Bringing Principles to Practice

The aim of SAMHSA’s Recovery to Practice (RTP) project has been to help to operationalize recovery principles into everyday practice for the benefit of people using behavioral health services.

Through this newsletter and other avenues, RTP has illustrated ways that service providers can integrate person-centered principles and practices into diverse, multidisciplinary settings at all levels of an organization. This has included wide-ranging virtual training and educational events and resources to strengthen practitioner skills and competence. Our easily accessible training material is tailored to physicians and other medical personnel, therapists, social workers, peer specialists, and others who provide support services in our communities.

Here you will find a catalog of the resources developed over the course of the project and a capstone of perspectives on the essence of recovery-oriented practice from experts nationwide. The last page provides links to new items and the entire collection of products.

“Building this library of materials with SAMHSA over the last four years has challenged us to keep up with a rapidly changing and evolving profession. It has offered us the opportunity to work with and learn from some of the most highly respected expert researchers, practitioners, and educators in their specialties. People who use services and their family members have informed this process and are featured in this material, illustrating how the use of recovery-oriented, evidence-based practices impacts their life opportunities and well-being.”

SAMHSA's Recovery to Practice Team

What Recovery Means to Me: Perspectives from the Field

What characterizes a recovery-oriented practitioner? What behaviors, attitudes, and skills do they exemplify? And how can a recovery orientation fit into our current healthcare system? In this final issue of Practicing Recovery we explore the core of recovery practices through conversations with people using them every day—physicians, administrators, clinicians, peers, and family members.

Recovery-oriented practice can be described in many ways, but at its heart is how a practitioner approaches and interacts with a person using their services. The relationships built between practitioners, individuals diagnosed with mental illnesses, and their families are one key source of the hope and strength people need to initiate and sustain
personal recovery. Really listening, deeply understanding, and working together are also vital elements of integrated and coordinated care, say our experts, reflecting the best evidence-based practice across the healthcare environment.

"Recovery-oriented care is just a part of good clinical care. It is not independent or added to—it’s integral."
–Lisa Dixon, MD

Following are thoughts on recovery from leaders in the field.

**Recovery-oriented care is...**

Recovery-oriented care is about appreciating people’s goals and helping them get to where they want to be.

JOHN BARNES, MD, Medical Director, FMI; Maine-Dartmouth Family Medicine Residency Program

Recovery-oriented care means identifying the hopes and dreams a person wants to achieve and how they want their lives to be different. Defining the objective outcomes desired by each individual helps practitioners focus on concrete ways to help the person achieve meaningful goals.

KIM MUESER, PhD, Executive Director, Center for Psychiatric Rehabilitation, Boston University

Recovery is process, not an event—it is not recovery “from” one or more diseases, disorders or conditions, but recovery “of” the person who has those things. The person recovers a sense of pride, self-worth, hope, dignity, and meaning, even though symptoms, challenges, and the need for services may persist.

KEN MINKOFF, MD, National Expert on Integrated Systems of Care, Clinical Assistant Professor of Psychiatry at Harvard Medical School

It’s about collaborative decision making, promoting autonomy and personal responsibility, prevention, relationship building, recovery planning—personal recovery plans, advance directives—and hopefulness.

WES SOWERS, MD, Director, Center for Public Service Psychiatry, University of Pittsburgh

It’s not just about: “What happened to you?” It’s about: “What matters to you?” When we know what matters to someone, we know what characterizes recovery for them.

GINNY STOFFEL, PhD, Past President, American Occupational Therapy Association (AOTA)

Recovery-oriented practice is not a technique, it is a way of being with the people you work with. It changes the way you think about and connect with people. In recovery-oriented practice relationships, we all share a human experience where we all want to have a happy, hopeful, meaningful life.

KEN MINKOFF

**A recovery-oriented practitioner believes...**

The most fundamental part of being recovery-oriented is approaching the person I am serving with an attitude of respect, open-heartedness, and open-mindedness, with an ear cocked for the person’s strengths, abilities, talents, and other good qualities. As physicians, we learn about and study disease—which certainly has its value—but the process of recovery almost always involves an individual feeling empowered in his or her own life. The more we approach people as co-experts, the better.

CHRIS GORDON, MD, Vice President of Clinical Services, Advocates, Inc.

We often say that there are two experts in the room: I may be the expert on pharmacology and on mental health, but individuals are the experts on themselves. They’re my guide in terms of offering suggestions on how to solve whatever problems they have at the moment, and in a more far-reaching manner, achieve some of their life goals.

HUNTER MCQUISTION, MD, Director, Department of Psychiatry & Behavioral Health, Gouverneur/NYC Health+Hospitals

A recovery-oriented practitioner believes that individuals using services can get better. They understand that recovery is a deeply personal process and use the lived experiences and preferences of the individual to drive treatment decisions more than diagnostic labels.

JACQUELYN PETTIS, MSN, RN, CPRS, Mental Health Advocate

**Humility, hope, and individual choice are key...**

Humility is probably the most important quality that a clinician brings to the recovery focused relationship.

WES SOWERS

It all flows from humility. As much as you know as a doctor, nobody really knows exactly what is going to happen with one person. Humility doesn’t discount your academic knowledge—it is reflected in how you interact with individuals around your knowledge, and the ambiguity and nuances around shared decision making.

LISA DIXON, MD, Director, Center for Practice Innovations (CPI), New York State Psychiatric Institute
It is so important recognize that the person you are working with has answers for themselves. We’re here to empower them and help them increase their personal power to act on their values, purpose, and meaning in life.

