What is Recovery Based Practice? – Outline

(2010)

At this point a large array of recovery based practices have been developed, that rivals any model, including the medical model. The vision and principles of the recovery movement can be translated into practices. Programs can be evaluated for how much recovery based practice they are actually doing and funders can have specific expectations. Note that even if all these things are done, a good deal of recovery is about program culture and how things are done, not just what is done.

Here is my "list" of comprehensive recovery based practices:

1) ***Engagement and welcoming*** – Focus on relationship and trust building services, not requiring diagnosis or insight or medication, "meeting people where they're at", harm reduction, "housing first", peer engagement, outreach, charity.

2) ***Person-centered planning and goal-driven services*** - Develop a shared story of the person's life instead of a history of illness, identify strengths to be used in recovery, assist in formulating goals to pursue collaboratively, identify potential barriers and develop shared plans to overcome barriers, develop goal setting skills, use a menu of services supplied by an integrated team and community.

3) ***Sharing decision-making and building self responsibility*** – Develop collaborative relationships, describe service choices in understandable language and as it impacts the consumer's goals, "client driven services", advanced directives, assist in learning from consequences of decisions to learn to make new choices – learn from mistakes, define respective roles in achieving goals increasing self responsibility and self reliance

4) ***Rehabilitation - building skills and supports*** –Do things with people instead of for them, use "teachable moments", in vivo skill building, assist with entitlements, supports, and opportunities, psychiatric rehabilitation and psychosocial rehabilitation, clubhouses and learning roles, peer support.

5) ***Recovery-based medication services*** – Consider treatment optimization approaches that balance judicious use of medications with other treatment, rehab, and recovery interventions, with particular emphasis on patient/client/consumer preference. Align use of medications with the consumer's goals, instead of symptom control. Taking medication to improve symptoms needn't precede rebuilding lives. Medications can initially be for "short term" effects until a "customer relationship" is built. Getting off medications happens when they're no longer needed to attain and maintain goals, not when symptoms are relieved. Medications enable self help coping techniques, rather than competing with them.

6) ***Peer support and self help*** – Cultivate opportunities for outreach and engagement, peer counseling, shared stories and humanity, peer advocacy, peer bridging, acceptance, "giving back", peer support groups, 12-step, coping skills, self care, WRAP.

7) ***Adapting and integrating therapy and healing*** - Provide therapeutic relationships without excessive structure or rules. Emphasize engagement, relationship building, "corrective emotional experiences". Create a healing environment – sanctuary, counterculture of acceptance, "therapeutic milieu", group therapy without walls, Carl Rogers – empathy, authenticity, caring.

8) ***Trauma-informed care*** – Increase trauma awareness, empathetic relationships, trauma healing and recovery, personal safety and boundaries. Avoid retraumatization cycles, and traumatization by staff including reducing coercion, seclusion and restraints.

9) ***Spirituality and alternative approaches*** – For some persons, healing and recovery requires attention to their spiritual life. Faith and communing with others who share similar spiritual beliefs, without proselytizing or requiring participation in formal religious activities, can be a very powerful and supportive adjunct to feeling whole, inclusion of spiritual strengthening practices and healing.

10) ***Community integration and quality of life support services*** – Identify needs and gaps in social supports, and provide benefits assistance, redocumentation, "supported services" – housing, education, employment, medical care, community development, finding "welcoming hearts" in the community, finding a niche, meaningful roles, community inclusion, rights and responsibilities, avoiding "failures of community integration" – hospitalization, homelessness, imprisonment.

11) ***Graduation and self-reliance*** – Build strengths and resilience, protective factors, gifts from their suffering, overcoming fear of losing benefits and illness roles, replacing professional supports with self help and personal supports, developing community treatment resources, "coming out" to fight stigma and discrimination.