

## LESSON PLAN COVER SHEET

<b>COURSE NAME:</b> Georgia Crisis Intervention Team (CIT) Training		<b>UNIT CODE:</b>
<b>LESSON TITLE:</b> The Consumer Perspective and Recovery		<b>HOURS:</b> 01
<b>PREPARED BY:</b> Larry Fricks, Director, Consumer Relations & Recovery Section, Georgia Division of Mental Health, Developmental Disabilities, and Addictive Diseases	<b>DATE:</b> 12-01-04	<b>APPROVED BY:</b>
<b>REVISED BY:</b> Mary Shuman, MS, CPS, Consumer Relations & Recovery Section, Georgia Division of Mental Health, Developmental Disabilities, and Addictive Diseases; and Becky Watson, CPS, NAMI GA		<b>DATE (S):</b> 12-01-05
<b>INSTRUCTIONAL METHODS:</b> Lecture, Discussion, and Focus Questions		<b>CLASSROOM SETTING:</b> Academic
<b>TERMINAL PERFORMANCE OBJECTIVE (TPO):</b> To better understand the concept of mental health recovery from the perspective of mental health consumers.		
<b>ENABLING OBJECTIVES (EO):</b>		
<ol style="list-style-type: none"> <li>1. Students will be able to define recovery as stated in the President’s New Freedom Commission Report on Mental Health as well as some alternative definitions.</li> <li>2. Students will be able to explain the differences between “treatment services” and “rehabilitation services”, the 5-step recovery process and the role hope plays in recovery.</li> </ol>		
<b>TRAINING MEDIA (see Appendix A):</b> <i>[check each that apply to your lesson plan]</i>		
<input type="checkbox"/> <b>Transparencies</b> <input type="checkbox"/> <b>Videotape</b> <input type="checkbox"/> <b>Chalkboard</b> <input type="checkbox"/> <b>Flip chart</b> <input type="checkbox"/> <b>Audiotape</b> <input type="checkbox"/> <b>Other:</b> <i>[list additional training media needed here]</i> <input checked="" type="checkbox"/> <b>Slides</b> <input type="checkbox"/> <b>Poster</b>		
<b>EQUIPMENT/MATERIALS (Description and amount):</b> Laptop computer, LCD projector, slides		
<b>HANDOUTS (see Appendix B):</b> The vision statement and definition of recovery from the President’s New Freedom Commission on Mental Health; “The Impact of Diagnosis on One’s Self-Image”, a story by Patricia Deegan, PhD; The Five Stage Recovery Process (from Georgia’s Certified Peer Specialist Training Manual); Recovery Website Resource List.		
<b>REFERENCES:</b> The President’s New Freedom Commission Report on Mental Health, Georgia’s Training for Certified Peer Specialists, and Dr. Jim Sabin’s article in the April 2003 Issue of <i>Psychiatric Services</i> .		
<b>STUDY ASSIGNMENTS:</b>		

## **The Consumer Perspective & Recovery**

### ***Trainer Notes and Recommendations***

#### **Module creation**

Larry Fricks, Director of the Consumer Relations and Recovery Section of the Georgia Division of Mental Health, Developmental Disabilities and Addictive Diseases (DMHDDAD), Department of Human Resources (DHR) created this module in December 2004. In the summer of 2005, Mary Shuman, CPS, Consumer Relations and Recovery Section, Georgia DHR, DMHDDAD edited it into a structured slide format. In October 2005, Ms. Shuman and Becky Watson, CPS, NAMI GA collaboratively developed additional content specific to the consumer's perspective.

#### **Recommendations Regarding Module Trainer**

Someone who can speak from his or her own experience of mental illness and recovery should teach this module. Georgia's Certified Peer Specialists (CPSs) have lived with mental illness and are very knowledgeable about recovery. To find a local CPS, please call the Consumer Relations & Recovery Section of Georgia's Division of Mental Health, Developmental Disabilities and Addictive Diseases at 404-657-2103.

#### **Note to Trainer:**

Preparation for teaching this module requires a thorough reading of the slide presentation, Slide Notes, and participant handouts. It is also suggested that you read the reference materials, the Executive Summary of the President's New Freedom Commission Report on Mental Health and Dr. Jim Sabin's April 2003 *Psychiatric Services* article entitled "Strengthening the Consumer Voice in Managed Care".

The Slide Notes correspond to each slide and contain narrative, questions and/or instructions for the trainer. Narrative follows "State:" and is denoted by quotation marks. Please read or very closely paraphrase what is in the quotation marks. Questions to ask participants are preceded with "Ask:" and denoted by quotation marks. Content under "Instructions:" provides directions, talking points, questions and/or examples to help you develop and share content unique to your experience. It is very important that you allow enough time to prepare concise personal comments about your experience.

