

What's Really Different about Recovery? A Personal Commentary about the Transformation Process

(2005)

All over the country, but especially in California, there are thousands of mental health professionals who have been generally minding their own business, working hard or not, comfortable or frustrated, who are now being told by a small army of advocates like me that their lives are about to change. A total transformation is under way, we claim, waving copies of the President's Commission Report and California's Mental Health Services Act. The old ways are on their way out and recovery is on its way in.

Having seen many advocates come and go over the years, some with quite good ideas, our audiences are understandably skeptical. If we really want to help, you tell us, instead of preaching this recovery stuff, do something about crushing case loads, or burdensome paperwork, or unresponsive bureaucracies, or billing requirements, or restrictive civil rights laws. Is recovery going to help with any of that? Well, maybe.

What is this recovery, anyway? The answer seems to depend a lot on who's doing the talking. One of the reasons recovery has grown so strong is that it has brought together a number of powerful strands into one cord. There are the 12 step people talking about integrating mental health and substance abuse treatment, harm reduction, and motivational interviewing. There are the consumer movement people talking about empowerment and consumer-driven care, inclusiveness and choice, hiring consumers and self-help. There are rehabilitation people talking about quality of life outcomes, skill building, and employment. There are community integration people and emotional healing people, civil rights advocates and recovering staff, cultural competency people and spirituality people. There are psychiatrists talking about medication collaboration instead of medication compliance and social workers talking about community development instead of individual therapy. The list seems to go on and on. As the cacophony grows, any reasonable definition of recovery seems to get further and further away.

Finally something someone says sounds familiar to you. Maybe it's a hint of old community mental health, or bio-psycho-social holism, or some long ago discarded theorist. Or maybe it's just some personal idiosyncratic practice or belief that seems to fit into this model. Hugging is OK. Home visits are OK. Don't worry so much about diagnosis or boundaries. It's OK to self disclose and let people know you care. Gradually things get clearer for you: You've been practicing recovery all along, but calling it something else. Now there's a comforting thought. You can just change some words and some forms and maybe even the name on the door and go back to work. But, before you leave, Mr. advocate or reformer or whatever you are, could you please do something about the case loads and paper work and bureaucracies and billing and laws, as long as you're here anyway?

At that moment, you notice that I've gotten really angry. No, no, no!!! You're not already doing recovery. You don't understand. Recovery is about forming relationships with people, not just making diagnosis. It's about helping them rebuild their lives, not just treating symptoms. It's about working alongside someone, not doing treatment to them. It's about treating people like they're capable of self-direction and growth, not like incapacitated patients. It's about forming real emotional relationships not artificial treatment relationships. It's about hope and empowerment, self-responsibility and respect, community integration and fighting stigma. Don't you get it? This is exciting stuff.

At that moment, I notice that you've gotten really angry. Just what am I accusing you of here? Not caring? Not respecting people? Not really helping them? If I can't see that you're doing the best you can with what you've got, I can just get lost. And don't forget about the case loads and paper work and bureaucracies and billing and laws on the way out.

A few holdouts remain. Some of that recovery stuff did sound pretty good and we could use some new energy around here. Let's all calm down a little before we throw recovery out entirely. Is there some way we can build on what we are doing? Some next steps we can do? What's really different about recovery?

And I pause...

The real problem is that recovery is so big, when you actually see what it is. It changes your priorities, values, goals, relationships, and practices. Almost every decision is effected by recovery. Perhaps the best way to look at it is that recovery is a different culture. But cultures are hard to define because they are what we take for granted underneath everything. Culture is the things we just know without having to check. To transform into recovery we're going to have to check everything we know, not because it's all bad, but because that's what's needed to change a culture.

And looking out at the blank stares, I pause again...

Let me try again. I read somewhere that there are three models of change. The first one is development: You can take what you already know and do, build on your strong points, work on your weak points, maybe add a new technique or two. The development oriented people love it when I offer to do recovery based training. Can we especially get training for our psychiatrists? They're really a problem. The second one is transition: Let's see where you're at right now and where recovery would like you to be and make a plan to get from here to there. The transition oriented people love it when I create recovery based program inventories. Let's get a check list so we'll know what else we need to do. The third one is transformation: You create an internal upheaval and change something fundamental inside of you and that change causes you to see things and do things differently. No one with an ounce of sense loves that model. So, of course it's the way I want to go.

