



Wellness Planning and Recovery Tools:

Reframing the “Illness”
Paradigm

Background

Mental Health Recovery Consultant- CQL

CEO, Promise Resource Network

ccaraco@promiseresourcenetwork.org

Person in recovery for 27 years (and counting!)

Life View Without Recovery Focus

Dr. Keris Jän Myrick

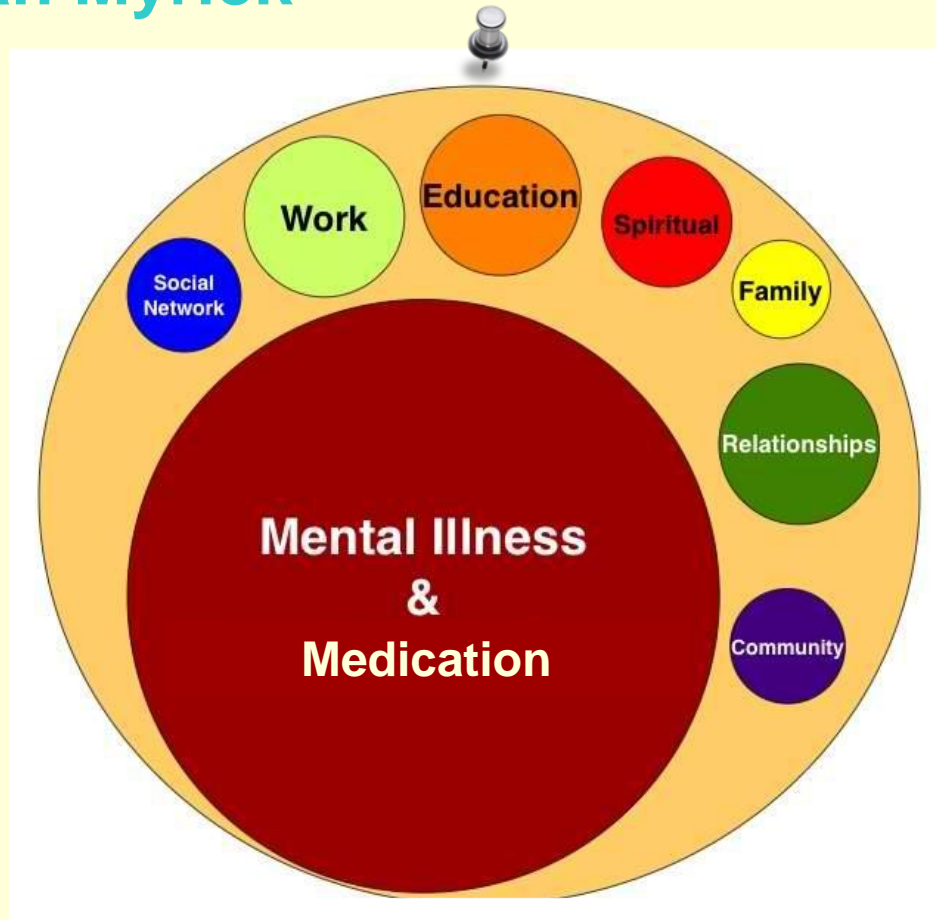


Image: Diagram of "life view" without recovery focus

Life View With Recovery Focus

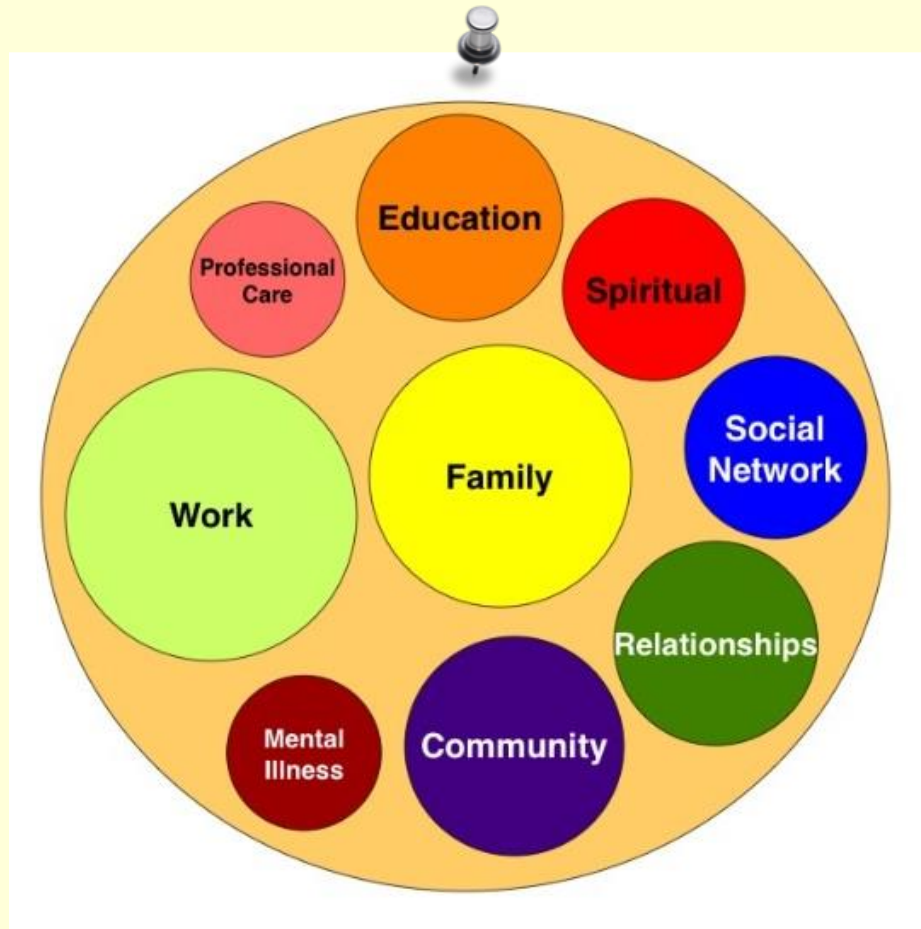


Image: Diagram of "life view" with recovery focus

Shifting Our Focus

- ▶ from “illness” to WELLNESS and the Whole Person

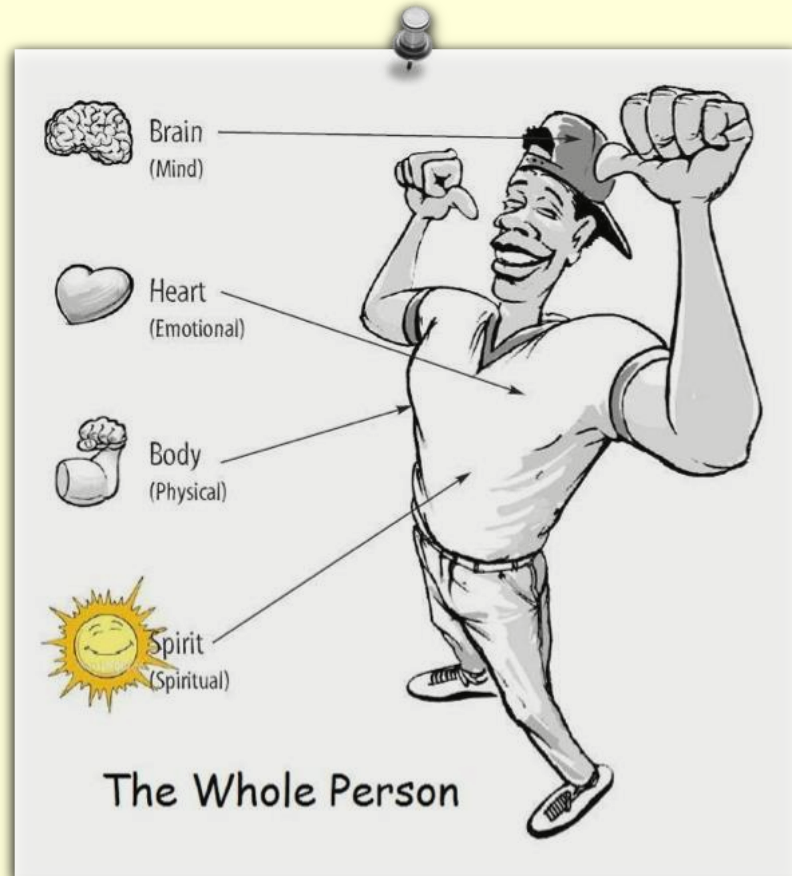


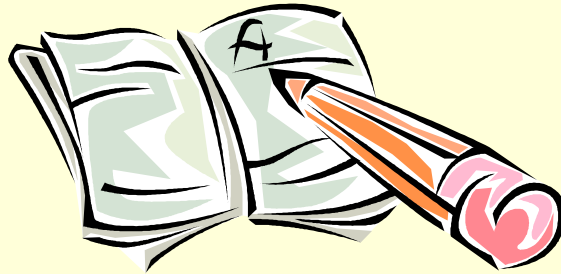
Image: Poster of "The Whole Person"

Studies show that self-management of wellness facilitates recovery from mental illnesses. This is no different from a person learning how to manage diabetes or high cholesterol. It is about learning how it impacts you, what makes it worse, what makes it better, and applying the things that work for you.

Definition: Wellness Self Management

1. Feeling a sense of control over your life and your future, including control over your mental wellness;
2. Learning and practicing ways to effectively respond to life's challenges including physical and mental health issues;
3. Developing resiliency and reducing likelihood for relapse or re-hospitalization
4. Using self-care to enhance your mental and emotional wellness

The Wellness Self-Management Workbook



How is this different than a stabilization, functioning, and maintenance approach?

- ✓ Supports and skills in 8 Dimensions of Wellness rather than simply symptom reduction
- ✓ It goes beyond “person centered” to “person driven”
- ✓ The “power” lies with the individual and real power is based in information, knowledge, exposure and opportunity
- ✓ Risk is a positive thing... it just needs to be a calculated risk
- ✓ Self-awareness, esteem and identity are vital
- ✓ Focus is on healing, rather than “behavior” or symptom management
- ✓ Planning for Wellness rather than illness is used
- ✓ The expectation is that the person will recover, not simply stabilize
- ✓ The person defines recovery and wellness
- ✓ Quality of life rather than clinical or functional outcomes (work, home, relationships, money, education....)