Sharing your personal perspective is important, but it is also very important that you allow plenty of time for the slides near the end on the role of hope, the stages of recovery, and the difference between treatment and rehabilitation services. This is the material they will be tested on, so please allow enough time to thoroughly teach it.

## Overview

The overall objective of this module is to help training participants better understand the concept of mental health recovery from the perspective of mental health consumers. Previous modules of the CIT course provide interaction with inpatient consumers of mental health facilities. It's important that you, the trainer of this course, communicate the hope of recovery for all people with mental illness by talking about the national movement toward recovery in the mental health treatment system as well as your own experience of illness and recovery.

For too long mental illness has been associated with a life of despair, emptiness and institutionalization. This is an opportunity to change the perception of mental illness by focusing on how you and others have used your hope, strengths, skills and commitment to overcome the challenges of mental illness and live a full, meaningful and productive life in the community of your choice.

### *Participants will be tested on the following secondary objectives:*

- 1 Define recovery according to the President's New Freedom Commission on Mental Health, as well as some other definitions.
- 2 Explain the differences between treatment and rehabilitation services, the Five Stages of Recovery, and the role that hope plays in the recovery process.

### *Slide Notes*

#### **Slide 1: The Consumer's Perspective and Recovery**

##### **Instructions:**

Briefly introduce yourself and indicate that this module will last for 1 hour.

##### **Say This:**

"I'm here to talk to you about the consumer's perspective of experiencing and recovering from mental illness. Consumer refers to someone who's living with mental illness. Historically they were called patients because they were typically treated in a hospital or institution setting. Then, with the advent of the community mental health centers in the 1970s, they were called clients. In the late 80's, and early 1990s with the tide of the consumer empowerment movement, people decided to call themselves consumers, to signify the fact that they were the purchasers of services. Now some prefer to be called "consumer/survivor", or simply, "someone who lives with or experiences mental illness".

##### **Instructions:**

State your preferred title (i.e., consumer, survivor, someone living with mental illness, etc.).

## **Slide 2: Objectives**

### **Instructions:**

Quickly read the training objectives from the slide.

## **Slide 3: My Life**

### **Instructions:**

Share brief facts about your personal life, using the following bullets and examples to create comments about your own story. Focus on facts that highlight your similarities with others in the room and that specifically contradict stereotype or stigma about people with mental illness.

+

#### **+1 Family Life**

*(i.e., I was a very happy child. I grew up with a Mom, Dad, and three sisters. My family was close and we did a lot of things together. When I was 18, my mother died but we all stuck together and I have wonderful relationships with them all. I married at 19 years old and divorced six years later.)*

#### **102 Education**

*(i.e., I did well in grade school and high school and graduated second in my senior class (after my twin sister). I went to Georgia Tech on a full academic scholarship and received a B.S. degree in Physics with Highest Honors. After I started having really bad symptoms, I dropped out of graduate school twice.)*

#### **73. Employment**

*(i.e., I started working at the age of fifteen and worked all through college, first as a tutor, then a technician, then as a research assistant. When I graduated I worked full time as a Systems Analyst at Georgia Tech Research Institute for 8 months working on infrared sensor technology before I got sick. Since then I have worked part-time at a lot of different jobs. When I start having symptoms it is very hard to keep a job.)*

#### **84. Achievements**

*(i.e., Athena Society Young Woman of Promise Award, Daughters of the American Revolution Good Citizen Award, National Merit Scholar, Phi Kappa Phi, Mensa member.)*

Formatted: Bullets and Numbering

Formatted: Bullets and Numbering

Formatted: Bullets and Numbering

Formatted: Bullets and Numbering

## **Slide 4: My Experience of Mental Illness**

### **Instructions:**

Briefly talk about your experience of mental illness. Use the following topics and examples to

create comments about your own experience.

### **1 Onset and history of symptoms**

*(i.e., some symptoms started when I was eight, like really bad insomnia and obsessive thinking about death. When I was eleven I started hearing voices telling me to do unusual things, and when I was fourteen I went into a suicidal depression. I was first hospitalized at 21. Today I have suicidal depression at times and disruptive manic episodes sometimes.)*

### **Slide 4: My Experience of Mental Illness**

*Continued*

### **2 How I have viewed and currently view my symptoms and illness**

*(i.e., when I was young, I thought everybody heard voices and felt like killing himself or herself. Being hospitalized the first time was devastating to my self-image. Sometimes I feel like all my dreams have been destroyed. Other times I feel lucky just to be alive. I think everybody has something to overcome.)*

