SAMHSA's National Consensus Statement on Mental Health Recovery

Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.

The 10 Fundamental Components of Recovery
As Amended by the CA Association of Social Rehabilitation Agencies
January 2008

Note: Changes are in bold.

A Culture-Centered Approach: A culture centered approach to recovery posits that culture is central – not peripheral – to recovery. A culture-centered approach seeks to understand a person in recovery in their cultural context (Pedersen, P. 1996). This approach seeks to focus on both culture and context, and to provide an integrative framework with which to better understand the critical role which culture play in the recovery process.

A culture centered approach to recovery begins with the culture of origin of the person in recovery and their individual lens or Worldview, a unique personal mix of values, beliefs, perceptions, and language. As persons in recovery participate in client culture and professional culture, recovery comes to mean involvement in creating “cultures of recovery”, places of change and growth, as they begin to experience themselves as a “person in recovery” rather than as a “person with a mental illness”. Through their involvement in these “cultures of recovery”, persons in recovery encounter “cultural teachers” – persons who engage with them in mutually interdependent relationships - collaborative and empowering relationships that assist persons in recovery to locate sources of strength and resilience for the journey that is recovery. Recovery comes to be experienced and understood as a change in one’s Worldview, including one’s sense of self, and a change in one’s cultural identity – a non-linear process which continues to create a “self in recovery”.

Self-Direction: Because all persons grow up in a cultural context which is unique to them, consumers lead, control, exercise choice over, and determine their own path of recovery in accordance with values, beliefs, and perceptions in their Worldview. This individual cultural context provides the frame in which individuals optimize their autonomy, independence, and control of resources to achieve a self-determined life. By definition, the recovery process must be self-directed by the individual who defines his or her own life goals and designs a unique path towards those goals in alignment with their cultural expectations.

Individualized and Person-Centered: Since culture is central – not peripheral-to recovery, the family unit and community play crucial roles in mediating cultural norms and values to the individual in recovery. The multiple pathways to recovery are based on an individual’s unique cultural heritage, including strengths and
resiliencies as well as his or her needs, preferences, and experiences (including past trauma). Individuals also identify recovery as being an ongoing journey and an end result as well as an overall paradigm for achieving wellness and optimal mental health.

**Empowerment:** Consumers have the authority to choose from a range of options and to participate in all decisions—including the allocation of resources—that will affect their lives, and are educated and supported in so doing. For consumers who grew up in conditions and cultures of oppression and disempowerment, this will require education and advocacy to equip them with the ability to join with other consumers to collectively and effectively speak for themselves about their needs, wants, desires, and aspirations. Through empowerment, an individual gains control of his or her own destiny and influences the organizational and societal structures in his or her life, in accordance with their changing Worldview and sense of self.

**Holistic:** Recovery encompasses an individual's whole life, including mind, body, spirit, and community within their cultural expectations as to what constitutes wholeness and wellness. Recovery embraces all aspects of life, including housing, employment, education, mental health and healthcare treatment and services, complementary and naturalistic services, addictions treatment, spirituality, creativity, social networks, community participation, and family supports as determined by the person. Families, providers, organizations, systems, communities, and society play crucial roles in creating and maintaining meaningful opportunities for consumer access to these supports.

**Non-Linear:** Recovery is not a step-by-step process but one based on continual growth, occasional setbacks, and learning from experience. Changes in one's sense of self and one's cultural identity as a person in recovery begin with an initial stage of awareness in which a person recognizes that positive change is possible. This awareness enables the consumer to move on to fully engage in the work of recovery.

**Strengths-Based:** Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals within the cultural contexts they grew up in and those which they have adopted. While manifested in particular individual qualities, resilience is a product of culture as learned by the individual in life and throughout their recovery. By building on these strengths, consumers leave stymied life roles behind and engage in new life roles (e.g., partner, caregiver, friend, student, and employee). The process of recovery moves forward through interaction with others in supportive, trust-based relationships which are mutually interdependent – i.e. collaborative and mutually empowering.

**Peer Support:** Mutual support—including the sharing of experiential knowledge and skills and social learning—plays an invaluable role in recovery. Consumers create "cultures of recovery," places where the norms of recovery encourage and engage other consumers in recovery and provide each other with a sense of belonging, supportive relationships, valued roles, and community.
Respect: Community, systems, and societal acceptance and appreciation of consumers—including protecting their rights and eliminating discrimination and stigma—are crucial in achieving recovery. Since all recovery involves a change in one’s sense of self and one’s cultural identity, the shift from being a person with a mental illness to a person in recovery involves at least two crucial aspects of selfhood: self-acceptance and regaining belief in one’s self. Respect ensures the inclusion and full participation of consumers in all aspects of their lives.

Responsibility: Consumers have a personal responsibility for their own self-care and journeys of recovery. Taking steps towards their goals may require great courage and must be in harmony with the consumers existing cultural values and strategies. Consumers must strive to understand and give meaning to their experiences and identify coping strategies and healing processes that are culturally syntonic to promote their own wellness.

