

***Roles of Partners in Recovery***  
***As Identified in Focus Groups in Four California Counties and a Review of the Literature***

***Introduction:***

The purpose of this paper is to articulate roles that may be critical or helpful for persons in recovery and their partners – families and other members of their personal support system (PSS), direct service providers, mental health supervisors, administrators and policy makers, and mental health support/clerical staff. The knowledge, attitudes, skills and behaviors of the partners are incorporated into charts that follow this brief introduction.

For purposes of this paper, recovery is viewed as a personal journey that does not imply “cure” and based on four components as conceptualized by Mark Ragins ( 39a):

- Hope, or a positive vision for the future
- Empowerment
- Responsibility, and
- A meaningful role, or niche in life

The authors use the term “recovery” while recognizing that many people who use services and practitioners that agree with the concepts may not agree with the term.

The information in this paper is compiled from focus groups in four California counties and a review of the literature. The information has been sorted in the following charts by knowledge, attitudes, skills and behaviors that will assist a person in recovery and help their respective partners in their efforts 1) be a friend, 2) create a supportive environment, 3) provide services and 4) otherwise stand by a person as they go through the recovery process. The identified attitudes, skills and behavior are not mean to be proscriptive, but to highlight the many roles and activities that partners can undertake to support persons using services in their recovery.

***Recovery Literature related to Roles:***

Much of the recovery literature of the past 15 years is focused on the role of the person in recovery, e.g., personal accounts, models of recovery, etc.<sup>1</sup> (e.g., 2, 20, 32, 40, 45, 46, 52, 53). Bill Anthony addressed the issue of recovery-oriented systems (2) in 1993 and in the last five years, there has been increased attention to the role of the mental health system in promoting and supporting recovery or being well (3, 7, 11,12,13, 23a, 24, 25, 30, 33, 34, 37, 38, 39, 40, 44, 51, 52, 54, 55).

Literature relating to the roles of providers and other collaborators, the focus of this work, is less available, some of it not published (4, 6, 8, 11,12,13, 35, 36, 39, 41, 42, 43, 44, 47, 48, 49, 50, 52, 54, 55).

The authors conducted a cursory review of cultural competency literature. While recovery is not identified specifically as a concept in the literature, many of the cultural concepts and healing practices are aligned with the concept of recovery (22, 23, 34a). It is important to value a person’s cultural identify and experiences as a valuable part of recovery.

***Concerns of partners:***

The increasing focus on systems and roles that are supportive of recovery raises serious questions for many of the partners:

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<sup>1</sup> Ruth Ralph has compiled an extensive review of recovery literature (40aa).

- Direct service providers and members of a person's personal support system, especially families, express the feeling that they no longer have a role to play in the person's treatment or recovery (48a).
- Support staff who have not engaged with people receiving services are faced with being a participant in change
- Administrators fear that legislators may view recovery as a consumer-based phenomenon that precludes the need for mental health funding.
- People using services express concerns that "recovery" will be used as a way for the system to quit providing mental health services

A well-conceived recovery-oriented system, however, will emphasize the collaboration of all partners with persons in recovery. This collaboration can be a key component of recovery for many people with psychiatric disabilities. Mark Ragins (39) describes the changing relationship among partners in recovery:

The relationship between service provider, client, and family needs to be fluid and to change depending on the goals being most actively pursued. The service provider may need to be medical consultant, coach, mentor, friend, peer, advisor, sponsor, student, customer, fellow student, political activist, or even confessor to best help a person recover. This multifaceted, flexible relationship almost always feels more real, more human, and more reciprocal than the traditional professional-patient relationship. The client feels more valued and the service provider feels less drained.

Regardless, however, if the literature is focused on individual recovery processes or the need to have recovery-oriented mental health systems, the roles of the respective collaborators is implicitly, if not explicitly, defined.

***Source of Information:***

The primary sources for the role definitions in the charts are

- 1) feedback from the four-county focus groups conducted in California in 2000,
- 2) recent recovery literature and
- 3) feedback from members of the California Wellness and Recovery Task Force. The Task Force includes the facilitators for the four-county focus groups, people who receive services, family members, providers and consumer advocates. Members reviewed the original document and provided additional partner tasks to be included in the charts
- 4) feedback from the Bay Area Ethnic Services Managers
- 5) feedback from field review by researchers and advocates of persons in recovery

***Roles Identified in the Four-County Focus Groups:***

A consortium of recovery-oriented, mental health constituents from four California counties met to develop training to aid in the implementation of recovery practices in their respective counties. As a starting point, they decided they needed to know what people thought about recovery. To do that they conducted eight focus groups in 2000 in the four counties as follow:

*Alameda Recovery Focus Groups: direct service staff; psychiatrists*

*Contra Costa Recovery Focus Groups: Support/clerical staff; psychiatrists*

*Solano Recovery Focus Groups: Administrative staff; clerical staff.*

*Stanislaus Recovery Focus Groups: People who use services and family members, inpatient staff.*

The participants of the focus groups reviewed the “recovery principles” (attachment a) and provided feedback to the following questions:

- What seems useful about these Recovery Principles?
- What doesn’t seem useful about these Recovery Principles?
- How might these Recovery Principles affect your work with consumers?
- What issues would you like to be addressed in trainings related to recovery?