### **3 How stigma has impacted my experience of and treatment of mental illness**

*(i.e., the church I was going to with my husband believed that mental illnesses are caused by demon possession. They 'exorcised' me in public. It was humiliating. Stigma hurts in many ways, including financially. I lost my job at Georgia Tech because I could not get a security clearance due to my psychiatric history. Also, medical bills cost more because Medicare only pays 50 percent of treatment costs for psychiatric care, while they pay 80 percent for all other types of care.)*

### **4 History of diagnosis and treatment**

*(i.e., I was first diagnosed with schizophrenia, then schizoaffective disorder. I have been on mood stabilizers and anti-psychotic medications for fifteen years. I had a series of ECT treatments for depression. I have been hospitalized several times, and attended a lot of day programs run by the county and state mental health system.)*

### **5 Contributors to my becoming ill**

*(i.e., when I was eight years old I stayed the night in a hospital and was molested by a male doctor. Right before my first hospitalization I was under a lot of stress from a bad marriage and related financial difficulties. But my twin sister, who had none of these problems, has also been diagnosed with bipolar disease and ADHD, so there's probably a genetic component.)*

You may also consider the following questions to assure concise and detailed comments:

- 1 What were my first symptoms of mental illness and when did they first occur?
- 32 When did I first recognize them?
- 53 What did I think of or how did I view my symptoms then?
- 74 When did I, or what motivated me to seek treatment?
- 95 What is the history of my diagnoses and treatment?
- 116 Are there any factors to which I attribute getting ill? (i.e. genetics, family history, trauma or stressful or unhealthy life style)

Formatted: Bullets and Numbering

#### **Slide 4: My Experience of Mental Illness**

*Continued*

- 7 How has stigma affected my acceptance and perspective of my mental illness?
- 98 What do I think about my symptoms and illness now?

Formatted: Bullets and Numbering

#### **Slide 5: Everyone's experience of life and mental illness is different.**

##### **Instructions:**

Briefly talk about how your symptoms affect you and your functioning and how this impacts other areas of your life. Use the following bullets and examples to generate comments about your own experience.

##### **1 Perception**

*(i.e., at night I hear screams when I am trying to go to sleep.)*

##### **2 Judgment**

*(i.e., when I hear the screams, I think they are real and someone is getting killed outside my door. I have called the police a lot because I cannot tell whether they are real or not.)*

##### **3 Decision making**

*(i.e., sometimes when I am manic I spend a lot of money that I don't have. When I am depressed, I sometimes make destructive decisions, like attempting suicide.)*

##### **4 Moods**

*(i.e., my moods range from euphoria to despair with no connection to what is happening in my life. My mood changes from one extreme to another, sometimes several times within a day.)*

##### **5 Energy**

*(i.e., my energy level fluctuates with my mood. Sometimes I zing around doing a million things at once, and go without sleeping for a long time. Most of the time I feel like I am struggling just to get up in the morning and get dressed. Plus, the medications I take make me very sleepy all day.)*

##### **6 Self esteem**

*(i.e., when I first got sick, I lost my self-image completely. I hated my illness and my life. Over time, I have come to accept that I am just me. I like myself and feel proud that I have*

*come as far as I have.)*

## **7 Relationships**

*(i.e., I have problems with forming close relationships with people sometimes. I stay away from it because a lot of times I make bad decisions when it comes to relationships. I find I am more stable and happier when I stick with just a few people in my circle of friends and family.)*

### **Slide 5: Everyone's experience of life and mental illness is different.**

*Continued*

## **8 Employment**

*(i.e., I always work, even if just five or ten hours a week. It's important to me to feel like I am accomplishing something and helping other people in some way. Sometimes I have more trouble with this than at other times. I have lost a lot of jobs because of my illness, but I always go out and try to find another job when I am more stable.)*

## **9 Daily life**

*(i.e., the biggest problem I face in daily life is inconsistency. It is hard for me to maintain anything through all the changes in my moods and situation. Sometimes when I am not stable, things fall through the cracks and I have a lot of catching up to do after I get well.)*

## **10 Living situation**

*(i.e., Because of my symptoms, I have a hard time keeping a job. I am on Social Security disability, but even so it is hard to make ends meet, with the extra cost of medications and treatment. I live in a subsidized housing complex for elderly and disabled people. I am very thankful that I am able to live independently.)*

## **11 Self care**

*(i.e., for many years I was unable to live on my own, because I could not manage the simplest things like going shopping, cooking, or self-hygiene. After a lot of life-skills training, I have integrated these tasks into my life. One of the hardest things for me was learning to take my medications consistently.)*

### **Slide 6: Medication can...**

#### **Say This:**

“Those who've never experienced mental illness often think, ‘if they'd just stay on their medication, they'd be fine’. While tremendous gains have been made in the research of mental illness and new, very powerful medications have been created, it is also important to remember

that this is still a very new field and there is still much to be learned. Medication has helped many regain more functionality, stability and joy in their lives. However, there are some very good reasons for why some people do not take medications. Please remember that medication can do or be all of those things listed on the slide. For example..."