The Eight Dimensions of Wellness



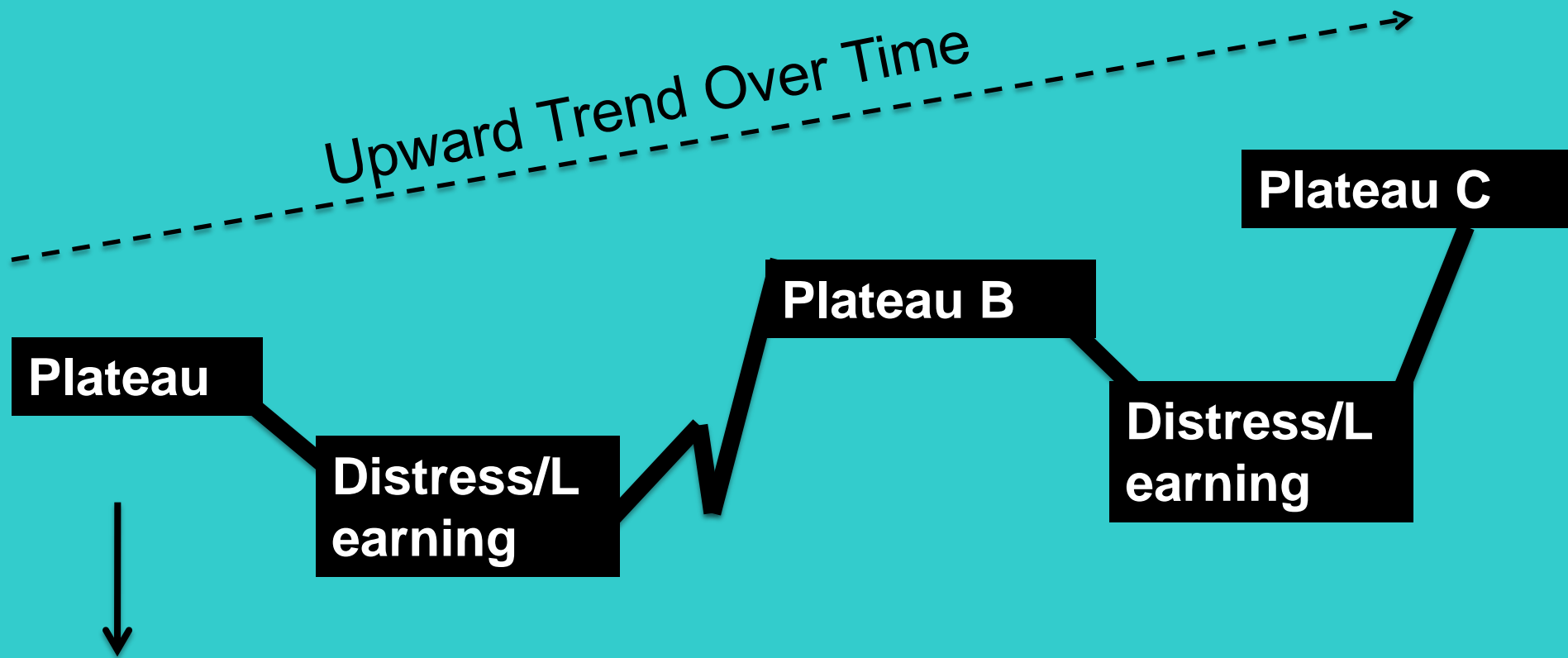
Recovery Vs. Stabilization



Primary Concern: Symptom reduction, reliance on medication, low-stress to stay stable, no risk.

“Medical” or “Maintenance” Model

Recovery Vs. Stabilization



Primary Concern: Whole person,

“Recovery” Model



*Wellness Promotion Strategy:
Empowerment through Dignity of Risk*

growth

Enabling Versus Empowerment

ENABLING

The process of hindering individuals from gaining independence by obstructing their ability to access resources, skills, experiences and knowledge. Both professionals and natural supports (family, friends, etc.) can engage in this action by “doing for” or “doing to” the individual instead of “doing with.”

EMPOWERMENT

Empowerment refers to the increasing of strengths, choices and abilities in an individual. It promotes the “empowered” to develop confidence in his/her own capacities, as well as gain more control over one’s life.

PERSONAL ACCOUNTABILITY

Empowerment includes *Personal Responsibility* or transforming your attitude and behavior from “Everyone else is responsible for my success” to “I am responsible for my own success.” It refers to the exercising of one’s own will in making decisions, as well as following a course of conduct. It also implies self-initiation and a measure of self-reliance, but still requires more than the ability to act for oneself.

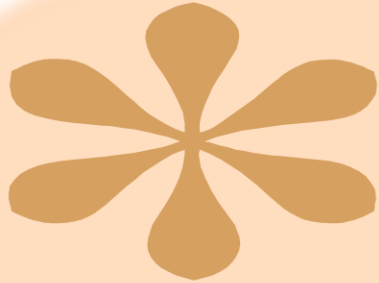
"Empowerment is facilitated by external factors, however manifests from the inside.

It is fostered through knowledge, self confidence and meaningful choices. Empowerment is also about courage and a willingness to take risks and to use ones voice.

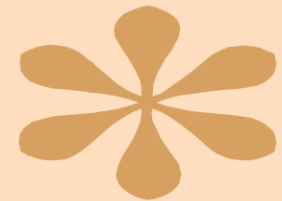
Empowerment is about taking responsibility to develop goals, work to reach the goals, make decisions and self care. It also means accepting consequences."

Source:

"What is Recovery? A Conceptual Model and Explication"



The “dignity of risk” refers to the satisfaction of engaging in opportunities and new challenges that may entail an element of risk or may not be ‘advisable’ according to the dictates of others.



Without Risk, Without Progress

The Mechanical Clock

The Printing Press

Immunizations/Antibiotics

The Automobile

Computers

The Photograph

Digital Video

Steel

Paper

Satellite Communications

Rubber



Modern Plumbing

The Telephone

Electricity

Television

Recorded Sound

Moving Pictures

Concrete

Plastic

Nuclear Power

The Internet

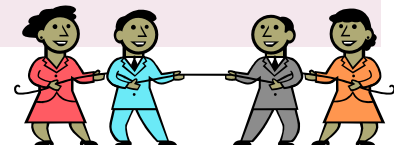
Air Conditioning

Where Is Dignity Without Risk?

"Pick Your Battles"

As we go through life we use the knowledge gained from our individual experiences to guide us in the decisions we make. These life lessons influence how we prepare, react and evaluate choices in the future.

As a service provider it can often be unnerving or scary to willingly encourage individuals to engage in an activity in which they may "fail," experience emotional discomfort, and negative consequences. While it is innately the job of a service provider to keep participants safe, this concept is **not** synonymous with shielding or preventing an individual from experiencing risk or making mistakes.



It is equally difficult for people experiencing emotional distress to “take a stand against” a provider. This is especially due to the uneven balance of power that is (un)intentionally created through the nature of this relationship.

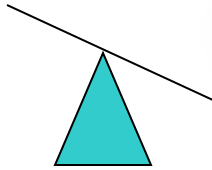
The idea of “risking failure,” experiencing disappointment and rejection, and holding oneself personally accountable for choices/actions can be scary without adequate supports in place.

Dignity of Risk:

The Balancing Act

Option One:

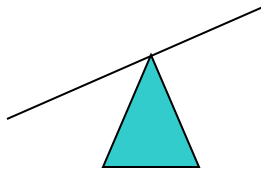
Person



Provider

Option Two:

Person



Provider



Option Three:

Person



Provider



When Help is NOT Helpful

"Help isn't help if it's not helpful. Help that is not helpful can actually do harm."

-Pat Deegan

“We must dare to talk about help because power, including the power to oppress, often disguises itself as help.”

Power-disguised-as-help is used to silence disabled people.

Paolo Freire (1989) says that oppressive power submerges the consciousness of the oppressed into a culture of silence. Toxic help oppresses and silences people with disabilities.”

Pat Deegan



Helpful or Harmful? You Decide

Hank: “Put those cookies back”

Susan: “But...”

Hank: “Susan, come on now, we don’t have time for this sort of thing. We’ve got to get back to the group home.”

Susan: “But...”

Hank: “There are no buts about it. Put the cookies back.”

Susan: “but I like these...”

Hank: “You know that the doctor said you are getting fat. I said put the cookies back. “

Adapted from ***Power Tools***, Dave Hingsburger

Helpful or Harmful?

A woman, told that she can't watch her soap opera tapes until she has done her exercise program picks up a table lamp and smashes it on the floor.

The staff drags her kicking and screaming to "Time Out"

The staff restrains her and gives her a shot to "calm her down"

She is told that she is going to spend the rest of the night in her room calming down.