Hope: Recovery provides the essential and motivating message of a better future—that people can and do overcome the barriers and obstacles that confront them. Hope is internalized, but can be fostered by peers, families, friends, providers, and others. Hope is the catalyst of the recovery process. It is shaped by the cultural background of the person in recovery and is expressed according to the tenets of their Worldview. Mental health recovery not only benefits individuals with mental health disabilities by focusing on their abilities to live, work, learn, and fully participate in our society, but also enriches the texture of community life in the United States. The nation reaps the benefits of the contributions individuals with mental disabilities can make, ultimately becoming a stronger and healthier entity.
CASRA
Standards for Recovery-Oriented Trainings
DRAFT 11.16.07

Introduction

The Mental Health Services Act directs the mental health system to focus on recovery. Every part of the system is being challenged to look at the array of services being offered and change the status quo – are we truly enhancing the recovery potential of every individual that we serve?

One of the key ways to move a system in a state of change is through offering opportunities for training. With new monies coming available training and education, it is essential that standards for training be developed to assure that these opportunities are used to the fullest – that they inspire, inform and change practice to create a system that is truly able to assist individuals in their recovery journey.

The Human Resource Committee of the CA Mental Health Planning Council contracted with the California Association of Social Rehabilitation Agencies (CASRA) to draft a set of curriculum standards for trainings in mental health. Standards for curricula exist in educational institutions to promote best practices and reinforce core values in the field. The intent is to assure that consumers of mental health services receive services from providers that are well-versed in recovery-oriented practice and utilize these core values consistently in their work.

Background

There is a distinction between training in workplace settings and the education offered in academia, however, many of the standards used in educational settings can apply to trainings as well. In workforce education, the emphasis is on practicality and applicability of learning. Adults are focused on what will help them do their jobs better. Trainings must be clear about identifying learning objectives that meet the needs of the employee and engage the employee in dynamic ways – beyond lecture and reading. Early work in curriculum standards by Tyler outlined four key principles:

1. Defining appropriate learning objectives
2. Establishing useful learning experiences
3. Organizing learning experiences to have a maximum cumulative effect
4. Evaluating the curriculum and revising those aspects that did not prove to be effective
Besides utility of learning, trainings are also a primary mechanism for inculcating the recovery values of the system. Identifying the recovery values present in trainings will reinforce and enhance the core foundation that we hope to develop in all trainees. Of primary significance is the value of cultural competence. Every encounter is a cultural encounter, and every training has multiple levels of cultural meaning and richness.

Another aspect of importance in creating training standards is the need to utilize best practices in teaching. Adult learning principles focus on addressing multiple learning styles and the importance of experiential learning (Dale). Work has also been done in designing authentic assessments, defined as “A form of assessment in which students are asked to perform real-world tasks that demonstrate meaningful application of essential knowledge and skills” (Jon Mueller).

These standards include evaluation as a critical component. Immediate feedback provides a mechanism for determining effective training elements from ineffective ones. It also creates opportunities for further improvement, enhancing learning as well as making sure that the training is having the hoped-for overall effect: to improve the quality of services offered in the mental health system.

Curriculum can also be designed to meet the needs of employees at different levels: basic, developing and advanced. In basic trainings, the emphasis is on exposure, retention and comprehension. For trainings at the developing level, the emphasis is on application – it is skills-focused. Finally, at the advanced level, trainings are much more oriented towards the participant’s ability to analyze, evaluate and further develop the ideas being presented. It is expected that trainings will be delivered at all three levels as needed.

The following curriculum standards intend to define the following:

- Trainer qualifications
- Core content areas
- Key components of recovery-oriented trainings

**Trainer Qualifications**

First, there are some core qualifications that offer assurance of the trainer's background, knowledge and expertise in recovery-oriented services.

**Consumers and Family Members**

People with lived experience of recovery, for themselves or their family members, have a knowledge base that is hard-won and heartfelt. Trainers with this background bring a wealth of content validity to their trainings and
can often get across recovery values more successfully due to first-hand knowledge of the issues.

Certified Psychosocial Rehabilitation Practitioner (CPRP) or CPRP-qualified
This national, test-based credential is offered through the United States Psychiatric Rehabilitation Association (USPRA). It identifies a person with specific training and experience in psychosocial rehabilitation programs and practices. This qualification would also include those who are exam-ready.

Content Expertise
These are trainers with specific information and a specialized knowledge base to share. This may come through academic credentials or years of experience in a particular content area.

In addition to these core qualifications, trainers must also be able to teach effectively. This involves knowledge of best practices in teaching, such as adult learning principles, multiple teaching modalities and the ability to create a large degree of participant involvement. This qualification may be met through the following:

CASRA Train-the-Trainer Certification
CASRA offers a 2.5 day Train-the-Trainer Certification, focused on best practices in teaching and how to create a Recovery-Focused Learning Community. This certification signifies that the individual has the knowledge base of best practices in teaching, core values in recovery-focused training and has successfully demonstrated a sample training with peer and instructor evaluation.

