As Bruce Anderson and I began consulting with LA County DMH to try to promote recovery based changes in the first "Big 7" large county run clinics, he recommended that we create a short list of principles that we could refer back to as we went along to help us decide which changes would be recovery based and which changes wouldn't be. I tried to base this list directly on the characteristics of recovery itself and the resulting service needs, rather than upon a set of values so that the staff would see this as a practical tool instead of a theoretical one.

Principles of a Recovery Based Service System

(2005)

Our present system, built on treatments that are focused on symptom relief and treating illnesses, sometimes results in recovery as a byproduct.

In contrast, a recovery based system has recovery as its primary focus and goal. The recovery process itself is the foundation upon which services are built. Many current services (for example, medications, therapy, rehabilitation, psychoeducation, and case management) can be adapted to become strong supporters of recovery. Other services (for example, coercion, sedation, caretaking, and segregation) need to be seriously limited to avoid inhibiting recovery. And another new set of services (for example, outreach, empowerment, self-management, advocacy, and graduation) can be developed and added to our efforts to promote recovery. Our service choices, whether to adapt, limit, or add, need to be grounded in recovery based service principles.

We can create a clear set of service principles based upon the characteristics of the recovery process itself. These principles form the foundation on which we build a recovery based service system.

Recovery Characteristics	Service Principles
1) Recovery is a process the person goes through, not the illness	1) Our relationship with the person is more important than our relationship with their illness: We must prioritize engagement over diagnosis, personal trust and collaboration over illness treatment.
2) Recovery is a growth Process	2) Staff must believe in and promote growth and recovery: Goals must be growth oriented rather than stability oriented. Services must be transitional in design, promoting positive flow. Services must include rehabilitative skill building.

3) Recovery is a highly individualistic process.	3) Services must be highly individualized: people's needs must dictate our service offerings rather than our service offerings dictating their needs.
4) Recovery depends on internal, subjective changes within the person.	4) Staff must believe in people's ability to make their own decisions, promoting self-determination and choice rather than telling people what to do. We must be aware of each person's internal process, solicit goals in their own words, teach them about their opportunities, and assist them in making their own choices.
5) Recovery is a developmental process, proceeding flexibly through predictable stages: Hope, empowerment, self-responsibility, and attaining meaningful roles.	5) Our services, relationships, and culture must focus on building hope, empowerment, self-responsibility, and attaining meaningful roles.
6) Recovery depends on belonging within our community to attain meaningful roles.	6) Our services must extend into the community. We must both help people be better able to get along in our community and help our community be a better place for them to get along in. We must advocate for and create opportunities in other social service agencies and other community activities.
7) Recovery results in positive, observable changes in people usually including decreased endangerment, increased engagement with their own	7) Programs can indirectly document the highly individualistic, subjective process of recovery by objectively tracking these positive results and must be held accountable for successfully promoting

recovery, increased goal setting and attainment, increased skills and supports, and improved quality of life.

them.

As we seek to implement these principles, the question is not whether we are working by these principles at present, or even if we think we can achieve them in the face of numerous barriers, but whether these are principles we can all agree to aspire to and work towards. If we can, then we have a recovery based foundation for our transformation efforts.

As I read this list, I find two things rather disturbing: First, although the list is really rather simple and not very controversial – nothing on it requires an elaborate theoretical paradigm – our standard mental health services follow almost none of these principles. No wonder recovery is so rare. Second, none of the clinics have referred back to these principles as they've planned their transformations. Other concerns, most notably budget cuts, administrative politics, and local personnel issues have dominated the process so far. Keeping a focus on recovery has turned out to be very difficult. No wonder recovery is so rare.