Its four thirty in the afternoon

Adapted from ***Power Tools***, Dave Hingsburger

Exploitation
Threats/Coercion
Forced Treatment
Over use of medication/sedation
Restraints/Seclusion
Aversive Conditioning
Lack of privacy/humiliation
Locking of cupboards, pantries, refrigerators
Lack of decision making- options that are
important to the person
Behavior plans aimed at controlling behavior
Diet restrictions/other restrictions
Sleep times
Withholding- money, food, possessions
Preventing intimate relationships

How Can We Combat This?



1. Awareness of the Power Differentials

“Most people don’t realize that they:

1. Have Power
2. Unknowingly Abuse It

“those who do this work are often the most powerful person in the lives of the people they serve and the most powerless person in the helping organization for which they work”

Create Awareness!

http://www.springtideresources.org/sites/all/files/People_with_Disabilities_and_Caregivers_Wheel.pdf

2. Understand Your Role

“We have power over those we say we serve. It’s funny that we say we are in it for those in our care. We say everything we do, we do for them. We use the word “serve” like a waiter would use the word. A waiter knows his job, his obligations and for whom he works. But when we use the word “serve” I don’t think we often think of people with disabilities as our employers, we think of them as our raw ore, the skills we teach as our product and the behaviors we suppress as quality control. Their need give us our power. Their vulnerability our control. Their disability, our reason.”

-Dave Hingsburger

3. Ask: What is Helpful and What is NOT?

.... And most importantly, LISTEN!

4. Have Empathy

The *Other* Side of the Desk

Have you ever thought just a wee little bit,
Of how it would seem to be a misfit,
And how you would feel if YOU had to sit,
On the other side of the desk?

Have you ever looked at the man who seemed a bum,
As he sat before you, nervous...dumb...
And thought of the courage it took to come,
To the other side of the desk?

Have you thought to yourself of his dreams that went astray,
Of the hard, real facts of his every day,
Of the things in his life that make him stay,
On the other side of the desk?

Have you thought to yourself, "It could be I,"
If the good things of life had passed me by,
And maybe I'd bluster and maybe I'd lie,
From the other side of the desk?

Did you make him feel he was full of greed,
Make him ashamed of his race or creed,
Or did you reach out to him in his need,
To the other side of the desk?

May God give us wisdom and lots of it,
And much compassion and plenty of grit,
So that we may be kinder to those who sit,
On the other side of the desk.

5. Let's NOT Label, instead, strive for understanding

“To call someone lazy, unmotivated or non-compliant is to admit that WE don't understand THEM”

- Remember, ALL behavior IS communication
- Behavior is ALWAYS a way to get a need met
- This is true for ALL human beings, not just those of us with disabilities
- Our goal is not to label, modify, shape, stop, increase, decrease, or otherwise alter the behavior. It is to UNDERSTAND it and support people to get their needs met!

Most Common Needs

I. Power and Control

**II. Protection/Preservation
/Avoidance**

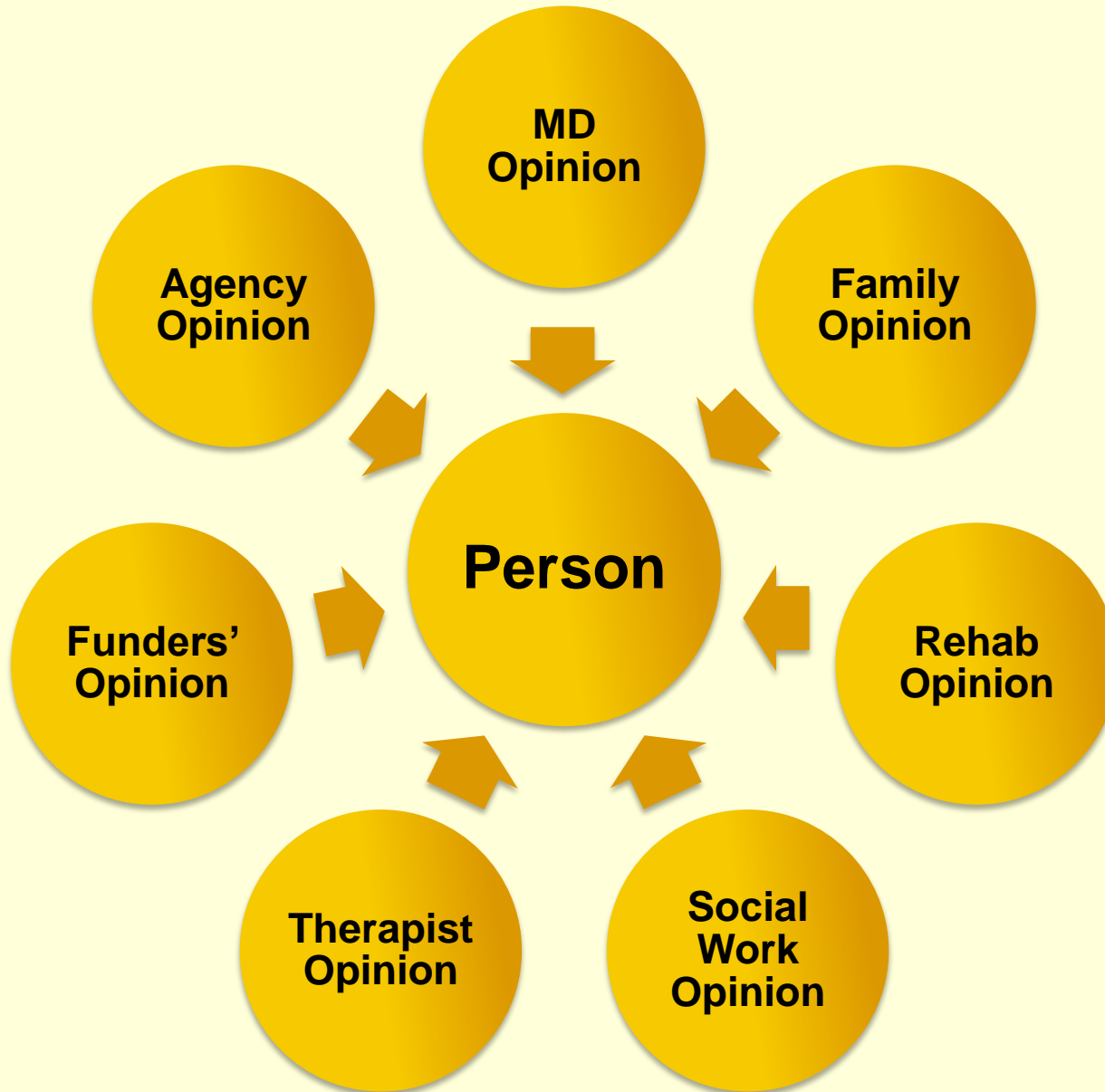
III. Attention

IV. Acceptance

Moving from person-centered to person-directed

- Person-centered means that we provide services around you and your needs with your input
- Person-directed means you have decision making authority over your plan, services and life

Person Centered



PLEASE question when the “goal” on someone’s plan says...

