Integrated Employment Institute’s Online Training

- Welcome to the online version of Session F1: Work and Recovery
- Today’s session is being facilitated by:
  - Bill Burns-Lynch, MA, CPRP
  - George Brice, Jr., MSW

Forms to Download

- Session Documents
  - Presentation Slides
  - Do You Remember Exercise SAMHSA Recovery Definition
  - Principles of Recovery Assessment
  - Patricia Deegan Article
Suggestions for Completing this Web Workshop

- **Taking the Course**: It is best to take the course with 2-4 co-workers so that you are able to fully discuss the principles and concepts presented throughout the workshop.

- **Discussion Exercises**: You will be instructed to pause the workshop video at different points to give you time to complete the group discussion exercises provided.

- **Record Your Reactions**: Use the power point slides, a journal or notebook to record your responses/reactions to the exercises provided throughout the workshop.

Suggestions for Completing this Web Workshop

- **Follow-up**: The exercises provided throughout the workshop can also be discussed in your staff meetings giving everyone the opportunity to discuss the importance of work in the recovery process.

- **Remember**: If you are viewing the workshop on your own, be sure to take the time to record your responses and/or reactions in your journal/notebook.

Today’s Agenda

- The Importance of Expectations
- Why are you here?
- Exploring and Defining Recovery
- Benefits and Barriers to Work
- Incorporating Recovery Principles

George’s Recovery Journey
Expectations…

“If work makes people with mental illness sick, what do unemployment, poverty & social isolation cause?”

(Marrone & Golowka, 1999)

Group Discussion Exercise

- At what age did you get your first job (paid or unpaid)?
- What was your first job?
- What is the longest time that you stayed employed at one place and why did you leave?
- What is the shortest time that you stayed employed at one place and why did you leave?
- Have you ever been fired?
- How many jobs have you had in your lifetime?
  - None
  - 1-4
  - 5-10
  - more than 10
- What was the most enjoyable job that you have had?
- What was the least enjoyable job that you have had?
- Does your current job relate to your DREAM job?
- How has this vocational journey assisted you to be a good employee?

*Pause Video to Complete and Discuss (Use the “Do You Remember” Hand Out)

“Do You Remember” Exercise

- Most of us have had a number and a variety of jobs over the years
- We have all liked some jobs and not others
- We have all quit jobs we didn’t like
- Some of us have been fired from jobs
- We have all learned about ourselves as “employees” through all of our job experiences
- Often the early jobs we have had are not related to what we end up doing as a “career” – but they helped prepare us to be successful now
- Our “vocational maturity” has developed over the years through all our work experiences
“Do You Remember” Exercise

- The idea of “vocational maturity” is an important concept for us as we work to help individuals with psychiatric disabilities choose, get, and keep jobs.
- We need to understand that individuals with whom we work may have had their work life interrupted and/or inhibited as a result of their psychiatric disability.
- Leaving a job after a short time, changing one’s mind about job preferences, ambivalence about a particular decision – are all normal events in the development of vocational maturity.

Why Do You Do the Work That You Do?

- Characteristics of effective staff persons:
  - Flexibility
  - Patience
  - Persistence
  - Creativity and innovation
  - Enthusiasm
  - Positive image
  - Self-control
  - Advocacy

  Why do you do the work that you do?
  - *Pause Video to Complete and Discuss

Ethics

- Now we move from why we do the work that we do to “how” we do the work …
  - Clients as PEOPLE first
  - Dignity, respect
  - Confidentiality
  - Focus on strengths
  - Professional codes of ethics in human services:
    - CPRP – Certified Psychiatric Rehabilitation Practitioner (USPRA)
    - CRC – Certified Rehabilitation Counselor
    - Others – social work, psychologists, nursing, psychiatry, licensed counselors, occupational therapists, etc.
Work and Recovery

Equal Partners in Rehabilitation - Collaboration

- Solicit consumer preferences
- Include consumers in all aspects of service planning & decision making
- Include significant persons chosen by consumer in planning & decision making
- Respect consumers’ choices to receive non-traditional services
- Encourage consumers to become more independent