**Instructions:**

Use the following examples to illustrate or generate your own examples of the following points about medication:

**Slide 6: Medication can...**

*Continued*

Medication can...

...be very helpful, but is not always a cure.

*(i.e., even though my medication stabilizes my moods, it still does not completely stop the voices I hear and I have to try to remember that they are not real. This can be exhausting and very stressful.)*

...cause or exacerbate other symptoms.

*(i.e., when I started taking one anti-depressant, I experienced horrible panic attacks, which I had never experienced before.)*

...take weeks or months to have any effect.

*(i.e., it can take up to a month for my antidepressant to start working.)*

...lose effectiveness over time.

*(i.e., when this happens, my doctor has to change my medications. This can be a frustrating experience because I have to dose down from the one that is not working, which takes time and then wait for the new drug to take effect to see if it will work. Prescribing is still a very imprecise science.)*

...cause unhealthy side effects.

*(i.e., I have dental problems now from having a dry mouth for so long. And my dental work keeps falling out because my mouth is so dry. I am fifty pounds overweight, due to medication. This puts me at higher risk for diabetes, and my kidneys are almost completely dysfunctional from damage done by lithium. In the future I will need dialysis or a transplant. Medication can be very toxic to your liver and kidneys.)*

...be cost-prohibitive.

*(i.e., at one point my monthly medical bills were over \$3000 a month. I lost my private insurance when I was no longer able to work. If I did not have Medicare I would not be able to afford the treatment that allows me to stay a productive member of society.)*

**Slide 7: When I am sick or in crisis, please...**

**Say This:**

“Not everyone experiences symptoms of mental illness all of the time. When you are dealing with someone who is in crisis, please remember that you are seeing him or her at his or her worst and most vulnerable.”

**Instructions:**

Briefly talk about a time when you experienced a mental health crisis, in particular when you may have been hospitalized or dealing with law enforcement officials.

**Slide 7: When I am sick or in crisis, please...**

*Continued*

Use the following questions and examples to generate concise and detailed comments about your experience:

**1 Were there any preceding events that triggered your experience?**

*(i.e., I had worked overtime for two weeks and not gotten very much sleep during that time.)*

**12 What were you thinking/feeling/experiencing at that time?**

*(i.e., I started to think that my coworkers were talking and laughing at me. I heard them calling me really bad names.)*

**23 What were you doing? How were you behaving? How did others perceive you?**

*(i.e., I got really angry and threatened to quit. My boss was flabbergasted. Everybody got really quiet and stared at me when I left. On the way home I thought the people on the road were trying to harm me. I tried to get away and caused an accident.)*

**34 What did others do that was unhelpful? What would have been more helpful?**

*(i.e., when the police stopped me, I was scared that I was going to be harmed. I got really frantic and damaged a light in the police car. I wish someone had been there to reassure me that things were all right.)*

**95 What did others do that was helpful?**

*(i.e., the police gave me time to calm down and then took me to a hospital.)*

Consider sharing some of the following helpful tips that consumers have found helpful when in crisis.

- 1 “Give me time and space to calm down. I am already quite upset and agitated. I do not need you to create more chaos than is already going on in my head.”

Formatted: Bullets and Numbering

Formatted: Bullets and Numbering

Formatted: Bullets and Numbering

Formatted: Bullets and Numbering

- 2 “Try to understand what’s important to me in the moment (i.e. following the commands of my internal voices so they’ll go away) and acknowledge that. Don’t challenge me or try to tell me that I’m delusional or wrong. That will only frustrate me and make you seem like more of a threat.”

**Slide 7: When I am sick or in crisis, please...**

*Continued*

- 3 “Don’t take my behavior personally. I’m not behaving this way to intentionally irritate you. I’m trying to solve the problem in my head.”
- 4 “Look for islands of health and sanity among my delusional thoughts.”
- 5 “Ask me if I’ve ever had a similar experience and what was helpful then.”
- 6 “Remind me of my health and ability to manage my symptoms by asking me about my WRAP (*Wellness Recovery Action Plan*).”

**Slide 8: Cover of the President’s New Freedom Commission on Mental Health**

**Say This:**

“Now I want to talk with you about a document that is changing the way mental illness is viewed and the future of mental health treatment. This report, commissioned by President George W. Bush and released in July 2003, is a study of the status of mental health treatment in America.”