“Have appropriate behaviors”

“Listen to staff more”

“Be compliant”

“Follow the rules of the group home”

“Be treatment compliant”

“Manage my outbursts”

“Stop being sarcastic to staff”

“Maintain psychiatric stability as evidence by...”

“Take my medications”

“Shower daily”

Who Is the Driver??



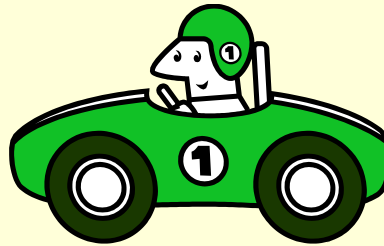


Person-Centered vs. Directed

Power with versus power over can mean the difference between wellness and illness

How do we put the power back in the hands of the individual through this process?

Getting in the Driver's Seat of Your Treatment: Preparing for Your Plan



Where Does Mental Health Fit?



Symptom Self-Assessment



Wellness Recovery Action Plan (WRAP)

- *Identify 3 items on your “Daily Maintenance List”*

- ---
- ---
- ---

- *Identify 3 items in your “Wellness Toolbox”*

- ---
- ---
- ---

- *Identify 2 triggers (external factors)*

- ---
- ---

- *Identify 2 early warning signs (internally based)*

- ---
- ---
- ---

- *Identify 2 “When Things Are Breaking Down” sign*

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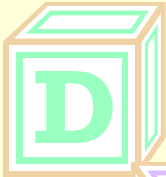
- *Identify 2 Actions on your Crisis Plan*

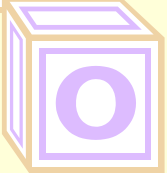
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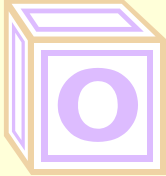
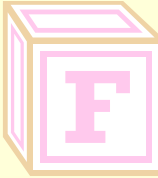
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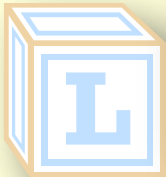

- *Identify 1 Post Crisis Action*




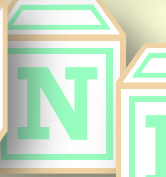
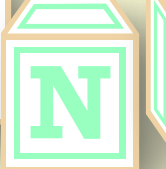
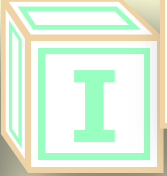


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BUIL  ING

BL  CKS

WE   NESS



Wellness Promotion Strategy:

Creating a Positive Culture of Healing from Trauma

Trauma Informed Environment: Hospital or Prison?



A lot of attention is being paid to the role of trauma in mental illness

Even more attention is being paid to the role of treatment in traumatizing or re-traumatizing people






“A Positive Culture of Healing is one in which there exists an atmosphere of tolerance, empathy, compassion, respect, trust, cultural competence, inclusion, hope, and dignity.”

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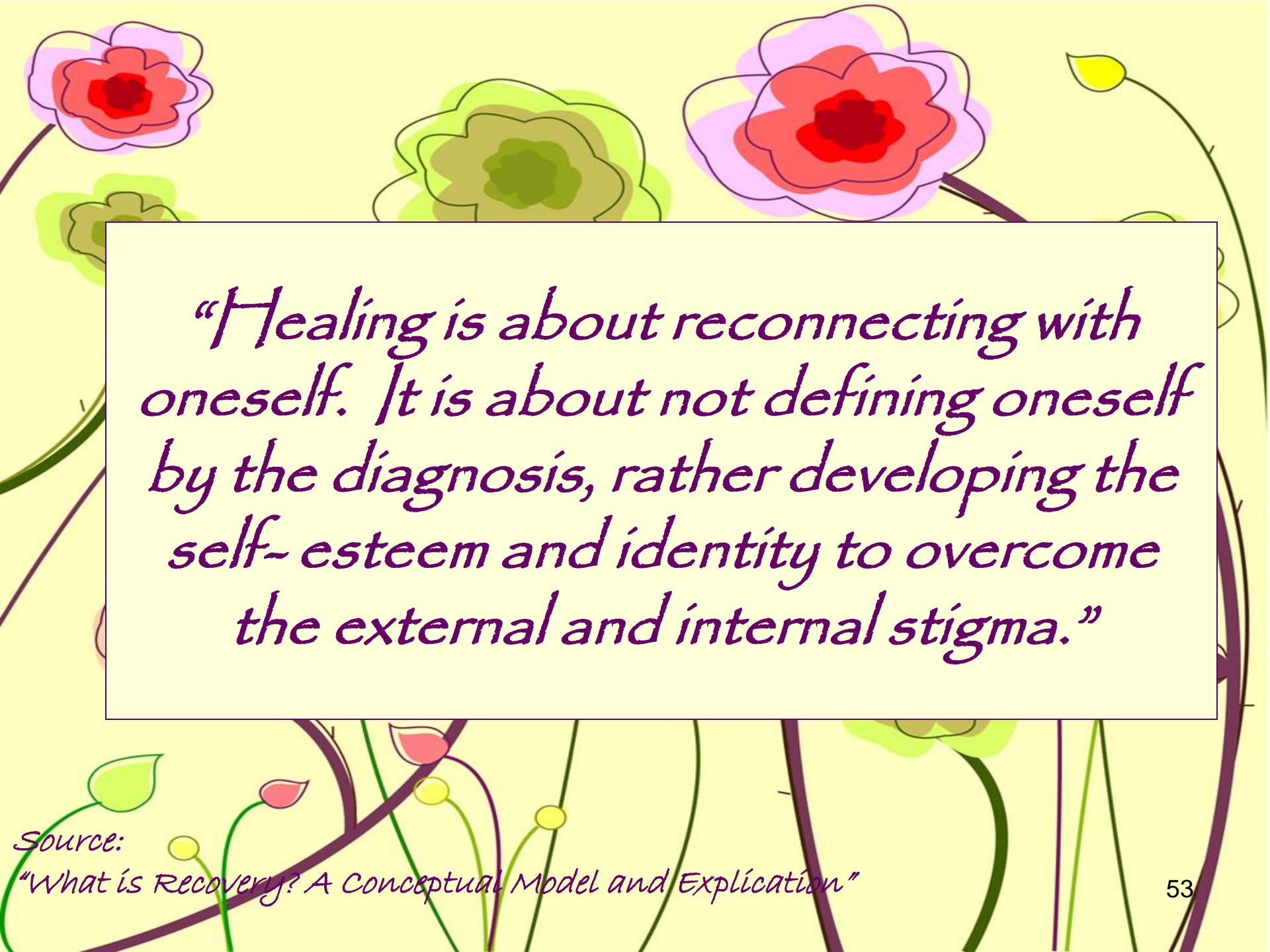
“What is Recovery? A Conceptual Model and Explication”