The authors culled the summaries of the focus groups for content related to the roles of the respective partners. Most of the information from the focus groups related to the roles of 1) persons in recovery and 2) direct service providers. There was some feedback regarding the role of family members. Critical feedback included

- Members of the person’s PSS need to believe in recovery and to be included in the recovery plan and the recovery process. It was also emphasized that PSS members should join support groups and provide support to others.
- Direct service providers must also know and believe that people can recover, especially people labeled or diagnosed with serious psychiatric disabilities.
- Providers, they should treat the person with respect and dignity, respect their own autonomy, recognize them as an individual and suggest the possibility of recovery.
- A provider should develop a relationship with the person and help him/her discover his or her own healing capacity.
- Providers should help the person in recovery select realistic goals and step back so the person can do more; “let” the person take risks.
- Providers should provide information to PSS members regarding psychiatric disabilities and refer family members to support groups early on.

Despite the inclusion of various groups, i.e., administrators, support/clerical staff and supervisors, in the focus groups, there was little input related to the roles of these partners. Many comments and suggestions were made regarding how the mental health system could better meet the needs of those persons it serves. For our purposes, we have incorporated these suggestions under the role of administrators and policy makers.

There were few suggestions for the role of the support staff. The comments in the focus groups demonstrate the need to direct careful attention to the roles of receptionists and clerical as partners in recovery. We must acknowledge that they do have a role to play as a partner in recovery: they are frequently the first and last contact a person has when using mental health services.

#### ***Roles Identified in the Literature:***

*The role of persons in recovery:* In the early 2000’s several mental health journals (e.g., *Psychiatric Services*, *Schizophrenia Bulletin*, *Psychiatric Rehabilitation Journal*) began including articles by persons in recovery recounting their journey and experiences. Personal accounts show the many varied and individual ways people approach their own recovery. Workbooks or manuals have been developed to assist people in planning and implementing activities to promote their own recovery (15, 46).

*The role of members of a person’s personal support system:* There is very little literature directly addressing the role of the person’s personal support system and natural supports. There is some recent literature addressing the family member’s role (4, 47).

*The role of providers:* While there have been a few articles or papers on engagement and the collaborative relationship of the provider and the person being served years (e.g., 6, 8, 23a, 50), most of information about the role of the direct service provider is found in the recent generation of studies addressing competencies for Psychiatric Rehabilitation

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practitioners and other direct mental health service staff (4a, 16a, 16b, 16c, 53a). Recently, the Community Mental Health Journal initiated a Special Series on Recovery (19), which has included articles on providers and family members as partners in recovery. The role of psychiatrists in recovery is under-addressed in the literature. Some results from a CMHS-sponsored dialogue between psychiatrists and people in recovery are included in the direct service provider chart (12), but this area requires additional attention, definition and support.

*The role of supervisors:* Little of the recovery literature relates specifically to supervisors. We have taken the liberty of lifting from the administrator and direct service provider roles to develop this chart. We have examined some recent supervision literature, but this is by no means exhaustive. A more thorough review needs to be undertaken in this area.

*The role of administrators:* Much of the literature and the focus group feedback emphasize the role of administration, not the administrators. We converted the administration/ system issues related to supporting recovery as discussed in the literature into the role of the administrators.

*The role of support/clerical staff:* The authors found no literature relating to the role of support staff. This is a critical issue to address because people in support roles may be the first to welcome someone to the mental health system or to a service or program and the last to say good-bye. The information from the four-county focus groups offers a starting point for exploring this issue (48).

### **Charts:**

A set of charts was developed delineating the aspects of knowledge, attitudes, skills and behaviors for each partner: 1) the person in recovery; 2) the personal support system (or potential support system) of the person in recovery, which can include family members (spouses, parents, children, siblings and significant others), friends, colleagues, neighbors, pastor, etc); 3) direct service providers (psychiatrists, social workers, counselors, psychiatric rehabilitation practitioners, service coordinators, nurses, etc., including consumer providers); 4) supervisors of direct service providers; 5) administrators (mental health directors, financial officers, quality assurance and utilization review coordinators, directors of adults, older adult, and children's systems of care, program directors, etc.); and 6) support staff (administrative and program support and staff).

The material presented in this work should not limit the concept of who are partners. There are many people in the community who become partners by virtue of being part of the person's natural support system. Providers may include curanderos, homeopaths, and other culturally based or natural healers.

The role definitions in the charts are not intended to be prescriptive. They certainly do not address all the potential roles or activities of each partner. Nor is every suggested role right for everyone. Some people may already perform some of the activities suggested and may want to consider performing others. Just as recovery is an individual process, each partner must find the most effective way in which they can provide support.

### **Next Steps:**

It is the authors' hope that the information presented here and in the charts can be used to

- promote discussion throughout a mental health system
- provide assistance in looking at respective roles in the system related to promoting recovery.
- develop trainings for consumers, members of personal support systems, director service providers, supervisors, administrators, and support staff.