Exploring and Defining Recovery

Recovery Is …

- Take a minute to complete the following sentence, write your answer on your handout or journal.
- 1: Choose one -
  - I believe that mental health recovery is possible because …
  - I do not believe that mental health recovery is possible because …
- 2: Which one did you choose?
  *Pause Video to Complete and Discuss
Recovery Is …

- Identifying and understanding our own beliefs and attitudes about mental health recovery is an important place to start.
- Whatever your response and reasoning is about the possibility of mental health recovery, keep an open mind as we begin to explore the topic in more detail.

Why Recovery Now?

Before we talk about and explore the concept of recovery …

Why all this focus on recovery now?

- The “system of care” that existed for most of the last century was based on the notion that people with severe mental illness do not recover, and that maintenance and care of people with severe mental illness should be the goal.

(Anthony, 2000)
Work and Recovery

Old System Messages?
- Life long disorder, no chance for recovery…
- Working, continuing with education, living independently is not possible.
- System will take care of you, low expectations – fostered dependency …
- Expected to assume the “sick role” or the “mental patient role”…
- Identified “low functioning” and “high functioning” individuals …
- Lack of positive role models…
- System designed to stabilize, maintain and control individuals…

Why Recovery Now?
(Mead and Copeland, 2000)

- Many of us have been told that these symptoms will worsen as we get older.
- Nothing about recovery was ever mentioned.
- Nothing about hope.
- Nothing about anything we can do to help ourselves.
- Nothing about choosing valued roles (e.g., work, school, etc.).
- Nothing about empowerment.
- Nothing about wellness.

Why Recovery Now?

- The longitudinal outcome research over the last 30 years suggests a different picture.
- What we know now is that “rather than having a progressively deteriorating course, schizophrenia has a heterogeneous range of courses … suggesting that remission or recovery is much more common than originally thought” (Calabrese & Corrigan, 2005).
- These findings have been replicated in each study conducted to date over the last 30 years, in every part of the world, and with various samples and diagnostic criteria (Davidson, 2005).
What is recovery?

*Pause Video to Discuss

The Root of Recovery

- The concept of recovery is rooted in the simple yet profound realization that people who have been diagnosed with mental illness are human beings.
  
  (Deegan, 1996)

Recovery Is …

- 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.

SAMHSA Consensus Statement on Mental Health Recovery
http://www.mentalhealth.samhsa.gov/publications/ctx06/v06-09216/ (see handout: SAMHSA Consensus Statement on Mental Health Recovery)
Recovery Is …
NJ DMHS: Wellness and Recovery Transformation Statement (February, 2006)

- Recovery is defined as "a deeply personal, unique process of changing one’s attitudes, values, feelings, and goals, skills, or roles.
- It is a way of living a satisfying, hopeful, and contributing life even with the limitations caused by mental illness.
- Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness."

(Anthony, 1993)

Most Importantly …
Understanding that people with psychiatric disabilities are first and foremost people who are in process, growing and changing is the cornerstone of understanding the concept of recovery.

(Deegan, 1996)

What are people recovering from?

"Pause Video to Discuss"
Work and Recovery

Recovery is the Process of Healing the Effects of:

<table>
<thead>
<tr>
<th>One’s Illness &amp; its Consequences</th>
<th>Social Stigma Attached to the Illness</th>
<th>Iatrogenic (Negative) Effects of Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental illness, trauma, abuse (physical, sexual, psychological, emotional), addiction.</td>
<td>Devaluing and disempowering programs, and environments.</td>
<td>Medical treatment of the wound/illness, negative professional attitudes.</td>
</tr>
<tr>
<td>Symptoms, behaviors, thoughts &amp; feelings; withdrawal &amp; isolation; medical health risks.</td>
<td>Limiting expectations and lack of enriching opportunities.</td>
<td>Lack of appropriate assisting skills from professionals.</td>
</tr>
<tr>
<td>Institutionalization, dependence on the system.</td>
<td>Isolation, poverty, unemployment, homelessness.</td>
<td>Devaluing and disempowering programs, and environments.</td>
</tr>
</tbody>
</table>

