clip-hold everything together when it feels like it's falling apart (ENCOURAGEMENT)
- 'Hug'/'Kiss'-to remind you that someone cares about you (relationships/support)
- Tea bag-to remember to take care of yourself (self-care) ['throat coat'-speak up (advocate)]



# There is no such thing as an unmotivated person.

...it's about finding what motivates them...

## Individual being served: self-exploration

#### I am...

- Past: Who was I?
- Present: Who am !?
  - Strengths
  - Resources
    - · Behavioral health services
    - Family/Friends
    - PEERS/support groups (next slide)
- Future: Who do I want to be?
  - Small steps
  - Larger goals

#### Recovery is...

- Healing
- Growth
- Choices
- Opportunities
- Full potential
- HOPE



# What recovery means to ME!

#### Key components of person-centered treatment plants:

- Defined by the individual
- Independence and choice are valued
- Clear 'exit' from services
- Attainable goals and high expectations
- Personalized treatment options

- Importance of community
- Self-determined/directed
- Strengths-based
- Promotes resilience
- Focuses on *holistic* wellness

#### Your Role

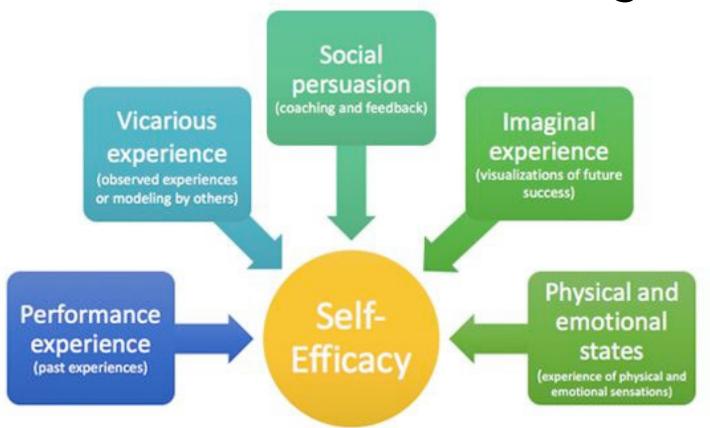
- **Listen** actively
- Orientate the individual to recovery principles and concepts
- Assess for strengths
- Plan for small steps
- Keep an individual accountable
- Promote self-discovery
- Encourage resilience
- Provide mentorship

...AND, most importantly, provide



# Person-directed Engagement

# Self-efficacy: believing oneself capable of successfully performing certain behaviors or reaching certain goals



Self-efficacy requires an individual to take control of their own recovery and wellness.

This individual takes personal responsibility.

#### Your role:

- Guide/assist
- Hold accountable

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Wellness & Recovery

# Social Cognitive Theory

#### SELF-EFFICACY

Believing oneself capable of successfully performing certain behaviors or reaching certain goals

#### Crucial to motivation

Learners more apt to initiate, exert effort in, and persist at activities for which they have high S.E.

Comes from past successes in an activity

(to a degree)

Social factors can boost S.E.

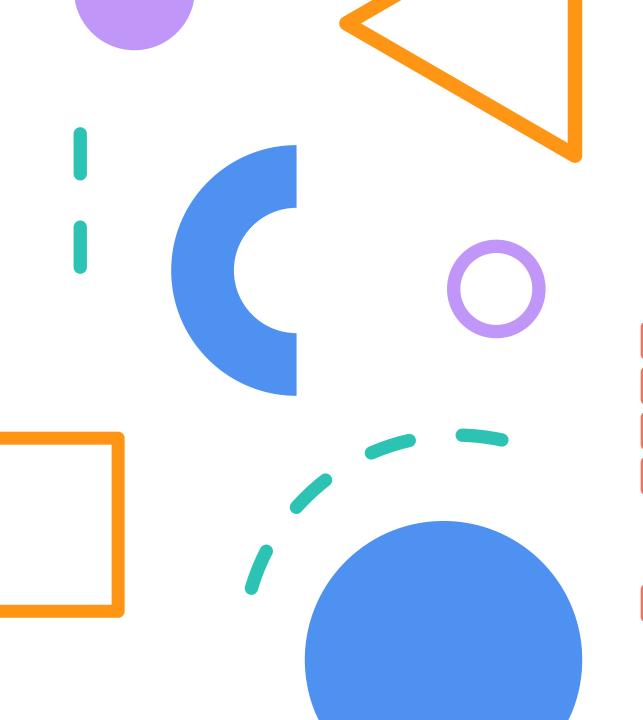
encouraging words successful peer models





#### PEER SUPPORT can be one of the most important tools for an individual!

- Most underutilized resource!
- It's one thing to say you understand, but unless someone has had some of the **same** experiences (especially if it is a physical or mental challenge), they can connect with someone on a much deeper level.
- Part of CTT/CIT teams: provide a person with lived-experience's perspective to instill hope, provide support, and promote recovery and wellness from a personal perspective/provide an example
- Bridges the gap between professionals and individual receiving services



