

Recovery

What It Is

What It Isn't

What It Can Be

by Beth Padgett
SC SHARE
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Recovery-What It Is, What It Isn't, What It Can Be

- Recovery is not simply taking medication and going to a day program.
- Recovery is developing a full-range recovery program including exercise, education, relationship building, therapy, life skill development, support groups, self-help/12-step groups, and more.

What are the barriers to each client having a recovery program?

What circumstances exist that prevent each client from having a recovery program?

Do the reasons make sense now? If not, how can they be changed?

- Recovery is not playing it safe by taking medication that reduces symptoms while leaving me dull, without energy, without focus, without desire to be involved in life.
- Recovery is finding medications that work and allow me to maintain my personality, my self, and my desires and enthusiasm for life.

What are the prevailing beliefs about medications, effectiveness, side-effects, and trade-offs held by the doctors, pharmacists, nurses, and other professionals?

How can their beliefs be transformed to allow more input from the client?

How can their beliefs be transformed so that there is a general understanding that the desired state for all clients is to have the best relief from symptoms while allowing the client to maintain or regain their ability to enjoy life?

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- Recovery is not avoiding issues that I am not “strong enough” to handle.
- Recovery is engaging in self-discovery through therapy and other means. Recovery is gaining coping skills necessary to live a rich and meaningful life complete with a full range of emotions.

Do service providers throughout the system understand the relationship of trauma and mental illnesses?

To what extent do they appreciate and encourage emotions, not treating emotions as signs of illness or triggers?

- Recovery is not withdrawing from the community and spending my days exclusively with others who have mental illnesses for years on end. Recovery is not looking for suitable places for “someone with a mental illness” to spend my time.
- Recovery is being a vital, involved, and dedicated member of the community.

How prevalent is the belief that mental illnesses change a person forever, making it unlikely that they will be a productive member of society?

What can be implemented so that clients are directed into valued positions in the community as soon as they emerge from the initial crisis of illness?

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- Recovery is not a life of compromise where I am always giving up something I really want in exchange for something “that will do.”
- Recovery is following my dreams with some minor adjustments; being creative in finding ways to use my gifts and talents so that I don't feel I have given up on my goals or settled for less than I am capable.

What are clients told to expect upon being diagnosed?

Are they told to keep their hopes and dreams alive?

Are they helped to keep them alive by participating in planning their own recovery?

Are they helped to find hopes and dreams if they entered services being unable to identify them?

- Recovery is not always being poor....living on disability.
- Recovery is believing that I can make a good income and be financially independent and secure.

Are clients encouraged to apply for entitlements too soon?

Could clients be encouraged to go to school or work instead?

How can the attitudes and practices about being on disability be changed so that it is seen as a short-term solution instead of a circumstance that defines and directs the client's life?

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- Recovery is not forever being a “them” in an “us” world and being “less than” in all the ways that matter.
- Recovery is being just like everyone else and knowing that mental health exists on a continuum for everyone.

Where does stigma and discrimination exist within the system of service?

Where are stigma and discrimination evident in the written, verbal, non-verbal language, and symbols that are used everyday by staff and clients?

How can it be eliminated?

How can elimination of stigma and discrimination become a priority for the system of service?

- Recovery is not always needing someone to make my important decisions for me.
- Recovery is being confident of my capacity to direct my own life and using mentors and sponsors for support and guidance, just like all successful people.

Are clients taught problem-solving skills and encouraged to use them?

Are clients taught how to connect to people who can serve as mentors for them?

How can service providers limit their power in clients' lives, encouraging clients to find natural supports in their communities?

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- Recovery is not about doctors' and clinicians' and other professionals' comfort zones.
- Recovery is having the right to fail and fall flat on my face just like everyone else.
- Recovery is telling doctors', counselors, and other professionals "no" when their suggestions do not work for me.

No one has the right to let their fears and judgments about me limit my chances at growth and success.

How do service providers manage their fears about the client's failures or relapses?

What can be done so that the fears associated with growth and change do not create an atmosphere where risk is discouraged?

- Recovery is not neat, without setbacks, or one size fits all.
- Recovery is messy, with setbacks, and different for everyone. The differences depend on certain things such as our characteristics and capacities prior to becoming ill.

What determines success in recovery?

How can old measures of success be challenged and changed?

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- Recovery is accepting responsibility for my actions, being proud of successes, not blaming others for failures, and learning from mistakes.
- Recovery is healing from past abuses, ceasing to be in abusive relationships, and deciding to be a life-long learner.

What would service providers learn about the client's needs if they considered what they would do to help the client if the person did not have a mental illness?

How can the question for service providers become "How can I help you accomplish your hopes and dreams?"

What would keep this from becoming the question?

Recovery can be a period of extraordinary growth where people become more than they ever dreamed possible.

When people in recovery come upon a barrier to their growth, they must ask themselves, "Does this barrier serve any good purpose to my recovery? Am I ready to move beyond it? Do I have what I need to move beyond it? If I choose not to move beyond it, what does that say about what action I must take next? Then they get moving.

Service providers and systems must ask themselves similar questions regarding the barriers they see to implementing recovery services. Then they must get moving.