

Five Stages in the Recovery Process Webinar Transcript

Presented by: Debbie Homan and Mary Schepler

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Announcer: Thank you for visiting the Illinois Supported Employment Transformation Initiative web site. The following recording is part of our IPS Training & Education Online Library. Visit our web site to obtain free information and resources to promote employment in the behavioral health field.

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DH: Hello, I'm Debbie Homan, and I am an IPS Supported Employment Trainer with the Illinois Division of Mental Health. I am also a CRSS-E, Certified Recovery Support Specialist with an Employment Endorsement.

MS: And I'm Mary Schepler. I am also an IPS Supported Employment Trainer with the Illinois Division of Mental Health.

DH: Our training today is on The 5 Stages in the recovery process and the role of the CRSS and CRSS-E in those stages. In Illinois, the CRSS stands for Certified Recovery Support Specialist and the CRSS-E stands for Certified Recovery Support Specialist with an Employment Endorsement. We are also going to review some best practices that the CRSS and CRSS-E staff can use in their work with mental health treatment team clients and IPS supported employment team clients. The information on the CRSS credential and the best practices we will review are found in the Illinois Certified Recovery Support Specialist (CRSS) Credential Study Guide. Our hope is that you will find this training helpful in your work.

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DH: Before we get started with the 5 stages in the recovery process, and the role of the CRSS and CRSS-E in those stages, I would like to give you some information on the Illinois CRSS and CRSS-E credential, which is offered through the Illinois Certification Board. In Illinois, the Certified Recovery Support Specialist (CRSS) is a credential offered by the Illinois Certification Board for those who provide mental health or co-occurring mental illness and substance abuse peer support to others. A person with the CRSS credential uses unique insights gained through their personal recovery experience. The CRSS credential assures competence in advocacy, professional responsibility, mentoring, and recovery support. Persons with the CRSS credential are employed specifically to use their personal recovery experiences to facilitate and support the recoveries of others and to help shape the mental health system.

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DH: Persons with their CRSS credential infuse the mental health system with hope and empowerment, and improve opportunities for others to:

- Develop hope for recovery
- Increase problem solving skills
- Develop natural support networks
- Participate fully in life in the community

In Illinois, as a CRSS, you are eligible to apply for the CRSS-E endorsement (and again the E stands for Employment), which would demonstrate your competency as a CRSS professional who also has specialized IPS supported employment skills and training.

Now, Mary and I would like to review the 5 stages in the recovery process and the role of the CRSS and CRSS-E in each stage. In this training, we will be referring to the 5 stages in the recovery process training and material authored by the Appalachian Consulting Group.

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MS: We have a chart and a graph which shows the progression of the 5 stages in the recovery process. The first chart shows the order of the 5 stages in the recovery process that Debbie and I are going to review in our training.

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MS: This graph shows the movement in the 5 stages in the recovery process. And it is important to note that this movement is non-linear. The Illinois CRSS Credential Study Guide refers to non-linear this way: Recovery is not a step-by step process but one based on continual growth, occasional setbacks, and learning from experience.

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DH: The first stage in the recovery process is the Impact of Illness. In this stage, the person is overwhelmed by the disabling power of the illness. The person may be experiencing a lot of symptoms such as anxiety, depression, paranoia, delusional thinking, psychosis, or mania. The person may be hospitalized, or may have just have been discharged from the hospital, or they may not have required a hospitalization. And the person is having difficulty functioning.

The danger is that they may define themselves by their diagnosis or symptoms that they are experiencing.

The role of the CRSS is to communicate that there is life after a diagnosis. And that recovery from a mental illness is not only possible, but probable. Also, to help give the person hope that they can recover and have a full life, which includes a good job that meets their preferences, a good and meaningful relationship, and a nice place to live.

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MS: The second stage in the recovery process is Life is Limited. In this stage, the person feels that life is limited, and the person has given up to the disabling power of the illness. They think that their psychiatric diagnosis means that their future is full of doom and gloom. They are not hopeful for a bright future. They may think that their future will not include a good and meaningful relationship, a job that they like or want, and a nice place to live.

The danger is that the person is experiencing public-stigma and self-stigma and that they think that their future will not be bright. And that their future will be full of doom and gloom.