References
Trainers may submit three references regarding training experience and quality of trainings.

The qualifications of a trainer go beyond degree or knowledge in an area of expertise. Trainers must embody the core values of a recovery-oriented system. They must be able to infuse the content of the training with the values and principles that serve to guide all of the work that we do. These are more difficult qualities to identify from a resume. This qualification is also best met through reliable references.

**Content of Recovery-Oriented Trainings**

The content areas for Recovery-Oriented trainings below are broad and meant to be illustrative of the types of trainings that qualify for this heading. Each training will identify the recovery category that best fits the content of the training. The following categories of trainings are offered:
Culture, Recovery and Rehabilitation Practices
Recovery Research
Recovery Relationships:
  Meeting Each Person Where They’re At
  Listening
  Valuing Each Person
  Partnership
Worldview Assessment
Client Plans: Partnership and Collaboration
Recovery Goals, Objectives and Interventions
Psychosocial Rehabilitation Values and Principles
Practice Models:
  Supported Housing, Supported Education, Supported
  Employment, Assertive Community Treatment,
  Clubhouse, etc.
Rehabilitation Skills Training
Combating Stigma
Self-help and Peer Support
Community Involvement and Participation
Psychiatric Diagnoses
Medication Choices and Treatment Options
Community Resources
Co-Occurring Disorders
Motivational Interviewing

**Key Components of Recovery-Oriented Trainings**

Each training shall be summarized in a course content outline or manual format and contain the following components:

- Learning objectives
- Recovery values
- Embedded cultural competence
- Best practices in teaching
- Evaluation methods

To assist in identifying these components, CASRA has developed a Recovery-Oriented Training Checklist that includes these components (See Appendix A).

**Learning Objectives**

Learning objectives must be measurable, learner-centered and achievable, with two-three identified per ninety-minute session. The learning objectives will focus on the knowledge, attitudes or skills to be gained from participation in the training.
Recovery Values
All trainings must be values-driven, reinforcing core recovery values at every opportunity. To assist with identification of values, CASRA provides a revised version of the SAMHSA (Substance Abuse and Mental Health Services Administration) Recovery Values, enhancing the cultural competence of these values (Appendix B). Core value areas are:

1. A culture-centered approach
2. Self-direction, culturally defined
3. Person-centered, in the context of his/her culture
4. Empowerment
5. Holistic approach
6. A non-linear process
7. Strengths-based
8. Peer support
9. Self-responsibility, culturally defined
10. Hope

Embedded Cultural Competence
Each training module must address cultural issues as part of the curriculum. Each person’s worldview interacts with the subject material being taught which creates multiple opportunities to analyze and share perspectives. Trainings must identify specific ways that culture is included.

Best Practices in Teaching
To demonstrate that each training is based on adult learning principles, trainers will identify the techniques being used to address multiple learning styles. This will necessitate an experiential component to all trainings. Another requirement is that trainers will include a bibliography, source documents or website references for material being presented.

Evaluation Methods
Each training will include a method to determine if learning outcomes have been achieved. This may involve any of the following:

- Pre-post test
- In-class demonstration of skills
- Self-report

In addition, participants will have an opportunity to evaluate the trainer and content of the training. The trainer will use training evaluations to further refine and improve trainings.

Strategies to Support Retention and Application of Learning

Trainings in and of themselves do not transform, except for the most motivated of attendees. In order for transformation to occur, practice changes must take place. Follow-up for trainings is essential to provide additional opportunities to
practice, experiment and try out new approaches and ideas. Supervision is one avenue for ongoing skill development. The supervisor’s attention to use of new skills in the field will encourage staff to attempt new skills and provides an arena for self-evaluation to occur.

Another important avenue to boost retention and application of learning is to foster the development of a recovery-focused learning community within the system, agency or team. A recovery-focused learning community is one in which all participants are learners, share their wisdom and experience, and work collectively to improve the quality of their work. It is a learning environment that promotes reciprocity in learning, valuing contributions of all participants.

Team meetings or group supervision also provide an arena to do additional training. This time can be used to hear how staff are experiencing the new method or idea in the field. By creating a highly interactive and experiential context for learning, skill development is enhanced. The group’s involvement increases motivation for staff and provides support for behavior change.

Conclusion

Standard for Recovery-oriented trainings are designed to support the mission and goal of the Mental Health Services Act: to transform the mental health system so that the services we provide truly enhance recovery. This requires that we use best practices in teaching, embody the values of a culturally competent, recovery-oriented system, and engage the mental health workforce in creating a learning community environment to support this goal. The design of the system must include opportunities to practice, discuss and analyze what we do in the field. This is how the mental health field will continue to grow, evolve and innovate. These standards are offered as a start to the discussion – what works, what inspires us and how can we use trainings to open up opportunities for creativity and growth in each person that works in community mental health.
Bibliography


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- Define how this is included
- Embedded Cultural Competence
- Objective
- Determine two methods for each learning

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**Goal Statement:**

**Training Topic:** Recovery-Focused Training

Attachment B