Why? Because transformation was the path the Village took and it worked for us. I remember late one evening, probably a decade ago when the Medical Director of the hospital where we worked told me that he'd been watching the Village succeed with people no one else would have. He thought he'd

finally figured out why: Because we respected our patients in a way no one else did. Several years later, two UCLA anthropologists spent a year at the Village to figure out what our magic was and why it seemed so hard to replicate the Village elsewhere. Their conclusion was that contrary to all the billing pressures, the administrative rules, and the professional guilds' standards, we were treating people like people instead of like patients. That was it. It's probably not coincidental that the number one reason staff get fired at the Village, more than every other reason put together, is for not respecting our patients and not treating them like people. Our recovery culture is built upon our internal states, so things that are a struggle elsewhere seem to flow naturally for us.

As I look around, I see that I've driven off even more people sure they're being insulted yet again. I muse that it's going to take an awfully long time to achieve any transformation like this. Maybe I should have eased into this somehow and not driven away so many people. Maybe we shouldn't begin with transformation. Maybe we should begin with forming an ACT team, doing some home visits, hiring some consumer staff, learning how to do WRAP plans, building an employment and housing program. We could start by learning the notes; the music will come later. But even that's a lot to ask if people don't buy into the big picture first.

Only two sets of people are left in the room with me: People who are too young and idealistic to know any better, and people who have already experienced at least some of that internal upheaval and transformation and know in their heart I'm right.

If I'm going to draw you back in, I'll have to pull on your heart strings and the best way I know to do that is with stories. I have enough good stories of my own to rival the Arabian Nights, but for this task I'm going to need your stories. To begin with, I need two stories: First, I need the story of how your heart got you into mental health in the first place. I'm not talking about what school you went to or what classes you took. I'm talking about why you're in this strange and wonderful field instead of accounting or teaching or computer programming. There's lots of easier ways to earn a living than this. Was there some compelling emotional reason you're here? If so, remind yourself of it. Maybe you'll feel "too young and idealistic to know any better" again too. Maybe under those layers of hurt and disappointment, burnout and frustration, and learning how to get by, you can still be touched.

Then, I need a story of a time you let a patient get too emotionally close to you; where they got under your skin and healed you as much as you healed them; someone that, however it turned out, you have a strange feeling they were put in your life for some reason. Maybe you've "already experienced some of that internal upheaval and transformation" too.

Now you're ready for my bottom line. I believe that there are three levels of helping someone. The first one is the intellectual level. We can help people a great deal using our heads. We can do assessments, make diagnosis, and prescribe treatments. We can do case management, get people benefits, work on their quality of life, and give good advice in times of trouble. This is the level that our system usually works on.

The second one is the emotional level. We can connect emotionally, and become empathetic and compassionate. Our heart can go out to people and they can feel it. Then they'll know that we feel their pain, and that we really care about them, that we believe in them when they can't believe in themselves, and they'll feel healed even when we can't do anything practical. This, I believe, is the level where recovery occurs.

The third level is the spiritual level. Sometimes things happen that, depending on our spiritual views, seem miraculous, or like God is working through us. We tend not to mention these moments to each other. We don't usually have a shared language even to talk about them, let alone to try to help them happen more often. So they're rare special events and that's all they're likely ever to be for almost all of us.

I believe, that no matter how many recovery based practices we create, we won't really touch people until we change ourselves, and our system, to support staff to work openly on the emotional level. We'll need many things to accomplish this. We'll need to form teams to protect each other from being hurt and to avoid making ethical mistakes. We'll need to take care of each other emotionally. We'll need protection from liability. We'll need administrative support when we extend ourselves.

We'll also need to lower the walls that keep us emotionally apart from the people we're trying to help so we can touch them. Some of these walls are professional, some are personal, and some are administrative. Most of these walls are embedded in our present treatment culture, but not in the recovery culture.

Recovery says that the foundation of a good treatment is not a good diagnosis or even a good plan, it's a good relationship. For too long, we've deemphasized our relationship skills and expected them to come naturally. How good of listeners are we really? Do we get a picture of what people's inner worlds are like so we can give them hope and motivation? How well do we engage with difficult people? Do they feel a caring connection with us? Do they trust us? How well do we negotiate and collaborate with people? Are they learning from their successes and their mistakes? Are they changing? Are we changing with them? How well do we help people take more self-responsibility without feeling abandoned? How well do we help people leave us and feel good about it? All of these skills are crucial to safely lowering walls and creating recovery.

Lowering walls is a frightening idea and will require a higher level of trust and of overall system health than most places have. We may have to do a lot of work as we go along in these areas if we are going to succeed.

When all is said and done, safely lowering the walls between us is what I think is really different about recovery, but it's not likely to be the first step. Where should we start? Are you in?