The role of the CRSS is to instill hope and help rebuild the person's self-image in a positive way. And help rebuild their self-confidence and self-esteem. For example, when I was an IPS

Supported Employment Specialist, I was helping to prepare a job candidate for an interview, and I asked him, “What are some of your strengths?” And after thinking on it for a while, the job candidate said that he did not have any strengths. At that point, I told the job candidate that he had many strengths which included the following: being on time and ready for his appointments with me, and that he was honest, trustworthy, friendly, kind, thoughtful, a good son, a good brother, a hard worker, and he had a great and friendly smile! And after I reviewed the job candidates’ many strengths, you could see a glow of pride, and that he was in the process of building his self-confidence and his awareness of his strengths and abilities.

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DH: The third stage in the recovery process is Change Is Possible. In this stage, the person starts to question the disabling power of the illness. They think –

- Maybe I could get a good job that meets my preferences.
- Maybe I could have a good relationship with a special person in my life.
- Maybe I can have a bright future and a good life.

The danger is that the person will be afraid to take the necessary risks, such as going to a singles group to meet someone, applying for a job and going to an interview for a job that they would really like, and to keep on going to those singles groups and job interviews because it may take several attempts to find that special person or find the right job.

The role of the CRSS is to help the person see that their life is not limited by the illness. And help the person see that they will need to take some risks.

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MS: The fourth stage in the recovery process is Commitment to Change. In this stage, the person starts to challenge the disabling power of the illness. They start to be hopeful for their future and see that their Future does have bright possibilities.

The danger is that the person will not get the support that they need to work on their goals. And they will become frustrated and give up.

The role of the CRSS is to help the person identify their strengths and needs in terms of:

- Skills, such as education, certifications, and training
- Resources, such as NAMI – the National Alliance on Mental Illness – where they could take a WRAP class (Wellness Recovery Action Plan), attend a support group, and meet some peers and wonderful advocates for people with a mental illness, and
- Support, such as an employment specialist, a psychiatrist, a therapist, and in a community mental health center or a community mental health treatment team.

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DH: The fifth stage in the recovery process is Actions for Change. In this stage, the person starts to move beyond the disabling power of the illness. They start to set goals and they take more responsibility for their life.

The danger is that they will begin to doubt that they can achieve their goals. And doubt their ability to function and not take responsibility for their own actions.

The role of the CRSS is to equip the person with the necessary skills, resources, and supports. And help the person determine what skills they need for the job that they really want. And to help the person to identify a psychiatrist and a therapist that they can openly talk to, in order to help them manage their illness well. Also to help the person identify resources such as NAMI, a support group, a church group, AA if needed, a singles group, or a book club. There are so many resources out in the community that it is important to connect people to.

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DH: It is important to note that recovery is defined by the Appalachian Consulting Group as the process of gaining control over one's life – and the direction one wants that life to go – on the other side of a psychiatric diagnosis.

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DH: And hope is defined as the belief that one has both the ability and the opportunity to engage in the recovery process.

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DH: Now that we have talked about the 5 stages in the recovery process, let's talk about the requirements for the CRSS-E credential, and some best practices for the CRSS and CRSS-E Staff. In Illinois, the minimum requirements for the CRSS–E (Certified Recovery Support Specialist with the Employment Endorsement) are the following:

- CRSS in good standing with the Illinois Certification Board
- 1,000 hours of qualified work experience and/or internship. And I want to note that the 1,000 hours can also be used toward the 2,000 hours required for the CRSS credential.
- 25 hours supervised practical experience
- Successful completion of the Westat (formerly Dartmouth) IPS Supported Employment Practitioner Skills Training.

Now that we have reviewed the CRSS-E requirements, let's review some best practices that CRSS and CRSS-E staff can use to help them be as effective as possible as they work with mental health treatment team clients and IPS supported employment team clients.

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MS: In this training, we are going to review 11 recovery support specialist tools, and how these tools are defined in the Illinois Certified Recovery Support Specialist (CRSS) Study Guide. First, let's review all 11 recovery support tools, and then, we can break each one down individually.

1. Person-driven recovery
2. Strengths-based approach to recovery
3. The concept of mentoring
4. Demonstrating non-judgmental behavior
5. Motivational Interviewing

6. Help the individual to develop problem-solving skills
7. Role modeling behaviors
8. Active listening skills
9. A wellness approach to recovery
10. Social learning,
11. Self-advocacy: modeling, supporting, and empowering

Now, let's break each of the 11 recovery support specialist tools down, and review how they are defined in the Illinois Certified Recovery Support Specialist (CRSS) Credential Study Guide.

