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# Sustaining a Culture of Recovery Through Agency Orientation

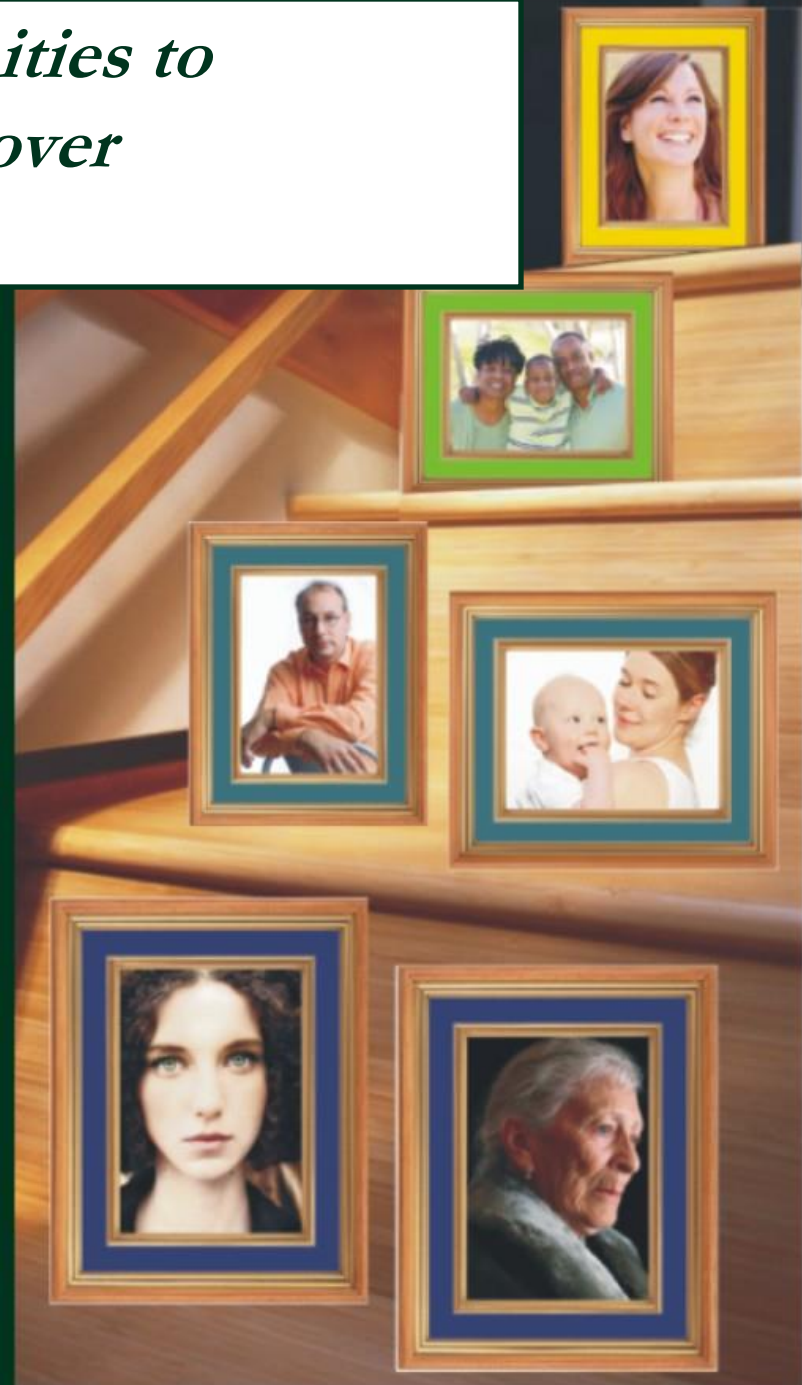


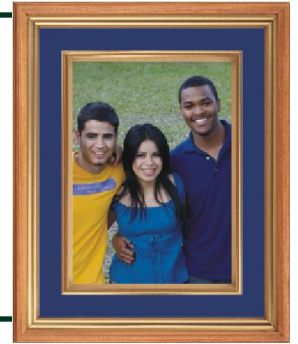
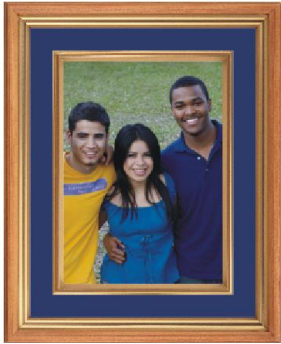
*Providing Opportunities to  
Heal Grow and Recover  
Since 1997*

**WHAT IS A RECOVERY  
FOCUSED SERVICE  
DELIVERY  
and  
HOW TO IDENTIFY  
PROGRAMS THAT  
TRULY EMBRACE A  
RECOVERY  
PHILOSOPHY**

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Putnam Family & Community Services, Inc.

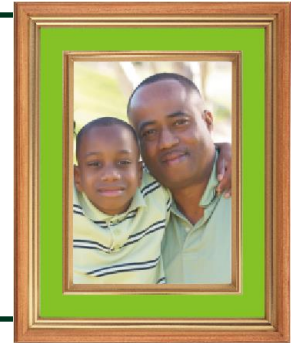




# Creating a Recovery Vision

- ✧ “We envision a mental health system that believes that persons with psychiatric disabilities have the same aspirations and goals as anyone else.
- ✧ We envision a mental health system that is driven by the client’s goals rather than by the system’s goals.
- ✧ We envision a mental health system that does not define people by labels, but sees them first and foremost as people.
- ✧ We envision a mental health system in which persons with psychiatric disabilities can receive the help they need and want without having to pay the ultimate price-their dignity.”