Recovery is a Process, a Journey …

<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Despair</td>
<td>To the reawakening of HOPE</td>
</tr>
<tr>
<td>Denial</td>
<td>Understanding &amp; Acceptance</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>Engagement &amp; participation in life</td>
</tr>
<tr>
<td>Passive Adjustment</td>
<td>Active Participation</td>
</tr>
<tr>
<td>Alienation</td>
<td>Purpose</td>
</tr>
<tr>
<td>Mental Patient Role</td>
<td>Human Being</td>
</tr>
<tr>
<td>Prescribed Treatment</td>
<td>Support &amp; Partnership</td>
</tr>
</tbody>
</table>

Recovery as a Human Experience

- Recovery is a truly unifying human experience. Because all people (helpers included) experience the catastrophes of life (death of a loved one, divorce, the threat of severe physical illness, and disability), the challenge of recovery must be faced.
- Successful recovery from a catastrophe does not change the fact that the experience has occurred, that the effects are still present, and that one’s life is changed forever.
- Successful recovery does mean that the person has changed, and that the meaning of these facts to the person has therefore changed. They are no longer the primary focus of one’s life. The person moves on to other interests and activities.

Spaniol, Gagne, & Koehler, 2003


Barriers to Recovery

- The prognosis of doom
- The clinician’s illusion/clinician’s trajectory
- The lens of psychopathology
- Symptom abatement
- Lack of integrated, complete and/or accurate assessment
  - Complication of co-occurring issues, including trauma history
  - Lack of services/interventions to address above
- The treatment vacuum or lack of community integration
- Stigma (external & internal) & discrimination
- Lack of recovery information, choice & positive role models
- Absence of recovery vision (e.g., no emphasis on valued roles, no work, no education, etc.)

Is Recovery Just a Passing Fad?

- Executive Order # 78: Acting Governor Richard J. Cody
  … the public mental health system must continue to move from an institutional system of care to a community system of care based upon the principles of wellness and recovery.

- NJDMHS Wellness and Recovery Transformation Statement (February 2006).
- The recent President’s New Freedom Commission on Mental Health (2003) recommends that consumers be fully involved in orienting the system toward recovery.
- The 1999 Surgeon General’s Report recommends that all mental health systems adopt a recovery focused or recovery orientation.
Small Group Work

- For a number of years now, your agencies have been incorporating a more recovery-oriented focus in programming.
- Looking back, identify and discuss what changes have been made (e.g., person first language, inclusion of consumer input, etc.)?
- Additionally, what have the challenges or barriers been to implementing a more "recovery-oriented" focus in your program settings?
  - Challenges to staff?
  - Challenges to the administration?
  - Challenges to program participants?

*Pause Video to Complete and Discuss

Small Group Work

- Now, moving forward, you will continue to be adding a greater focus on employment.
- What challenges or barriers will you face?
  - Challenges to staff?
  - Challenges to the administration?
  - Challenges to program participants?

*Pause Video to Complete and Discuss

Identifying Barriers and Challenges

- Identifying the barriers and challenges that we might experience as we implement new rehabilitation philosophies, program policies and interventions is an important task.
- It helps us to trouble shoot potential problems and be more successful in our implementation efforts.
- Now we will explore: How does work fit into recovery?
How does work fit into recovery?

Identifying Benefits & Barriers to Work

Why Work?

- Identify 3-5 reasons why you work.

- Then, identify 3-5 benefits that you think consumers might experience if they were to go to work …

- Compare the lists, what do you notice?

*Pause Video to Complete and Discuss

Why Work?

- You can see from your discussion that there are many reasons that people choose to work and many benefits that people receive from working.