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MS: PERSON-DRIVEN RECOVERY

In a person-driven organization, persons have the primary decision-making role regarding the care that is offered and received. Treatment involves options that the individual chooses from within a wide range of what is medically appropriate. The person is informed of and involved in every decision regarding their care, all the way from medication choices to employment options. Above all, the person's life goals, hopes, and dreams are the end toward which all treatment and approaches must work.

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MS: STRENGTHS BASED APPROACH TO RECOVERY

In the illness-based model of health care, the focus is predominantly fixed on the diagnosis of an illness and its accompanying symptoms. Treatment is targeted at reducing symptoms. A wellness-focused approach is strength-based. It begins with an understanding of what a person is like at their best and what strengths and resources they have to recover their wellness. The wellness-focused, or strengths-based, approach facilitates hope and helps to motivate the person to take an active role in the recovery of their wellness. Science has shown that having hope plays an integral role in an individual's recovery.

Strengths principles, adapted from the University of Kansas, School of Social Welfare:

- 1) People have the capacity to learn, grow and change
- 2) The focus is on individual strengths rather than what is wrong
- 3) The person served is seen as the leader of the helping relationship
- 4) The relationship is primary and essential
- 5) The best place to support and engage persons is in their own natural setting, and
- 6) The community is an oasis of resources

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DH: THE CONCEPT OF MENTORING

Mentoring is a relationship between a person with the CRSS credential and a person participating in services that provides an opportunity to model and share personal skills and experiences that facilitate recovery. Mentoring relationships are built on trust. This involves encouragement, constructive guidance, openness, mutual respect and a willingness to learn and share.

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DH: DEMONSTRATING NON-JUDGMENTAL BEHAVIOR

As a person with the CRSS credential, it is important to focus on a non-judgmental approach in mentoring others in their personal recoveries. Persons with mental health challenges or substance use disorders have often faced prejudices or discrimination. They may have endured experiences that they are sensitive about sharing. The person with the CRSS credential's responsibility is not to judge people by disability, symptoms, beliefs, or behaviors. Rather, they meet each person where they are at, one day at a time. Providing support by actively listening in an empathic manner builds hope and esteem. By demonstrating non-judgmental behavior, the person with the CRSS credential develops trust and an atmosphere where persons can feel comfortable sharing.

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MS: MOTIVATIONAL INTERVIEWING

A person with the CRSS credential may use Motivational Interviewing to create a partnership in the decision making process. Motivational Interviewing involves concrete skills that can be effective in motivating effective positive changes that are empowering for the person. Essential elements of motivational interviewing include:

- Seeking to understand the person's frame of reference, particularly via reflective listening
- Expressing acceptance and affirmation
- Eliciting and selectively reinforcing one's own self motivational statements or expressions of problem recognition, concern, desire and intention to change, and ability to change
- Monitoring the individual's degree of readiness to change, and ensuring that resistance is not generated by jumping ahead of the individual
- Affirming the individual's freedom of choice and self-direction

For more information, visit: www.motivationalinterviewing.org

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MS: HELPING THE INDIVIDUAL TO DEVELOP PROBLEM SOLVING SKILLS

We all face problems and roadblocks in life. Problem-solving skills are important toward empowering persons to find solutions that work for them at home, in the workplace, and in the community at large. Problem-solving involves independent or group thinking, rejecting misinformation, and valuing good information. When supporting an individual's problem-solving process, the person with the CRSS credential may help the individual to:

- Define the goal
- Brainstorm ideas and suggestions, sometimes within an agreed upon time limit
- Combine ideas into groups
- List options in priority order
- Think of action steps and a time frame

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DH: ROLE MODELING BEHAVIORS

A person with the CRSS credential is a professional who is in recovery from a mental illness or a combination of mental illness and substance use disorders, and uses that experience to support

others' recoveries. The person with the CRSS credential serves as a role model of a wellness focused lifestyle, effective advocacy, professional responsibility, mentoring, and recovery support. This means that the person with the CRSS credential consistently serves as an example of how to live and work effectively in these areas. The person with the CRSS credential is aware that persons often learn more from what a person practices than what they say, and acts accordingly. They demonstrate encouragement, constructive guidance, openness, mutual trust, respect, a willingness to learn and share, and a lifestyle consistent with recovery.

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DH: ACTIVE LISTENING

Active listening involves more than just hearing what a person is saying. It involves behaviors that communicate to the speaker that they are truly being understood or taken seriously. Active listening involves:

Restating: Repeat every so often what you understand the person to be communicating.