(William Anthony, 1990)



# Where We've Been

- ✧ Deinstitutionalization
- ✧ Community Support System
- ✧ Psychiatric Rehabilitation
- ✧ Recovery Based/Person-Centered Services

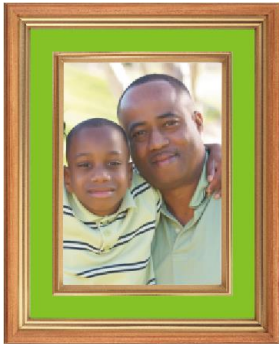
# Changes to the System

## **Regulation changes**

- ◆ Consumer advisory boards
- ◆ Consumer signatures on treatment plans
- ◆ Changes to Reimbursement structures (CDT, clinics)

## **New service models**

- ◆ Peer-run services, Rose House, Recovery Centers
- ◆ Supported housing, Supported education
- ◆ PROS, Individualized Placement & Support (IPS)



# Recovery

“Recovery is a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills and or roles. It’s a way of living a satisfying, hopeful and contributing life even with limitations caused by illness. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness.”

(Anthony 1993)

# Basic Principles Through the “Recovery Lens”

- ✧ Recovery is possible.
- ✧ Recovery can occur without professional intervention.
- ✧ Recovery involves more than symptom reduction and can occur even though symptoms reoccur.
- ✧ Recovery is a highly individualized process.
- ✧ Recovery occurs in the presence of someone who believes in and stands by the person.
- ✧ Recovery from the consequences of the illness is sometimes more difficult than recovering from the illness itself.



# Values of a Recovery Based Program

- ✧ Person Orientation
- ✧ Functioning
- ✧ Consumer Involvement
- ✧ Individualization
- ✧ Self-determination
- ✧ Outcome orientation
- ✧ Support
- ✧ Growth potential

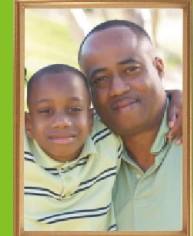
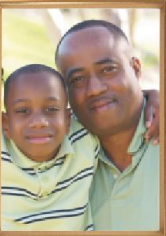


# A Recovery Based Program Approach

## What it Should Do:

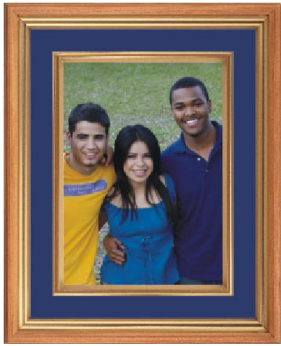
- ✧ Focus in on the individual's life goals and needs
- ✧ Encourage the individual to see many possibilities- maximize choice
- ✧ Help the individual to increase competencies
- ✧ Be flexible in admission and program participation criteria
- ✧ Not reject anyone's participation
- ✧ Offer hope-the possibility for change and growth

# A Recovery Based Program Approach

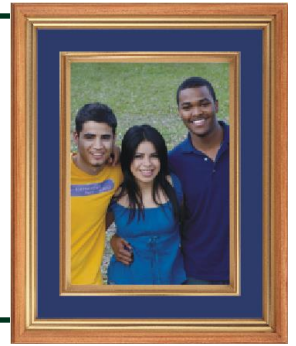


## What It Shouldn't Do:

- ✧ Disregard personal values, desires and wishes
- ✧ Set goals unmindful of individual strengths, limitations or wants
- ✧ Offer a homogenized program that's prepackaged and pre-defined
- ✧ Set rigid requirements for intervention and force participants to choose either all or nothing
- ✧ Diminish hope, constrain thinking and expectations



# Practitioner Self Assessment



- ✧ Am I helping the individual to describe and define his needs?
- ✧ Am I accepting the individual's definition of her needs as a guide to treatment and service planning?
- ✧ Am I looking at the individual's real world environments to see that he is maintaining skills and supports he needs?
- ✧ Am I measuring success in terms of the individual's outcome and satisfaction (are people getting what they want and do they have the skills and supports to maintain it)?



# Practitioner Self Assessment

✧ Am I relating to consumers, families and providers in a manner and with actions which affirm the values of recovery:

- ✧ Choice
- ✧ Competence building and maintenance
- ✧ Growth potential and recovery
- ✧ Outcome measures of success and satisfaction

# Walking the Walk vs Talking the Talk

- ✧ Intake and admission should be inclusive vs exclusive
- ✧ Programs should offer the least amount of professional intervention needed
- ✧ First encounters should offer hope for recovery
- ✧ Use of peers throughout the agency
- ✧ Peers are truly integrated into the program and not just tokens

# Walking the Walk vs Talking the Talk

- ✧ Do people ever get discharged?
- ✧ What is the language used by the staff (e.g. schizophrenics, chronic, etc.)?
- ✧ Do the goal plans reflect client wishes or clinician wishes (jargon; diagnosis-related)?
- ✧ Is the word “compliance” used by staff?
- ✧ At the first sign of a problem are clients discharged?

# Walking the Walk vs Talking the Talk

- ✧ Is there a chance for clients to “interview” the intake worker during the intake?
- ✧ Are clients allowed re-admittance after a failed attempt in the program?
- ✧ Is there a mechanism for client feedback loop?
- ✧ Are clients referred to have “something to do”
- ✧ What is the mission, values and vision?



# Top 5 Ways You Know a Program is NOT Recovery-Focused



1. The program tells you that you must attend a minimum of 3 groups a day, in order to maximize billing
2. You are discharged from treatment because you want to change or discontinue your medication





## Top 5 Ways You Know a Program is NOT Recovery-Focused



3. The psychiatrist lets you know that your child is a schizophrenic and will never work or live independently.
4. The program holds a party to celebrate your 20th year in the program
5. You are discharged from treatment because you are a liability