**Ask This:**

“What do you think it says about the nation’s mental health treatment system?”

**Instructions:**

Briefly entertain participant answers and make sure that the following is mentioned:

The report identifies three obstacles that prevent Americans with mental illnesses from getting the excellent care they deserve:

- Stigma that surrounds mental illnesses.
- Unfair treatment limitations and financial requirements placed on mental health benefits in private and public health insurance. (Note: Medicare pays 80% for every kind of medical treatment except for mental health treatment, for which it pays only 50%).
- The fragmented mental health service delivery system.

**Ask This:**

“Do you see these barriers in Georgia?”

**Instructions:**

Briefly entertain and acknowledge participant's responses.

**Say This:**

"This is the second presidential report on mental health issues. President Jimmy Carter did a similar report back in the late 1970's. His wife, Rosalyn is a very strong supporter of mental health services and does a lot of work with the Carter Center in driving national mental health policy. Mrs. Carter says President Bush's MH report says essentially the same thing as President Carter's MH report with one exception."

**Slide 9: Vision Statement of the President's New Freedom Commission on Mental Health****Say This:**

"This is the vision statement of the 2003 report of the New Freedom Commission on Mental Health."

**Ask This:**

"Would someone please read this aloud to the class?" (pause)

"Based on this vision statement, what do you think is the difference between this report and the one issued in the 1970s?"

**Instructions:**

Entertain responses but make sure that someone mentions that "everyone with a mental illness will recover". Both reports mentioned stigma, lack of funding and system fragmentation as barriers, but this is the first time a federal document has ever mentioned the hope for recovery from mental illness.

**Say This:**

"A future when everyone with a mental illness will recover? This is quite a radical idea, and throws a wrench into our previous understanding of mental illness, when the diagnosis and prognosis of a serious mental illness was often followed by a sense of despair and hopelessness. To many individuals diagnosed with a mental illness, it was often accompanied by the prospect of giving up one's hopes and dreams and settling into treatment by a system that saw them as being disabled by the illness the rest of their lives and of being dependent upon the mental health system for relief of symptoms.

What many people do not know is that many people with serious mental illnesses do significantly improve or recover. That is, they can function socially, work, relate well to others and live in the larger community.

Research by Dr. Courtney Harding, who conducted a longitudinal study of people diagnosed with schizophrenia, showed that 62 to 68% of her subjects who were diagnosed with schizophrenia in the 1950's were significantly improved or recovered in follow-up studies done in the 1980's. What made the difference in these individual's lives was not just medication and

institutional care, but a comprehensive and flexible program of psychosocial rehabilitation.

If the mental health system helps consumers develop social and work skills, cope with daily living, regain confidence, and offers supports to live in the community, then those consumers can recover. Unfortunately, today most Americans with serious mental illnesses do not get the kind of care that worked so well in Dr. Harding's study."

**Slide 10: Recommendation 2.2 of the President's New Freedom Commission on Mental Health**

**Say This:**

"The good news is that the President's New Freedom Commission has challenged the mental health system to change the way mental health services are delivered so that people can get the kind of care and support that they need to recover meaningful lives in the community. It offers a number of

**Slide 10: Recommendation 2.2 of the President's New Freedom Commission on Mental Health**

*Continued*

recommendations for transforming the mental health system to one in which recovery is the guiding principal. Recommendation 2.2 highlights the critical role families and consumers can play in system transformation. Georgia is a national leader in promoting peer support for helping the system transform to one that values and supports strengths-based recovery."

**Slide 11: Strengthening the Consumer Voice: The Georgia Peer Specialist Project**

**Say This:**

"Peer support is the act of people who have had similar experiences with mental illnesses giving each other encouragement, hope, assistance, guidance, and understanding that aids in recovery."

Georgia's Certified Peer Specialists (CPSs) are employed to help mental health consumers develop goals for recovery and learn self-directed recovery skills and tools like the Wellness Recovery Action Plan (WRAP). The WRAP is a tool that helps people recognize when they're feeling well and what the triggers and warning signs are for getting ill. The WRAP provides a flexible structure to develop a daily wellness plan and a crisis plan to inform others how they wish to be treated when unable to make health care decisions for themselves. Georgia's Certified Peer Specialist (CPS) Project is the first state in the nation to garner Medicaid funding for peer support services. Research nationally and in Georgia show it to be a very cost-effective approach

to supporting the recovery of mental health consumers.

In the April 2003 issue of *Psychiatric Services*, Dr. Jim Sabin, a Harvard psychiatrist wrote an article about Georgia's CPS project and how it is strengthening the consumer voice in mental health care.