A background image showing two hands shaking in a firm grip, symbolizing agreement or partnership. The hands are positioned diagonally across the frame, with the left hand on the left and the right hand on the right. The background is a clear blue sky with soft, wispy white clouds. The text is overlaid on the right side of the image, following the curve of the shaking hands.

*“To create a positive culture of healing,
there must be mutuality, partnership and
collaboration, listening and hearing the
consumer’s perspective and upholding all of
the consumers’ rights.”*

Source:

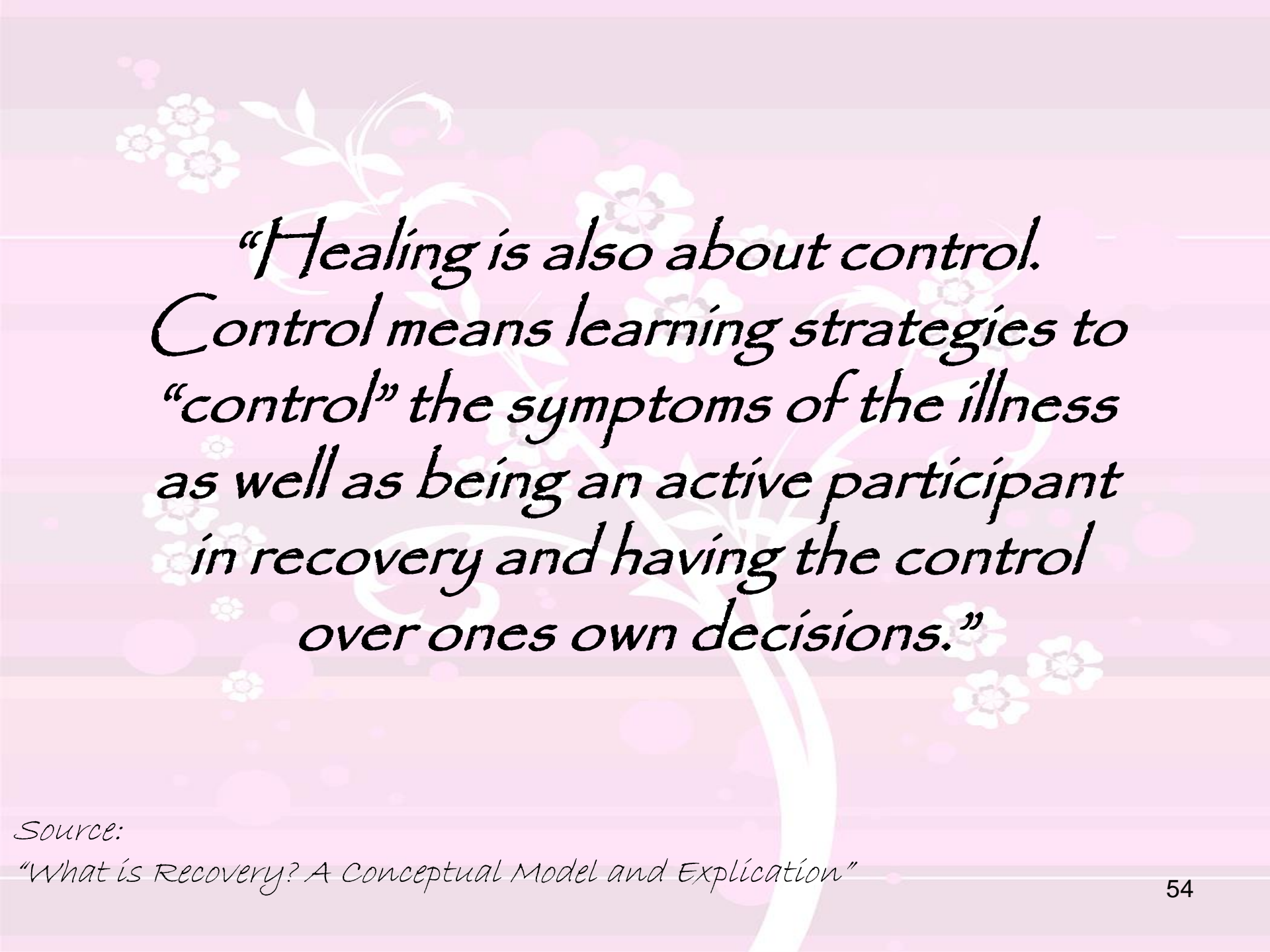
“What is Recovery? A Conceptual Model and Explication”



“Healing is about reconnecting with oneself. It is about not defining oneself by the diagnosis, rather developing the self-esteem and identity to overcome the external and internal stigma.”