- The same is true for individuals with psychiatric illnesses…
Work and Recovery

Benefits of Work
- Money
- Health
- Relationships and valued social roles
- Provides meaning/purpose in life
- Increases self-esteem & feeling of empowerment

Additional Benefits of Work
- Improves overall functioning & increases community integration
- Provides a sense of a future
- Reduces symptoms
- Reduces use of mental health services
- Reduces relapse

What About Unemployment?
Problems with Unemployment
- Poverty & unemployment increase duration of mental disorders (Weich & Lewis, 1998)
- Reduced resources
- Reduced access to goods and services

Problems with Unemployment
- Increased risk of depression (Dooley, Catalano & Wilson, 1994) and anxiety
- Increased risk of anxiety/depression requiring treatment (Comino, Harris, Sibove, Manicavasagar & Harris, 2000)
- Unemployment is associated with alcohol abuse (Claussen, 1999)

Take Away Point
Unemployment is BAD
Non-Vocational Benefits of Work

- Increased Self-esteem and Satisfaction With Leisure Life (Bond et al., 2001)
- Reduced Symptoms – Increased GAF (Mueser et al., 1997)
- Reduced Negative Symptoms (McFarlane et al., 2000)

Non-Vocational Benefits of Work

- Reduced Crisis Services and/or Hospitalization (Bailey, Roberts, Becker, Joe & Drake, 1998)
- Subjective Appraisal of Quality of Life Over Time (Fabian, 1992)
- These outcomes clearly mirror and support the outcomes commonly sought in clinical settings.

Take Away Point

Employment is GOOD
Barriers to Employment

- According to Rogers, et al., a large majority of consumers say they want to work…
  (Rogers, Anthony, Toole & Brown, 1991)
- Why then are only 8% - 15% of individuals with psychiatric illness employed?  
  (Auerbach & Richardson, 2005)

Let's explore that question now...

Barriers to Work:
Small Group Exercise

- Identify the barriers or challenges that you think consumers might experience if they were to go to work.

*Pause Video to Complete and Discuss

Barriers to Employment

- Experience of the Psychiatric Illness
- Medication Side Effects
- Psychosocial Impact of the Psychiatric Illness
- System Fragmentation
- Provider Attitudes
- Negative Messages about Ability to Work
- Benefits Concerns
- Economic Conditions
- Lack of Transportation
- Fear of Failure
- Limited Opportunities for Work Experiences
- Limited Opportunities for Educational Experiences
- STIGMA
Stigma (Prejudice)

- Stigma may be the greatest barrier to employment for people with psychiatric illnesses.
  - Community
  - Families
  - System
  - Professionals
  - Consumers (internalized stigma)

When Work is a Goal

Overcoming Barriers to Work and Incorporating Principles of Recovery

- We all need supports!
- We can help consumers identify supportive people who:
  - Are interested in hearing about their career goals
  - Will listen to problems and complaints without blaming or trying to fix them
  - Can help them decide what they can do to make things better
  - Can share their own experiences with returning to work or starting a new job
How You Can Support Work

- Discuss work daily, and early in treatment.
- Engage consumers and families in active discussion of prior work and educational experiences.
- Recognize that early discussion keeps hope alive and helps the individual attain life-long dreams, stick to plans for work or school – avoid lifetime patient role.

(Donegan and Palm-Erba, 1998)

How You Can Support Work

- Begin planning for work at the beginning and throughout service delivery
- Include consumers in all aspects of planning & decision making
- Include vocational goals as equal to other goals
- Document progress toward work goals regularly

How You Can Support Work

- Believe work and recovery is possible – support it!
- Focus on consumer strengths
- Use empowerment strategies daily
- Integrate vocational services with clinical services
Incorporating Recovery Principles

1. Hope
2. Personal Responsibility
3. Education
4. Self-Advocacy
5. Support

Copeland, 1996; Key Concepts for Mental Health Recovery

Hope

Renew Hope & Commitment
- Without hope people remain demoralized and lost to the illness.
- Founded in supportive others, hope, belief & commitment are essential.