In the Summer 2005 issue of "Making a Difference", a quarterly magazine of the Governor's Council on Developmental Disabilities, Georgia Governor Sonny Perdue wrote, "consumers involved in Peer Specialist Programs have accomplished goals in education, employment and independent living that few believed could ever happen... Georgia's Mental Health Peer Specialist Program will be used as a national model to pave the way for other states to follow in the area of Consumer Driven Service Delivery".

This is one example of how Georgia is fulfilling Recommendation 2.2 and the President's charge to transform the mental health system to one that focuses on recovery. If you would like more information about Georgia's Certified Peer Specialist Project go to [www.gacps.org](http://www.gacps.org). This is on the Recovery Website List in your manual."

**Ask This:**

"What do you think is meant by the word 'recovery'?"

**Instructions:**

Briefly listen to several responses with little or no comment.

**Slide 11: Strengthening the Consumer Voice: The Georgia Peer Specialist Project**

*Continued*

**Say This:**

"Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness. Recovery means getting a life, a job, a friend."

**Instructions:**

Briefly state what recovery means to you.

*(i.e., to me, recovery means that I can live a full and rewarding life if I take responsible action to manage my illness and maintain my health.)*

**Slide 12: Recovery as defined by the President's New Freedom Commission on Mental Health**

**Say This:**

"The President's New Freedom Commission Report defines recovery as the process in which people are able to live, work, learn, and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms. Science has shown

that having hope plays an integral role in an individual's recovery.

We are going to talk a little later about the role that hope plays in recovery. But it is important to remember that recovery is an individual process, to be defined by the individual. What may work for one person, may not work for another. My path of recovery will be different from another person's with the same diagnosis."

**Instructions:**

Briefly discuss key factors that have been important to your recovery.

*(i.e., it took me a long time to understand that I can have some control over my illness, by taking medication and reducing stress, but I finally 'got' it. Along the way, I have gone from helplessness to anger and finally somewhat to peace. I have come to realize that when I feel depressed or out of control, I have to be patient with myself and not get frustrated that its happening again. Realizing that my life was not over because I had a mental illness was a big step for me.)*

You may also consider the following questions to help you develop concise and detailed comments about elements that have contributed to your own recovery:

- 101. \_\_\_\_\_ If you've completed a WRAP (*Wellness Recovery Action Plan*), how has it helped your recovery?
- 102. \_\_\_\_\_ What factors have been most helpful in your recovery?
- 103. \_\_\_\_\_ What regular activities must you do in order to maintain balance and wellness?
- 104. \_\_\_\_\_ What triggers have you learned to avoid or handle differently in order to avoid crisis?

Formatted: Bullets and Numbering

**Slide 12: Recovery as defined by the President's New Freedom Commission on Mental Health**

*Continued*

**Say This:**

"The point is that we are all individuals. Mental illness is caused or exacerbated by a variety of factors including genetics, family history, history of physical health conditions or trauma, environmental and lifestyle factors. With that many potentially contributing factors, it is imperative that recovery involves a unique combination of medication, lifestyle choices, skills, resources and support for each person."

**Slide 13: A Vision of Recovery... What does this change?**

**Ask This:**

"If hope plays an integral role in an individual's recovery, and is defined by the individual who decides which unique combination of medication, lifestyle choices, skills, resources and supports that they need, then how must we approach people with mental illness and what services and supports must our system provide?"

**Instructions:**

Briefly listen to one or two answers from participants with little or no comment, and quickly move to the next slide.

**Slide 14: “The Impact of Diagnosis on One’s Self-Image”****Say This:**

“To answer this question, let’s look at a story by Dr. Patricia Deegan. Patricia, was diagnosed with schizophrenia as a teenager. Today, she is a nationally known psychologist and very influential consumer leader. Please turn in your manual to Patricia Deegan’s story, “The Impact of Diagnosis on Self-Image”. I need volunteers to read one paragraph loud enough so everyone can hear. I will not call on the next volunteer, so please keep on reading to the end.”  
(Pause)

**Ask This:**

“What does Dr. Deegan credit with being essential to recovery?”

**Instructions:**

Briefly listen to participants’ answers without comment.

**Say This:**

“Dr. Deegan says that hope is essential to recovery. In paragraph 9 she states, ‘one day something changed for us. A tiny, fragile spark of hope appeared and promised that there could be something more than all of this darkness.’ Paragraph 10 reads, ‘Hope is the turning point.’”

**Ask This:**

“What other factors supported Dr. Deegan and the paralyzed man in their recovery?”