Source:

“What is Recovery? A Conceptual Model and Explication”



*“Healing is also about control.
Control means learning strategies to
“control” the symptoms of the illness
as well as being an active participant
in recovery and having the control
over ones own decisions.”*

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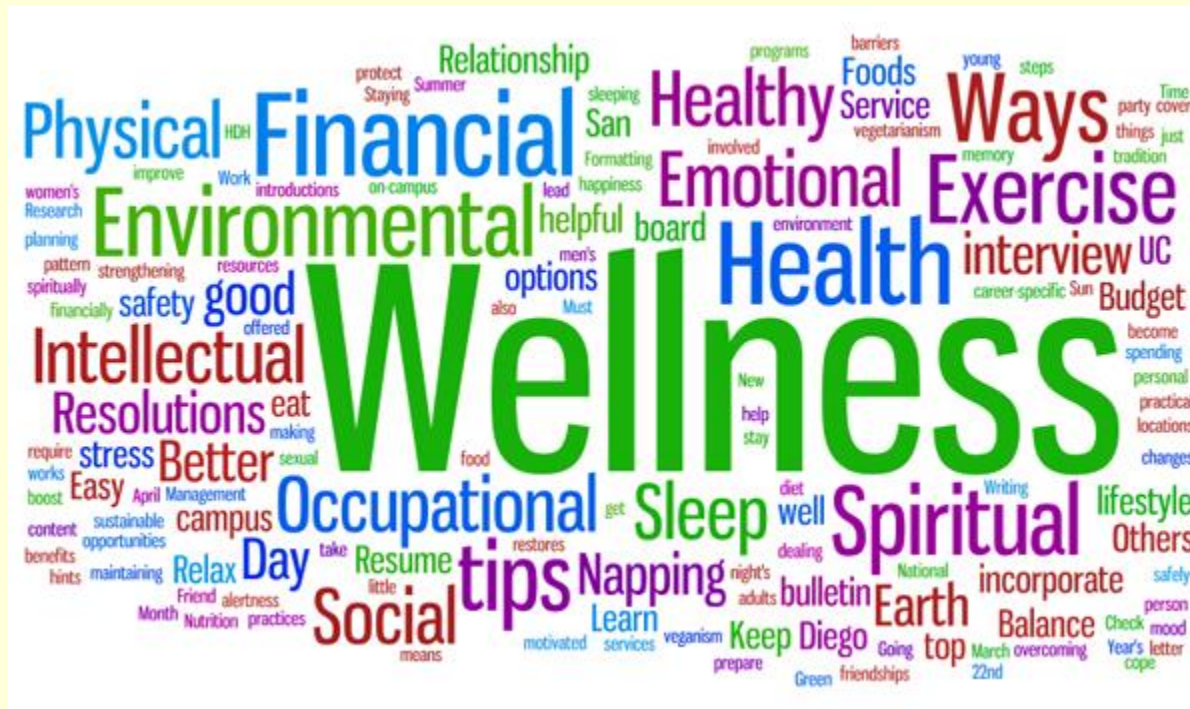
“What is Recovery? A Conceptual Model and Explication”

Trauma Informed EBP (NCTIC)

- Addiction and Trauma Recovery Integration Model (ATRIUM)
- Essence of Being Real
- Risking Connection®
- Sanctuary Model®
- Seeking Safety
- Trauma, Addiction, Mental Health, and Recovery (TAMAR)
- Trauma Affect Regulation: Guide for Education and Therapy (TARGET)
- Trauma Recovery and Empowerment Model (TREM and M-TREM)

Trauma-Informed Resources

- Bloom, S. (Summer/Fall 2002). *Creating Sanctuary, networks, p.1. Alexandria, VA: National Technical Assistance Center, National Association of State Mental Health Program Directors*
- Ford, J. (2003, January 17), *Trauma Adaptive Recovery Group Education and Therapy (TARGET)*. Retrieved from [www.traumamatters.org/documents/TARGET-- JulianFord.pdf](http://www.traumamatters.org/documents/TARGET--JulianFord.pdf) on January 17, 2003
- Giller, Esther. (Spring 2005) *Sidran Bookshelf: Trauma and Dissociation. Information and Resource Newsletter, (listing of publications)*. On line: www.sidran.org
- Harris, M. (1998). *Trauma recovery and empowerment: A clinician's guide for working with women in groups*. New York, NY: The Free Press
- Herman, J. (1992). *Trauma and recovery: The aftermath of violence – from domestic abuse to political terror*. New York, NY: Basic Books
- Hodas, G.R. (2004). *Understanding and responding to childhood trauma: Creating trauma informed care. Unpublished paper. Pennsylvania Office of Mental Health and Substance Abuse Service*
- Najavits, L. (2003, January 17). *Seeking safety*. Retrieved from www.seekingsafety.org/3-02%20arts/training%20in%20SS-s.pdf



Putting it All Together: Developing a Wellness Plan



Behavior Plan, Wellness Plan, What's the Difference?



A behavior plan is used by staff and/or others to respond to targeted behaviors in an attempt to decrease them, shape them, get rid of them, etc.

A wellness plan is the person's plan, written in their language, and serves as their blueprint to enhance their own health and wellness



Behavior Plan, Wellness Plan, What's the Difference?



A behavior plan focuses mostly on problematic behavior(s) that have been identified, often by staff, to be managed or changed. These are behaviors that typically impact others around the person.

A wellness plan, on the other hand, focuses on the **issues** that the person has identified that causes him/her emotional distress that may result in unsafe or unhealthy behavior. These are behaviors that impact what the person wants or needs in order to do the things that are important to him/her.



Behavior Plan, Wellness Plan, What's the Difference?



A behavior plan is designed to manage behavior

A wellness plan is designed for wellness self-management



Behavior Plan, Wellness Plan, What's the Difference?



The largest portion of a behavior plan is often the “intervention”

The largest portion of a wellness plan is the “prevention”.

It is about the person being *Proactive* rather than you being *Reactive*.