Encouraging: Occasionally use brief, positive affirmations to keep the conversation going.

Reflecting: Put the feelings you perceive from the speaker into words.

Giving Feedback: Share your observations, insights, and experiences in a nonjudgmental way.

Going Deeper: Ask questions to draw the person out and get deeper and more meaningful information, being sensitive to the person's comfort level.

Validation: Acknowledge the individual's problems, issues, and feelings empathetically.

Silence Allow for comfortable silences to slow down the exchange. Give the person time to think as well as talk. Sometimes what a person needs most is for someone to just listen and be fully present.

"I" Statements: Make it clear that you are speaking from your perspective rather than directing them or speaking for them.

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MS: A WELLNESS FOCUSED APPROACH TO RECOVERY

In the illness-based model of health care, the focus is predominantly fixed on the diagnosis of an illness and its accompanying symptoms. Treatment is targeted at reducing symptoms. A wellness-focused approach is strength-based. It begins with an understanding of what a person is like at their best, and what strengths and resources they have to recover their wellness. The wellness-focused approach facilitates hope and helps to motivate the person to take an active role in the recovery of their wellness. Science has shown that having hope plays an integral role in an individual's recovery.

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MS: SOCIAL LEARNING

Social learning is the process of learning by observation and interaction. In social learning, modeling comes before other types of teaching in a series of steps:

- 1) The skill or behavior to be taught is first modeled by the person with the CRSS credential for the individual.
- 2) The skill or behavior is explained to the individual.
- 3) The individual is given the opportunity to practice or demonstrate the skill or behavior.

4) The person with the CRSS credential gives the individual feedback on their progress toward achievement.

The most effective social learning occurs when the process above occurs frequently and consistently. By demonstrating a wellness-focused lifestyle and the domains of the CRSS credential, the person with the CRSS credential helps to create a culture where persons learn about recovery. They create opportunities for interactions between persons that stimulate critical thinking. The person with the CRSS credential also creates opportunities for learning through relationships and time spent in the community. As a role model, they facilitate growth by example instead of direct teaching methods. In this way, role modeling and social learning are interconnected concepts. Social learning is cumulative. It grows over time and sometimes occurs subtly, but produces tremendous progress over time.

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DH: SELF ADVOCACY AS A KEY CONCEPT OF RECOVERY

Self-advocacy is about “going for it” with courage, persistence, and determination on the road to recovery. At times individuals find barriers to overcome on this journey or identify needs that must be met in order to progress. The person with the CRSS credential helps individuals learn to express themselves clearly and calmly in order to get their needs met. Sometimes this involves communicating with family members, doctors, institutions, or places of employment. CRSS professionals learn what step the individual is on and help them progress toward greater self-advocacy:

Step 1: Modeling - The Recovery Support Specialist advocates on behalf of the individual

Step 2: Supporting - The Recovery Support Specialist advocates alongside the individual

Step 3: Empowering - The individual advocates for him or herself

CRSS professionals model choosing the most appropriate method of advocacy for the situation. They also model professionalism and gratitude throughout the advocacy process, when they get what they want and when they do not.

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DH: Some groups that can also be effective in supporting mental health treatment team clients and supported employment team clients are the following:

- NEW-R (Nutrition and Exercise for Wellness and Recovery)
- The Eight Dimensions of Wellness
- WRAP for Work

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DH: The NEW-R Program is an eight-week program where participants meet each week for about 90 minutes. The NEW-R program focuses on the concept of “being intentional” about weight loss to improve your overall health. This means that there is an emphasis on making a plan and/or thinking about what you are going to do each day to improve your health.

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MS: Making the Eight Dimensions of Wellness part of daily life can improve mental health and physical health for people with mental and/or substance use disorders. The Eight Dimensions of Wellness are the following:

1. Emotional
2. Environmental
3. Financial
4. Intellectual
5. Occupational
6. Physical
7. Social
8. Spiritual

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MS: And last, WRAP for Work. WRAP stands for Wellness Recovery Action Plan. It is a personalized plan that anyone can use to become proactive in dealing with issues and stressors in life. WRAP can be a great tool for people who are working. It promotes the development of a support team and allows for the team to better understand the struggles a person is going through.

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DH: That completes our training. Thank you for listening. We hope that you can use the information presented in this training in your important work.

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Announcer: Thank you for listening. You can obtain additional recordings, or download a transcript, by visiting the Illinois Supported Employment Transformation Initiative web site.