**Slide 14: “The Impact of Diagnosis on One’s Self-Image”**

*Continued*

**Instructions:**

Briefly listen to participants’ answers with little or no comment.

**Say This:**

“Willingness and self responsibility are the other factors. In paragraph 10 she states, ‘Hope is the turning point that must be followed by the willingness to act.’ And again, from Paragraph 10, ‘we rebuilt our lives on three cornerstones of recovery- hope, willingness and responsible action.’”

**Ask This:**

“How did others help in their recovery?”

**Instructions:**

Briefly listen to participants’ answers with little or no comment.

**Say This:**

“They did not give up on them. In Paragraph 8 she states, “Even when we had given up, there were those who loved us and did not give up. They did not abandon us. They were powerless to change us, but they were willing to suffer with us. They did not overwhelm us with optimistic plans for our futures, but they remained hopeful despite the odds. Their love for us was like a constant invitation, calling us forth to be something more than all of this self-pity and despair. The miracle was that gradually the paralyzed man and I began to hear and respond to this loving invitation.”

**Instructions:**

Briefly share some concrete examples of what others did to help you. Share the following examples or use them to generate your own comments:

- 1 My sister monitored me taking my medication every night and every morning for two straight years until I was able to do it consistently for myself.
- 2 My family helped me to maintain my hygiene when I was so depressed and unable to do it myself.
- 3 People at my day program encouraged me and taught me skills I needed to live on my own, like shopping, cooking, working and relating to other people.
- 4 My friends stuck with me and allowed me to be with them when I could and did not pressure me to do things when I felt I was not able.
- 5 The judge at my court hearing gave me a chance to get treatment instead of going to jail.
- 6 My employer had faith in me even when I was going through a rough time.

**Slide 14: “The Impact of Diagnosis on One’s Self-Image”**

*Continued*

**Ask This:**

“When you encounter a consumer in crisis, what can you do or say to help promote hope? Or, to put it another way, if you were experiencing a mental health crisis, what would you want someone else to do or say to you?”

**Instructions:**

Entertain participants’ answers. Also, briefly share your own answer to this question. *(i.e. when I’m in crisis, I want someone to ask me about my WRAP (Wellness Recovery Action Plan) because that reminds me that I am not powerless and that there are ways that I can manage my symptoms.)*

**Say This:**

“The Wellness Recovery Action Plan is a new self-directed recovery tool that is slowly being taught to consumers in Georgia and across the nation as part of the shift to recovery. Not all consumers know about this yet, or choose to have one, but you’ll definitely want to ask about this valuable resource when on an emergency call.”

**Ask This:**

“So, what does this say about how we should approach people with mental illness in our mental health treatment system?”

**Instructions:**

Quickly go to next slide.

**Slide 15: Five Stages of Recovery**

**Say This:**

“Patricia’s story teaches us that recovery is a process initiated by hope. Therefore, our system must operate with hope and expectation that our consumers can live meaningful and purposeful lives in the community as well as provide individualized services and supports for each stage of the recovery process.

Ike Powell, who helped design Georgia’s training for Certified Peer Specialists, created this chart that describes the 5 stages of the recovery process and the difference between treatment and rehabilitation services. You may want to refer to this chart in your manual.

When someone first or subsequently experiences a major mental health crisis, they are disabled by the symptoms of the illness. This is when you would most likely intervene with folks to get them to treatment services. Typical inpatient hospitalization uses medication and a prescribed environment to decrease the symptoms and emotional distress caused by the illness. Folks are often medicated to sleep or a state of grogginess in which they are unable to function. People were often kept in this condition for years in institutions. Even today, many people, managed care companies included, think that only medication is necessary to fully address mental illness.”

**Slide 15: Five Stages of Recovery**

*Continued*

**Ask:**

“But what happens when only medication is provided?”

**Instructions:**

Briefly listen to a few answers with little or no comment.

**Say This:**

“What we learned in Courtney Harding’s as well as other research is that typically, people do not recover just by taking medication.”

**Ask This:**

“Have any of you had or do you know anyone who has had a heart attack?” (pause)  
“What happened when this occurred?”

**Instructions:**

Briefly entertain answers. Make sure to emphasize that they received treatment to stabilize the acute condition (i.e. defibrillation; administration of drugs to thin the blood, control pain or prevent heart failure; emergency angioplasty or coronary bypass surgery).

**Ask This:**

“What typically happens after the heart is stabilized?”

**Instructions:**

Briefly listen to answers with little or no comment.