Wellness Toolbox



People

People that help you soothe, heal, support

Places

Places that you feel safe that help you calm

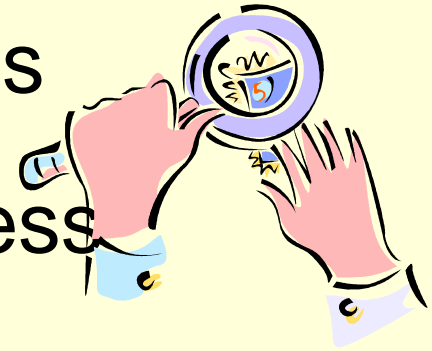
Activities

Things you can do to help you deal with or get through the situation

Shifting Our Focus

from

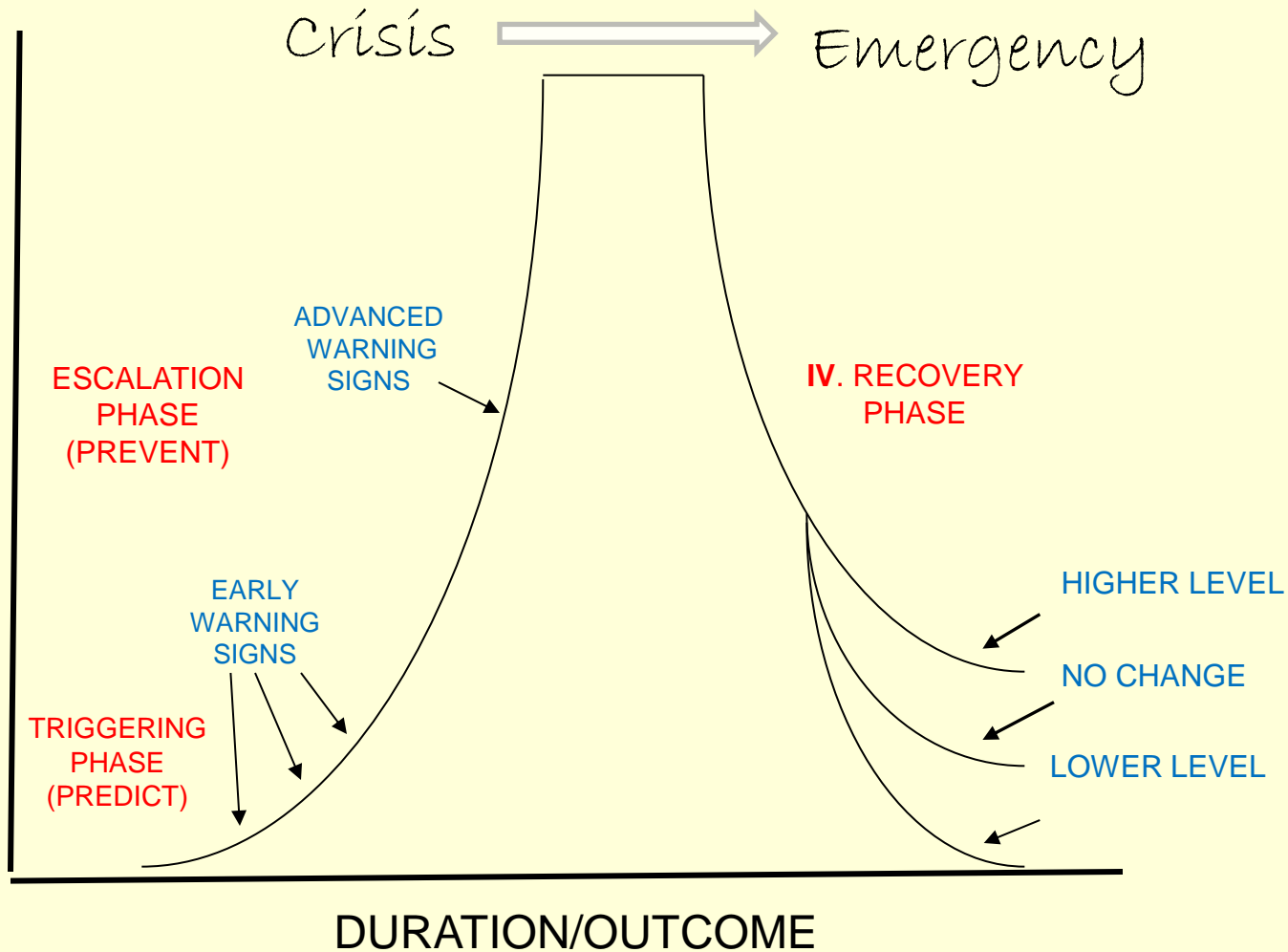
Behavior to Wellness



An Effective Wellness Plan Needs to :

- Be simple, clear and in a language that the individual, family and team can completely understand.
- Come from the individual, family, as well as any identified team members.
- Be usable in any environment the person is in.
- Be individualized & tailored to the person's unique circumstances.
- Be effective, flexible & changeable.
- Be understood and executed by anyone who doesn't know the individual, family or team.
- Be all about function, not format!

Stages of Crisis Model



Caplan, 1964

Crisis vs. Emergency

- **Mental Health Crisis:** A behavioral, emotional, or psychiatric situation that would likely result in significantly reduced levels of functioning in primary activities of daily living or in the placement of the recipient in a more restrictive setting (such as inpatient hospitalization).
- **Mental Health Emergency:** A behavioral, emotional, or psychiatric situation which causes an immediate need for mental health services.

Minnesota Department of Human Services

Crisis can lead to an emergency

3 P's of Wellness Planning

PREDICT
PLAN



Predict:

What are the behaviors that get in the way of my wellness, goals, hopes and aspirations?

What are the situations that cause me to do these things? (think about anniversaries, days, months, situations, events, places, people, etc). *Note: you can use trigger inventories to support someone to figure this out*

What does it feel like to me when I am likely to act this way?
How can I tell when I'm at risk?

What does it look like to others when I'm at risk? How can they tell?

Prevent:



Wellness Toolbox:
People, places, activities

Other wellness self-management tools

Coping skills that have been tried and work

Other skills I am willing to try

Plan:



Who, what, where, when, how

Step by step, what helps/hinders

Strategies for crisis response, stabilization

Plan for when hospital, 911, etc. will occur
Psychiatric Advanced Directives (PAD)

Who Is Not Recovering?

*Who is not recovering, from something in their past?
From a painful loss, a relationship that didn't last?
Who is not recovering, from harsh words that cut, and scarred?
Or decisions that were made, that made the journey hard.*

*Who is not recovering, from setbacks and despair?
From a life crying out for healing, for mending, and repair.
Who is not recovering, from disappointment after a failed goal?
From illness of the spirit, or desperation of the soul.*

*We are all like pilgrims, on a journey, where we fall.
The road sometimes get bumpy, sometimes we hit a wall.
We have much to teach each other, of the lessons we have learned.
As we opted for the straight path, or the times we chose to turn.*

*Recovering is discovering, that we have much to give.
That all of our experiences, have served to help us live.
Recovering is uncovering, the gifts we still possess.
And bringing them to the light of day, and basking in success.*

*Yes, we are all recovering, as we live from day to day.
And we all seek a caring hand, when we seem to lose our way.*

*Providers and consumers, seeking comfort and release.
Both pilgrims on the journey, together, we'll find peace.*



By Wally Kisthardt, Ph.D.



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QUESTIONS?