Social Role/Identity
- From: Consumer, a schizophrenic, a bipolar or mental patient
- To: Person who is a worker, parent, student or other role

Have a vision that includes hopes and dreams. Set goals, refrain from negative predictions. Fear “false” despair, not “false” hope.

Personal Responsibility

Accepting Illness & Redefining Self
- Acceptance so we can move forward in redefining ourselves as fully human
- not acceptance of ourselves as “mental patient.”

Managing Symptoms
- Ability to manage symptoms is essential to taking an active role in recovery. Recovery is about using treatment, medications, coping skills, in an active way, not as a passive recipient of services.

Resuming Control & Responsibility
- Taking back control of one’s life helps reduce feelings of helplessness and perceptions of victimization while increasing self-efficacy.

Decision Making
- Professionals need to make major decisions = Dependent
- Capable of making decisions for oneself = Self-determining

Relying on oneself, with help from others, while working to control one’s life and one’s symptoms. Making choices that reflect one’s life priorities.
Work and Recovery

### Education
(Copeland, 1996)

- **Role of Medication**
  - From: Medication is the sole intervention; compliance is essential.
  - To: One tool among many freely chosen by the individual

- **Emotional Intelligence**
  - From: Strong emotions are symptoms requiring professional help
  - To: Person expresses and works through emotions by self or with friends

- **Sense of Self**
  - From: Weak, defined by people in authority
  - To: Strong, defined from within and by peer interactions

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### Self-Advocacy
(Copeland, 1996)

- **Overcoming Stigma**
  - Societal stigma is a major barrier to recovery, leading to internalized stigma
  - Recovery requires actively fighting against that internalization.

- **Exercising Citizenship**
  - Recovery involves the rights of living in the community, AND also the responsibilities that go with them.

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### Support
(Copeland, 1996)

- **Being Supported By Others**
  - Importance of having someone believe in them and stand by them even when subsumed by the illness. Importance of recovery role models/mentors.

- **Involvement in Meaningful Social Activities & Expanded Social Roles**
  - Recovery has to be organized around something – participating in social roles and desired activities increases meaning and purpose in life.

- **Major Social Supports**
  - Network of friends provides major supports.

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The Integrated Employment Institute
Department of Psychiatric Rehabilitation
UMDNJ-SHRP

The Career Connection Employment Resource Institute
Mental Health Association in New Jersey
6/21/06
Principles of Recovery Assessment

<table>
<thead>
<tr>
<th>Underlying Principle</th>
<th>How do we currently promote this principle?</th>
<th>Identify 2-3 ways work can enhance the recovery principle.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hope</td>
<td></td>
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Using the Key Concepts of Recovery Assessment

- Use the Copeland “key concepts of recovery” to examine your program’s effort at promoting recovery principles. (use assessment handout)

- Then, identify 2-3 ways work can help support and enhance each of the recovery concepts.

*Pause Video to Complete and Discuss*
Incorporating Consumer Input

- Assessing a program’s recovery orientation is a step in moving toward offering mental health services designed to promote empowerment and recovery.
- You can use this assessment on a regular basis to ask, “How do we promote the recovery principles?” Then, brainstorm and identify strategies that the program can implement to increase the promotion of each recovery principle.
- Be sure to include the input of program participants!

Summary

- Have High Expectations for Everyone
- Promote the Importance of and the Benefits of Work
- Overcome Professional Stigma
- Encourage and Support the Development of Work Goals
- Help Participants Identify the Resources and Develop the Supports Needed to Address Barriers to Work
- Incorporate Recovery Principles
- Believe in Recovery for Everyone!

Video Viewing:
UMDNJ Stigma Project
Work Module (12:08)

Follow the link provided in your participant e-mail.
Wait! You’re not done yet!

- Follow the link provided in your participant e-mail to the Survey Gold Session Evaluation Form
  - complete and submit, it is anonymous

THANK YOU!

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