GINNY STOFFEL

Being recovery-oriented is a state of mind and a wonderful platform for practicing medicine. It fits perfectly well with the roles of the physician as diagnostician and as a designer and provider of care. What distinguishes the recovery-oriented posture is what might be called “radical humility”—humility about the nature of diagnosis, the limits of our knowledge, and the right of people to make their own informed choices.

CHRIS GORDON

Even when someone is very discouraged or damaged or hurt in ways that might not be visible, it’s only by being open to that and humble that you can help that person go to where they want and need to go.

LISA DIXON

Relationships are at the core….

We go into this field expecting to connect with people and help them feel better; a recovery-orientation helps us do that—to find ways to partner with people in their journey and inspire them with hope. We hold on to the idea that people who face terribly difficult challenges can come out on the other side. Those with the greatest struggles and who battle the hardest often teach us the most.

KEN MINKOFF

In practice, the relationship is the most important thing: respecting what a person says, truly listening, and acting on what is important to them.

JACQUELYN PETTIS

Be the doctor, nurse, social worker, or other practitioner that you’d want for yourself—someone who will treat you with care, thoughtfulness, gentleness and with candid openness about the limits of his or her knowledge, and a willingness—an eagerness—to understand and welcome your point of view.

CHRIS GORDON

The evidence shows positive outcomes for individuals who have been treated with respect and included in defining their individual recovery goals. Most importantly, a provider should understand that treatment should always be based on individual needs.

ANITA FISHER, Family Member, Advocate, and Mental Health Consultant

Everyone has to figure out his or her own path. They just need someone to help them understand that there are many paths to get where they want to go.

KEN MINKOFF

Recovery-oriented care is good medical practice…

There is a misconception that recovery-oriented medicine is somehow in contrast or conflict with “traditional” medicine. They are not mutually exclusive.

CURLEY BONDS, MD, Chief Deputy Director, Clinical Operations, Los Angeles County Department of Mental Health

Part of recovery-oriented practice is learning many things about a person—not just their symptoms, but their lifestyles, their hopes, and what they want from life. Every regular clinician in any specialty should be discussing things beyond symptoms.

LISA DIXON

There is no conflict between “traditional” approaches and recovery-oriented practice, really. Recovery-oriented practice is the most effective way to manage treatment options available to an individual; it is not an alternative to those treatments.

WES SOWERS

Recovery-oriented practice underlies the whole approach of providing integrated care. Integrated care involves recognizing that you are part of a team with the person you are serving. Your job is helping that person figure out how to negotiate all of their issues together—their physical health, mental health, substance use, personal relationships, housing, et cetera, in the context of their lives, their goals, and the way they want to live. Connecting with people in that way, helping them find their hope and strength, and using that hope and strength to make progress on all those multiple issues in small steps over time—you are engaging in a recovery-oriented and integrated partnership.

KEN MINKOFF

Good medical care has always had the relationship at its center, and that has been as important and helpful as any procedure or medication that we have devised or attempted to replace it with.

WES SOWERS
Recovery Resources for the Field

More than 70 educational materials are part of the RTP resource library, which is designed to help you deepen your knowledge and use of recovery-oriented practices. Most can be used by individuals for personal learning and continuing education. All are adaptable to both academic and organizational professional development applications. Below is a short list of highlights. See them all at www.samhsa.gov/recovery-to-practice.

Complex clinical decision support videos and podcasts

Three videos and six podcasts discuss how to integrate evidence-based best practices and hopeful, person-centered practices in all treatment and services for people with behavioral health concerns. Topics include co-occurring mental health and substance use disorders, managing multiple medications, and recovery-oriented psychopharmacology, including medication optimization, prescribing for individuals who are pregnant, experiencing psychotic symptoms, or living with chronic pain.

Comprehensive educational tools on recovery topics

RTP created a series of comprehensive educational tools for a wide-ranging audience on a variety of topics related to recovery. Forty-eight recorded webinars feature leaders in the field, and companion newsletters offer foundational principles and approaches and explore topics such as recovery-oriented cognitive therapy (CT-R), transition-age youth, housing instability, integrated practice, family and consumer engagement, and recovery support for individuals involved with the criminal justice system.

Online course on integrated practice in primary and behavioral healthcare

A comprehensive virtual learning course covers the basics of integrated primary and behavioral healthcare practice and explores the details of how each member of a team and the people they serve contribute to the function of integrated practice teams.

Information for Peer Specialists Serving People with Mental Health Conditions Experiencing Homelessness online training

This six-module online course explores the intersection of homelessness and mental illness. Peer specialists and other learners get practical, real-life tools and tips for helping access services and housing for people diagnosed with serious mental illness who are also experiencing homelessness.

Discipline-based RTP curricula

Full curricula on recovery-oriented practices were developed by six professional associations and geared for their specific discipline: psychiatry, psychology, social work, psychiatric nursing, peer support, and addictions. All are available through SAMHSA's RTP website.

SEPTEMBER IS NATIONAL RECOVERY MONTH

The 2018 Recovery Month theme, “Join the Voices for Recovery: Invest in Health, Home, Purpose, and Community,” explores how integrated care, a strong community, sense of purpose, and leadership contributes to effective treatments that sustain the recovery of persons with mental and substance use disorders. To plan and promote your own Recovery Month event, take advantage of the resources packaged in the Recovery Month Toolkit.