**Say This:**

“As soon as the crisis is stabilized, rehabilitation begins. Depression is common immediately after the attack. But the health care professionals know this is a normal response to being diagnosed with heart disease and are quick to assure you that you can have quality of life again. They are quick to teach you about your disease, risk factors and individualized ways of managing it and preventing crises, through the use of medications, exercise, diet and other lifestyle skills. People with heart disease are given much more than just medication to treat their illness. They are given the individualized skills and supports that they need to fully recover and live a meaningful and purposeful life. Why? Because it is believed that they can.

Historically, people with mental illness were not expected to recover. No one envisioned or expected it and so no one treated them as if they could recover. The only vision that anyone had was that people with mental illness should be medicated to lessen the emotional distress and make it easier for them to be kept in an institution. Unlike people with heart disease, people with mental illness were typically told to ‘take your medication, improve your hygiene, live in an institution or attend day services everyday and do not plan too do much with your life’. Naturally, this kind of treatment perpetuates a feeling of despair and belief that “life is limited”.

Patricia Deegan talked about how despair is a natural consequence of being diagnosed with a mental illness. There is the stigma of having a mental illness as well as the realization that ‘my life will never be the same.’”

**Slide 15: Five Stages of Recovery**

*Continued*

**Instructions:**

Briefly state here what thoughts you had when you had to face the fact that you had a mental illness and were in the “Life is Limited” stage.  
(i.e., I feared I would never be able to work again, which triggered huge fears about how I was going to support myself. Suicide was a common thought about how to deal with it.)

**Say This:**

“This second stage of recovery, “Life is Limited”, is where rehabilitation services begin by focusing on rebuilding a positive self-image and instilling hope and a sense of possibility that life can be enjoyable again. Cardiac rehabilitation and most other physical disease rehabilitation services have been doing this for years. And yet it’s just developing in the mental health field.

When someone regains a sense of hope and believes that “change is possible”, they’ve entered the third stage of recovery. This is where they must be empowered to create an individualized recovery goal and supported to take small steps toward achieving that goal. Patricia Deegan says she and her friend “began in little ways with small triumphs and simple acts of courage”.

**Instructions:** Briefly state one or a few of the small steps you took when you first believed that change was possible.

*(i.e., toward the end of a major depression, I started contacting friends, exercising and realizing that I had to live my life differently.)*

**Say This:**

“When someone has a goal and is in the fourth stage of recovery, they are willing to make a “commitment to change”. At this stage it is important to help them identify their strengths and needs in terms of skills, resources and supports.”

**Instructions:**

Briefly state something you did while in this stage of recovery.

*(i.e., I worked with friends, a vocational counselor and my therapist to determine my strengths so I could market myself to find employment.)*

**Say This:**

“And finally, the fifth stage is when the individual is willing to take responsibility for his or her actions. Patricia talks about how she took responsibility for taking her medications, working a part-time job and managing her own money.”

**Instructions:** Talk briefly about what commitments you have made to maintain your recovery and wellness.

*(i.e., I took responsibility by learning more about my illness and developing a Wellness Recovery Action Plan in which I recorded what I’m like when I’m well and I’m sick, as well as early warning signs of illness, triggers that tend to precede them, and what to do on a daily basis and in crisis situations to maintain my wellness. This includes monitoring my symptoms and taking medication as needed; eating healthy; exercising and sleeping on a regular schedule; talking regularly with friends, mentors and healthcare providers; and making sure I balance the stress with plenty of fun, pleasure, and recreation.)*

## **Slide 15: Five Stages of Recovery**

*Continued*

### **Say This:**

“It’s important to note that setbacks are normal and that people can go back and forth between the five stages many times. Relapse is common to all diseases. You may encounter people in crisis who’ve had a long, full recovery, but had a recent relapse. You never know where they are in the stages of recovery. That is why it’s important that you always communicate to them your belief in their ability to recover and look for their strengths. With hope, willingness and commitment to responsible action, anyone with a mental illness can live his or her own vision of recovery, with meaning and purpose in the community of his or her choice.”

## **Wrap Up and Review**

### **Slide 16: Objective Review**

#### **Ask This:**

“Does anyone have any questions?”

#### **Instructions:**

If there are no questions from the audience, ask some of the following questions:

- 1 “What have you learned about recovery from the mental health consumer’s perspective?”
- 2 “What is the definition of recovery in the President’s New Freedom Commission on MH?”
- 3 “What are some definitions of recovery?”
- 4 “What is the difference between treatment and rehabilitation?”
- 5 “What are the stages of recovery?”
- 6 “What role does hope play in the recovery process?”
- 7 “Which two stages of the recovery process do not require hope?”
- 8 “At which stage of the recovery process must intentional efforts be made to instill hope?”

#### **Say This:**

“Please refer to the Website Resource List in your manual to learn more about mental health recovery. Thank you.”