# Certified Peer Specialist (mental health) Certified Recovery Specialist (substance use)

Certified by the state

Go through two weeks of training

Supervisor is also a person with lived-experience ('peer')

Provide assistance in **both crisis and non-crisis situations** 

- Treatment teams
- At home/in the community
- PSAN's Warmline
- Resolve (phone/walk-in)

Must maintain credentials/complete continuing education





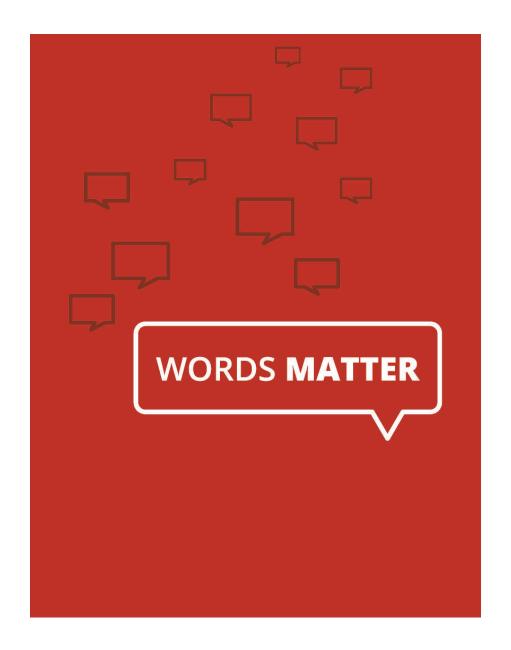
#### **Team Advocacy**

- It's your job to advocate for the individual in treatment teams, recovery services, etc.
- The individual is encouraged to do so, but might not be able to.
- If the individual is not available or is unable to advocate for themselves, you are their voice.

#### **Individual Advocacy**

#### Speak-up! Speak out!

- If things aren't working out, encourage them to address it.
- This includes...
  - Treatment options
  - Behavioral health professionals
  - Medications
- Outside this realm: **boundaries**



Moving from the 'medical model' to Recovery-Oriented Language

# Recovery-oriented language is objective.

Incorrect	Correct
John refused/resisted	John declined repeatedly objected to
Nancy believes	Nancy stated
Sarah is delusional.	Sarah is experiencing delusional thoughts.
We have watched Tim decompensate.	Tim is experiencing increased symptoms.
Sam is manipulative.	Sam is seeking alternative methods of meeting his needs.
Francine is noncompliant.	Francine isnot in agreement with treatmenthaving difficulty following treatment recommendations.

## Summary: Recovery-Oriented Principles

Don'ts	Dos
Don't use subjective language	Use objective language (previous slide)
Don't use labels/generalizations Ex. 'She's moody.'	Use person-first language Ex. not 'She <i>is</i> bipolar.' but 'She <i>has</i> bipolar disorder.'
Don't assume you know best (as the professional, you're the expert)	Figure out what works for that individual-they're the expert!
Don't emphasize limitations	Emphasize abilities
Don't be condescending or patronizing	Focus on hope and empowerment

### Take-aways

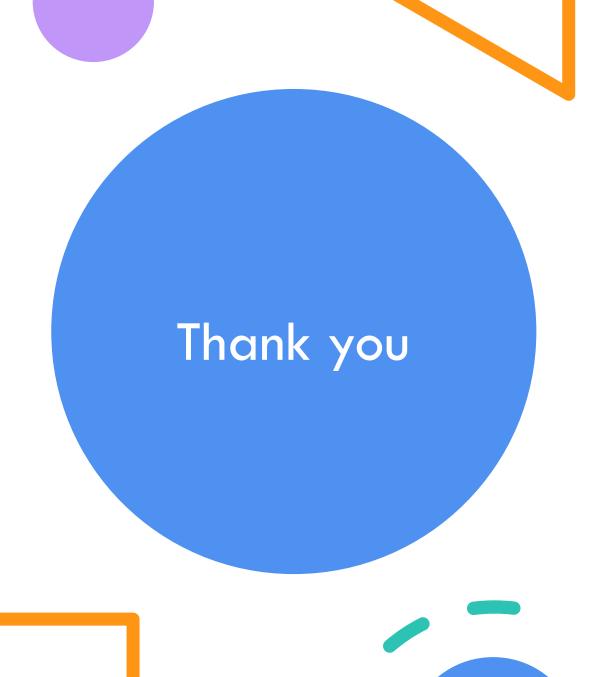
**You** play a key role in an individual's recovery.

The choices are theirs, but you can **support** them along the way.

The most important thing you can do is provide **HOPE**.

May you be proud of the work you do, the person you are, and the difference you make

PLANNING in Pajamas



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For more information on Stand Together:

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