

## Self Advocacy and Recovery

### Slide 1

Welcome to Module II.

(Click)



### Goals

### Slide 2

The goals of this training are two fold: first, to increase the personal comfort and confidence of ombudsman in their abilities to work effectively with residents living in adult homes with multiple, chronic health problems (both mental and physical); and by doing so, to increase their ability to advocate effectively *for* and *with* residents. It is expected that this advocacy will occur at both the individual and systems levels.

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## Objectives

### Slide 3

In this particular module, you will learn what is meant by recovery and be able to describe it to someone else, be able to identify the range of interventions for persons with psychiatric disabilities and to discuss what it is like to hear voices and to feel afraid all of the time.

Based on your reading, how would you define recovery?

[Instructor: write the key words on a flip chart]

After a few minutes of discussion, offer the following overarching definition:

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## Recovery

### Slide 4

What is recovery? Most simply, recovery is a way of living to make the most out of life.

(\*Click)

## Recovery

### Slide 5

It is predicated on belief that a remarkable number of individuals with schizophrenia *recover* from the illness.

While no cure for schizophrenia exists, the recovery movement emphasizes that many people with this illness can lead productive and fulfilling lives with the proper treatment. Recovery is possible through a variety of services, including medication and rehabilitation programs. Rehabilitation can help a person recover the confidence and skills needed to live a productive and independent life in the community.

There are different models of recovery.

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[**To the instructor:** if any one asks for references to support this statement, here are two:

In an overview of World Health Organization (WHO) studies on schizophrenia, De Girolamo (1996) found that “independent from the setting and contrary to the beliefs held in the psychiatric field for decades, there are a remarkable percentage of patients who recover from the illness”

In major long-term follow-up studies (including Harding’s) published between 1960 and 1991, the percent of patients clinically recovered ranged from a low of 6% to a high of 66%, with an average of 28% and a median of 26%. The percentage of patients who showed a social recovery ranges from a low of 17% to a high of 75%, with an average of 52% and a median value of 54%.]

## Recovery

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One model of Recovery and Rehabilitation was developed by Dornan and colleagues (2000) and highlights hope as the central theme. Phases of recovery threaded through the major concept of hope include the will to survive, awakening, developing an action plan and self and shared determination. It is also a taking back of trust in one's own thoughts and choices so as to restore mental, emotional, social and biological order.

Recovery can be thought of as lifelong, intermittent, or short term.

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## Recovery

### Slide 7

If you ask people in recovery, that is, people who have mastered their major mental illness to say what is most important about their recovery they will say:

It is the ability to have hope; to trust my own thoughts; to enjoy my environment; to feel alert and alive. People with mental illness want and need the same *advocacy for opportunities to have choice*.

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[**To the instructor:** Again, if anyone requests it, here is a good a reference on a consumer study:  
Surveys of 71 consumers in Ohio and 180 in Maine were used to rate ten items of importance in their recovery (Ralph, 2000a). The top four responses were as listed above.]

Recovery

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For a long time many people in the recovery movement did not want a partnership with physicians. They saw the recovery movement as necessarily anti-professional and anti-medication. I'm happy to say that dialogue has now expanded. Many people with psychiatric disabilities accept that doctors, at least many doctors, are willing to be partners in care and to actually join with them in trying to manage their illness.

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Recovery

Slide 9

When consumers and providers talk together, when they can see each other as equals, when they can talk about their individual needs and wants, when they can share their feelings of accomplishment and weakness, then they can gain perspectives from each other.

The recovery movement is a growing movement that resonates well with basic ombudsman principles.

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## Recovery

### Slide 10

Choice has often been defined as one of the fundamental principles of the recovery process. However, in the day-to-day work of mental health professionals, knowing how to respond to client choice, especially when the choice appears to be self-defeating or poses a safety risk, is difficult.

What guidelines can we offer staff for responding to resident choice? Can we help staff avoid the extremes of neglect and/or over-control i.e., "I let the client do whatever they want" or "I know what is best for the client"?

The guidelines on this slide spell out the important principles: of paramount importance is the belief in the person's capacity to recover; a willingness to be clear, honest and informative; a desire to learn from each individual what they feel, think and want; and an ability to use this information in the manner most helpful to that person.

(\*Click to end show)

Now let's turn our attention to the sensitization exercises that I hope will allow us to "stand in another's shoes".